



Gender Equality and Empowerment of Women in Nepal

2007

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Acknowledgements:

The study team expresses its appreciation to the following:

All institutions particularly related government ministries, departments, and training institutions for their valuable inputs and their gender focal points'. Women Development Office in Mahottari and Banke.

Mr. Revati Raj Kafle, Joint Secretary, National Planning Commission for chairing the draft workshop, Dr Lynn Bennett for her valuable contributions, Mr. Mohan Acharya, Acting Director, Human Rights Commission, Regional Office, Banke, Mr. Hari Mainali, Under Secretary, Ministry of Women, Children and Social Welfare, Section Officer Badri Nath Koirala, Section Officer, Ministry of Local Development, and Mr. Surendra Subedi, Under Secretary Ministry of Agriculture and Cooperatives.

Information Sector Service Centre (INSEC) and other non governmental organizations (NGO)—particularly Dominated Community Awareness Forum (DOCFA), Rural Women's Development and Unity Center (RUWDUC), SAATHI, Concern Legal Research Center (CLRC), NGO Federation—working with victims of conflict in the camp in Banke PARHI team.

Junko Sazaki, UNFPA Representative, Bhanu Niraula, UNFPA Assistant Representative, Sudha Pant, UNFPA Programme Officer, and Kiran Bhatia UNFPA CST Gender Adviser for their valuable feedback.

PARHI field staff in Dang and Mahottari districts for their invaluable collaboration.

Note: The views expressed and interpretation given in the report are those of the study team and do not necessarily reflect those of the United Nations Population Fund.

Gender Equality and Empowerment

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Foreword

Over the past 9 years Nepal has achieved much in terms of human and gender development indicators despite the conflict female/male disparities have also been reduced. The progress in increasing women's access to literacy, education, and health care services has been significant, yet disparities between men and women, castes, and ethnic groups continue.

In fact, the amount of suffering and the human rights violations faced by Nepalese women during the conflict is yet to be reduced since the peace process has just begun. Moreover, as other country examples show, sexual gender based violence tends to increase and be overlooked in post-conflict situations. Without addressing the gendered dimensions of the conflict and without women's direct and active engagement in the peace process, there is little hope of achieving a meaningful and sustainable peace.

Empowered women contribute to the health and productivity of whole families and communities and to improved prospects for the next generation. Therefore, it is very critical to empower and capacitate women in general and poor women from the discriminated castes and ethnicities in particular, address issues of human rights violation of women, and also ensure women's effective participation and presence in all phases of reconciliation, reintegration and recovery process.

Gender equality is, first and foremost, a human rights issue. Women are entitled to live in dignity and in freedom from want and from fear. Empowering women is an indispensable strategy for advancing development and reducing poverty. Monitoring progress towards gender equality and women's empowerment is therefore of great importance. UNFPA had commissioned a 1997 study on Gender Equality and Empowerment of Women. This study, a review of the progress made so far and an update of the 1997 publication, is a step further towards UNFPA's commitment to promoting gender equality and women's empowerment.

We are grateful to Sahavagi, an NGO, and its team leader Dr. Meena Acharya for having agreed to carry out this study. We hope this report will be used by all concerned who are working to advance the status of women in Nepal.

Junko Sasaki

UNFPA Representative.

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune-deficiency Syndrome
ANM	Auxiliary Nurse Midwife
BPFA	Beijing Platform for Action
CBS	Central Bureau of Statistics
CDR	Central Development Region
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CPN	Communist Party of Nepal
CPRA	Centre for Policy Research and Analysis
CSIDB	Cottage and Small Industry Development Board
CTEVT	Council for Technical Education and Vocational Training
DACAWE	Decentralized Action for Children and Women
DDC	District Development Committee
DFID	Department for International Development
DLGSP	Decentralized Local Governance Support Programme
DOCSI	Department of Cottage and Small Industry
DOE	Department of Education
EDR	Eastern Development Region
EFA	Education for All
FCHV	Female Community Health Volunteer
FP	Family Planning
FWDR	Far Western Development Region
FWLD	Forum for Women, Law and Development
GDI	Gender Development Index
GEED	Gender Equity and Environment Division
GEFONT	General Federation of Nepalese Trade Unions
GEM	Gender Empowerment Measures
GIP	Girls' Incentive Programme
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immuno-deficiency Virus
HP	Health Post
HRC	Human Rights Commission
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IEDI	Industrial Enterprise Development Institute
IMR	Infant Mortality Rate
INGO	International Non-governmental Organisation
INSEC	Informal Sector Service Center
LDTA	Local Development Training Academy
LSG	Local Self-Governance
LSGA	Local Self-Governance Act

MCHW	Maternal and Child Health Worker
MDGs	Millennium Development Goals
MGEP	Mainstreaming Gender Equity Programme
MLD	Ministry of Local Development
MMR	Maternal Mortality Rate
MOAC	Ministry of Agriculture and Cooperatives
MOES	Ministry of Education and Sports
MOF	Ministry of Finance
MOGA	Ministry of General Administration
MOHP	Ministry of Health and Population
MWCSW	Ministry of Women, Children and Social Welfare
MWDR	Mid-Western Development Region
NATHM	Nepal Academy of Tourism and Hotel Management
NFEC	Non-Formal Education Centre
NGO	Non-governmental Organisation
NHDR	Nepal Human Development Report
NLSS	Nepal Living Standards Survey
NPC	National Planning Commission
NRB	Nepal Rastra Bank
OPD	Out Patient Department
PARHI	Population and Reproductive Health Integrated Project
PCRW	Production Credit for Rural Women
PRSP	Poverty Reduction Strategic Paper
PSC	Public Service Commission
RH	Reproductive Health
RHIYA	Reproductive Health Initiative for Youth in Asia
SLC	School Leaving Certificate
SMP	Safe Motherhood Programme
SPA	Seven Party Alliance
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TPAMF	Tanka Prasad Acharya Memorial Foundation
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
VDC	Village Development Committee
VSDTC	Vocational Skill Development Training Center
WDO	Women Development Officer
WDR	Western Development Region
WDP	Women Development Programme

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Executive Summary

I. Study objectives and the framework for analysis

1. UNFPA has been monitoring Nepal's progress towards gender equality and empowerment in light of Nepal's international and national commitments as embodied in CEDAW, ICPD, ICPD+10, MDGs, the Beijing Platform for Action, and in its own plans and policies. A 1997 study on Gender Equality and Empowerment of Women was commissioned and published. The current study seeks to review the progress made so far and update the 1997 publication.
2. The review has been made in the light of newly emerging issues such as exclusion and poverty, in addition to gender. Broad concepts of empowerment and gender sensitivity have been used.

II. Current status

1. Nepal has achieved a great deal in terms of human and gender development indicators. The GDI increased from 0.312 to 0.511 in the 1990s, and female/male disparities have also been reduced. There has been significant progress in women's access to education and health resources. Yet gender disparities in these key areas continue. Male-female disparities in education increase steadily from the primary to post-graduate levels.
2. Moreover, educational and health gains have been distributed very unevenly among various castes and ethnicities, ecological and development regions, and between urban and rural areas. Particularly, Dalit men and women are at the lowest end of all access indicators, while Brahmin/Chhetri and Newars figure at the top. The decade-long armed conflict has aggravated the access problem in both education and health.
3. Women's access to fixed assets, property, and credit is still very limited. Discriminatory wage structures and unequal access to earned income have not been reduced, but have actually increased over the last ten years both in agricultural and non-agricultural sectors. Women are concentrated in agriculture. In the non-agricultural sector in general and in the manufacturing sector in particular, women are concentrated at the lower end of the pay scale. Businesses avoid many labour regulations by employing women at piece rates. Traditional discriminatory social structures are transferred to work place, and poor rural women from Dalit and disadvantaged ethnic groups are at the lowest level of the wage ladder.
4. Socially, marriage and children continue to determine a woman's life options. Traditional practices such as dowry/tilak have been reinforced by new consumerism, son preference, social acceptance of domestic and public violence against women, polygamy, early widowhood and associated exclusion; practices like Chaupadi, knee burning, Deuki and Badi continue to plague women.
5. Women continue to face legal discrimination regarding the most fundamental rights, such as citizenship and inheritance. Women's representation in political or administrative decision-making bodies has not improved much either, except at the grassroots level in locally elected VDC assemblies.

III. Achievements towards gender mainstreaming

1. Much effort has been made to strengthen the capacity of the government machinery to understand and deal with gender mainstreaming, particularly in MWCSW, MOAC, education, police forces, etc. Gender focal points have been appointed in all ministries and major departments. Notable institutional reforms in the education and health sectors have been the decentralisation of management functions to the DDC, VDC, and community levels. Other important

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institutional reforms include integration of gender issues into the formal and non-formal education system and integration of reproductive health services throughout the public-sector health system.

2. A series of gender sensitisation trainings and workshops for all levels of government officials and gender audits of many ministries including MOF, MLD, PSC, MoGA and MoES have been carried out and their recommendations are being implemented. Most programmes/projects have gender sensitisation components, providing gender training to personnel at all levels and to local women leaders. MOAC, MOES, and various training institutions including CTEVT and the ten VSDTCs under the Ministry of Labour and Transport Management have tried to make institutional reforms to cater to the needs of girls and women.
3. Following ICPD 1994 and ICPD+10, health policies and programmes have been made much more gender sensitive by taking a life cycle and rights approach to women's health and integrating reproductive health services into the regular health system, emphasising quality of care, local participation and outreach, and broadening the scope of family planning and health programmes to include safe motherhood and adolescent health. Notable initiatives have been RHIYA, PARHI, the start of integration of RH into non-formal education, and population and environment and lately ASRH issues in school education.

IV. Issues and challenges

4.1 Equity in resource transfers and impact of macro- and micro-economic policies

1. Although much progress has been made in ensuring women's participation in sector programmes, major issues of equity in access to resources (e.g., land, water, forest, etc.) and women's meaningful participation in resource conservation and management, land development and infrastructure projects have not been addressed effectively so far.
2. Macro- and micro-economic policies including taxation, pricing, subsidies, etc. are still considered gender-neutral, whereas in fact they are not. No comprehensive research has been undertaken so far on the impact of macro-economic policies and trade liberalisation on women or other disadvantaged groups.

4.2 Strengthening institutions

3. Institutionally, MWCSW, GEED, Gender Equity and Development Section in MOES, and gender units in other ministries do not have adequate capacities to fulfil their responsibilities of gender mainstreaming and monitoring. Most gender focal points are too junior and have little power to influence the related ministry's decisions.
4. Most gender-related activities have been donor-driven and prone to end abruptly. A big challenge is to ensure their internalisation.

4.3 Gender sensitisation of government machinery and catering to women's major needs

5. Although the 1997 recommendations have been implemented in general and specifically in health, education and agriculture, many other sectors remain untouched. Moreover, further efforts are needed to make the process deeper and more comprehensive, even in sectors where progress has already been achieved. Sector-specific issues and challenges are specified below:

Although much progress has been made in ensuring women's participation in sector programmes, major issues of equity in access to resources (e.g., land, water, forest, etc.) and women's meaningful participation in resource conservation and management, land development and infrastructure projects have not been addressed effectively so far.

Sector-specific issues

6. Rural infrastructure projects make little effort to ensure equal access to women in the new opportunities created by such projects, and any efforts made are virtually lost in implementation.
7. In the education sector, basic challenges are to ensure inclusive education for all women and children of all castes/ethnicities, sensitise teachers regarding gender, remove stereotypes completely from the curriculum and textbooks, and break the gender barrier in education in Terai areas. This will greatly help gender-caste-ethnicity sensitive socialization.
8. The industrial sector is still grappling with gender issues. Large pay disparities between male and female workers, women's concentration at lower levels; workers health and reproductive needs - all remain unaddressed.
9. Despite their expansion, micro-credit programmes have lost the emphasis on women's empowerment inherent in PCRW introduced in early 1908s.
10. The skill training provided to women is still very stereotyped, focusing on household based small-scale activities with little market for the production. The link between training and the needs of expanding economic sectors remains very weak. Trainings lack follow-up or impact assessment packages, are not targeted to the right groups, and particularly do not involve poor uneducated labour-class women or men. Moreover, gender does not form an integral part in such trainings in general.
11. Despite much progress at the policy level, many health programmes and IEC materials are not adequately gender sensitive - for example, breast-feeding campaigns focus only on children and ignore mothers' nutritional needs, family health programmes primarily target women, and birth control programmes do not incorporate information on the consequences of many cultural malpractices such as knee burning, Chaupadi, menstruation-related taboos, domestic violence, etc. Generally health packages also lack treatment for violence and preventable problems such as uterine prolapse.

4.3 Monitoring

12. Despite some progress since 1997, monitoring and evaluation of gender issues still remain the weakest point in the mainstreaming exercises.
13. No mechanism exists to collect and analyse gender data at the district level and below. The Annual Economic Survey started to present a section on MWCSW's activities beginning in 2003/04. Nevertheless, sector-specific information continues to be gender insensitive.
14. Moreover, programming, targeting and regular monitoring in many sectors continue to be oriented to physical targets. Process monitoring has not even started. Participation and poverty monitoring is treated as a separate exercise funded by donors, not as a major concern of all sectors. Often monitoring systems collapse with the end of the programme/project.
15. The information system is not uniformly gender-sensitive for all sectors and all levels. Even if sector information is collected, often data are not aggregated or integrated into the regular monitoring and planning system. There is a general lack of gender disaggregated information on recent internal displacement and internal and external migration.
16. The 1997 report noted the health sector's lack of data, especially the inability to monitor non-gender-specific diseases and the sex of users of health services. Although this situation was reiterated by the Gender Audit (MGEP/MWCSW/ UNDP, 2002), it still remains unaddressed.

Despite some progress since 1997, monitoring and evaluation of gender issues still remain the weakest point in the mainstreaming exercises.

17. Women's contributions to the care economy (household maintenance and care work) are still unaccounted for. The information on ownership of property is also very incomplete.

4.4 Inclusion and empowerment

18. In the meantime inclusion has emerged as the major issue, as both dalits and other disadvantaged groups lag far behind the average on all indicators of human development and empowerment. But in all groups, women lag even further behind. Health sector programmes that seem oblivious to non-gender-specific social exclusion issues need immediate attention.
19. Practical measures to actualise commitments to women's equality and empowerment have been minimal to date. A parliamentary declaration on 30 May 2006 promises equality in citizenship rights, the end of all discriminatory laws, and 33 per cent reservation for women in all government structures. The challenge is to ensure their incorporation in the upcoming constitution and laws, and to implement them properly.
20. We have seen no specific attempts within programmes or projects to address social inequities and violence - dowry/tilak, cultural and domestic violence such as Chaupadi and knee burning etc. Addressing such patriarchal ideology and practices effectively is a real challenge for policymakers, development practitioners, and women's rights activists.
21. Addressing the problems of physical displacement, destruction and the psycho-social impact created by the armed conflict on gender presents another immediate challenge for government and society.

V. Recommendations

5.1 Gender equity in public resource transfers

1. The principles of gender equity in the process of public resource transfers and maintaining women's traditional access to land and other community resources must be incorporated into all programme and project designs. As a first step to implementing equitable policies, studies should be commissioned to evaluate the current situation in following areas:
 - ▶ Gender equity in access to resources (e.g., land, water, forest, etc.);
 - ▶ Impact assessment of pricing, subsidy withdrawal, and privatisation policies; and
 - ▶ The magnitude and quality of women's participation in resource conservation, water management, land development, and infrastructure projects. So far the emphasis has been only nominal and limited to programme/project documents, particularly in more important situations-land or irrigation channels, community/lease forestry etc. Such efforts are not even considered necessary in privatisation efforts in other sectors.

5.2 Institutional strengthening

2. MWCSW and gender focal points should be strengthened institutionally. The gender focal points should be relieved from other responsibilities and supported with continuous training, materials and human resources.

Inclusion has emerged as the major issue, as both dalits and other disadvantaged groups lag far behind the average on all indicators of human development and empowerment. But in all groups, women lag even further behind.

3. Secretaries should be responsible for making their programmes more gender sensitive.
4. The Gender Management System visualised by the NPC should be reviewed and a more integrative and practical system developed to integrate the recommendations of the earlier study of the governmental administrative system and PSC (MGEP/MWCSW/UNDP, 2004).

5.3 Gender sensitisation of government machinery and catering to women's major needs

5. Sensitisation exercises should be continued and widened to encompass governmental institutions that have remained untouched.
6. All laws, acts, structures, policies, and regulations should be made more gender friendly in all institutions.

5.4 Sector specific

7. Agriculture and rural infrastructure:
 - Commission a more comprehensive gender audit of the agricultural sector and implement its recommendations, either by MOAC or MWCSW.
 - Ensure proper implementation of all policy provisions of rural infrastructure projects, including the required 30 per cent women members in user groups and their participation in project choice and implementation mechanisms by process-monitoring.
 - Include components to ensure that women benefit from new opportunities created by the project.
 - Commission impact analysis of rural market and rural infrastructure projects on women to guide future programmes.
8. Education:
 - Continue the emphasis on gender training of teachers and the education community.
 - Further refine curricula, textbooks, training manuals, etc. to eliminate remaining stereotypes; address issues of cultural, domestic and public violence against women; eliminate increasing gender inequality at higher levels of education and unequal access of women to the power structure; and generally confront the discriminatory patriarchal and exclusionary value systems.
 - Address issues of exclusion in programmes, acts, schools, rules, regulations, etc.
 - Design and implement specific programmes to address girls' education at higher levels, especially in Terai areas (e.g. by promoting girls-only schools).
 - Implement scholarship and incentive programmes more effectively by plugging leakages and ensuring adequate resources for allocated numbers.
 - Mount a concerted campaign to clarify the issues and propagate the merits of community management of services such as schools and health posts.
9. Industrial sector and micro-credit:
 - A comprehensive gender audit (including budgeting aspects) of the industrial sector should be commissioned as a first step and its recommendations

Secretaries should be responsible for making their programmes more gender sensitive.

implemented. This could be done in parts, but must be comprehensive to cover tourism, manufacturing, labour, commerce, training components and related acts, regulations, and practices.

- Micro-credit agencies in collaboration with other NGOs and government agencies should include gender training components in their packages. They should also guarantee their clients' access to larger credit and seed capital from regular banks.

10. Skill development training:

- All training packages should have follow-up or impact assessment components.
- Young women and men should be trained for employment in large-scale enterprises, and new expanding service sectors such as information technology, secretarial or financial services, tourism and travel, house-keeping, catering, restaurant or retail services, english language, etc.
- Training programmes should link up with the industrial and business community, recruitment agencies and credit programmes, and conduct training as per their needs.
- The training institutes should also upgrade and modernise the traditional skills of village craft workers and link them to tourism-oriented companies or cooperatives, instead of making it difficult for them to obtain such training by requiring minimum education.
- The data bank in the Labour Department in Kathmandu should have gender breakdowns by type of training for all its ten skill-training centres, and information from other training institutions as well. Its data bank consisting of gender-related studies on female workers, laws and their implementation status, should be available for government and public use.

11. Health

- Gender training of health personnel including doctors, senior staff, trainers, etc, should be a first priority.
- The sector should expand the scope of its programmes in general and specifically programmes like safe motherhood, RHIYA and PARHI to cover reproductive health problems like uterine prolapse and violence whether it is culture-based, domestic, or public.
- Such problems and RH issues should be more extensively addressed in all training programmes and IEC materials. Gender and RH training, awareness or sensitisation programmes should be offered to women as well as their spouses.
- Compulsory and regular counselling about the consequences of violence, including during pregnancy should also be incorporated in such programmes.
- Clinical services in hospitals, primary health care centres and health posts should be strengthened and equipped better for prompt and comprehensive emergency obstetric care, post abortion care and to generally improve the quality of services.
- Issues of inclusion should be addressed directly and specifically in all programmes.

Training programmes should link up with the industrial and business community, recruitment agencies and credit programmes, and conduct training as per their needs

- Gender/caste/ethnicity data on service receivers at all levels including health posts and sub-health posts should be compiled processed and analysed. Gender-disaggregated data should be collected on the incidence of so-called gender-neutral diseases.
- All surveys and study outlines should be examined through gender, poverty and inclusion perspectives before executing them.
- Gender and inclusion-sensitive rules and regulations should be developed in collaboration with PSC for recruiting district/VDC-level health personnel. The current practice of expecting voluntary services from FCHVs should be ended because it is both exploitative and ineffective in addressing inclusion issues. The MoHP should develop joint mechanisms with districts and VDCs to pay these health workers a salary.

5.5 Inclusion and empowerment

12. The issues of exclusion must be addressed both at the structural level (state and governance structure, language policy, etc.) and by specific policies to increase the access of women, dalits, and other disadvantaged Janajatis to resources, education and state decision-making positions.
13. Factors in access to resources, education and power structure include; the urban/rural divide; ecology and historical neglect of the Mid-, and Far-Western Regions of the country all need to be addressed.
14. Continuous training and sensitisation against exclusionary practices are necessary for all men, women, youth and adolescents - to reduce the impact of bureaucratic inertia, traditionally entrenched discriminatory practices, and archaic mentality.
15. Specific empowerment programmes are needed for dalits and other socially disadvantaged groups within each programme/project.
16. The parliamentary declaration of May 2006 on women's legal equality and empowerment must be incorporated fully in the forthcoming constitution and laws, and implemented properly. Whatever state structure emerges in the near future, women's representation must be at least 40 per cent at the grassroots level. Moreover, in all elected institutions, women should be elected rather than nominated, as is currently the practice in VDC and DDC executives and municipality boards.
17. Each ministry should develop a specific plan to increase participation by women and excluded groups, as done in health and women's development programmes, in consultation and negotiation with the PSC, so that recruited staff are not left in limbo afterwards as in the case of WDOs or FCHVs.
18. Elected/nominated women and representatives of disadvantaged groups should also be trained to participate effectively in the proceedings and activities of the relevant institutions.
19. Laws against domestic violence and violence in the workplace should be promulgated. Creating and strengthening necessary machinery for strict enforcement of existing and new laws should also be a priority.
20. The scope of all gender-training packages should be broadened to change the patriarchal values system and practices that perpetuate subordination of women in overt and covert ways. Practices such as dowry/tilak, division of labour, socialisation requiring women to be meek and tolerating even when assaulted, marriage as a preferred livelihood option, domestic and other kinds of cultural violence must be addressed directly. Training should be relevant to dealing with local forms of violence, instead of talking about violence in the abstract.

Laws against domestic violence and violence in the workplace should be promulgated. Creating and strengthening necessary machinery for strict enforcement of existing and new laws should also be a priority.

5.6 Dealing with victims of conflict

21. Rehabilitation programmes should cover victims of atrocities from both sides. With peace prospects in sight, such programmes should involve CPN-M cadres also and enable them to adjust peacefully.
22. A plan to deliver adequate shelter, food, clothing, and education as well as proper counselling should be formulated and executed to rehabilitate abandoned and frightened children and victimized women.
23. Nepal Government and donors should pay immediate attention to reproductive health, family planning and other health needs of the displaced. Adding counselling to health components is an urgent need to deal with the psychological situation created by the conflict.

5.7 Making the monitoring and evaluation systems more gender sensitive

- Process monitoring should form an integral part of the management information system.
 - Gender and inclusion should be incorporated at all points where reporting or analysis of process, beneficiaries, or participation is involved.
 - All information and data such as land ownership, employment, income, health and education must be broken down by gender and caste/ethnicity.
 - Local monitoring systems should be strengthened with a gender focus.
 - VDC and district level data should be integrated into the regular national monitoring system.
 - Impacts and outcomes should be monitored in programmes and projects.
24. MWCSW should develop a comprehensive and substantive gender monitoring system for annual or periodic evaluation and reporting use and publication, and not limit itself to reporting only its own activities in the Annual Economic Surveys. Along with the collection of information, a suitable index for measuring women's empowerment in addition to GDI should be developed, analysed and progress reported.
 25. Time-use data collection and analysis should form an integral part of living standard measurement or a separate exercise within the framework of Nepal Labour Force Surveys.
 26. Reliable and regular update of data on the migration of men and women for employment within Nepal, and to India and other countries, has become an urgent need for policy and analytical purposes. Other fields which lack information include urban slums, mobile population, and working conditions in the informal sector.
 27. Preparation for the upcoming 2011 census and the 2011 agricultural census must start right away. This exercise must involve field staff as well.
 28. Ultimately, the impact of development on women must be measured in terms of changes in their life options. The indicators used for impact analysis and monitoring of development programmes/projects must be broadened beyond those currently used, to capture the whole context of women's existence, global as well as local, political, economic and social.
 29. New indicators are needed to measure changes in power sharing and progress towards an equitable society. Indicators for measuring far-reaching ideological changes and women's power sharing must include not only their representation in household and political decision-making bodies but also the effectiveness of that participation.
 61. Since poor women from discriminated and excluded groups carry the triple burden of gender, caste/ethnicity, and poverty, all indicators must be sensitive to social and economic inclusion as well as gender.

Time-use data collection and analysis should form an integral part of living standard measurement or a separate exercise within the framework of Nepal Labour Force Surveys.

1. Introduction

1.1 The context

Nepal is signatory to almost all international conventions on human rights, women's rights, and children's rights as well as to agreements on international goals regarding education, health, and poverty eradication. Nepal has thus committed itself to making rapid progress towards gender equality. The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), signed by Nepal in 1991, commits Nepal to constitutional and legal equality in all fields, while the Beijing Platform for Action commits it to promoting women's empowerment and formal and informal equality in all fields—economic, social, and political. The International Conference on Population and Development (ICPD) and ICPD+10 commit Nepal to ensuring women's universal access to reproductive health as well as equal access to all other health services. Similarly, Education for All (EFA) and the Millennium Development Goals (MDGs) commit Nepal to achieving minimum educational, health, and poverty reduction targets and making sure that women and girls share benefits equally as these goals are achieved.

These commitments reinforce the government of Nepal's promises of non-discrimination, gender equity and social justice, already mandated by the Constitution of Nepal 1990. The National Plan of Action - 2003 approved by the Government for the effective implementation of CEDAW and other human rights-related instruments, guarantees all rights as per the CEDAW covenants. These include equal rights to citizenship, property ownership and inheritance, education, employment, and freedom from all kinds of violence. Equal rights and responsibilities in marriage and family are also included. Government of Nepal is to ensure all these rights to women by legal reforms, developmental measures, and affirmative action. Gender mainstreaming, strengthening anti-violence laws and implementation mechanisms, and empowering women through adequate choices in education, skill development, employment, and rights to reproductive health are specifically mentioned. Nepal's commitment to gender equality was further reinforced by its signature to ICPD-POA goals, which along with gender equality stressed a life-cycle approach to reproductive health and an informed and ethical approach to family planning.

Similarly, Nepal expressed its full commitment to the Beijing Platform for Action (UN/BPFA 1995) for gender equality and empowerment of women and formulated a National Plan of Action (HMG/MWCSW, 1999) to implement all twelve commitments involved— women's poverty, increasing access of girls and women to education and health resources, and affirmative action and support programmes to bring women to decision-making levels in all political, constitutional and administrative units. The MDG goals further reinforce these commitments.

Nepal's gender-related MDGs for 2015 include (MOHP/HMG 2005):

- i. Increasing the ratio of girls to boys in primary, lower secondary, and secondary education to 100.
- ii. Reducing the maternal mortality rate to 213 per 100,000 live births.
- iii. Increasing the per centage of deliveries attended by health care providers and contraceptive prevalence rate to above 60 per cent.

Nepal is signatory to almost all international conventions on human rights, women's rights, and children's rights as well as to agreements on international goals regarding education, health, and poverty eradication.

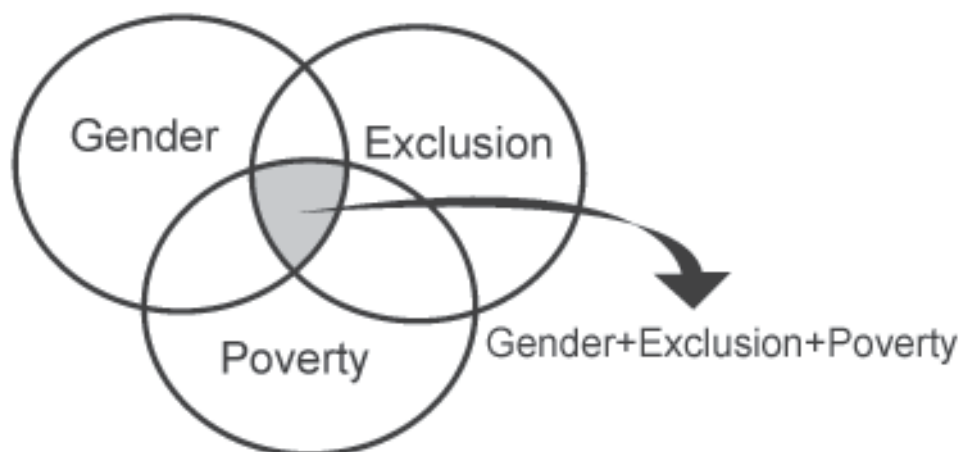
UNFPA has been monitoring Nepal's achievements and failures in advancing women's status in the light of such commitments. A study on Gender Equality and Empowerment of Women was commissioned and published in 1997 by UNFPA as a part of this monitoring process. The 1997 study, which was a milestone in gender analysis and gender planning in the country, examined the government and the donor/INGO/NGO programmes from the perspective of Nepal's own Constitution, Ninth Plan (1997-2002) and its international commitments for mainstreaming gender in development plans, policies, and programmes. A series of policy and programme recommendations were made. Many of them have been operationalised and implemented, while others remain unimplemented but still relevant.

In the meantime, new issues, approaches, and commitments have emerged. In the context of rapid urbanisation, economic liberalisation, and globalisation of markets, women's mobility and exposure to public space have increased; and issues of violence against women, STDs/HIV/AIDS, and reproductive health have acquired a new urgency. With progressive loss of traditional avenues of employment and increasing poverty among particular groups, mass migration of both women and men in search of better employment opportunities is taking place. This has exposed women to new kind of risk.

Access to the minimum resources needed for decent survival and rights to equitable and inclusive development have emerged as human rights issues. Gender equality and inclusion are viewed both as objectives from a human rights perspective and as a means to reduce poverty. In this perspective, poverty is seen as a situation in which people lack (a) income and assets to obtain basic necessities, (b) voice and power in the institutions of state and society, (c) freedoms to live their lives on a basis of equality and justice, and (d) are vulnerable to adverse shocks and unable to cope with them (UNDP/HDR, 1997).

Gender, poverty, and exclusion overlap in many ways, although not all women are poor nor are all people in excluded groups poor. Poverty, gender, and exclusion may be visualised in terms of three partly overlapping circles. Each circle is larger than the overlapping parts, but they reinforce each other (Chart 1.1). Women within the overlapping part suffer from a triple burden of being female, poor, and from excluded groups.

Chart 1.1 Overlapping circle: Gender, poverty, and exclusion



Gender equality and inclusion are viewed both as objectives from a human rights perspective and as a means to reduce poverty.

South Asia hosts the largest number of poor people in the world. In Nepal, a high proportion of people suffer from both income and human poverty, which impacts very unequally on women (Table 1.1). Issues of gender equality and inclusion have become urgent concerns in this perspective as well.

Table 1.1 Human development indicators

Country	Per cent adult literacy		Gross enrolment*		Life expectancy (years)		HDI value	GDI value
	Male	Female	Male	Female	Male	Female	Male	Female
Bangladesh	50.3	31.4	53	54	60.7	61.5	0.509	0.499
Bhutan	61.8	64.3	0.536	...
India	69.0	46.4	62	48	63.1	64.4	0.595	0.572
Maldives	97.3	97.2	78	78	67.7	66.8	0.752	...
Nepal	61.6	26.4	67	55	59.9	59.4	0.504	0.484
Pakistan	53.4	28.5	43	31	61.0	60.7	0.497	0.471
Sri Lanka	94.7	89.6	64	66	69.8	75.8	0.740	0.738
SAARC	71.0	53.2	61.3	55.3	63.4	64.7	0.590	0.552

Source: UNDP(HDR) 2004

* Includes primary+secondary+ tertiary

Nepal, as one of the least developed countries in the region, has made poverty reduction an overriding goal for the current and next decade, and adopted gender and inclusion as major strategies for reducing poverty.

This study attempts to evaluate how Nepal is progressing towards the goals of gender equality and empowerment, as committed in the various international conventions and agreements and her own constitution, policies, plans, and programmes. While the 1997 review included all actors (HMG/Nepal, donors, INGOs, and NGOs), the current review is limited to the government sector as per the terms of reference.

1.2 Objectives of the study

- To evaluate statistically progress towards gender equality in terms of human development and other related indicators.
- To review progress in legal reforms, institutional structures, and affirmative action to increase women's access to decision making levels in the light of Nepal's international commitments.
- To review the government of Nepal's progress in gender mainstreaming and women's empowerment in the light of the Tenth Plan commitments and the recommendations made in 1997.
- To assess UNFPA's efforts at promoting women's reproductive health awareness and the gender content of its programmes.
- To identify issues and challenges and to make recommendations on the basis of the above analysis.

1.3 Conceptual framework

It is necessary to clarify specific perspectives and concepts used in evaluating policies, plans, and programmes/progress from the perspective of gender. The following section outlines the basic concepts used throughout this review.

1.3.1 Empowerment and inclusion

As outlined earlier (Acharya, 1997), empowerment is a multidimensional process encompassing all spheres of life, including the social one. It is an ongoing dynamic process that enhances women's or any marginalised and alienated group's ability to change the structures and ideologies that keep it subordinate (Bhasin and Dhar, 1998). It is a process of making the power structure more inclusive to all - women and men of all castes, creeds classes, ethnicities and races.

It is an ongoing dynamic process that enhances women's or any marginalised and alienated group's ability to change the structures and ideologies that keep it subordinate

The final goal of empowerment is to transform the ideology and practice of domination and subordination; to challenge and transfer existing power structures, systems and institutions which have upheld and reinforced discrimination; and to access and control material and knowledge resources. The process may be viewed in economic, political and social dimensions, as stated in the 1997 report:

- i. Increasing women's access to economic opportunities and resources (e.g. employment, credit and wealth including land and technology, and apparently non-economic resources such as education, knowledge, and health which are crucial to human development).
- ii. Raising social consciousness of women and men about the symptoms and causes of oppressive religious, economic, cultural, familial, and legal practices; changing the perceived social images of women as individuals; strengthening their capacity to take action to change gender roles.
- iii. Increasing women's political power through women's organisations, solidarity, collective action and effective voice and presence in decision-making positions.

These three dimensions, although separated for analytical purposes, are intricately related and reinforce each other. While economic and social empowerment is a necessary condition for attaining positions of political power, access to political power enhances the opportunities for economic and social empowerment. Political ability to bring about changes in women's legal status, to direct resources to women, to gain access to positions of power, and effective participation in the political processes are of crucial importance.

In contrast to the 1997 analysis, which focused mostly on gender, the current study pays more attention to dimensions of inclusion and exclusion while analysing access issues. While talking about empowerment it is important to consider not only women but women from many sub-groups who have been excluded. Both men and women from excluded groups lack a voice and power in state and social institutions, and equal opportunities and level playing fields for their personal and social development. But within each group, women lag further behind in this respect.

The final goal of empowerment is to transform the ideology and practice of domination and subordination; to challenge and transfer existing power structures, systems and institutions which have upheld and reinforced discrimination; and to access and control material and knowledge resources.

Nepal is a multi-ethnic and multilingual country with the dominant Indo-Aryan groups¹ divided into the many castes of the Hindu hierarchical system. The 2001 census reported 100 ethnic/caste groups in the country, many of whom are especially disadvantaged because of discriminatory structures and institutions. Exclusion is identified as a major socio-economic problem and inclusion as an urgent political and developmental priority.

¹ *Nepal has three ecological belts, High Mountains, Hills, and the Terai plains and five development regions, which are inhabited by people of different ethnic/cultural groups. While analysing these groups in 1981, they were classified in two major groups, Indo-Aryan and Tibeto Burman, on the basis of their racial origin and socio-cultural space accorded to women. On the basis of their participation in labour market, decision-making roles within the household, and freedom accorded to women in marriage and sexual matters, it was concluded that the Tibeto-Burman group was more egalitarian towards women than the Indo-Aryan groups, who idealized seclusion of women. According to the 2001 census, there were 100 ethnic/caste groups and sub-groups in the country, of which the Indo-Aryan group constituted 57% and the Janajatis (Tibeto-Burman and some other Terai ethnic groups) about 37%. The religious minorities - Muslims, Sikhs, Christians and others accounted for 4%. About 1% did not report their ethnicity/caste or religion. All three groups are divided into multiple sub-groups. Traditionally the Hindu high castes (Brahmin and Chhetris) and Newars among the ethnic groups have exercised power in Nepal and have the highest access to resources and education, while the Dalits and certain tribal groups have been most disadvantaged, with the lowest access to power structures, resources and education. (See Acharya and Bennett, 1981)*

Women often are under a double burden of suppression because of caste/ethnicity and their gender. Often exclusion is multi-dimensional—economic, social, cultural, geographic, rural—and each aspect reinforces the other. Exclusion could be formal or informal and related to participation or living modes. Blatant discrimination against widows in upper caste Hindu culture, especially in Nepal and India, is a mixture of both participation and living modes of exclusion. (For more details on these issues see Acharya and Ghimire, 2005; NHDR, 2004 and DFID/World Bank, 2005.)

1.3.2 Gender sensitivity

Gender sensitivity is another concept used extensively in gender analysis, but often it is understood differently by different people. For the current analysis, the gender sensitivity of institutions, plans, and programmes has been examined in three dimensions: women's representation; incorporation of gender concerns in planning, programmes, and implementing mechanisms; and the processes and attitudes of the decision-makers.

In examining the gender sensitivity of any programme, the most important factor is its impact on gender status. Programmes could be relief oriented, gender reinforcing, or equality promoting. These categories are similar to earlier categories of programmes meeting basic needs and strategic needs. For example, widow pension is a relief programme because it addresses only the consequence and not the basic cause of the woman's unequal economic status, the lack of equal property and employment rights. Similarly, many maternity and child health programmes are in the relief category as they mostly treat consequences of gender discrimination throughout women's lives. Nevertheless, such programmes are necessary and part of basic needs for women. Programmes focusing on women's conventional roles, such as their involvement in cleaning of public space are gender reinforcing. A pertinent gender issue is why should women clean the public spaces as well? Since women are already responsible for household sanitation why cannot men do the public cleaning? Such programmes reinforce traditional gender roles. On the other hand, scholarships for girls promote equality, as they try to cancel the resource crunch that girls face because of their sex and enable girls to achieve equality in education.

1.4. Methodology

Both qualitative and quantitative information have been used in this study. Primary and secondary data and information were collected by interviewing agencies and gender focal points. Related literature and documents have been reviewed. The focal points from various ministries were also asked to write brief notes on their institution's activities relating to gender.

The major international instruments and related national plans of action including the draft Population Perspective Plan and the Tenth Plan were reviewed thoroughly. Related publications such as National reports to CEDAW Committee and many other published and unpublished materials listed in the reference section were reviewed. Recent gender audit reports on policies and programmes and the implementation efforts of selected ministries (particularly MoAC, MLD, MoES, MoHP and MWCSW) were specifically consulted. Field surveys from NGOs such as SAHAVAGI, SAMANATA, Friends for Peace (FFP), the World Bank and individuals have also been used to highlight the relevant issues.

The statistical review used all available documents, including Human Development Reports, the Nepal Demographic and Health Survey 2001, National Population Census 2001, Nepal Living Standard Survey 2003-2004, and the Gender and Social Analysis (DFID/World Bank, 2005). The institutional review has been undertaken with specific examples from local development, agriculture, education, and health

In examining the gender sensitivity of any programme, the most important factor is its impact on gender status.

sectors. Specific attention is devoted to reproductive health issues.

A small field survey was conducted in the districts of Dang, Banke and Mahottari to assess the impact of conflict on the reproductive health of women and to assess gender sensitivity and the impact of the UNFPA's reproductive health awareness raising efforts under the PARHI project. The activities related to the PARHI field study included:

- (a) Study of PARHI programme documents and other closely related literature;
- (b) Discussion with central level project staff;
- (c) Review of project monitoring and progress documents; and
- (d) Assessment and observation in the district through interviews of key informants and focus group discussions with beneficiaries/service providers at project sites.

The field assessment included a cursory evaluation of the impact of armed conflict on women's lives, especially violence against them and their access to reproductive health, and experience of their rehabilitation efforts. For this purpose the Rajana camp and individual displaced households were visited and interviews and focus group discussions were carried out. A focus group discussion with NGOs and human rights organisations was also conducted and some victims of conflict-related violence were interviewed directly.

1.5 Outline of the study

The study is organised into seven chapters. The second chapter reviews the current gender status statistically, covering economic, social, and political dimensions. Chapter three reviews and analyses gender-mainstreaming efforts in plans, policies and programmes. As UNFPA's priority concern, health has been reviewed separately in chapter four, with a specific focus on reproductive health. Chapter five deals with political status, empowerment and affirmative action issues. Chapter six presents the field findings on the impact of armed conflict on women's lives and their reproductive health. The final chapter summarises the findings and makes recommendations.

2. Situation analysis

2.1 Overall indicators of gender status

The Human Development Index (HDI) is a combined indicator of per capita income, life expectancy, and educational attainment. Nepal's overall HDI has risen by 171 points in the last two decades. The gain was slightly faster during the 1980s than during the 1990s. The rate of progress in human development seems to have slowed down further in the first half of this decade, in which the gain is only 0.27 points. The Gender Development Index (GDI) comparing male/female indicators shows that male and female disparities reduced faster than the overall gains during the 1990s. Gains in women's life expectancy seem to indicate progress towards gender equity, and achievement in the educational fields has been greater for women than for men. Still, GDI was 15 points less than HDI in 2005 (Table 2.1).

Table 2.1: Overall indicators of human development in Nepal (1991- 2005)

Indicator	1981	1991	2001	2005
HDI	0.328	0.416	0.499	0.526
GDI	—	0.312	0.479	0.511

Source: UNDP(HDRs), 1995, 2004, and 2005

However, these achievements are not distributed equally between the urban and rural populations, nor are all development and ecological regions prospering at equal rates. In less developed regions, the gender disparity along these indicators is higher (Table 2.2). This table also features Gender Empowerment Measures (GEM), an index of women's empowerment. In addition to life expectancy, education and earned income (the components of GDI), it also measures women's representation in decision-making positions.

Table 2.2: Regional and urban/rural distribution of HDI, GDI, and GEM, 2001

Region	HDI	GDI	GEM
Nepal	0.471	0.452	0.391
Urban	0.581	0.562	0.425
Rural	0.452	0.430	0.365
Ecological region			
Mountains	0.386	0.363	0.356
Hills	0.512	0.498	0.408
Terai	0.478	0.450	0.372
Development region			
Eastern	0.493	0.475	0.382
Central	0.490	0.467	0.407
Western	0.491	0.477	0.395
Mid-Western	0.402	0.385	0.363
Far-Western	0.404	0.377	0.368

Source: NPC/UNDP(NHDR), 2004

The Gender Development Index (GDI) comparing male/female indicators shows that male and female disparities reduced faster than the overall gains during the 1990s.

2.2 Economic status

2.2.1 Income, wages, and property

Economic status can be measured in terms of comparative access to income, resources, and avenues of employment. In terms of purchasing power parity, women's earned income is only half that of men (Table 2.3). A similar ratio prevailed in 2005: 1,868 for men and 949 for women. Women lag behind men in terms of wages as well. Another indicator of access to resources is property ownership, where women lag even further behind.

Table 2.3 Income and wages (1995/96-2003/4)

Indicators\years	1996	2004
Per capita purchasing power parity US \$		
Men	na	1,776
Women	na	891
Agricultural wages (Current Prices)		
Male	44	85
Female	35	65
Non-agricultural wages in NRs (Current Prices)		
Male	76	137
Female	57	101
Female/male wage ratio		
Agriculture	0.80	0.76
Non-agriculture	0.75	0.74

Sources: UNDP(HDR) 1995, 2004 and 2005, CBS/NPC/NLSS, 2003/4 for wage rates.

As per the 2001 census, very few women own property by themselves. About 11 per cent of households reported some land under female legal ownership (Table 2.4), and only 5.5 per cent of households had some house in a women's name. Only 7.2 per cent of households reported livestock ownership by women, despite many credit institutions targeting and funding this activity for women. Only 0.8 per cent of households had all three (house, land and livestock) in female ownership. Almost 83 per cent of households had no property whatsoever under any female legal ownership. This contrasts sharply with 88 per cent of the households owning their own house and nearly 71 per cent owning animals. Similarly, 76 per cent of the households had their own farm in the district of residence.² On average, female-headed households had only 0.50 ha of farmland compared to 0.78 ha for male-headed households.

About 11 per cent of households reported some land under female legal ownership (Table 2.4), and only 5.5 per cent of households had some house in a women's name.

² The information on household farmland collected by the 2001 census includes all farmland under the household's cultivation in the district, while excluding rented out land and land in other districts under its ownership. Therefore this is not quite comparable with women's ownership but in Nepal rented land constitute a small proportion of the total farmland.

Table 2.4: Selected indicators on household property ownership, 2001

Indicator	Per cent households	
	Households with some female owned property	Property owning households
House	5.5	88.3
Land	10.8	75.6
Livestock	7.2	71.5
House, land and livestock	0.8	na
None	82.9	na

Source: Acharya, 2003c

Despite cultural diversity and differences between the Indo-Aryan and the Tibeto-Burman groups - and even within each of these groups in terms of gender relations (Acharya and Bennette, 1981; Gurung, 1999) - land is inherited universally in all communities from father to son.

There is no reason to believe that women's access to land and other economic resources has increased in last 20-25 years, as their legal rights over property and inheritance have not changed much in this period (see chapter 5).

2.2.2 Credit

Credit has been recognised as an essential component of women's empowerment. Nepal started delivering credit to women through Production Credit for Rural Women (PCRW) and Women Development Programme of Small Farmers Development Project (WDP/SFDP) in the early 1980s. PCRW was under the Ministry of Local Development until 2003, when it was transferred to MWCSW and renamed the Women's Development Programme. As of mid-July 2005 the Women Development Programme had organised 431,000 women into nearly 48,000 groups, and the cumulative credit disbursed was Rs. 21 million. SFDP's sub-project office has been converted to Small Farmers Cooperative Ltd. (SFCL) since 1993. Since then 154 SFCLs have been established in 36 districts. Their cumulative loan disbursement up to May 2004 reached NRs. 2.2 billion. Of the total 83 borrowers, 59.4 per cent were men and 40.6 per cent women.

Five Rural Development Banks (RDBs) have been established in five development regions since the early 1990s to cater to the credit needs of women. By mid-July 2005, a total of NRs. 12.5 billion had been loaned to nearly 146,000 women borrowers. Four other rural development banks in the private sector also cater to the credit needs of women. By mid-July 2005, their cumulative disbursement to about 129,000 borrowers had reached NRs. 5.4 billion. Similarly, up to 30 June 2005 the Decentralized Local Governance Support Programme (DLGSP - a successor of Local Governance Program and Participatory District Development Programme) had disbursed NRs. 1.2 billion to around another 633,000 borrowers - 48 per cent of them women.

Nevertheless, despite this plethora of credit programmes, women's access to institutional credit remains marginal. Of the total outstanding credit from the banks and financial institutions amounting to NRs.217 billion in July 2004, only 1.7 per cent was against women borrowers (Annex 2.1). Women's access to institutional credit has been consistently lower than that of men, irrespective of ecological region, urban/rural status, or ethnicity and caste (Acharya 2000).

There is no reason to believe that women's access to land and other economic resources has increased in last 20-25 years, as their legal rights over property and inheritance have not changed much in this period

2.2.3 Occupational status, employment and working conditions

The proportion of economically active women in Nepal has always been high compared to other South Asian countries. The predominance of subsistence agriculture and male migration from the hills, poverty and the cultural composition of the population (a large proportion of which does not observe taboos on female seclusion) partly account for such high activity rates. In addition, successive efforts by the Central Bureau of Statistics (CBS) to reform the questions on economic and non-economic activities since 1981, and the broadening of the definition of economic activity itself in the 2001 census, have contributed to making women's economic role visible.³ Many of the definitional problems in the economic activity rates have been re-dressed.

As per the 2001 census, women's economic activity rate was 55 per cent, 11 per cent above the 1991 rate (Table 2.5). This increase is accounted for by three factors: increase in actual participation defined as economic, redefinition of the activities themselves, and more detailed and specific description of activities in the census manual and training. All these factors are positive from a gender perspective, as they contribute to making women's work visible. However, this presents some difficulty in comparative analysis.

Women constitute 48 per cent of the agricultural and 34 per cent of the non-agricultural labour force. The new definition of the non-agricultural sector includes water and fuel collection and processing food for household use and thus is less useful for comparative analysis through time. The subsistence sector is becoming more feminised than what is visible from these statistics. This is not favourable from a gender perspective, as it suggests further segregation of women to low paying activities. A more relevant indicator is their proportion in non-agricultural wage employment, which is only 18 per cent compared to 51 per cent in the agricultural sector (Table 2.5).

The proportion of economically active women in Nepal has always been high compared to other South Asian countries. The predominance of subsistence agriculture and male migration from the hills, poverty and the cultural composition of the population (a large proportion of which does not observe taboos on female seclusion) partly account for such high activity rates.

Table 2.5: Selected indicators on economic activities, 2001

Indicator/ Economic activity rates (Ages 10+)	1981	1991	2001
Urban			
Male	74.1	59.4	65.5
Female	31.9	20.3	38.0
Rural			
Male	83.8	69.8	72.8
Female	47.2	48.1	58.3
Nepal			
Male	83.1	68.1	71.7
Female	46.2	45.2	55.3
Per cent of women in total economically active	34.6	40.4	43.4
In agriculture	36.4	45.0	48.1
In non-agriculture	14.3	20.2	34.4
Per cent women in total wage employment	14.7	22.6	22.4
In agriculture	16.8	25.0	50.6
In non-agriculture	14.5	18.9	17.7

Sources: (1) CBS Population Census, 2001; (2) CBS Population Monograph, 1995.

³ The engendering of 2001 Census was a three year exercise assisted by UNDP, UNFPA, UNIFEM and UNICEF collectively. Definitions economic and non-economic activities were revised as required by the United Nations New Manual on the System of National Accounts (SNZA) (UN, 1993).

In non-agricultural wage employment women are concentrated at low paying and less productive, low capital-intensive jobs (CBS/NLFS, 1999). Most labour regulations are avoided by employing women at piece rates (Acharya, 2005; GDS\FES, 1997; GEFONT, 2003). Overall, women earn about three quarters of what men earn both in agricultural and non-agricultural sectors (Table 2.3). The ratios in both sectors have declined from 1995/6. Detailed studies show appalling conditions in some industries and industrial units, particularly in carpets and garments, the major exports and main spheres of women's manufacturing employment. Annex 2.2 presents information from a recent (2004/5) survey in Kathmandu and reflects this situation. This study (Acharya, 2005) reports that:

One hundred per cent of female and 80 per cent of male carpet weavers earned less than US\$ 40 a month. Nobody earned more than US\$ 80 a month in carpets and garments, that is, in the export industries. All women and 80 per cent of men in carpets were paid on piece basis. They lived in factory-provided dormitories, four in one room (12 by 12 feet) and took their babies and young children to work.

Both pay scale and working conditions in these export industries seemed to be much worse than in hospitality industry, whose products were more domestic-market and tourism oriented. These industries employed 97 per cent women on a permanent basis and had provisions of legally required leave and other facilities benefits.

Generally, women did not fare as well as men. Nevertheless, only 20 per cent of the female workers interviewed in the carpet industry and 30 per cent of all women workers in the survey were not happy with their working conditions, while much higher percentages of men expressed dissatisfaction. This demonstrates the higher level of insecurity women feel because of a lack of alternative work opportunities.

Carpet workers were mostly migrants from rural areas; not Brahmins, Chhettris, or Newars; and came from landless or near-landless families with less than 0.05 ha of land. Workers in other industries were more evenly distributed among urban and rural origin, migrants and non-migrants, and along caste/ethnicity lines. The study concludes that "the traditional social discriminatory structures are getting transferred to the globalised modern sectors as well".

2.2.4 Mobile population and migration for employment

Both internal and external migration in search of employment has been a notable feature of the Nepalese economy. Nepal's population is quite mobile and women have constituted the larger proportion of the lifetime internal migrants (57 per cent in 2001). But while men moved mostly in search of employment (52 per cent), the largest proportion of women (47 per cent) moved because of marriage, with only about 18 per cent of women migrating for employment. NLSS (2003/04) found that 37 per cent of Nepalese aged 5 years and above were born outside the VDC/Municipality of their current residence. The rate of migration was higher for women (50 per cent) than for men (22 per cent).⁴ As per the Census, 2001, most of the internal migration has been from rural to urban areas. Since 32 per cent of households in Nepal received remittances and 24 per cent of these remittances were from within Nepal, it may be concluded that the mobile population within the country is quite large. But no confirmed information is available on this population or its sex breakdown, as NLSS data is focused on remittances and does not report much on the people involved.

Historically, external migration for recruitment in the British and later the Indian Army has been a lucrative employment avenue for men. With more openings in the global labour-market, population pressure at home and the CPN-M insurgency have combined to increase the flow of external migrants for employment and safety.

⁴ No sex breakdowns have been reported for the causes of migration.

But no confirmed information is available on this population or its sex breakdown, as NLSS data is focused on remittances and does not report much on the people involved.

In 2001, overall 670,000 men (about 6 per cent of adult men) and 83,000 women were reported living abroad. The overwhelming majority of male migrants and slightly more than a third of female migrants left Nepal for employment. More recent data on external migration is not available. Nepal received an average of NRs. 59 billion in remittances annually in 2003/4 and 2004/5. The amount has been increasing rapidly since the intensification of the conflict and reached NRs 65 billion in 2005/6 (NRB mid-October Quarterly Economic Bulletin 2005).⁵ No data is available to show how much of this is coming from women. NLSS (2003/4), however, shows that about 32 per cent of Nepal's households receive remittances, up from 23 per cent in 1995/6. Among the recipients such income constituted 35 per cent of their total household income and about 11 per cent of the donors were women. The total amount of remittances received from outside Nepal was NRs. 35 billion.

Historically, not much employment-oriented external female migration has been recorded, though some women were trafficked for commercial sex work, mostly to India. In recent years, particularly since the mid-1990s, both voluntary and as a consequence of trafficking, female migration has increased rapidly. Most of the increased female migration is for employment. Women have started to seek employment beyond India, but recent figures on total number of such migrants are not available.

Recently, the United Nations Development Fund for Women (UNIFEM) has been studying this process and facilitating female migration for employment. UNIFEM sources quoting departmental figures⁶ estimate that the number of women going overseas for employment has increased significantly. Only 892 women went overseas for employment between 1994/5 and 2002/3, but the single-year figure for 2004/5 was 590 from agency channels and 377 from individual channels. Further, in just nine months of the current fiscal year (2005/6) the number has risen to 691 from agency channels. Since there was a restriction on women going to Arab countries for employment, women often emigrated via India.

2.2.5 Women in the care economy

A substantial proportion of women are confined to household work due to social and reproductive reasons. Even if homemaking activities, such as household maintenance and childcare, do not fall within the production boundary defined by the System of National Accounts (UN, 1993), such activities nevertheless are necessary for human reproduction and no economy can survive without them (UNDP, 1995). For Nepal, Acharya (1998) shows that valuing such services even at minimum prices would yield an amount equivalent to measured Gross Domestic Product.

In this connection Acharya (2003c) suggests a new category of total work analysis, workforce, which includes the entire working population irrespective of the kind of work they do. Any person engaged solely in homemaking is considered working also. Work is defined as any activity that a second person could do for you. For example cooking, taking care of children, cleaning and washing. Only activities that a second person could not do for you (e.g. sleeping, taking care of oneself, watching television, studying) are excluded from the definition of work. According to this definition, larger proportions of women were working than men in 2001. In all, 66 per cent of men and 72 per cent of women were working in 2001. While slightly more

In recent years, particularly since the mid-1990s, both voluntary and as a consequence of trafficking, female migration has increased rapidly.

⁵ The general feeling that much of the remittances are coming from unofficial channels is not supported by NLSS. For example, while the official data shows worker remittances to be NRs. 59 billion in 2003/4, NLSS information suggests that households received only NRs. 46 billion in that year.

⁶ Department of Labor and Employment Promotion, Ministry of Labor and Transport Management (Feb. 2006), Record File.

than 90 per cent of men and women in the 25-54 age group were working, the difference was only in the kind of work they did. Of the total workforce 52 per cent were women, while among homemakers they constituted almost 95 per cent (see Acharya, 2003c). In all development regions, larger proportions of women worked than men.

Household maintenance and childcare seem to fall primarily under women's responsibilities. Not much change is visible in allocation of household responsibility, irrespective of whether women are economically active or not. Women contributed 86 per cent of the total household care time in rural areas in 1984/5 (NRB, 1988). Similar estimates from the Nepal Labour Force Survey (1999) show that women contributed 84 per cent of such time (Annex 2.3) on a national level. Even urban working women accounted for most of the time spent on such activities.

2.3 Social status: Marriage and fertility

Women's access to health and education services is often taken as an indicator of their social status and achievements in this area as indicators of their empowerment. A woman's health and educational achievements are products of many dimensions of her subordination to patriarchal structures and ideology. The social ideology of gender roles determines her access to education, information, division of labour and employment avenues, and ultimately her opportunity spectrum and life options.

Reviewing the nuptial variables in this context, it is satisfying to note that early marriage is declining perceptibly. The proportion of married girls between the ages of 10 and 25 has come down substantially since 1981, particularly during the 1990s, and the mean age of marriage for both girls and boys has increased significantly by 2.3 years for girls (Table 2.6). The significant gains of the 1990s may be the result of increased literacy and education of women, increased awareness raising activities of NGOs/INGOs and the government, and increasing employment of women in the non-agricultural sectors.

Table 2.6 : Singulate mean age of marriage, Nepal (1981-2001).

Region	Male			Female		
	1981	1991	2001	1981	1991	2001
Ecological region						
Mountain	21.8	21.9	22.1	18.5	18.6	19.6
Hill	23.0	22.2	23.4	18.0	18.9	20.2
Terai	19.7	20.6	22.5	15.8	17.0	18.9
Development region						
EDR	21.7	22.5	23.7	16.9	19.2	20.3
CDR	20.5	21.3	23.1	16.8	17.7	19.5
WDR	20.8	21.2	22.7	17.3	18.0	19.5
MWDR	20.1	20.7	21.8	16.9	17.6	18.9
FWDR	19.5	20.4	21.8	15.7	16.9	18.5
Nepal	20.7	21.4	22.9	17.2	18.1	19.5
Urban	22.5	23.5	24.5	18.5	19.6	20.7
Rural	20.6	21.1	22.5	17.1	17.9	19.3

Source: TPAMF 2005

The proportion of married girls between the ages of 10 and 25 has come down substantially since 1981, particularly during the 1990s, and the mean age of marriage for both girls and boys has increased significantly by 2.3 years for girls

Still, two per cent of girls aged 10-14 and 33 per cent of girls aged 15-19 are already married (Table 2.7). Marriage is still culturally compulsory for all men and women in Nepal. For women, besides the social need to produce children, marriage is also seen as a primary means of livelihood in almost all communities (Acharya and Bennett, 1981; Gurung, 1999). In 2001, 94 per cent of women and 81 per cent of men were married before they reached the age of 30. Upon marriage a woman moves to her husband's household, which determines her further activities and options. The 2001 census shows that the largest proportion of female internal migrants (47 per cent) moved because of marriage. No male migrated because of marriage. Progress in reducing early marriage practices has been uneven through out the country, but all ecological and development regions have achieved at least a one-year gain since 1991 and increase in the singulate mean age of marriage has been the largest in the Terai and the Far-Western Development Region (FWDR), as compared with other regions. The urban rural difference of about one year in girls' mean age of marriage, however, has remained constant since 1981. Further, the unguilate mean age of marriage by ecological and development region shows that the progress in Terai areas is much slower, despite its accessibility. The Far-West and Mid-West Development Regions (FWDR and MWDR) lag behind the other regions.

Table 2.7: Marital status of women, Nepal (1981-2001)

Indicator	1981	1991	2001
Per cent ever married in the age group			
10 - 14	14.3	7.4	1.8
15 - 19	50.8	46.3	33.5
20 - 24	86.9	86.1	78.5
All	70.8	73.6	70.3
Women in polygamous marriage	—	—	559,250
Urban	—	—	65,592
Rural	—	—	493,656
Women in polyandrous marriage			2,147
Per cent divorced/separated	0.4	0.7	0.1
Per cent widows	5.5	7.2	3.7
Per cent remarried	—	—	2.7
Urban	—	—	2.9
Rural	—	—	1.1

Source: Acharya 2003

The number of married girls aged 10 – 14 is the highest in Terai areas at 19,555. The Mountain region have the lowest number (1,192), because of the lower total population. In terms of percentage, this area lags behind Hill region, where 5,397 girls in this age bracket were already married.

Table 2.8: Per cent currently married female population by age group (10 Years +), 2001

Age Group	Mountain	Hills	Terai	All Nepal		Total
				Urban	Rural	
10 -14 years						
2001	0.31	0.19	0.7	0.26	0.48	0.45
1991	4.6	4.1	11.4	4.7	7.6	7.6
All ages						
2001	64.4	63.2	68.3	63.5	66.1	69.2
1991	72.8	70.2	77.3	68.1	74.6	73.6

Source(1) CBS National Report, 2001. (2) CBS Population Monogram, 1995.

For women, besides the social need to produce children, marriage is also seen as a primary means of livelihood in almost all communities

The proportion of widowed, divorced and separated women is declining, but still there were women already widowed by 19 years of age. Young widows, particularly in the Indo-Aryan community, are subject to covert and overt violence and face both psychological (as forerunners of misfortune) and physical violence, often for their share of property. In other communities where traditionally remarriage was accepted, the influence of the dominant Indo-Aryan culture is making widowhood more and more of a problem, especially among the ethnic elite. Children in remarriages suffer most from violence.

Although polygamy is illegal, the 2001 census showed that at least 559,250 women were living in polygamous marriages.⁷ The rate of polygamy was higher among the hill population generally, and proportionately more among hill Dalits and non-Newar/Thakali Janajatis. In Tibetan communities in the high mountains, polyandry is also practised, but this seems to be declining also as only about 2,000 currently married women were in such marriages - only 0.04 per cent of the total currently married women in the region. The rates of ever-married women were not much different for various communities. Despite cultural differences, marriage is the most important event for women in all communities.

The need to have children is another factor determining women's life options in all communities in Nepal. Although the Total Fertility Rate (TFR) has been declining since 1971 and the rate of decline has accelerated during the 1990s, it is still high compared to Sri Lanka, India or Bangladesh (HDR, 2004). The TFR in 2001 was estimated at 4.1 per woman, compared to 5.5 in 1991 (Table 2.9).

There is a significant difference between TFR for rural (4.4) and urban (2.8) areas, attributable to the higher mean age of marriage, higher awareness and education levels, and greater non-agricultural employment opportunities for women in urban areas. Regionally, Mountain areas have the highest TFR. The Mid-West and the Far-West have higher TFR than other development regions.

Family planning is still considered a woman's responsibility. Many men are reluctant to accept sterilisation; 23 per cent think the women become promiscuous if sterilised, while 14 per cent thought it was the women's responsibility and not theirs. According to the 2001 NDHS 16.5 per cent of women and 7 per cent of men had used modern methods of sterilization—a declining rate of male sterilization rates since 1991 against an increasing trend for women. For women the rate was only 12.1 per cent in 1991. This survey found that nearly 69 per cent of men thought sterilisation as equal to castration (NDHS, 2001). Despite the figures in Table 2.9 showing declining fertility rates among all age groups, NDHS 2001 reported 21.4 per cent of women aged 15-19 were pregnant on the survey date.

Table 2.9: Age-specific and total fertility rates by age group and residence, 1991 - 2001

Age Group	1991	2001
15-19	0.089	0.084
20-24	0.261	0.236
25-29	0.248	0.188
30-34	0.195	0.121
35-39	0.141	0.077
40-44	0.073	0.039
45-49	0.027	0.013
Nepal	5.1	4.1
Urban	3.40	2.82
Rural	5.35	4.37

Sources: CBS Population Monograph, 2003, Volume I

⁷ The number could be higher, because this statistic has been estimated by multiplying the number of men in polygamous marriages by two and these men may have more than two wives.

Family planning is still considered a woman's responsibility. Many men are reluctant to accept sterilisation; 23 per cent think that women become promiscuous if sterilised, while 14 per cent thought it was the women's responsibility and not theirs.

2.4 Educational status

Nepal has made significant gains in education. Literacy levels have increased significantly, particularly during the last two decades. Male literacy in six years and above age group reached 65 per cent in 2001 from 34 per cent in 1981. Similarly, the female literacy rate more than trebled, from 12 per cent in 1981 to 43 per cent in 2001 (Table 2.10).⁸ The progress in literacy levels of the younger group is quite significant. The difference in male/female literacy levels has declined by half than the 15-19 age group. However, in the younger age group the progress seems to be much slower. This difference has declined by only 2.4 percentage points between 1991 and 2001 (Table 2.11).

Table 2.10: Literacy rate by residence, age six years and above

Region	1981		1991		2001	
	Male	Female	Male	Female	Male	Female
Urban	61.1	38.2	80.0	51.2	81.2	61.9
Rural	32.0	10.3	54.2	20.4	62.6	39.6
Nepal	34.0	12.0	54.1	24.7	65.5	42.8

Sources: (1) CBS: Population Census, 2001; (2) CBS: Population Monograph, 1995
(3) UNDP: HDR, 1995 and 2002, NLSS, 2003/4 Table No. 5.1, and volume one

Table 2.11: Gender differences in literacy rates

Age Group	1981	1991	2001
Overall	22.0	29.0	22.7
15-19	30.7	32.9	16.2
10-14	29.6	12.8	10.4

Source: Population Census, 2001

As education levels increase, the number of women with comparable educational degrees decreases. While 77 women had primary education per hundred men with similar level of education in 2001, only 43 had School Leaving Certificate or higher and only 23 had graduate degrees or higher.

As education levels increase, the number of women with comparable educational degrees decreases. While 77 women had primary education per hundred men with similar level of education in 2001, only 43 had School Leaving Certificate (SLC) or higher and only 23 had graduate degrees or higher (Table 2.12). The latter ratio has remained virtually unchanged since 1991. Women and girls constituted only 43 per cent of all full-time students in 2001.

Table 2.12 Educational achievement: Number of females per 100 males, 2001

Indicator	1981	1991	2001
Literate 6 years +	33.8	46.3	65.8
Primary education	41.5	53.5	76.8
Female per cent among full-time students	27.2	34.7	43.1
SLC and above	21.0	28.2	43.6
Graduates and above	18.4	22.5	22.9

Sources: (1) CBS: Population Census, 2001; (2) CBS: Population Monograph, 1995

Gender parity in enrolment has not been achieved even at the primary level. The gross enrolment parity rate was 0.91 and the net enrolment parity rate was 0.97 in 2004. Progress is much slower at higher levels of schooling. Both gross enrolment and net enrolment rates at lower secondary and secondary levels are increasing, but care much slower at the secondary than at lower secondary level. The nation's

⁸ NLSS 2004 reported a lower rate in 2003/4, but the differences are slight.

overall gross enrolment in 2004 was 74 per cent and 86 per cent for girls and boys, respectively, and at the secondary level it was 45 per cent for girls and 55 per cent for boys (MOES/DOE, 2004 p.20).

2.4.1 Factors in educational access

Gender plays a major role in the unequal access of girls and women to education. Girls face much more discrimination in access to quality education (Annex 2.4). Boys everywhere are given better educational opportunities by parents, who send them to private schools or to cities while the girls, particularly those from villages, have few such opportunities. Families usually send their boys to India or overseas for further education, but few girls get such opportunities. The primary reason behind this is the social obligation for the natal household to marry their girls off preferably late in teens or early 20s.

The social obligation of marriage and the expectation of bearing children are major impediments to women's advancement in education and career jobs. In the Indo-Aryan communities it is a matter of honour for families to have their daughter married. In Hindu communities natal households must give dowry/tilak⁹ in a daughter's marriage.

This practice seems to be increasing spreading even to communities which did not have it before.¹⁰ In all communities, daughters move to the husband's household after marriage; her parental home may not claim any part of her earnings and she has no responsibility to them, nor can she have any claim on their property and resources.

Male education has helped increase girls' schooling as educated grooms want brides with at least minimum education. However, at higher education levels it has become an impediment to female education because of the practice of dowry/tilak, particularly in Terai communities. Parents have to find suitably qualified grooms with higher education for girls with such education, and grooms with higher education demand higher amount of tilaks; the higher the degree, the greater the price. The form of dowry has acquired new dimensions, as prospective husbands have started to see it as seed capital for new business or their own overseas travel, motorbikes, cars, televisions, and other consumer items. Although this is more of a middle- and educated-class phenomenon, it is putting social pressure on the lower-middle class as they emulate higher-class behaviour.

The globalisation of the consumer culture has not done away with the onerous system of dowry/tilak, but converted it into a vehicle for promoting consumerism and seed capital for new business and made it more burdensome for families to have girls. This whole system of compulsory timely marriage of daughters, moving to their husbands' households, the social obligation to have sons, and childcare responsibilities after marriage put a cap on women's chances of higher education. Both tradition and the spread of consumer culture combine to limit women's access to higher education.

⁹ Dowry is given to daughters; in principle it is her property. This practice prevails in the Hill communities. Tilak is given to the bridegroom or his family, on which the girl has no claim even in principle. In Terai communities both dowry and tilak are common.

¹⁰ In a recent case study (Acharya, 2005) of a Maithili village, the answers to the question whether it prevails, was 100 per cent positive. To whether it was increasing, decreasing, or remaining same, 100 per cent said it was increasing. In the Hill case study 66 per cent of respondents said it prevailed and 94 per cent of them reported it to be increasing. Among urban factory workers, 50 per cent said they practiced dowry and 75 per cent of them said it was increasing. The study also points out that the practice is spreading even among Hill Janajatis, who did not practice it traditionally.

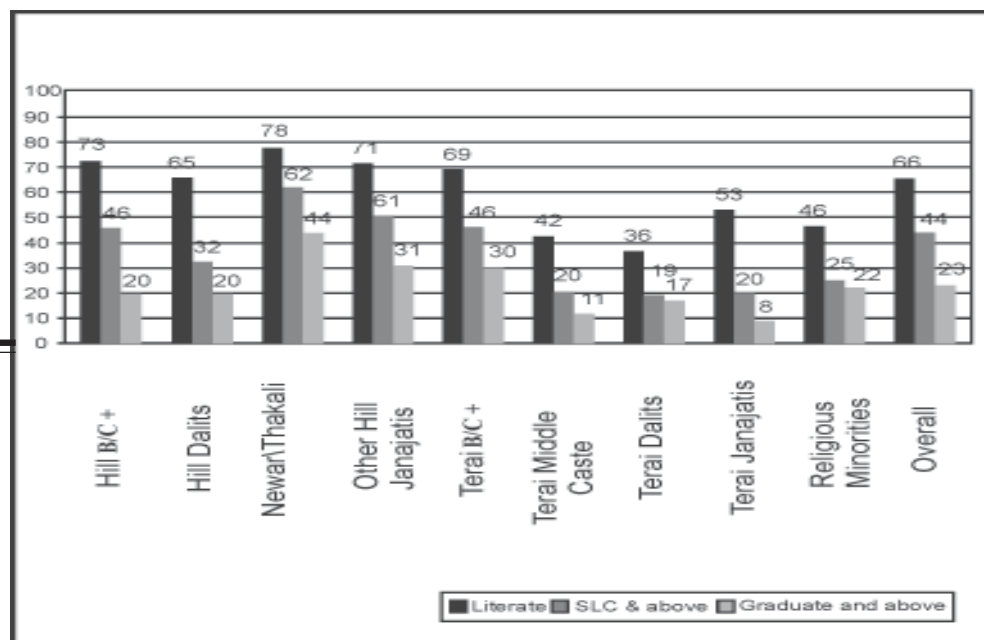
The globalisation of the consumer culture has not done away with the onerous system of Dowry/ Tilak, but converted it into a vehicle for promoting consumerism and seed capital for new business and made it more burdensome for families to have girls.

Other factors hinder women's access to education, such as location of residence (rural or urban, accessible or more remote), development/ecological region, and most important by caste and ethnicity. The difference in male/female educational access is higher in rural areas and Mountain region-the gender disparity in literacy in urban areas was 19 per cent, but it was 23 per cent in rural areas. Similarly, while there were 51 women with SLC certificates to each 100 men with similar qualifications in rural areas, this number was 70 for urban areas. Urban/rural differences are visible at all levels of education.

As to development regions, FWDR displays much larger gender disparity in this indicator compared to other regions. This can be attributed to both more conservative attitudes toward women in FWDR and to less access to nearby facilities. The large gender disparity in educational access in the Mountains, on the other hand, may be more due to access, given the more egalitarian attitude of Mountain communities to women.

One's caste or ethnicity is the most important factor besides gender in determining educational access. Chart 2.1 and the Tables in the Annexes 2.5a, 2.5b & 2.5c extracted from a recent analysis (TPAMF, 2005) illustrate the current situation clearly. Higher caste groups have much better access while the Dalits of the Terai have the lowest access to education. Even in terms of decennial gains between 2001 and 1991, Terai Dalit women, with just 11 per cent literacy rate in 2001, had made least progress compared to women of other caste/ethnic groups.

Chart 2.1 Female/male ratios of educational attainment by caste/ethnicity¹¹



Source: TPAMF, 2005

¹¹ The Nepal Census 2001 reported 103 social caste/ethnic groups, some of them comprising less than 0.1 per cent of the population. These were classified first into 35 categories and then into 10 major groups. This classification has been based on (a) socio-cultural background, (b) ecological region, (c) population size, (d) the kind of housing unit occupied, (e) literacy and educational attainments, and (f) access to jobs in emerging better-paid modern sectors and prestigious occupations entailing power and control over national resources. For group composition see Annex 2.5c

The difference in male/female educational access is higher in rural areas and Mountain region-the gender disparity in literacy in urban areas was 19 per cent, but it was 23 per cent in rural areas.

However, gender disparity is visible in all castes and ethnicities, more so in the Terai groups despite the better facilities in Terai areas. The chart based on Annex 2.5b features gender disparity in educational access by caste and ethnicity groups at three levels of education: literate, SLC and above, and graduate and above. The ratio of female/male educational attainments is generally lower for Terai groups than other groups.

2.5 Life expectancy, sex ratio, and health status

Gender disaggregated data on the general health status of men and women are rare. Only end results are visible. One such indicator is the sex ratio. The sex ratio (men per 100 women) netted of migratory trends reflects the overall social status of women. In Nepal, the overall sex ratio in the country changed in favour of women during the 1980s (Table 2.13). Since then the trend seems to have been reversed slightly.

A significant decline in maternal mortality rate (MMR) from 850 to 539 per 100,000 deliveries in the 1980s clearly helped to change the sex ratio in favour of women in 1991 compared to 1981 (Acharya, 2003c). During the 1990s, estimates MMR to have declined to 415, but this is not reflected in the sex ratio. On the other hand, life expectancies at birth show significant improvements in both male and female health status. Expansions of health services and outreach have been notable (see Chapter V). Consequently the Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), and Under five mortality rates have declined.

Table 2.13: Selected vital statistics, 1991- 2001

Indicator/years	1991	2001
Sex ratio: Nepal	99.5	99.8
Rural	98.6	98.8
Urban	108.4	106.4
Maternal Mortality Rate (MMR) per 100,000 deliveries	539.0	415.0*
Infant Mortality Rate (IMR) per 1000 live births	97.0	64.4
Boys	94.0	na
Girls	101.0	na
Under five mortality rates		
Boys	36.0	104.8
Girls	50.0	112.4
Life expectancy at birth (years)		
Male	55.0	60.1
Female	53.5	60.7

Source: Population Monographs, 1995, Table No.9, 10 and 18, Population Monograph 2003.

* Tenth Plan Estimates

Little data is available on intermediate indicators of health status in a comparative gender perspective. Some indicators are aggregated with no gender breakdowns, others such as nutritional status relate only to children and adult women. From the available information, women's nutritional status seems to be quite precarious (Table 2.14). No comparable data for men have been collected, so it is not possible to make a male/female comparative analysis. But due to the social practices of giving priority to male needs it is likely that men have higher nutritional status. Children's nutritional status shows little gender discrimination.

Expansions of health services and outreach have been notable. Consequently the IMR, MMR, and under five mortality rate have declined.

Table 2.14 Health status indicators, 2001

Indicator	Urban	Rural	Total
Women menopausal before 40 years of age			17.7
15 - 49 ages women\1			
Mean height (cm)	150.4	150.2	150.2
Per cent below 145 cm	13.1	15.5	15.3
Mean body mass index (BMI)			
Per cent normal	59.1	67.7	66.9
Thin	16.8	27.7	26.7
Of which severely thin	1.9	3.6	3.4
Overweight and obese	24.1	4.5	6.5
Children (age 1-5)			
Height for age – mean score	-1.6	-2.0	-2.0
Male	na	-2.0	na
Female	na	na	-2.1
Weight-for-height- mean score	-0.7	-0.9	-0.9
Male	na	-0.9	na
Female	na	na	-0.9
Weight-for-age -mean score	-1.6	-1.9	-1.9
Male	na	-1.8	na
Female	na	na	-1.9

Source: Nepal Demographic and Health Survey 2001 1/ No male data

Sexually transmitted diseases (STDs) and HIV/AIDS are becoming major health risks for women, men, and adolescents. Trafficking of women and children, commercialisation and globalisation of sex work, mass migration of men for employment and for other purposes, displacement due to internal conflict, and increasing use of intravenous drugs are some major causes of HIV transmission. Low use of condoms and women's inability to convince men to use condoms increase the risk of HIV/AIDS transmission especially among frequent visitor migrants and their families. Family Health International estimates that about 41 per cent of the HIV/AIDS cases are among migrant men. UNAIDS has warned that without effective public health interventions, AIDS could become the leading cause of death for the 15 - 49 age group by 2010 (Devkota and Chhetri 2002).

2.5.1 Access to health services

As evident from Table 2.15, women's access to various services related to family planning, pregnancy, and delivery is increasing. The Contraceptive Prevalence Rate (CPR) has reached 39 per cent in 2001 from 29 in 1996. This achievement is attributable primarily to women, since they have been the main targets of all family planning programmes and most methods are targeted to them. The most recent information (Annex.2.6) shows expansion of coverage of services. Preliminary findings from NDHS 2006 also shows that CPR has increased to 49 per cent but NLSS (2004) information gave a mixed message as discussed below (Table 2.17).

Trafficking of women and children, commercialisation and globalisation of sex work, mass migration of men for employment and for other purposes, displacement due to internal conflict, and increasing use of intravenous drugs are some major causes of HIV transmission.

Table 2.15: Women's access to health services

Indicator	1996			2001		
	Urban	Rural	Total	Urban	Rural	Total
Women who received:						
Antenatal care*	67.0	39.4	41.9	80.9	46.1	48.5
Postnatal care	18.2	20.7	20.6			
Two or more TT vaccinations	48.3	31.5	32.6	67.3	43.7	45.3
Delivery assistance *	46.5	7.6	10.1	51.5	10.1	12.9
Use of home delivery kit	4.1	1.7	2.0	13.8	9.2	9.4
Received Vitamin A postpartum	22.8	9.4	10.3			
Suffered night-blindness during pregnancy			18.0	7.1	20.5	19.6
Receive iron/folic tablets during pregnancy				50.7	20.6	22.7
Current users of any FP method			28.8	38.9		
Unmet need	21.7	32.3	31.4	15.8	29.0	27.8
Time taken to source of contraception (minutes) Nepal				15.8	30.4	30.2
Mid-West (maximum)						60.2
Central (minimum)						20.6

Source: Nepal Family Health Survey 1996 and Nepal Demographic and Health Survey, 2001

* By trained personnel including doctor, nurse/auxiliary nurse, midwife, health assistant/auxiliary health worker, maternal child health worker, village health worker.

There is a large difference in the access of urban and rural women to all kinds of services. Further, the coverage of services is not even throughout the country. While it takes only 20 minutes to get to the source of contraceptive devices in Central Development Region (CDR), it takes 60 minutes in the Mid-West. The differential access to reproductive health services in the various regions of the country, caste and gender problems involved are illustrated by the following case study from three VDCs of Darchula (Annex 2.7): "A total of 144 cases of uterine prolapse were found in a recent survey of just three VDCs. Uterine prolapse (UP) were reported as one of the major issues for women in those VDCs. Mostly women from Dalit and poor families have been suffering. The sufferers' age ranges from 19 to 75". A survey of RH Morbidity by UNFPA/WHO conducted by the Institute of Medicine, Tribhuvan University, found the prevalence of uterine prolapse at 10 per cent of women. The survey was carried out in eight districts representing Mountain, Hill and Tarai (UNFPA/IOM, 2006). This survey team believes that there are many more cases. Women were not open due to their shyness and threat of social dishonour if their condition were disclosed. No treatment was available at the district or local level.

Other studies (DFID/World Bank, 2005) have also pointed out such differences in access. Brahmin/Chhetri and Newar women tend to have greater access, while Dalits, Terai middle caste, and communities of remote areas tend to have lower

There is a large difference in the access of urban and rural women to all kinds of services. Further, the coverage of services is not even throughout the country. While it takes only 20 minutes to get to the source of contraceptive devices in CDR, it takes 60 minutes in the Mid-West.

access (Table 2.16). Urban-centred Newar women had higher access to all services and higher HIV/AIDS awareness, Hill Janajati had lowest access to antenatal care, while Dalits seemed to be far behind other groups in HIV/AIDS awareness and among the family planning users. While Muslims have higher access to antenatal care, in terms of HIV/AIDS awareness, family planning use, and child immunisation they are far behind. Higher gender discrimination is also clearly visible in the case of the Terai middle caste and Muslims. In addition to service service provision and accessibility by modern transport, cultural factors play crucial role in women's access to health services.

The armed conflict has made the access problem more acute. Such problems include destruction of physical facilities occupied by central and local government institutions and of health facilities, disruption of communication facilities and supervisory and support linkages, general feelings of fear and isolation among the local service providers due to conflicting demands of the two sides, disruption in supplies of essential drugs and other necessary equipment because of regular blockades, strikes, security checks, as well as the destruction of bridges and airport towers.

Table 2.16: Selected indicators on access to health services by caste and ethnicity

Caste/ethnicity	Receiving antenatal care	Knows ways to avoid AIDS	Fully immunised children under 5 years			Per cent contraceptive acceptance	
			Boys	Girls	Difference	Current use	Unmet need
Brahmin/Chhetri	63.2	43.9	61.2	60.2	1.0	40.5	28.4
Terai Middle caste	77.4	11.9	60.0	50.7	9.3	33.9	26.5
Dalits	55.6	27.0	50.7	52.7	-2	28.1	33.1
Newars	71.5	57.8	70.5	68.2	2.3	44.4	26.1
Hill Janajati	46.7	43.5	58.2	55.6	2.6	36.9	31.8
Terai Janajati	55.3	34.8	44.0	40.0	4.0	51.3	21.3
Muslim	60.3	9.3	58.1	55.7	2.4	12.6	45.5

Source: DFID/World Bank, 2005

The armed conflict has made the access problem more acute. Although data on the health status and access to health services in the more insurgency-affected areas is not available, two recent reports (HMG-UNFPA, Semi Annual Programme Review August 2005, and Dixit, 2005/ World Bank, UNFPA/CVICT 2006) from affected areas have highlighted problems encountered in providing health services. Such problems include destruction of physical facilities occupied by central and local government institutions and health facilities, disruption of communication facilities and supervisory and support linkages, general feelings of fear and isolation among the local service providers due to conflicting demands of the two sides, disruption in supplies of essential drugs and other necessary equipment because of regular blockades, strikes and security checks, as well as the destruction of bridges and airport towers. None of the conflict-affected districts met the monthly target for outreach clinics. Absenteeism the increased in affected areas. The impact is also reflected in the decline in the number of Primary Health Care Centers (PHCs), health posts, and sub-health posts between mid-July 2004 and 2005 (Economic Survey, 2005/06, Annex table 12.5).

The health system in remote rural areas has become dysfunctional. Women with reproductive health problems - including difficult pregnancies, complicated abortions, suffered extensively because of disruption of the transport system. Problems related to pregnancy, delivery, and bleeding are always emergencies that cannot wait for treatment. Several unsafe deliveries and maternal deaths due to lack of treatment were reported during strikes and blockades declared by the CPN-M.

Available information on the access to reproductive health services in rural areas presents a mixed picture (Table 2.17). The table shows that the per centage of children not immunised has increased between 2001 and 2003/4. But proportionately more women were getting prenatal care, while the per centages of those receiving postnatal care and those practising family planning had decreased substantially in that period.

Table 2. 17 Indicators of the impact of conflict on access

Indicator	2001	2003/4
Children not immunised (partially or fully)	3.4	7.4
Pregnant women receiving prenatal care (rural)	46.6	53.9
Women receiving postnatal care (rural)	17.3	11.0
Current family planning users - couples*	38.9	38.3

* Includes sterilisation

Source: Nepal Demographic and Health Survey, 2001, NLSS 2003/04

2.5.2 Violence against women

Violence against women has received little attention in health programmes so far. Trafficking has been highlighted, while other kinds of every-day violence have gone unnoticed. This violence must be considered a great health hazard for all women in Nepal, who have received innumerable injuries to their physical and psychological wellbeing. Moreover, they are expected to tolerate this silently.

Available studies show that domestic violence is widespread in all communities. Violence, both in the domestic as well as in the public arena, is still used extensively by the patriarchy to establish domination over women of all ages, from foetus to old age (Sathi et al. 1997, New ERA, 1998). The NDHS (2001) reported that 33 per cent of urban women and 25 per cent of men thought it was alright for a husband to beat his wife for any of the following causes: burning food, argument, going out without telling the husband, neglecting children, refusing to have sex with the husband, etc. Going out and neglect of children accounted for most of the cases. Similar data for rural areas were 28 per cent for women and 35 per cent for men. Slightly more than 23 per cent of urban and 22 per cent of rural men thought women had no right whatsoever to refuse sex to her husband. The rest, however, accepted this right if the wife knew that he had STD or had had sex with other women, if the wife had recently given birth or was too tired or not in the mood for such activity.

Trafficking is widely reported but hard data are impossible to collect. Although wild guesses have been made, a thorough two-year long study by Asmita puts the number of Nepali commercial sex workers in the big cities of India at only 25,000 (Asmita 2005). The recent armed conflict and displacement, poverty, and lack of adequately paying jobs are forcing increasing numbers of women to move out of their environment and fall into the trap of sex-traders. Younger and younger girls are reportedly being lured to this trade, overtly or covertly (New ERA, 1998). This New

Problems related to pregnancy, delivery, and bleeding are always emergencies that cannot wait for treatment. Several unsafe deliveries and maternal deaths due to lack of treatment were reported during strikes and blockades declared by the CPN-M.

Era study also suggests that patriarchal socialisation, which establishes marriage as the most respectable livelihood option for the girls, is one of the reasons that poor girls fall into the trafficker's traps. It also showed that children living with people other than their parents faced greater risk of violence.

Gender-based violence against women has always been a vexing issue for Nepalese society. It occurs in all communities irrespective of class, caste/ethnicity, religion, social status, educational background, or geographical position. With modernisation and mass communication, women's mobility and assertiveness have increased. Increasing erosion of the land-based economy has increased their need to work outside the family. But in a society dominated by patriarchal value systems, this has given rise to new kinds of clashes within the family. Old forms of violence in the domestic and public spheres intensifying. Along with this, women face situations of violence in streets, workplace, police custody, and as victims of war and conflict.

Gender-based violence is not only committed physically, psychologically, and emotionally, it is also committed in the name of culture and tradition. Such manifestations include polygamy, polyandry, deuki/badi, bonded labour, jari, widowhood, child marriage, witch hunting, dowry-related violence, etc. Cultural violence such as seclusion and banishment to cow sheds, forcing women and their newborns to live in inhuman conditions and risk their lives (Chaupadi), is widely practiced in the Mid-West and Far Western regions, especially among the high castes. In Maithali communities, a woman must burn her knees in the first year of marriage to secure her husband's wellbeing (see chapter VI). Recently cases of witch hunting have been reported from different parts of the country. Armed conflict has resulted in more violence for women.

Perpetrators of domestic violence are generally the male partner or spouse, in-laws, or other family members. Outside the family, male bosses, male colleagues and male security forces and rebels are usually the perpetrators (RUWDUC, 2005). Another report (SAMANTA, 2005) shows that even pregnant women are not spared severe physical violence. Beating, slapping, kicking, hair pulling, verbal abuse, use of stick or knife causing bodily injury, burns including acid burns, etc. are common forms of physical violence against women.

Reported causes of such violence included excessive use of alcohol or narcotics by husbands, financial arguments, perceived disobedience of wives, neglect of household tasks, arguments over childrearing, visiting parents, friends, disrespectful to not looking after in-laws, listening to their own parents, etc. Nevertheless, women remain within abusive relationships due to fear of losing their own and family honour, lack of a place to go and means of supporting themselves and their children, hope of changing their husband's behaviour, love of the children, and threats by the husband.

Despite the seriousness of the problem, women are not accessing the health-care system when violence occurs because health personnel generally do not pay attention to such matters and do not have skills to care for cases of gender based violence. Such behaviour has had severe consequences for women's health and that of their unborn children. Complications identified by the study included miscarriage, hypertension, abortion and stillbirth, antepartum haemorrhage, preterm delivery, low birth weight, neonatal mortality, etc.

Women are not accessing the health-care system when violence occurs because health personnel generally do not pay attention to such matters and do not have skills to care for gender based violence.

2.6 Issues and challenges

Traditional forms of gender exploitation have acquired new dimensions and forms to match the new opportunities and challenges for women. Although the move of rural poor women and men to factory work in labour-intensive export industries has given them an alternative source of income and widened the scope of woman's individual choice and opportunities, old discriminatory structures and international competition have combined to keep their working conditions inhuman. Old social discriminatory structures have been shifted to modern jobs. Brahmin/Chhetri and Newars are working in factories and hotels under better working conditions than the poor rural migrants from the disadvantaged ethnic groups, who have to work under appalling conditions. Women are more disadvantaged than men on these jobs. The working and living conditions, long-term impact on health, and increased risk of violence in the public arena have combined to put women into a situation, which may be more exploitative than traditional villages life based on subsistence agriculture and personal relations.

Women's access to education and employment has increased, but men of traditionally powerful groups are moving much faster to take advantage of the new opportunities. Disparity in access to education has emerged as a major problem. Besides traditionally recognised urban/rural, regional, and gender differences, disparity in various groups' access to education has become a crucial political issue, Terai with Dalits having the least and Brahmin/Chhetri and Newar groups the highest access. In case of women, along with the state structures and the legal system which discriminate against them, cultural malpractices have emerged as major factors in unequal access to education and other opportunities.

Overall, women's access to reproductive health services has improved, but a large proportion of the population, especially in rural areas, remains outside the reach of the modern health system. Various kinds of cultural violence and the traditional taboo on sex-related issues deter women from seeking help for simple problems such as uterine prolapses. Data on other health indicators remain scarce. Moreover, not all groups of women have equal access to services. Factors such as geographical accessibility caste/ethnicity, income levels, etc. create vast disparity in access.

Disadvantages related to gender are further reinforced by socio-political, institutional, and other practices which discriminate against people of various castes and ethnicities. Development programmes or/and economic modernisation that fail to address traditionally discriminatory structures and social behaviour are likely to further accentuate traditional gender disadvantages rather than eliminate them. The case of dowry/tilak and the differential access to employment, education and resources of men and women in all caste/ethnic groups clearly illustrate this point. The challenge is to break the hold of patriarchy and the discriminatory traditional value systems, practices and structures.

Ultimately, the impact of development on gender must be measured in terms of changes in women's life options. Life options for women are determined not only by material assistance provided but also by the overall gender ideology and socio-economic structures. As such, it is not sufficient just to increase women's incomes by a marginal amount and help them gain a greater role in the household decision-making process or voice in local community affairs. Much deeper social interventions are needed to overcome discriminatory patriarchal structures and ideology, to liberate women from them, and to expand the opportunity spectrum of women.

Traditional forms of gender exploitation have acquired new dimensions and forms to match the new opportunities and challenges for women.

3. Policies, strategies and programmes- Progress review

Nepal's international commitments to gender equality and empowerment were reviewed briefly in the introductory chapter. Nepal's government is trying to manage the fundamental changes in its traditional institutional structure, attitudes and practices called for by those international commitments. This chapter reviews some of these attempts, marking the achievements and identifying problems needing further attention.

3.1 An overview of national policies, strategies, plans, and programmes

Along with the international community - the government introduced the Gender and Development approach (GAD 1990) to its national development agenda in the early 1990s. Gender mainstreaming was advocated in the Eighth Plan (1992-1997), which emphasised increasing women's representation at decision-making levels in the government, non-government, and semi-government sectors and developing a monitoring system to record gender discrimination at work. But little attention was given to implementing such commitments. Further, the concept of gender and development seems to have been understood only within a limited scope of female participation.

A gender approach to development was reflected fully only in the Ninth Plan (1997-2002), which called for much broader institutional, structural, and ideological changes than those implied by the earlier concepts of Women in Development (WID) or Women and Development (WAD).¹² Accordingly, the Plan adopted mainstreaming, eliminating gender inequity and empowerment as its major strategies (Ninth Plan, 1997-2002). In policy terms it promised to integrate gender in all sectors at the national and regional levels. It also promised to eliminate gender inequality in all laws and through affirmative action, policies and programmes to reduce inequality in all fields. The section on empowerment also included mandatory representation of women in formulating policies and programmes at all levels and ensuring equal rights in ownership of land and other services.

The 1997 review concluded that in spite of such promises, except in the traditional sectors, little had been achieved in implementing this gender strategy, primarily because of discriminatory patriarchal value systems, institutions, and structures. Major bottlenecks were identified in the institutional structures and the mind set of the programme implementing machinery. Weaknesses included lack of understanding and appreciation of the magnitude and depth of changes required to practices and institutions, and lack of capacity in the government structure for gender mainstreaming. Government tried to redress some of the problems in the latter half of the Ninth Plan. Various institutions within the government carried out a series of gender sensitising exercises for policy makers and affected some changes in institutional structures.

The Tenth Plan has integrated gender concerns in the programmes of some major sectors traditionally accepted as important for women, including agriculture, education, health, and local development. Moreover, the chapter on public administration shows awareness of the need to bring more women into government service in decision-making positions, which is quite new.

Nepal's government is trying to manage the fundamental changes in its traditional institutional structure, attitudes and the practices called for by those international commitments.

¹² For details on this concept see Acharya, 2003a.

The Poverty Reduction Strategic Paper (PRSP) embodied in the Tenth Plan also identifies gender and inclusion as its main strategies for reducing poverty. Its four pillars include broad-based development, social sector and rural infrastructure development, targeted programmes of inclusion, and good governance. Under all headings gender and inclusion have been adopted as main strategies. Most importantly, the proposed monitoring system has been made gender and inclusion sensitive. But how far the processes themselves are gender and inclusion sensitive remains to be seen.

3.2 Recent changes in institutional structures and programmes

The 1997 review of the government sector identified the weakness of institutional structures, lack of capacity for gender mainstreaming, and lack of understanding of the full policy implications of gender mainstreaming as the major bottlenecks in implementing government policies on gender empowerment and equality. In the period since then, many efforts have sought to address these lacunae in the government machinery.

The Ministry of Women, Children and Social Welfare (MWCSW) has been strengthened since its establishment in 1995. A tradition of appointing at least one woman member to the National Planning Commission (NPC) has begun. Currently, the Ministry of Agriculture and Cooperatives has a full-fledged division on gender and inclusion. Gender focal points have been appointed in all ministries and independent departments (Annex 3.1). They have common terms of reference and responsibilities, which include:

- Facilitating planning, implementation, monitoring and evaluation of the ministry's programmes from the perspective of gender mainstreaming.
- Coordinating MWCSW and related ministries in the implementation of national action plans prepared by MWCSW; and participating in meetings discussions, trainings, seminars and workshops organised by the MWCSW and other related organisations.
- Providing gender training to ministry and department staff.
- Supporting a gender friendly atmosphere in the ministries.
- Facilitating gender audits and gender mainstreaming in the budgetary process and any policy, law, strategy, programme or action plan of the ministry and advising in implementing the recommendations made.
- Supporting preparation of progress reports and providing related data and other information to MWCSW when requested.

The NPC in collaboration with UNIFEM has developed a Gender Management System (GMS) with the objective of more effectively managing the gender mainstreaming process throughout the government machinery and in all its activities. The system visualises a five-tiered structure, coordinating and directing activities in all ministries. At the top will be the Gender Management System steering committee under the NPC member, responsible for the social sector. The MWCSW will work as the lead implementing agency. Various ministries and related institutions including the MWCSW, Public Service Commission (PSC), representative of Nepal Rastra Bank (NRB) and other commercial banks, the National Women's Commission, Social Welfare Council, National Commission of Dalit and Janajaties, Chamber of Commerce, the Federation of Nepal Chamber of Commerce and Industry (FNCCI) and business and professional women's organisations will also be represented

The next tier will be the Inter-Ministerial Steering Committee, chaired by the Secretary of the MWCSW with participation by many ministries, the NRB, Chair of the National Women's Commission, and the Member Secretary of the Social Welfare Council. Next comes the Gender Management Team in each ministry chaired by the Joint Secretary of Planning, with the gender focal points as member secretaries.

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This team will constitute the “core” for the change management. At the district level a Gender Management Team is visualised under the DDC Chairperson’s leadership and with membership of all related sectoral offices in the district, including Assistant District Officer and Local Development Officer, NGOs, experts, etc. The Women Development Officer of the district will work as member secretary of this Team.

The Nepal Police established a Central Women and Children Service Center at the Police Headquarters Naxal, and District Women and Children Service Centers in Kathmandu, Lalitpur, Kaski and Morang districts in 1996, with the objective of investigating crime against women and children. Domestic violence, sexual exploitation, trafficking, rape, bonded labour, child labour, child marriage, polygamy, etc. are considered crimes against women and children. Currently the Nepal Police has a policy of expanding its services throughout the country. As a result, 19 Women and Children Service Centers (in 19 districts) and 6 Boarder Women and Children Service Centers have been established and are functioning (Nepal police, Crime Investigation Department: Brochure, undated).

A series of gender audit studies have been commissioned under various donor-funded programmes in the areas of finance, agriculture, education, health, MLD and MWCSW. A Gender Responsive Budget Committee (GRBC) has been instituted in MOF, which is trying to integrate the recommendations of the gender audit report into its operations. The Local Development Act and Regulations emphasises the gender sensitivity of local development programmes, besides the mandatory representation in their structures. The Ministry of Local Development has issued guidelines to its district offices for gender sensitising local policies and programmes as per the gender budget audit report.

The scope and coverage of existing programmes such as community forestry, agricultural training, credit, scholarship for women have been expanded.

As discussed in chapter two, credit programmes now have much wider coverage with nine banks (5 Rural Development Banks and 4 Development Banks in the private sector) and WDP (a merged version of Production Credit for Rural Women + Micro Credit Project for Women) lending only to women only and Small Farmer Cooperative Limiteds, whose 40 per cent clients are women. Under these programmes altogether over a million women have been organised into groups and borrowed a cumulative NRs. 19 billion (Annex 2.1). Social mobilisation of women has become a universal intervention strategy for all development programmes. Self-help groups under DLGSP the Local Development Fund, the Poverty Fund, and the larger INGOs are other major channels of credit flow to women. Nevertheless, review of credit programmes shows that most are purely credit oriented. They bring women out of the household and provide them with avenues of some income but larger gender issues of division of labour discriminatory social and family practices, or caste issues are hardly touched upon. The earlier social components of credit programmes, which were empowering to women, have lost their impetus.

More intensive examination of gender mainstreaming efforts of ministries and training institutions show similar problems, and solving them should become the next target of gender mainstreaming programmes.

3.2.1 The Ministry of Women, Children and Social Welfare

The MWCSW was established in 1995 with the broad goal of achieving gender equality and empowerment of women following ICPD. It has been active in mainstreaming gender into national development plans, policies, and programmes; advocating women’s empowerment and gender equality; and initiating measures to remove socio-cultural, structural, and behavioural obstacles to women’s full and equal participation in national development. The ministry has been able to get the

The Local Development Act and Regulations emphasises the gender sensitivity of local development programmes, besides the mandatory representation in their structures.

government of Nepal to institute gender focal points in government ministries, conduct gender assessments and gender audits of some ministries, and assist in building the capacity of ministries to mainstream gender through training and sensitisation workshops. It is trying to institutionalise a gender disaggregated information system. The gender focal points are envisaged as the main actors in that exercise.

The MWCSW is implementing various programmes with support from multilateral and bilateral partners. It has successfully established the National Reporter on Trafficking; formulated anti-trafficking task forces at national, district, municipality, and village levels; and assisted in organising a women's caucus in the Parliament. Similarly, it has implemented Beyond Trafficking: A Joint Initiative against Trafficking in Girls and Women (JIT) programme. The programme's main objectives are to advise in policy formulation and advocacy at the national level, capacity development, community support for behaviour change, legal services, information collection and communication at the district level, and cooperation and synergy building at trans-border and regional levels.

The ministry's current Women's Empowerment Programme aims at expediting the implementation of Beijing Platform for Action (BPFA) and CEDAW, gender sensitisation and advocacy in the ministries, institutional capacity building of gender focal points, review and advocacy of amendments to discriminatory laws against women, and technical and financial backstopping to district task forces on trafficking.

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The Mainstreaming Gender Equity Program (MGEP) under the ministry was a long-term project funded by UNDP promoting meaningful participation in the national development process. It took a leading and coordinating role in the successful engendering of the national census process in 2001,¹³ which was funded by major UN agencies. It also assisted in successful gender sensitising of the tenth plan. Most of the gender budget and gender audit studies mentioned in this report were carried out under its initiative and funding. It assisted in developing a gender-disaggregated data system in all the important ministries. It prepared a guideline in Nepal for engendering planning, programming, implementation and monitoring processes at the local level as per the Gender Assessment and Gender Budget Audit of the MLD, (MGEP/MWCSW/UNDP and SAHAVAGI, 2004) recommendations. Under its funding the ministry also recruited sixteen District Gender Programme Coordinators to assist the WDOs in this task and placed one each in sixteen districts, where the guidelines were being implemented, in collaboration with the MLD/DDCs. VDC secretaries were provided gender mainstreaming training as per the guidelines. Unfortunately the programme closed in mid-July and the service of the sixteen Coordinators has been terminated.

¹³ *Engendering is a much broader concept than just gender sensitization. Gender sensitization is only a part of the process. Engendering involves looking at the whole system — from formal institutions such as laws, policies, regulations, to the informal structures like the family and kinship system, behavioral norms and values — to understand how all these institutions have created and perpetuated different roles, rights and obligations for men and women. Engendering goes farther than this. Once the gender-based disparities (either towards women or towards men) are identified then changes in these inter-related institutions and the definitions, mechanisms, attitudes and values that support them are changed to create a more level playing field for men and women. Gender sensitization may be a part of the change process, but the change must be much more fundamental and involve not only the content of policies and laws, but the processes by which these are decided and the values which they reflect.*

The Department of Women Development under the MWCSW, transferred from the MLD in 1999, is implementing three programmes: Production Credit for Rural Women (PCRW) in all 75 districts, Micro-Credit Project for Women (12 districts and 5 municipalities), and a new Women Awareness and Income Generation Programme. In addition, it manages and supervises all district-level activities of the ministry.

The MWCSW faces several difficulties in fulfilling its responsibilities effectively. It depends entirely on donor funding for its major programmes. Its capacity in gender mainstreaming, supervision and monitoring in terms of management, budgets, staff strength, and expertise is inadequate, as pointed out by the gender audit report (MGEP/MWCSW/UNDP and CPRA, 2002). Lack of conceptual clarity in its policies and activities is a direct result of these deficiencies in its structure. Further, as the ministry's other functions include social welfare, which is concerned mostly with allocation of resources to NGOs, its gender advocacy function gets marginalised (Annex 3.2). The Women's Development and Coordination Section is headed by a second-class officer, who is only one among the five such officers in the division looking after other programmes. The expectation that such a junior officer can coordinate the function of gender focal points in other ministries, some of whom may be senior to her/him, is unrealistic.

Further, the ministry's position in the government structure as just one of many ministries, often headed by a junior minister, does not command the power and strength required for making other institutions function as it demands. For example, the gender focal points are too junior in terms of their positions to fulfil their responsibilities. The responsibility of gender mainstreaming seems to be only an addition job for them, as evidenced by the fact that annual economic surveys still do not present gender-disaggregated data on the progress of various ministries. Only information presented on women's development programmes is on the MWCSW activities. Gender monitoring has not yet been institutionalized .

3.2.2 Ministry of Local Development (MLD)

The MLD is responsible for developing the local governance system, effective and responsible institutions, making institutional arrangements for improving the socio-economic status of deprived and disadvantaged groups, facilitating the development process in remote areas, and poverty alleviation programmes through social mobilisation. As per the objectives of the Tenth Plan, recent policies and programmes of the MLD aim to ensure equitable distribution of resources and better power relations between groups and between women and men.

Along with forestry, agriculture and education the MLD may be considered one of the most receptive ministries in the context of gender mainstreaming (MWCSW/MGEP/UNDP and SAHAVAGI, 2004). Many of the policies, programmes, acts and rules under MLD supervision have been made quite responsive to women's needs. The need for participation of women and other disadvantaged groups in planning and budgeting practices is well incorporated into the policies, acts and regulations of local institutions. The Local Self-Governance Act (LSGA) 1999 has provided for women's mandatory representation at all levels. The related financial regulation has also provided for 30 per cent mandatory representation of women in users' committees.

Policy guidelines circulated by the ministry to local bodies have emphasised the targeting of women, Dalits, the conflict-affected and the deprived in planning and implementing local programmes.

The ministry supervises the Decentralized Local Government Support Programme (DLGSP) as a successor of Local Governance Program and Participatory District Development Program. The programme is gender sensitive to a substantial extent and is trying to involve women in all stages of activities. As of June 2005 (DLGSP

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record file, 2005), 48 per cent of local organisations promoted by DLGSP were of women, and it had disbursed a cumulative NRs. 1.2 billion as loans since its start in mid-1990s. The Rural Community Infrastructure Work Project has mandated 30 per cent representation of women in its user groups. The UNICEF-supported Decentralized Action for Children and Women (DACAW) programme is 100 per cent targeted to women and children. Other programmes implemented under its supervision have tried to involve women at the policy making level. It also administers the programmes for old age and widow allowances. UNFPA supported Population and Reproductive Health Integrated (PARHI) project is implemented in six districts and targets women and socially excluded groups.

The Local Development Training Academy (LDTA), an umbrella organisation for the five regional training centres, though independent, is under MLD supervision. Its goal is to develop the managerial and administrative capacities of local bodies. One current strategy is to give priority to women and disadvantaged groups in the institutional development process of local bodies. The academy runs both long-term and short-term trainings. Along with local self-governance and development management, human resource development and social mobilisation, gender mainstreaming figures as one of its main areas of training. During 2004/5 it conducted trainings for 1,071 participants of whom 138 (12.9 per cent) were women. Its Planning, Supervision and Gender Mainstreaming Division is headed by a woman first-class officer and supported by one second- and one third-class officer. The academy is formulating its training curriculum. In 2004, the academy had 47 staff in its training and research section, of whom nine (19 per cent) were women (LDTA Annual Report 2004).

Nevertheless, gender-mainstreaming efforts are far from complete or effective at the implementation levels (MWCSW/ MGEP/ UNDP & SAHAVAGI, 2004). For example, in spite of having so many women-related programmes and considering itself responsible for managing anti-poverty and local self-governance programmes, neither gender equality nor gender mainstreaming were stated as one of its objectives even in 2001/2. The objectives clearly mentioned poor and disadvantaged groups but did not spell out women or gender as cross-cutting issues. Neither did its terms of reference specifying its roles and responsibilities on thirteen points (MLD Booklet, 2001/2) attend to the issue. Moreover, gender concerns seemed to be missing in the Local Self Government Act (LSGA's) principles and policies, criteria for programme selection, roles and responsibilities of officials, and representation of women in various committees. The monitoring formats of the MLD were not gender sensitive. They did not have gender-disaggregated data of the beneficiaries or the staff. Although the Gender Assessment and Gender Budget Audit of the MLD (2003) made recommendations about this and local planning and programming processes were being tested in sixteen districts in collaboration with the MWCSW, this programme was abruptly terminated as mentioned above.

Despite 20 per cent reservation at the grassroots level, LSGA's mandated minimum of one woman representative in the executive bodies of the local governance structure is inadequate. The system of nominating women and members of disadvantaged groups by the Chairpersons of the VDCs, DDCs, or the Mayor does not conform to the democratic structure of these bodies, in which all other members are elected.

This puts women and other disadvantaged groups' representatives at the mercy of the Chairperson.

Women's representation in the MLD administration is merely 2 per cent, and women are concentrated at lower levels (Annex 3.3). This is an endemic problem in the Government, and the MLD per se can do nothing about it. The MLD could have taken initiative in VDC, DDC, and municipality recruitment, but it has not. The percentage of women in these local governance bodies is even less than in the central government. The gender audit noted that there was not a single woman as VDC secretary among nearly 4,000 posts.

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More problems were noted at the implementation level. The ministry had circulated a policy to give priority to women, disadvantaged groups, and Dalits in the distribution of VDC funds. Yet, the plans of DDCs, VDCs and municipalities were still infrastructure-oriented with little attention to women and disadvantaged groups.

The plan formulation and budgeting process, which is supposed to start at the ward level, often did not involve participation of women or disadvantaged groups. The capacity of most of the representatives in VDCs and DDCs was also very low. Moreover, women members often complained that their voice was ignored in the executive councils. The provision of 30 per cent representation of women in users' committees and community participation in planning, budgeting, and management of programmes were taken as mere formalities.

To conclude, although much effort has been made to engender the local development process, it is far from complete. The multidimensional implications of mainstreaming are yet to be fully reflected even in MLD policies and practices.

3.2.3 Ministry of Agriculture and Cooperatives

The Ministry of Agriculture and Cooperatives, along with the Ministry of Forest and Soil Conservation and MLD, are the government institutions that managed the initial Women in Development/ Women and Development programmes. The agriculture and forestry ministries started integrating women into their training programmes even before the concept of mainstreaming was widely accepted. Since then the Agricultural Ministry's structure and programmes have developed, and the ministry established a Women Farmers Development Division, since renamed Gender Equity and Environment Division (GEED) in 2004. Currently a Gender Working Group of seven members from different offices has been formed under the district office network of GEED.

The ministry is in the process of setting up gender units in the Departments of Agriculture and Livestock. It has developed a Five Year Strategic Plan for Women Farmers Development in line with the spirit of Tenth Plan, which has developed guidelines for implementing agricultural policy. Emphasis has been given to involving women in vegetable, seed farming, horticulture, silk production, cardamom farming, fruit processing, meat, fish, and coffee production. Similarly, it is emphasising training women farmers and focusing on gender friendly research in agriculture. Its target is for 50 per cent women in all agricultural programmes, including training and plan formulation activities. It has also established an information centre in the Women Farmers Development Division.

In addition, GEED operates several women-specific programmes including promoting women farmers to establish spices, jam and jelly, ginger, and dry fish processing units in different parts of the country with Australian support. It is in the process of organising model womens' groups in all 75 districts, providing them with training in agricultural processing, and providing seed funds to selected groups. As of July 2001, the ministry had organised 22,550 members, of which 34 per cent were women, into groups.

The MOAC's staff composition has better women's representation than either the MLD or the MWCSW at 6 per cent in the ministry and 2 per cent in first-class positions (Annex 3.3). The total number of staff allocated to GEED is eleven (Annex 3.4). It is headed by a joint secretary.

Still, the information obtained from GEED/MOAC reveals various difficulties in implementing GEED's responsibilities. These include lack of gender sensitivity at the district level, miniscule budgets, inadequate importance given to this division in the ministry itself, and lack of a gender monitoring mechanism in the agricultural structure as a whole. Further, the decision makers in the ministry do not feel responsible for either gender or environment related issues, as success or failure in this field does not affect their career prospects. None of the nine officers of various levels and two junior technicians working in the division were social scientists. It was not possible to ascertain how much training in gender analysis and planning they have had.

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Agricultural training

The biggest component of agricultural programmes is training and extension services. MOAC has been providing technical agricultural training to women since the early 1980s. Currently it is planning to organise trainings on women's empowerment as well (Agriculture Training Directorate/Department of Ayurveda 2061/62 B.S.). It organises training at regional and district levels for farmers.

In recent years, the participation of women in the various regional training programmes has ranged between 32-35 per cent. In the lead farmers' training programme, women's participation was 35 per cent and at the district level farmers' visit programme 41 per cent. Participation of women in various training programmes conducted by the Third Livestock Development Project was a high 57 per cent. At the district level, women's participation has ranged between 33 and 65 per cent (Annex 3.5, 2004/5). The subjects include crop farming, livestock, food processing and formation and management of cooperatives. Women's participation is high in crop farming and food processing but lower in livestock farming. The training classes organised by the Central Cooperative Training Centre on cooperative extension, its management and accounting had almost equal numbers of men and women.

The ministry does not compile or report gender-disaggregated data on the total number of people trained, again indicating a lack of gender sensitivity in its reporting formats. Therefore the total number of women participating in its training programmes cannot be ascertained. In the examples cited above on the farmer training, women constituted 54 per cent of the total number of trainees (Annex 3.5). In training conducted for officers and junior technicians, however, women's participation was much lower because their representation in the government itself was low.

3.2.4 Ministry of Forestry and Soil Conservation

The forestry sector seems to be most advanced in terms of mainstreaming gender in its goals, policies and programmes. Its vision includes gender & equity aspects most clearly. It plans to incorporate equitable access to resources, decisions and benefits; equitable governance; gender and equity sensitive policy and strategy; and gender and social equity sensitive organisational development and programming, including gender budgeting. Its monitoring system is being redesigned to make it more gender sensitive. Examples are given in Annexes 3.6a and 3.6b. However, even here, many of the indicators do not fully reflect gender concerns.

As of Mid-June 2006, 780 women-only community forestry groups had been formed, with nearly 23,000 hectares of land under their management and nearly 64,000 members.

As of Mid-June 2006, 780 women-only community forestry groups had been formed, with nearly 23,000 hectares of land under their management and nearly 64,000 members. Among the 14,000 mixed groups, women's membership ranged from 0 to 25. However, figures on total number of women in mixed groups are not available. Women-only groups constituted about 5.5 per cent of the total number of groups, but forest area under their management was less than 2 per cent of the total area under community management .

The ministry's current manual on community forestry (MOFSC, 2001) instructs its workers to integrate gender at the initial stages of group formation and that is all. The next time women are mentioned is in the reporting of activities by community groups. Gender monitoring seems to be a separate exercise, where absence of one person in the department puts the whole system out of public reach. The ministry's annual reports do not report on participation of men, women, or the poor in forestry programmes, targets, or monitoring. Monitoring seems to be oriented to physical targets—trees planted, forested area, etc.

3.2.5 Education

Women lag far behind men in education, particularly school education, has drawn government attention since the 1950s and has been mentioned in all its development plans. Constitutionally and by all its international commitments, the government is committed to ensuring access to free, compulsory, quality primary education. Yet Nepal has not been able to attain gender parity even at the primary level. Problems of disparity in access and inclusion for various groups persist, as discussed in chapter two.

Nepal's current international commitments including MDGs and the declaration on Education for All (EFA), commit it to ensuring equal opportunities in schooling for girls, children in difficult circumstances, and those belonging to ethnic minorities by 2015. Both EFA and MDG goals also include elimination of gender disparity at the primary and secondary levels by 2005 and at all levels of education by 2015. Based on the goals of EFA Dakar Framework for Action, MOES has formulated a 15-year National Plan of Action for Education for All (2001 – 2015). The Action Plan's target is to achieve 90 per cent literacy for ages 15 years and above by 2015.

The Tenth Plan (2002-2007) has adopted education as one of its major strategies for reducing poverty and raising living standards. It focuses on developing an inclusive and integrated education system and providing scholarships for groups that require aid (NEPAL GOVERNMENT/NPC, 2002). It aims to carry out programmes of literacy, post-literacy, income generation, and non-formal education, particularly for women and disadvantaged communities.

Most importantly, it proposes to develop and implement specific problem-sensitive indicators to monitor all aspects of holistic education and institute a gender auditing system. The education system has started to compile gender-disaggregated data and information on all its activities, and they are assessed through the Gender Parity Index.

Programme interventions

Within the framework of the EFA Action Plan, a five-year strategic programme on Education for All 2004-2009 is being implemented. MOES has formulated programmes based on the six goals of EFA ensuring access to education for all children and eliminating gender disparity. It has also been implementing a five-year Secondary Education Support Programme since 2003 to achieve gender parity both at the lower and higher secondary levels by 2007, from the current 40 per cent. It expects to enhance the number of students, particularly girls, passing grade 8 and SLC. These objectives are to be achieved through several programme interventions.

Scholarships and incentives

Among the various incentives, scholarships play a major role. Some of these scholarships have been operating since the 1970s and some have been introduced recently. Some are primarily for girls and others are for Dalits and disadvantaged ethnic groups and districts (see Annex 3.7). They are targeted to both primary and secondary-level students. Since 1997, the scope and coverage of scholarships have been expanded vastly to address issues of gender and exclusion. This is the most notable affirmative action initiated so far by the government. All institutional schools are required to provide scholarships to 5 per cent of the female students. Community schools have to provide free education to students from households below the poverty line.

The government is committed to ensuring access to free compulsory quality primary education. Yet Nepal has not been able to attain gender parity even at the primary level.

Other incentive programmes include school improvement, advocacy at all levels, arrangement of alternative schooling, establishment of early childhood centres, community mobilisation, provision of hostels for female teachers, positive discrimination for teachers' licensing, formation of Gender Networking Committees, school reward system and provision of direct funding in 15 DACAW districts (Shrestha 2004).

These incentives have been effective in bringing girls to school and retaining them (MOES/DOE/HMG, 2002). Sixty six per cent were promoted to higher grades with the support of Girls' Incentive Programme (GIP), a component of the Food for Education Programme funded by World Food Programme. In non-GIP districts it was 48 per cent. Attendance also was higher in GIP districts than in non-GIP districts (WFP, 2005).

However major problems have been noted in scholarship programmes, including low quotas compared to the number of students, the centralised system of disbursing scholarship funds, lower amounts of funds sent to schools than allotted quotas, and schools disbursing funds equally to all eligible students or at times spending the funds for other purposes (SAHAVAGI, 2003). Further, in many cases the scholarships do not reach the target groups. There is a system of free textbook distribution at the primary level, but the distribution arrangement has changed several times and its impact has been minimal.

Alternative schooling and non-formal education

Alternative schooling and non-formal education are other major programmes directed to increasing literacy and schooling levels. The non-formal Education Centre (NFEC) operates several kinds of non-formal programmes for illiterate adults. Its Alternative Schooling Programmes-which include the Out of School Programme, School Outreach, and Flexible Schooling-are particularly noteworthy. They are designed for children aged 6 to 14 who have missed the opportunity of formal schooling or who have dropped out, particularly working children and girls from disadvantaged communities. Participants in such cases are taught condensed curricula at appropriate levels, with the ultimate objective of admitting them to regular schools. In six years, a total of 102,000 girls and 79,000 boys have benefited from such courses. In the same period, nearly one million women and only about 28 000 men have attended adult literacy classes (NFEC/MOES Reports, 2002, 2003 and 2004) or women's literacy classes. By 2005, 119 Community Learning Centres were established. NFEC has also been integrating various reproductive health messages in forestry, agriculture and livestock to training packages with UNFPA support.

Mandatory recruitment of female teachers

Another major intervention has been the mandatory recruitment of at least one female teacher in primary schools in the early 1990s. The Ninth Plan (1997-2002) continued to implement a similar policy, with the provision of scholarships for women entering teacher training. There is a direct relationship between the increase in girls who complete school and the increase in female teachers.

The number of female teachers increased continuously until 2003, particularly at the primary level (Annex 3.8). The Tenth Plan (2002-2007) aimed to increase the proportion of female teachers to 30 per cent at the primary level. This target has already been achieved, with 30,000 women teaching in 2004. At lower secondary also the trend is encouraging. As the Tenth Plan target at the primary level has already been achieved, the current policy is to appoint two female teachers in each primary school that has four or more teachers (MOES/DOE 2004).

But the MOES (2004) also reports that though on average there is one female teacher in each primary school, in reality there are more than 10,000 schools that do not have a single female teacher. Moreover, there has been no progress at the

Though on the average there is one female teacher in each primary school, in reality there are more than 10,000 schools that do not have a single female teacher.

secondary level, as government has given more attention to recruitment at primary level so far. Unless there is an increase of educated women's there will be a shortage of female teachers at all levels.

Realising this, the Education for All (2004–2009) programme, currently being implemented, has envisaged the following measures: (1) introducing appropriate affirmative action for recruiting female teachers, (2) appointment through localised and transparent teacher selection procedures, (3) provision of incentives to attract educated women into teaching, and (4) linking graduates of feeder hostels with teacher training programmes and scholarships.

Gender sensitivity in education management

When reviewing the gender sensitivity of the education management system, a mixed picture emerges. The Curriculum Development Centre under the ministry has paid great attention to gender issues in developing educational materials and textbooks. Gender sensitivity is noticeable in the curricula and textbooks. Various committees within the organisation have provided for female representation and members are given guidelines for analysing issues from a gender perspective. Presently there are six committees for core subjects and all of them have female representation.

The National Centre for Educational Development is trying to incorporate gender issues while revising the training materials and developing new ones and current teacher training programmes have been made gender sensitive. The NFEC provides educational services to people deprived of educational opportunities, from which women have benefited most as mentioned above.

As per the recommendations of the 2002 Gender Audit of the Basic and Primary Education Programme, gender focal points have been appointed and the Women's Education Section has been renamed the Gender Equity and Development Section. This section is responsible for developing policies and programmes on women's education and other target groups, coordinating and monitoring related programmes, developing norms and criteria to increase the number of female teachers, developing programmes for enhancing community participation and allocating, distributing and monitoring girls' scholarships (MOES, record files, 2005).

A one-year project on mainstreaming gender in MOES/DOE was conducted in 2003. Under this project a gender mainstreaming and sensitisation training manual was prepared for use by the trainers, together with training the trainers and MOES staff. Particularly, the focus was on capacity building of the Women's Education Section for gender mainstreaming in teacher training.

Education is managed through a series of committees at district, Village Development Committee, and school levels. There are statutory requirements for at least one female member in committees at all levels. However, women's representation at decision-making levels and education administration in general is not very high—only 5 per cent at the officer level in ministries and departments (Annex 3.3), although in teaching women's representation is much higher. There is only one woman in the first-class and no women as special class officers in the ministry.

Further, the Gender Equity and Development Section is only one section among three under the Division of Education Management. It is headed by a second-class officer. In the management hierarchy this is too low a position to influence major decisions on planning, programming, budgets, or curriculum and training materials. So it has been devoting its time mostly to management of scholarships and occasional gender training.

Although contents of the curriculum, teacher training manuals, and textbooks have been gender sensitised to a large extent, vestiges of gender stereotypes still remain. Moreover, not all teachers have been trained in the new curriculum or teaching

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methodology. Most gender sensitising exercises for teachers are limited to fifteen DACAW districts with UNICEF funding and six PARHI districts under UNFPA funding.

Although women's representation in the teaching profession is better than in administrative positions, they are concentrated at junior positions. For example in 2004 they constituted 24 per cent among school teachers in total, but their proportion among head teachers did not exceed four per cent at any level (Table 3.1) as pointed out by Bista (2001). This is likely to discourage educated women from taking up teaching as a profession.

Table: 3.1 Women in different teaching positions, 2004*

Position	Number of Women	Per centage	Total
Primary level teachers	30,542	30.0	101,483
Lower- secondary level teachers	4,238	16.0	25,962
Secondary level teachers	1,732	8.5	20,332
Total Teachers	36,512	24.0	147,777
Primary Head Teachers	653	3.4	
Lower secondary Head Teachers	47	1.3	
Secondary Head Teachers	51	3.7	

Source: MOES (2004),

* Figures for head teachers are from Bista, 2001.

Further, there are no policies or programmes for equalising educational opportunities at higher levels or making the education system as a whole more gender sensitive. The need for expertise in gender analysis and planning has not drawn policy attention so far. One landmark achievement in the last Plan period, initiated primarily by female professors and lecturers with the help of professional activists, was to start a regular one year postgraduate diploma course in Women's Studies in 1996. The course is conducted in the Central Department of Home Science in the Padma Kanya Multiple Campus, Tribhuvan University. This programme has contributed substantially to capacity building for gender analysis in various institutions by producing 25-35 women gender experts and advocates each year. However, the higher education sector as a whole has remained immune from gender interventions with few exceptions (e.g. Department of Sociology/Anthropology). Unless the higher education system is sensitised to gender issues, the social transformation required by a globalising economic and political system will be slow to materialise, aggravating various kinds of conflicts.

3.4 Other training institutions and their programmes

A number of other training institutions run specialised trainings and impart various skills to a large number of people. The percentage of women among their trainees ranges between 13 and 65. Because of the differences in reporting periods, however, it is not possible to state the total number of women who have participated in such training in recent years. Institutional information is presented in Table 3.2 and the Annex 3.9b. Women constitute 8 to 50 per cent, of their officer level staff. Department of Cottage and Small Industries, however has only 4 per cent at the officer level.

Women constitute 54 per cent of its diploma-level trainees, 40 per cent in its technical skill trainees, and 8 per cent among its officers.

Table 3.2 Selected training institutions and per centage of women among trainees and officer-level staff

Institution	Trainees		Officers
	Period	Per cent	
Industrial Enterprise Development Institute (IEDI)	1998/9-2003/04	42	28.6
Local Development Training Academy (LDTA)	2004/5	13	9.6
Council for Technical Education and Vocational Training (CTEVT)	1998/9-2004/5		
i. Diploma		54	7.8
ii. Technical School Leaving Certificate		40	
Cottage and Small Industry Development Board (CSIDB)	1997/8-2003/4	60	7.7
Department of Cottage and Small Industry (DOCSI)	2000/1-2003/4	59	4
Nepal Academy of Tourism and Hotel Management (NATHM)	1961/2-2004/5	14	20
Directorate of Vocational Skill Development Training Centre, under the Ministry of Labour and Transport Management	1977/8- 2004/5	43	50

Source: IEDI 2005, LDTA 2003/04, CTEVT 2005, CSIDB 2005, DOCSI 2005 & VSDTC 2005, NATHM 2005

All these training institutions are making specific efforts to include women in their programmes. For example, the Council for Technical Education and Vocational Training (CTEVT), which is responsible for regulating all matters related to technical education and vocational training, has set an objective of increasing the number of trainees, especially women and those from underprivileged groups, in both government and private training programmes. Training provided by the council includes agriculture, food and dairy, secretarial, community development, information technology, engineering – civil, electrical, electronics, mechanical, computers, etc. In the health sector it provides training for staff nurses, health assistants, Community Medical Assistants, Assistant Health Workers (AHW), Auxiliary Nurse Midwives (ANMs), lab assistants, and ophthalmic scientists. It has created a Vocational Training for Community Development Division, which also looks after the training needs of women. It has set aside quotas for women and underprivileged groups in its training programmes. Women constitute 54 per cent of its diploma-level trainees, 40 per cent in its technical skill trainees, and 8 per cent among its officers. The council is planning to introduce a Skill for Employment Project with the support of Asian Development Bank (ADB) targetting 80,000 trainees with focus on women. There is a provision of scholarships to 30,000 participants.

The Ministry of Labour and Transport Management operates ten centres that provide various types of training, but no gender-disaggregated information is collected from all centres or analysed in the Ministry or Department of Labour. Courses conducted by the Directorate of Vocational Skill Development and Training Centre in Kathmandu

Unless the higher education system is sensitised to gender issues, the social transformation required by a globalising economic and political system will be slow to materialise, aggravating various kinds of conflicts.

(VSDTC) include sewing and cutting, general mechanics, electrical wiring, plumbing, leather sewing, electronic maintenance, masonry, sheet metal, computer, press composition, dhaka weaving, cane and bamboo, embroidery, fabric painting, motorcycle maintenance, cooking, and other short-term courses. A hostel is provided for female participants. It provides knitting, noodle making, maseura making, fruit processing, painting, chips-making training exclusively to women. From its inception in 1977/8 to 2002/3 it has provided training to 6,367 women, 60 per cent of its total training participants. Discussions with the staff of the centre revealed that there is no specific policy giving priority to women in its general training, although in practice the centre gives priority to women candidates in selection. It has also started to provide training to women going abroad for employment. Among the listed institutions, it has the highest proportion of women among its trainees and officers at 43 and 50 per cent, respectively.

Similarly, the Industrial Enterprise Development Institute, Cottage and Small Industries Board, Department of Cottage and Small Industries, and Nepal Academy of Tourism and Hotel Management are all trying to sensitise their programmes and structures to gender issues, as discussed in the Annex 3.9a.

Thus, various centres and institutions under different ministries and departments are providing training (especially skill development) to a large number of women and men, which is encouraging, in terms of numbers. The issue is whether they have follow-up mechanisms or not, because providing training is not enough unless it is utilised properly. Many of the training packages seem very stereotyped (Annex 3.10a and 3.10b), particularly those which involve women, concentrating on activities (such as making pickles, hosiery, bag-making, food processing, etc.) traditionally considered female and with low return and intense competition in the market. There are no follow-up packages or impact assessment components in the training institutions. Women generally cannot utilise their training due to a variety of reasons, including lack of property/credit, household work-burden, lack of knowledge about marketing channels, etc. There is a need to collect information on how many women and men get employment in the formal sector and how many in informal sectors or in self-employment after completion of the training.

The minimal educational requirement for any institutional training already excludes the labour class from these trainings. Those qualifying for training are often not interested in taking up factory work, while those willing to work and needing such training do not get opportunities to acquire the necessary skills. The training packages also do not match the skills required of a factory worker. A survey of Kathmandu factory workers by Acharya (2005) found that 46 per cent of women and 28 per cent of men had some training, but only one or two women in carpet weaving had received such training from any training institution. There is no training institution catering to this group. Training has no linkages with the industries requiring large numbers of labourers. Only such linkages can make trainings relevant to the large number of restless youth seeking better employment opportunities. Generally, training institutions do not have linkages with the manpower agencies to cater to the training needs of people going to foreign countries in search of employment.

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3.5 Issues and challenges

Having reviewed the government's development policies, programmes, and their implementation in the light of the recommendations made in 1997, following points may be noted:

3.5.1 The mainstreaming process

The process towards gender mainstreaming has begun, and its coverage has been wide. A specific achievement is the extensive integration of gender issues and

disadvantaged groups in PRSP. Gender and inclusion have been adopted as main strategies under all headings of the four pillars of PRSP. Other notable steps include engendering the 2001 national census and gender analyses and gender budget audits of some important ministries—particularly the MOF, MWCSW, MLD, MOAC, MoHP and MOES. Gender sensitivity analysis guidelines and monitoring and evaluation indicators were prepared for the MLD and MOES. These gender audits, particularly those of the MOF and MLD, assessed laws, acts and regulations, policies, plans, programmes, and budgets from a gender perspective as well as their implications for advancement of women and inclusion. Some of the recommendations from these studies have started to be implemented, notably gender training of the MOF, establishment of a Gender Responsive Budget Committee under the MOF, and sensitising the local planning, programming and implementation processes.

A series of gender sensitisation exercises have been carried out for all levels of government officials. Most programmes/projects have gender sensitisation components, providing gender training to personnel at all levels and to local women leaders. Gender focal point/persons in sector ministries, including the MLD, have been appointed.

However, such processes are still incomplete. For example, the DFID/World Bank Report (2005) notes that inclusion and gender mainstreaming do not enter into the criteria listed for according priority to government programmes. Several additional points may be made. What is to be monitored in the civil service is the proportion or number of women, Dalit, Janajatis among the applicants and not the number of actual entrants. Further, it is not clear why women, children, and social welfare are again lumped together, despite advocacy of gender mainstreaming. Women are half of the population with full rights to equality and self-development, not a minor group needing welfare attention.

Moreover, all these processes remain donor-driven, like all development efforts in Nepal. Consequently they can be terminated abruptly if donor interest shifts to other areas, as happened to MGEP and the project on trafficking, the Joint Initiative in the Millennium against Trafficking in Girls and Women (JIT). They need to be internalised within the government structure, and not terminated with the end of the donor fund.

The MWCSW does not have adequate capacity to fulfil its responsibility of gender mainstreaming and monitoring. So is the case with other ministries and department. Most gender focal points are too junior and have little power to influence the ministry's decisions effectively. Most are not inspired to work for gender equality and empowerment, nor do they have adequate capacity to do so. Many of them do not even seem to know what is going on in the ministry concerning this effort.¹⁴

Gender units in the agriculture and livestock areas also lack the human resources needed to integrate and monitor gender programmes throughout the country. At the district level, sectoral agencies and the political or administrative structure have almost no personnel devoted to monitoring training or implementing gender-related issues in their planning and programming processes.

The implementation of recommendations made in various gender audit reports has been quite slow and the coverage not wide enough, particularly on gender monitoring and depth of engendering efforts.

As to programmes, significant progress has been made in selected sectors, particularly education, health (reviewed in the next chapter), agriculture, forestry and the MLD.

¹⁴ This was evident from their written contributions to the present study, which they made on SAHAVAGI's request.

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3.5.2 Monitoring and evaluation

Some efforts have been made to record women-headed households (2001 census) and women's ownership of resources (land, houses and animals). Gender sensitisation of the 2001 census process was a significant achievement. Education sector data are generally disaggregated by gender, although not for all levels and kinds of education. MWCSW has begun monitoring various sector activities through gender focal points, and district and local activities through its Women Development Offices in the districts. The Annual Economic Survey has started to present a section on the women and development.

However, the monitoring process is still very weak. Review of the planning, programming, and implementation process at the local level showed that few women were involved in such processes and that there was no monitoring (MGEP/UNDP/MLD 2004). Economic survey information on gender is still limited to the reporting activities of the MWCSW. Many sectors do not even maintain gender-disaggregated data on their own area. This is clearly illustrated by the lack of data on the number of trainees of the ten training institutions under the Ministry of Labour and Transport or the Ministry of Agriculture.

*Review of the
planning, program-
ming, and
implementation
process at the local
level showed that
few women were
involved in such
processes*

4. Health: Policies, plans, and programmes

Since signing of the Alma Ata Declaration on Health for All by the year 2000, access to primary health has been a part of Nepal's basic needs strategy. Health outreach services have been expanded rapidly. Currently the country is served by a five-tier institutional system, comprising four levels of formal institutions in the government sector in addition to private hospitals and clinics, and one tier of community-level volunteers (Table 4.1). Since private-sector service providers are concentrated in urban areas, rural areas are served primarily by the government and community sectors.

Table 4.1 Health infrastructure and outreach

Facilities/facilitators	1991, July	1996, July	2005 July
Facilities	1098	3722	4390
Hospitals	111	82	87
Health centres + Ayurvedic centres+ primary health centres (PHC)	171	268	473
Health posts (HP)	816	775	699
Sub-health posts (SHP)	—	2,597	3,131
Hospital beds	4,798	3,904	6,796
Service providers	30,211	30,520	90,847
Doctors	1196	872*	1,257
Ayurvedic kaviraj and vaidya	370	446	741
Nurses and health assistants	4,172	9,698	19,128
Maternal and Child Health workers (MCHW)	20,422	2,400	3,190
Village level health workers	4051	4,015	3,985
TBAs + FCHVs	—	13,089	62,546

Source: MOF, Economic Survey 2004/2005

*Government employed only

Elements of reproductive health such as family planning, prenatal and postnatal care have been integral parts of all health planning in Nepal. For example, the National Health Policy 1991, aimed to expand the primary health care system to the grassroots level in rural areas, providing all three preventive, promotional and curative services. Maternal and child health, and family planning (FP) were included at all three levels. It had also emphasised the non-government sector and community participation.

However, a gender perspective was lacking in such policies and programmes. Access to a healthy life depends not only on the existence of facilities but on family norms and social practices mandated by the existing overall gender relations. Nor did these efforts cover other aspects of reproductive health, such as services for abortion complications, RTI/STD/HIV, uterine, cervical and breast cancer, etc. Despite lofty goals, high targets and expansion of health infrastructure, achievements on women's reproductive health have been modest even compared to other countries in the region like India or Bangladesh. Women's health acquired legitimacy in 1994 after the International Conference on Population and Development (ICPD).

Despite lofty goals, high targets and expansion of health infrastructure, achievements on women's reproductive health have been modest even compared to other countries in the region like India or Bangladesh.

Previously women had been seen largely as mothers or instruments of population management. In the new approach, then, all health policies, plans, and programmes must pass through gender lenses. Before ICPD, the health needs of mothers were totally ignored and the primary emphasis was on child health. Services and IEC materials were targeted to a mother for her child only, not for her health needs or for creating an enabling environment for a mother to practice optimum feeding both in the home and at the workplace. These efforts facilitated only the traditional gender roles of women. Similarly The National Policy on Family Planning (1997) was directed primarily to limiting fertility by choice rather than improving the overall reproductive health of women.

4.1 Reproductive health in health policies and plans

The National Reproductive Health/Family Planning Information, Education and Communication Strategy 1997 addressed the issue of reproductive health from a woman's perspective for the first time, emphasizing the need for increasing the awareness of the families and communities about the laws on reproductive health and developing a positive attitude and behaviour to women's reproductive health needs. The National Reproductive Health Strategy (1998) developed this further, recognising RH as part of human rights and taking a life-cycle approach in line with ICPD commitments. It sought to address RH issues as a package—from newborns to adolescents and the elderly, the package included services for abortion complications, RTI/STI/HIV, services uterine, cervical, and breast cancer, etc. family planning, safe motherhood and care of newborns.

The package is to be implemented through the regular health infrastructure. It emphasises advocacy for RH, creating an enabling environment for women to practice RH, strengthening and revitalising existing services at various levels, and gearing research activities to include needs assessment for RH, epidemiology-related reproductive system morbidity, operational research, community research, developing appropriate RH programmes for adolescents, and capacity building and training. The National Adolescent Health and Development Strategy was adopted in 2000.

The government's Second Long-Term Health Plan (SLTHP 1997-2017) also seeks to develop a health care system with equitable access and quality services in both urban and rural areas. The plan aims at sustainability, full community participation, decentralisation, gender sensitivity, effective and efficient management, and collaboration with the private sector and NGOs. The SLTHP is based on holistic coverage of women's health and reproductive health; it is gender equity oriented, pro-poor, and inclusive. The Ninth (1997 - 2002) and Tenth (2002 - 2007) Plans are based on this long-term plan and so take a similar approach to health issues (NPC 2002). Health Sector Reform Strategy Implementation Plan was produced in 2003.

The Tenth Plan seeks to strengthen and increase the effectiveness of all components of RH programmes. The programmes include nutrition, safe motherhood, family planning, and reproductive health. Activities under nutrition include continuation of activities such as the distribution of Vitamin A capsules, medicines for deworming, iron tablets to pregnant and women, promoting breast-feeding, etc. Notable new elements in the nutrition section relate to inclusion of nutrition education in school curricula, promotion of a clean environment in the school compounds through children's involvement, and production and distribution of educational materials in local languages. The family planning programmes as always include sterilisation campaigns, distribution of IEC materials and family planning devices. The emphasis on informed choice is a new element.

Provision of obstetric services at all levels of the regular public health delivery system, though TBA, FCHVs, sub-health posts, health posts, primary health centres, and hospitals is the most notable feature of the safe motherhood compo-

The Tenth Plan seeks to strengthen and increase the effectiveness of all components of RH programmes. The programmes include nutrition, safe motherhood, family planning, and reproductive health.

ment. Infant health is combined with the safe motherhood programme and training is planned for all levels of health workers.

The Plan seeks to extend programmes to provide reproductive health education and advice to adolescents as well.

The Plan's targets on RH include:

- ➔ Reducing the maternal mortality rate from 539 per 100,000 live births to 300 by the end of the Tenth plan (2007) and to 250 by 2017. However, Nepal's Millennium Development Goal is reduction to 134 by 2015;
- ➔ Reducing the neonatal mortality rate from 39 per 1,000 live births to 32 by the end of Tenth Plan (2007);
- ➔ Increasing child-delivery by health workers to 18 per cent by the end of Tenth Plan (2007) and 95 per cent by 2017;
- ➔ Increasing the percentage of women attending four antenatal care visits to 18 per cent by the end of Tenth Plan and 40 per cent by 2017.

4.2 Reproductive health in programmes

The Annual Health Programme of 2005/6 includes establishing two maternity beds in each health post in 25 districts with low Human Development Index; establishing maternity waiting rooms in ten government hospitals; providing delivery rooms, trained health personnel, and free transport to expecting women; progressive policies; and allowances to health personnel. These intentions may be termed gender sensitive.

However, as always in developing programmes, many elements of the strategy are missing. Currently, health-sector programmes are classified under five major headings: child health, family health, disease control, curative services, and supporting programmes (Annex 4.1). The programmes and projects under family health, which by its title needs to cater to all health concerns of the family as a whole, focus only on clinical family planning services - fertility, surgical contraceptives, birth spacing, etc. They are totally silent on the socio-cultural and economic limitations of women in Nepal and also on men's responsibility for family health.

Other programmes focus on treatment of various diseases such as malaria, kalazar, tuberculosis, leprosy, etc. The service delivery targets or beneficiaries of treatment for such diseases are not gender disaggregated, despite the fact that both women and men are prone to such diseases. Only specifically targeted programmes, such as HIV/AIDS and STI control, maintain sex disaggregated data on incidence, targets and achievements.

The supporting programmes are not sensitive to gender. Even the indicators maintained by the National Health Training Center are not gender disaggregated (see Annual Report, DOH/HMG, 2003/2004). Training activities related to family planning are targeted to female health resource persons, whereas other trainings involve both men and women. However, no sex-disaggregated data are maintained or analysed. Its training materials and methodologies have not been examined for gender sensitivity.

4.3 RH Interventions

Reproductive Health activities include service provision through regular health infrastructure, IEC activities, and special interventions funded separately by donors.

The programmes and projects under family health, which by its title needs to cater to all health concerns of the family as a whole, focus only on clinical family planning services

As of Mid-July 2004, specific reproductive health services were being provided all over the country with access to services up to VDC level and below, through 87 hospitals and a chain of health facilities as specified in Table 4.1. Though there is only one national maternity hospital (300 beds), other hospitals also provide gynaecology-related health services including surgery. There are staff nurses, ANMs, and MCHWs respectively, in primary health care centres, health posts and sub-health posts, who provide family planning and motherhood-related services at electoral constituency and ward levels. At the grassroots level these services are further supported by 3,190 MCHWs and nearly 70,000 village level health workers, TBAs, and FCHVs as of mid-july 2004 (Table 4.1).

RH services provided through the regular system include voluntary surgical contraception, spacing methods, counselling, IEC activities, and training to FCHVs and TBAs. The Activities for changes programme seeks to bring about awareness and behavioural change in society regarding reproductive health as a human right. The National Health Education, Information and Communication Center was established in 1993 to provide IEC support to the health service and create awareness among both urban and rural people. Since 1994, health education, information, and communication programmes have been placed in all the 75 district health offices. IEC activities including printed material, audiovisual, and street dramas have been used to enhance reproductive knowledge and bring positive behavioural changes.

Health, population and environmental issues have been widely integrated in the both formal and non-formal education with the support of UNFPA. The focus of the formal education materials is on population and adolescent sexual and reproductive health with one section on gender equality and empowerment. RH issues addressed relate to the concept of RH, adolescence, the reproductive system, pregnancy, motherhood, and child health.

The materials developed by Non-Formal Education Centre (NFEC) in collaboration with UNFPA for specific projects have included reproductive health, safe motherhood, and family planning issues. In the non-formal education material the content include adolescence; reproductive problems; trafficking; STIs/HIV/AIDS and hepatitis, safe motherhood; early marriage; family planning; infertility; uterine prolapse; social values of gender discrimination; justice and gender roles; empowerment of women; and reproductive rights (Annex 4.2).

In addition to expanded, redefined, and refocused delivery of reproductive health services through the regular health infrastructure and integration of population and RH issues into formal and non-formal education, some specific projects such as the Population and Reproductive Health Integrated Project (PARHI, 2003-2007), Safe-Motherhood Programme (SMP), and Reproductive Health Initiative for Youth in Asia (RHIYA) are being implemented under donor funding. RHIYA is funded by European Commission while the SMP is supported by DFID.

At the grassroots level these services are further supported by 3,190 MCHWs and nearly 70,000 village level health workers, TBAs, and FCHVs as of mid-july 2004

4.3.1 Safe Motherhood Programme (SMP)

SMP has been implemented in seventeen districts since 1997, and aims to reduce maternal and neonatal mortality by addressing the high rates of death and disability caused by complications of pregnancy and childbirth, lack of comprehensive obstetric services, etc. Other components of the programme comprise essential obstetric services, capacity building of skilled birth attendants including that of MCHWs and ANMs, and birth preparedness packages.

4.3.2 Reproductive Health for Youth in Asia (RHIYA)

The EC/ UNFPA Reproductive Health Initiative was implemented in 1999 and the second phase of the programme is RHIYA (2002-2007). It aims to improve the

sexual and reproductive health of adolescents and youth through reduced risk behaviour and improved health-seeking behaviour. It is being executed in partnership with seven NGOs, which include Aamaa Milan Kendra, B.P Memorial Health Foundation (BPMHF), Environmental Health and Development Advisory Group (EHDAG), Family Planning Association Nepal (FPAN), Public Health Concern Trust (PHECT), Samjhauta Nepal, and Sunaulo Parivar Nepal (SPN). An Umbrella Project Support Unit (UPSU) provides technical backstopping for the project and facilitates coordination and collaboration among the RHIYA partner organisations for effective implementation of the programme. The programme also aims to complement and supplement government RH programmes and other existing initiatives targeting to adolescents and youth. The project is under implementation in 93 VDCs and seven municipalities of nineteen districts.

The project generates health awareness among youth through IEC materials and participatory activities such as street drama, quiz context, song competitions, etc. The RHIYA programme is providing sexual and reproductive health information and services to the adolescents and youths through 92 youth information centres and 55 youth friendly services centres in its project districts. The project's difficulties lie in achieving effective coordination among partner NGOs, acceptance by local communities given narrow patriarchal socio-cultural norms, and replicability of the programme activities in the government set up.

4.3.3 The Population and Reproductive Health Integrated Project (PARHI 2003-200)

PARHI project was a packaged program that builds upon both the Reproductive Health and Population and Development Strategies sub-programmes and is intended to tackle population and RH issues in a decentralized context. The cluster of district level activities PARHI was designed to address critical issues underlying provision of RH services by building the capacity of major stakeholders involved in planning, management and delivery of RH services. The central strategy was to strengthen decentralized governance, improve service provision and ensure peoples' participation. PARHI focussed its support in a decentralized context to selected districts: Saptari, Mahottari, Rautahat, Kapilvastu, Dang and Dadeldhura.

Implemented in 2003, PARHI aims to integrate population and RH education with gender. The specific features of this programme include involvement of DDCs and local infrastructure and to improve the access of women, men, and adolescents to quality RH services and their exposure to appropriate RH/HIV/AIDS information; particularly through training; and strengthen population and gender advocacy capacities of national and local governments, NGOs, and civic groups. It also expects to improve capacity for planning, implementation, monitoring, and evaluation of the RH sub-programme in line with Local Self Governance Act. Its main activity is training of various groups of population to raise awareness on gender, population, and RH issues and to empower people to take their own decisions about their lives (NPC, 2002).

The study team was able to interact with some participants of the program who had completed the training in two districts, Dang and Mahootari, and training classes were observed in Dang. The interviewees included men and women Dalit trainees, teachers, nurses, and peer groups formed by the WDOs in Dang and women's groups in Mahottari. An adolescent class was also observed in Dang. All trainees were very positive about the training package and the broad target group selected. A few key aspects were emphasised:

1. Integration of gender, population and RH issues in the package: The PARHI trainers/resource persons were particularly happy about the integrated package of gender, the reproductive health and population.

Its main activity is training of various groups of population to raise awareness on gender, population, and RH issues and to empower people to take their own decisions about their lives.

2. Inclusion of both problems and solutions in the package: Participants of the training programme were very happy to know when and where to seek professional or hospital care for RH problems such as bleeding, uterine prolapse, and information on the importance of good sanitation practices in delivery. In Mahottari, the program was appreciated by women for improving their reproductive health.
3. Inclusion of new groups of trainees such as teachers/trainers/resource persons and nurses in training. The Nurses were very positive that the issue of women's work-hours were brought to their notice and they were trying to extend hospital out-patient department (OPD) hours for women. Teachers were very positive that the training had made it easier for them to understand the problems of adolescent reproductive health and to help them to solve their problems from gender and human rights perspectives.
4. Targeting adolescents and advocacy on gender and RH issues through peer groups. Its empowering element encouraging them to think about their future career was appreciated. The idea of peer advocacy was appreciated both by the teachers and the adolescents.
5. Targeting to Dalits and Tharus, often excluded groups.

However, on the basis of these interactions the study team observed that only issues related to family planning, sex or sexual health, pleasure, and safety were addressed. Other important issues related to sex during pregnancy, childbirth, menstruation, menopause, aging, calorie deficiency of women and children, etc. seemed to get less attention. The programme did not deal adequately with domestic and other kinds of violence against women especially rape, incest, other forms of sexual abuse and torture both in Dang and Mahottari.

In Mahottari training seemed to be less effective in changing women's ideas on early marriage, Dowry/Tilak, cultural violence such as the system of burning knees of women in the first year of their marriage (A ritual called for her husband's well being and/or happy married life called Madhu-Shrawani celebrated in the month of July/August). Involving only nurses was not enough to change the gender sensitivity of the health structure and practices. For example, in Dang nurses felt that both male and female hospital staff including doctors should be provided with such training.

4.4 Issues and challenges

RH has become an integral part of policies, plans and programmes. GoN's current reproductive health policy is based on the ICPD Programme of Action and includes all elements of the proposed package. It has started to pay attention to women's specific needs by providing health facilities and ensuring privacy.

However, gender mainstreaming efforts in the health sector as a whole have been inadequate so far. At the policy level, the Tenth Plan (health sector) does not address the impact of gender on access to and use of health facilities. Gender issues get sidetracked even in programmes directed to women such as mother and child health and family planning. Despite redefinition and refocus of traditional programmes at the policy level, at the implementation level programmes have not changed much either in content or in targeting. Side effects from family planning devices are still ignored. Safe motherhood services still focus on child health. The Tenth Plan aims to address the problems of anaemia and malnutrition, which is the root cause of almost all health problems, especially among women and children. Yet, the sub-components of the programme focus on child health, hygiene, and nutrition. Similarly, the policy is also silent about food security and the food taboos imposed on girls and women at different stages of their lives.

Gender mainstreaming efforts in the health sector as a whole have been inadequate so far.

The Annual Health Plan for 2005/6 has programmes relating to improving safe motherhood services and reducing maternal mortality rates, but it does not have programmes related to pre-delivery and post-delivery awareness. Further, though reproductive health strategy is based on a life-cycle approach, the basic treatments of infertility, cancer, and care for the elderly are yet to be included in the programmes of RH or family health services.

All these policies and programmes ignore the patriarchal socio-economic structures and ideology that hamper women's access to reproductive and other kinds of services, and assume that women can access all available services. However, a wife has little power to say no to unsafe sexual demands from her husband, and female sex workers, although knowledgeable about condom use/safe sex, may have even less power. The PARHI training programmes have tried to address these issues to some extent by training both men and women and raising men's awareness about women's reproductive health needs. This is also reflected in the recent recognition of need for special space for women in health units seeking help in RH matters. The example of inconvenient Out patient Department (OPD) hours, is another example of such gender blindness.

4.4.1 Monitoring and data gaps

The MOHP seems to consider its general health programmes gender-neutral and does not even compile or analyse gender-disaggregated data on incidence and treatment of various diseases. The annual reports of MOHP (1993/4 - 2003/4), provide gender-disaggregated data only on safe motherhood and female-based-contraceptive related indicators. MOHP's monitoring format does not have a gender-disaggregated reporting system.

Even the periodic health and family planning surveys lack a gender perspective in design and processing. The 2001 NDHS did not have an adequate sample to provide information on gender-disaggregated infant mortality rates. The information on the wanted number of children cannot be disaggregated by sex. Given that son preference is often cited as a major cause of high fertility, such information should be collected and processed even in a birth control perspective.

There is a general lack of data on indicators measuring the quality of improvement in services or capacity building. Even in PARHI, it is not clear how capacity building progress is to be monitored.

Disaggregated data are not available even for staffing. Similarly, projections of human resource needs are made without male/female disaggregated analysis (MWCSW/MGEP/UNDP 2002), even though the success of the whole delivery system depends on women front-line workers.

Given such data gaps, various health sector targets (MMR, IMR, under five mortality rates) cannot be specified without proper analysis of the contributions of each factor, quality of services, infrastructure or motives of service providers.

However, a wife has little power to say no to unsafe sexual demands from her husband, and female sex workers, although knowledgeable about condom use/safe sex, may have even less power.

4.4.2 Inadequate gender sensitivity in the health structure

The institutional health delivery mechanism consists of 4,390 health institutions up to VDC level and 62,546 front-line health workers. The institution has mobilised community participation by establishing reproductive health committees at district, VDC and ward levels. Rural women are becoming aware due to the formation of mothers' groups, posting of nurses at VDCs, FCHVs, MCHWs and trained TBAs. The RHCC has provided a mechanism for policy guidelines and monitoring and evaluation of RH activities. The system is more female oriented, and programmes are targeted mostly to women at the grassroots level. A provision has been made for a woman member in village health development committees. On the other hand, at decision-making levels almost all the posts are filled with male officers, which is also the basic structure of the civil service in Nepal. In the first-class, women health officers constitute less than 5 per cent and none exist at the in the special class none exist at the SC level.

In addition, the whole system of using unpaid female community health volunteers is exploitative of women, inefficient and gender-biased. FCHVs are given only 12 days of basic health training and serve frontline workers in health services. There is no comparable category of volunteer male workers. Even the VDC chairpersons and parliament members get paid for their own services. The system is ineffective for achieving programme objective of reaching hundred per cent households with primary health care as well. Very likely only women from better-off households and higher castes can afford to provide voluntary services and avail themselves of the training. How can they be expected to provide services to the poor? Will they provide service to the poor Dalit women who need these services most? To get women from poorer communities/Dalits into this service, they must be paid. Because there would not be many dalit/janajati girls with 8-9 class education required to work as FCHVs, the language of IEC materials must be made understandable to them.

4.4.3 Blanket approach to programmes

In spite of varying status of women's health and reproductive health services in different parts of the country and the varying socio-economic structures governing women's lives, all the policies and strategies are based on a blanket approach. The health needs of Nepalese women in a western village are different from those living in Kathmandu or those from the Hill or Terai communities.

The state of pregnancy is always an emergency. Without an efficient referral system, MDG or other targets on MMR, IMR, and under five mortality rates may be difficult to achieve.

The state of pregnancy is always an emergency. Without an efficient referral system, MDG or other targets on MMR, IMR, and under five mortality rates may be difficult to achieve.

4.4.4 Exclusive focus on donor-driven programmes

All programmes seem to be donor driven, and donors are guided by their own priorities. For example, much emphasis is placed on HIV/AIDS and RH information while implementation of the Milk Substitution Act, Iodized Salt Act, Abortion Act 2059, and problems like uterine prolapse are not getting adequate attention. Even the UNFPA annual Reproductive Health Programme. The issues of uterine prolapse, Chaupadi, first menstrual trauma are not adequately addressed in the current RH programme. The health structure in many parts of the country is not even equipped to provide services as per the standards laid down in the donor programmes, while most ordinary problems that could be treated easily at the local level remain unaddressed.

5. Political status and empowerment

The political status of women (and men) may be analysed in several dimensions—formal constitutional and legal status; political representation; political awareness; and capacity to influence decisions in the family, community, locality, and nation. However, often the only indicator available and analysed besides constitutional and legal equality is their numerical representation at various levels. This chapter tries to extend the analysis to cover other aspects as well.

5.1 Legal/formal equality

The Constitution of the Kingdom of Nepal (1990) is seemingly non-discriminatory. Its preamble and section on fundamental rights guarantee no discrimination in applying laws to citizens on the basis of sex, caste, ethnicity or religion. Women citizens enjoy all fundamental political freedoms—to vote, stand for election to all political positions. The constitution requires the state to protect women and to have welfare programmes for them, and provides that political parties must have at least 5 per cent women candidates in parliamentary elections and that the upper house must have at least three women among the 60 members.

Nevertheless, the constitution discriminates between men and women in their rights of citizenship and nationality. A woman's citizenship does not entitle her children to have Nepalese citizenship. A child can claim Nepalese citizenship only on the basis of the father's line of descent. Further, as the section on fundamental rights refers only to the application of law, different laws for women and men are often passed, impinging on women's fundamental rights of mobility, work, etc.

Women's ability to exercise their political rights fully requires socio-economic equality in the first place, but women in Nepal face numerous socio-economic inequities, as discussed in chapter two. Lack of equal inheritance rights limits their access to property and economic resources, which in turn limits participation in politics, which is an expensive pursuit. A woman's right of inheritance is conditional on her marital status, while men are entitled to such rights by birth. Many other discriminatory provisions exist in laws, acts and regulations. One review (FWLD, 2003) found 137 different legal provisions in the constitution, acts, and regulations that discriminated against women. These discriminatory provisions related to inheritance, ownership and disposal of property, marriage and family, legal and court proceedings, trafficking and sexual abuse, employment, education, and citizenship and nationality.

Legal equality is a necessary condition for empowerment and political equality. Therefore legal reforms have been one of the main planks of the women's movement. CEDAW has committed Nepal to reforming those laws, but very little has been achieved.

A few discriminatory provisions of law have been amended by the Eleventh Amendments (September 2002) to the Country Code of Nepal (1963). These amendments have made women's economic rights more secure and established equality in certain family matters, particularly:¹⁵

¹⁵ *Country Code Nepal 2058 B.S. & SHADOW REPORT on the Second and Third Periodic Report of Government of Nepal on CEDAW Convention, (FWLD, 2003: 5,6)*

One review (FWLD, 2003) found 137 different legal provisions in the constitution, acts, and regulations that discriminated against women.

- **Ensuring access of unmarried daughters to parental property and their right to equality in upbringing.** Daughters and sons are equally entitled to inherit parental property. Before the Eleventh Amendment, daughters could claim parental property only by remaining unmarried after the age of 35. However, even after this amendment, daughters must return their share of property to the natal household after marriage. Daughters and their brothers now have equal rights to claim support for survival, (e.g., food, clothing, education, health facilities). Parents not fulfilling this obligation may be sued by the children for their share of property. This has helped many children from polygamous marriages whom fathers tried not to recognise.
- **Making women's rights to property more secure.** Widows are now fully entitled to inherit the property of the deceased husband. Previously the widow had to be 30 years old and have been married for 15 years to claim her deceased husband's property. Now a widow without children can use her property as she likes even after remarriage. Earlier she had to have permission from the afinal coparceners for half of her property even if she remained unmarried. On remarriage she had to return the property to the deceased husband's household. Those with children must take care of them (including education), even after remarriage until the children become adults. However, a woman can claim her share from a living husband only if he fails to take care of her needs, fails to provide food and clothing, or throws her out of the house.
- **The courts are to ensure a wife's share of property before declaring divorce.** If the husband has not inherited parental property at the time of divorce, then the husband has to agree to monthly alimony until she is entitled to her share of his inheritance.
- **Equalising age of marriage, the grounds for divorce, and punishment for misrepresentation in marriage:**
 - The minimum age of marriage for both girls and boys has been established at 18 years with the consent of a guardian, and 20 without a guardian's consent. Earlier the minimum age had been 16 years for girls and 18 for boys.
 - Equal punishments have been instituted for both men and women for misrepresentation in marriage. On discovering such misrepresentation, either party can refuse or annul the marriage. Previously a woman was not entitled to such annulment.
 - Both the husband and wife with their common consent can divorce each other. The conditions for husbands had been easier before.
- **Liberalisation of law on abortion:** Abortion prior to 12 weeks of pregnancy is now legal. Pregnancies resulting from rape or incest may be aborted legally until 18 weeks. Pregnancy involving risk either to mother or the child may be aborted on medical advice.

The institution of marriage is still the major determining factor for a woman's right to claim, own, use, and control property; to her own body and sexuality; and ultimately her right to self-development.

Although these measures do improve the rights of girls and women to resources necessary for survival, they do not address the structural inequality and the ideology of discrimination and subordination between women and men. The institution of marriage is still the major determining factor for a woman's right to claim, own, use, and control property; to her own body and sexuality; and ultimately her right to self-development. Even after the Eleventh Amendment was introduced in 2002, 173 provisions and 102 schedules in 83 laws, were still discriminating against women (FWLD, 2006).

No law as yet deals with sexual harassment of women in the workplace, although studies have found extensive sexual harassment there (FWLD, 2003). Another study by FWLD and the International Labour Organisation (2001), reported that 48 per cent of workers had experienced such harassment¹⁶.

¹⁶ As quoted by FWLD (2003)

Some recent judicial interventions have been useful. The judiciary has issued an order directing the government to introduce a bill to allow wives to live separately from or to divorce husbands in cases of marital rape (FWLD 2003). It has also advised the government to amend the legal provision that girls must return their share of natal property to the natal household on marriage. Another judgment nullified the government requirement that women must produce a guardian's consent to get a passport (Kantipur Daily, 29 November 2005).

Although there is still a taboo against discussing marital rape, the judiciary has interpreted marital rape as a crime and has declared rape of a prostitute as discrimination in effect. It has also directed the government to eliminate the practice of *Chaupadi* in the Mid-, and Far-Western parts of the country (Supreme Court records, 2 May 2005).

5.2 Political representation

Women's access to political and other positions of power has not improved much in the last 10-15 years except at the grassroots level, as a result of the 20 per cent reservation by the Local Self-Governance Act 1999.

In parliamentary elections, often political parties have not put up many more than the constitutionally required 5 per cent female candidates. Further, the electoral constituencies allocated to women candidates have often been those the party considered difficult to win. As a consequence, women constitute less than 6 per cent of the current House of Representatives (not much higher than their representation in the *Rastriya Panchayat*). However, female proportion is much higher in the Upper House, where the members have been either nominated by the King or elected on the basis of party strength in the Lower House. The cabinets formed in the last decade have not included more than two women or given them important positions, barring one or two exceptional cases. One female member among 20-45 ministers has been the rule. In 2005, women constituted less than 10 per cent of the Central Committee members of the major political parties (Table 5.1).

Table 5.1: Access to positions of power: Per centage of women in various positions of power

Detail	1991/2	2000
Per cent in parliament	3.8	6.4
Number of women in the Cabinet	2	2
Per cent executives of the major political parties	7.8 ¹	8.3 ²
VDCs	0.45	7.7
Municipal executives	0.38	19.5
DDCs	0.65	6.7
Government administration	na	7.8
<i>Officers</i>	4.39	6.2
<i>High government positions - first and special class</i>	2.46	2.4
Professionals and technicians	15.1	19.0
Administration and management	9.3	13.8

Source: Acharya 1994; Acharya, 2003c

1. Five nationally recognised parties (NC, UML, RPP, SJN, and NSP)

2. Seven Parties in the Parliament (NC, UML, RPP, SJN, NSP and NPWP)

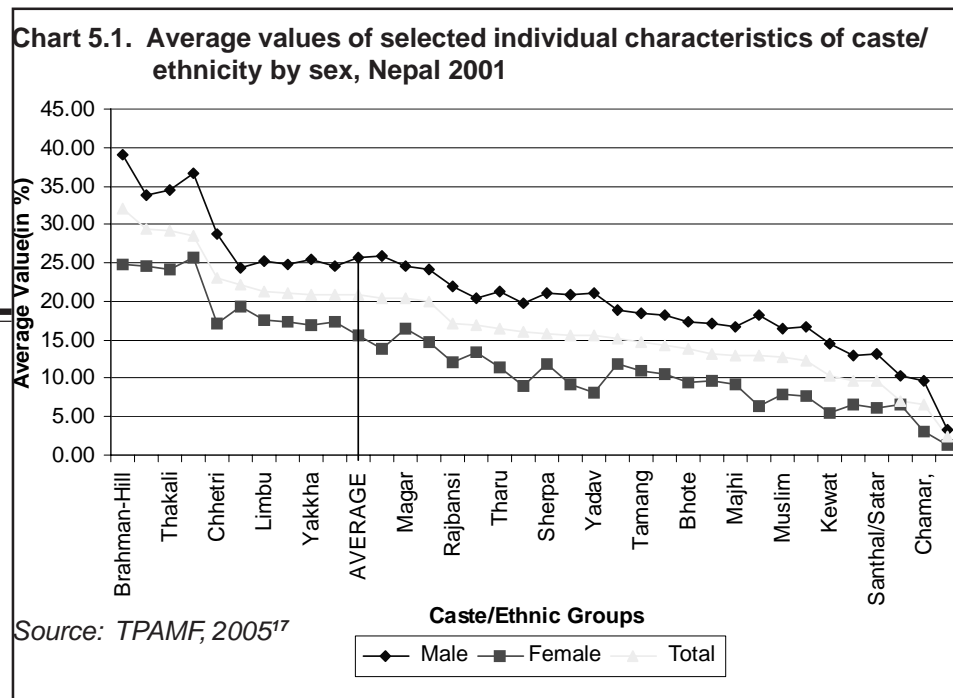
Women's access to political and other positions of power has not improved much in the last 10-15 years except at the grassroots level, as a result of the 20 per cent reservation by the Local Self-Governance Act 1999.

Only the 20 per cent reservation at the grassroots level has been able to bring significant numbers of women into politics. It created at least 46,000 grassroots-level politicians at one stroke. Still, women constitute only 1.5 per cent of DDC council even with the mandatory nominations; the higher the position, the lower the female representation. Moreover, the system of nominating women and representatives of Dalit and Janajati in LSG executive bodies is not compatible with the general process of LSG structure, in which all other members are elected.

Women's representation in government administration is still miniscule, though compared to 1978 their overall representation has almost trebled and at officer and higher levels it has doubled. Still, women constitute less than 10 per cent of the total government staff.

The proportion of women among the professional and technical occupations rose to 19 per cent in 2001 after declining from 1981 to 1991. The continuously increasing proportion of women in administration and management, which has reached 13.8 per cent, is more encouraging.

Caste and ethnicity emerge as the major differentiating factor besides gender in access to education and positions of power. The index presented in Chart 5.1 combines indices for literacy rates, proportions with graduate and above degrees, per cent among the combined group of administrators, legislators and politicians, and professional and technical workers as reported in the 2001 census. Upper-caste women have better opportunities than men from many other castes and ethnicities, but significantly fewer than those of men of their own caste/ethnicity.



Women's representation in government administration is still miniscule, though compared to 1978 their overall representation has almost trebled and at officer and higher levels it has doubled. Still, women constitute less than 10 per cent of the total government staff.

Both women and men from Dalit castes in general and Terai Dalits in particular, and some Terai Janajatis, feature at the lower end of the scale. They have the least access to education and positions of power.

The chart clearly shows that females score much lower than comparable male in all communities. Women's access to literacy, education, and decision-making roles as administrators/legislators/politicians and also as professionals and technicians is far below that of men. Such differences have also been highlighted by UNDP-constructed GDIs for several years.

¹⁷ See footnote 11 for basis of classification and Annex 2.5c for group composition

This chart also shows a wider difference between male and female indices among the Terai groups in general (10 to 12 points) and Hill Brahmins, Chhetris and Thakalis. The differences are highest for the Hill Brahmins (14 points) and lowest for Mushuars, as both women and men of this community have low scores. Men from ruling castes/ethnicities are able to take advantage of new openings rapidly, but women are hampered by patriarchal cultural traditions and social responsibilities binding them to home, and the gender disparity tends to widen.

5.3 Socio-political mobilisation and empowerment

With the democratic changes of the early 1990s, women have been mobilised extensively into groups by various NGOs/INGOs and government programmes. They were also mobilised by the political parties for participation, especially after the mandatory provision in LSGA 1999. Gender consciousness among the women's wings and sister organisations of the political parties has increased rapidly, as has women's political consciousness due to their socio-political mobilisation by various institutions. A survey conducted by GEFONT (2003) among female and male workers reported that 27 per cent of the interviewed women had joined a woman's organisation, but many of these women could not continue such membership due to familial and social non-acceptability and household responsibilities.

Another study (Bennett/Gajurel, 2005) based on information for about 2,000 men and women from 60 villages of different parts of the country¹⁸ also found that women were more empowered today than in 1978 regarding their mobility and voice within household decision-making. Nevertheless, compared to men women had less confidence in utilising government/NGO services, police, and courts, although a larger percentage of women were group members than men. Women from Brahmin/Chhetri castes were much more empowered in terms of their access to services and confidence in dealing with law enforcement agencies or service providers than women and even men from other ethnicities and castes. Dalits were most disadvantaged in this respect.

Acharya's study (2005)¹⁹ goes further and tries to measure attitudes towards socio-political changes. The study found that despite the current discriminatory behaviour towards girls, attitudinal changes were visible. When asked how much education they wanted for their girls and boys, an overwhelming majority of men and women factory workers and many parents in rural areas wanted to educate both their boys and girls as much as the children wanted or they could afford.

Both urban and rural respondents placed education first among qualities they wanted for both their sons and daughters. Ability to earn a living and work hard was second in the priority list of the factory workers and Hill rural population for both sons and daughters. But in the maithali communities community prettiness still figured as second desired quality for daughters. In 1978, prettiness had occupied the first place as a quality wanted in a bride in Terai villages, while most Hill villagers accorded first priority to hard work. For bridegrooms, the first desired quality was wealth and second education in both communities.

Further questions investigated using shamans against witches, observing the caste system, taking money for sending girls for employment, and whether it was all right for husbands to slap or beat their wives sometimes. Most responses were negative to such questions. It is revealing that generally more men than women thought that it was all right to use a little violence against their wives or witches.

¹⁸ Covered by the Rural Water Supply and Sanitation project,

¹⁹ This study was carried out in one Hill and one Terai village, which were also studied in 1977/8 under the CEDA Status Of Women Project. In addition 50 male and 50 female factory workers were interviewed in Kathamandu Valley.

Gender consciousness among the women's wings and sister organisations of the political parties has increased rapidly, as has women's political consciousness due to their socio-political mobilisation by various institutions.

Questions on women's rights issues were related to divorce, a daughter's inheritance, widow remarriage, equal and full citizenship, and abortion rights. Table 5.2 shows that attitudes in the Terai on such issues were more conservative than in the Hills or among factory workers. However, an overwhelming majority of men and women everywhere were in favour of reservations in educational institutions, political positions, and civil service for women, ethnic groups, and Dalits.

Table 5.2: Per centage of population with positive attitudes to social change and practices, 2005

Issue	Rural				Urban factory workers	
	Maithili-Terai		Hill		Men	Women
	Men	Women	Men	Women		
Positive attitudes	69	77	72	79	85	86
Social Issues*	53	73	69	78	93	96
Women's rights*	50	60	70	65	68	64
Reservations for:						
Women	100	88	82	100	90	98
Dalits	88	88	68	84	94	98
Ethnic groups	100	100	76	88	94	100

* See the text for description. 1) Includes all caste and ethnicity.

Source: Acharya 2005

5.4 Affirmative actions

Legal and informal discrimination persist in economic and social fields, which hinders women in exercising their political rights. Women are latecomers to the public-field, and it will take a long time for them to gain equal access to positions of power. Affirmative action becomes a must in such a context. CEDAW and BPFA also commit Nepal to affirmative action to increase women's representation at decision-making levels.

But in Nepal, progress on affirmative action has been minimal. At the political level, the institution of 20 per cent mandatory female representation at the grassroots-level Village Assemblies and nomination of at least one woman in the executive bodies of the Village, Municipality and District level executives, made in the Local Self-government Acts 1999, were only substantive measures taken since 1997. The mandatory provision of at least 5 per cent women representation in parliamentary elections already exists in the 1990 Constitution. No change had taken place in this position, in spite of continuous pressure by Women activists to increase such representation. The Parliament reinstalled in 2006, however, made a declaration to make 33 per cent women's representation mandatory at all levels of state structure and to eliminate gender discrimination in citizenship rights (May 2006).

The problems of low representation of women in the government in general and at the decision-making levels in particular are as endemic as ever, as indicated by the statistics in the first section of this report. Even in the ministries and departments that carry out large programmes for women, their representation at decision-making levels is very low. For example, the four ministries reviewed in chapter three had less than 0.5 per cent women at the officer level. There is no woman in the special-class, the highest level of bureaucracy. The Ministry of Agriculture and the Ministry of Education and Sports each have one woman in the first-class; other ministries have none. Even the MWCSW has no woman among the special and first-class positions although in the total staff pool 44 per cent are women (annex 3.3). Women

Women are latecomers to the public-field, and it will take a long time for them to gain equal access to positions of power. Affirmative action becomes a must in such a context.

constitute 21 per cent of the gazetted second and third class officers. The Department of Women Development in the MWCSW, transferred from the MLD in 1999, is headed by a first class officer and has two-second class officers in addition to eight section officers. Of them only two third-class officers are women, but all 585 field staff are women, most of them temporary. The Department has been struggling to regularise the temporary women staff for the last 20 years with no success, exemplifying the gender insensitivity of the public administrative system.

There has been a tendency to recruit women as peons who do various errands including making tea, cleaning, etc. This is better than nothing as it provides employment to lower middle class women who need jobs to survive, but it cannot be taken as fulfilling the promise of their empowerment. The Eighth, Ninth, and the current Tenth Plans all promised measures to redress this problem, but so far few initiatives have been taken.

One woman each has been appointed to the Supreme Court, NPC, and PSC. The PSC Act made four special provisions for women candidates in 2002. According to the act, the current age limit for entry into government service is 40 for women, five years more than for men. Similarly, the probationary period for women is six months against one year for men, and the waiting period for eligibility in promotion is one year less for women than for men. In the case of transfers, there is a provision for sending a husband and wife to the same district as far as possible.

Examination procedures and contents of the various subjects for which the candidates are examined for entry and promotion in the government administration have been thoroughly gender audited and appropriate recommendations made (MGEP/MWCSW/UNDP and SAHAVAGI 2001). PSC also has revised its curriculum content to make it more relevant to current realities and introduced gender-related questions in its examination questionnaires. Following the gender audit, ADB/Manila's loan to the government on governance introduced conditions of 20 per cent intakes of women and some per centages for Janajati and Dalits in each batch of new recruits to the government administration. PSC is still in the process of making provisions for 20 per cent women, 10 per cent Janajati, and 5 per cent Dalit intake in its entry point examinations. Since September 2001, MGEP under the MWCSW had organised regular pre-exam preparation courses for various levels. But of the 594 women who had taken the first course and 421 who also attended the second-level training, only 20 passed the final examination. For higher positions, 52 women were trained, but only two passed the written part, and they failed the interview, indicating a lack of gender sensitivity in the system.

5.5 Issues and challenges

Measures adopted so far to promote women in politics or government administration have been miniscule. Not much progress is visible in women's access to the political or administrative power structure.

Despite the 20 per cent reservation at the grassroots level, the LSGA-mandated one woman-representative in the executive bodies of the local governance structure is inadequate for effective participation. Moreover, the system of nominating women Dalit and Janajati members by the chairpersons of the VDCs and DDCs or mayors does not confirm to the democratic structure of these bodies, all of whose other members are elected. The nomination system makes women's representation less effective because many of them are selected not on the basis of their leadership capacity and sympathy to women's issues, but on the basis of their relationships to DDC/VDC chairpersons or party connections. In many cases they are glad to sign papers and remain at home. On the other hand women with leadership qualities and understanding of the issues have no opportunity to voice their opinions or influence decisions.

Not much progress is visible in women's access to the political or administrative power structure.

The 5 per cent women among the candidates in parliamentary elections is too low to gain substantive representation and influence in parliamentary proceedings. Though the political parties have tried to improve women's representation in their own executive bodies, their efforts have been far from adequate.

The Civil Service Administration Act (1998) made some special provisions for women. Coaching classes were initiated for women preparing for the Public Service Commission Examination for civil services. But such measures are not adequate to cancel out the deeply rooted patriarchal structure and power relationships between the sexes on the one hand and the lack of gender sensitiveness in the government structure on the other, hindering women's entry into such jobs.

Affirmative action seems to be the only remedy in the short and medium term. The recent Parliamentary Declaration (May 2006) promising 33 per cent reservation for women in all state organs is a landmark decision. How that will be incorporated in the Interim Constitution under preparation is yet to be seen.

Finally, empowerment is about effective participation leading to action. Instruments to measure such effectiveness are still to be developed. Occasional focus group discussions in the field and qualitative reports have indicated a lack of capacity of the women representatives to have effective voice in VDC/DDC proceedings. The gender audit report of MLD discusses such problems in detail.

The foregoing analysis also has important research implications for impact analysis and monitoring of development programmes and projects. The indicators used for such analyses must be broader than those currently used, so as to capture the whole context of women's existence, global as well as local, political, economic, and social. Access to education and information, resources, positions of power, workload, etc. are already part of international indicators like GDI and GEM. But these do not capture the whole socio-economic and political environment of a woman's existence. For example GDI contains only market income, the implicit assumption being that wage income is better for women than subsistence work. But the realities in developing countries show that unskilled waged workers are at the bottom of the social hierarchy. Households would not send their women for wage work unless poverty forced them to do so. GEM has the additional defect of only encompassing women's presence in decision-making positions and not their power, which is a product of economic, social and political structures as well as ideology. New and more suitable indicators are needed to measure the changes in sharing of power and progress towards an equitable society, to supplement the existing ones.²⁰

The recent Parliamentary Declaration (May 2006) promising 33 per cent reservation for women in all state organs is a landmark decision.

²⁰ See Acharya and Ghimire for detailed discussion on the issue.

6. Conflict, gender equity, and women's empowerment

The previous chapters reviewed the progress towards achieving gender equality, with only occasional references to the armed insurgency that has enveloped the country since 1996. The insurgency was led by the Communist Party of Nepal – Maoist (CPN-M) with the objective of establishing a communist republic.²¹ Though the impact of this 'people's war' was felt more acutely in rural areas, almost all seventy five districts of the country were affected. The CPN-M controlled the rural areas of many districts in the Mid-, and Far-Western Development Regions while also disturbing regular movements and activities of people in other areas. Government and security forces were present only in district headquarters and urban areas. Since 2001, there were three attempts at talks and ceasefires, but none succeeded. The current peace began with a completely new perspective, as CPN-M agreed to multiparty democracy and the mainstream political parties agreed to elections for the constituent assembly and to draft a new constitution.

The insurgency disrupted the regular development processes, caused immeasurable suffering, and presented huge resettlement problems. The government and donors tried to deal with the problems in their own way and to continue regular development and public welfare activities.

The study emphasised focus group discussions with key informants, the local Human Rights Commission Office, Rajana camp residents and others outside the camp, and also a few direct interviews with young victims of atrocities. Given the short time in the field, only a few site visits could be made, and NGOs were also very secretive about the effects of the conflict. Nevertheless, a picture has emerged.

6.1 Rehabilitation efforts in Banke

The government in addition to many NGOs, INGOs, and human rights organisations were working to help conflict-affected women, children, and their families.

6.1.1 The displaced and their lives

In the Mid-, and Far-Western Development regions, families had been leaving their village homes in the Hills and coming to safer Terai urban areas since 1997 (2054 B.S.). Initially, the Government of Nepal announced compensation and allowances for them. In interviews and discussions with families not residing in the camp, however, it emerged that some of them with political backgrounds and party memberships had received compensation on the basis of the value of their property left in the village, but most others with no connections had received no such payments.

Since 2001, the flow of people accelerated and the government established two camps in Banke in 2004. Around 216 families were resettled in Rajana Camp, Kohalpur Banke, which at the time of the study team's visit. Families in the camp were primarily early migrants from Mugu, Jagarkot, Jumla, and Kalikot. Most were from upper castes (Chhetri), Bada, Sunar, Badi and Giri). All the residents of the camp were victims of CPN-M violence.

They had left their village immediately after the start of the conflict. Almost all the respondents were married and most seemed to belong to relatively well-off families, as evidenced by their gold ornaments. A focus group discussion was conducted with the women in the camp.

The insurgency disrupted the regular development processes, caused immeasurable suffering, and presented huge resettlement problems.

²¹ In spite of the current negotiations it is not clear as yet whether of the current peace will last.

The women reported that in their home districts, the CPN-M had frequently demanded money and food. If these were not given, their family members were physically tortured and threatened with death. The women missed their lost property but felt safe at Rajana camp. The government provided them with land and the Red Cross provided construction materials, cooking utensils etc. INGOs provided monthly rations such as rice, lentils, oil and potatoes.

Most of the women had been given training in candle making, glass bead-strings, gram snacks. by civil society organisations, but none were utilising the training to generate income. When they were asked why, they answered that they had no resources with which to start a business. Most of them had regrets about their lost property (land, house, and livestock) and did not seem interested in starting a small business. There had been no follow-up to these projects. Most donor support was oriented to temporary relief, creating dependency rather than promoting self-reliance. The respondents were aware of their situation and said, "We have now become a begging bowl for everyone/ every organisation."

All the respondents' school-age children were attending school, as several NGOs were providing uniforms, stationery, and books. They were also receiving free medical check-ups, medicine, drinking water, blankets, etc. Thus, on the whole, they were receiving the necessary assistance with food, housing and other services from a combination of government, civil society organisations and individuals.

Many other displaced persons had to keep on moving without any secure place to live. They were not receiving any economic or other support. In our focus group discussion in the Rajana camp and with some individual families in and outside the camp, it emerged that many of their male members (sons or husbands) had joined the security forces or some other occupation and were sending them money monthly. Some of the respondents' family members had migrated to India, and they were also sending money to their families. Only a few had no source of income other than the rations provided by the camp. They were willing to return to their home villages only when they were confident of full security and return of their lost property.

The families who had bought land and settled outside of the camps complained that the property and belongings they lost in their home districts were far more than they had received here. They further reported that since 2005 CPN-M had been requesting them to return, but without a strong policy, dialogues, and guarantees they were reluctant to go back. Even if everything were settled, they said only some of their family members would return as others had already bought land, built homes and established themselves where they were.

NGOs in the focus group discussions had reported that many displaced people did not want to return, because their male members had got jobs in cities in Nepal or in India. However, the Informal Sector Service Center (INSEC) reported that after a series of negotiations with CPN-M, around 111 conflict-affected families of Humla had returned in 2005 through the mutual efforts of human rights organisations, the government, journalists, and the public. INSEC and other human rights organisations were continuously in touch with the CPN-M to facilitate more people returning to their home districts. The 12-point and the 8-point agreements between the seven mainstream parties (SPA) and the CPN-M have specifically agreed on the safe return of the displaced and return of their property seized by CPN-M. However, the process of their return has not been speeded up very much.

Many other displaced persons had to keep on moving without any secure place to live. They were not receiving any economic or other support.

6.1.2 Human Rights Commission (HRC) and civil society organisations' assistance

Human Rights Commission, Regional Office Banke provided immediate support to victims of all kinds of human rights violations, particularly:

- i. HRC was engaged in negotiations and rescue of kidnapped persons;
- ii. Providing compensation to the wives of late security forces (7-8 hundred thousand) and the civilian victims of ambush or cross fire (1.5 hundred thousand);
- iii. Rescuing the people who were kidnapped and tortured by CPN-M or security forces; and
- iv. Rescuing conflict-affected children. In 2005 the HRC had rescued 288 children who had lost parents and had been badly (mentally and psychologically) affected by the conflict.

Dominated Community²² Awareness Forum was working for the schooling of conflict-affected or displaced children aged 5 to 18, not limiting themselves to Dalits. Their focus was the Rajana camp and three VDCs in Banke, where conflict-affected people from Humla, Jumla, Mugu, Kalikot were resettled. Their target population was 1,225 children (51 per cent girls/women), whom they were supporting under four different components: protection from human rights violations, schooling, advocacy, and counselling to parents for protection. They were also studying the nutritional status of conflict-affected children with the support of government and Nutritional Care Centers and were distributing vitamin and iron supplements. They were also involved in raising awareness of the parents and helping them in their rehabilitation by admitting sick and malnourished children to hospital and distributing medicines, etc. A Swiss donor was providing support to this NGO for these activities.

NGO Federation was engaged in building the capacity of NGOs to work with conflict victims and on human rights issues. They reported that there had been several cases of security forces threatening children or young girls by displaying guns and other weapons, teasing and harassing young girls who passed near their camps, and demanding sexual services either through, influence, threat or even rape.

Concern Legal Research Centre (CLRC) was providing legal services to conflict-affected women and children.

Sathi was the only organisation the team visited that was working exclusively with women and was providing temporary shelter to them. It had promoted a network of conflict-affected single women from eight districts, with 275 members. Through this networking, 109 young single women were selected and provided with various skills and entrepreneurship training with the technical support of the Industrial Enterprise Development Institute (IEDI). Of these, in Banke 56 had started beauty parlours, teashops, grocery shops, tailoring, and bicycle-repair shops. Our discussions with them revealed many dimensions of atrocities and problems created by the conflict.

They reported that there had been several cases of security forces threatening children or young girls by displaying guns and other weapons, teasing and harassing young girls who passed near their camps, and demanding sexual services either through, influence, threat or even rape.

²² It seems to be a translation for the word Dalit

6.2 Impact on gender, women's lives, and their reproductive health

6.2.1 Gender ideology

Each conflict has its positive and negative effects in terms of social and political impact, although its economic impacts are disastrous everywhere. By raising the social issues of discrimination on the basis of gender, caste, and ethnicity the CPN-M insurgents have put these issues on the table for all future political negotiations. Their list of demands includes equality in law and affirmative action for women, dalits, and other disadvantaged groups (Acharya, 2003c). Similarly, the issues of language and state structure raised by various ethnic groups and the people of Terai origin are now on the negotiating agenda.

The official CPN-M position on gender has been for elimination of all discrimination against women including inheritance rights, prevention of trafficking, and enabling programmes with reservation for ensuring representation in parliament and other political institutions. Other parties had similar approaches to gender. Consequently, a recent parliamentary declaration has addressed some of these issues as discussed in chapter five.

The recruitment of women and girls into the insurgent army presented a vision of women's strength not previously perceived in the Nepalese society. A survey conducted by the National Commission on Women (2003) estimated that about 40 per cent of the combatants in the CPN-M army were women. Whether a vision of gun-toting women is good or bad in a feminist perspective may be debated and pondered given the feminist mission of changing the male value system of war and aggression to the feminist value system of peace and nurturing. But in the Mid-, and Far-Western Regions of Nepal where women are discriminated against and exploited intensely, it presented a new vision of the strength of women. The armed women insurgents seemed comfortable in combat dress with rifles and guns in their hands. They had come out of the house, relieving themselves from all sorts of oppressive socio-cultural practices and joined the outer world. Probably for this reason, the Government also opened its military service to female cadres.

The studies conducted by Friends for Peace (FFP) in two conflict districts, Bardia and Kanchanpur in July 2004, revealed that because of the CPN-M insurgency, the awareness of socially marginalised people had increased tremendously to work for their own development and to fight for their rights. The initial targeting of social evils like gambling, alcoholism, and sexual exploitation by the insurgents had helped in reducing such malpractices.

6.2.2 Women's lives

The positive impact of the conflict, on the other hand, was overshadowed by the overall violation of human rights and by criminal activities. The prolonged armed conflict has inflicted great misery on women and men. People have suffered from inhuman levels of torture, abduction, killings, bombing, extortion and intimidation, illegal arrest of civilians and public officials perpetuated by both the state and by the CPN-M. All this had a definite adverse impact on the health of the population. Such impact, however, takes time to manifest, therefore it is not reflected much in health data.

Moreover, as traditionally women and men are socialised to perceive women as weak and not able to defend themselves, women of opposite forces become easy targets in such conflicts. In Nepal's ten years of conflict, women have been vulnerable to physical assaults by both sides, inspite of their participation in combatant armies. Women and girls were being abducted and enslaved by both the government and rebel forces. They have been held as military sex slaves, forced labour, or forced combatants. Media and Human rights organisations reported that people were being abducted in large numbers for recruitment as combatants and as forced labour for

A survey conducted by the National Commission on Women (2003) estimated that about 40 per cent of the combatants in the CPN-M army were women.

various insurgent-allocated tasks. Women suffered even more because they faced additional vulnerabilities of becoming the victims of forced pregnancy, sexual exploitation, sexually transmitted infection and HIV/AIDS. Abducted women faced huge social, health, and economic problems after their escape or release from the camps.

Women also suffered because they were left to care for their young children by themselves and because their children were abducted or assaulted. Since they could not easily escape, they had to live with continuous fear of losing their honour, children or husband.

The conflict has imposed a huge direct cost on the country in terms of human lives. A large number of men, women, and children have been displaced. Some moved to other parts of the country, a few were lodged in government-managed camps, others went overseas for employment, but most have settled on encroached land or gone temporarily to India. The number of displaced shown in Table 6.1 covers only the internally displaced. No data exist on whole families moving to India or on those seeking employment in other countries. The National Human Rights Commission has been able to help only a few of the displaced, nor has the government been able to establish many rehabilitation camps.

The social infrastructure in the villages has been extensively damaged or converted into military camps in the affected areas. Schools, teachers, and students were specifically targeted by the CPN-M and abducted, indoctrinated, and used as front-line soldiers or as messengers. Some teachers became victims of torture or were killed. This affected education more intensely for girls, as they had to stay near home. When local facilities are destroyed, girls are the first to suffer. It is revealing that few unmarried adolescents were seen around Rajana camp.

There have been reports of girls being married off earlier than usual because of the conflict and fear of abduction. Most of the respondents' male family members had migrated to other places within or outside the country (India) for work. None of the respondents said that their daughters had also migrated for work. They were reported to have married on their own. Some girls might have migrated to other places for work or joined the CPN-M, but no information was forthcoming from their parents.

Table 6.1 Impact of armed conflict on men and women (13 Feb 1996- 6 December 2005)

Outcome	Women	Men	Unidentified/NA	Total
Total				
Killed	912	10,094	1,869	12,875
Abducted	1,369	10,124	35,266	46,759
Disappeared	137	1,134	17	1,288
Displaced Total				50,356
Displaced by Development Region				
Eastern				3,979
Central				4,791
Western				7,247
Mid-Western				27,581
Far-Western				6,758

Source: INSEC files.

Women suffered even more because they faced additional vulnerabilities of becoming the victims of forced pregnancy, sexual exploitation, and disease or HIV/AIDS.

6.2.3 Reproductive health of displaced women

Many women in the Rajana camp reported, and in some cases we could observe, that they were suffering health problems. Reported problems included frequent headache, backache, stomach and chest pains, coughing, vomiting blood, breast cysts, and anaemia (among the children). They were, however, getting free checkups, under-five child vaccinations, family planning services/devices, and general medicines from the nearby health post of Kohalpur. Further, social mobilisers visited the camp frequently, providing vitamins to the under-five children and family planning devices and other medicines to women. Traditional Birth Attendant (TBA) training was given to some women at the camp, who provided child-delivery services to the others. For chest pain, blood in the cough and cyst, they visited city hospitals and common medicines were provided to them free of charge. But harder cases needing more expensive medical expertise had no means to get such treatments.

Nevertheless, among the displaced women at the camp, awareness related to personal health and family planning regarding size and spacing of birth was found to be low. Three or four cases of recent infant deaths were reported. Many of the breast feeding mothers had young children with them. Children looked malnourished.

However, some positive changes in attitudes regarding women's reproductive behaviour were also noted. Western regions of the country are infamous for the menstruation and childbirth related taboos such as Chaupadi. But the camp seemed free of such malpractices, as the camp had no place to banish women. The new situation has thus induced changes in the oppressive behaviour towards women and girls, which could have far-reaching effects on their reproductive health.

Compared to displaced women outside the camp, the women inside the camp were more advantaged in terms of health and educational services. Women outside the camp reported that they were facing similar health problems but did not get medical aid like those in the camp. During the team's visit, a pregnant woman outside the camp who had herself taken family health volunteer training for six months found that she had to pay for antenatal vaccinations. None of the NGOs supporting the displaced were working on family planning or reproductive health issues outside the camp.

6.3 Issues and challenges

Physical and psychological rehabilitation of all victims of conflict, including victims of security lapses, irresponsible behaviour of the security forces, and crossfires—as well as CPN-M cadres—is necessary to help them adjust to peace. This is an immediate challenge. Rehabilitating abandoned, frightened, and orphaned children needs a carefully thought-out plan that not only provides adequate shelter, food, clothing, and education but also proper counselling. Before the peace process started efforts concentrated on victims of CPN-M atrocities, and aid was limited to material resources and money given to families of the elite and security personnel.

Creating awareness about child health and nutrition, reproductive health, and changing reproductive behaviour towards family planning in the resettlement camps and severe insurgency affected areas must also be a priority. Despite visits of family planning workers and NGO support, the respondents in Rajana camp seemed largely unaware of family planning and reproductive health issues, STDs and HIV/AIDS, or nutritional problems. As many of them were receiving remittances, this was not a problem of lack of resources but seemed related more to the effectiveness of the IEC services provided.

Another big challenge is dealing with the psychological situation created by the conflict and displacement. With prospects of peace finally here, the priority is to eliminate the animosity and sense of revenge among the warring parties, who could be from the same village, settlement, or neighborhood. Even among the displaced such feelings were strong and some counselling services were being provided by NGOs. But that was not adequate. Most NGOs were engaged in raising rights issues and in blaming one party or the other, which only raised animosity. Few were engaged in the healing process. With revival of democracy and open political competition with CPN (CPN-M), this claim and counter-claim for rights may get worse unless handled very carefully. Displaced people were also feeling excluded in the new place of their residence. Returning them to their original places should be a priority.

Most NGOs were engaged in raising rights issues and in blaming one party or the other, which only raised animosity. Few were engaged in the healing process.

7 Conclusion and recommendations

7.1 Rationale and the framework for analysis

UNFPA has been monitoring Nepal's progress towards gender equality and empowerment in the light of Nepal's international and national commitments as embodied in CEDAW, ICPD, ICPD+10, MDGs, Beijing Platform for Action, and in its own plans and policies. A 1997 study on Gender Equality and Empowerment of Women was commissioned and published. This study reviews the progress made so far and updates the 1997 publication.

The review has been made in light of newly emerging issues such as exclusion and poverty, as well as gender. Exclusion, poverty, and gender are viewed as overlapping circles. Each circle is larger than the overlapping parts, but they reinforce each other. Poor women of the discriminated castes and ethnicities are under triple oppression and suffer most. Empowerment has been conceived as a three-dimensional process covering social, economic and political aspects and involving not only participation at various levels of decision-making but effective participation and presence. Similarly, the gender sensitivity of the institutions, plans, policies, structures and programmes has been examined in three dimensions: women's representation; incorporation of gender concerns in plans, programmes, implementing mechanisms processes and finally attitudes of the decision-makers, men or women. Programmes have also been analysed in terms of whether they just provide relief for the symptoms of oppression, whether they are gender-reinforcing, or equality promoting.

7.2 Status review

Nepal has achieved much in terms of human and gender development indicators. GDI increased from 0.312 to 0.511 in the 1990s and female/male disparities have been reduced. The progress in increasing women's access to literacy, education, and health resources has been significant, yet disparities continue. Further, the higher the level of education the larger the disparity. During the past two decades, health services and health facility outreach have expanded notably. IMR, MMR, and under-five mortality rates have declined and life expectancy is changing in favour of women, indicating women's improving access to health services and survival chances.

Nevertheless, educational and health gains have been distributed very unequally among various caste and ethnicities, ecological and development regions, and between urban and rural areas. Dalit men and women are at the lowest end of all access indicators, while Brahmin/Chhetri and Newars figure at the top. The rural areas in general and the Far and Mid Western regions and Mountains in particular lag behind. The armed conflict has aggravated the access problem in both education and health.

No significant improvements are visible in women's access to economic resources or the political power structure. Economically, women's access to fixed assets property and credit is still very limited due to inequitable inheritance laws and unequal access to economic opportunities. Discriminatory wage structures and unequal access to earned income have not been reduced much. Women earn only half of what men earn in terms of PPP\$ income and female wages are still three fourths of male wages. Moreover, compared to 1995/6 female/male wage ratios both in agricultural and non-agricultural sectors have declined in 2003/4.

Women earn only half of what men earn in terms of PPP\$ income and female wages are still three fourths of male wages.

In the non-agricultural sector in general and in manufacturing in particular, women are concentrated at the lower end of the pay scale. Many labour regulations are avoided by employing women at piece rates. There is no law as yet to deal with sexual harassment in the workplace. The traditional discriminatory social structures and ideology combine with global capitalist market relations to exploit the poor rural women from dalit and disadvantaged ethnic groups further. Overall, female migration for employment is perceived to be increasing but no confirmed data are available. Women constitute almost 11 per cent of those sending remittances to households.²³

Socially women have gained somewhat in terms of education and health status as reflected in GDI. Nevertheless, marriage and children remain women's first priority and continue to determine all their further life options, leading to a high proportion of married women by 25 years of age and a total fertility rate (TFR) of 4.1. Many men are reluctant to accept sterilisation. Nearly 69 per cent of men thought sterilisation equal to castration. Male sterilisation has actually gone down during the 1990s. Varying degrees of son-preference prevail in almost all communities. Women have still to live with practices such as polygamy (and to a lesser extent polyandry), early widowhood and associated exclusion and violence, and other kinds of domestic, cultural, and public violence on an extensive scale. The forms of violence range from mental torture to mild beating to selling and trafficking for commercial sex work, Chaupadi and knee burning, Deuki and Badi. Fortunately, recent judicial interventions have been quite progressive in this respect.

Women continue to be discriminated against legally regarding their most fundamental rights. Women's representation in political or administrative decision-making levels has not improved much, except at the grassroots level in locally elected VDC assemblies, where there is 20 per cent reservation for them. Measures taken so far have been only cosmetic. On the other hand, women's and men's awareness levels on both political and social issues have risen significantly compared to the late 1970s. A recent parliamentary declaration (30 May 2006) promises equality in citizenship rights, an end of all discriminatory laws, and 33 per cent reservation for women in all structure of government. How this will be implemented is yet to be seen.

7.3 Gender mainstreaming and empowerment: Achievements and challenges

Reviewing the government policies, programmes, and implementation in light of the recommendations made in 1997, the following issues and challenges may be reiterated.

Socially women have gained somewhat in terms of education and health status as reflected in GDI. Nevertheless, marriage and children remain women's first priority and continue to determine all their further life options.

7.3.1. Incorporating gender equity into the process of public resource transfers and macro-, and micro-economic policies

Generally progress in ensuring gender equity in access to resources (land, water, forest, etc.); assessing the impact of pricing and subsidy policies on gender; and women's meaningful participation in resource conservation, water management, land development and infrastructure projects, as recommended in 1997, has been minimal. Women's share in the case of resource transfers is still miniscule.

As per the Local Self-Governance Act 1999, efforts are being made to ensure gender equity in programme planning and budgeting. Now community resource management projects like land, forest, water, and rural infrastructure—particularly road projects—are requiring 30 per cent participation of women in user groups.

²³ Includes both internal and external migrants

However, such stipulations are taken as mere formalities and lost in the implementation process. Community forestry groups have extensive women's participation, but except in rare cases, women's control over community resources has not been enhanced. While women's groups constitute 5 per cent of the total number of community forestry groups, the area occupied by them is less than 2 per cent. The effectiveness of women's participation in the mixed groups and resource sharing has not been monitored.

Further, macro-, and micro-economic policies including taxation, pricing, subsidies and privatisation. are still considered gender-neutral when in fact they are not.

7.3.2 Changes in institutional structures and programme reorientations

In 1997, the review of the government sector identified the weakness of institutional structures and lack of capacity for gender mainstreaming, together with a lack of understanding of the full policy implications of gender mainstreaming, as the major bottleneck in implementing the government's policies on gender.

Much effort has been made to redress these gaps in the government machinery in recent years, and several changes have been made. The MWCSW has been strengthened. Other changes include the appointment of one woman member each in NPC and PSC, upgrading the women's section in the MOAC, and appointing gender focal points in all ministries and major departments.

Notable institutional reforms in the education and health sectors have included the decentralisation of management functions to the DDC, VDC and community levels; integration of gender in the formal and non-formal education systems; and integration of reproductive health services throughout the public sector health system. PARHI (2003-2007) is a commendable example of trying to involve existing local institutional structures, women, men and adolescents, and integrating gender into the reproductive health area.

Yet institutionally, the MWCSW and the gender divisions/sections/units in other ministries do not have adequate capacity to effectively fulfil their responsibilities of gender mainstreaming and monitoring. Most gender focal points are too junior and have little power to influence the related ministry's decisions effectively. They have few human or financial resources to fulfil their responsibilities as expected. Most have not been adequately inspired to work for gender equality and empowerment, nor do they have adequate capacity to do so. Even GEED in the Agriculture Ministry has experienced the lack of expertise and human resources as major hurdles in fulfilling its responsibilities.

The Gender Management System visualised by the NPC seeks to address these weaknesses in management to some extent. But the system as conceived seems to create a separate chain of activity, albeit within the system. Further, it seems top-heavy and separates gender management from regular NPC activities. It looks like another National Development Council. It is not clear how workable the idea of an entirely new chain of management will be. Nevertheless, the ministerial and the district-level teams could be useful, if accepted by the government. Integrating gender into the regular quarterly or monthly meetings of the secretaries could be more effective.

7.3.3 Gender sensitisation of the government machinery and addressing women's major needs

The 1997 recommendations on this issue included compulsory and intensive gender training to policy/decision makers, planners, project personnel, and political leaders at all levels. This process has been started. It was also recommended that women-focused projects or components should cater to women's major needs and not be

Further, macro-, and micro-economic policies including taxation, pricing, subsidies and privatisation, are still considered gender-neutral when in fact they are not.

limited to tokenism. Of the recommendations made in this section for various sectors, those in agriculture, education, and health are being implemented to a large extent.

A series of gender sensitisation trainings and workshops have been carried out for all levels of government officials. Most programmes/projects have gender sensitisation components, providing gender training to personnel at all levels and to local women leaders.

The national census of 2001 and the Tenth Plan were generally sensitive to gender. The gender analysis and gender budget audits of many sector ministries such as education, agriculture, health and general ministries such as the MOF, MWCSW, and MLD are significant achievements. Some of the recommendations of the gender audits have started to be implemented, including establishing the Gender Responsive Budget Committee, and attempts to make the local planning, programming, and implementation processes and the school education system sensitive to gender issues. The MOAC, MOES, and various training institutions including CTEVT and the ten VSDTC under the Ministry of Labour and Transport Management have tried to make institutional reforms to address the needs of girls and women.

Agriculture, health, and education programmes are directed to meeting the major needs of women and girls (e.g., agricultural training, reproductive health and primary education).

However, all efforts at gender mainstreaming have been donor-driven and end with the end of donor funding. They need to be internalised.

Many other sectors remain untouched by this exercise. Further efforts are needed to make the process deeper and more comprehensive, even in sectors where much progress has been achieved.

Agriculture and rural infrastructure

- The GEED in the MOAC is focusing on engendering its training programmes, and developing a specialised women farmers development programme for expanding women's involvement in commercial crop farming. Overall, women now make up 30-40 per cent of participants in government-sponsored agricultural training programmes, up from 20 per cent in the mid-1990s. At the policy level women are now viewed as prime producers, and the MOAC has set a 50 per cent target for women's participation in its programmes and established an information centre for collecting information on women farmers. Whether the gender expertise in the system is adequate to perform this task is yet to be assessed, and how the new approach of viewing women as prime producers has been implemented in the field is yet to be evaluated.
- Rural infrastructure projects were advised to make women aware of the new opportunities (income and employment), and provide skill training to them, and to ensure access to credit. Recently rural infrastructure projects have tried to incorporate gender by requiring at least 30 per cent of the members of user groups to be women. However, implementation of this condition in the field has not been effective. Other recommendations have yet to be acted on.

Education

- In the education sector, the Ministry of Education and Sports, with necessary institutional improvements, has conducted gender sensitivity assessment of the curricula, textbooks, and teacher's training manuals. Scholarship and incentive programmes have been introduced for girls and disadvantaged children in remote areas. The local communities are being made responsible for the overall management of schools, with the establishment of many community schools. However, more efforts are needed to make education more inclusive, to

All efforts at gender mainstreaming have been donor-driven and end with the end of donor funding. They need to be internalised.

sensitise teachers on gender, to remove stereotypes completely from curricula and textbooks, and to break the gender barrier in education in Terai areas. For this, the Gender Equity and Development Section needs to be staffed properly and adequately with gender experts and trainers.

Industry and micro-credit

- The industrial sector is still grappling with gender issues. A few women entrepreneurs exist, and industries such as carpets and garments have opened limited avenues of low-skill, low-paid employment for women. But the sector is not sensitive to women's reproductive health needs such as childcare, breast-feeding, maternity leave, safety and hygiene. There is still a wide pay gap between women and men for similar jobs, and women are concentrated in labour-intensive, tedious, and poorly paid jobs. Moreover, the factory floor has not done away with traditional unequal gender and social relations. Traditionally inequitable social relations have been transferred to the modern sectors.
- Micro-credit institutions have expanded their activities rapidly. Some have converted themselves into banks. They have been quite successful in group formation, social mobilisation, and saving/credit mobilisation. Some have tried to create awareness on education, family planning, and health, but they have hardly tackled issues such as gender division of labour within the household, reproductive health of women, and social perceptions about gender roles. The emphasis on women's empowerment inherent in PCRW introduced in early 1980s has been lost.

Skill training

- Skill training programmes for women have expanded noticeably. Major training institutions have tried to involve women in their training programmes, but the training provided to women still focuses on stereotyped household-based small-scale activities with little market for their products, rather than preparing them for employment in the new expanding large-scale enterprise or service sectors. The link between the training and the needs of the expanding economic sectors is very weak. Training is mostly housewife oriented and not worker oriented.
- Follow-up or impact assessment of the real usefulness of training packages is lacking. Women generally cannot utilise their training due to various gender-related reasons (e.g., lack of property/credit, household work-burden, and lack of knowledge about marketing channels). The number of women trainees who have used the skills taught by various training institutes for business remains small.
- Another issue is identifying the right target groups for such training. Those who really need such training, the labour class, seldom receive it due to reasons including lack of the minimum educational qualifications required for entry, low profitability of skills taught and a lack of seed capital and credit to start a business.
- Nor does gender form an integral part in such trainings, except in the Rural Development Academy. Even in this case actual gender content of the trainings needs to be examined to see if it really addresses the gender issues.

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Health

- Following ICPD 1994 and ICPD+10, health programmes have been made much more gender sensitive by taking a life-cycle and rights approach to women's health and integrating reproductive health services into the regular health system, emphasising quality, local participation, and outreach and broadening the scope of family planning and health programmes to include safe motherhood and adolescent health as well as gender. These are significant policy achievements. The emphasis of family planning programmes has changed from fertility control to informed choice of women, men, and adolescents. Particularly noticeable are RHIYA and PARHI in this context. Another notable initiative has been the start of integration of RH into non-formal education and population and environment issues into school education.
- Nevertheless, programmes are based on stereotyped concepts of gender needs.
- Breast-feeding campaigns focus on child-health and generally ignore a breast-feeding mother's nutritional needs.
- Family health programmes are targeted to women and so are gender reinforcing. They do not envision change in the roles of men and women in family planning matters. Involving men in family planning, sanitation, and nutrition programmes was one of the major recommendations to the health sector in 1997, but it remains unheeded.
- Reproductive health programmes are donor-driven and lack attention to local problems. This is clearly illustrated in the Darchula case, where 144 women suffer from uterine prolapse in just three VDCs without any knowledge or concern of the health institutions, while most IEC materials and reproductive health programmes focus on family planning, safe motherhood, and HIV/AIDS.
- Family health still focuses on clinical family planning services: fertility, contraceptives, birth spacing, etc. It is silent on the socio-cultural and economic limitations on women in Nepal, and also on men's responsibility in family health.
- The content of IEC materials and programmes is inadequate to address other reproductive health problems such as prolapse and extensive violence against women. Culture-based (knee burning and Chaupadi) issues also need to be addressed.

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7.3.4 Monitoring and evaluation needs to take gender into account

Monitoring and evaluation of gender issues was found to be the weakest point in the mainstreaming exercises in 1997, and it was recommended that:

- All information and data should be broken down by gender, including land ownership, employment, income, health, and education;
- Status of female-headed household, their access to resources, should be reported;
- Gender should be incorporated whenever reporting or analysis of process, beneficiaries, or participation is involved; and
- Impact of project activities should be evaluated and monitored, in addition to outcomes.

Some efforts have been made to record women-headed households (2001 census) and women's ownership of resources (land, houses, and animals). The 2001 census evaluated women's economic contributions more realistically than in the past.

Still, their contribution to the household care economy, where they account for more than 86 per cent of time contributions, is still unacknowledged.

The MWCSW has started to monitor various sector activities through gender focal points, and district and local activities, where the process monitoring was pointed out to be weakest by all gender audit reports, through its Women Development Offices in the districts. Although the Annual Economic Survey has presented a section on the MWCSW's activities since 2003/4, sector-specific information in economic surveys continues to be gender insensitive.

Moreover, the programming, targeting and regular monitoring in many sectors continues to be oriented to physical targets. Participation and poverty monitoring is treated as a separate exercise funded by donors, not as a major concern. Often such monitoring collapses with the end of the programme or project, as illustrated by the current termination of the sixteen District Programme Coordinators' services with termination of the UNDP-funded MGEP in the MWCSW.

The information system is not uniformly gender-sensitive for all sectors and levels. Even if sector data is collected, often it is aggregated or integrated into the regular monitoring and planning system (e.g., community forestry participants in mixed groups, agricultural training, VSOTCs outside Kathmandu under the Labour Department). There is a general lack of gender-disaggregated information on recent internal displacement and internal and external migration.

The health sector's lack of data and inability to monitor non-gender-specific diseases by gender, noted in 1997 and reiterated by The Gender Audit (MGEP/MWCSW/UNDP, 2002), remains unaddressed. There are no gender-disaggregated data on targets or beneficiaries of treatment for diseases such as malaria, kala-azar, tuberculosis, leprosy, NHTC trainees, or even in RHIYA. Inadequacy of gender sensitivity in health is exemplified by the fact that even the NDHS (2001) does not break down desire for more children by number of sons and daughters. This is a huge gap, as whether a family wants more children often depends not on the total number of children it has, but on the number of sons.

7.3.5 Making policies and programmes more inclusive

Dalits' limited access to drinking water, education, and resources was noted and recommendations made to redress this imbalance in 1997. In recent years inclusion and access issues for dalits and other disadvantaged groups have emerged more strongly. The impact of gender discrimination on women from excluded groups is further reinforced by socio-political and institutional practices which discriminate against people of various castes and ethnicities. Women of dalit and certain ethnic groups have the lowest access to education, health, political power structures and civil service in general compared to both women of higher castes and men of their own caste/ethnicity. Policies have been designed to address such issues, particularly within PRSP and education. However, such exercises are still far from perfect. For example, while inclusion and gender mainstreaming feature as major strategies for poverty reduction, they do not enter in the criteria listed for according priority to government programmes. Even PRSP monitors only the proportion or number of women, Dalits, and Janajatis among the applicants and not the number of actual entrants. Education and health programmes are too conventional in their contents. Particularly, health sector programmes seem to be oblivious to non-gender-specific social exclusion issues.

Implementation of inclusive policies for women or other discriminated groups faces bureaucratic inertia, traditionally entrenched discriminatory practices and mentality, which are hard to address without adequate representation of such groups in the political power structure. The opposition to reservations for these groups from those

Women of dalit and certain ethnic groups have the lowest access to education, health, political power structure, civil service, and political power structure in general compared to both women of higher castes and men of their own caste/ethnicity.

in positions of power and the bureaucracy has been strong. Only the recent revival of democracy with mass participation has forced Parliament to declare restructuring of the state and inclusive policies as its immediate agenda.

7.3.6 Addressing the discriminatory power structure

Women face multiple inequities. They are discriminated against in laws, acts, and regulations; socially by the patriarchal value systems; and economically by limitations on their access to resources. Although they formally enjoy equal political rights as citizens, they are discriminated against regarding citizenship and nationality. Further, they are not able to enjoy even the available rights fully because of inequities in the social and economic spheres. They are unable to avail themselves of educational opportunities or to move ahead in the public sphere. Efforts to promote women to decision-making positions have been marginal. How the new declaration by Parliament on these issues will be shaped legally is yet to be seen.

7.3.7. Addressing patriarchy and its ideological strength - Contents of gender training

Patriarchal socio-cultural practices and discriminatory structures have emerged as major factors in unequal access to positions of power, education, health and other services. This is exemplified by in the practice of dowry/tilak in Terai areas, which greatly hinders women's education. The challenge is to address such cultural malpractices in future programmes.

Similarly, deeply rooted patriarchal structures and power relationships between the sexes on the one hand and lack of adequate gender sensitiveness in the government structures on the other hinder women's entry to the political sphere and government administration. These must be addressed.

Addressing the ideology and practice of violence against women is another challenge. Since 1997 a National Plan of Action against Trafficking of Women and Children has been formulated, a crisis home for destitute women, and women's police cells have been established as some of the efforts made by the government to prevent violence against women (MWCSW, 1999). Nevertheless, there is as yet no effective law against domestic violence or violence in the workplace. Socially, domestic violence against women continues to be justified, accepted, and used as a major instrument to control them. Even pregnant women are not spared severe physical violence.

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7.3.8 Addressing the immediate problems created by the armed conflict on gender and RH

Physical and psychological rehabilitation of all victims of conflict - and also the rehabilitation and reintegrated CPN-M cadres is an immediate problem. Dealing with the psychological situation created by the conflict and displacement needs a well-thought-out plan and immediate implementation. With the current prospect for peace, the priority is eliminating the animosity and sense of revenge among the

warring parties, who could be from the same village, settlement, or neighbours. A third issue concerns effective implementation of awareness programmes on child health, nutrition, reproductive health, and family planning (particularly in rural areas) among the returnees in their original places of residence.

7.4. Recommendations

7.4.1 Ensuring gender equity in public-resource transfers

It is worthwhile to repeat the 1997 recommendation that all programme and project designs should incorporate gender equity in the process of public resource transfers and maintain women's traditional access to land and other community resources, because not much progress has been made on this front. No comprehensive re-research has been undertaken on the impact of macro-economic policies and trade liberalisation on women or other disadvantaged groups.

As a first step towards implementing equitable policies, studies should be commissioned to evaluate the current situation in several areas:

- ➔ Gender equity in access to resources (e.g., land, water, forest);
- ➔ Impact assessment of pricing and subsidy policies; and
- ➔ Women's meaningful participation in resource conservation, water management, land development and infrastructure projects. Although involving women in project-mandated resource transfers is now an integral part of most programme/project documents, in practice such efforts have not gone beyond tokenism, as evident from various field studies, particularly in bigger stakes such as land or irrigation channels and community/lease forestry. Such efforts are not considered even necessary in privatisation efforts in other sectors.

7.4.2 Strengthening institutions

MWCSW and gender divisions/sections/units and gender focal points must be strengthened to fulfil their responsibilities effectively. This requires raising the status of gender focal points, relieving them from other responsibilities, and building their capacity in gender mainstreaming through continuous training.

Even though their juniors do the primary work, secretaries themselves should be made responsible for making their programmes more gender sensitive; only then will gender mainstreaming gain the necessary support.

The recommendations made by the gender management system and the study of the government administrative system and PSC, completed under the MWCSW (MGEP/MWCSW/UNDP, 2004), should be combined to develop a gender management and monitoring system as an integral part of the regular management and monitoring system.

All gender sensitisation exercises should be eventually internalised, even if initiated by donor funding.

7.4.3 More gender sensitisation for the government machinery and catering to women's major needs

Furthermore, many of the government institutions have remained untouched by such exercises; they need to be covered. At the same time laws, acts, structures, policies, and regulations must be made more gender friendly. Even in agriculture, education, health which have achieved much in integrating gender in their policies

and programmes, issues and challenges remain.

Agriculture and rural infrastructure

- The MOAC in collaboration with some donors or the MWCSW should commission a more comprehensive gender audit of the agricultural sector and implement its recommendations. The 2002 audit was the first attempt to evaluate the sector from a gender perspective. Given the time and resources available, it was unable to evaluate all aspects of agricultural programmes and implementation machinery. It focused on policies and programmes. The whole structure, delivery mechanism, related acts and regulations must be evaluated through gender lenses to make them more gender sensitive. Since agriculture is being increasingly feminised, this is necessary to achieve sector objectives.
- Proper implementation of all the policy provisions of the rural infrastructure projects, including the required 30 per cent women members in user groups and their participation in project choice and implementation mechanisms, should be ensured by process-monitoring as recommended in the Gender Audit and Gender Budget Audit of the MLD (2004). Such projects should also include awareness-raising about new opportunities for employment and income, skill training in road construction, maintenance, motor driving and conductor for local women and man who lose portering work. The projects should also have a mechanism to ensure access to existing channels of credit for participants, through coordination with credit agencies.
- An impact analysis of rural market and rural infrastructure projects on women should also be commissioned to guide future programmes. To date, such analysis has not been seen in Nepal. Reports from other countries like the Philippines have indicated that the limited space such developments provide for trading makes it difficult for women to get places, as their household responsibilities force them to arrive later than men-traders at the market (ADB/Manila, 1999).

Education

- The emphasis on gender training of teachers and the education community should be continued. Better efforts are needed to make the curricula more inclusive and to completely eliminate gender, caste, and ethnic stereotypes from the curriculum and textbooks, particularly to break the gender barrier to education in Terai areas. Textbooks should also include consequences of social and cultural malpractices such as dowry/tilak, Chaupadi and knee-burning of women. Implementation of scholarships and other incentive programmes must be made more effective by plugging leakages and ensuing adequate resources for the allocated number of scholarships.
- A concerted campaign to clarify the issues and propagate the merits of the community management of services such as schools and health posts should be mounted. Communities and the CPN-M should be advised not to fall into the trap of vested interests of the teachers (who want pay checks even if not teaching) and the private schools (which will go out of business if community schools run well).
- Future programmes and gender training packages must address the issues of promoting equality at higher levels of education and in the power structures and changing the discriminatory value system of the patriarchy. Interventions designed only to increase female literacy and schooling are not adequate to lead to gender equality. These are necessary minimums, but they must be supplemented by other programmes promoting equality. Development

Future programmes and gender training packages must address the issues of promoting equality at higher levels of education and in the power structures and changing the

programmes or modernisation of the economy without addressing gender, traditionally discriminatory structures, and social behaviour are likely to further accentuate traditional gender disadvantages rather than eliminate them, as evident from the discussions on dowry/tilak and the differential access to employment, education, and resources of men and women even among the higher caste and economically well-off Newars.

Industry and micro-credit

- The first step for the industrial sector should be to commission a gender audit and gender budget audit and to implement their recommendations, as this sector seems to be oblivious to the whole gender issue. This should be a thorough review, covering, including tourism, manufacturing, labour, commerce, training components and related acts, regulations and practices. We know very little about the informal and trade sector women and their problems.
- Micro-credit projects should include gender training components in addition to credit. Micro-credit institutions should collaborate with other NGOs and government agencies in this respect. Such projects should also guarantee their clients' access to larger credit and seed capital from regular banks and institutions, enabling them to expand their enterprises.

Skill training

- All training packages should have follow-up or impact assessment to assess the real outcomes of training or the utilisation of resources (financial, human and time).
- Training should focus not only on micro-enterprises, but also train young women and men for employment in large-scale enterprises, migration for employment, or new expanding service sectors like Information Technology, secretarial or financial services, tourism and travel, housekeeping, catering, restaurant and departmental stores English language.
- Training programmes should link up with the industrial and business community, personnel companies managing migration for employment, and credit programmes and conduct training as per their demands, rather than limiting themselves to training middle-class women to enter low paying micro-enterprises, most of which die eventually in competition with factory produced goods. Only organised tourism-oriented handicraft groups have shown some promise in this respect. These training institutes should also upgrade and modernise the traditional skills of village craft-workers and link them to tourism-oriented companies or cooperatives, instead of putting a bar on their entry in such training by requiring minimum education.
- The data bank in the Labour Department in Kathmandu should have gender breakdowns by kind of training for all its ten skill training centres, and information from other training institutions as well. Its data bank should also collect and make available for government and public use all gender-related studies on women workers, laws, and their implementation status.

Health

- The health sector in general, and RHIYA and PARHI in particular, should expand its scope to cover other reproductive health problems such as uterine prolapse and the extensive violence against women, whether culture-based, domestic, or public. Eliminating at least physical violence against women should be a direct concern of the health sector. IEC materials should treat its consequences as an integral part of RH. Exclusive focus on STDs and HIV/AIDS is not advisable.

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- Extensive gender training of health personnel including doctors, senior staff, trainers, etc. should be conducted in all parts of the country as further attempts are needed to help policy, plans, programmes, and strategies to better integrate gender concerns into the health system. Many health personnel still seem unaware of deeper gender issues.
- Clinical services in hospitals, primary health centres, and health posts should be better equipped and strengthened to provide comprehensive emergency obstetric care, post-abortion services, and generally quality care.
- All training programmes and IEC materials should address gender as well as RH issues. Gender and RH training, awareness, or sensitisation programmes should be offered in pairs. Materials about the calorie requirements of newly-delivered mothers, carrying loads, types of work pregnant or newly-delivered women can and cannot do, duration of avoiding sex, and mother's breast related problems and their care should be integrated in all training and IEC materials.
- Further, the policies and programme delivery systems should pay more attention to cancelling out the impact of the hierarchical nature of Nepali society, which keeps many groups from accessing services (e.g., clinic times and expensive drugs).
- The health sector also needs to compile and regularly process gender/caste/ethnicity breakdowns on service receivers at all levels including health posts and sub-health posts. It should fix targets in gender-disaggregated terms on incidence of so called gender-neutral disease, which cannot be gender neutral in the context of discriminatory access to food, health care. It should also examine surveys and study outlines through gender and poverty lenses before executing them.
- Gender-and inclusion-sensitive rules and regulations should be developed for recruiting district/VDC health personnel to provide employment opportunities to locals. A plan with positive discrimination and career development prospects must be developed and implemented to bring female health personnel to decision-making levels. The blatant exploitation of FCHVs, who are supplying unpaid services to the community, should be ended because it is also ineffective in addressing issues of exclusion and poverty in the health delivery system. There are no comparable male volunteers. Much resources have been spent on training these FCHVs and they render invaluable services to society. Their job is not like that of TBAs with concrete immediate results, for which families have traditionally paid. Families are often not willing to pay for IEC, education, and preventive health. The MOH should develop a joint mechanism with the districts and VDCs to pay these health workers a salary.

Women's liberation cannot be achieved without equality in law. Amending all unequal laws and creating enabling conditions for women to use and control property, and political participation, should be a priority.

7.4.5. Exclusion issues

Issues of exclusion must be addressed both at the structural level (state and governance structure, language policy, etc.) and by specific policies to increase the access of women, dlits, and other disadvantaged Janajatis to resources, education, and state decision-making positions. For example, primary the education in mother tongue would increase literacy at a much faster rate and enable disadvantaged groups to catch up at a faster rate. Women's liberation cannot be achieved without equality in law. Amending all unequal laws and creating enabling conditions for women to use and control property, and political participation, should be a priority.

Caste/ethnicity is only one of the differentiating factors in access to resources, education, and power structure. The urban/rural divide, ecology, and historical neglect of the Mid-, and Far-Western regions of the country play equally important roles in the socio-economic status of households and population groups, and must be addressed by more balanced and equitable sharing of resources.

Nevertheless, women do not enjoy equal status in any community, region, or place of residence. Therefore all policies and programmes must be not only caste/ethnicity inclusive, but must also be gender sensitive.

Continuous training and exposure is needed against exclusionary practices to achieve the inclusive objectives of PRSP and Education for All. This is required to reduce the impact of bureaucratic inertia, traditionally entrenched discriminatory practices and mentality, which cannot be redressed without adequate representation of such groups in the political power structure.

All policies/programmes and monitoring formats must address inclusion issues as well. Specific empowerment programmes are needed for dalits and other socially disadvantaged groups within each programme/project.

7.4.6. Promoting women and other excluded groups to political and administrative decision-making positions

Affirmative action supported by empowerment and/or reservation for a certain period is necessary to deal with the chronic problem of under-representation of women and other disadvantaged groups in the political power structure and administrative decision-making. The parliamentary declaration of May 2006 on these issues must be incorporated fully in the forthcoming constitution and the laws, and implemented properly. Whatever state structure emerges in the future, women's representation must be 40 per cent at the grassroots level. Moreover, in all elected institutions, women also must be elected and not nominated, as is currently the practice in VDC, DDC executives, and the Municipality Boards. Nominated members have often been ineffective in advancing the cause of the groups they are supposed to represent. Election will force them to be effective.

Each ministry should develop a specific plan to increase women's intake, as in health and women's development programmes. This should be done in consultation and negotiation with PSC, so that recruited staff enter the system from the start.

Excluded groups and women should have adequate representation in the political structure. They should be supported by training to participate effectively in the proceedings and activities of relevant institutions.

7.4.7. Expanding the content of gender training to deal with patriarchy and its ideological strength

Life options for women are determined not only by material assistance provided directly by a project but by the overall gender ideology and socio-economic structures. Therefore it is not sufficient just to increase women's income marginally and help them gain a greater role in the household decision-making process or a little voice in local community affairs. Much deeper social interventions are needed to change the discriminatory patriarchal structures and ideology and to expand the opportunity spectrum for women.

The scope of all gender training packages should be broadened to change the patriarchal value systems and practices that perpetuate subordination of women in overt and covert ways. Practices such as dowry/tilak, division of labour, socialisation requiring women to be meek and tolerating even when assaulted, marriage as a preferred livelihood option, domestic and other kinds of cultural violence must be directly addressed by such training. Training should be relevant to dealing with local forms of violence, instead of talking about violence in the abstract.

7.4.8. Eliminating violence against women

Laws against domestic violence and violence in the workplace should be promulgated and an effective machinery to implement these and other anti-violence laws should be created and strengthened where necessary (e.g., a women's cell in police units). Strict enforcement of the laws should also be a priority. Interventions from

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above in policy, laws, regulations, and institutional arrangements must be accompanied by training for awareness, behavioural change and counseling.

Compulsory and regular counselling to the victims of violence, and about the physical, psychological, emotional, and hormonal changes during pregnancy and their consequences for the mother's and child's health should be an immediate priority.

7.4.9. Addressing the immediate problems created by the armed conflict for gender and RH

Rehabilitation programmes should cover victims of atrocities from both the security forces and CPN-M. With peace prospects in sight, such programmes should involve the CPN-M cadres to help them adjust peacefully.

A carefully thought-out plan dealing not only with adequate shelter, food, clothing and education but also proper counselling should be formulated and executed for rehabilitating abandoned, orphaned, and frightened children.

Nepal Government and donors should start paying attention to the reproductive health, family planning, and other health needs of the displaced. Women need more intensive training on STIs and HIV/AIDS, particularly in the current situation where most male family members have migrated for work and visit the camp/home occasionally. Even if some of the displaced return to their places of origin, the migration stream is likely to remain large until the economy improves. Such training should also include gender issues.

Reproductive health should have a broader package that includes all kinds of reproductive health problems, including uterine prolapse, menstruation, anaemia, family planning side effects. Rather than being limited to safe motherhood and family planning. Adding counselling to the health components is urgently needed to deal with the psychological situation created by the conflict and displacement. Now with peace in sight, programmes like PARHI that involve women, men, and adolescents should be extended to the camps, new settlements, and conflict affected areas.

If the conflict situation returns, more incentives and mechanisms for ensuring safety of field staff should be formulated and implemented in the health sector to keep the system functional. The mechanisms adopted in the past for delivery of services should be supplemented by more adequate incentives, insurance, and opportunities for dependants in the event of displacement, death, disability, or other untoward incidents as recommended by the recent report of the HMG/World Bank (2005).

Laws against domestic violence and violence in the workplace should be promulgated and an effective machinery to implement these and other anti-violence laws should be created and strengthened where necessary

7.4.10 Making the monitoring and evaluation systems more gender sensitive

The 1997 recommendations need to be reiterated, because as evident from this review the monitoring efforts are still inadequate and not process oriented. Process monitoring has not even started. Specifically:

- Process monitoring should form an integral part of the management information system. The regular monitoring system pays little attention to the participatory part of programmes, but is mostly oriented to physical progress. Without process monitoring, mid-year programme/project corrections cannot be made;
- Gender and inclusion should be incorporated at all points where reporting or analysis of process, beneficiary and/or participation is involved;
- All information and data such as land ownership, employment, income, health, and education must be broken down by gender and caste/ethnicity.

To amplify some of the points as elaborated in the gender audit of the MLD:

- ➔ Strengthening the local monitoring systems with a gender focus;
- ➔ Integrating VDC and district level data in the national regular monitoring system;
- ➔ Monitoring process and impact, not only outcomes in programmes and projects.
- The MWCSW should develop a comprehensive, substantive gender monitoring system for annual or periodic evaluation and not limit itself to reporting only its own activities in annual economic surveys. Effective monitoring involves collecting information on overall gender status constructing GDIs regularly for all regions, groups, urban and rural, developing a suitable index for measuring women's empowerment in Nepal and regular reporting.
- Time-use data collection and analysis should form an integral part of living standard measurement or a separate exercise within the framework of Nepal Labour Force Surveys. Although occasional time-budget studies are available, they are neither complete nor comparable through time. Leisure is also a valuable commodity. Household chores are necessary for human survival. Information on them is necessary for analysing the impact of policies and programmes on women and men, especially on women who perform the bulk of household work. Similarly, often the poor are poor not because they have no work but because of poorly paid work; with time-use information their problems can be addressed more efficiently.
- Reliable and regular updating of data on migration of men and women for employment within Nepal, India, and other countries has become an urgent need for policy as well as for analytical purposes. Other areas constrained by lack of information include urban slums, mobile population and informal sector working conditions.
- Preparation to incorporate gender issues into the upcoming 2011 census and the 2011 agricultural census must start right away. This must involve field staff. The process of sensitising the 2001 census to gender involved only the central level staff of CBS, and training during the census process was grossly inadequate.
- Ultimately, the impact of development on women must be measured in terms of changes in their life options. The coverage of indicators used for any impact analysis or monitoring of development programmes/projects must be broader than that currently used, so as to capture the whole context of women's existence, global as well as local, political, economic, and social. Access to resources and positions of power are now part of international indicators such as GDI and GEM. Economic, educational and informational access, work load, and presence in political power structure also already enter these indices.

New indicators are needed to measure the changes in sharing power and progress towards an equitable society. Indicators for measuring far-reaching ideological changes and women's power sharing must include not only their representation in political decision-making bodies but also its effectiveness. Such indicators must measure women's ability (a) to make decisions about their own life options, (b) to make others implement their decisions, and (c) to influence others' decisions at all levels, household, community, and the larger political arena. Although such changes take a long time, progress towards more equitable ideology must be measured, even at the programme or project levels. This is important so that programmes do not reinforce gender discrimination on a wider scale. Such periodic evaluations can be undertaken and appropriate corrections made in programmes/projects when needed (see Acharya and Ghimire 2005). Poor women from discriminated and excluded groups carry a triple burden of suppression—gender, caste/ethnicity, and poverty. Therefore all indicators must be sensitive to social and economic inclusion as well as gender.

Ultimately, the impact of development on women must be measured in terms of changes in their life options.

References

- Acharya Meena** (2005) *“Empowerment under Globalisation –Making Markets Work for Women”* Paper presented in the International Conference on Engaging Communities, August 14-17, 2005 Organised by UNDP and Queensland Government, Brisbane, Australia.
- Acharya Meena** (2003a) Gender Budget Audit in Nepal , UNIFEM, New Delhi, India .
- Acharya Meena** (2003b): Towards Conflict Transformation in Nepal: Recent Trends in Government –Maoist Dialogue in Conflict Resolution and Governance in Nepal, NEFAS/FES , Kathmandu.
- Acharya Meena** (2003c) “Changing Gender Status- Achievements and Challenges” In *Population Monograph of Nepal*, CBS, Kathmandu, Nepal.
- Acharya Meena** (2000), “ Labour Market Development and Poverty, Tanka Prasad Acharya Memorial Foundation (TPAMF) in cooperation with Friedrich-Ebert Stiftung, Kathmandu (FES) Nepal.
- Acharya Meena** (1998), “Quantification of Household Production and Gender Aspects in Nepal”, in The Handbook of National Accounting :Household (Sector) Satellite Extensions Vol. II, UN.
- Acharya Meena** (1994), The Statistical Profile of Nepalese Women: An Update in the Policy Context. IIDS, Kathmandu.
- Acharya Meena and Puspa Ghimire** (2005), *“Gender Indicators of Equality, Inclusion and Poverty Reduction for Measuring Programme/Project Effectiveness”* Economic and Political Weekly, Vol.XL, No 44and 45, October.
- Acharya Meena and Lynn Bennett** (1981), An Aggregate Analysis and Summary of 8 Village Studies. The Status of Women in Nepal Vol II. part 9, CEDA, Kathmandu, Nepal.
- Acharya Meena with Puspa Acharya** (1997), Gender Equality and Empowerment of Women, UNFPA, Kathmandu, Nepal.
- ADB** (1999), Women in Nepal, Kathmandu: Asian Development Bank, Manila.
- Asmita Publication** (2005), Writing Against Trafficking, Kathmandu, Nepal.
- Bennett Lynn and Kishore Gajurel** (2004), “Gender and Ethnic Dimensions of Empowerment and Social Inclusion in Rural Nepal”, The World Bank, Kathmandu (Non-member Draft).
- Bhadra Chandra** (2004), “Gender Mainstreaming in the Population Perspective Plan”, a report submitted to Population Division, Ministry of Population and Environment.
- Bhasin Kamala and Sunita Dhar** (1998), Joining Hands to Develop Women Power. A Report of a South Asian Workshop on Gender and Sustainable Development, Koitta, Bangladesh.
- Bhatta S.** (2005), “*Development process of women’s education*”, In Women’s Education Bulletin 6:6 (2062 B.S).
- Bista Min Bahadur** (2001), “Institutional Analysis: Ministry of Education and Sports”. Kathmandu, DANIDA.
- Bista Min Bahadur** (2005), “Female Teachers” (draft report prepared for UNESCO)

- CBS/NPC/HMG** (2003), "Population Monograph of Nepal" vol.I Kathmandu, Nepal.
- CBS/NPC/HMG** (1995), "Population Monograph of Nepal" Kathmandu, Nepal.
- CBS/NPC/HMG** (2003/04) & (1995/96), "Nepal Living Standards Survey".
- CBS/NPC/HMG** (2001), "Population Census 2001" National Report in Collaboration with UNFPA Nepal.
- CBS/NPC/HMG** (1999), "Nepal Labour Force Survey", Kathmandu.
- CEDAW Monitoring Committee** (2003), "SHADOW REPORT on Second and Third Periodic Report of Government of Nepal on CEDAW Convention", Coordinated by Forum for Women, Law and Development and Sponsored by UNIFEM/Nepal, UNFPA/NEPAL and DANIDA/HUGOU.
- Central Department of Home Science and Women's Studies Programmes, Tribhuvan University** (2003), "Study On The Effectiveness Of Programmes Targeted To Women", submitted to National Planning Commission, Kathmandu, Nepal.
- Collymore, Yvette** (2005) "PRB Policy Brief", Population Reference Bureau, Washington DC USA.
- Centre for Policy Research and Analysis** (2003), "Gender Assessment Studies and Gender Budget Audit of MWCSW", submitted to MWCSW/MGEP/UNDP.
- CTEVT** (1999), "National Policy on Technical and Vocational Training".
- Deuba-Rana Arzu** (2005), "A National Study on Changing Roles of Nepali Women due to Ongoing Conflict and its Impact" SAMANATA, Institution for social and Gender Equality, Kathmandu, Nepal.
- Devkota Sumi and Prava Chhetri** (2002), "HIV/AIDS Assessment Nepal", an unpublished report.
- DFID/WB** (2005) "Citizens With (Out) Rights: Nepal Gender and Social Exclusion Assessment", Summary Report, Kathmandu, Nepal.
- DOHS** (2004), Annual Report, Kathmandu, Nepal.
- DOHS** (2003), Annual Report, Kathmandu, Nepal.
- DOHS** (1998), "Second Long term Health Plan: 1997 – 2017", *ibid*
- DOHS** (undated), "Safe Motherhood Plan of Action: 2002 –2005", *ibid*
- Devkota Madhu Dixit** (2005), "An Assessment on Impact of Conflict on Delivery of Health Services", His Majesty's Government of Nepal, Ministry of Health, Kathmandu, Nepal.
- Education Journalists' Group** (2003), "Girl's Education in Nepal", A study report Kathmandu: UNICEF.
- FFP** (2004) , " Peace Activities Carried Out in Bardiya and Kanchanpur District : A Study", Friends for Peace, 117/36, Pooja Pratisthan Marg Old Baneshwor, Kathmandu, Nepal.
- FWLD** (2005) "Concluding Comments on Second and Third Periodic Report (combined) on CEDAW Convention of Nepal".

FWLD (2006), *An Update: Discriminatory Laws in Nepal and Their Impact on Women*, FWLD, Kathmandu, Nepal.

Government of Nepal (2002), "Muluki Ain" Eleventh Revised Edition 2058 B.S., Asish Pustak Bhandar, Bagbazar, Kathmandu, Nepal.

Gautam, I. (2005), "Evaluation Report of Girls' incentive Programmes", Kathmandu: WFP.

GDS/FES (1997), "Women in Garment Industries, Kathmandu, Nepal.

GEFONT (2003), "Search for Alternatives" Kathmandu, Nepal.

GEFONT (2001), "Women Participation in Nepali Labor Movement, Kathmandu, Nepal.

GTZ, Desk study (2004) "Armed Conflict and Trafficking in Women", Sector projects against trafficking in women.

GTZ, (undated) *The Emergence of Small Farmer Cooperative Limited in Nepal*

Gurung Jeannette D. (1999), "Searching for Voice in the Hindu Kush Himalayas", ICIMOD, Kathmandu, Nepal.

HMG/N (1995), "COUNTRY REPORT NEPAL", The United Nations Fourth World Conference on Women (September 4-15, 1995) Beijing, China.

HMG/UNDP (2000), "Millennium Development Goals"

HMG-UNFPA (2005), *Report of the Semi-annual Programme Review 2005*, Kathmandu, Nepal.

HMG-UNFPA (2004), *Mid Term Review, 5th country Programme Assistance to HMG of Nepal (2002-2006)*, Kathmandu, Nepal.

LDTA (1994), "Annual Report 2060/61", Kathmandu, Nepal.

Mahub ul Haq Human Development Center (1999), "Human Development in South Asia", *The Crisis of Governance*, OXFORD University Press

MOAC/HMGN/LSTED (2004/05), "Livestock service training and extension directorate 2061/62". Kathmandu: Author (2061/62 B.S).

MOAC/HMGN/LSTED(2004), "National Agriculture Policy", Kathmandu, Nepal.

MOES/HMG (2004), "School Level Educational Statistic of Nepal (Flash report)" Department of Education, Sanothimi, Bhaktapur, Nepal

MOES/HMG (2003), "School Level Educational Statistic of Nepal 2001 (2058)", Department of Education, Sanothimi, Bhaktapur, Nepal.

MOES/UNESCO (2003), "Education for All National Plan of Action Nepal" (2001-2015), Kathmandu, Nepal.

MOES/DOE/HMG (2003), *Health, Population and Environment, Grade 9 and 10*, Bhaktapur, Nepal.

MOES/DOE/HMG (2003), *Health, Population and Environment, Grade 10*, Bhaktapur, Nepal.

MOES/DOE/HMG(2002), "Gender Audit of MOES", Kathmandu, Nepal.

Ministry of Forestry, (2004), Annual report, "*Hamro Ban*", Department of Forest, Babarmahal, Kathmandu, Nepal.

MOES/DOE/HMG(2001), Manual on community forestry, Department of Forest, Babarmahal, Kathmandu, Nepal.

MOF/HMG (2004), "Economic Survey" Fiscal Year 2003/2004, Kathmandu, Nepal.

MOHP/HMG (2001), "Nepal Demographic Health Survey", Kathmandu, Nepal.

MOHP/HMG (1996), "Nepal Family Health Survey", Kathmandu, Nepal.

MOHP/HMG (2000), "National Adolescent Health and Development Strategy", HMG/N Family Health Division, Kathmandu, Nepal

MOH/HMG/UNFPA (2003), The Population and Reproductive Health Integrated Project. His Majesty's Government of Nepal, Ministry of Health, Kathmandu, Nepal.

MOH/HMG/UNFPA (1993/94-2003/04), The Annual Report, Ministry of Health, Kathmandu, Nepal.

MOH/HMG (2001), "Nepal Country Profile on Women Health and Development", Ministry of Health, Kathmandu, Nepal.

MOHP/HMG (2005), "NEPAL Report on ICPD at Ten", Ministry of Health and Population, Kathmandu, Nepal.

MOPE/HMG (2002), "Nepal Country Report", Fifth Asian and Pacific Population Conference (11-17 December 2002)" Bangkok.

MWCSW/ MGEP/UNDP, (Undated) CEDAW Information Package, Ministry of Women, Children and Social Welfare, Kathmandu, Nepal.

MWCSW/HMG (2003), "National Plan of Action On Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)", 2060 B.S., Kathmandu Nepal.

MWCSW/MGEP/UNDP/SAHAVAGI (2003), "Gender Analysis and Gender Budget Audit of the Ministry of Local Development" conducted by the "SAHAVAGI" team for the Ministry of Women Children and Social Welfare and MGEP/UNDP, Kathmandu, Nepal.

MWCSW/HMG/MGEP/UNDP (2001), "Engendering Nepalese Civil Service with Specific Reference to Promotion and Entry in Administrative Services", Kathmandu, Nepal.

MWCSW/HMGN/MGEP/UNDP (2002), "Gender Assessment in the Health Sector", HMG/N, Ministry of Women, Children and Social Welfare, Mainstreaming Gender Equity Programme (MGEP), UNDP, Kathmandu, Nepal.

MWCSW/HMG/MGEP/UNDP (2002), "Gender Assessment Study of the Agricultural Sector", HMG/N, Ministry of Women, Children and Social Welfare, Mainstreaming Gender Equity Programme (MGEP), UNDP, Kathmandu, Nepal.

MWCSW/HMG (1997), "Lainik Samanata Tatha Mahila Shasaktikaran, Rastriya Karya Yojana", HMG/MWCSW/CCO, Kathmandu, Nepal.

MWCSW/HMG (1999), "Beijing Plus Five: Country Report", Ministry of Women, Children and Social Welfare, Kathmandu, Nepal.

New ERA (1998), "A Situation Analysis of Sex Work and Trafficking in Nepal with Reference to Children", October 1996. submitted to UNICEF, Kathmandu, Nepal.

NFEC/HMG (2005), "Madhyam Anaupacharik Shikshako Belibistar Kishorawasthako" Non-Formal Education Centre, Bhaktapur, Nepal.

NFEC/MOES/UNFPA (2004), "Prajnan Swastha Sahayogi Pustika", Integrated Reproductive Health Program for Non-Formal Education, prepared by Non-Formal Education Center of the Department of Education, Ministry of Education and Sports in collaboration with UNFPA, Kathmandu, Nepal.

NFEC/MOES/UNFPA (2004), "Prajnan Swastha Prashichhayk Prashickshyan Nirdeshika", Integrated Reproductive Health Program for Non-Formal Education prepared by Non-Formal Education Center of the Department of Education, Ministry of Education and Sports in collaboration with UNFPA, Kathmandu, Nepal.

NFEC/HMGN (2005), Proudh Tatthe Bridhya Mahilahaaruma Dhekine Prajanan Swasthya Samasya Ra Tyaska Samadhanka Upayaharu Non-Formal Education Centre, Sanothimi, Bhaktapur, Nepal.

NFEC/HMGN (2005), Anaupacharik Shikshabata Surakshit Matritwa Non-Formal Education Centre, Sanothimi, Bhaktapur, Nepal.

NFEC/HMGN (2004), Prajanan Swasthya Sahayodgi Pustika, Non-Formal Education Centre, Sanothimi, Bhaktapur, Nepal.

NFEC/HMGN (2004), Prajanan Swasthya Prashikshik Prashichayan Nirdesika Non-Formal Education Centre, Sanothimi, Bhaktapur, Nepal.

NFEC/HMGN (2004), Prajanan Swasthya Sahayogi Pustika (8-14 Age group), Non-Formal Education Centre, Sanothimi, Bhaktapur, Nepal.

Nepal Human Rights Commission (2004) Annual Report of 2003/04 and 2004/05, Kathmandu, Nepal.

Niraula Kamlesh (2005), "Situation Analysis of Female and Male Workers in Garment factories", a thesis submitted to Women's Studies Programme of Central Departments of Home Science, Tribhuvan University, Kathmandu (unpublished), Nepal.

NPC/HMGN (1997-2002), "The Ninth Plan" and "Tenth Plan" (2002-2007)", Kathmandu, Nepal

NPC/HMGN (2005), Annual Programme (2005/05), Kathmandu, Nepal.

NPC/UNDP (2004), Nepal Human Development Report (NHDR), Kathmandu, Nepal

NRB (1988), " Multipurpose Household Budget Survey: a Study on Income Distribution, Employment and Consumption Patterns in Nepal", Nepal Rastra Bank, Kathmandu, Nepal.

NRB (2004), Economic Report, Nepal Rastra Bank, Kathmandu, Nepal.

NRB (2005), Quarterly Economic Bulletin (Mid-October), Nepal Rastra Bank, Vol. XXXX No 1, Kathmandu, Nepal

Rowan- Campbell Dorianne (1999), "Development with Women", An Oxfam Publication, Great Britain.

RUWDUC (2005), "Reproductive Health and Gender Based Violence – Training Manual", Kathmandu, Nepal

SAHAVAGI (2005), "Capacity Building of MOES/DOE Staff to Bring Gender Parity in Educational Planning and Programming", Report submitted to UNICEF, Kathmandu, Nepal

SAMANTA (2005), "A Study on Linkages between Domestic Violence and Pregnancy' Kathmandu, Nepal.

Shrestha Rama (2005), "Developing Gender and Social Inclusion Assessment Tool and Pilot Testing in Garment Factories", Enabling State Programme (Unpublished), Kathmandu, Nepal.

SAATHI and The Asia Foundation (1997), "A Situation Analysis of Violence Against Women and Girls in Nepal" Kathmandu, Nepal.

TPAMF (2005), "Analysis of Caste, Ethnicity and Gender Data from 2001 Population Census in Preparation for Poverty Mapping and Wider PRSP Monitoring" Report Submitted to DFID, Kathmandu, Nepal.

Udhog Bibhag (2004), "Audhaugik Prabardhan Thathyanka 2058-2061", Gharelu Thatha Sana Udhog Bibhag, Udhog, Baniya Tatha aapurti Mantralaya, Singh Darabar, Kathmandu, Nepal.

United Nations (1994), "Programme of Action", adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994.

United Nations (1996) "The Beijing Declarations and Platform for Action", United Nations, New York.

United Nations (1993), System of National Account, New York.

UN/ICPD (1994), "Programme of Action", International Conference on Population and Development, Cairo 5 - 13 September 1994

UNDP (2000), "Beijing +5 Review Nepal", United Nations Development Programme, Pulchowk Lalitpur, Kathmandu, Nepal.

UNDP (1995), "Human Development Report", New York.

UNDP (1997), "Human Development Report", New York.

UNDP (2002), "Human Development Report", New York.

UNDP (2004), "Human Development Report", New York.

UNDP (2005), "Human Development Report", New York.

UNFPA (2004), "Reproductive Health Indicative for Youth in Asia (RHIYA) Country Strategy Framework", UNFPA, Kathmandu, Nepal.

UNFPA (2005), Nepal Country Programme, UNFPA, Kathmandu, Nepal.

UNFPA/ RHIYA Nepal (2004), Counselling Manual on Adolescent and Youth Sexual and Reproductive Health and Gender Sensitisation. (Reader).

Women Development Division/HMGN/UNICEF (1981), The United Nations Convention on the Elimination of All Forms of Discrimination against Women,, Ministry of Labor and Social Welfare and UNICEF, Kathmandu, Nepal.

World Food Program (2005), Girls Incentive Review Report, Kathmandu, Nepal

Information Sources

1. VSDTC (2005), Record Files.
2. CSIDB (2005), Brief Introduction, 2004.
3. CSIDB (2005), Brochure.
4. CTEVT (2005), Record files.
5. Department of Civil Personal Records, HMG, (2005), Personal Records of Different Ministries.
6. DOCSI, Industrial Promotion Records, 2001, 2002, 2003, 2004.
7. DLGSP (2005), Record files.
8. DOCSI, (2005), Record files.
9. IEDI (2005), Brochure and Record files.
10. MOES (2005), Record files.
11. MWCSW (2005), Record files.
12. NATAM (2005), Record files.
13. NRB (2005), Record files.
14. UNIFEM (2006), Record files.
15. Women Development Department (2005), Record files.

From Bulletin

1. Basnyet Prabha (2005), "Participation of Women in Policy Making Level", NNGT Bulletin.
2. DOHS/HMGN(May 2005), "Safe Motherhood" Bulletin.
3. Mathema Padma (2005), "*Niti Nirman Tahama Nepali Mahilahaaruko Prabahikaran*", Nationan Network against Girls's Trafficking (NNGT Bulletin, Year 7, Anka 19).
4. Padma Mathema (2005), "Participation of Women in Policy Making Level", ationan Network against Girls's Trafficking (NNAGT Bulletin).
5. MOLTM (2005), Labor Market, Quarterly Information Bulletin.
6. Shrestha, R. (2061), "*Education for all gender equality*", In Women Education Bulletin 5:5.

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Annex: 2.1: Cumulative loans disbursed and outstanding from different banks and financial institutions (2004 and 2005 mid July figures)

Programme	Start date	Cumulative disbursement NRs millions		Women Organised	Outstanding NRs) millions	
		Total	Women		Date (as of)	Total
Women development programme (WDP)			21	431,451	Jul-05	
Small farmers cooperative Ltd. (SFCL)	1993	2,247	912	33,907	May-04	
5 Rural Development Banks (RDBs)		12,467	12467	145,873	Jul-05	1,358
4 other RDBs		5,397	5397	129,056	Jul-05	
DLGSP		1,175	564	303,708		
Commercial banks					Jul-04	168,693
Agricultural Development Bank (ADBN)					Jul-04	19,714
Nepal Industrial Development Co. (NIDC)					Jul-04	1,990
12 Other development banks					Jul-04	4,236
6 Micro-credit development banks					Jul-04	1,463
59 Finance companies					Jul-04	17,833
21 Cooperative societies					Jul-04	1,298
25 NGOs					Jul-04	114
Total		21,286	19,361	1,043,995		216,699
Percentage of total outstanding loans to women			91.0			100.0

Source: Department of Women (Record file), Emergence of small farmer cooperative limited in Nepal, RUFIN/GTZ small farmer development bank: brochure, NRB record file, 2005, DLGSP Record file 2005, NRB Economic Report 2004

Note: Established on the basis of ratio of female/male borrower (40.6 percent) and total cumulative loan disbursement of Rs. 2,247 million.

Annex 2.2: Work conditions and pay scale by industry (percent)

Carpets			Carpets + garments = export		Noodles + hotels		All	
	Men	Women	Men	Women	Men	Women	Men	Women
I. Total number of workers (N)	39 (66)	61 (104)	46 (117)	54 (138)	74 (648)	26 (230)	64 (831)	36 (472)
Total interviewees								
No.	10	10	20	20	30	30	50	50
Percent by pay scale ¹								
1000-3000	80	100	40	70	10	10	18	34
3001-6000	20	—	10	30	67	50	60	42
6001-9000	—	—	40	—	20	23	16	14
9001 and above	—	—	10	—	3	17	6	10
II. Mode of Payment								
Daily wage/piece rate	80	100	65	70	33	3	42	32
Temporary/permanent	20	—	35	30	67	97	58	68
III. With training	2	5	25	55	9	40	28	46
IV Level of satisfaction								
Satisfactory	10	30	10	20	10	10	10	14
Good	40	50	60	50	37	60	46	56
Not good	50	20	30	30	53	30	44	30
V. Living quarters								
Home	—	—	—	10	60	73	36	48
Factory provided	90	70	60	35	—	—	24	14
other	10	30	40	55	40	27	40	35

Source; Acharya, 2005

^{1/} Nepalese Rupees 70.35 = US\$1

Annex: 2.3: Weekly time input in care activities (1998/99)

Activities	Percent		Average hrs		Percent Female hrs
	Male	Female	Male	Female	In total
Total	100.0	100.0	3.5	17.4	83.9
Cooking	8.6	63	0.6	7.5	93.2
Cleaning	10.5	67.4	0.4	4.6	92.3
Minor repairs	3.8	12.7	0.2	0.4	70.6
Shopping	19.6	9.1	0.8	0.3	29.6
Caring	1.6	2.5	0.2	0.2	56.5
Child minding	13.4	32	1.2	4.4	79.4
Volunteer	1.5	0.3	0.2	0	11.9

Source: NLFS, 1998/99. Tables 13.1 & 13.2.

Annex: 2.4: Schooling variables (percent)

Variable	Katarche	Sirsiya		Urban
		Overall	Trader-women	
School-going children	32	31	25	60
School-going sons	33	33	50	63
School going daughters	30	30	8	57
Sons sent to				
Government schools	81	54	100	33
Private schools	19	46	0	67
Schools in Cities	24	13	100	73
Schools in the Village	76	87	0	27
Daughters* sent to:				
Government schools	100	86	100	41
Private schools	0	14	0	59

*No daughters from villages were in city schools, 28 percent daughters of urban parents were in village schools

Source: Acharya, 2005

Annex 2.5a: Female/male ratio by educational attainments and caste/ethnicity (6 years and above)

Caste/ethnicity	Literate		SLC & above		Graduate and above	
	1991	2001	1991	2001	1991	2001
Hill/Terai B/C+	54.3	72.5	27.0	46.0	17.6	20.5
Hill B/C+	54.3	72.8	27.0	45.9	17.6	19.5
Terai B/C+	55.1	69.1	27.0	46.1	17.2	29.9
Terai middle caste	27.0	42.4	9.4	20.3	7.1	11.2
Dalits	36.6	57.2	15.2	27.4	15.7	18.6
Hill Dalits	39.1	65.4	16.6	32.3	17.8	19.5
Terai Dalits	21.6	36.1	12.2	18.7	12.3	17.1
Janajatis	48.5	68.9	40.4	50.2	38.1	35.3
Hill Janajatis	52.9	73.1	45.3	56.4	40.0	39.1
Newar/Thakali	65.8	77.9	52.1	61.8	42.2	43.6
Other Hill Janajatis	47.9	71.4	31.2	50.5	30.5	30.6
Terai Janajatis	28.4	53.1	7.8	19.7	4.8	8.3
Religious minorities	31.8	46.3	13.2	24.8	12.5	22.0
Others	33.6	61.2	22.1	46.6	26.4	32.3
Total	47.4	65.8	28.2	43.6	22.4	22.9

Source: TPAMF, 2005

Annex 2.5b: Female literacy rate and educational attainment levels by caste/ethnicity (1991 and 2001)

Caste/Ethnicity	6 years and above						
	Literacy rate		% increase in literacy rate	Literate population = 100			
	1991	2001		SLC and above		Graduate and above	
			1991	2001	1991	2001	1991
Hill/Terai B/C+	36.7	55.9	19.2	6.7	18.5	0.9	2.2
Hill B/C+	36.1	55.4	19.3	6.3	18.0	0.8	2.0
Terai B/C+	44.6	63.8	19.2	12.5	25.9	2.0	5.0
Terai middle caste	13.1	26.3	13.2	4.0	9.5	0.4	0.9
Dalits	12.0	24.2	12.2	0.8	2.3	0.1	0.2
Hill Dalits	14.7	31.8	17.1	0.7	2.1	0.1	0.1
Terai Dalits	4.0	11.5	7.5	2.5	3.1	0.3	0.3
Janajatis	25.7	43.1	17.4	6.4	10.5	1.1	1.3
Hill Janajatis	29.2	46.4	17.2	6.9	11.8	1.3	1.5
Newar/Thakali	48.1	62.6	14.5	15.5	24.5	3.1	4.0
Other Hill Janajatis	24.2	42.3	18.1	2.4	7.0	0.3	0.6
Terai Janajatis	12.8	31.5	18.7	1.5	4.3	0.1	0.2
Religious Minorities	11.5	22.7	11.2	3.1	5.7	0.6	0.9
Others	13.2	38.3	25.1	4.7	16.0	1.1	3.2
Total	25.6	42.5	16.9	6.0	13.4	0.9	1.6

Source: TPAMF, 2005

Annex 2.5c: Percent caste/ethnic composition of the population, 2001

		Caste Hindus (57.5%)			
Caste Hindus (57.5%)	High (32.8%)	A	Hill/Terai B/C+ (a.1+a.2)	32.8	
		a.1	Hill B/C+ (1+2)	30.9	
		1	Brahman (Hill)	12.7	
		2	Chhetri, Thakuri, Sanyasi	18.1	
		a.2.	Terai B/C+ -	1.9	
	Middle (12.9%)	3	Brahman (Terai), Rajput, Kayastha, Baniya, Marwadi, Jaine, Nurang, Bengali	1.9	
		B	Terai middle castes (include 4-7)	12.9	
		4	Yadav	3.9	
		5	Teli, Kalwar, Sudhi, Sonar, Lohar	3.2	
		6	Koiri, Kurmi, Kanu, Haluwai, Hajam/Thakur, Badhe, Bahae, Rajbhar	3.6	
		7	Kewat, Mallah, Nuniya, Kumhar, Kahar, Lodha, Bing/Banda, Bhediyar, Mali, Kamar, Dhunia	2.2	
		C	Dalits (c1+c2)	11.8	
	Dalits (11.8%)	c.1	Hill Dalits (8-11)	7.1	
		8	Kami	3.9	
		9	Damai	1.7	
		10	Sarki	1.4	
		11	Gaine, Badi	0.0	
		c.2	Terai Dalits: (12-15)	4.7	
		12	Chamar	1.2	
		13	Musahar	0.8	
		14	Dhusadh/Paswan, Tatma, Khatway, Bantar, Dom, Chidimar	1.6	
		15	Dhobi, Halkhor, Dalit/Unidentified Dalit	1.1	
		Newar & Thakali (5.5%)	D	Janajatis (d1+d2)	37.2
			d1	Hill Janajatis (d1.1+d1.d2)	28.5
			d1.1	Newar/Thakali (16+17)	5.5
			16	Newar	5.5
			17	Thakali	0.1
	d1.2		Other Hill Janajatis (18-28)	23.0	
	Janajati (32.2%)		18	Magar	7.1
			19	Tamang	5.6
			20	Rai	2.8
			21	Gurung	2.4
22			Limbu	1.6	
23			Sherpa	0.7	
24			Bhote, Walung, Byansi, Hyolmo	0.1	
25			Gharti/Bhujel, Kumal, Sunuwar, Baramu, Pahari, Adivasi Janajati	1.5	
26			Yakkha, Chhantal, Jirel, Darai, Dura	0.2	
27			Majhi, Danuwar, Thami, Lepcha	0.7	
28			Chepeng, Bote, Raji, Hayu, Raute, Kusunda	0.3	
Other Hill Janajatis (23%)	d.2	Terai Janajatis (29-32)	8.7		
	29	Tharu	6.7		
	30	Dhanuk	0.8		
	31	Rajbanshi, Tajpuriya, Gangai, Dhimal, Meche, Kisan, Munda	0.7		
Terai Janajatis (8.7%)	32	Santhal/Satar, Dhangad/Jhangad, Koche, Pattarkatta/Kusbadiya	0.4		
	Religious Minorities & Others (5.3%)	E	Religious minorities	4.3	
		33	Muslim, Churoute	4.3	
		34	Panjabi/Shikh	0.0	
		35	Unidentified/others	1.0	
Total		100			

Source: TPAMF, 2005

Annex 2.6: Reproductive health service coverage fact sheet (2001-2004)

Reporting status	2001/02	2002/03	2003/04
SAFE MOTHERHOOD			
Average No. of ANC visits per pregnant woman	1.9	1.8	2.1
	%	%	%
Antenatal first visit as % of expected pregnancies	43	53	66
ANC four visit among 1 st visit	37.8	36.8	43.6
Deliveries conducted by health workers as			
% of expected pregnancies	7.9	16.1	18.3
Deliveries conducted by TBA as %			
of expected pregnancies	7.1	8.4	11.3
PNC first visit as % of expected pregnancies	14.4	18.8	28.3
FAMILY PLANNING			
Contraceptive prevalence rate (adjusted)	37.4	37.8	40.2
Condoms (Contraceptive			
Prevalence Rate method mix)	2.2	2.2	2.4
Pills “	2.6	2.5	2.6
Depo Provera “	10.2	10.2	10.4
IUCD “	0.8	0.7	0.9
Norplant “	0.8	0.9	1.0
Sterilisation “	20.0	21.3	22.7
Couple years of protection (CYP) by method			
(% of MWRA) for new acceptors	33.6	34.2	37.5
Condoms (CYP method mix)	2.2	2.2	2.4
Pills “	1.5	1.6	1.7
Depo Provera “	7.2	7.1	7.7
IUCD “	2.1	1.1	1.6
Norplant “	0.7	0.8	1.0
Sterilization “	19.8	21.4	23.2

Source: DOHS, Annual Report 2060/61 (2003/2004), MOHP

Annex 2.7: Prolapses-cases from Darchula

A total of 144 cases of prolapses were found in recent survey of just three VDCs of Darchula. Uterus prolapses (UP) were reported as one of the major issues for women in those VDCs during the baseline survey for Local -Self Reliance Programme (LSP) undertaken by SAHAVAGI. SAHAVAGI with the help of local resource persons trained by LSP, collected this information going door to door during September/October 2005. It was very hard to collect the information, because of the threat of social dishonour, if disclosed. The team has realised that there are many more cases of UP problems, which the women did not want to disclose. However, the number of cases identified by the team is adequate to illustrate the magnitude of the problem.

The cases reported in first round interview are 144. But the team believes that there are many more cases. Women are not open due to their shyness. No expert is available at local hospital to consult. Few of them go to the nearby medical institute in India, which is expensive (Rs 10-15 thousand per case). Mostly women from Dalit and poor families have been suffering. The sufferers' ages range from 19-75.

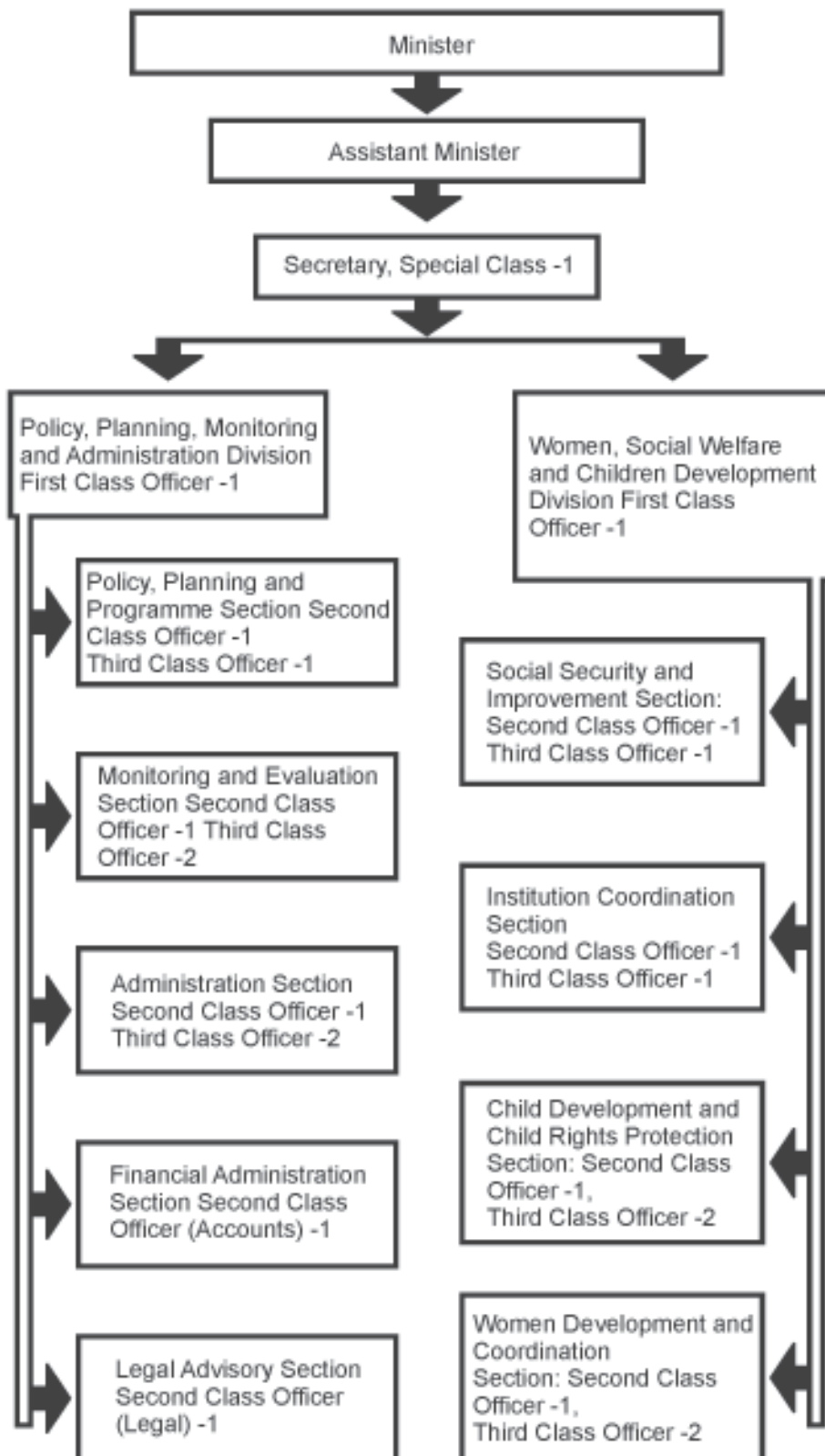
Number of uterus prolapses-cases

VDC	Women by caste		
	Dalit	Non-Dalit	Total
Dattu	12	30	42
Dhap	15	52	67
Chhapari	12	23	35
Total	39	105	144

Annex 3.1: Gender focal points and their level in different government ministries and offices

Ministry	Position of gender focal point	Male/Female
Legal and Parliamentary Affairs	Gazetted third class officer	F
Agriculture and Cooperative Management	Economist	M
General Administration	Gazetted third class officer	F
Land Reform Management	Gazetted second class officer	M
Culture, Tourism and Civil Aviation	Gazetted third class officer	M
Population and Environment	Gazetted third class officer	F
Finance	Gazetted third class officer	F
Home Affairs	Gazetted second class officer	M
Forestry	Gazetted third class officer	F
Information and Communication	Gazetted third class officer	M
Local Development	Gazetted third class officer	M
Health	Gazetted second class officer	F
Defense	Gazetted second class officer	M
Education and Sports	Gazetted second class officer	F
Science and Technology	Gazetted second class officer	F
Industry, Commerce and Supplies	Gazetted third class officer	F
Water Resources	Gazetted second class officer	M
Physical Planning and Construction	Gazetted third class officer	M
Foreign Affairs	Gazetted third class officer	M
Labour and Transportation		
Management	Gazetted second class officer	M
Women, Children and Social Welfare	One Gazetted second class officer and two Gazetted third class officers	M
Department of Women (MWCSW)	Gazetted third class officer	F
Parliamentary Secretariat	Gazetted third class officer	F
Department of Auditors General	Director	F
Office of the Comptroller	Gazetted third class officer	F
Mantri Parisad Secretariat	Gazetted second class officer	F
National Planning Commission		
Secretariat	Gazetted second class officer	F

Annex 3.2: Ministry of Women, Children and Social Welfare
 Organisation Chart



Annex 3.3: Sex composition of staff in selected ministries, 2005

Level	MLD		MWCSW		MOAC		MOES							
	Total	Women	Total	Women	Total	Women	Total	Women						
	No.	%	No.	%	No.	%	No.	%						
Special class	0	0	1	0	1	0	0	0	0	0				
Gazetted first class	6	0	3	0	46	1	22	1	4.5	772	2.6			
Gazetted second and third class	363	3	28	6	21.4	955	44	4.6	995	50	0.1	2341	103	4.3
Total	369	3	32	6	18.7	1002	45	4.4	1017	51	5.0	2420	105	4.3
Non gazetted	4193	69	144	86	59.7	5055	297	5.8	—	—	—	9392	452	4.8
Class less and not available	139	11	67	16	23.8	2757	146	1.6	—	—	—	2963	173	5.8
Total	4701	83	243	108	44.4	8814	488	5.5	—	—	—	13758	679	4.9
Total														

Source: Department of Civil Personnel Records, HMG, 2005, and Bista (2001, p 100)

Annex 3.4: Number of officials in GEED

Position	Number	Working area (gender or environment)
Joint Secretary	1	Gender and environment
Senior Agriculture Economist	1	Gender coordination
Senior Agriculture Economist	1	Gender monitoring
Senior Agriculture Officer	1	Environment
Agriculture Economist	1	Environment
Livestock Officer	1	Gender
Horticulture Officer	1	Gender and environment
Agriculture Extension Officer	1	Gender and environment
Food Research Officer	1	Gender
Junior Technician	1	Gender and environment
Junior Technician	1	Gender

Annex 3.5: Women in farmer level agriculture training (FY 2003/04)

Programmes	Total number of trainees	Women	
		Number	Percent
At district levelcrops			
farming & agro-based technique	1,058	349	33
Livestock-1	209	60	29
Third livestock employment and income generation	3606	2,353	65
Cooperative extension	2715	1,357	50
Livestock -2	363	65	18
Home consumption and marketing	320	251	78
Total	8271	4435	53.6

Annex 3.6a: Ministry of Forests and Soil Conservation Gender and Social Equity Vision-----

1. Vision process

Realising the need for concrete measures to address gender and social exclusion, the Ministry of Forests and Soil Conservation (MFSC) established a Gender Equity Working Group (GEWG) with broad sector representation and with the objective of organising forestry sector discussions around a MFSC Gender and Social Equity Vision and Strategy.

The MFSC Gender and Social Equity (GSE) Vision gives concrete direction for the future based on images of positive change already achieved in the forestry sector and the ideas, dreams, and wishes of various stakeholders, including those of senior management. The MFSC GSE is an expression of the commitment by senior management in particular to promote a transparent and honest dialogue

regarding what the forestry sector will contribute to gender and social equity, and how. The MFSC GSE Vision will guide the development of a MFSC GSE strategy.

The MFSC GSE Vision for the year 2076 is:

The Ministry of Forests and Soil Conservation is a gender and social equity sensitive and socially inclusive organisation practicing good governance to ensure equitable access to and decision making power over forest resources and benefits of all forestry sector stakeholders

2. Change areas

The MFSC GSE Vision will be achieved by significant changes in four gender and social equity change areas.

1. equitable access to resources, decisions, and benefits
2. Equitable governance
3. gender and social equity sensitive organisational development and programming
4. gender and equity sensitive policy and strategy

For each change area, the following changes are envisaged.

Change area 1: Equitable access to resources and benefits

Promoting equitable access to resources and benefits in the forestry sector means addressing imbalances and barriers to access of women, poor, Dalits, and other excluded groups. This includes measures to increase access to fuel-wood, fodder, timber, non-timber forest products, floriculture, watershed resources, training, employment, credit and income, or other livelihood improvements such as timesaving infrastructure.

In 2076, MFSC and forestry sector stakeholders practice equitable distribution and sharing of resources at all levels based on the needs and the level of contribution of all individuals and groups in the management of resources.

- a. Equitable and transparent resource distribution systems are adopted at all levels based on the needs and rights of women, poor, Dalits, and other excluded groups.
- b. Equitable management, use and access to resources and benefits results in improvement of the well-being and quality of life of women, poor, Dalits, and other excluded groups.
- c. The contribution of the forestry sector to GDP is significantly increased and poverty much reduced.

Change area 2: Equitable governance

Equitable governance refers to a fair and balanced participation in decision-making at all levels in the forestry sector by all individuals and groups irrespective of their gender, class, caste, or ethnicity. Equitable governance is best practised by recognising and protecting the rights of all stakeholders, enhancing their control over their own lives and their ability to advocate for fulfilment of their rights.

In 2076, MFSC practises equitable governance, including:

- a. proportionate representation of gender, caste, and ethnic groups in place at all levels
- b. MFSC is financially self-sufficient and shares resources equitably
- c. women, poor, Dalits, and other excluded groups are actively participating and enjoying equal rights in decision-making processes in the sector

- d. all forestry sector stakeholders are clear about their rights, roles, and responsibilities and act upon them.

Change area 3: Gender and equity sensitive organisational development and programming

Attention needs to be paid to gender and equity concerns in organisation (equal opportunities, staff balance, working conditions) as well as in programming (design, planning, implementation, monitoring, and evaluation).

In 2076, the MFSC is a gender and social equity sensitive organisation that practises equitable programming, including:

- a. MFSC is gender and socially diverse, with a supportive leadership that fully implements the equity sensitive MFSC Human Resources Development and Management (HRD/M) strategy
- b. significant numbers of women, Dalits, and ethnic groups are in managerial positions
- c. a performance management system is in place to motivate, encourage, and recognise visionary leadership
- d. A significant percentage of the budget is allocated to gender and social equity at programme and project levels.

Change area 4: Gender and equity sensitive policy and strategy

Equity sensitive policy and strategy refers to the incorporation of gender and social equity concerns into forestry sector policy and strategy at all levels in the spirit of HMG's PRSP/10th five-year plan. The realisation of equal rights for all requires a conducive policy environment.

In 2076, the Master Plan of Forestry Sector II is gender and social-equity sensitive, including:

- a. a gender strategy for the forestry sector is agreed and followed by all forestry sector actors
- b. equitable provision and mandatory affirmative action included in policy and strategy at all levels (national, district, community)
- c. gender and social equity budgeting in budget process applied at all levels (revenue collection as well as expenditure analysis)
- d. harmonisation of forest sector policy, legislation, periodic plans, and procedures with other sector policies ensures effective and equitable service delivery.

Annex 3.6b: Gender-related indicators in soil conservation, leasehold forestry, and biodiversity projects

1.NARMSAP Soil Conservation Project

- ➔ The livelihoods of the community members—particularly of women, poor, and Dalits—have improved compared to baseline
- ➔ Local community members, including women, poor, and Dalits, experience improved social and economic conditions
- ➔ The number of local communities where more than 50% of households, including poor ones, evaluate service provision from District Soil Conservation Office as “very good” or “good”
- ➔ Number of implemented activities targeted to the needs of women, poor, and Dalits

- ➔ Number of gender and social equity related indicators in the M&E system
- ➔ Number of trainings on gender and social equity
- ➔ Number of male and female trainees
- ➔ Number of local community groups where more than 50% of inhabitants, including women, poor, and Dalits, evaluate the services delivered by community organisations or NGOs to be “very good” or “good”
- ➔ Number of local community groups where more than 50% of the women evaluate their access to decision making in the community as “very good” or “good”
- ➔ Number of women in the community development group
- ➔ Number of public audits carried out, including gender auditing
- ➔ Revision of women literacy programme incorporating soil conservation and watershed management and natural resource management
- ➔ Number of activities demanded by women, poor, and Dalit

JICA Community Dev & Forest/Watershed Conservation Project (SABIHAA)

- ➔ Percentage of female members in ward conservation committee, user groups exclusively organised by women
- ➔ representation of women/occupational castes in user groups
- ➔ Gender and equity training and guidelines for the conservation programme
- ➔ Integration of gender and equity consideration into development process of the project
- ➔ Positive change in resource management skills of community men and women
- ➔ Community men and women actively continue the efforts for community resource development and management, mobilising their own finances/ materials or seeking assistance from others through their own initiatives after the phase out of the project

Hills Leasehold Forestry Project (HLFFDP)

- ➔ 2,032 leasehold groups of poor farmers to be formed
- ➔ 14,224 households of poor farmers to be included
- ➔ NPR 159 million to be disbursed as micro-credit to poor leasehold farmers
- ➔ Support to purchase 14,532 animals to poor leasehold farmers
- ➔ Land development training to 284,484 farmers including 50% women

Biodiversity Conservation Project for Terai and Siwalik (BISEP-ST)

- ➔ Equitable distributions of benefits from forest, through direct harvesting or through public investments from biodiversity-based revenue

Source: Project reports of NARMSAP (Soil), SABIHAA, HLFFDP, BISEP-ST

Annex: 3.7: Incentive programmes in education

S. N.	Programme	Programme specifics	Rupees per person annually	Coverage	Introduced year/ period	Year	Beneficiaries
Primary level scholarship							
1.	Dalit scholarship	Primary school boys & girls	Rs. 300	75 districts	1990	2004/05 (FY 2062/063)	543,441 students
2.	Booster scholarship	50 percent of girls, excluded by Dalit scholarship	Rs. 300	70 districts			616,939 girls
3	Scholarship for Karnali Zone	Primary level girls in Karnali Zone	Rs. 1,200	5 districts			27,073 girls
4	Food for education programme (21 food deficit districts)	Girls incentive programme	24 litres of vegetable oil to mother *	11 districts	2002-2006		102,700, mothers (at present)
Secondary education support programme							
5	Full scholarship	Scholarship programme for both girls and boys	Rs. 1,000	10 districts (5 girls each from 50 schools and 50 schools each from 10 districts)			2,500 girls
6	Free ship	For both boys and girls	Rs. 500	10 district (5 students each from 50 schools and 50 schools each from 10 districts)			2,500 students
7	Full scholarship	Both boys and girls	Rs. 1,000	65 districts (3 students from each school and 48 schools each from 65 districts)		2005	21,645 both
8	Free ship	Both boys and girls	500	65 districts		2005/2006	21,645 both
9	Upgrading scholarship for girls	Girls only	Rs. 10,000 for the girls of the accessible district Rs. 12,000 for the girls of				

Source: Gender and Equity Development Section/DOE 2005, Record Files

Note: * Primary level girls who score 80 percent attendance and are in the school and at least 15 days a month

SESP = Secondary education school programme

Annex 3.8: Number of female teachers and their percent of total (1997-2004)

Level/year	1997	2000	2002	2003	2004
Number					
Primary	20,544	24,770	31,549	32,739	30,542
Lower secondary	2,595	3,051	4,474	4,905	4,238
Secondary	1,347	1,490	2,316	2,194	1,732
Female total	24,486	29,311	38,339	39,838	36,512
Male + female	128,599	142,752	161,086	165,552	147,677
Percent female	19.0	20.5	23.8	24.0	25.0
Primary	22.5	25.3	28.6	29.3	30.1
Lower secondary	12.6	12.0	15.9	16.4	16.3
Secondary	8.2	7.6	10.2	9.4	8.7

MOES/DOE (2003, 2004, 2005), MOF/HMG (2005), Economic survey Fiscal year 2061/62

Annex 3.9a: Number of male and female staff in government and non governmental training agencies

Institution	Gazetted officer			Non gazetted		
	Total	Women		Total	Women	
		Number	Percent		Number	Percent
Industrial Enterprise Development Institute (IEDI)	28	8	28.6	15	7	46.7
Local Development Training Academy (LDTA)	52	5	9.6	99	24	24.2
Council for Technical Education and Vocational Training (CTEVT)	128	10	7.8	84	25	29.8
Cottage and Small Industry Development Board (CSIDB)	78	6	7.7	316	34	10.7
Department of Cottage and Small Industry (DOCSI)	50	2	4.0	284	58	20.4
Nepal Academy of Tourism and Hotel Management (NATHM)	25	5	20.0	27	2	7.4
Directorate of Vocational Skill Development Training Center, under the Ministry of Labour and Transport Management (VSDTC)	26	13	50.0	36	17	47.2
Total	387	49	12.7	861	167	19.4

¹ Industrial Enterprise Development Institute (IEDI) which provides training and various other services to potential entrepreneurs and operating entrepreneurs/enterprises, has developed a gender component in its micro-enterprise development programme. Major services of the organisation are entrepreneurship development training, training of trainers (TOT), small business management training, business awareness training, and on site consultancy. In 1998/99-2003/04, 42 percent of its trainees were women.

² CSIDB is a government institution providing various institutional services to the rural population in the cottage and small industry sector. Since 1992 it has been providing services in 48 districts. CSIDB's main areas of training are NGO participation, entrepreneurship, management training, skill development, and refresher training. Under these broad areas it provides more than 74 types of training to rural people. In 1995 it opened a Women Entrepreneurs Development Cell under Training, Consultancy and Extension Division to cater exclusive needs of women. Women constitute 60-65 percent of its trainees, which is quite high compared to other training institutions.

³DOCSI is government machinery under the Ministry of Industry, Commerce and Supplies, with branches in 27 districts. The broad objective of the department is to promote cottage and small industry. There is a separate unit in the organisation for skill development training. It provides long-term (up to six month) and short-term skill development training, supports the participants in getting employment, and provides credit to them to start income generating activities. It also gives training for skill enhancement of already employed persons. Women's participation among its trainees at 59 percent is also quite high.

⁴ Nepal Academy of Tourism and Hotel Management (NATHM), one of whose objectives is to produce a trained and skilled workforce for the hotel and tourism industry, runs three-year academic courses in Bachelor in Hotel Management (BHM) and Bachelor in Travel and Tourism Management (BTTM), and other short-term courses in hotel, tour and travel, trekking and other sectors. Women's participation among its total trainees is 14 percent.

Annex 3.9b: Female participation in training provided by government agencies

Agency	Duration	Type of training	Participants	
			Total	Female (%)
IEDI	1998/99 - 2003/04		4,980	42
LDTA	2004/2005		1,071	13
CTEVT	1998/99 - 2004/05	Diploma	5,056	54
		TSLC	5,570	40
CSIDB	1997/98 - 2003/04		42,025	60
	2004/05		3,746	65
DOCSI	2000/01 - 2003/04		42,957	59
NATHM	1961/62 - 2004/05		20,948	14
VSDTC	1997/98 - 2004/05		44,417	43

Source: IEDI 2005, LDTA 2003/04, CTEVT 2005, CSIDB 2005, DOCSI 2005 & VSDTC 2005, NATHM 2005

Annex 3.10a: Total enrolment of CTEVT programme 1998/99-2003/04

Diploma level				
Programme	Enrolment			
	Male	Female	Total	Female %
Staff nurse		2,474	2,474	100
PCL health assistant	560	74	634	11.7
Ophthalmic assistant	18	7	25	28.0
Civil engineering	752	36	788	4.6
Agriculture (PL & AL)	179	31	210	14.8
Computer	466	68	534	12.7
Electrical	144	2	146	1.4
Electronic	144	7	151	4.6
Survey	36	6	42	14.3
Mechanical	22		22	0.0
Food and technology	28	1	29	3.4
Total	2,349	2,706	5,055	53.5
TSCCL level				
Community medical assistantnts (CMA)	1,235	523	1,758	29.7
Auxulary Nurse-Midwives (ANM)		1,187	1,187	100.0
Lab	405	186	591	31.5
Dental hygienist	63	27	90	30.0
Assistant health worker (AHW)	91	35	126	27.8
Electrical	219	4	223	1.8
Electronic	25	1	26	3.8
Civil sub-overseer	195	25	220	11.4
Mechanical	63		63	0.0
Veteranary Junior technical assiatants/ Junior technical assistants(VJTA/JTA)	641	90	731	12.3
Amin (Land surveyor)	164	2	166	1.2
Auto mobile	84		84	0.0
Office management	24	20	44	45.5
Social mobilisation	23	20	43	46.5
Information technology	125	43	168	25.6
Ref. and Air condition	13		13	0.0
Sanitation	33		33	0.0
Total	3,403	2,163	5,566	38.9

Source: CTEVT 2003/04

Annex 3.10b: Trainings given to women by the Cottage and Small Industry Development Board (CSIDB 2004/05)

Name of training	Duration	Remarks
NGO participation	---	
Skill development	---	
Dhaka making	3 months	
Bag making	45 days	
Allo clothes making	3 months	
Woolen shawl making	3 months	
Pickle/tomato ketchup making	7 days	
Chalk making	7 days	
Maintenance of sewing machine	15 days	
Dalmot, potato chips making		
Noodles making	7 days	
Candle Making	7 days	

Source: CSIDB 2004/05

Annex 4.1: Content of MOH Health Programme (2003/2004)

I. Child health

- (a) Expanded programme on immunisation
- (b) Nutrition
- (c) Control of diarrhoeal diseases
- (d) Control of acute respiratory infection

II. Family health – reproductive health

- (a) Family planning
 - i. Voluntary surgical contraception (VSC)
 - ii. Spacing methods
 - iii. Family planning counselling
 - iv. Referral
- (b) Safe motherhood
 - i. Antenatal services
 - ii. Delivery service
 - iii. Postnatal service
 - iv. Post-abortion care services
 - v. Comprehensive abortion care
 - vi. Strengthening EOC services
 - vii. Capacity building
 - viii. Birth preparedness package
- (c) FCHV programme-female community health volunteer
- (d) Primary health care outreach
- (e) Demography and RH research

III. Disease control

- (a) Malaria control
- (b) Kalazar control
- (c) Tuberculosis control
- (d) Leprosy control
- (e) AIDS and STD control

IV. Curative services

- (a) Out-patient and in-patient care

V. Supporting programmes

- (a) National Health Training
- (b) Health Education, Information and Communication
- (c) Logistics Management
- (d) Community Drug Programme
- (e) Laboratory Services
- (f) Administrative Management
- (g) Financial Management
- (h) Management

Annex 4.2: Review of IEC and training materials from a gender perspective

Formal education

The Department of Education, (MOES) has introduced 'Health, Population and Environment Education' for Grades 9 and 10 to address the issues of population, reproductive health, and safe motherhoods to secondary-level students.

For grades 9 and 10, common population and RH issues addressed are:

- population distribution by sex and age
- birth, death, and migration
- life expectancy and child mortality
- occupational distribution of population
- economically active and dependent population
- causes and effects of population changes
- family planning and community health
- gender equality and women's empowerment
- importance of family
- roles and responsibilities of parents

Note: Some of these issues have no gender-disaggregated statistics or interpretations

Specific RH issues addressed include:

- concept of reproductive health and reproductive rights
- adolescence, changes occurring with it, and need of sex education
- reproductive system

Specific issues addressed for safe motherhood include:

- introduction of safe motherhood and symptoms of pregnancy
- mother and child health care: introduction, importance, and postnatal care

Non-formal education:

The Non-Formal Education Center (DOE) collaboration with UNFPA and other line ministries/departments began to address gender, RH, SM, and FP issues in 2002 on a project basis with the financial support of UNFPA. Since 2004 the centre has offered two different types of education and training courses on package basis to different groups of population;

- i. 8-14 years girls
- ii. 15-45 years girls

Non-formal training programmes are offered indirectly on a project basis through different line ministries, departments, and NGOs, particularly:

1. Ministry of Forest and Soil Conservation
2. Ministry of Agriculture and Cooperatives training programmes
3. Federation of Community Forestry Users/Nepal
4. Nepal Federation of Saving Credit Union
5. Central Agriculture Directorates
6. Livestock and Services Directorates

Other non-formal education programmes directly conducted by NFEC are:

- i. Women's literacy programme: I (six months)
- ii. Women's literacy programme: II (six months)

NFEC assists them in preparing training courses, manuals, reference materials, brochures, posters, etc. and providing training to their Master Trainers.

Objective:

The main objective is to enhance the capacity of different groups (e.g., 8-14 years, 15-45 years) to address gender and RH issues, through disseminating messages to them, raising their awareness, and creating community demand for the health facility delivery systems .

Several brochures (booklets), reference materials, training manuals, and calendars have been developed by the joint initiative of Non-Formal Education Center and UNFPA, in 2004, 2005 and 2006.

Review of IEC and training materials

Brochures

Brochures for the non-formal training programme designed in 2005 (2062 B.S.)

- (a) *Discussion on Adolescence (health and behaviors) through Non-Formal Education Programme – 2062*, Issues highlighted in this booklet are: adolescent changes (physical, emotional, and practical), problems, duties and responsibilities of adolescents, role of guardians, etc.
- (b) *Safe motherhood through NFE- 2062* Issues highlighted are: safe motherhood-concept and needs; maternal mortality- causes, problems and preventive measures; pregnancy- risk, care; child delivery; and maternal care.
- (c) *Reproductive health (RH) problems of elderly and old women and possible measures*

Issues highlighted are:

- RH problems of elderly women, e.g., menopausal symptoms and problems; attention/cares needed in food/drinking habits, wearing styles, regular exercises, tension-free mood, etc.
- Other RH problems of elderly women like joint pain and gout, anaemia, prolapses, breast and uterine cancers, etc. with their reason/causes, symptoms, self-cares, and other health measures.
- Sexual life of elderly women after completing/stopping menstruation cycle.

Books:

Integrated Reproductive Health Programme for Non-Formal Education: ²⁹

i. Prajnan Swastha Sahayogi Pustika

ii. Prajnan Swastha Prashichhayk Prashickshyan Nirdeshika

The two RH integrated reference material and training manuals are designed mainly for the non-formal education programme in 2004 (2061 B.S.). The first one, prepared for the NFE classes of 15-45 age group, has three parts, three levels and 136 pages.

Issues/contents highlighted in first part of the first book are:

- (a) adolescence changes: physical, psychological, emotional, etc.
- (b) sexual harassment during adolescent period
- (c) unsafe sex and unwanted pregnancy
- (d) unsafe sex and sexually transmitted diseases, e.g., Sujak, Bhiringi, HIV/AIDS, hepatitis; ways of transmission, symptoms, etc.
- (e) trafficking of women and children and reproductive health
- (f) reproductive system and adolescent RH problems
- (g) role of family in RH matters
- (h) pregnancy

- (i) lactation
- (j) abortion: cause and effects
- (k) reproductive health problems of elderly women
- (l) gender roles, empowerment of women, and reproductive rights

The issues/contents highlighted in the second part are:

- (a) emotional and social changes during adolescence
- (b) pressures and affects of friends' behaviour during adolescence
- (c) further information about HIV/AIDS and measures of protection
- (d) commercial sex and reproductive health
- (e) early marriage and reproductive health
- (f) reproductive health services: FP instruments
- (g) safe abortion, vaccinations and maternal care,
- (h) infertility
- (i) RH problems of elderly women and measures of protection
- (j) gender equity and equality – issues highlighted are biological and social similarities and differences between women and men, and definition of gender equity and equality

Issues highlighted in the third part of first book are:

- (a) proud behaviour during adolescence, its consequences, and counselling units
- (b) safe sex behaviours
- (c) sexually transmitted diseases and preventive measures
- (d) prevention of the trafficking of women and children and rehabilitation
- (e) FP services and institutions
- (f) birth spacing
- (g) childcare
- (h) abortion rights
- (i) hepatitis B & C: introduction, causes of transmission, and prevention
- (j) problems associated with infertility and prevention measures
- (k) prolapses: symptoms, prevention, and care
- (l) social values and institutions and gender justice: gender discrimination, its effect on reproductive health and measures to reduce/eliminate gender discrimination

ii. *Prajnan Swastha Prashichhayk Prashickshyan Nirdeshika*, 61 pages

The issues highlighted in the second book are similar to the first one. Some additions include:

- i. present status of population and reproductive health, in which current demographic statistics and information about ICPD 1994 and integrated RH education programme in NFE, are given
- ii. menstruation, sex by hand, and *swapnadosh*
- iii. adolescent wants, needs, problems, and solutions
- iv. trafficking of women
- v. reproductive rights and child rights

Calendar: RH Programme in NFE- 2062

The calendar, also prepared for the NFE classes, presents audio-visual information on RH, gender, gender equality, safe motherhood, RH problems of elderly women, reproductive and child rights, sexually transmitted diseases, girls' trafficking, and empowerment of women. The information presented in a bold, appealing letters and colourful pictures is expressive, informative, and quite sufficient for its target groups, i.e., 15-45 years.

Impact evaluation

According to NFEC sources, since the DOE has already institutionalised gender, population, and RH issues in the formal education system, they were unable to incorporate such important issues in their regular non-formal education and training programmes. After 2000, they started to feel the need of education and training on these crucial issues, especially to the mass of the population who for various reasons were unable to participate in the formal education system.

The project started in 2002. Around two years were spent discussing the depth and coverage of the issues, identifying the course contents, identifying ways of dissemination or preparing training packages, identifying the target groups, and targeted training programmes. NFEC started offering these courses only last year. As such no impact evaluation has been conducted about the content, message, coverage, depth, timing, sensitivity of the courses. As of July 2006 2 or 3 trainings have been finished, including the master trainers' training of different line ministries and departments. NFEC feedbacks collected immediately after training were very encouraging. The training participants felt that integrated study/training on gender, population, RH, FP, SM, prolapses, STD/HIV, trafficking, adolescence issues, elderly population and their health, etc. including information on RH and FP related service delivery mechanisms, are very useful for every age group.

The NFE authorities were very satisfied about their effort and waiting for the institutionalisation of the courses through the department of the ministry. They also worried about the sustainability and coverage of the programmes as the project is going to phase out on 2007.

Annex 5: Participants in the Discussion with NGOs and Human Right Commission/Nepal, Banke. 27 October, 2005

S.#	Name	Office	Designation
1	Bishnu Pokhrel	Forum for Law and Justice	Advocate
2	Shova B.C.	Dwanda Pedit Akhil Mahila Sanjal, Banke	
3	Saraswati Parajuli	SATHI	Secretary
4	Sita Thapa	Dwanda Pedit Akal Mahila Sanjal, Banke	
5	Nirupama Sharma	NGO Federation of Nepal, Mid-Western Regional Resource Centre	
6	Rajesh Niraula	Nepal Bar Association, Human Rights Project	
7	Shiva Lal Pandey	Social Awareness Concerned Forum (SAC), Nepal, Banke	
8	Radha Sharma	CLRC	President
9	Mohan Acharya	HRC, Regional Office, Banke	Acting Director
10	Sarita Gyawali	HRC*, Regional Office, Banke	Protection Officer
11	JasBahadur Biswakarma	Dalit NGO Federation (DNF)	President
12	Nanda Bahadur Biswakarma	Dominated Community Awareness Forum Nepal, (DOCFA) Nepal	

HRC = Human Rights Commission

Annex 6: Participants in the workshop on “Gender Equality and Empowerment of Women–An Update”

(June8, 2006)

S.N	Name	Designation	Office
1.	Revati Raj Kafle	Joint Secretary	NPC
2.	Mithu Thapa	WDO	CTEVT
3.	Ratna Laxmi		HURPES*
4.	Tilak Poudel	Section Officer	MLD
5.	Rama Upadhya	Technical Officer	VSDTC
6.	Megha Raj Dhakal	Under Secretary	MOHP
7.	Sant Dangol	UNV	NFEC/UNFPA
8.	Dr. B.K Suvedi	Chief	MOHP
9.	Lynn Bennett	Lead social scientist	World Bank
10.	Hari Prasad Mainali	Under Secretary	MWCSW
11.	Nirmala Thapa	Section Officer	NPC
12.	Sudha Pant	Program Officer	UNFPA
13.	Radhika Aryal	Section Officer	MOLTM
14.	Indu P.Ghimire	National Program Manager	MGEP
15.	Usha Dixit	Deputy Director	DOE/MOES
16.	Kedar Poudel	Gender Coordinator (S. Officer)	Ministry of Forest
17.	Ms. Padma Mathema	Member	Human Rights Commission
Project Team			
18.	Dr. Meena Acharya	Project Leader	SAHAVAGI
19.	Ms. Puspa Ghimire, Niraula	Team member	SAHAVAGI
20.	Neera Shrestha	Team member	SAHAVAGI
21.	Chapala Koirala	Team member	SAHAVAGI
22.	Ms. Bhabani Sapkota	Team member	SAHAVAGI
23.	Mr. Bishnu Prasad Adhikari	Administration	SAHAVAGI

* HURPES = Human Rights and Peace Society