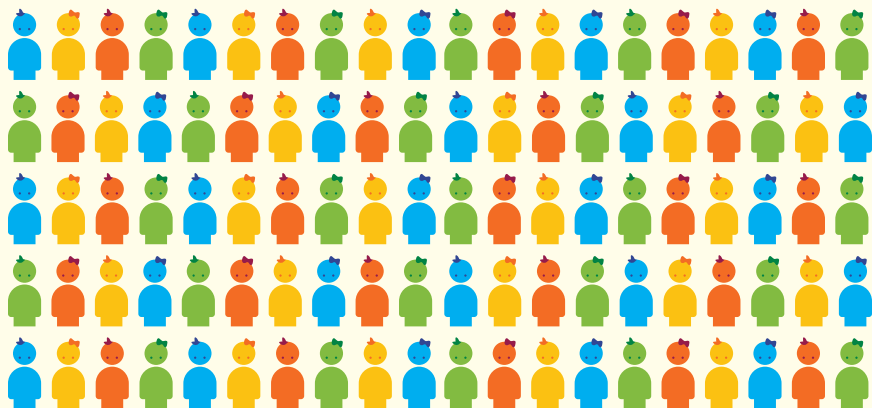


# IMAGINING NEPAL AS A COUNTRY OF 100 PEOPLE:

THE REALITIES, INEQUALITIES AND OPPORTUNITIES  
SHAPING THE LIVES OF CHILDREN IN NEPAL



unicef  | for every child

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*Imagining Nepal as a Country of 100 People: The Realities, Inequalities and Opportunities Shaping the Lives of Children in Nepal*

Published by UNICEF Nepal

**Disclaimer:** This title uses a simplified “country of 100 people” metaphor to present complex national data in an easy-to-understand and relatable way.

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## INTRODUCTION:

# EVERY CHILD COUNTS

It is a privilege for UNICEF to present *Imagining Nepal as a Country of 100 People: The Realities, Inequalities and Opportunities Shaping the Lives of Children in Nepal*, a publication grounded in the findings of the Nepal Multiple Indicator Cluster Survey (MICS) 2024–25 conducted by the National Statistics Office in close partnership with UNICEF.

This advocacy brief brings data to life by reimagining Nepal as a country of 100 people. Through this powerful lens, statistics become human, relatable, and urgent. It reveals not only the progress Nepal has made, but also the stark inequalities hidden behind national averages—between provinces, between urban and rural communities, and across wealth and social groups. By simplifying complex data into clear and compelling insights, the brief makes it easier to understand the realities, inequalities and opportunities that shape children’s lives today.

At its core, this publication highlights why these realities matter. Behind every number is a child—their health, their education, their safety and their future. While many children in Nepal are thriving, others continue to face significant disadvantages that limit their opportunities from the very start of life. Recognising and addressing these disparities is essential to ensuring that no child is left behind.

Importantly, this advocacy brief is not only about understanding challenges, but also about identifying solutions. It outlines priorities for the next five years, including both transformative “big ticket” investments and practical “quick wins” that can accelerate progress. These recommendations are intended to support the government, development partners, the private sector and the media in making informed, equitable and impactful decisions for children.

As Nepal moves forward in its development journey, the choices made today will shape the lives of an entire generation. This brief offers a timely and accessible evidence base to guide those choices—helping ensure that progress is inclusive, equitable and sustainable.

Ultimately, this publication is a call to action.

If Nepal were a country of 100 people, every child would be visible. Every disparity would matter. And every decision would carry a human face.

Let us act with urgency and purpose to ensure that every child in Nepal—regardless of where they are born—has the opportunity to survive, thrive and reach their full potential.



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PART 1

# WELCOME TO THE WORLD



# 91

## out of 100 mothers give birth in a health facility

**Why this matters:** Facility delivery is one of the most powerful proxies for maternal and newborn survival. When mothers deliver with skilled attendants in equipped facilities, complications that would otherwise be fatal can be managed in time. Nepal's near-universal coverage is a model of health systems strengthening. Yet, equity gaps persist.

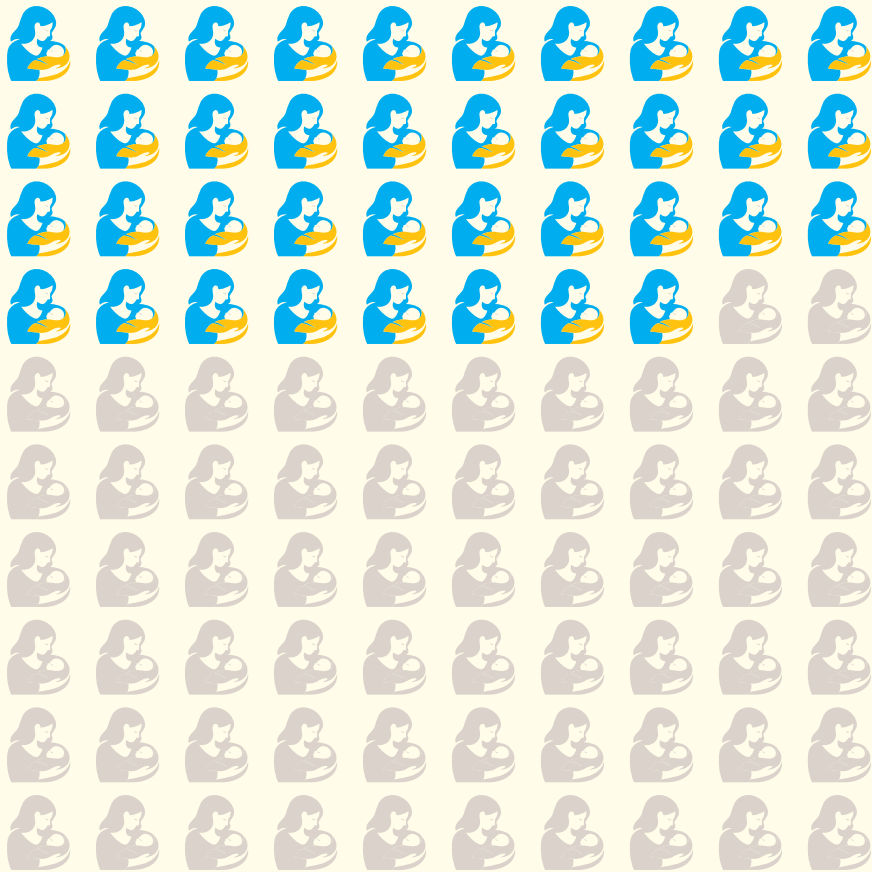
**Who is left behind:** Among women in the poorest wealth quintile, 81 out of 100 births take place in health facilities, compared with 98 out of 100 in the richest households. Provincial disparities are also clear: in Madhesh, 83 out of 100 births occur in facilities, compared with 97 out of 100 in Gandaki. The remaining 9 out of 100 mothers who deliver outside health facilities are disproportionately from poor, rural, and marginalised communities.



**If you live in one of the poorest households:** 81 out of 100 mothers give birth in a health facility



**If you live in Madhesh:** 83 out of 100 mothers give birth in a health facility



# 38

## out of 100 babies are breastfed within the first hour after birth

**Why this matters:** Early initiation of breastfeeding is critical for newborn survival, as the first breast milk—colostrum—provides vital antibodies, protects against infections, and stimulates the infant’s immune system. Delays in breastfeeding increase the risk of neonatal illnesses and lead to missed opportunities for bonding and establishing successful long-term breastfeeding. Improving early initiation requires strengthened delivery-room practices, skilled birth attendance, supportive counselling for mothers, and health system policies that prioritise immediate skin-to-skin contact and breastfeeding support.

**Who is left behind:** Early initiation of breastfeeding remains uneven across modes of delivery and provinces. Among babies born through vaginal delivery, 47 out of 100 are breastfed within the first hour, compared with only 14 out of 100 among those delivered by caesarean section. Provincial disparities are also evident: in Madhesh, just 27 out of 100 newborns are breastfed within the first hour, compared with 61 out of 100 in Karnali Province.



**If you gave birth through caesarean section:** 14 out of 100 babies are breastfed within the first hour after birth



**If you gave birth in Madhesh:** 27 out of 100 babies are breastfed within the first hour after birth



# 70

out of 100 babies are exclusively breastfed in their first six months of life

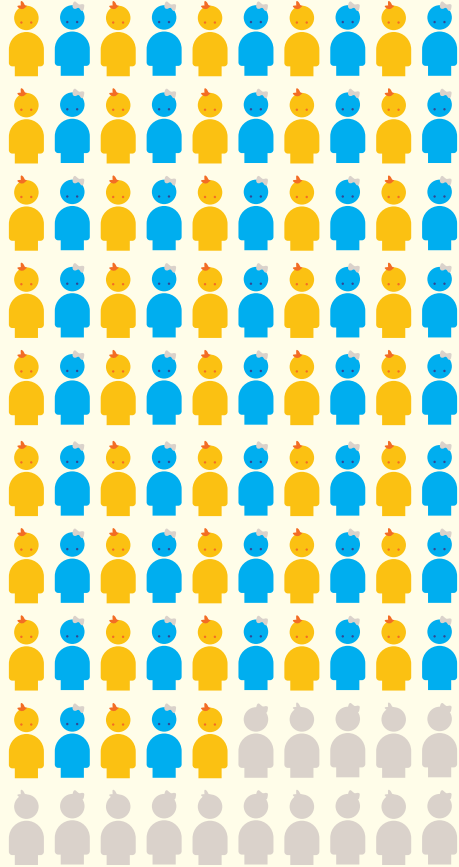
**Why this matters:** Exclusive breastfeeding provides infants with all the nutrients, fluids, and immune protection they need during this critical period for child survival. It reduces the risk of infections such as diarrhoea and pneumonia, supports optimal growth and cognitive development, and protects against long-term health problems. A high rate of exclusive breastfeeding also signals positive maternal behaviours and successful community-level health and nutrition promotion efforts. However, sustaining and improving this rate requires continued support for mothers—through counselling, maternity protection, family and community engagement, and health system strengthening.

**Who is left behind:** Bottle-feeding has increased sharply, from 10 out of 100 children to 28 out of 100 children from 2019 to 2024-25. The highest rates are seen in the richest households, highlighting contrasting socio-economic patterns in child feeding and nutrition. More educated mothers, despite achieving better nutrition outcomes for their children, show the highest reliance on bottle-feeding, illustrating how maternal education influences both child malnutrition risks and feeding practices.



**If you live in one of the poorest households:** 74 out of 100 babies are exclusively breastfed in their first six months of life

**If you live in one of the richest households:** 61 out of 100 babies are exclusively breastfed in their first six months of life

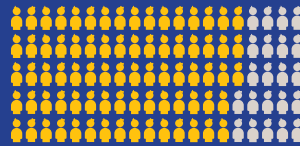


# 85

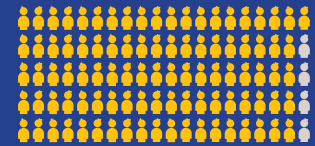
## out of 100 children under age five in Nepal have their birth registered

**Why this matters:** Most children under age five in Nepal have their births registered, which is crucial for ensuring they can access healthcare, education, and legal protections. Birth registration gives every child an official identity and helps governments plan and provide essential services. Strengthening registration systems is important to reach those still left out, particularly in remote and underserved communities, so that no child remains invisible. Karnali's child grant programme covers every district, and it has played an important role in improving birth registration.

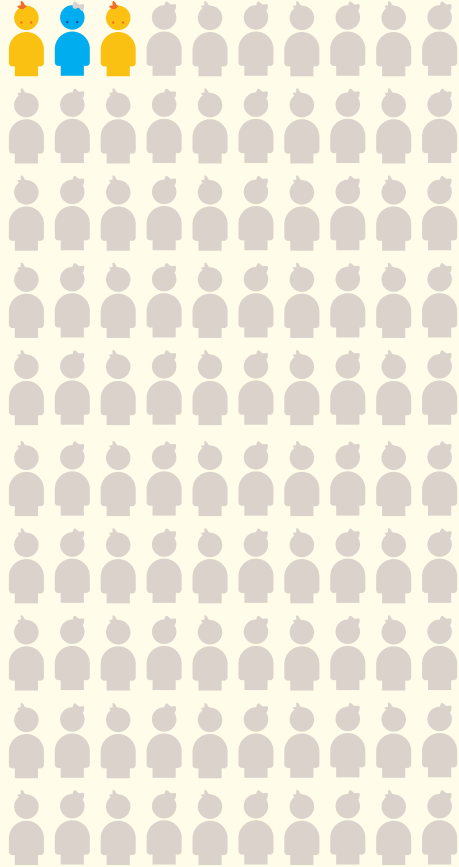
**Who is left behind:** The likelihood of registration is highest in Karnali, where 96 out of 100 are registered, and lowest in Koshi, where only 78 out of 100 children are registered.



**If you were born in Bagmati:**  
78 out of 100 children have their birth registered



**If you were born in Karnali:**  
96 out of 100 children have their birth registered



# 3

## out of 100 children die before their fifth birthday

**Why this matters:** Each preventable child death represents a family tragedy and a development failure. Under-five mortality is the most sensitive indicator of a country's investment in child health, nutrition, water, sanitation, education and social protection. Nepal's remaining gap to the Sustainable Development Goal (SDG) target requires catalytic action, starting with the newborn period.

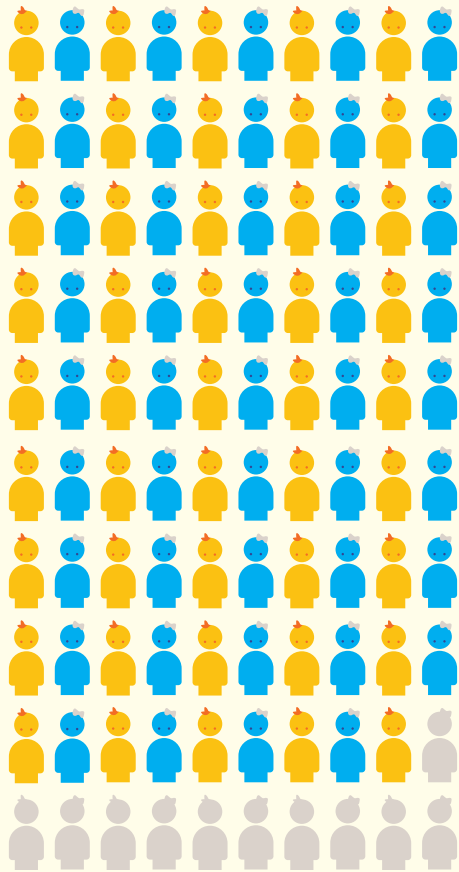
**Who is left behind:** The gap is stark. In Sudurpashchim, 5 out of 100 children die before age five, compared with 2 out of 100 in Bagmati. Children born to mothers with no education face a mortality risk of 4 out of 100, while for children of mothers with higher education it is 1 out of 100. Household wealth also matters; in the poorest households 4 out of 100 children die before age five, compared with 1 out of 100 in the richest households—nearly a threefold gap.



**If your mother has no education:**  
4 out of 100 children die before their fifth birthday



**If you were born in Sudurpashchim:**  
5 out of 100 children die before their fifth birthday

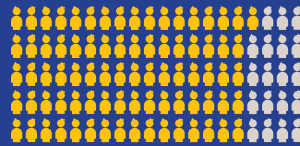


# 89

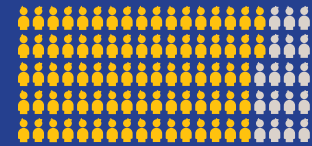
## out of 100 children receive basic vaccinations

**Why this matters:** The 12–23-month window is the most critical period for completing the primary immunisation schedule. Children who miss vaccines in this window face increased risk from measles, pertussis, and other preventable diseases that can be fatal in infancy. Nepal’s 11 per cent gap in basic vaccination at this age, combined with zero-dose children who have never received any vaccine, leaves a significant cohort unprotected at their most vulnerable stage.

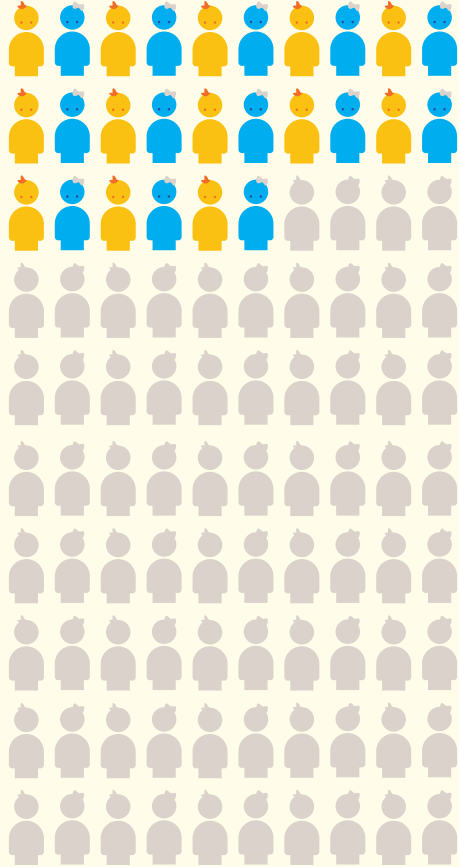
**Who is left behind:** Provincial disparities remain significant. In Karnali, 82 out of 100 children receive basic vaccinations—close to the national average, but masking municipalities where coverage is much lower. In Madhesh, 87 out of 100 children are fully vaccinated, still below national expectations. Mother’s education is a strong predictor: 81 out of 100 children of mothers with no education receive basic vaccinations, compared with 91 out of 100 children of mothers with higher education—a 10 out of 100 gap that reflects broader barriers to accessing health services. Coverage is also consistently lower among children in poorer and rural households, where supply-side constraints compound demand-side barriers.



**If your mother has no education:**  
81 out of 100 children receive basic vaccinations



**If you were born in Karnali:**  
82 out of 100 children receive basic vaccinations

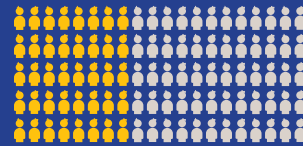


# 26

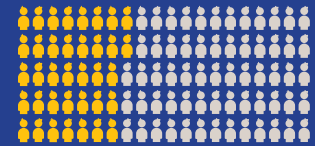
## out of 100 children under five are stunted

**Why this matters:** A significant proportion of children are not reaching their full physical and cognitive potential due to chronic undernutrition beginning in pregnancy and continuing through early childhood. This level of stunting affects not only individual children but also Nepal's long-term human capital and economic growth. Children who are stunted are more likely to perform poorly in school, have reduced productivity as adults, and contribute less to the national economy.

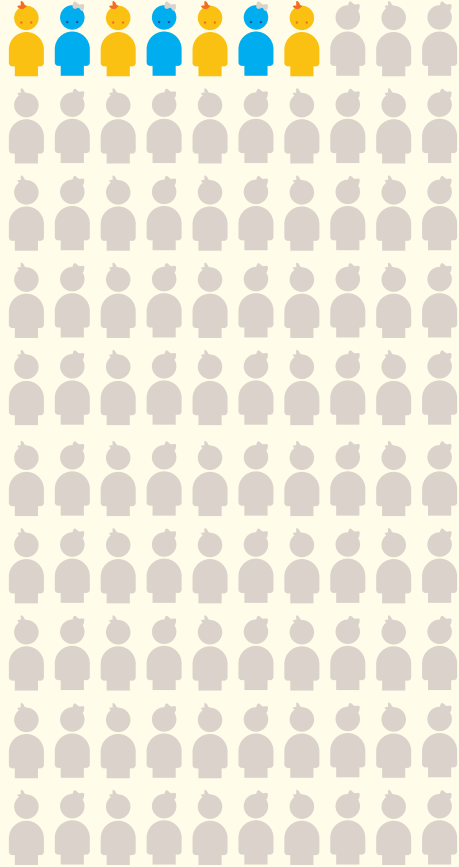
**Who is left behind:** Stunting in Nepal is closely linked to poor maternal nutrition, limited dietary diversity, recurrent infections, and gaps in water, sanitation and hygiene (WASH) services—challenges that are more pronounced in remote, rural, and disadvantaged communities. Geographic disparities remain large: 37 out of 100 children in Karnali, 31 out of 100 in Madhesh, and 29 out of 100 in Lumbini are stunted. Economic inequality is also stark: 40 out of 100 children in the poorest households are stunted, compared with 12 out of 100 in the richest households. Maternal education is another major divide—36 out of 100 children of mothers with no education are stunted, compared with 14 out of 100 children of mothers with higher education.



**If you live in one of the poorest households:** 40 out of 100 children are stunted



**If you were born in Karnali:** 37 out of 100 children are stunted



# 7

## out of 100 children under five are wasted

*(too thin for their height due to acute malnutrition)*

**Why this matters:** Wasting typically results from a recent and severe lack of food, poor dietary intake, or illnesses such as diarrhoea or infections that rapidly reduce weight. This form of undernutrition is often linked to food insecurity, inadequate child feeding practices, limited access to health services, and poor WASH conditions—factors that are more pronounced in remote and disadvantaged communities. Wasting (acute malnutrition) poses an immediate risk to child survival. Children who are wasted are significantly more vulnerable to illness, developmental setbacks, and death. A wasted child has up to 11 times higher risk of death, and severe wasting accounts for around 20 per cent of global under-five deaths.

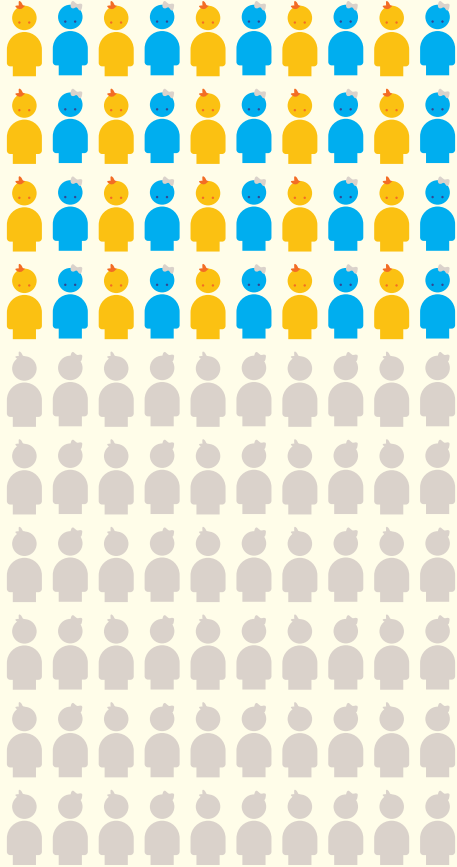
**Who is left behind:** Wasting also exhibits significant disparities across Nepal. Provincial rates range from 5 out of 100 children in Karnali to 9 out of 100 in Koshi. Wealth inequality is apparent: 7 out of 100 children from the poorest households are wasted, compared with 4 out of 100 from the richest households. Maternal education is another key factor; 6 out of 100 children of mothers with no education experience wasting, compared with 2 out of 100 children of mothers with higher education.



**If you live in one of the poorest households:** 7 out of 100 children are wasted



**If your mother has no education:** 6 out of 100 children are wasted

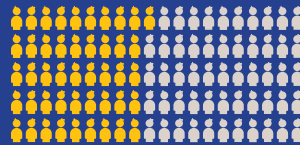


# 40

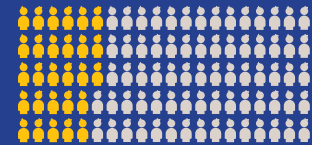
**out of 100 people have access to safely managed on-site sanitation, meaning their waste is safely contained and treated**

**Why this matters:** Without safe containment and treatment, the health gains from ending open defecation cannot be sustained. Human waste continues to contaminate soil and groundwater, exposing communities to disease. Moreover, having a toilet at home has a significant impact on the nutritional status of children under five. Poor sanitation exposes children to harmful germs, leading to repeated infections and gut problems that impair nutrient absorption and increase the risk of stunted growth. Data also reveal a staggering failure in the service chain: 95 out of 100 people whose toilets require emptying lack access to services that safely transport and treat faecal sludge, posing a major risk to both urban and rural health.

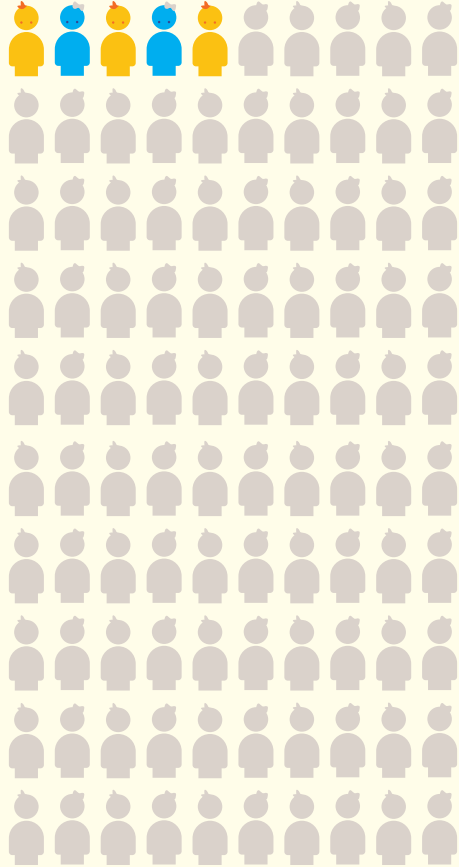
**Who is left behind:** Provincial inequalities exist with only 28 out of 100 people in Madhesh having access to safely managed sanitation, while in most other provinces this is higher, with Gandaki topping the list with 63 out of 100 people having access to safely managed onsite sanitation.



**If you live in a rural area:**  
46 out of 100 people have access to safely managed onsite sanitation



**If your household is in Madhesh:**  
28 out of 100 people do have access to safely managed onsite sanitation



# 5

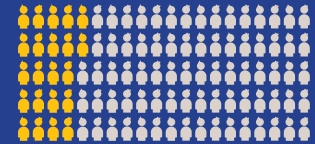
## out of 100 children under five have three or more children's books at home

**Why this matters:** Having child-friendly and age-appropriate books at home is crucial for young children because it supports vocabulary, listening skills, and early literacy, which are strong predictors of school readiness and academic success. Books also foster curiosity, imagination, and socio-emotional growth. When children see reading as a normal part of daily life, it strengthens parent-child interaction and encourages lifelong learning habits. Limited access to children's books can widen inequalities, especially for children from poorer households, making early interventions essential.

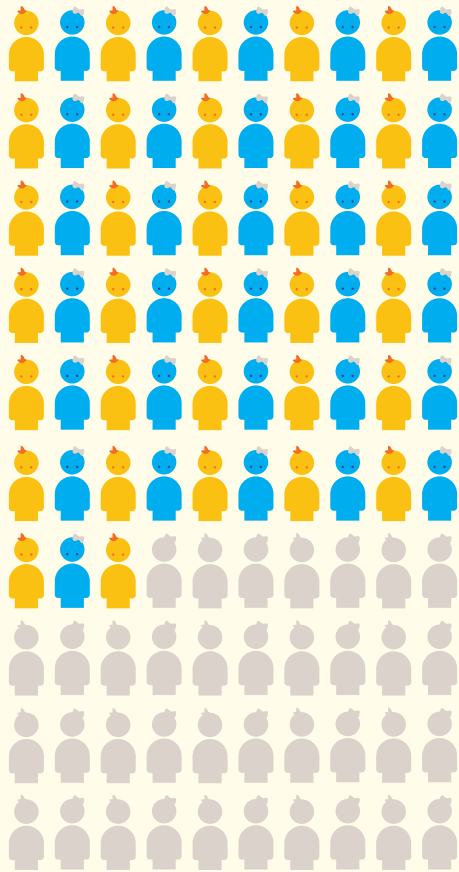
**Who is left behind:** While access to child-friendly and age-appropriate books is low for all children in Nepal, there are some disparities. Children under the age of five years in urban areas are more likely than those in rural areas to live in households with three or more children's books. Within regions, areas such as the Kathmandu Valley (22 out of 100 children) have noticeably higher access to books compared with more remote mountain and Terai regions. Wealth has consistently been the *strongest predictor*: children from the richest households (15 out of 100 children) were far more likely to live in homes with three or more books than those from the poorest households. 100 children of mothers with higher education.



**If you live in one of the richest households:** 15 out of 100 children have three or more children's books at home



**If your household is in the Kathmandu Valley:** 22 out of 100 children have three or more children's books at home

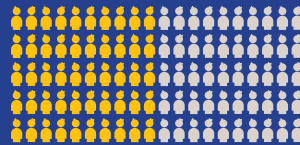


# 63

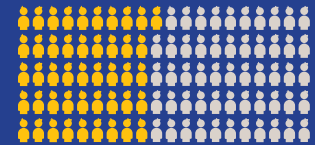
## out of 100 children (aged 2–4) are developmentally “on track” in health, learning, and psychosocial well-being

**Why this matters:** Ensuring that children are developmentally on track is critical because early childhood lays the foundation for lifelong health, learning, and psychosocial well-being. With only 63 out of 100 children aged two to four meeting these milestones, many risk falling behind in school readiness, social skills, and overall health. Early interventions, especially for children from disadvantaged households, improve individual outcomes and contribute to stronger, more equitable societies. Investing in the first years of life is therefore both a moral and economic priority.

**Who is left behind:** Among the richest households, 83 out of 100 children aged two to four are developmentally on track, compared with 50 out of 100 children from the poorest households. Children whose mothers have secondary or higher education are also more likely to be on track, at 83 out of 100, whereas only 46 out of 100 children whose mothers have no education reach this milestone. These disparities highlight how both household wealth and maternal education shape early childhood development outcomes.



**If you live in one of the poorest households:** 50 out of 100 children are developmentally “on track”

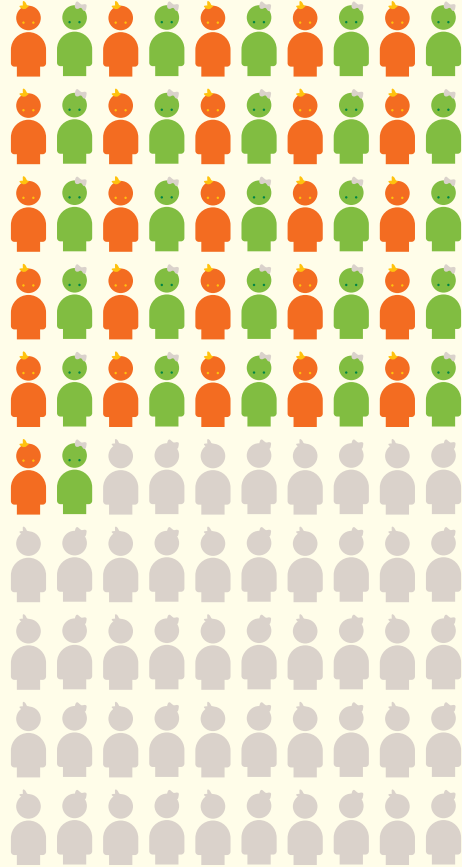


**If your mother has no education:** 46 out of 100 children are developmentally “on track”



PART 2

# THE SCHOOL YEARS



# 52

## out of 100 children met minimum diet diversity

**Why this matters:** A nutritious diet during childhood—rich in diverse food groups such as grains, pulses, fruits, vegetables, dairy, and animal-source food—is essential for preventing malnutrition and ensuring optimal physical and cognitive development. While over half of children receive adequate diets, this also means that nearly half are not yet accessing the diversity and quality of food required for healthy growth. Improving dietary diversity requires addressing household food security, enhancing nutrition knowledge among caregivers, promoting locally available nutritious food, and strengthening community-level interventions that support healthy feeding practices.

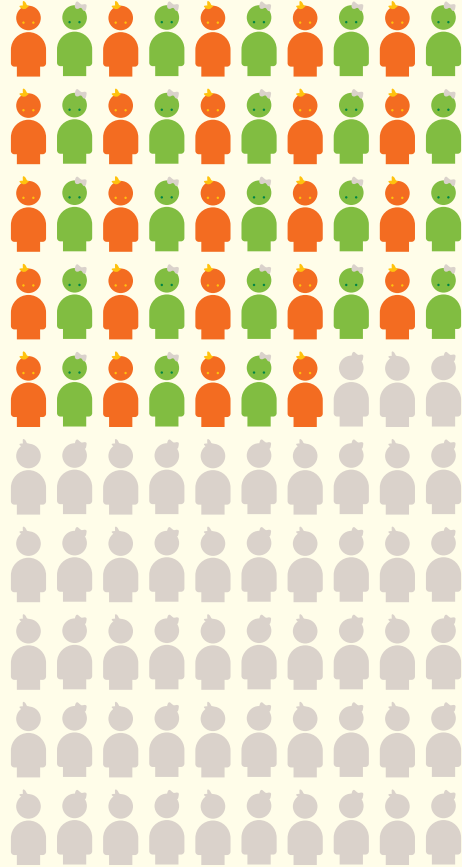
**Who is left behind:** Significant disparities exist in the achievement of minimum dietary diversity among children in Nepal. Households belonging to the poorest economic quintile are the most affected, with their children more likely to lack access to a variety of nutritious food. Children whose mothers have low levels of education also face greater challenges in receiving a diet that meets recommended diversity standards. The issue is particularly acute for younger children, especially those aged 6 to 11 months, who are at a critical stage for adequate nutrition. Additionally, families living in rural areas experience more pronounced difficulties in ensuring dietary diversity for their children. Collectively, these factors highlight the groups at most risk of inadequate dietary diversity, underscoring the need for targeted interventions to address these persistent inequalities.



**If you live in a rural area:**  
49 out of 100 children meet minimum diet diversity



**If you live in Madhesh:**  
36 out of 100 children meet minimum diet diversity



47

**out of 100 people have safely managed drinking water available at home, when needed, and free from *E.Coli* and Arsenic contamination**

**Why this matters:** Access to reliable, on-site and safe drinking water is a fundamental driver of household health, preventing diarrhoea and supporting socio-economic development. When water is not “at home” or “when needed,” the resulting time poverty (lack of time due to water collection burden) disproportionately affects women and children, taking away hours that should otherwise be spent on education, childcare, or economic participation.

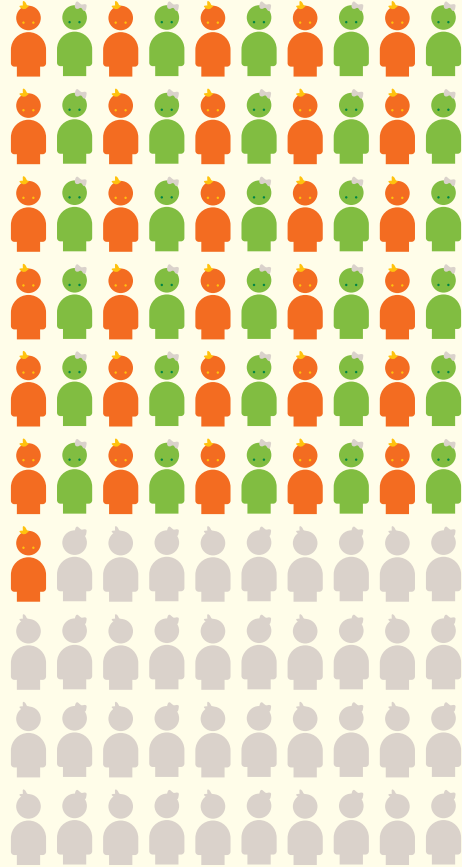
**Who is left behind:** Although many households in Nepal have access to at least basic drinking water and most report access to adequate amounts of drinking water, fewer households have access to safely managed drinking water. For example, while 96 out of 100 people living in rural areas of Nepal have access to at least basic drinking water, 36 out of 100 have access to safely managed drinking water. In the poorest households, 26 out of 100 people have access to safely managed drinking water.



**If you live in a rural area:**  
36 out of 100 people have access to safely managed drinking water



**If you live in one of the poorest households:** 26 out of 100 people have access to safely managed drinking water



# 61

## out of 100 people drink water contaminated with *E. coli* at home

**Why this matters:** The presence of *E. coli* is a direct indicator of faecal contamination and a major cause of waterborne diseases, putting the population, particularly children, at constant risk of preventable illnesses. Children in households with *E. coli* detected in source water are about 1.5 times more likely to have experienced diarrhoea in the past two weeks compared with those in households without *E. coli*.

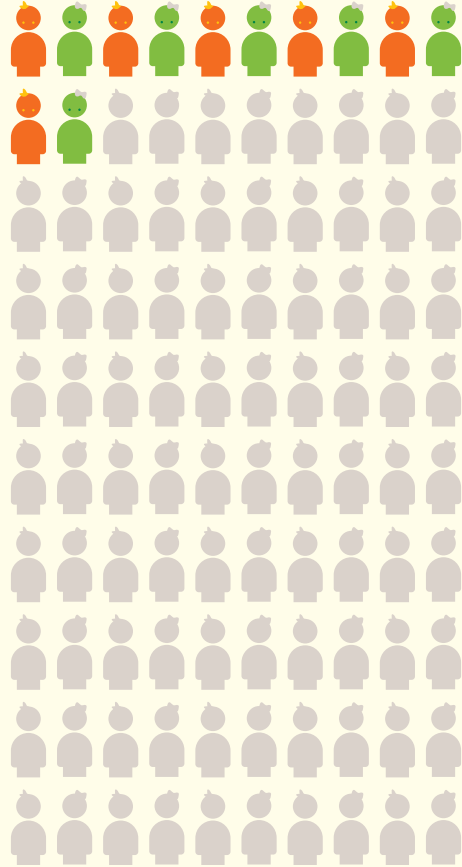
**Who is left behind:** In Nepal, *E. coli* contamination of drinking water at source and at the household level is high. In the poorest households, 80 out of 100 households have water contaminated with *E. coli*. Even among the richest households, *E. coli* contamination is high (39 out of 100 households).



**If you live in one of the poorest households:** 80 out of 100 people drink water contaminated with *E. coli* at home



**If you live in one of the richest households:** 39 out of 100 people drink water contaminated with *E. coli* at home



# 12

## out of 100 children (aged 5–17) are still engaged in child labour due to persistent social norms and protection gaps

**Why this matters:** Child labour exposes children to physical, mental, and emotional risks, limiting their future opportunities and perpetuating cycles of poverty. Addressing this requires stronger school support, community actions, and social protection measures to ensure every child can grow up healthy, educated, and safe.

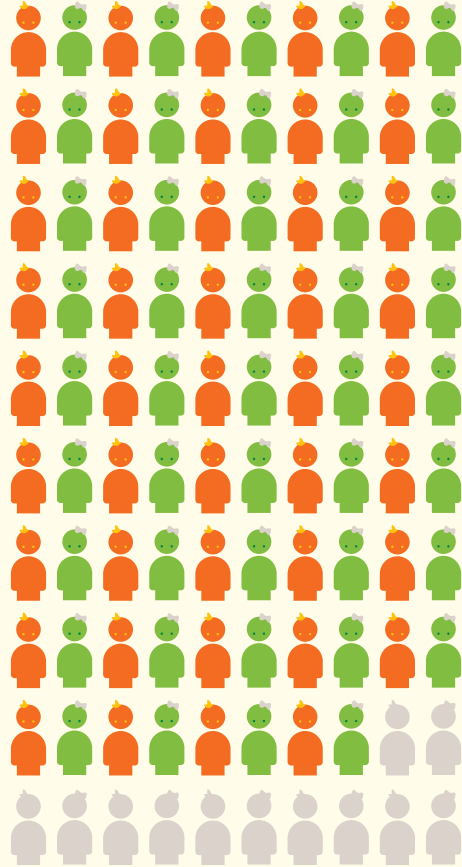
**Who is left behind:** Girls are more likely to be in child labour, with 14 out of 100 engaged, compared with 10 out of 100 boys. Among the poorest households, 24 out of 100 children are in child labour, while among the richest households only about 4 out of 100 children.



**If you are a girl:**  
14 out of 100 children are engaged in child labour



**If you live in one of the poorest households:** 24 out of 100 children are engaged in child labour



# 88

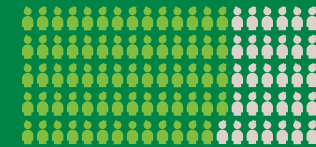
## out of 100 children have received preparation for Grade One

**Why this matters:** Children should have received at least one year of early childhood education before they enter Grade One. Research has demonstrated that those children perform better than their peers, and are less likely to repeat and drop out.

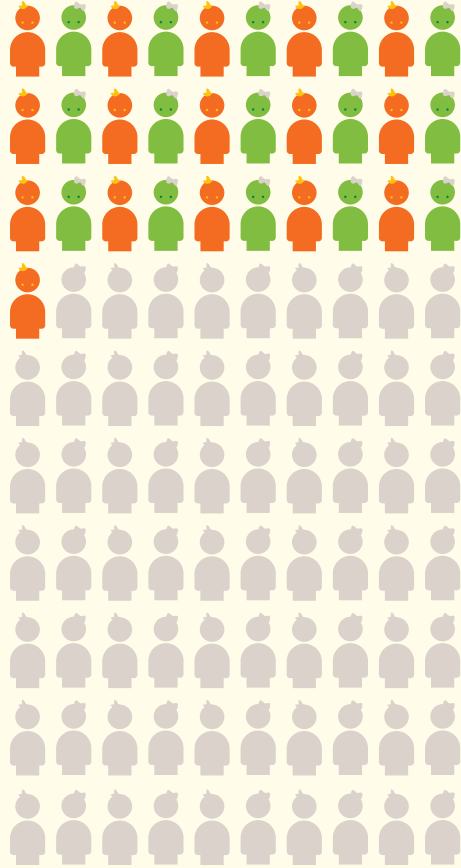
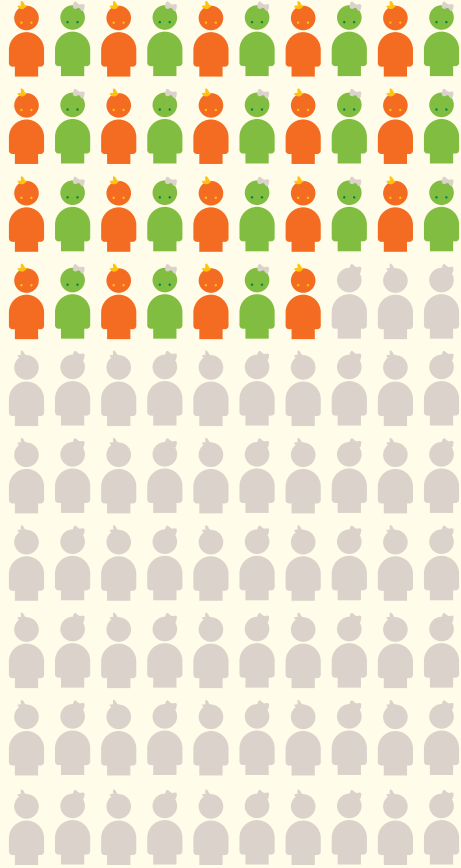
**Who is left behind:** There are significant disparities in children from poorest families (79 out of 100) and richest families (96 out of 100) entering Grade One with early childhood education experience. Province-wise, almost all urban children in Kathmandu Valley have preparation for Grade One while only 69 out of 100 children in rural Madhesh have this experience.



**If you live in one of the poorest households:** 79 out of 100 children have received preparation for Grade One



**If you live in Madhesh:** 69 out of 100 children have received preparation for Grade One



**37**  
out of 100 children in  
Grade Three demonstrate  
minimum reading  
proficiency

**31**  
out of 100 children in  
Grade Three demonstrate  
foundational numeracy  
proficiency

**Why this matters:** Children who do not meet expected learning proficiency levels are at greater risk of further falling behind in their learning, dropping out of school, and not transitioning to secondary education. They also become more vulnerable to exploitation at later stages of life as they struggle with basic functional skills to achieve their full potential.

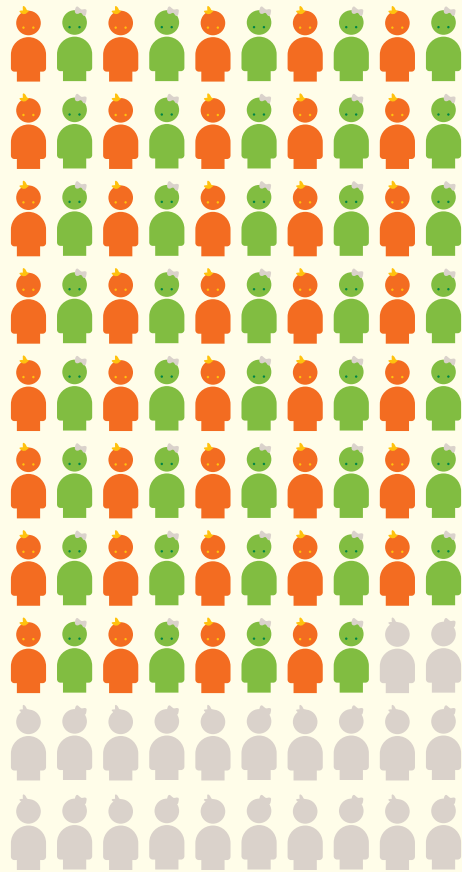
**Who is left behind:** Significant provincial disparities persist: Gandaki performs best, with 62 out of 100 children demonstrating foundational reading skills and 47 out of 100 demonstrating foundational numeracy skills, while Madhesh Province performs worst, with only 12 and 16 out of 100 children reaching these respective benchmarks.



**If you live in Madhesh:**  
12 out of 100 children demonstrate  
foundational reading skills



**If you live in Madhesh:**  
16 out of 100 children demonstrate  
foundational numeracy skills



# 78

## out of 100 children complete basic education

**Why this matters:** Children who do not complete basic education become vulnerable to exploitation, often experience poorer health outcomes, fail to reach their potential, and may end up in low-paid, exploitative work, trapped in a cycle of poverty—with girls especially at risk of child marriage, abuse, and intergenerational poverty. They also typically lack meaningful political voice and remain disempowered. In Nepal, those without basic education are further unable to access government social services, welfare schemes, or public employment.

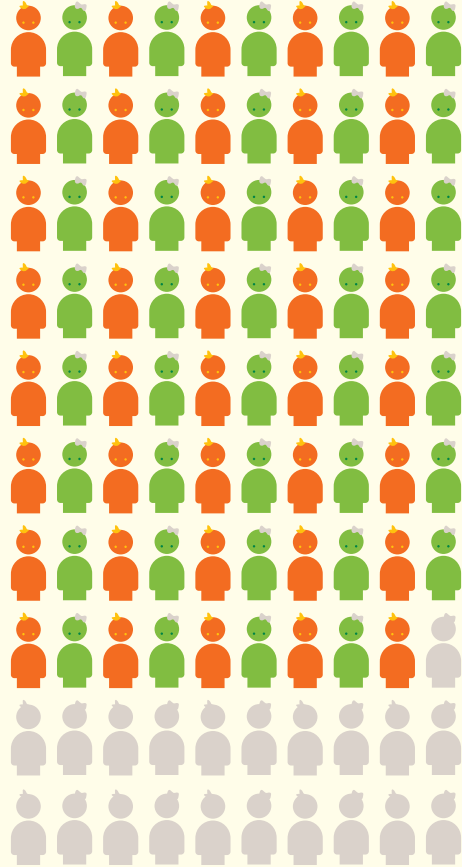
**Who is left behind:** As many as 98 out of 100 children from the richest households complete basic education, compared with only 67 out of 100 children from the poorest households. Geographical disparities are also evident: 80 out of 100 children in urban areas complete basic education, while only 74 out of 100 children in rural areas do so. The gap is even wider in Madhesh, where just 58 out of 100 children reach this milestone.



**If you live in one of the poorest households:** 67 out of 100 children complete basic education



**If you live in Madhesh:** 58 out of 100 children complete basic education



# 79

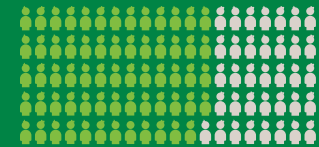
## out of 100 children experience violent discipline, with little difference by gender

**Why this matters:** Violent discipline in childhood is consistently linked to worse mental health, increased aggression and behavioural problems, impaired cognitive development, damaged caregiver relationships, and disrupted learning, with effects that can last into adulthood. It also contributes to the intergenerational cycle of violence, increasing the likelihood of later perpetration or experience of violence in adulthood, including gender-based violence (GBV). Reducing violent discipline requires promoting positive parenting, strengthening child protection systems, and raising awareness about children's rights.

**Who is left behind:** 83 out of 100 children whose mothers have no education are likely to experience violent discipline compared with 64 out of 100 whose mothers have higher education.



**If your mother has no education:**  
83 out of 100 children  
experience violent discipline

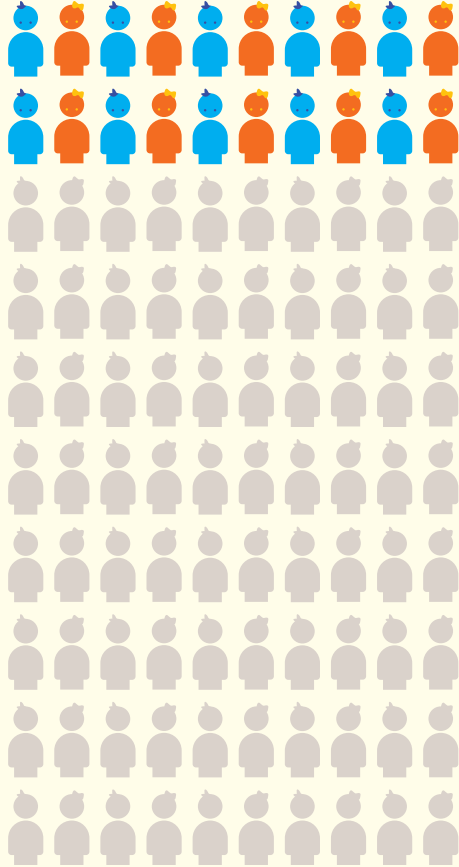


**If your mother has higher education:**  
64 out of 100 children  
experience violent discipline



PART 3

# ADOLESCENCE



# 20

## out of 100 children complete the full cycle of education

**Why this matters:** Those children who do not complete secondary education will typically experience poorer health outcomes, will not reach their potential, will often find themselves in exploitative low-paid employment in the future, with girls particularly vulnerable to child marriage, abuse and intergenerational poverty. Girls will give birth earlier and bear more children, which places further economic strains on their households.

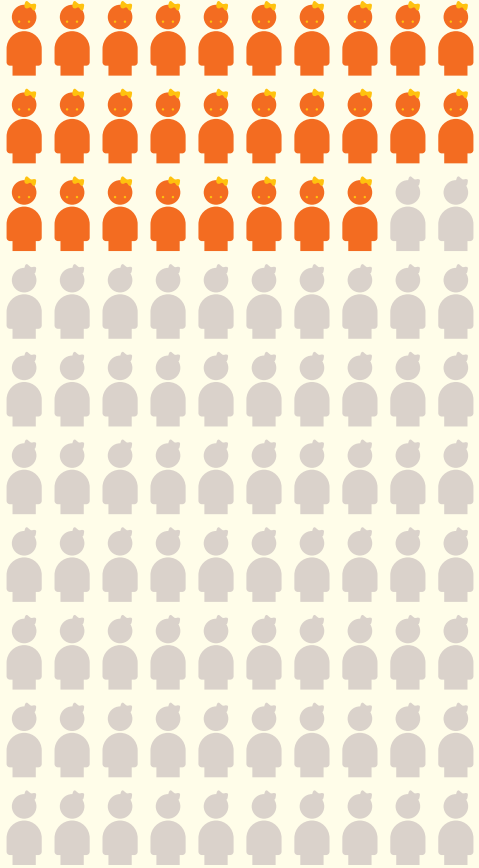
**Who is left behind:** As many as 50 out of 100 children from the richest households, compared with only 5 out of 100 from the poorest households, complete the full cycle of education. In terms of geographical location, only 11 out of 100 children complete the full cycle of education in rural areas compared with 24 out of 100 children in urban areas.



**If you live in one of the poorest households:** 5 out of 100 children complete the full cycle of education



**If you live in a rural area:** 11 out of 100 children complete the full cycle of education



# 28

**out of 100 young women (aged 20 –24)  
were married before age 18**

**Why this matters:** Early marriage still robs many girls of their childhood and potential, interrupting schooling and pushing them into adult roles before they're ready – which limits their future education and career opportunities. It also increases their exposure to early pregnancy and related health risks, and often isolates them from friends, family, and community support, undermining their well-being.

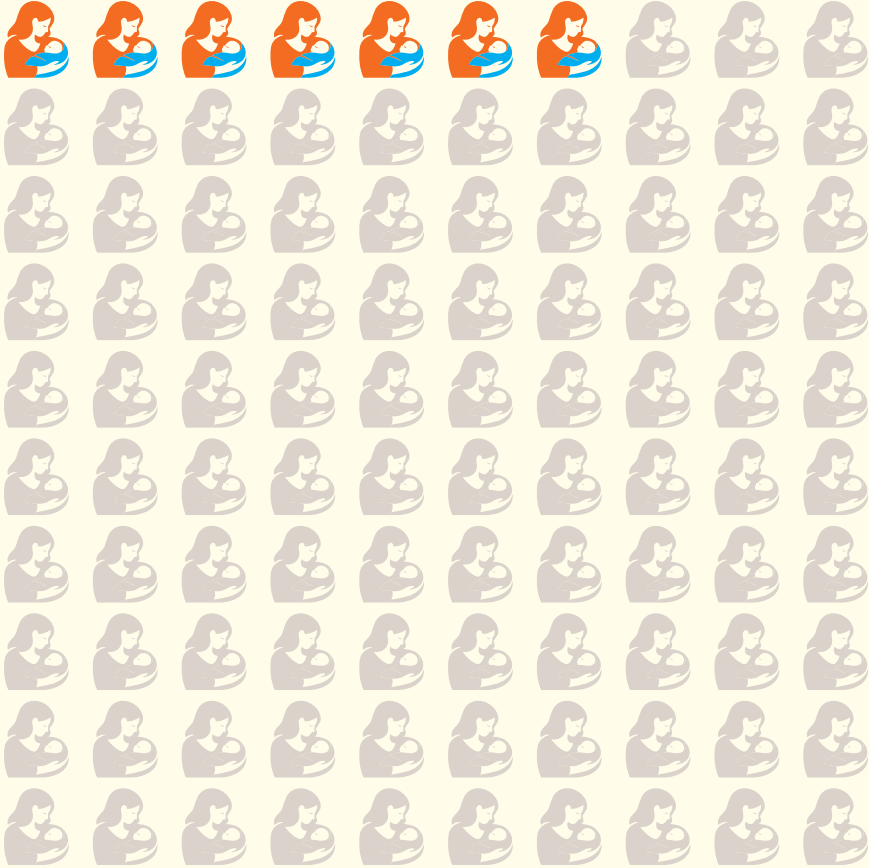
**Who is left behind:** As many as 44 out of 100 girls from poorest and only 10 out of 100 girls in richest households are married by age 18. Education makes a huge difference with only 2 out of 100 women with higher education compared with 48 out of 100 women with no education married before 18 years.



**If you live in one of the poorest households:** 44 out of 100 young women (aged 20-24 years) were married before age 18



**If you have no education:** 48 out of 100 young women (aged 20-24 years) were married before age 18



7

## out of 100 women give birth before their 20th birthday

**Why this matters:** Nepal's adolescent birth rate stands at 48 per 1,000 women aged 15–19. Adolescent pregnancy is simultaneously a cause and a consequence of gender inequality. It cuts short girls' education, reduces their lifetime earning potential, and increases health risks for both mother and child.

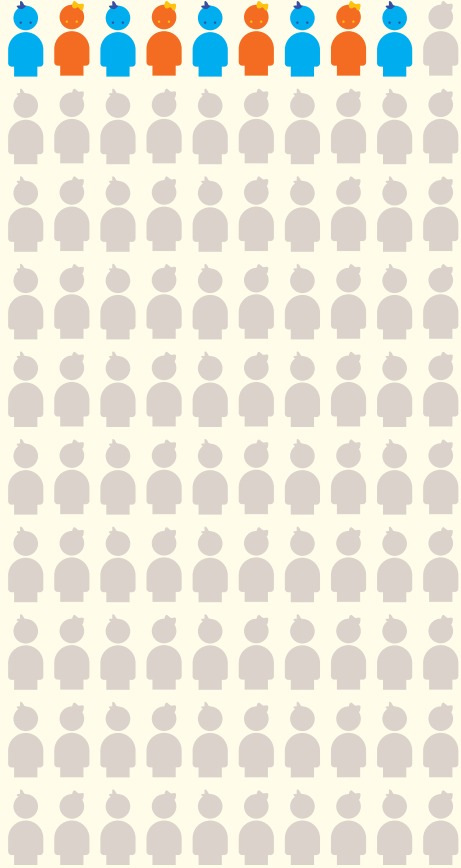
**Who is left behind:** The disparities are pronounced. In Karnali Province, 12 out of 100 girls give birth during adolescence, compared with 1 out of 100 in the Kathmandu Valley. Girls with only basic education (Grades 1–8) have a birth rate of 12 out of 100, compared with 1 out of 100 for girls with higher education. Wealth differences are similarly stark: 11 out of 100 girls in the poorest households give birth during adolescence, compared with less than 1 out of 100 in the richest households. Rural girls face a rate of 8 out of 100, higher than the 6 out of 100 among girls in urban areas.



**If you live in one of the poorest households:** 11 out of 100 women give birth before their 20th birthday



**If you have only basic education:** 12 out of 100 girls give birth before their 20th birthday



# 9

## out of 100 adolescents (aged 15–19) suffer from depression or anxiety

**Why this matters:** Mental health conditions emerging in adolescence carry lifelong consequences for education, employment, relationships, and physical health. Nepal's 2.4 per cent suicide attempt rate among 15–19-year-olds, the first ever measured nationally, demands urgent programmatic response. With nearly one million young Nepalis potentially experiencing depression or anxiety, and the vast majority seeking help only from friends rather than trained providers, the gap between need and available care is vast and growing.

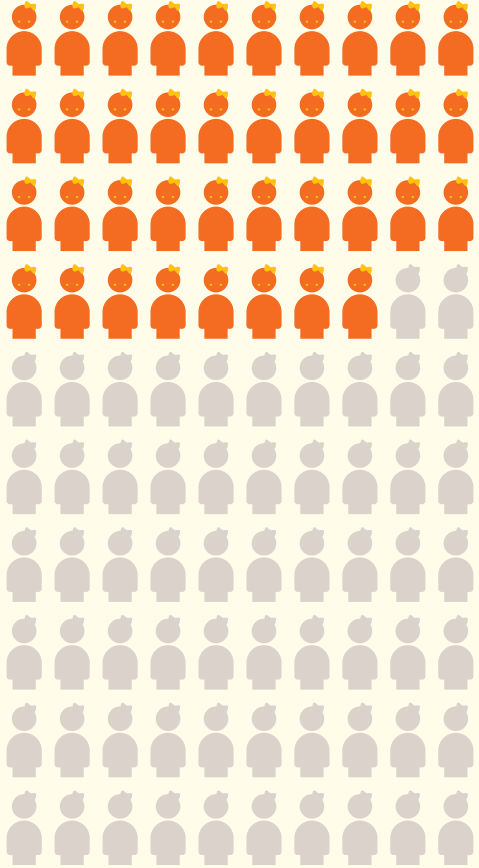
**Who is left behind:** Gender disparities are stark: among 15-24-year-olds, 12 out of 100 young women show symptoms compared with 6 out of 100 young men, women are twice as affected. Sudurpashchim province (13 out of 100 adolescents) records the highest prevalence of depression or anxiety symptoms.



**If you are a young woman:**  
12 out of 100 adolescents suffer from depression or anxiety



**If you live in Sudurpashchim:**  
13 out of 100 adolescents suffer from depression or anxiety



# 38

## out of 100 girls and women do not have adequate facilities, information, or support to manage menstruation safely and with dignity

**Why this matters:** Difficulties in participating in education or training due to menstruation are a significant barrier to gender equality. They force women and girls to miss school and limit their full participation in community activities. Beyond the physical health impacts, the lack of adequate support systems perpetuate stigma and compromise the fundamental human rights to dignity for nearly a quarter of Nepal's female population.

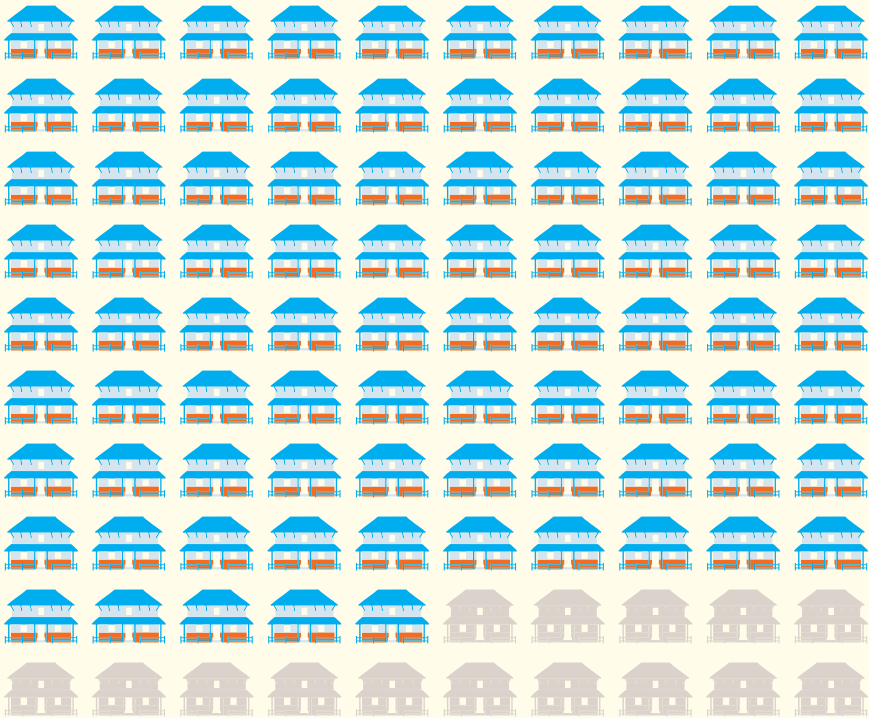
**Who is left behind:** Significant provincial disparities exist, with women in Madhesh (41 out of 100) and Koshi (34 out of 100) Provinces facing the greatest challenges in participating in work, education/ training, and social activities. Furthermore, wealth and education play a critical role: only 29 out of 100 women in the poorest quintile had prior knowledge of menstruation before their first period, compared with 54 out of 100 women among the wealthiest, while women with higher education are nearly twice as likely to feel comfortable seeking healthcare support for menstrual concerns than those with no formal education.



**If you live in one of the poorest households:** 34 out of 100 girls and women experienced challenges participating in work, education/ training, and social activities due to their last menstruation



**If you live in Madhesh:** 41 out of 100 girls and women experienced challenges participating in work, education/training, and social activities due to their last menstruation



# 85

## out of 100 households own a smartphone that can be used to access trusted information and digital engagement platforms

**Why this matters:** Access to smartphones enables people to stay informed, participate in digital learning, connect with essential services, and express their opinions and concerns. During disease outbreaks or emergencies, mobile connectivity becomes even more critical, allowing individuals to receive lifesaving messages, seek help quickly, coordinate responses, and maintain timely communication. By improving access to timely and trusted information, mobile phones help bridge information gaps, strengthen community resilience, and enhance accountability to affected populations.

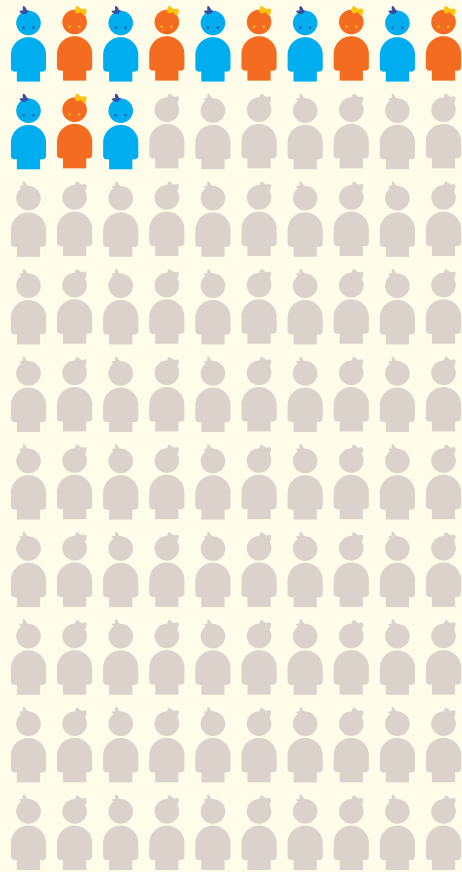
**Who is left behind:** When looking at smartphone ownership per 100 households, overall ownership is high but varies widely across provinces. Out of 100 households, 77 own a smartphone in Karnali, 78 in Sudurpashchim, 88 in Bagmati, and 89 in Gandaki. These variations highlight the need to strengthen digital access more equitably across all provinces.



**If you live in Gandaki:**  
89 out of 100 households own a smartphone



**If you live in Karnali:**  
77 out of 100 households own a smartphone



# 13

## out of 100 people do not have climate-resilient water services and would face disruptions from floods, landslides, or droughts

**Why this matters:** Climate hazards threaten to reverse decades of progress in water access. As infrastructure is damaged and water tables drop, communities are forced to rely on unsafe drinking water sources, escalating health risks and economic instability. Without resilient water systems, every climate event becomes a setback for development.

**Who is left behind:** Vulnerability to climate-related water disruptions varies significantly across the country, with household members in Karnali (35 out of 100), Bagmati (20 out of 100) and Sudurpashchim (20 out of 100) Provinces reporting the highest impact from natural hazards such as floods and landslides. In contrast, those in Madhesh Province (3 out of 100) and Lumbini (5 out of 100) reported the lowest disruption. Furthermore, rural populations are disproportionately affected, with 19 out of 100 rural household members experiencing water supply disruptions due to at least one natural hazard in the past year, compared with 11 out of 100 of their urban counterparts.



**If you live in a rural area:**  
19 out of 100 people do not have climate-resilient water services



**If you live in Karnali:**  
35 out of 100 people do not have climate-resilient water services

# BIG-TICKET ITEMS

## GUARANTEEING FIRST 1,000-DAY EQUITY

The first 1,000 days—from conception to a child's second birthday—are critical for survival, development, and lifelong opportunities. Nepal has made national progress, but stark inequities remain: children in the poorest households, rural communities, and underserved municipalities face higher risks of malnutrition, delays in development, and reduced access to essential care. Neonatal mortality, which accounts for 55 per cent of under-five deaths, is highest among these groups, reflecting gaps in facility births, early breastfeeding, and essential newborn care.

**What this means:** The challenge is no longer universal coverage but ensuring that quality care and essential services reach the most vulnerable children during this critical window.

**What it takes:** Closing these gaps requires a targeted, integrated package that includes quality care at birth and in the newborn period, early and exclusive breastfeeding support, maternal and young child nutrition, safe drinking water and household sanitation, and universal birth registration linked to immunisation and essential services. Equity-focused financing, real-time tracking, and universal child grants are key to accelerating progress for those left behind.

## PROVIDING CLIMATE-RESILIENT, SAFE DRINKING WATER

Despite progress in basic water access, 53 out of 100 people still lack safely managed drinking water—water that is available when needed and free from contamination. Extreme weather, including floods, droughts, and changing rainfall, increases contamination risks and makes water less reliable. The gaps are widest in rural areas, where 96 out of 100 have basic access but only 36 out of 100 have safely managed water. Poorer and marginalised communities face the greatest exposure to unsafe water, with women and girls carrying the heaviest burden, losing time and risking their health.

**What this means:** The challenge isn't just building water infrastructure. Safe, reliable, and high-quality water is still unevenly available, hitting rural, low-income, and marginalised households hardest. This affects children's health and nutrition and limits the time women and girls can spend on school or work.

**What it takes:** Ensuring fair, climate-resilient water services means investing in vulnerable communities, strengthening water systems, and expanding last-mile access in underserved provinces like Karnali and Sudurpashchim. It also requires climate-smart infrastructure and Water Safety Plans to keep water flowing during floods, droughts, and other climate shocks.

## EMPOWERING ADOLESCENT GIRLS

A clear pattern links education, early marriage, adolescent pregnancy, and mental health. About 28 out of 100 young women marry before 18, rising to 44 out of 100 among the poorest. Adolescent pregnancy affects 7 out of 100 girls, but it's much higher for poorer or less-educated groups. Education is the strongest protective factor: girls with no education are 24 times more likely to marry early than those with higher education (48 out of 100 versus 2 out of 100). Mental health risks are also gendered: 12 out of 100 young women experience depression or anxiety, twice the rate of young men.

**What this means:** Disadvantages in education, early marriage, and adolescent pregnancy are connected, creating a cycle that limits girls' opportunities and harms their mental and physical health. Solving one issue alone isn't enough—lasting change requires addressing the social, economic, and cultural barriers that restrict girls' choices.

**What it takes:** Long-term solutions include keeping girls in school, ending child marriage, providing adolescent health services, and transforming community attitudes toward gender equality. Universal child grants are key to accelerating progress for those left behind.

## BRIDGING THE LEARNING TO EARNING GAP

Adolescents are facing a double challenge: learning poverty and limited job opportunities. In Grade Three, 63 out of 100 children cannot read at the expected level, and only 31 out of 100 have basic numeracy skills. By the time they reach adolescence, this leads to weak transitions: only 20 out of 100 complete secondary education, and 12 out of 100 are engaged in child labour—rising to 24 out of 100 among the poorest households. On the bright side, 85 out of 100 young people have access to mobile phones, offering a powerful platform for digital learning and skills development.

**What this means:** Without basic reading, math, and transferable skills, adolescents risk being shut out of productive work and lifelong learning.

**What it takes:** Progress requires investment in learning recovery, digital literacy, and market-relevant skills, plus stronger systems to support school-to-work transitions, especially for the most vulnerable youth.

## ENSURING EVERY CHILD HAS EQUAL OPPORTUNITIES

Nepali children do not have fair and equal opportunities: their place of birth, school access, parents' education and livelihoods, and whether they belong to marginalised groups strongly shape their futures. 81 out of 100 mothers from poor households give birth in a health facility, compared with 98 in the richest households. 36 out of 100 children of mothers with no education are stunted, compared with 14 out of 100 children of mothers with higher education. Almost all urban children in Kathmandu Valley receive at least one year of early childhood education before Grade One, compared with 69 out of 100 in rural Madesh.

**What this means:** Without fair and equitable redistribution of income across households and public resources across provinces and local governments, children's deprivations in Nepal risk becoming entrenched and passed from one generation to the next.

**What it takes:** Social protection reforms in Nepal should prioritize expanding the child grant within existing social security schemes, while intergovernmental fiscal transfer mechanisms must ensure more equitable allocation of public resources to lagging provinces and local governments.

# QUICK WINS

## REGISTERING THE BIRTH OF ALL CHILDREN

Nepal has made strong progress in civil registration, with birth registration increasing to 85 out of 100 in 2024-25. Yet 15 out of 100 children remain unregistered, leaving them without legal identity and at risk of exclusion from essential services. Disparities persist across provinces, with rates as low as 78 out of 100 in Koshi Province.

**What this means:** The system is functioning and improving—this is a final-mile inclusion challenge, not a structural gap.

**What it takes:** Achieving universality requires accelerating Civil Registration and Vital Statistics (CRVS) efforts, leveraging the amended citizenship framework, and strengthening coordinated government—UN outreach to identify and register the remaining unregistered children, particularly in underserved communities. Expanding the child grant could potentially contribute birth registration significantly.

## REACHING ALL CHILDREN WITH LIFESAVING VACCINES

While 89 out of 100 children receive basic vaccinations, a small but high-risk group remains completely unreached. Two out of 100 children have never received a single vaccine. At the same time, no province has reached the 95 per cent coverage needed for measles herd immunity, leaving all children vulnerable to outbreaks. These zero-dose children are not randomly distributed—they are geographically clustered and identifiable.

**What this means:** National averages mask pockets of exclusion that drive outbreak risk and inequity.

**What it takes:** A high-impact, short-term fix is to link birth registration systems with immunisation registers, enabling real-time identification and follow-up of unvaccinated children, combined with targeted outreach in low-coverage municipalities.

## PROFILING EVIDENCE ON OUT-OF-SCHOOL CHILDREN

Currently, 22 out of 100 children do not complete basic education, and only 20 out of 100 complete a full-cycle of schooling (up to Grade Twelve).

**What this means:** A significant number of children are still out of school and unable to access their right to education. Many others miss the chance to fully develop their potential, limiting both individual growth and the broader capacity and aspirations of the nation.

**What it takes:** Local governments should be supported in profiling out-of-school children. This enables verification and targeted follow-up actions as part of their local education plans, ensuring that every child has the opportunity to learn and thrive.

## PROMOTING HOUSEHOLD WATER TREATMENT

Water contamination remains a widespread and immediate health risk. 61 out of 100 people are exposed to E. coli in drinking water, and 53 out of 100 lack safely managed water services. Even where water is available, it is often unsafe at the point of use, directly contributing to diarrhoeal disease—one of the leading causes of child illness.

**What this means:** The challenge is not only infrastructure, but household-level water safety and behaviour.

**What it takes:** Rapid health gains are achievable through household water treatment, safe storage, and behaviour change interventions, alongside approaches like Water Safe Communities and outbreak preparedness, particularly in high-risk and low-income settings.

## IMPROVING AVAILABILITY OF MENSTRUAL HYGIENE MATERIALS

Many women and girls face challenges managing menstruation safely and with dignity—38 out of 100 lack the necessary facilities, information, and support. Access to affordable, appropriate menstrual hygiene materials is especially limited for poorer and less-educated populations, with difficulties most pronounced in provinces like Madhesh and Koshi. This gap contributes to school absenteeism, reduced participation in daily life, and reinforces stigma and gender inequality.

**What this means:** The issue goes beyond awareness, it is about equitable access to affordable menstrual hygiene materials, supportive environments, and enabling social norms that allow adolescent girls to manage menstruation with dignity.

**What it takes:** Rapid gains can be achieved through improving access to affordable menstrual hygiene materials (including reusable options), strengthening supply chains through schools and communities, integrating menstrual health into WASH and education programmes, and promoting behaviour change to address stigma and increase knowledge especially among the most vulnerable groups.

## EXPANDING THE CHILD GRANT SCHEME

The child grant scheme has demonstrated the effectiveness of targeted interventions in addressing entrenched inequalities affecting children. Karnali, which benefits from the child grant, has the highest birth registration rate—96 out of 100 children—compared with 78 out of 100 in Koshi. Similar gaps are seen in other child well-being indicators, suggesting that sustained income support can contribute to improved outcomes for the most disadvantaged families.

**What this means:** The challenge is not only to expand the child grant geographically, but also to ensure it covers the critical period from conception to age five, while taking a holistic approach that combines cash benefits with access to essential services for mothers and children.

**What it takes:** While increasing overall funding for social protection may be difficult, improving the efficiency of social security allowances—by reducing leakages across schemes—can help redirect resources toward expanding the child grant.

## CONCLUSION:

# TURNING DATA INTO ACTION

This advocacy brief has sought to make one idea clear: behind every statistic is a child and behind every disparity is a choice. By imagining Nepal as a country of 100 people, we are reminded that inequalities are not abstract—they are visible, immediate and deeply human. Some children are thriving, while others are still being left behind due to where they are born, their family's income, their gender or their social background.

Yet, the story of Nepal is not only one of challenges—it is also one of possibility. The progress achieved in recent years shows that change is possible when there is commitment, investment and collective action. The data presented here offers both a mirror and a roadmap: a mirror reflecting where inequities persist and a roadmap pointing toward solutions that can accelerate progress for all children.

As Nepal enters a new phase of leadership and development, there is a critical opportunity to act with purpose. Prioritizing children—especially the most disadvantaged—must remain central to national decision-making. Strategic investments, stronger systems and inclusive policies can ensure that every child has access to health, education, protection and opportunities to thrive.

The responsibility to act does not lie with one institution alone. Government, development partners, the private sector, communities and families all have a role to play in shaping a more equitable future for every child. With shared vision and sustained effort, Nepal can continue to close gaps and build a society where every child is seen, valued and supported.

The path forward is clear. The time to act is now—for every child, everywhere in Nepal.



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