



# Sustaining the Sustainable Development Goals





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# Proving Essential Services for Everyone SDGs in Nepal

The United Nations General Assembly (UNGA) established the Sustainable Development Goals in 2015 to guide global development for the following 15 years, replacing the Millennium Development Goals (MDGs) that were in effect from 2000 to 2015.<sup>1</sup> The UNGA began the formulation of the SDGs with the establishment of the Open Working Group which drafted a text consisting of 17 goals and 169 targets, which was presented to all its members in September 2014.<sup>2</sup>

The governments of Columbia and Guatemala initially advocated for establishing global goals with certain indicators, which was later formally introduced to Rio +20.<sup>3</sup> The Sustainable Development Goals are underpinned by three

fundamental economic, social, and environmental pillars.<sup>4</sup>

## SDGs in South Asia

The South Asian subregion is vital to the worldwide achievement of the SDGs because of its sizable and expanding population,<sup>5</sup> which currently makes up almost a quarter of the world's population. East and South Asia have made the best progress towards the SDGs after their adaptation. With a yearly average Index score of 63.58 in 2021, South Asia is 63.58 percent toward achieving the highest possible results for each of the 17 SDGs. Compared to the region's baseline score from 2015—the year the SDGs were introduced—this score is 2.64 percent higher. South Asian nations are performing below target.

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<sup>1</sup> Pogge, Thomás and Mitu Sengupta (2015). "The Sustainable Development Goals: A Plan for Building a Better World?" *Journal of Global Ethics*. 11 (1); pp. 56–64. <https://doi.org/10.1080/17449626.2015.1010656>.

<sup>2</sup> Ibid.

<sup>3</sup> Hák, Tomáš, Svatava Janoušková and Bedřich Moldan (2016). "Sustainable Development Goals: A Need for Relevant Indicators." *Ecological Indicators*. 60; pp. 565–573. <https://doi.org/10.1016/j.ecolind.2015.08.003>.

<sup>4</sup> Ibid.

<sup>5</sup> United Nations Economic and Social Commission for Asia and the Pacific (2018). *Achieving the Sustainable Development Goals in South Asia: Key Policy Priorities and Implementation Challenges*. New Delhi.

## SDGs in Nepal

Nepal, as a member of the UN, is fully committed to the SDGs. In 2015, Nepal joined other members of the UN in adopting these global goals as international development targets.<sup>6</sup> The implementation of SDGs began in Nepal in 2016 and was incorporated to achieve the national goals with the aspiration, 'No One is Left Behind While Eradicating Poverty and Promoting Prosperity'.<sup>7</sup>

Fortunately, the global adoption of the SDGs aligned with Nepal's new political and economic era.<sup>8</sup> In 2015, Nepal ratified a new constitution. After a grueling two decades of armed conflict and political upheaval, the historic 2017 election restored nearly 40,000 positions to local, provincial, and federal parliaments and started enacting a new constitution.<sup>9</sup> The National Planning Commission worked as the government's designated agency for planning, budgeting, coordinating, and monitoring the implementation of SDGs.<sup>10</sup>

The Government of Nepal has incorporated the Sustainable Development Goals (SDGs) into central and local plans. With a comparative

progress score of 66.5, Nepal is ranked 99th out of 166 countries. Nepal still has 33.5 percent of the SDGs to accomplish in less than ten years. SDG 12 (Responsible Consumption and Production) and SDG 13 (Climate Action), two of the 17 SDGs that Nepal has successfully attained, are noteworthy. However, current trend data indicates that Nepal is stagnating, and caution should be exercised.

## SDGs 3 and 4

SDG 3 seeks to ensure healthy lives and promote wellbeing for all at all ages; contains targets which include (1) reducing, by 2030, the global maternal mortality ratio to less than 70 per 100,000 live births, (2) ending preventable deaths of newborns and children under 5 years of age, (3) ending the epidemic of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases, (4) reducing by one-third premature mortality from Non-communicable Diseases (NCDs) through prevention and treatment and promote mental health and wellbeing, and (5) strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.<sup>11</sup>

**“The Government of Nepal has incorporated SDGs into its central and local plans.”**

Image: [www.nepallivetoday.com](http://www.nepallivetoday.com)



<sup>6</sup> National Planning Commission (2017). *National Review of Sustainable Development Goals*. Kathmandu.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<b>Selected Targets and Indicators</b>	<b>2014</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Net enrolment rate in primary education, %	95.3	100	100	100
Children reaching the last grade of primary level (%)	98.9	99.3	99.7	100
Pupils enrolled in grade 1 reach. grade 8 %	74.6	82.2	88.6	95
Attendance to early childhood education (%)	50.7	65.4	77.7	90
Scholarship coverage of total students (%)	21.5	25.9	29.6	33.3
Gender Parity Index (GPI)	0.62	0.76	0.91	1
Literacy rate of 15-24 years old	88.6	92.5	95.8	99
Literacy rate of 15-24 years old (women)	84	89.6	94.3	99
Numeracy all (Read and Write) > 15 yrs (%)	62.2	75.6	86.8	98
Numeracy female (Read and Write) > 15 yrs (%)	51.9	68.1	81.5	95
Human assets index	67	70	72.8	76
Gender development index	0.53	0.6	0.65	0.7

Source: Khatiwada, 2015

On the other hand, SDG 4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, targets to ensure, by 2030, (1) that all girls and boys complete accessible, equitable, and quality primary and secondary education leading to relevant and effective learning outcomes, (2) that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education, (3) equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university, (4) that a larger percent of youth and adults have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship, and (5) elimination of gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, among others.<sup>12</sup>

## Findings

Nepal's National Planning Commission (NPC) has identified several key indicators for the targets and set tentative quantitative targets for each indicator. The target set by the NPC for SDG 4 (Ensure

inclusive and equitable quality education and promote lifelong learning opportunities for all) is shared in the table here.

Reports on the SDGs in 2022 show that Nepal is trying to address Goal 4—quality education. These reports also indicate that Nepal is one of the countries that had achieved moderate improvements when it comes to achieving Goal 4.

Educational governance in Nepal has been a shared responsibility among donors and the government of Nepal; but the latter needs to be more vital in making policy decisions.<sup>13</sup> The World Bank assumed a very influential role in guiding the educational plans and policies of the country after the 1990s.<sup>14</sup> Since then, educational development in Nepal has not had any long-term framework. The government keeps adapting to short-term educational projects and keeps changing policies as funders desired. The governance structure in Nepal has not only expanded the number of actors involved in educational policies, but it has also given them a way out of accepting full accountability for the failings of their policy decisions.<sup>15</sup>

<sup>12</sup> Ibid.

<sup>13</sup> Regmi, Kapil Dev (2019). "Educational Governance in Nepal: Weak Government, Donor Partnership and Standardised Assessment." *Compare: A Journal of Comparative and International Education*. 51 (1); pp. 24–42. <https://doi.org/10.1080/03057925.2019.1587704>.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

Although the country has shown significant improvements in the fundamental indicators of education, like literacy and school admission rates, the country still has a long way to go regarding quality education. The education system has yet to incorporate skill-based learning and practical experiences. The lack of practical education has directly impacted employment opportunities, which is reflected in the alarming out-migration of the younger generation. Nepal also experiences unbalanced development between urban and rural areas, resulting in an unreasonable distribution of resources in these areas.

Out of a total sample size of 1,312 students from the provinces of Karnali (659) and Madhes (753), only 14 percent have appropriate knowledge and skills in literacy, indicating a significant learning gap in mathematics, science, English, and Nepali language. The literacy assessment conducted by the Kathmandu University School of Education for children in Grade 5 reveals that 43.6 percent of pupils are below the basic level, and 43.1 percent are at the primary level!<sup>16</sup> Before the pandemic, about 32.1 percent of students had below-basic mathematical ability, according to the National Assessment of Students' Achievements. Based on the current Learning Gaps Study of 2023, 42.1 percent of students have now attained that level!<sup>17</sup>

The constitution of Nepal mandates the state to ensure that every citizen has the right to education. As a socialism-oriented federal democratic republic, the state is directed to provide quality education through public-owned institutions. However, in recent years, Nepal has witnessed a high dependence on privately owned educational institutions. The failure to provide quality education through public institutions has massively increased the number of students enrolling in private institutions. This has resulted in high economic responsibilities for parents while increasing the learning gap in economically disadvantaged communities. A recently published concept paper by the University Grant Commission (UGC) suggests closing 218 community institutions with fewer than 100 students!<sup>18</sup>

According to the Office of the Auditor General's 60th annual report, there has been a huge decline in community school enrollment!<sup>19</sup> The number of students attending these 20,712 schools nationwide, which serve Grades 1 through 8, has been dwindling by an astounding 5 percent annually.<sup>20</sup> There was a sharp drop of 20.14 percent to 3,879,000 pupils at the primary level in these schools in 2078 BS compared to the data from 2074 BS, which indicated 4,857,000 students at that level.<sup>21</sup> In sharp contrast, over the same period, the number of students enrolled in private educational institutions has increased by an astounding 47 percent!<sup>22</sup>

**“The constitution of Nepal mandates the state to ensure that every citizen has the right to education.”**

Image: [www.exemplars.health](http://www.exemplars.health)



<sup>16</sup> Rastriya Samachar Samiti (2023). “Children's Learning Loss Continues to Aggravate in Nepal, Study Reveals. *Nepal News*. December 13. Retrieved from: <https://tinyurl.com/yf8n5h6u>.

<sup>17</sup> Education Review Office (2019). *National Assessment of Student Assessment 2018: Report on the National Assessment of Student Achievement in Mathematics and Nepali for Grade 5*. Bhaktapur.

<sup>18</sup> República (2023). “Nepal's Worsening Public Education Crisis.” April 24. Retrieved from: <https://tinyurl.com/bde4t3cy>.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

The performance of Nepal's health system is improving, but there is still much to be done. Understanding the opportunities and challenges is critical to Nepal's success in the federalization process. Improvements must be made at every health system level, including leadership and governance, service delivery, health financing, health workforce, access to necessary medications and technologies, and health information systems.<sup>23</sup>

**“Nepal has significantly improved its health indicators.**

Image: [www.exemplars.health](http://www.exemplars.health)



Primary health care in Nepal is organized vertically, with an extensive network of community health workers at the periphery and disease control programs at the core.<sup>24</sup> Nepal echoes the increasing rise in life expectancy and changes in disease patterns, including the current impact of COVID-19, other aspects of the globalization of health, and factors influencing the global burden of diseases.<sup>25</sup>

Throughout the past few decades, Nepal has significantly improved its health indicators.<sup>26</sup> Globalization in health, including economic development through the improvement of the primary (mainly peripheral) health care (PHC) system, primarily through investments to construct the health care infrastructure, was responsible for the remarkable achievement in health indices.<sup>27</sup>

Several factors, including geographic distribution, culture, governmental policies, physical barriers, lack of infrastructure, lack of healthcare professionals, attitude toward medical professionals, security concerns of healthcare professionals, and shortage of healthcare services in Nepal.<sup>28</sup> Health indicators such as IMR, MMR, U5MR, and average life expectancy have improved since 2010. In 2010, the IMR was 37.79 and 46.98 per thousand live births; in 2019, they were 26.36 and 31.55 per thousand, respectively. In 2010, the MMR was 305 per 100,000, but it improved to 186 per 100,000 in 2017.<sup>29</sup> During the COVID-19 pandemic, existing programs like the Safe Motherhood program were impacted. According to a study published in *The Lancet Global Health*, neonatal deaths increased from 13 to 40 per 1,000 live births before lockdown, and institutional stillbirths increased from 14 per 1,000 total births (Neupane et al., 2021). Non-communicable diseases, such as intracerebral hemorrhage, COPD, and ischemic heart disease, were the leading causes of death.<sup>30</sup>

<sup>23</sup> Wasti, Sharada Prasad et al. (2023). “Overcoming the Challenges Facing Nepal’s Health System During Federalisation: An Analysis of Health System Building Blocks.” *Health Research Policy and Systems*. 21 (1). <https://doi.org/10.1186/s12961-023-01033-2>.

<sup>24</sup> Adhikari, Bipin, Shiva Raj Mishra and Ryan Schwarz (2022). “Transforming Nepal’s Primary Health Care Delivery System in Global health Era: Addressing Historical and Current Implementation Challenges.” *Globalization and Health*. 18 (1). <https://doi.org/10.1186/s12992-022-00798-5>.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Neupane, Prajwal et al. (2021). “The Nepalese Health Care System and Challenges During COVID-19.” *Journal of Global Health*. 11. <https://doi.org/10.7189/jogh.11.03030>.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

Every year, over 10 percent of Nepal's population faces financial burdens and cannot pay hospital bills.<sup>31</sup> Moreover, half a million Nepalis fall below the poverty line every year, paying for expensive medical care.<sup>32</sup> Nepal has made impressive strides in reducing maternal mortality and childhood malnutrition in the last decades, but it is lagging in assuring accessible and affordable healthcare for its people.<sup>33</sup> This condition is against the constitutional provision of guaranteed health care for all. Health care is either over-commercialized or offers substandard service.<sup>34</sup>

The unequal distribution of resources mainly causes a significant gap in the quality of health services in Nepal. This issue is still prevalent due to the need of policymakers to have a better understanding of ground reality. Nepal introduced its national insurance scheme in 2017 during the leadership of Health Minister Gagan Kumar Thapa. The premium for insurance per family is now Rs3,500 (US\$27.00) per year for a benefit package of Rs100,000 (US\$770.00). However, this does not cover the health expenses of chronic diseases. Moreover, late reimbursement to medical providers is a persistent problem, and hospitals are now considering leaving the national insurance scheme. Patients who cannot obtain timely therapy simply quit.<sup>35</sup>

## Conclusion

Nepal, as a socially democratic country, has to focus on the equal distribution of essential services such as health and education. In the present-day scenario where brain drain is at its highest peak than ever before, the state must impart quality education for all. The education being provided has to be more skills-based to ensure employment opportunities.

There has been a massive attraction and shift towards private education. However, private education is not affordable. Public education must be strengthened to ensure everyone has access to quality education. This has to be subsidized with changes in policy and the introduction of an education master plan to ensure deep-seated reforms in this sector.

Only Nepal's basic health parameters have improved in the past few decades. There is a lot to be done in the health sector beyond just maternal

and child health care or addressing diseases like TB or HIV. Life expectancy alone cannot be considered an indicator of good health condition. More factors add to good health and well-being. This can be improved significantly by strengthening the health insurance scheme introduced by former health minister Gagan Thapa. The state's investment in the health sector has to be increased significantly. Health and well-being are connected to factors such as the environment, water, and sanitation. These elements should be equally taken care of while in conversation about health-related parameters. ■

Image: www.unicef.org



<sup>31</sup> Awale, Sonia (2022). "In a Health State." *Nepal Times*. June 22. Retrieved from: <https://tinyurl.com/2tr8y8hk>.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.



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