



Child Well being
Annual Report
FY 2016

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List of acronyms

ADP	Area Development Programme
ANC/ PNC	Anti-natal checkup/ Post-natal checkup
ARI	Acute Respiratory Infection
ASRH	Adolescent Sexual and Reproductive Health
C-BIMCI	Community-Based Integrated Management of Childhood Illness
C-CDRR	Child-Centered Disaster Risk Reduction
CCWB	Central Child Welfare Board
C-FLG	Child-Friendly Local Governance
CPCCs	Child Protection Promotion Committees
CP	Child Protection
CVA	Community Voice and Action
C/RNDRRC	Central/Regional Natural Disaster Rescue Committee
CW-B/ A/ O/ T	Child Well-being/ Aspirations/ Outcomes/ Targets
D(P)HO	District (Public) Health Office
DADO	District Agriculture Development Office
DAP	Developmental Assets Profile
DCWB	District Child Welfare Board
DDC	District Development Committee
DEO	District Education Office
DME	Design, Monitoring and Evaluation
DRR	Disaster Risk Reduction
D-WASH-CC	District Water, Sanitation and Hygiene Coordination Committee
DWSSDO	Drinking Water Supply and Sanitation Division Office
ECED/C	Early Childhood Education and Development/ Centre
FCHV	Female Community Health Volunteer
FLAT	Functional Literacy Assessment Tool
GESI	Gender Equality and Social Inclusion
HEA	Humanitarian Emergency Affairs
I-FA	Iron-Folic Acid
INEE	Inter-agency Network for Education in Emergencies
I/ NGO	International/ Non-governmental Organizations
IYCF	Infant and Young Children Feeding Practices
JOAC	Jersey Overseas Aid Commission
LDRMP/C	Local Disaster Risk Management Plan/ Committee

LEAP	Learning through Evaluation with Accountability and Planning
MC	Management Committee
MCHN	Maternal Child Health and Nutrition
MEALS	Monitoring, Evaluations, Accountability, Learning and Strategy
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
MoFALD	Ministry of Federal Affairs and Local Development
MVC	Most Vulnerable Children
NER	Nepal Earthquake Response
NDHS	National Demographic and Health Survey
OD-F	Open Defecation-Free
ORC	Outreach Clinic
ORS	Oral Rehydration Solution
PD-Hearth	Positive Deviant (PD) Hearth
PIA	Programme Impact Area
RP/ RC	Resource Person of DEO/ Resources Centre of DEO
RC	Registered Children
C-/S-BDRM	Community-/School-Based Disaster Risk Management
SALT	Slope Agriculture Land Technology
SMC	School Management Committee
SMT	Senior Management Team
SDGs	Sustainable Development Goals
SO	Strategic Objective
TA/TP	Technical Approach/ Technical Programme
VCPPC	Village Child Protection and Promotion Committee
VDC	Village Development Committee
VWASH CC	Village Water, Sanitation and Hygiene Coordination Committee
WASH	Water, Sanitation and Hygiene
WAYCS	Women, Adolescence, Youth and Child Friendly Spaces

Foreword

Investing fully in children today will ensure the well-being and productivity of future generations for decades to come. By contrast, the physical, emotional and intellectual impairment that poverty inflicts on children can mean a lifetime of suffering and want – and a legacy of poverty for the next generation...

-Carol Bellamy

I am pleased to share this year's Child Well-being Report.

This report gives us the opportunity to look back over the past year and reflect on our challenges and achievements in improving the lives of vulnerable boys and girls in Nepal.

In FY2016, World Vision International Nepal (WVIN) reached more than 900,000 women, men, girls and boys with long term development programming and through the earthquake response. Over the past year, WVIN contributed to a number of Sustainable Development Goals, specifically: No Poverty; Zero Hunger; Good Health and Well-being; Quality Education; Gender Equality; Clean Water and Sanitation; Reduced Inequality; Climate Action and; Peace and Justice Strong Institutions.

Changes for a sustainable future where children can thrive will not succeed unless children themselves are involved. In May 2016, I had the opportunity to meet with children in a Child Club in Sunsari. As the children talked about

their dreams for the future, I was struck by the confidence they exhibited. By their own account, this confidence came from the training and support they had received from World Vision. They understood that their opinions, their thoughts—their voice—are important. The



children in this Child Club had already stopped a child marriage by appealing to the family, involving the Village Child Protection and Participation Committee and eventually speaking to the police. They cared enough about the well-being of their young classmate to take action and had the understanding and confidence to do so.

Such encounters fill me with hope. Through our work, we are not only addressing the basic needs of children, such as health, shelter and education, but we're contributing to their empowerment and ability to view themselves as agents of change.

I'd like to thank our staff, particularly those working in remote and difficult areas, for their commitment and hard work. Thanks also to our many partners: communities, national NGOs, local and national government and our donors. As this country goes through profound change, we will need to work even more closely together to bring about a future that is fit for the children of Nepal.

Executive summary

WorldVision International Nepal (WVIN) reached 394,455 children and adults (71,019 girls, 67,261 boys, 169,742 women and 86,433 men) through its child focused long-term development programmes in 12 districts of Nepal covering 113 Village Development Committees (VDC) and 21 municipalities in FY16. Sectors including Education, Health, Livelihood, Child Protection and Disaster Risk Reduction (DRR) projects were implemented in collaboration with communities, government, 31 Non Government Organisation (NGO) partners and 36 media partners to provide support to the most vulnerable children and families.

Through the Earthquake Response Program, 526,873 people were reached across 10 of the hardest hit districts through the relief and recovery activities under Shelter, Health, Education, WASH, Livelihood and DRR sectors; with a goal to meet the emergency needs, strengthen the resilience and self-recovery and restore a sense of safety for earthquake affected children and their communities'. Thus through development and response programmes, a total of 9,021,44 people (182,218 girls, 181,527 boys, 312,265 female and 226,134 male) were reached across 19 districts of Nepal covering 237 Village Development Committees and 26 municipalities.

Access to Quality Education

In its development programme, WVIN worked with 516 schools to improve the quality of education. 193 of the 516 schools in those 12 districts, improved key child-friendly school standards. This has resulted in an increase of 8.6% in the children aged 11-13 who can read with comprehension. Similarly, 48% of Early Childhood and Education Development (ECED) centers have met one or more standards in FY16. The improved learning environments have encouraged parents to send their children to ECED centers, which have seen a 6% increase in.

In response programme, WVIN worked with 104 schools with the objective to support government for the resumption of educational services and promoting child friendly teaching and learning in schools. A total of 32,589 children were reached through education programming including repair of 11 school buildings with improved Water, Sanitation and Hygiene (WASH) facilities maintaining 100% compliance with minimum standard set by government of Nepal and Inter agency Network for Education in Emergencies (INEE).

Child Health

WVIN development projects worked with 170 local health institutions to ensure access to services for the most vulnerable. Through WVIN's efforts for improving the nutritional status of children aged under five, there has been 3.2% decrease in the prevalence of malnutrition of children. Financially and technically supporting to the government's Open Defecation-Free campaign has led to an 11% increase in families having their own toilets and 12% increase in caregivers washing their hands correctly. In project areas there has been 7% and 3.3% increase in safe birthing (Institutional delivery) and Post-Natal Care (PNC) respectively among pregnant women and nursing mothers.

The response programmes reached to 118,483 people (20,694 families) through health and WASH activities for the resumption of health services and improve personal hygiene in earthquake affected areas. In addition, the response programme worked with 39 local health institution and rehabilitated 70 water system schemes.

Community Resilience to Disaster and Economic Shocks

Of 7,351 individuals given farm-based training and support, 32% increased their income through increased production in the development programme areas. Households having year-round food security has increased by 3.1% in FY16. Participation of vulnerable youths in the livelihood programme was prioritized and 49% of people who gained vocational skills were either employed or started their own business within this reporting period. 24 Local Disaster Risk-Management Plans (LDRMP) were implemented in close collaboration with WVIN.

In the response areas, 37,252 families reached through livelihood activities including distribution of agriculture inputs, restocking of livestock and livestock shelter reconstruction, and vocational training. WVIN worked with communities and local governments in three Districts to ensure that LDRMP were developed and linked to livelihoods and community development plans.

Protection for Vulnerable Groups

Under development programmes, WVIN has supported strengthening systems which serve to protect children and increase their resilience. WVIN strengthened the capacity of 59 Village Child Protection and Promotion

Committees (VCPPCs) in incident management, local advocacy, and awareness raising. 26 Child Friendly Local Governance (CFLG) committees were also supported which helped improve the environment for children. ADPs' birth registration campaign resulted in 74% of children being registered with local authorities compared to the national average of only 58%. WVIN advocated strongly on child protection. As a result Central Child Welfare Board (CCWB)/Ministry of Women, Children and Social Welfare formulated case management guidelines on Child Protection resulting in incident management at district and local level and endorsement of the National Strategy on the elimination of child marriage by Cabinet.

In the response areas, 19,581 children were reached through child protection activities such as orientation on child rights, child protection and incident management, promotion of child protection committee at local level and psychosocial support to children and their families.

WVIN is in the process of reviewing country strategy considering the changes in the WVI global strategy, phase out of earthquake response programme, effective implementation of technical programs formulated through LEAP 3.0 process and changes in country landscape. The revised strategy will focus for maximum impact on the most vulnerable children.

Introduction

WVIN has formulated a new strategy for FY16-20. Structured on that new strategy, purpose of this report is to provide an overview of achievement against strategic objectives as well as look at how to maximize the impact of business and programme improvements on child well-being.

Strategic linkage with CWBA and SDGs

	Strategy FY16-20	Relevant CWBA	Proximal CWBT	Relevant SDGs
Goal	To address the causes of poverty and inequity for the sustained well-being of 1 million children.	<i>Sustained well-being of children within families and communities, especially the most vulnerable.</i>	Children report an increased level of well-being.	
SO-1	Equitable access to quality education	Are educated for life	Increase in children who can read with comprehension	- Quality education
SO-2	Improve child health	Enjoy good health	<ul style="list-style-type: none"> - Increase in children who are well-nourished - Increase in children protected from disease & infection 	<ul style="list-style-type: none"> - Good health and well-being - Clean water and sanitation
SO-3	Protection for vulnerable groups ¹	Are cared for, protected and participating	Children report an increased level of well-being	- Gender Equality
SO-4	Improve community resilience			<ul style="list-style-type: none"> - No Poverty - Zero Hunger - Decent work and economic growth - Sustainable cities and communities

Progress update on previous CWBR Action Plan

Based on CW-B Report recommendations 2014, action points were developed by WVIN SMT, progress made so far:

Key areas of improvement	Key Recommendations	Progress so far	Plan for future
Education: Promote Safe School Initiatives	<ul style="list-style-type: none"> - Strengthen and promote safe school initiatives 	<ul style="list-style-type: none"> - 7 ADPs implemented safe school initiatives; Doti-10, Kailali-12, Udayapur E & W-17, Lamjung-10, Morang-7, and urban ADPs-4. Altogether 60 schools initiated for the intervention. 	<ul style="list-style-type: none"> - Expand the programmes in other districts according to vulnerability mapping.
Education: Improve Learning Outcomes	<ul style="list-style-type: none"> - Ensure appropriate models are applied to improve learning achievement 	<ul style="list-style-type: none"> - Education TP has adopted Literacy Boost model to improve learning outcomes based on the recommendation provided - First phase ADPs, Early Childhood Care and Development Project according to the life cycle approach - Literacy Boost model implemented in 4 ADPs; Udayapur W, Kailali E, Chisapani, and Morang 	<ul style="list-style-type: none"> - Provide guidance to ADPs in selecting the appropriate model under Education TP

¹ This strategic objective is intended to work on gender on social inclusion, on top of Child Protection

Key areas of improvement	Key Recommendations	Progress so far	Plan for future
Health: Integrate nutrition and livelihood in programming	Explore programmatic linkage between health and livelihood	- Achham ADP implemented JOAC project which has integrated components for improving child nutrition and family income	- Integrate the activities in sponsorship projects.
Health: Promote Nutrition programmes in first phase ADPs	- Ensure that PD hearth model is adopted in health TP	- 4 ADPs; Sindhuli, Kailali E, Doti E and Doti W implementing PD hearth model under sponsorship projects: Achham is implementing through grants project	- Expand PD hearth model in first phase ADPs
Protection: Local advocacy for child protection & gender	- Explore strategic partnership at national level	- MoU with MOFALD resulted in WVIN joining the Technical Committee for scaling up of CFLG initiative. - WVIN has been able to see Child Well-Being inputs included in the 14th Periodic Planning, which is also called 14th National Development Plan. - GESI has been integrated into technical approach.	- Expand partnership with other central level government depts. to improve national advocacy
Process: Evidence strengthening	- Roll out mobile based outcome monitoring - Strengthen quality monitoring - Improve database at ADP level	- 16 ADPs are conducting mobile based outcome monitoring; results are reflected in annual reporting. - Strategy baseline survey carried out; baseline is created for the measurement - 9 evaluations carried out (2 external) and best practices like value chain, market literacy, literacy boost, lead farmer model, CP incidence management systems are planned to be replicated. - Tracking tools are developed (for beneficiary and institutional support tracking) and ADPs are updating database periodically.	- Revise tools based on TA/TP for mobile based outcome monitoring. - Develop quality benchmarks for quality monitoring. - Ensure tracking tools are aligned with specific grants project.
Process: Maximize the impact to the most vulnerable	- Explore ways to involve the most vulnerable - Improve promotion of vocational skills, focusing on most vulnerable youths	- Research conducted with most vulnerable children and families to get their views; to involve them in programmes - More than 90% of youths in vocational training were from the most vulnerable groups	- Track the most vulnerable families as pilot in 2 ADPs - Apply quality monitoring tools to measure the progress among the most vulnerable groups
Process: Establish simple, effective, accountable and efficient process and systems	Apply continuous improvement in organizational processes	- 7 staff completed Lean Six Sigma Green Belt certification test and approved from Master Black Belt - Applied continuous improvement tool, Kaizen in 5 projects; Earthquake preparedness, Source to Pay, Assets Management, Urban Assessment and Design and RC Monitoring. Application of the Kaizen tools have resulted in simplifying processes in WVIN manual and PNGO procurement manual.	- Pre-position goods, east and west - Carry out pre-positioning vendor agreements - Improve supply chain system which can manage large, rapid purchases - Maintain storage capacity

Methodology

The report was led by MEALS through joint effort of Programme Effectiveness, Operations (ADPs, grant project teams, Communications), Sponsorship, Finance and Senior Leadership Team. Feedback and input from SLT has been incorporated at different stages. Different reports were referred, to collect information on the national context with relevance to WVIN's effort. Most of the quantitative information was based on 30 cluster surveys with 95% confidence level, carried out as part of midterm or final evaluation or baselines. Electronic monitoring system was used for data collection which was analyzed using SPSS and STATA software. In addition, in preparing this report, Functional Literacy Assessment Tool (FLAT), Developmental Assets Profile (DAP), Literacy

Boost Assessment, joint monitoring reports, progress reports of ADPs and grant projects, beneficiary tracking reports, plan vs. achievement reports from ADPs were analyzed. Indeed, from NER relief and recovery phase baseline and evaluation reports have been referenced. The limitations are: a) Only 6 out of 16 ADPs had survey and it has provided limited space for analysis and aggregation; b) Both FLAT and Literacy Boost Assessment measure reading with comprehension but the values can't be aggregated as the standard and methodology is different; c) Surveys with general population in the areas WVIN works in cannot truly reflect the impact on direct beneficiaries. d) From NER only national level changes for the indicators have been presented and district wise comparison is not available.

Political

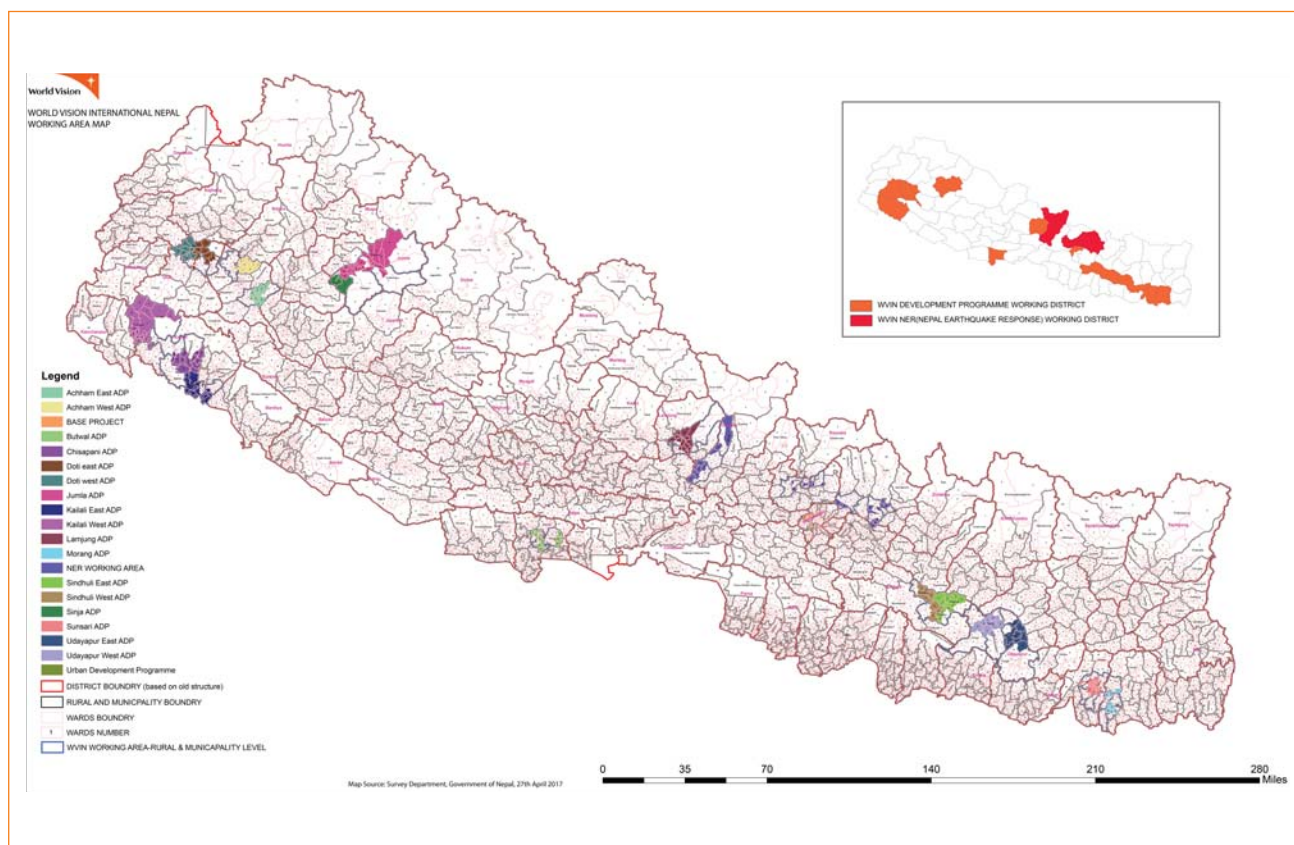
The second amendment proposed separating the hill regions of province 5 so that, like province 2, this province, would be 'Madhes-only'. The status of the five remaining districts in Terai-Madhes, the areas that were not included in province 2 or province 5, would be decided by a future federal commission.

The past 12 months has seen Nepal completely taken up by these political and constitutional disputes. As a result, governance has deteriorated and vital development work have been dropped. Amid this political instability, earthquake victims have been denied timely help. They continue to live in tents in the bitter cold.

Economic

The current political logjam has meant that Nepal's overarching national goal of graduating from a Least Developed Country (LDC) into a Developing Country by 2020 is almost certain to be missed. Achieving the goal requires annual growth in GDP over the next five years of more than 9%; the current rate, 2015, is 3%. Lacklustre economic growth has caused more young Nepalis to leave the country at the first opportunity they get. Already, every single day around 1,500 people leave Nepal to work

Nepal is 46th most corrupt country (131 position on transparency international index 2016)



in the Gulf countries. Gross and net migration rate stand at 11.23 and 10.32 per thousand respectively. India is still a destination for 37.5% of emigrants. Most male migrants (47%) are aged 15-34. Western Hill and Terai reported the highest number of absentees².

68% of Nepal's population is engaged in agriculture. Agriculture's contribution to GDP has declined from 61% in 1981 to 31% in 2011, while the contribution of remittances, once negligible, is now 25%. Those trends are both increasing³. Because GoN doubled the number of labour permits over 5 years, 7.3% in 2011, the absentee population is estimated to have now reached 10%. However, real GDP and GDP per capita growth rates are quite low compared to other developing countries due to low propensity to save, low labour productivity and low capital output ratio. GDP (nominal) per capita is \$725.⁴ The UN still expects Nepal to attain the status of a Developing Country by 2024 on the basis of its superior human development record, even though it will most certainly miss qualifying on a per capita income measure.

Demography and Poverty

Nepal has a population of 28,704,260. Females slightly outnumber males. About 34.1% of the population are aged 25-54 bracket, providing Nepal with a significant workforce. According to the 2011 census Nepal has a healthy growth rate, 1.35%. The average age of the population citizens is 21.6 years. Only 4% or less of the population is estimated to be over the age of 65. However, interestingly the proportion of those widowed in the older age group (60 and above) is significantly higher among women than men. Almost one third of women in that age group are widows, compared to only 11% for men.

Nepal has over 120 ethnic groups and more than 100 languages are spoken. Nepal's macro-level indicators, like Human Development Index (HDI), are improving. Its HDI has increased by 0.005 compared to a year ago and is now 0.548, giving it a ranking of 145 out of 188 countries in the world⁵. 23.8% of the population lives below the national poverty line. The Gini-Coefficient, which indicates inequality in income distribution, is 0.328.

The highest percentage of poverty is in the Far-Western Development Region, 45.68%, followed by the Mid-Western Development Region 31.68%. Almost half of the Dalit population fall below the national poverty line⁶. The poverty line is defined as an annual per capita income of \$225 as of Dec 2013, 60 cents per day, which is lower than that defined by the World Bank. Therefore, there is debate whether the poverty line really defines what is necessary for survival. On the contrary, the Human Poverty Index, shows that 44% are deprived of basic education, health, and access to resources.

Nepal Earthquake 2015 and its impact

The 7.8 magnitude earthquake that shook the country of Nepal on 25 April 2015 affected 39 out of Nepal's 75 districts, with an estimated 8.1 million people living in these 39 districts. The government of Nepal declared a state of emergency, requesting assistance from the international community. Just 17 days after the initial earthquake, a 7.3 magnitude earthquake followed, exacerbating the humanitarian situation. Close to 9,000 people were killed, over 22,000 people were injured, more than 602,000 houses were reported as fully destroyed and close to 300,000 partially destroyed⁷. The PDNA estimated that the total value of damages and losses caused by the earthquakes is NPR706 billion (US\$7 billion).⁸

Twenty months after the devastating earthquakes of 25 April and 12 May 2015⁹, significant efforts are underway to recover from the damage suffered in multiple sectors by the earthquake. Although the government of Nepal has sped up the support of reconstruction of damaged houses, community assets and resumption of services after the earthquake, much more remains to be done to fully recover in a resilient manner. Though earthquake affected communities have been provided with immediate temporary shelter solutions, little progress has been achieved in re-building permanent, safe and disaster resilient homes. The Independent Impacts and Recovery Monitoring (IRM) report early findings published in September 2016 noted shelter as one of people's immediate priorities (along with cash) as 70% people still live in sub-standard temporary shelters in conditions that pose a threat to their health and well-being.

² Census, 2011

³ World Bank

⁴ United Nations, 2015

⁵ 2015 Human Development Report

⁶ Economic Survey 2014/15, Ministry of Finance

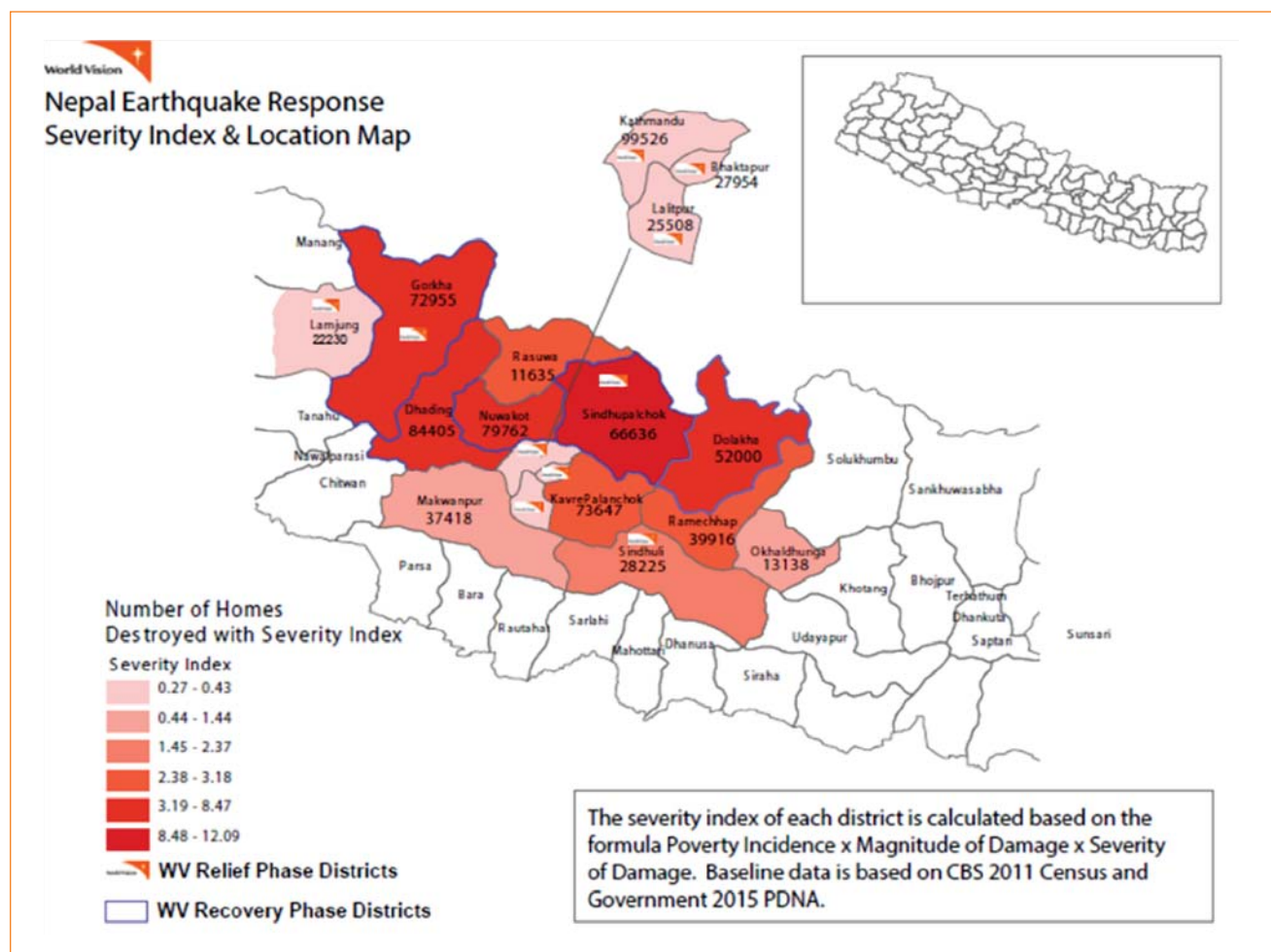
⁷ Ministry of Home Affairs (MOHA) - www.drrportal.gov.np

⁸ Government of Nepal, National Planning Commission, PDNA June 2015

⁹ As of 31st December 2016

Access to clean and drinkable water remains one of the priority unmet needs in earthquake affected districts. This has been identified through qualitative fieldwork in the IRM and community surveys by the Inter-agency Common Feedback Project (CFP).¹⁰ The earthquakes left 4,820 water systems in 14 districts fully or partially damaged. Access to regular water supply and drainage management systems also remains problematic after the earthquake due to limited investments in repair and reconstruction.¹¹ The issue of water scarcity has been consistently raised and linked to rising tensions within communities which, in a few cases, even resulted in violence. Of 34% of those who believed there were tensions in their community related to support, 28% believed this tension was caused by drying up of water sources which suggests competition exists in communities for limited resources.¹²

The impact on agriculture-based livelihoods and food security has been severe in the earthquake affected rural mountain areas, where agriculture remains the only source of income. Pockets of moderate to high food insecurity and vulnerability persist in those areas, most notably in the response districts of Sindhupalchok, Gorkha and Dolakha.¹³ The earthquake affected households have borrowed money mainly to meet their basic needs, with 60% of households reporting to use loans for basic household items including food.¹⁴ People identify as main obstacles for alternative income generation 1) lack of skills (especially of women), 2) lack of resources to replace lost inputs or (re)start a livelihood and 3) lack of job opportunities.¹⁵ In the agricultural sector, the widespread infrastructure damage, including the destruction of irrigation schemes, roads, and terraces still negatively impact grain and vegetable production.¹⁶



¹⁰ Asia Foundation, Independent Impacts and Recovery Monitoring Report, April 2016. Inter-Agency Common Feedback Report, Nepal, January 2016.

¹¹ Post Disaster Needs Assessment 2015.

¹² Inter-Agency Common Feedback Survey Project, Report, May 2016.

¹³ Multi-Agency Joint Assessment of Food Security, Livelihoods and Early Recovery, November 2015.

¹⁴ 58% use loans for recovery from shocks such as health, damage repair and replacement of assets and only 34% for investments in the future that would help reduce household risk and vulnerability to future shocks (World Vision Nepal Earthquake Response Baseline Report, 2015).

¹⁵ Nepal Community Feedback Report. Food Security and Livelihoods May 2016.

¹⁶ FAO, Nepal Situation Earthquake Report, 2016.

Summary of progress on strategic objectives

SO #1: Increase Equitable Access to Quality Education



National Context

Education indicators in Nepal have been progressively improving over the last decade. Nepal has made great strides in improving access to education, in 2015 achieving a Net Enrolment Rate (NER) of 96.6% in primary education. At the same time, there are still children who are excluded and denied the opportunity to learn and reach their potential.

With the different campaigns to encourage children back to school, Nepal has achieved MDG target-2. However, with the low learning achievement, below 50% in public schools, Nepal has to work harder if it is to achieve SDG-4: "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all."

National legislation, policies and strategies are in place, in line with international frameworks, including Convention on the Rights of the Child (CRC). The Constitution guarantees free and compulsory education up to secondary level. Yet a substantial number of the most vulnerable and marginalized children are still out of school.

WVIN Programme Area Context

The 3rd draft of Education TA has been submitted to PST for review. The TA/TPs have considered addressing the most vulnerable children, programming in urban context, poor learning outcomes, school safety initiatives and life cycle approach. Poor learning outcomes is directly associated with several traditional harmful practices: Chhaupadi¹⁷, child marriage, child trafficking, and child labour. Therefore integration has been ensured in new ADP designs to address existing issues. Despite the geographical challenge young children face in getting to school there are other issues raised in WV PIA. With the extension of roads in hilly ADPs, children are being employed to work in transportation (driver, conductor) and some are engaging in substance abuse. At the same time, with the spread of the internet, and communication devices, children are tempted to spend less time in study and more time communicating with each other.

- Enrolment in ECED and pre-primary level has reached 80.6%
 - 62.4% of those who've completed ECED enrolled in grade I as compared to 59.6% in 2014, (Girls: 62.3%, Boys: 62.5%).
 - Grade I promotion rate has increased to 83.1% as compared to 78.4% in 2014.
 - Percentage of those having to repeat Grade I declined to 12.3% from 15.2% in 2014. However, remains a great challenge.
 - 96.6 % Net Enrolment at primary level (grade I-5) (Girls: 95.9%, Boys: 96.9%)
 - 80.2% Net Enrolment at lower secondary level as compared to 74.6% in 2014.
 - 89.4% completing grade five compared to 86.8% last year. However, this still needs attention.
 - 11.3% of children aged between 5 and 12 are out of school as compared to 15% in 2014. However, that too remains a great challenge.
 - The percentage of those passing SLC (grade 10) increased to 60% in FY16 as compared to less than 50% in the past 3 years.
 - 85% of young people (15-25 years) are literate
- (Nepal Education in Figures 2015, MoE; FLASH I Report 2015/16, DoE)

¹⁷ In far west, as women are considered impure during menstruation, the tradition is to send a woman who's menstruating into an outhouse such as cowshed, so as to avoid her touching food or people

Outputs and Changes in FY16

Overall	Overall, 43,773 girls, 40,303 boys and 35,215 parents in 516 schools and 331 ECED areas have benefitted from the Education Project	
Resources	<ul style="list-style-type: none"> - Budget Spent: \$1,969,268 (Sponsorship: \$1,596,702, PNS: \$372,565) - 18 Projects - Technical Staff: 3 national and 20 zonal - Partners: Department of Education, District Education Offices, DEO/Resource Centres, Community Learning Centres, Schools, School Management Committees, Parent Teachers and Student Associations, Child Clubs, implementing NGO partners 	
Components	Key outputs	Key changes/ results
Strengthening ECED Centres towards quality learning environment for young children	WVIN worked with 331 ECED Centres <ul style="list-style-type: none"> - 331 improved their capacity on planning, operation, management, and monitoring of the centres. - 1,316 management committee members from 212 committees were trained in ECED management and sustainability - 267 ECED Facilitators were trained in teaching and learning methodology, learning environment, parental education, and preparing learning materials. - 105 ECED Centres were provided with learning and playing Materials. - 78 management committees did social audits. - Classrooms were constructed/renovated for 33 ECED Centres, WASH facilities (toilets & drinking water taps) were provided for 13 - 9,915 parents were taught improved child rearing practices/ learning environment for children. 	<ul style="list-style-type: none"> - 6% increase in ECED enrolment (average) - 3.8% increase in the primary level school enrolment (average) - 48.33% ECEDs met most of the Standards of National Minimum Standard for ECED Centers, 2010.
Improving learning outcomes	WVIN worked with 516 schools to improve the quality of education <ul style="list-style-type: none"> - 497 teachers from 345 schools were trained in child-friendly learning methodology and subject teaching. - 181 schools were provided with teaching & learning materials, libraries, laboratory and furniture - 24 schools were provided with ICT (E-library, computers, internet, and LCD projectors) - 48 schools were provided with physical facilities, 16 with new classrooms - 51 schools were provided with WASH facilities - Literacy Boost Assessment done in 105 schools - 165 reading camps established in catchment areas. 	<ul style="list-style-type: none"> - 40% of teachers are applying child-friendly and subject teaching methodology - 46% of schools have met majority of the standards of child-friendly schools (Cumulative)
System strengthening and promotion of Child-friendly teaching and Learning	WVIN worked with 209 SMCs on capacity strengthening: <ul style="list-style-type: none"> - 1,179 management committee members from 209 committees were trained in school management and monitoring - 180 schools were given financial help to prepare a school improvement plan - 127 schools developed a code of conduct for teachers, parents, and students with WVIN support - 43 schools are implementing Citizen Voice and Action (CVA) - 389 child clubs capacity strengthened (out of that 120 are community-based) - 25,300 parents were oriented on creating a learning environment for children. 	86% of schools followed the appropriate process for quality SIP development and review as per the government requirement.
Strengthening School Safety	<ul style="list-style-type: none"> - 2,548 children were trained on disaster risk reduction and disaster management - 7 ADPs have school safety component in their projects - 60 Schools have initiated the school safety activities and interventions - 37 schools have developed the SBDRM Plan - 22 Schools have assessed disaster risk of their area according to their plan. 	<ul style="list-style-type: none"> - 36 schools implemented the School-Based Disaster Risk Management (S-BDRM) plan - School teachers and SMCs are trained in disaster management

Indicators and changes in FY16

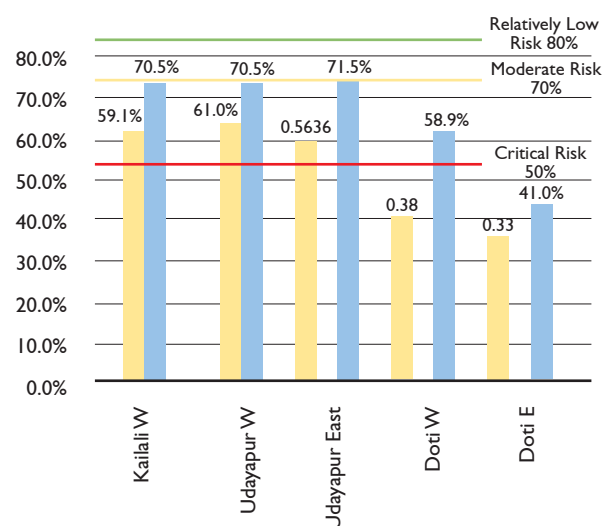
	Indicators	Value 2015	Value 2016	Methodology
Strategic KPI	Percentage of children who can read with comprehension	Increased by 7.4%	Increased by 8.6%	FLAT survey
	Number of schools implementing the safe schools framework	42 Schools	36 Schools	Monitoring
	Increase in number of schools meeting minimum of the selected policy standard	126 schools promoted	193 schools promoted	Monitoring
Other indicators	Net enrolment rate at primary level	Increased by 2.4%	Increased by 3.8 %	HH Survey
	Percentage of young children attending ECED centres or pre-primary classes	Increased by 5%	Increased by 6%	HH Survey
	Percentage of ECED centres meeting minimum standards	70% (Cumulative)	48% (160/331)	Monitoring

Percentage of children who can read with comprehension

Learning outcomes of children depends upon children's ability to read with comprehension. Therefore WV has been focusing its intervention on increasing the reading skills of children in PIA. With the technical and material support in schools and community reading centres, there has been an improvement in children's learning outcomes. FLAT survey has been used to monitor the improvement in children aged 11-13 and Literacy Boost has been used in grades 1-3.

According to Table-I.1, all 5 ADPs were able to show good progress in increasing reading skills of children. Kailali West and Doti West are a bit further ahead followed by Udayapur West. The progress has been possible because of the regular mobile meeting among teachers, training given to teachers on developing learning materials, and establishment of book corners in Kailali West. Interventions focusing on capacity building of SMC and parents has contributed a lot to the progress achieved in Doti West. Management committees are well informed about their roles and they have increased the frequency of monitoring which has resulted in utilization of teaching and learning materials by teachers. Indeed, in Udayapur West, teachers are trained in developing teaching and learning materials

% children who can read with comprehension at the age of 11-13 years



at local level. There are reading materials available for the students and they can access the school library which was established with WVIN's support. The library has led to an increase in reading among children, and that has led to an improvement increase in children's functional literacy.

Table-I.1: Percentage of children who can read with comprehension at the age of 11-13 :

Comparison of current value in FY16 with previous baseline values from WVIN FLAT survey

	Kailali W	Udayapur W	Udayapur E	Doti W	Doti E
Phase	II	I	I	I	I
Region	Terai	Hill	Hill	Hill	Hill
Baseline year	2015	2015	2014	2014	2014
Previous/ Baseline %	59.1%	61%	56.4%	38%	33%
Current (2016): %	70.5%	70.5%	71.5%	58.9%	41%

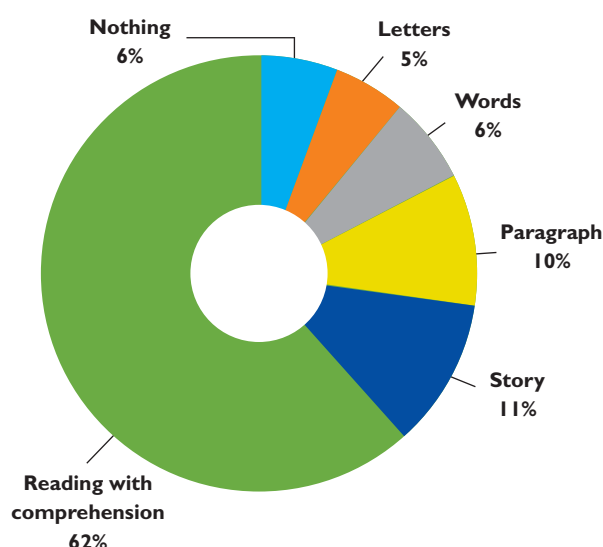
Based on the WV threshold, Doti E. still falls under the critical risk, below 50%. But an Education project was only started in Doti E. 2 years ago and the results are on an upward trend. At the same time, very low reading skills among girls has dragged the average score below the critical risk. Because of their irregular attendance, reading with comprehension among girls is only 31%, but the percentage of boys is at a moderate risk level. The average learning achievement of the area is also very poor, 44.88%¹⁸.

Table 1.2 shows that the percentage of children below level 4, up to story reading, has fallen compared to FY15, meaning that there are less children who cannot read anything. They can read letters and words. However it's still a serious concern that 6% of children cannot read anything and only 26% can read and understand local material. Readers with comprehension, the FLAT standard is children who can read and understand a story (level 5). In WV PIAs 62% of school-going children aged 11-13 years can read with comprehension.

The difference between the percentage of girls and boys functionally literate is significant in Doti E. and Udayapur W ADPs, which are in the first phase of program intervention. In Udayapur W, girls need to do household chores before and after school and schools don't have separate toilets for girls and boys, which affects their attendance. At the same time, parents don't encourage girls to study at home after school. Based on outcome monitoring, 50% of schools in Doti E. don't have separate toilets for girls. That has negatively affected girls attending school during menstruation and other regular days.

According to the Literacy Boost Evaluation done in Kailali, readers with comprehension has increased to 51% as compared to only 8% at the baseline. The assessment was done with the same children in the baseline and endline after a 20 month period. While comparing with the non-literacy

Sub-Literacy skills of children aged 11-13 years



Reading with comprehension according to sex

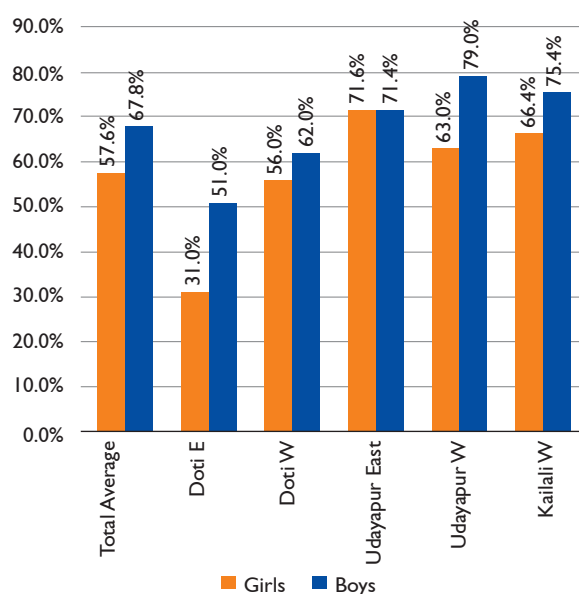


Table-1.2: Percentage of children with sub-literacy skills

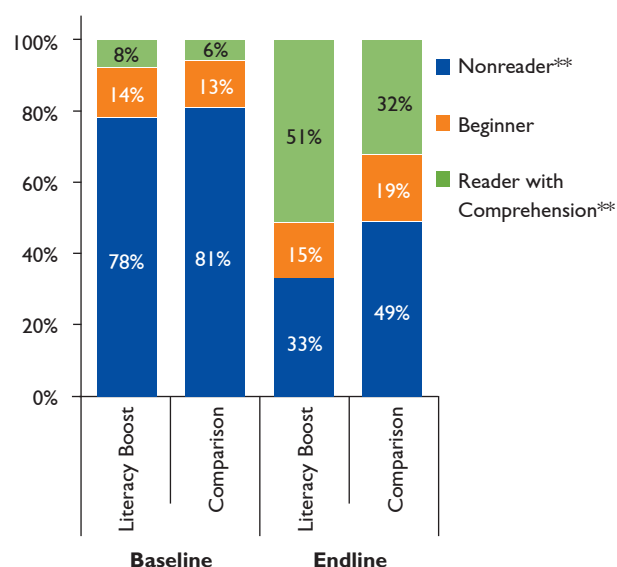
(Aggregated result of FLAT surveys by WVIN : 2016)

Level	Description	% FY15	% FY16	Cumulative FY16
6	Can read & understand local material	19%	26%	26%
5	Can read and understand a story	31%	36%	62%
4	Can read a short story	13%	11%	73%
3	Can read a paragraph of 4 sentences	12%	10%	83%
2	Can read common words	9%	6%	89%
1	Can read letters	8%	5%	94%
0	Cannot read	8%	6%	100%

¹⁸ DEO report, Doti E (2015/16)

boost intervene schools (comparison schools), there is also increase by 26% as the value reached to 32% from 6% in baseline. Therefore, WV literacy boost effectiveness can be interpreted as there is increase by 17% in children who can read with comprehension. Establishment of reading camps, print-rich environment and classroom training, cell book training, and the development of learning and playing material in the mother tongue has resulted in this progress. According to the Literacy Boost Baseline Assessment conducted in FY16 with grade 3 students, children reading with comprehension in Udayapur and Morang is 38.4% and 40.4% respectively.

Reader with Comprehension Tiers by Phase



Reading Camps for Increased Learning Outcomes

Much like other children in her community, Ankita, 9 is generally quiet. Ankita comes to Ram Pati and holds her hand, her doe-eyes fixed on Ram Pati. Ram Pati is a local community volunteer who has been trained and facilitates the reading camp set up by World Vision in Belar, central Kailali. Ankita has been attending the camp for the past thirteen months and has grown fond of her facilitator.

Every Saturday, Ankita wakes up early, gets ready and makes her way to the camp, along with her friends. There, they hang up artistic learning materials made out of local resources and for the next 90 minutes, the facilitator leads them in activities such as dancing, singing, or poetry recitals that reinforces what they have learnt in school that week. "I enjoy the reading camp more than I do school. I actually remember what I learn there as it is so much fun!" she says. According to Ram Pati, "Children who did not recognize the alphabet earlier are able to read fluently. For children to learn better, it is important for parents, teachers, and anyone that is involved to show concern."

Apart from activities based in the camp, children are also encouraged to borrow books that have been developed by World Vision to help the children improve their reading skills. Of all the books Ankita has borrowed until now, her favourite is 'Mohana Nadi', she proudly announces, "The cover of the book fascinates me; it consists of two boys rowing a boat in a river." Occasionally, she also reads books to her mother, Raj Kumari, who likes learning from her daughter. "I have noticed how Ankita's interest in reading has increased since she started attending the reading camp. Although Saturdays are supposed to be a holiday, she loves to go and learn with her friends," she says.

Ankita beams as she points at her collection of art stuck on the wall. "I do not stick my art outside because I'm scared they might tear when it's windy or raining," she says. Just recently, she won a reading competition that her school had organised.



Ankita shows her artwork brought back from the camp

"I enjoy the reading camp better than I do at school!" — Ankita

Number of schools implementing the safe schools framework

36 schools have implemented the School-Based Disaster Risk Management (S-BDRM) plan which were developed in previous years, 37 schools have developed the plan this year, 22 schools have assessed the risk of disasters in their area according to their plan. Training school teachers in DRR, training SMCs in terms of disaster risk assessment, activities and materials; non-structural mitigation and linking school-based DRR with that of the community has contributed a lot.

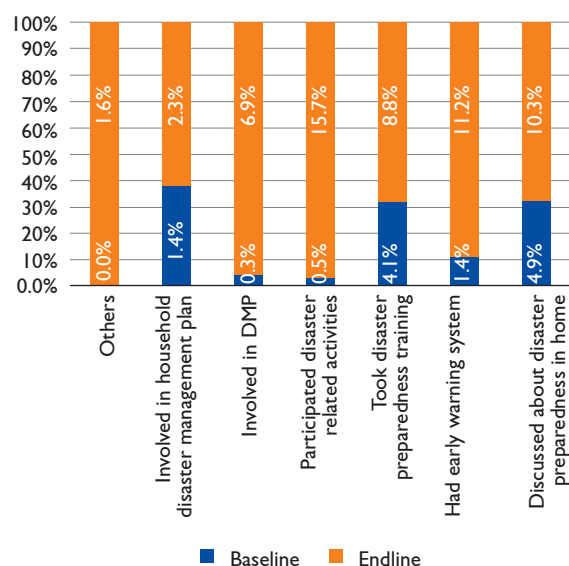
“On the way to DRM at school, we first conduct training for teachers, students, Head Teachers and SMC members. In the training we discuss risk assessment, DRRP, DRR implementation and activities, non/structural mitigation, and community outreach.”

- A partner NGO staff, Doti

As a result of the different interventions related to DRR, students' knowledge, particularly of disaster management plans, assembly points, and evacuation routes, has increased. In Doti and Kailali districts, on average the number of teachers who've received DRR training has increased by 66%. The number of teachers who said they've formed school-based DRR committees has increased by 74%, and 57% of teachers say that they've participated in formulating DRR plan at school¹⁹. In some schools, trained students can explain S-BDRM and C-BDRM better than their teachers. In other schools, teachers explained the term 'disaster' and 'hazard' better. Both teachers and students claim to have learned to prepare Jhatpat Jhola (emergency bag) as a part of coping strategy. In an FGD, one of the teachers said, “After training, we were able to identify hazards and disasters”. DRR sub-committees: a) First aid, b) Pre-information Team, (c) Search and Rescue Team, and (d) school-based disaster management team, are functioning in 27 schools.

According to the CCDRR evaluation report, 1.4% of students in the baseline survey (2015) and 2.3% in the endline survey (2016) were involved in a household disaster management plan; 6.9% in the endline survey claimed to have participated in formulating DMP as compared to only 0.3% in baseline; 8.8% in the endline survey claimed to have received disaster preparedness training as compared to

Students' Response to Mitigation Measures Adopted for Disaster Management (%)



only 4.1% in baseline; 10.3% in the endline survey claimed to have discussed disaster preparedness at home compared to only 4.9% students claiming in baseline survey; 1.4% of students in the baseline survey, and 11.2 percent in the endline survey responded that they had an early warning system. This shows that the participation of students in disaster risk management has increased.

Increase in number of schools meeting minimum of the selected policy standard

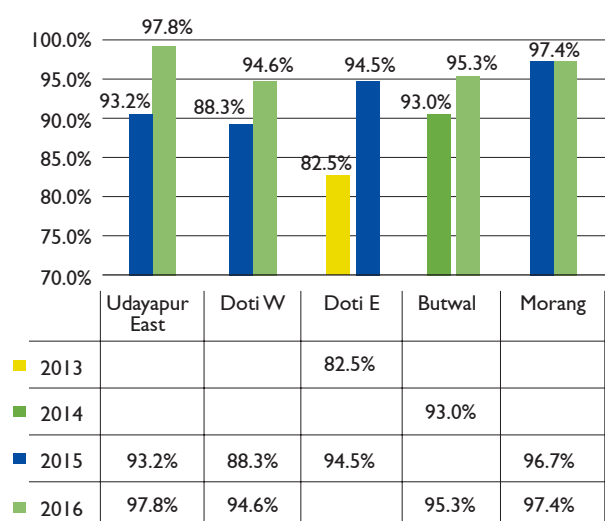
193 schools have improved one or more child-friendly school standards in FY16, contributing towards a positive learning environment for students. Following the 'National Framework of Child-Friendly School for Quality Education', WVIN is giving financial support to schools to promote a child-friendly teaching and learning environment in schools. WVIN is contributing towards all 9 aspects of the framework to achieve quality education in lower grades. Of the total number of schools supported, 46% of schools in WV PIAs have met the majority of standards for child-friendly school. For instance the Ministry of Education has declared Bhagwati Higher Secondary School, a school financially supported by WV, to be the best community school in the Far Western Region. Use of the child-friendly teaching methodology is the most important aspect of the framework. 40% of trained teachers in WV PIA are applying that methodology in their schools.

Net enrolment rate in primary level

Enrolment rate at primary level has increased by 3.8% in FY16 in WV programme area with no significance difference between girls and boys. WVIN gave financial

¹⁹ CCDRR Evaluation Report, December 2016

Net Enrolment in primary level



support to schools to conduct an enrolment campaign at the beginning of the school year. WVIN paid for banners, provided campaign slogans, and publicised the campaign in the community. At the same time WVIN encouraged school management and parents of children from vulnerable clusters to return to school. ECA activities were carried out in Udayapur E.ADP which has motivated children to come to school. At the same time, advocacy activities carried out through CVA has reduced the number of days teachers are absent and it has supported to improve quality of teaching in schools. Improvements in school infrastructure: classroom, furniture, educational materials have helped increase enrolment at primary level. In Doti W.ADP, following with the financial support given toward the construction of a girls hostel, enrolment and attendance of girls has increased. Previously girls had to walk long hours to get to school.

Percentage of young children attending ECED centers or pre-primary classes

With the financial support given to ECED management committees to build capacity, financial support given for the purchase of learning and playing materials, training given to ECED facilitators, efforts to raise awareness in the community as to the importance of ECED centers

plus the more child-friendly environment of ECED centers, ECED enrolment has been increasing. Significant progress has been made in Morang and Butwal ADPs. In the third phase of programme intervention, they plan to phase out their involvement with ECED centers. ECED enrolment has increased by 8% in 2014, 5% in 2015, and 6% in FY16.

Still there are children who aren't enrolled in an ECED center, either because of the distance to the center or because of the lack of understanding among parents regarding the importance and advantages of the ECED programme. The number is higher in hilly areas because of dispersed settlement and low literacy level of parents. On average, 33.9% of children aged 3-5 years in WV PIAs do not attend an ECED centre.

Percentage of ECED centres meeting minimum standards

48.33% (160/331) of ECED centers have met the 'National Minimum Standard for ECED centres (2010)'. 29.6% (98/331) ECED centers having met the National Minimum Standard, with the improvement in one or more standards. There are 8 major sectors: physical infrastructure, health sanitation and nutrition, teaching and learning aids, outdoor environment, ECED management committee, human resource management, appropriate environment for quality center, and administrative management. Sub-sectors define the indicators more specifically. WVIN has been contributing in all 8 sectors to improving the minimum standard in the ECED centers it supports.

With financial support from WVIN for the purchase of learning and playing materials, 40 out of 51 ECED centers are functioning very well. Communities are taking ownership of management and encouraging parents to enrol children in the centers. Therefore, enrolment and regular attendance has increased.

Annual Management Report 2016, Doti East ADP

Table 1.3: Percentage of young children attending ECED centers / pre-primary classes

Year	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.	National Average (govt. data)
Baseline Year	2015	2015	2013	2012	2012	2016	
Previous/ Baseline %	69.5	64	50	54	55		
Current 2016 %	72.7	67	53	81	75	48.1	80.6

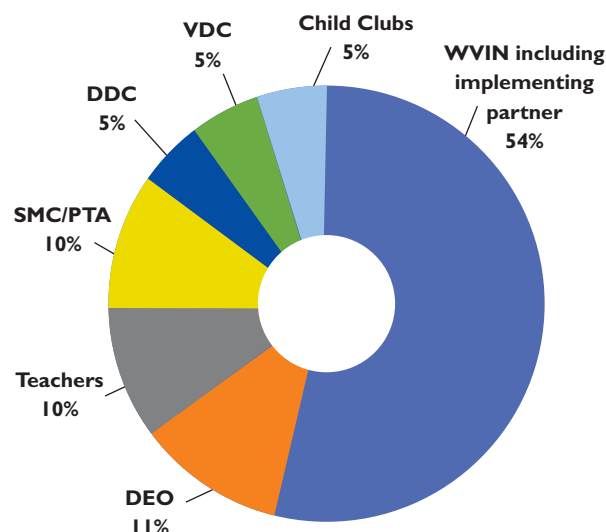
WVIN have phased out a total of 84 ECED centers (16 in FY16), after assessing the key minimum standard in those centres. Phase out is being done after ensuring that the regular financial and technical support will be received by the local government offices. In FY16, 6 ECED centres received quota from the DEO, for which WVIN is doing regular advocacy. The centers get regular support from the government for ECED facilitators' salary and technical and material support after they fall under the quota.

WVIN's contribution towards improving quality education

Local government and district government were involved at all levels of WVIN's Programme. From the initial stage of information sharing to the monitoring and evaluation of the projects, stakeholders provided feedback and input in improving the programme.

The joint efforts of WVIN and stakeholders in improving the learning environment has contributed to improving the quality of education. Stakeholders have recognized the contribution made by WVIN in bringing positive changes to the education sector. A representative figure has been presented from Jumla's evaluation to illustrate WVIN's contribution to improving the quality of education.

Role of WVIN in quality education



Sustainability	
Drivers	Evidences
Local ownership	<ul style="list-style-type: none"> Communities have taken significant responsibility for improving the physical infrastructure of schools. During the construction of school classrooms and management of furniture and seating arrangements in schools, the financial contribution of the local community is up to 40% in kind, through the provision of locally available resources and labour.
Partnership	<ul style="list-style-type: none"> WVIN has been implementing its program through NGO partners. However, partnership has been strengthened among community, local, and government stakeholders. Mobilization of partners for information sharing, implementation and monitoring of project activities is carried out at various levels. Child clubs are considered key partners while organizing ECA, code of conduct development activities at school, and in the community. School teachers, SMC, PTA, Resource Center, VDC and DEOs are engaged for resource sharing and monitoring of the project interventions and the partnership has been strengthened in programme areas.
Local and National Advocacy	<ul style="list-style-type: none"> CVA was used in 43 schools from 8 ADPs. Advocacy carried out at local level has helped reduce the number of days teachers are absent. Furthermore, there is progressive increase in utilization of child friendly teaching and learning methodologies.

Learning and Recommendations	
Key Learning	Actionable Recommendation
<ul style="list-style-type: none"> Activities to directly work with children and adolescents are less planned. Engagement of children to build their leadership and life skills is less than expected. 	<ul style="list-style-type: none"> Specific plan should be made to increase the participation of children and adolescents to improve their leadership and life skill development.
<ul style="list-style-type: none"> ADPs' programmes are more scattered and activities are not based on the specific project model. Therefore, sometimes interventions do not directly contribute towards organizational strategic objectives. 	<ul style="list-style-type: none"> Adopt specific proven project models in TP to improve equitable access to quality education so that measurable impact is demonstrated and it's convenient to measure the quality standards.

SO #2: Improve Child Health

In the last 15 years, Nepal has shown a notable decrease in infant, under 5 and maternal mortality rates. Infant and under 5 mortality is 33 and 38 respectively per thousand live births, whereas maternal mortality has declined to 170 per 100,000 live births. These steep declines have been attributed to strong public health interventions including the control of the micro-nutrient deficiencies during the same period. The neonatal mortality rate, however, has remained stagnant over the same period and accounts for more than two-third of infant deaths.

The Ministry of Health and Population has been implementing nutritional programmes for the last two decades. Government's focus on Vitamin A and IFA supplements, and the promotion of IYCF practices all contributed to reducing under 5 mortality prior to 2015, thus achieving MDG Goal 4. The prevailing high rate of child malnutrition in the country is one of the major contributing factors to under 5 mortality. Nepal still faces high chronic as well as acute malnutrition in children.

WVIN programme area context

WVIN has been focusing on MCHN and WASH projects contributing towards improving child health. The major programmes include: Nutrition, Safer Motherhood, Adolescent-Friendly Health Services, Community-Based Childhood Illness Management, Full Immunization



campaign, Open Defecation-Free (OD-F) campaign, Post OD-F planning, and improving water quality. To strengthen capacity and governance of health institutions in maternal and child health, health post and birthing centers have been equipped with buildings and furniture and health staff have been trained. WVIN has also adopted PD Hearth model and 7-11 initiatives and promoted Infant and Young Child-Feeding (IYC-F) practices within WV's PIA. In 18 health posts in 5 ADPs, CVA, local level advocacy model has been applied. Both have contributed much to the availability of health staff and medicines.

Cultural taboos are prevalent in WV's PIA. A preference for traditional healers and witch doctors, seclusion of women during pregnancy and menstruation, poor hygiene and sanitation and a lack of access to quality health services have resulted in the maternal and child health in the WV working areas.

- Neonatal mortality rate: 23/1,000 live births
- Infant mortality rate: 33/1,000 live births
- Under 5 mortality rate: 38/1,000 live births
- Maternal Mortality rate: 170/100,000 live births
- 85% of children aged 12-23 months are fully immunized
- 56% of births are attended by skilled health personnel
- 37% of children under five year are stunted, 11% are wasted²⁰, and 30% are underweight
- 12% of children (aged 0-5 years) had diarrhoea in the two weeks before the survey. 46% of children with diarrhoea received ORT & continuous feeding
- 7% of children (aged 0-5 years) showed symptoms of acute respiratory infection in the two weeks before the survey, half of them were taken to a health facility or provider for advice or treatment
- 93.3% of population are using an improved drinking water source.
- 48.7% of women with live birth have initiated early breast feeding.
- 56.9% of children under 6 months were being exclusively breastfeeding.

(source: GoN/UNICEF, Nepal Multiple Indicator Cluster Survey, NMICS 2014)

²⁰ NDHS, 2011

Outputs and Changes in FY16		
Components	Outputs	Results/Changes
Improvement in safer motherhood	A total of 7,980 women reached with safer motherhood awareness <ul style="list-style-type: none"> - 7,835 care givers oriented and trained in safer motherhood. - 3,330 adolescents received training or orientation in Sexual and Reproductive Health 	<ul style="list-style-type: none"> - Increased Percentage of pregnant women and nursing mothers seeking to improve their health, as evidenced by a 7% increase in safe birthing - 3.3% increase in mothers of infants under 2 completing recommended number of PNCs
Improvement in child nutrition	<ul style="list-style-type: none"> - 15,349 mothers were made aware of the importance of nutrition - 5,810 caregivers/community members trained in nutrition - 7,564 children attended growth monitoring. Out of those, 839 malnourished children received support (41 I-counselling and/or referral to the rehabilitation center, 428-nutritious food) - 81 ORCs were better equipped - 76 PD Hearth sessions were conducted in 6 ADPs 	<ul style="list-style-type: none"> - Improvement in child nutrition evidenced by 3.2% decrease in incidence of underweight children. - 44.2% of children receiving minimum dietary diversity in programme area.
Strengthening capacity and governance of health institutions in maternal and child health	WVIN worked with 170 Health Facilities <ul style="list-style-type: none"> - 39 S/HPs and 19 birthing centers properly equipped - 11 S/HPs/PHC and 7 birthing centers given financial support with building construction and renovation. - 105 HFOMC members from 33 committees trained in management - 18 S/HPs have implemented CVA - 368 FCHVs trained in health and nutrition - 17VDCs fully immunized - 7,265 community people including mothers informed about common childhood illness 	<ul style="list-style-type: none"> - Decrease in prevalence of childhood illness, ARI by 2% and Diarrhoea by 3.2% - 8.1% improvement in appropriate management of childhood illness such as diarrhoea - VDCs have increased funds available to hire additional health workers.
Open Defecation-Free Campaign and promotion of Community-Led Total Sanitation	<ul style="list-style-type: none"> - capacity of 23 VWASHCCs enhanced through different training and capacity-building activities: 9 VWASHCCs formed/re-formed - 293 VWASHCC members trained in sanitation - 1,420 child club members from 136 child clubs were actively involved in OD-F and WASH activities - 5,522 adults and 4,260 children trained in personal hygiene and environmental sanitation. - 2,941 community people provided support with 153 taps and tube wells - 2,877 people benefitted from the construction of 559 toilets 	<ul style="list-style-type: none"> - Household toilets have increased by 11% - Additional 55 wards declared OD-F Zone. - 9VDCs declared OD-F Zones.
Overall	Overall, 140,061 people directly benefitted from MCHN and WASH.	
Resources	Budget Spent : \$995,043 (Sponsorship: \$985,840, PNS: \$4,476, Grants: \$4,727) No. of projects: 14 Technical Staff: 2 National and 6 Zonal Partners: Ministry of Health and Population, Department of Health Services, District/Public Health Offices, Primary Health Care Centres, Health Facility Operation Management Committee, Outreach Clinics, Mothers' Groups, Implementing NGO partners	

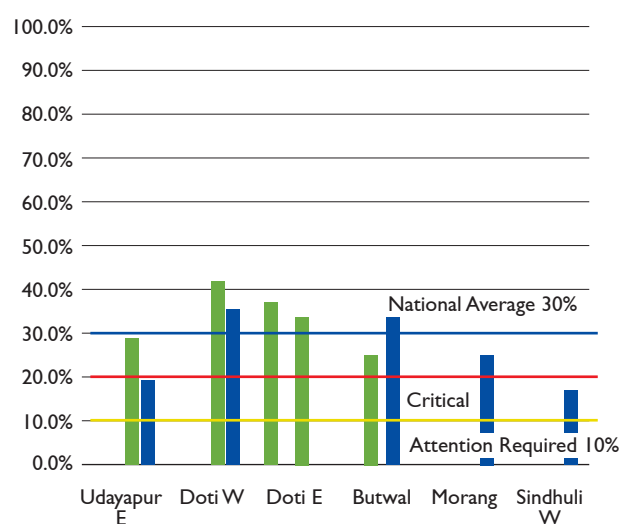
Indicators and changes in FY16				
	Indicators	Value FY15	Value FY16	Methodology
Strategic KPI	Decrease in percentage of under-weight children under-5 years	Decreased by 3.2%	Decreased by 3.2%	Anthro- survey
	Increase in no. of public health facilities meeting the minimum selected policy standards		170	Monitoring
Other indicators	Prevalence of diarrhoea in children under five	Decreased by 3.2%	Increased by 1.3%	HH Survey
	Proportion of children under 5 with diarrhoea in the past two weeks who received correct management of diarrhea	Increased by 8.1%	Increased by 5.4%	HH Survey
	Prevalence of ARI in U5 children	Decreased by 4.4%	Decreased by 2%	HH Survey
	Percentage infants whose births were attended by skilled birth personnel	Increased by 9.1%	Increased by 7%	HH Survey
	Proportion Percentage of children receiving minimum dietary diversity	Average 48.1%	Average 44.2%	HH Survey
	Percentage families having access to family toilet for defecation	Increased by 8.7%	Increased by 11%	HH Survey
	Percentage caregivers with appropriate hand washing behaviour	Increased by 8.8%	Increased by 12%	HH Survey
	Percentage of mothers of children 0-23 months who completed recommended number of PNC visits	Increased 3.5%	Increased by 3.3%	HH Survey

Prevalence of underweight in children under five years of age

Improving nutritional status of children under 5 is considered a major component in maternal and child health projects in WVIN. 7-11 approach and PD hearth model was adopted during the project implementation.

Prevalence of underweight in children under five has decreased by 3.2% in FY16, continuing the same improvement as in 2015. Following the life cycle approach, generally ADPs in first and second phase of programme interventions have implemented the maternal and child health project and therefore some progress has been observed in those ADPs. Working jointly with local health institutions and by raising awareness in the community, Udayapur E. and Doti W. were able to make significant progress in reducing malnutrition among children under 5. Raising awareness among mothers regarding the importance of growth monitoring and nutritious food has contributed a lot to the improvement in Udayapur E. ADP. Doti W. ADP has worked closely with the local health institutions and community to equip local health institutions to provide the services required and to raise awareness of the importance of nutritious food. PD hearth was found to be very effective in reducing the number of underweight children. Butwal ADP is in the third phase. The incidence of underweight children is similar to that

Prevalence of underweight among children under five years of age



of ADPs in the first phase. The reason is that Butwal ADP has not been working in maternal and child health for 2 years following the life cycle approach. There are also other organizations working in child health in Butwal, (SUAHARA). However, the indicator was measured as control indicator and the incidence of underweight

children is around the confidence level of the baseline/ previous measurement.

The incidence of severely under-weight children has decreased in all ADPs with a significant improvement in Doti E. ADP. Children found to be severely malnourished were given a referral and counselling as soon as possible. There is no significant difference in the numbers of girls and boys underweight. However, there is a significant variance between girls and boys who are severely malnourished. Butwal ADP has made no progress in this. Following the phasing out of the maternal child health and nutrition project severely malnourished children are prevalent but that ADP has no plan to address malnutrition among children.

839 severely malnourished children from vulnerable areas in 9 different ADPs received nutritious food, counselling, and referral to the rehabilitation center in FY16. Of these 428 (220 girls and 208 boys) children were given superflour. Although there is no significant difference between the numbers of severely malnourished girls and boys, more girls than boys are severely malnourished in ADPs in the Far West Region, Doti W. & Doti E., where gender-based discrimination is prevalent..

In programme areas community engagement and participation was ensured in order to improve the nutritional status of children. Major efforts made were capacity building of local health volunteers and health workers, equipping local health institutions, and raising awareness in the community. Local health institutions lack infrastructure and human resources. Because of that they are not able to provide adequate services to villagers.

Table 2.1 : Prevalence of underweight in children under five years of age

	Udayapur E	Doti W	Doti E	Butwal	Morang	Sindhuli W
Phase	I	I	I	III	III	I
Baseline Year	2015	2015	2013	2014		2016
Previous/ Baseline %	28.8%	41.6%	36.7%	24.6%		
Current (2015) %	19.5%	35.5%	33.3%	33.4%	24.7%	16.4%

Table 2.2: Status of severely malnourished children in different years with sex disaggregation

ADPs	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.
Previous/ Baseline	5.4% (2015)	7.7% (2015)	13.3% (2013)	8.1% (2014)		
Current : 2016	3.5%	9.4%	9.6%	12.2%	8.8%	2.5%
Disaggregation according to sex for 2016						
Girls	3.5%	10.6%	6.7%	11.4%	9.6%	2.8%
Boys	4.4%	8.5%	2.9%	12.8%	8%	1.5%

Ganesh is healthy now

At first glance, Ganesh, 4, looks like a normal, healthy child. But it had not always been so. Ganesh's mother, Gyanmati, 35, say, "He weighed one and a half kilos at the time of his birth but I had no idea he was underweight; only after he was weighed did I know." The first few months were challenging. Ram Subhag, 82, Ganesh's grandfather recalls, "We had no faith, we thought the baby wouldn't make it."



World Vision, under its MCHN project, trained FCHVs on the importance of nutritious food, regular immunization and check-ups for pregnant mothers, growth monitoring, regular weighing, and ways of facilitating a mothers' group. 2 FCHVs, Huma Aryal and Manju Gyawali, were regularly in touch with Gyanmati. During her pregnancy, they would encourage her to have regular check-ups, and take iron tablets starting from the 3rd month. Post-delivery, they would encourage her to eat nutritious food, to feed her baby nutritious food, and taught her the importance of feeding lito (baby food), and breastfeeding. Gyanmati had no knowledge malnutrition during pregnancy.

Manju says, "When the child was born, Gyanmati came to me and said that her baby was small. She was asking me what she was supposed to do. Then I asked her not to worry but to breastfeed the baby regularly and that, in time, the baby would be alright. We continued to visit her and gave her suggestions as to what to feed the baby depending on its maturity. I advised her to eat nutritious food herself to be able to pass nutrition on to the baby." The FCHVs asked her to maintain a growth monitoring chart, and that made it easier for her to keep track of her baby's growth. The FCHVs also encouraged her to take the baby to a local baby care centre where the baby ate better and more regularly and his condition started to improve. "With the timely intervention of the FCHVs, I was able to take better care of my baby. In a few months' time, I could see that he was getting better and gaining weight." Gyanmati said,

Today, Ganesh is an active boy. Every day, he plays with other children of his neighbourhood. He likes to play football and toy trucks. His favourite food is milk, daal-bhat (rice and pulses) and eggs, which he prefers to eat with meat or fish. His family is providing regular food for him. It is adequate for his family and now they have started growing nutritious food.

Increase in no. of public health facilities meeting the minimum selected policy standards

With support from WVIN 170 local health institutions have improved the quality of services they offer. WVIN gave financial support to 18 local institutions (11 S/HPs and 7 birthing centers) to construct buildings and rooms, and to 58 health institutions for the purchase of equipment so that the basic services could be made to villagers. Management capacity in 33 health institutions has been improved. CVA was applied in 18 health institutions, as a result of which they are now able to identify major gaps and challenges in meeting the standards required of health institutions. In the S/HPs, medicines are now regularly maintained and health staff are more accountable for being present on time.

Correct Management of Diarrhoea

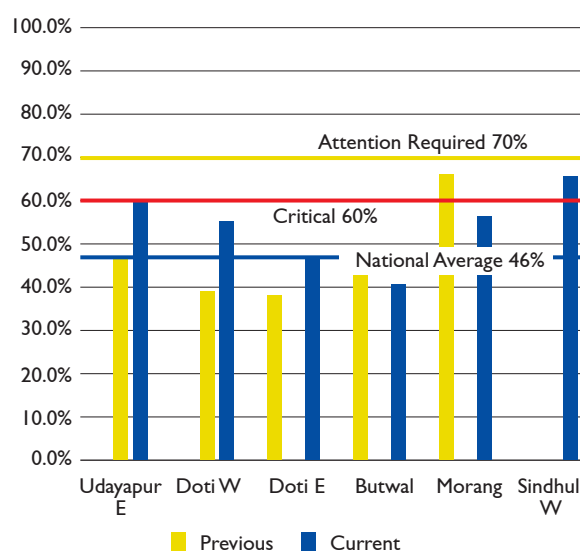


Table 2.3: Prevalence of diarrhoea in children under-2 in baselines and evaluations

ADPs	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Achham	Sindhuli W.
Year of Baseline	2015	2015	2014	2014	2014	2015	2016
Previous/ Baseline %	18.1%	10.1%	36.7%	16.2%	10.7%	18.2%	
Current: 2016 (%)	22.4%	12.8%	21.0%	11.7%	10.3%	29.3%	27.1%

Table 2.4: Children under 5 with diarrhoea in the past two weeks who received correct management of diarrhea

ADP	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.
Year of baseline	2015	2015	2014	2014	2014	2016
Previous/ Baseline %	46.7%	38.5%	37.9%	43.5%	65.6%	
Current: 2016 %	59.7%	55.0%	46.0%	40.3%	56.0%	65.4%

Prevalence of diarrhoea in children under 5

Prevalence of diarrhoea is one of the indicators for measuring the reduction in water-borne diseases but it's not always a consistent or reliable indicator. Surveys done in different ADPs have shown mixed results, both reduction and increase. Except for Doti E., ADPs in the first phase shows an increase in the incidence water-borne diseases.

Proportion of children U5 with diarrhoea in the past two weeks who received correct management of diarrhea

In all ADPs which are in the first phase, correct management of diarrhoea has improved. WVIN has been helping support an increase in caregivers' knowledge and skills in the correct management of diarrhoea. Butwal and Morang ADPs in final phase are not implementing the water and sanitation activities as, considering the life cycle approach, their focus is more on youth and economic development. In Doti W. ADP, empowerment of mothers groups is very effective in replicating the skills of diarrhoea management at household level. This indicator considers children treated with ORS and zinc. Parents are informed that ORS is available in their local health clinic which they can now access. On average this indicator has increased by 5.4% in FY16 across the areas WVIN works in.

Prevalence of ARI (Acute Respiratory Infection) in children under five years of age

With WVIN and the government's joint approach, on average, the incidence of ARI in WV PIAs has decreased by 2% in FY16. WVIN MCHN project has promoted Community-Based Integrated Management of Childhood Illness (C-BIMCI) intervention across ADPs to prevent and manage childhood illness. Mobilization of mothers groups and female community health volunteers has been very effective in providing information about common childhood illnesses, and services available in local health institutions.

Percentage of children aged 0–59 months with a 'presumed pneumonia' (ARI) episode in the past two weeks who were taken to an appropriate health-care provider

Health-seeking behavior has increased among communities. There is an increasing trend of parents taking children with presumed pneumonia to the health-care provider. Although, according to Department of Health standards, clinics and pharmacies are not considered to be appropriate health care providers, villagers find it convenient to take children there. So fewer visit health posts compared to the percentage who visit pharmacies

Table 2.5: Prevalence of ARI in children under 5 years of age in different years (Source: WVIN HH surveys)

ADPs	Udayapur E	Doti W	Doti E	Butwal	Morang
Year of Baseline	2015	2015	2014	2014	2014
Previous/ Baseline %	30.2%	15.1%	39.0%	16.2%	13.2%
Current: 2016	20.4%	23.6%	28.2%	11.3%	11.2%

or clinics. For instance, in Butwal ADP, 77.9% were taken to a pharmacy/private clinic, whereas only 11.2% were taken to a local health post. The other dimension to this is, that there are more pharmacies in the terai compared to the hills, so somewhat more children are taken to health posts in the hills. In Udayapur E., 40.6% were taken to the pharmacy, whereas 20.4% were taken to a health post. Since it's difficult to compare the value of that indicator across ADPs, comparison and average increase/increase has not been included in the report.

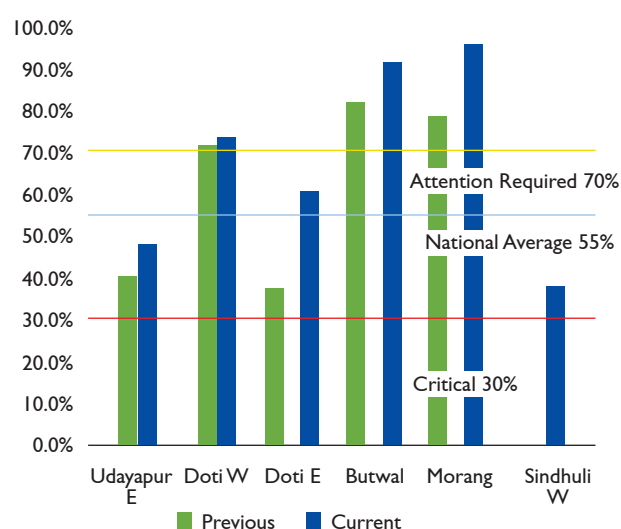
Percentage of infants whose births were attended by skilled birth personnel

Butwal and Morang ADPs, which are in the final phase have rates above 90% as ADPs have already improved the capacities of birthing centers and they have been able to increase the percentage of births attended by skilled birth personnel in the programme area which is also referred as institutional delivery. In Doti E. and Doti W. ADPs, CVA has been applied to increase access to, and quality of, health services. Villagers regularly organize meetings with health management committees to find the gaps and they work with stakeholders to solve issues. Udayapur E. ADP is also able to make progressive changes over a period of one year as ORCs and birthing centres are given financial support for construction and equipped with essential birthing equipment. Direct support to the birthing centers has contributed greatly in increasing safe births in the programme area. The percentage of births attended by skilled birth personnel in WV PIAs is 68%, whereas the national average is 55%. On top of that geographical terrain is one of the major challenges to increase institutional delivery in WV's hilly programme areas.

Proportion of children receiving minimum dietary diversity

A balanced diet with appropriate frequency is essential to reduce the malnutrition among children. Therefore, promotion of feeding practices was carried out in programme areas following the IYCF standard. The percentage of children aged 6-23 months who received

% of Infants whose births were attended by skilled birth personnel



food from at least four out of seven food groups the previous day was measured to assess if children under 2 years were being receiving food from the minimum four groups. Measurements taken in 6 ADPs show that the trend of appropriate feeding is increasing in communities and an average of 44.2% children in PIA are fed appropriately. This compares to a national average for appropriate feeding practices of only 24%. Feeding practices are directly related to the incidence of underweight children, so encouraging appropriate feeding practices in WV PIAs helping reduce the incidence of underweight children.

It has been observed that the general practice of exclusive breast feeding until six months in WV PIA is good but ensuring a balanced diet with meal frequency after six months is not so common and therefore many children suffer from malnutrition. The CHN campaign in previous years and CVA these days has greatly helped encourage mothers in Doti E. and Doti W. to practice exclusive breast feeding. Even though Sindhuli W. ADP is in its first year of implementation, the feeding practice is observed better

Table 2.6: Percentage of infants whose births were attended by skilled birth personnel in different years

ADPs	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.
Year of baseline	2015	2015	2014	2014	2014	2016
Previous/ Baseline %	39.7%	71.7%	37.3%	81.6%	78.4%	
Current: 2016	47.8%	73.6%	60.4%	91.4%	95.9%	38.1%

Table 2.7: Proportion of children receiving minimum dietary diversity

Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.
47.0%	47.9%	37.3%	37.9%	47.8%	47.0%

Table 2.8: Percentage of children receiving exclusive breast feeding for 6 months (baseline and MT/ final surveys)

	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.
Baseline year	2015	2015	2014	2014	2014	2016
Previous/ Baseline %	90.0%	91.8%	82.5%	90.5%	96.7%	
Current: 2016 %	97.9%	100.0%	94.5%	89.6%	95.50%	97.7%

Table 2.9: Percentage of families having access to family toilets for defecation

ADP/Year of baseline measurement	Udayapur E. (2015)	Doti W. (2015)	Doti E. (2014)	Butwal (2014)	Morang (2014)	Achham (2015)	Sindhuli W. (2016)
Previous/ Baseline %	86.9%	84.4%	62.7%	81.2%	57%	95.65%	
Current: 2016 %	98.6%	100.0%	94.3%	97.7%	89.5%	94.3%	97%

Table 2.10: Percentage of- caregivers with appropriate hand washing behavior (at least 4 critical times out of 6)

	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Achham	Sindhuli W.
Year of baseline	2015	2015	2014	2014	2014	2015	2016
Baseline/ Previous %	43.2%	45.6%	8.6%	63.8%	50.1%	51.2%	
Current % 2016	66.30%	58.0%	41.1%	51.5%	72.7%	66.3%	38.0%

than some ADPs in final phase of implementation. On average there is a 4% increase in the practice of exclusive breast feeding in WV PIA.

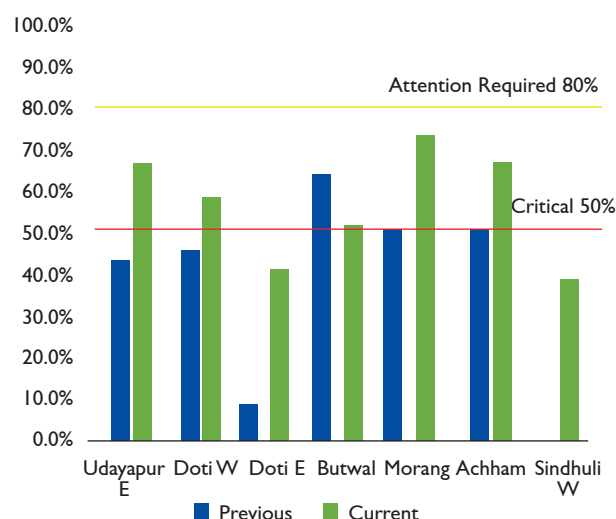
Percentage of families having access to family toilets for defecation

Families' access to toilets has increased by 11% in FY16, a significant improvement within a year of intervention. The Open Defecation-Free campaign led by the government has contributed significantly to achieve the results in WV PIA. A community-led total sanitation approach was adopted by the government whereby WVIN paid for some toilet construction and capacity-building of local WASH communities. Low income is directly related to families not having a toilet and therefore local government and WVIN jointly developed the criteria for the families to be provided with a toilet.

Percentage of caregivers with appropriate hand washing behavior (at 4 critical times out of 6)

Gradual progress in hand washing behaviour has been observed in WV PIA. Community-led total sanitation could not focus on improving villagers' hand washing behaviour as well as on the construction of toilets. But still, there has been a 12% increase in FY16, in appropriate hand washing behaviour among care givers. The percentage of caregivers washing their hands with soap is much higher and certainly above the minimum required level but washing 4 critical

% caregivers with appropriate hand washing behavior



times out of 6 is a bit less. Doti E. and Udayapur E ADPs, in the first phase of implementation, show a significant increase in hand washing.

Orientation to child clubs and provision for hand washing stations have encouraged children to wash their hands with soap after using the toilet and touching dirty things. While doing FGD with girls during the evaluation of Udayapur E. ADP, 100% of the girl participants could demonstrate the appropriate hand washing steps and tell the critical times for hand washing.

Percentage of mothers of children 0-23 months who completed recommended number of PNC visits

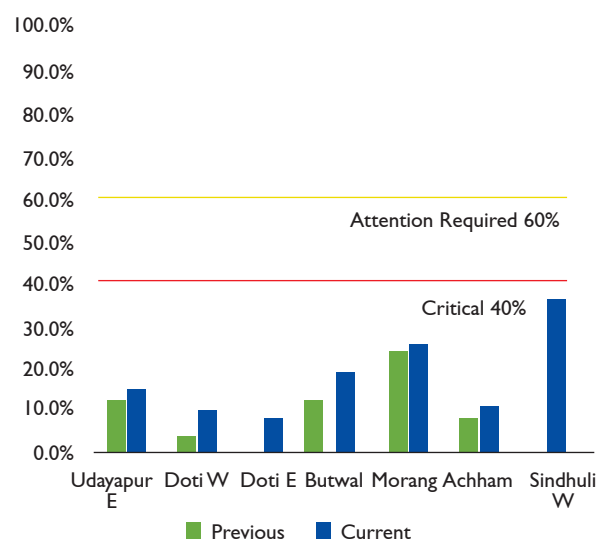
With the increased awareness and promotion by the government, ANC coverage is satisfactory in the programme areas whereas PNC coverage has a minimal progress. With the increase in institutional delivery and presence of skilled birth attendants at birth, the first PNC is assured but the 2nd and 3rd PNCs do not happen because of the difficult geographical terrain and less encouragement. In Doti W. ADP, 97.3% of women completed 4 ANC visits but only 8.8% completed all 3 PNCs, the recommended number. Following the same pattern, in Udayapur E., 92.5% of women completed 4 ANC visits but only 14.2% completed 3 PNCs. Hence, ANC promotion is successful in reaching its target but using the same approach for PNC seems more challenging. Overall, in the areas WVIN works in, there has been a 3.3% increase in the number of women completing 3 PNCs.

Geographical challenges still make it difficult for many pregnant and nursing mothers to benefit from interventions. Participants mentioned that activities are more focused on the central areas rather than in remote clusters so that mothers from those areas lack information about the services available and project benefits. And because of the distance, they did not come to an outreach clinic, not even when flour was being distributed free of charge. Therefore, the 2nd and 3rd PNCs are a great challenge for them and most end up not having either.

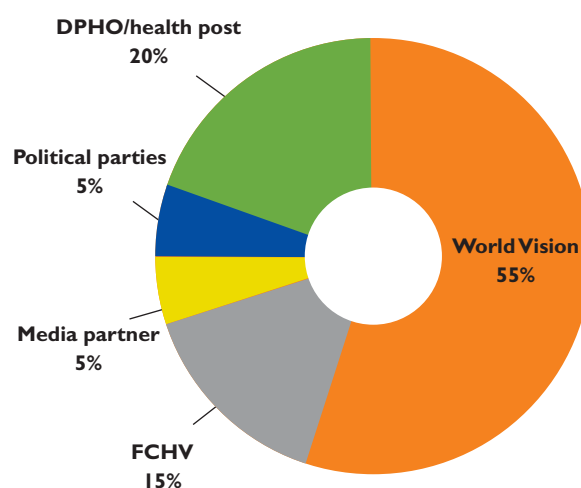
WVIN's contribution to improving Maternal and Child Health

Based on the evaluation done in Lamjung, various key stakeholders made a contribution to improving maternal and child health. Among all the key stakeholders, World Vision has been identified as the most important actor for bringing these changes. WVIN has worked hard to coordinate and collaborate with the district- and VDC-level government bodies; DPHOs and health posts. Various campaigns such as Full Immunization Coverage, Nutrition Week, Iodine Month, and FCHV days were organized and celebrated to have maximum impact on maternal and child health.

% of mothers of children 0-23 months who completed recommended number of PNC



Contribution of Stakeholders in Maternal & Child Health



Sustainability	
Drivers	Evidences
Local Ownership	Villagers contributed to full immunization coverage campaign, toilet construction and raising awareness of the importance of personal hygiene and sanitation. Community stakeholders are taking the lead in raising awareness of childhood illness and safer motherhood. Construction work is carried out on a cost share basis. Construction management for all has been taken care of by the community itself.
Partnering	MoU with the District Health Office has been done in most ADPs and there is engagement of health offices in project activities. Child clubs, FCHVs, and local health institutions are the key partners and are engaged in nutrition and safer motherhood activities from the planning level.
Transformed relationship	Peer group education program and Adolescent Sexual Reproductive Health training in Lamjung financially helped to improve relationships among adolescents, teachers, and parents. The programme has contributed to creating a good sharing environment for adolescents among their peers and with their elders. They share their problems with one another to get to the solution and, as parents understand the critical stages of adolescence, family support is given. Health programmes have included the concept of care givers and therefore a supportive environment is created for the target groups.

Learning and Recommendations	
Key Learning	Actionable Recommendation
<ul style="list-style-type: none"> Growth monitoring and demonstration given to care givers on preparing nutritious food has been found to be one of the most successful interventions. It has increased health-seeking behaviour and improved feeding practices in the community. 	<ul style="list-style-type: none"> Adopt the growth monitoring and nutritious food preparation interventions in the project models that are going to be implemented in WV programme areas to improve behavioural practices of the mothers and care givers.
<ul style="list-style-type: none"> PNC has not increased significantly despite the efforts to raise awareness of the value of PNC. PNC for nursing mothers is difficult due to the terrain in hilly areas. Mothers have to walk for hours, up to 5 hours, to reach a health institution but getting back home the same day is not possible and there is no facility for an overnight stay. 	<ul style="list-style-type: none"> ADPs need to advocate with local and district level government health offices for the construction of waiting rooms in birthing centers. That is something that could be added to CVA's agenda.
<ul style="list-style-type: none"> Equipping Female Community Health Volunteers and mothers groups is effective for sharing the correct management of childhood illnesses. ADPs have helped FCHVs and mothers groups develop the ability to disseminate the message among communities. 	<ul style="list-style-type: none"> Include capacity-building interventions for FCHVs and mothers groups so that they become the key partners in delivering information on reducing common childhood illnesses and water-borne disease.

SO # 3: Increase Community Resilience to Disaster and Economic Shocks

National Context

6.3 million people (23.8%) in Nepal are living below the national poverty line, the rate of decline in urban poverty is slower than that in rural poverty.

60% of the population depends on agriculture, a gradually declining percentage. Although the most of the population is engaged in on agriculture, its contribution to GDP is only 31% followed by 25% from remittances. An absentee population of 7.3% in 2011, is estimated to reach 10% as GoN doubled the numbers of labour permits over 5 years. Remittances are now a major feature of the economy and is a source of resilience against economic shocks and disaster. However, households receiving remittances have not demonstrated significant improvements despite increased household income because they have failed to invest those remittances to in the productive sector.

From \$610 in 2011, GNI per capita has reached \$730 in 2015. It has contributed to MDG 1: "Eradicate extreme poverty and hunger", but, the growth rates of real GDP and GDP per capita are quite slow compared to other developing countries due to a low propensity to save, low labour productivity and a low capital- output ratio.

During the last 2 decades Nepal has achieved notable progress in Disaster Risk Reduction (DRR). A number of legal, institutional and policy frameworks are already in



place. The new constitution of Nepal has made provision for disaster management at different levels of government. With the provision of the Natural Calamity (Relief) Act, 1982, CNDRC, RNDRC and DDRCs have been established and have adopted various policies, guidelines, and standard operating procedures.

WVIN Programme Area context

All 17 Area Development Programmes have been implementing a project that aims at increasing the income and assets of vulnerable families. In recent years, WVIN identified the contribution of youths to families' incomes and therefore income-generating activities have also been planned for youths as well. 4 area development programmes are implementing youth development projects, which has youth income generation as a major component. With the shifting of villagers from traditional agriculture to the new technology-based agriculture, WVIN's major interventions areas are technology transfers for high value crop production and promotion, livestock production, local value chain development and market promotion. The most vulnerable youths are given help to develop the knowledge and skills for income generation.

Local Disaster Risk Management Plans have been supported for the development and review for DRR promotion. Disaster management has been integrated in all the ADP designs made in FY16.

- GNI Per capita (Atlas method) stands at \$730 (World Bank, 2015)
- 60% of the population is employed in agriculture. Its contribution to GDP is 31%.
- 7.3% population is living outside the country. Remittance contribution to GDP is 25%.
- 25.42% of households have at least one member absent or living out of the country. Highest rate of absent population, 44.81%, is from age group 15-24 years (Census 2011).
- 80% of total cultivated land is covered by cereal crops (Ministry of Agriculture, 2013)
- Nepal is ranked 4th in climate vulnerability index., 11th most at-risk country in the world in terms of earthquake, and 30th with respect to water-induced disaster (Center for the Research on Epidemiology of Disasters, 2010)
- Nepal received official development assistance and aid amounting to \$880 million in 2014. (World Bank)
- Nepal has consistently had the highest inflation in South Asia for the last 4 years, according to a regional report. Inflation (year-on-year average consumer price index (CPI) increased to 9.9% (ADB, 2016)

Outputs and Changes in FY16		
Components	Outputs	Outcomes
Technology transfer and help to target families to help them improve their income from farming (vegetable, high value crops, livestock, nutrition sensitive agriculture)	<ul style="list-style-type: none"> - 5,515 farmers trained in growing vegetable and cash crops - 5,547 farmers were provided with agro inputs - 3,739 farmers trained in organic farming - 4,026 people benefitted from help given to build 349 greenhouses - 1,892 farmers trained in kitchen gardening - 1,836 farmers trained in livestock and poultry - 1,421 families helped with small irrigation projects - 507 farmers trained in post-harvesting technology - 1,150 farmers helped with livestock and poultry - 127 farmers helped with terracing - 60 households benefitted through 3 cellar stores - 4 Service centres supported with equipment 	<ul style="list-style-type: none"> - Increase in food security (3.12% general population) - 32% of the direct beneficiary farmers (trained) increased income, and 53% increased production compared to previous years
Improve economic opportunities esp. for vulnerable youth	<ul style="list-style-type: none"> - 553 people trained in vocational skills (80%-90% from vulnerable families). - 2,204 people developed business plan 	49% of vocational and skill development trainees employed or self-employed
Local Value Chain Development promoting the link with public and private sectors	<ul style="list-style-type: none"> - 782 people trained in market literacy - 645 households benefitted from financial support given to 6 market centers - 123 farmer groups are linked with value chain actors for marketing - 27 studies being conducted for market analysis - Management skills in 112 cooperatives strengthened 	<ul style="list-style-type: none"> - 23.91% trained in market literacy can give simple example for keeping records²¹. - 68 farmers group registered in DADO or DLSO and getting the regular support from service centers
Reducing vulnerability to disaster and improving community resilience	<ul style="list-style-type: none"> - 1,599 people were trained in Disaster Risk Reduction and Disaster management - WV gave 6 districts financial support to develop district preparedness and response plans - 8 LDRMPs reviewed in 3 districts and 1 new LDRMP developed 	- 23 LDRMPs, prepared in previous years, have been implemented in FY16,
Overall	229,780 individuals, including vulnerable youth, engaged in livelihood projects 152,921 people benefitted through DRR and DP	
Resources	<ul style="list-style-type: none"> • Budget: \$1,656,308 (Sponsorship: \$1,215,287; Grants:\$223,119; PNS: \$217,903) • No. of ADPs: 17 • Technical Staff: 2 National, 14 Zonal Partners: Home Ministry, District Administration Offices/ District Disaster Management Committees, DADO, DLSO, DCO, Savings Groups, Cooperatives, Farmers Groups, Implementing NGOs partners.	

Indicators and changes in FY16				
	Indicators	Value FY15	Value FY16	Methodology
Strategic KPI	Increase percentage of families with year-round food security	Increased by 8.0%	Increased by 3.12%	HH survey
	Number of LDRMPs implemented effectively	26 LDRMPs	23 LDRMPs	Monitoring
Other indicators	Percentage of Livelihood beneficiary families who increased production and raised their income	33% and 26%	53% and 32%	Monitoring
	Percentage of Vocational trainees who were employed/ self-employed	28%	49%	Monitoring

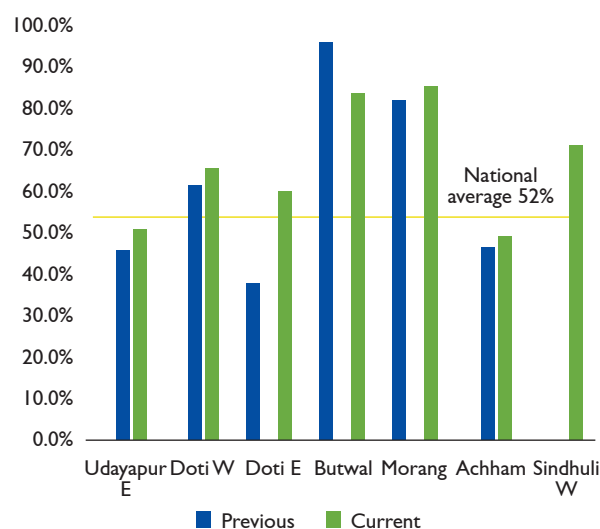
²¹ 3 PM Annual Management Report

Proportion of households with year-round access to sufficient food for the family's needs

Households having sufficient food for the family for the whole year or more from their regular source of income was considered a food security indicator. Most importantly, a family's overall well-being is directly linked to their food security. At the same time, a food security is affected not only by income but by many internal and external factors, such as: the family's spending pattern, commodity management in the household, remittance, climate change, market opportunity, and many more. Therefore, the rise and fall in income is not the only factor for food security.

With support given to commercial vegetable production, high value crop farming, local crop production and market promotion, families in WV PIA are able to raise their production and income. In 2 years food security in Doti E. has increased significantly. WV IN has helped vulnerable families with livestock, irrigation, FYM and promotion of quality compost. Indeed, increase in the savings habit in the community has led to this change. Udayapur E. and Doti W. also improved the value within just one year. Udayapur E. ADP worked with the local government to empower communities to access government services and loans, which has increased farmers' production. Doti W. ADP has also helped with livestock support and vegetable farming but remittances received from India is also a major factor in contributing to improving families' food security. Udayapur E. and Achham ADPs are below the national average but Achham made progress within a year with the 'Cash for Work' programme, a programme introduced to the most vulnerable families to help them terrace their land to prevent soil erosion.

Proportion of HHs with year round access to sufficient food for the family



Number of Local Disaster Risk Management Plans formulated and implemented

World Vision helped communities in Morang, Sunsari, Butwal, Doti E., Doti W. and Kailali in formulating and implementing local disaster risk management plans. WV IN facilitated them adopt an inclusive process for the formulation and revision of the plans. 'Local Disaster Risk Management Planning Guideline- LDRMP, 2068' was prepared by the Government of Nepal to strengthen a community's capacity to cope with and mitigate the risk of disaster. Identification and prioritization of the disaster risk management activities are incorporated in the plan. The guidelines have also been followed by World Vision. Altogether 24 LDRMPs have been formulated/implemented in FY16.

Table-3.1: Proportion of households with year-round access to sufficient food from their regular source of income

	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Achham	Sindhuli W.
Phase	I	I	I	III	III	I	I
Region	Hill	Hill	Hill	Terai	Terai	Hill	Hill
Baseline year	2015	2015	2014	2014	2014	2015	2016
Previous/ Baseline %	45.0%	60.9%	37.4%	95.9%	81.6%	46.0%	
Current (2016): %	50.3%	65.5%	60.3%	83.2%	85.0%	48.0%	70.3%

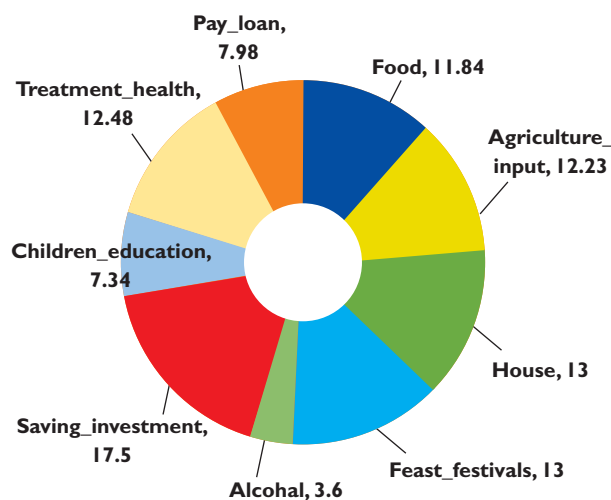
ADP	Morang	Sunsari	Butwal	Doti E	Doti W	Kailali
# of LDRMPs formulated/implemented	7	4	8	2	2	1

Percentage of Livelihood beneficiary families who increased production and raised their income

Since farmers are now shifting from traditional and subsistence farming to commercial and high value crops, WVIN has also helped them according to their demands and market opportunities. 7,351 farmers were equipped with knowledge and skills on commercial/high value crops and livestock rearing. Of that number, 53% (3,902) utilized the knowledge and skills and increased their production. Based on ADP records, 32% (2,364) were able to increase their income, but not all the farmers who were able to produce more were able to increase their income, . Farmers are able to increase their income more through commercial farming and high value crop compared to livestock rearing. However, the outcome of livelihood interventions couldn't be covered within one year, so it's something that will need to be measured in the coming year too.

In Achham ADP, Sloping Agricultural Land Technology (SALT) support provided to farmers for improving the area of arable land has contributed to producing more vegetables and local crops. With low cost green-house farming technology, farmers were able to increase their production some of which was sold and some of which was used for consumption by the family. This practice also contributed to children's nutrition. According to the evaluation in Udayapur E.ADP, income has increased from livelihood support through commercial tomato and vegetable farming. Bee farmers have earned from NRs 4,200 (\$42) to NRs 5,400 (\$54) in one season. According to the outcome monitoring done in 2016, out of all those who increased their income, 21% have

Use of income made in the past 12 months in percentage

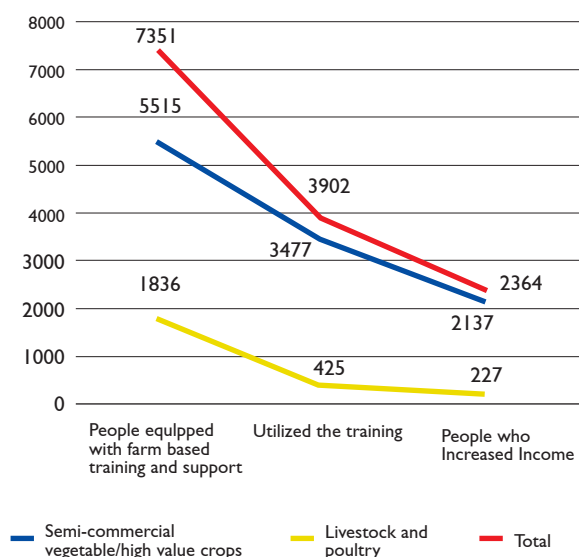


earned less than 10,000 (\$100), 43.8% earned between 10,000-40,000 (\$100-400), and 35.19% earned more than 40,000 (\$400) Most are earning between 10,000 and 40,000 annually.

Women's participation in livelihood has increased more than in previous years. First phase ADPs are focusing more on families for farm-based and livelihood interventions, ADPs in final phase more on youth economic development. ADPs in first phase, Doti, Achham, Kailali, Sindhuli, Udayapur, where men are moving to abroad to earn, are making significant interventions. Therefore according to the plan vs. achievement data collected from ADPs, women's participation in livelihood has reached 63% as compared to 37% for men. It has now meant more opportunities for women to participate and they have been able to make decisions that affect their lives and family. But for key positions on committees like farmers and irrigation groups, there are more male members.

Use of income plays a vital role in the well-being and resilience of a family. During the outcome monitoring using ten seeds methods, information was collected from beneficiaries about where the money goes. The information was collected from beneficiaries who were able to increase their income. The biggest use of money is saving and investment in the community, followed by feasts, and festivals. In Kailali E. ADP, 80% of the farmer groups members are saving money in cooperatives on a monthly basis. Indeed, with support from WVIN, cooperatives in the PIA have initiated child saving box programme where a total of 1,953 registered children are saving money. It has promoted a culture of saving among children as well. However, they are still spending more money on unproductive items; feasts and festivals are prioritized over children's education.

Effectiveness of Farm Based Activities



Pig rearing for a better tomorrow

Radha chuckles as one of her piglets plays in her arms. She has 19 piglets and 22 pigs on her farm and enjoys rearing them.

One year ago, when she started her pig farm in Tilotama Municipality, she had just 13 pigs. 5 of them were given to her by World Vision. Radha lives in a family of 26 people and most of them are involved in agriculture and traditional cattle rearing. In the beginning she was a bit skeptical about pig rearing but gradually she realized that it was a good opportunity to improve her family's income. After seeing the potential, she feels assured that her family's income will improve and she now has a big smile on her face.



As additional support she received the equivalent of \$100 to purchase cement for the construction of the pig farm. She also received crucial training in the management of a pig farm, training in which 14 members of her community also participated. They learned about vaccination, sanitation, insurance, fodder, and hygiene. Later she shared what she'd learnt from that training with those of her family who help her in the management of the pig farm. She says, "Without the training my family would have had a hard time managing our pig farm because we only knew traditional methods which are not at all efficient. Now, our farm is clean, there is proper sanitation facilities for the pigs and we also provide hygienic fodder for them. Moreover, all our pigs have been vaccinated and most of them are insured as well. Now, we don't have any worries."

By July she will start selling some of the pigs. One healthy pig can fetch up to the equivalent of \$180. Her whole family feels excited about the prospect of selling the pigs in the local market, as it will give them more profit than from their usual business. Her father-in-law Bhuwan, 69, adds, "Our pig farm is going in the right direction and all our pigs and piglets are healthy. Although it requires a lot of hard work, and time, we are really motivated by the current outcome to expand our business and therefore, after we earn sufficient from pig rearing, we have decided to venture into fish farming."

Awareness of pig rearing in Radha's community has significantly increased after she started her pig farm, which covers an area of more than 1,000 sq.m. Members of her community have been closely watching her progress and they too, are enthusiastic about investing in pig rearing. At the moment, Radha's family is even producing pig fodder on their own.

Radha plans to use some of the profit from pig rearing and invest in her eight year-old daughter Nirmala's education. She is currently studying in class 4 and dreams of becoming a professional dancer.

Percentage of Vocational trainees who were employed/self-employed

Vocational trainings were organized based on the market assessment, interest and previous experience of the participants. ADPs in the final phase are intervening more in the area of vocational skill development whereas first phase ADPs have included it according to community demand. 553 people were trained in different vocations in FY16 and 49% of them were able to find employment/self-employment within FY16. Most of the participants were from vulnerable and marginal families. The trend of people being hired after the training has increased as WVIN was able to link participants with an employer beforehand and even sign an agreement with them in regard to placement of trainees.

Butwal ADP organized boutique and cook training with technical support from Lumbini Technical Center which not only trains people but also has a condition to take the participants through the certification process of CTEVT and, for the better performing participants, job placement. Kailali E. ADP helped 39 vulnerable people with skill development in tailoring, fast food, furniture, beauty parlour, and butchery. Out of 39 participants, 37 have started their own business and are now earning. From monitoring, it is found that fast food and butchery entrepreneurs are earning better than other businesses in Kailali E. ADP.

Sustainability	
Drivers	Evidence
Partnering	<ul style="list-style-type: none"> Government offices, DADO, DLSO and DCO are more interested in providing support to the groups supported by World Vision. Farmers can access service centers easily and they are well informed about the government subsidy for agriculture and other provisions. It was found that staff from government service centers have visited WV programme areas in most areas.
Transformed relationships	<ul style="list-style-type: none"> With the promotion of the group approach in Livelihood, community members are supporting each other, not only in farming. Community members started collective work of small irrigation in Udayapur and other families have also benefitted from it.
Household and family resilience	<ul style="list-style-type: none"> Farmers are shifting from traditional agriculture to new farming technologies. With the increased knowledge and improved skills farmers have now started growing in the off season. This has contributed to their earning more during the off season and helping household need too.

Learning and Recommendations	
Key Learning	Actionable Recommendation
<ul style="list-style-type: none"> Concept of 'Lead farmer' has put significant role in maximizing the impact of livelihood intervention. Identifying one lead farmer out of the participants in major livelihood activity has made the lead farmer accountable to put their learning into practice and encourage other members to do so. At the same time, it has meant that other members can observe the lead farmers' work as a model in the village 	<ul style="list-style-type: none"> Continue the practice in organic farming, livestock, commercial vegetable farming and other major interventions that need a role model to encourage other participants to apply the same methodology and techniques to.
<ul style="list-style-type: none"> Farmers helped with agriculture input and livestock for commercial purposes are later on limited with household consumption. Therefore the project objectives are not met as expected. 	<ul style="list-style-type: none"> Support production groups according to their objectives and production plan. Production increment and market support needs to provide to the commercial farming groups.
<ul style="list-style-type: none"> Livelihood production linked with the market promotion component has been successful in encouraging farmers to produce more. Stand alone production components have not been very successful at encouraging farmers in commercial and high volume farming. 	<ul style="list-style-type: none"> Include market promotion component while planning for farm-based and off-farm production promotion projects to ensure farmers that their products are worth producing.
<ul style="list-style-type: none"> Progress among the most vulnerable families brought through the income generating activities hasn't yet been tracked. Records of monitoring of the most vulnerable and direct beneficiaries are not being maintained well. Therefore, it's difficult to know which are the best practices to introduce them to. 	<ul style="list-style-type: none"> Create a database of the most vulnerable families and monitor them to observe progress. At the same time analyze the interventions that made contribution to the income generation are suitable for the most vulnerable families.

SO # 4: Increase Protection for Vulnerable Groups

National Context

Nepal's child protection system has been governed by a broad range of laws, rules, and policies aimed at preventing and responding to all forms of violence against, and exploitation of children. The system includes the social welfare, security and justice, labour, health and education sectors. Following the ratification of the Convention on the Rights of the Child (CRC), Nepal has enacted the Children's Act (1992), Children's Rules (1995) and a number of child protection issue-specific acts, rules, strategic frameworks, guidelines, and standards.

Many Nepalese children are married. Orphan children belonging to vulnerable and very poor households are separated from their families and living in childcare homes. There are significant numbers of children living on the street and employed in the worst forms of child labour. Early marriage, often parentally arranged, prevents girls from finishing their education and lead to adolescent pregnancy which has increased likelihood of maternal mortality. Nepal's maternal mortality is on a par with India and higher than Bangladesh or Pakistan. Approximately one in 13 children is born to a woman aged between 15 and 19²², though Nepal has made some progress in eliminating child marriage. As per reports, the percentage of girls aged 15 to 19 married, fell from 40% in 2001 to 29% in 2011, and for boys fell from 10% in 2006 to 7% in 2011²³. Similarly, the number of missing children has fallen from 837 in 2014 to 786 (girls 444, boys 342). However, 50% of women aged 20-49 said that they had been married before the age of 18.

Child protection systems are operated at national, district, village, and ward levels with several formal and informal mechanisms and services. Government agencies working for the protection and promotion of child rights at the central level are the Ministry of Women,



Children and Social Welfare (MoWCSW) and the Central Child Welfare Board (CCWB). At the district level it is District Child Welfare Boards (DCWB), which operate with the support of MoWCSW and CCWB. At the local level it is Municipality/Village Child Protection and Promotion Committees (MCPPC/ VCPPC). The Ministry of Federal Affairs and Local Development (MOFALD) is promoting Child-Friendly Local Governance (CFLG), a comprehensive approach to addressing children's needs. Despite all these good policies however, due to limited capacity and weak commitment of the government structure, implementation is weak. However, because of development agencies' constant lobbying and advocacy to policy makers, government has given priority to child rights and child protection.

Context of the areas WVIN works in.

WVIN's country strategy paper, particularly on child protection and advocacy, has been linked well to the Project. The Project fits well with the National Child Policy 2012, Master Plan on Child Labour (2011-2020), National Action Plan on Children (2004 – 2014), and the strategies of School Sector Reform Programme (SSRP).

Doti W. ADP Child Protection Project applied ADAPT methodology to identify child protection issues faced by children and found significant gender inequality in child rights. Adolescence for girls in Doti was particularly difficult, with local traditions on menstruation and early marriage found to be detrimental to girls' health, safety, happiness, and life expectancy.

- Children under 18 years constitute 44% of the total population. (Census 2011).
- 58.1% of children under 5 have their births registered. (Status of Children in Nepal 2014)
- Nepal is among the top 10 countries having a very high incidence of child marriage. (The State of the World's Children 2011, UNICEF)
- 29% of females and 7% males are married by the age of 15-19 (NDHS, 2012)
- Out of 3.5 million children aged 5-17, 51% are employed in child labour. (The State of the World's Children 2011, UNICEF)
- 5,000–15,000 women and girls are trafficked annually to India for commercial sexual exploitation (The State of the World's Children 2011, UNICEF)

²² UNICEF State of the World's Children, 2015

²³ U

Outputs and Changes in FY16

Overall	WV worked with 56 VCPPCs, 9 DCWBs, 7,998 children (4,160 girls, 3,838 boys) & 11,832 adults	
Resources	<ul style="list-style-type: none"> Budget: \$1,017,679 (Sponsorship: \$572,461; Grants: \$248,474; PNS: \$196,743) No. of Projects: 4 Technical Staff: 2 National and 4 Zonal <p>Partners: Ministry of Women, Children and Social Welfare, Central Child Welfare Board, District Child Welfare Board, District Development Committee, VCPPCs, Child clubs, Local Health Workers, NGO partners, Media, Mothers Group, SMC/PTA, Police (Women's Cell)</p>	
Components	Outputs	Results/ changes
Strengthening formal and informal child protection systems	<p>11,832 people were informed about child rights and protection</p> <ul style="list-style-type: none"> 59 VCPPCs were support to strengthen their capacity Capacity of 9 DCWB's strengthened on CP and incident management 15 Community Hope Action Teams were functional 6 new Community Hope Action Teams were formed 36 VCPPCs are working as implementing partner in child sponsorship 26 VDCs support to promote of Child-Friendly Local Governance with WVIN support, Referral Mechanism Policy, 5 year Strategic plan and Incident management guidelines prepared in 3 different districts. 8 VCPPCs in 3 ADPs developed guidelines on child protection and referral mechanisms 	<ul style="list-style-type: none"> 92 vulnerable children received counseling and referral support from Child Protection Committees 17 VCPPCs in 4 ADPs have started reporting cases according to the incident reporting mechanism. 59 VCPPCs have been working effectively on different child protection issues Birth registration of children under 5 has significantly improved in programme areas. Now 74% of children have their birth registered.
Increase children's resilience and reduce harmful traditional practices against children.	<ul style="list-style-type: none"> 7,998 children (4,160 girls and 3,838 boys) received information about child protection and child rights. Children reported they were significantly less at risk from child labour, early marriage and chhaupadi than they had been two years before. 	<ul style="list-style-type: none"> Children proved to be effective and imaginative participants, including on government and school committees and in community campaigning²⁴.

Indicators and changes in FY16

	Indicators	Value 2015	Value 2016	Methodology
Strategic KPI	Number of VCPPC/C-FLG actively working on Child Protection	32 VCPPCs	59 VCPPCs 26 C-FLG committees	Monitoring
	No. of local/national/regional level government actions resulting from WV advocacy recommendations		4	Record
Other indicators	Proportion of girls and boys who report living free from violence, abuse, and exploitation over the past year	Increased by 22% (1 project)	Increased by 7% (1 project)	Survey
	Children report an increased level of well-being ²⁵	48, up from 41 in the past 1 year (1 ADP)	49, up from 45 (1 ADP)	DAP Survey
	Birth registration of under 5 children	Increased by 15-20% (anecdotal)	74% children U5 have their birth registered	HH Survey

²⁴ Child Protection Evaluation, Udayapur and Sunsari, April 2016

²⁵ It is also a higher level indicator to measure the overall impact on children.

Number of VCPPC/C-FLG actively working on Child Protection

From local to national level systems and structures for child protection exist and WVIN works to strengthen the system and structures which are already in place or mandated according to law. At the same time, WVIN worked with the multi-faith leaders in Morang and Lamjung ADPs forming CHAT groups and build their capacities.

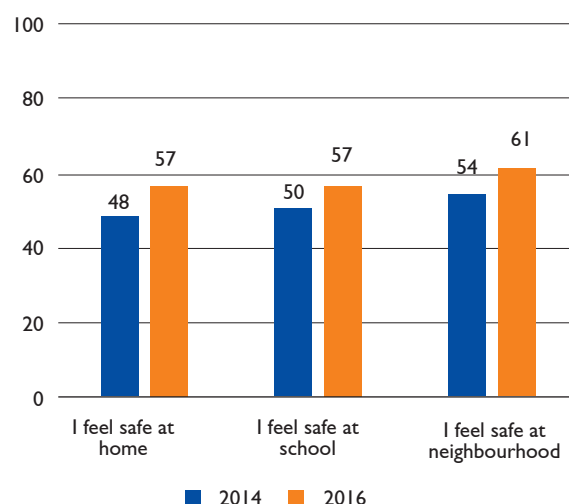
No. of local/national/regional level government actions resulting from WV advocacy recommendations

WVIN has been focusing its advocacy efforts at both local and national level to ensure child rights and the well-being of children. WVIN's national level advocacy led to the signing of an MoU with the Ministry of Federal Affairs and Local Development (MOFALD) and that resulted in WVIN being included in the Technical Committee for scaling up of C-FLG initiative. Through engagement with the National Planning Commission, WVIN has been able to have the aspirations of Child Well-Being inputs included in the 14th Periodic Planning, also called the 14th National Development Plan. At the same time, with support from WVIN, CCWB, Ministry of Women, Children and Social Welfare were able to formulate case management guidelines on Child Protection which is also able to provide guidelines to the DCWB. Child marriage is prevalent in most of WV's PIA and therefore WVIN has been advocating for the abolition child marriage. As a result, cabinet has endorsed the National Strategy to abolish child marriage.

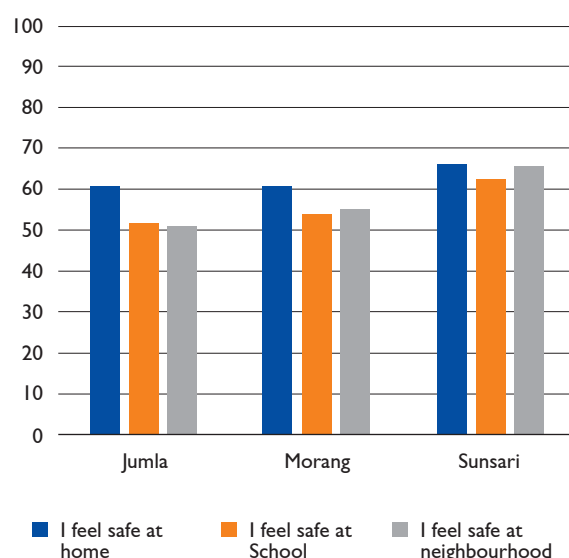
Proportion of girls and boys who report living free from violence, abuse, or exploitation over the past year

According to the evaluation done in Udayapur and Sunsari, over the past year in the project area, 87.7% of children, including 23.4% with disabilities, have not been subjected to violence, abuse, or exploitation, and 85.61% of children feel that they are safe at school, indicating formal and informal child protection systems are

% children who reported they feel safe-Kailali W ADP



% children who reported they feel safe



Central Level – CCWB	District Level – DCWB	VDC Level – VCPPCs, C-FLG committees	Community Level – Child Clubs and CHAT group
With the partnership of CCWB, various activities and programmes were conducted to strengthen the CP system at district and VDC level.	9 DCWBs capacity were strengthened to improve child protection, incident management, and referrals. DCWB in Udayapur, Sunsari and Doti districts are beginning to act to protect child rights.	59 VCPPCs were closely working with WVIN. WVIN helped strengthen the capacity of VCPPCs through different trainings and by giving support to developing guidelines for child protection. WVIN also worked with 26 C-FLG committees in 6 districts.	Child clubs are very active in raising awareness on child protection issues. WVIN trained child club members and helped develop their capacity to become agents of change. 15 CHAT groups are functional and are working actively to reduce harmful practices at the community level.

functioning and changes in behaviour among children and adults in the project area. There has been a 7.33% annual improvement in the numbers of children in the project area living free of violence or abuse.

DAP survey in Kailali W. shows that there is increase in numbers of children reporting that they feel safe at home, school, and in their neighbourhood. In the baseline survey, at least 48% of children reported feeling safe anywhere. By the endline survey in 2016, at least 57% reported feeling safe. At the same time, a DAP survey done in Jumla, Morang, and Sunsari shows that 55%, 57%, and 65% respectively of children in those PIAs feel safe. Based on the DAP results, more children feel safe at home and they do several activities with their parents. More children in Sunsari reported feeling safe compared to the other 2 ADPs.

Children's Resilience

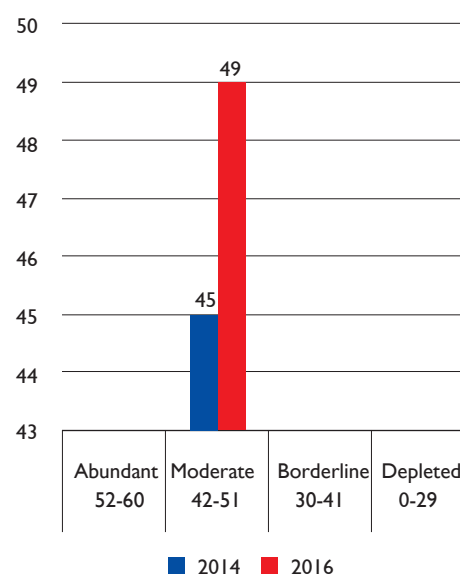
Doti W., Udayapur and Sunsari ADPs are conducting a special CP project where there is more focus on increasing the resilience of children. Through participation in several activities, children are able to have a voice and protect themselves from violence and abuses. WVIN interventions helped build life skills in children and provide a vision for their lives. In Udayapur and Sunsari, 66.55% of children (185/278) (girls: 55.14%, boys: 42.16%) have been equipped to protect themselves from abuse.

Peer education has played an important role in equipping children to protect themselves. Children who are trained in child protection are now campaigning against traditional harmful practices. Life skill training has also developed self-confidence in children and empowered them to raise their voice for child protection.

Children report an increased level of well-being

A comparative DAP study was conducted in Kailali W. ADP against the baseline survey conducted in 2014. According to the study, the average overall score has increased from 45 to 49 out of a total asset score of 60. The DAP score of 49 can be interpreted as a moderate level of assets, and therefore as signifying gradual progress in the well-being of youths during a comparative survey. The average score has increased by 4 during this 20 month period. This increase is the result of involving most of the children and youths in child clubs and focusing on engaging them in sector activities.

DAP overall average score



According to the category view, significant change was found in 'commitment to learning', as the asset score was 23 out of 30 as compared to 20 in the baseline survey.

DAP Surveys were conducted in other 3 ADPs in this FY. Overall scores in Jumla, Morang and Sunsari were 43, 46, and 47 respectively. All three scores can be interpreted as indicating a moderate level of assets as they fall between 42 and 51 and the ADPs are in the final phase of implementation.

Birth registration of children under 5

Birth registration is directly associated with access to public services. Therefore a birth registration campaign was conducted in WV PIAs. According to the surveys taken in 6 ADPs, 73.8% of children under 5 have birth registration in WV PIAs whereas the national average is 58.1%. More than 90% of children in Morang and Udayapur E. ADPs have their birth registered with the local authority. Morang had earlier conducted a birth registration campaign and Udayapur E. ADP advocated with the VDC for support for registration. VDCs formed birth registration groups and the team reached most VDCs to have birth registration. With local advocacy for full birth registration and parental awareness from child sponsorship programme, birth registration is increasing.

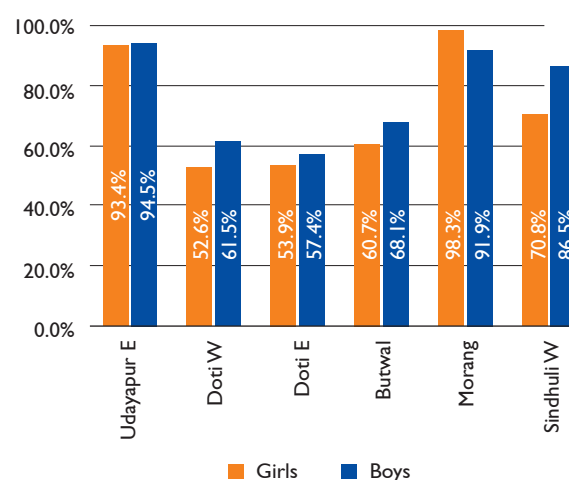
Table: Birth registration of children under five

ADPs	Udayapur E	Doti W	Doti E	Butwal	Morang	Sindhuli W
2016%	93.90%	57.20%	55.80%	64.60%	94.50%	77.00%

In Doti W., within one year the percentage of children whose births were registered (new/retrospective) increased from 44% (6,136 children) to 58% (8,178 children). In one VDC, Dahakalikasthan, 90% of children now have a birth certificate.

The average difference between girls and boys whose birth is registered is 5%, not very significant. However, all ADPs, except Morang, have more boys whose birth is registered at the local authority.

% Girls & Boys Under Five Registered with Local Authorities



Breaking with convention: Hem's story

"In our village, we have a belief," says Hem Kumari (16), "that parents who can marry their daughters off before they experience menstruation will go to heaven." With a belief like that, it is no wonder girls in this village, situated in the eastern part of Udayapur, are married by the time they turn 15. One of the few to take a stand against this convention, Hem is a fearless girl who has undoubtedly been through a lot.

Two years ago, her cousin Kajal's marriage was fixed while both Kajal and Hem were just 14. In spite of Hem's protest, both families pressed on but Kajal managed to slip out of the house three days before the wedding and the groom was left without a bride on the wedding day. Given the amount of time and preparation put in by the groom's family, they were unwilling to return without a bride, so it was suggested that Kajal's place should be filled by Hem's elder sister, Dipa who was also underage (17) at the time. Having attended seminars on child protection conducted by World Vision, Hem knew the problems child marriage could cause and that it was unacceptable, even according to law. She told her family members that the marriage should be stopped. She remembers how her grandfather had replied, "Nobody will be able to stop this marriage."

Despite lack of support from her family and the community, she got the support of Village Child Protection and Promotion Committee (VCPPC)

members to prevent the marriage. Now, two years later her grandfather, Hom Bahadur (68) says, "If a girl wants a future, there doesn't seem to be a need for forced marriage. Let them get married when they want to."

After joining the VDC's child club last year, Hem continues to advocate for child protection in her community. She has recently been nominated as the president of that club, a club that consists of 11 members. Hem has a strong desire to see her community change in terms of child protection. "When I grow up I want to become a social worker who advocates for vulnerable children and promotes child protection," she says.



In our village girls are not valued as much as boys – they are discriminated against and seen as a burden to their family. Therefore parents and guardians often marry their daughters off at a young age in order to ease their financial hardship, putting their daughters' lives and health at risk. I will work with other children in my club to raise awareness to stop this harmful practice".

Manish, 15, Advisor at a child club

Sustainability	
Drivers	Evidence
Local ownership	WV has ensured the engagement of VCPPCs, DCWBs, child clubs and mothers groups during project implementation. As well as bringing change to communities that approach has built strong ownership of the project. In addition, strengthening capacity in child protection and child rights and some one-off gifts of equipment and materials to DCWBs has promoted accountability in office holders. That accountability should contribute to the sustainability of the benefit or changes that the project has generated in those communities.
Partnering	From community to national level, partnerships were formed with stakeholders to improve child protection systems. Most importantly, WV has been building capacity-in the partners with whom it works so that community child protection incident reporting, management and advocacy will continue beyond World Vision's presence.
Local and national advocacy	Birth registration was identified as one of the issues for advocacy at the local level as the births of many children are not registered. VCPPCs play a vital role in the registration of births in Doti and Morang. At the same time, all ADPs have advocated for local authorities to conduct birth registration campaigns, as a result of which there has been a significant increase in the numbers of children having their birth registered in PIAs.
Household and family resilience	There is an increased number of children who reported as being able to protect themselves from violence or abuse and no longer subjected to harmful traditional practices. Child protection projects have equipped children to be free from danger and helped them develop the confidence to defend themselves from abuse or exploitation.

Learning and Recommendations	
Key Learning	Actionable Recommendation
<ul style="list-style-type: none"> The Child Protection System Building projects in Sunsari, Udayapur and Doti have fixed a realistic target and designed appropriate strategies for creating a child protection system for children at community, school, and district level and has worked with other agencies in mapping and advocacy at national level. 	<ul style="list-style-type: none"> Continue to involve different stakeholders to strengthen the child protection systems and mechanisms at local as well as in district level.
<ul style="list-style-type: none"> Capacity strengthening of formal and informal systems of child protection at community level has brought positive changes in reducing discrimination and harmful traditional practices. 	<ul style="list-style-type: none"> Carry out systematic assessment of capacity and provide local institutions to take lead role in addressing child protection issues to enhance the capacity of systems to address child protection issues in communities.
<ul style="list-style-type: none"> Adaptation and implementation of CFLG framework has created favourable environment for the children. Children are prioritized in local level planning. 	<ul style="list-style-type: none"> Strengthen and conduct advocacy for CFLG implementation in programme areas.

Nepal Earthquake Response Progress

Major Achievements and Changes

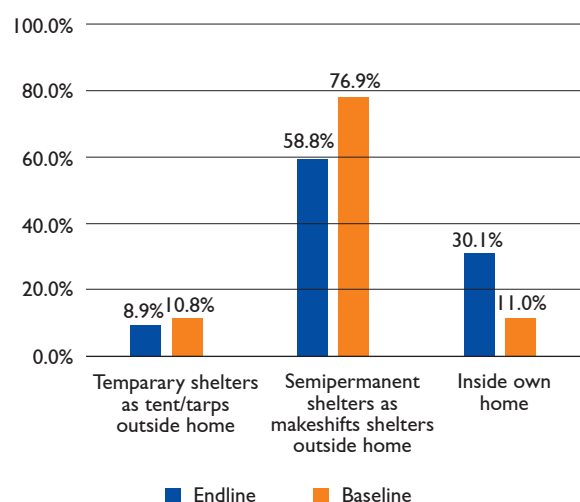
Outputs	major achievement in FY 16	Key changes in indicators
Target communities provided with safe and culturally appropriate shelter and NFIs	61,900 people (12,118 families) reached through shelter programming <ul style="list-style-type: none"> - 12,118 families received CGI sheets along with shelter tool kits - 99 people have been trained on improved construction skills (masonry skills) - One resource centre and one model house has been established - 12,118 people trained on safety measure including Build Back Better principle. - 5,502 families living above 1,500 meter received winterisation kits 	<ul style="list-style-type: none"> - There has been increase in percentage of families living in improved dwelling to 25.1% as compared to 21.7% at baseline. - Increased by 12.6% started to build their house as compared to baseline - Decreased by 1.9% living in rudimentary temporary shelter as compared to baseline - 88.9% families living in semi-permanent and permanent shelter.
Children have improved access to safe and relevant learning opportunities	32,589 children have been reached through education activities including: <ul style="list-style-type: none"> - Renovation/construction of 11 schools building - Establishment of 8 temporary learning centres - Distribution of education materials such as teacher's kits, student's kits, ECD kits and school kits - More than 32,589 children reached through conduction of extra-curricular activities on various themes such as DRR (Disaster Risk Reduction), life skills and child rights 	<ul style="list-style-type: none"> - 100% school building rehabilitated/constructed by WVIN meet the minimum safe construction standard. Notably constructed building are fully compliance with INEE standard and Government of Nepal building code standard. - 80% of affected marginalised children (3-18 years) attending school. - 88.1% of children (5-18 years) currently attending school regularly.
Children have improved protection and psychosocial wellbeing	19,581 children reached through child protection activities <ul style="list-style-type: none"> - 77 VCPPCs equipped with stationery materials for record keeping - 88,631 people reached through radio programme on awareness on child protection in emergencies - 123 VCPPC members trained on child protection in emergencies - 6,674 children involved in BCC activities on Child protection - 1,431 students participated in GBV session. - 1,979 child club members trained on Child club management skills. 	<ul style="list-style-type: none"> - 77 VCPPCs developed and implemented action plan.
Family nutrition status improved through increased access to adequate WASH conditions and primary healthcare services (WASH)	118,483 people (20,694 families) benefited from WASH activities including: <ul style="list-style-type: none"> - Construction of more than 9,305 household latrines - Rehabilitation of 77 water system - More than 6,182 households reached through hygiene promotion activities including distribution of WASH kits 	<ul style="list-style-type: none"> - Increased by 44.9% in percentage of target population with access to an improved water source/potable drinking water as compared to baseline - Increased by 11.9% in proportion of household using improved sanitation facilities (for defecation) as compared to baseline - Increased by 3.1% in percentage of household who adopt key hygiene measures as compared to baseline.

Outputs	major achievement in FY 16	Key changes in indicators
Family nutrition status improved through increased access to adequate WASH conditions and primary healthcare services (HEALTH)	68,517 people (15,656 families) benefited from health activities including : <ul style="list-style-type: none"> - Repair/renovation of 8 health post - Distribution of medical equipment's 11 health institution, - Provide counselling to 13,709 pregnant, lactating women and care givers of children below 23 month - Establishment of 28 Women, Adolescent, Youth and Child Friendly Spaces (WAYCS) - 1,815 pregnant and lactating women received clean cooking stoves 	<ul style="list-style-type: none"> - 81.30% of target population with improved access to adequate healthcare facilities and services, which is slightly decreased as compared to baseline 85.6% (During the baseline time; most of the humanitarian organisation has set up temporary medical camps and provided services which was verified during baseline validation workshop in all districts)
Targeted families are supported for livelihood activities, including cash assistance	37,252 families reached through livelihood activities including: <ul style="list-style-type: none"> - Distribution of agriculture inputs to 7,505 farmers - 1,089 households with livestock shelter reconstruction and replacement of livestock lost in the earthquake - 9,110 people trained on crop/vegetable production - 1,011 people trained on animal husbandry - 363 youth provided vocational training - 93 saving groups established for the resumption and restoration of livelihoods in earthquake affected communities - Cash: 182,690 people (36,538 families) benefited from cash-based interventions including cash for work, cash for training and vulnerable family assistance project 	Increased by 6.3% in percentage of families who are able to fully meet their food expenses.

* To date, World Vision The total NER budget for both the relief and recovery phases was US\$34 million.

Shelter and NFI programming

Across all affected areas, approximately 887,356 homes have been damaged; 602,257 of these were completely damaged.²⁶ The government's Post Disaster Needs Assessments showed that shelter was the sector which suffered the most damage – over 49% of the damage/losses caused by the two earthquakes and resulting aftershocks are accounted for by shelter alone. Within the seven districts that the Response has been working in, 320,804 houses are fully or partially damaged by the earthquake. Respondents to the Inter-agency Common Feedback Project identified the main obstacles to rebuilding their homes as; 1) limited access to information on government support and rebuilding techniques, 2) lack of skilled technical assistance and 3) lack of financial resources.²⁷ While the government has started to provide cash support to earthquake affected home owners to rebuild their houses in line with government guidelines, the community feedback from CFP and World Vision engineers' observations show that the amount is not sufficient to construct houses due to high labour and construction material costs.



²⁶ Ministry of Home Affairs(MOHA) - www.drrportal.gov.np

²⁷ Inter-Agency Community Feedback Project, February to April 2016 Feedback.

Though earthquake affected communities have been provided with immediate temporary shelter solutions, but little progress has been achieved in re-building permanent, safe and disaster resilient homes. The Independent Impacts and Recovery Monitoring (IRM) 2nd report published in March 2016 noted shelter as one of people's immediate priorities (along with cash) as 80% people still live in sub-standard temporary shelters. However, in IRM 3rd report published in September 2016 findings shows only 70% people living in temporary shelter in conditions that pose a threat to their health and well-being.

In response to the widespread destruction, WVIN responded with the provision of CGI sheets along with shelter tool kits to 12,118 families, family winterization kits to 5,502 families, and Build Back Safer (BBS) IEC materials on how to properly use CGI sheets, improving temporary shelters, safe demolition and re-use of recovered building materials to more than 60,000 peoples. This helped families to achieve a basic level of protection from the elements, as well as privacy, particularly in the face of the monsoon and winter seasons. As per the Post Distribution Monitoring (PDM), 88% respondent used CGI Sheets to construct semi-permanent shelter and rest 12% are keeping the sheets safely to be used while constructing permanent house²⁸.

According to the WVIN Recovery phase evaluation report; there has been an increase in percentage of people living in their own homes and semi-permanent shelter from CGI sheet for better protected, as compared to baseline. As compared to 11% of respondents who lived in their own homes, the percentage is now increased to 30.1%. This can

be attributed to the fact that there has been a decrease in percentage of respondents living in semi-permanent shelter from 76.9% to 58.8% and 10.8% from temporary shelter to 8.9%²⁹.

Training on "build back safer/better" construction techniques and methodologies were provided which included a street theatre campaign for presenting the 10 key Building back Safer/Better messages to 18,000 participants in Sindhupalchok and Dolakha. Community infrastructure reconstruction was also completed for eight new health posts, one new birthing centre and twelve new schools. The home-owner driven shelter and infrastructure pilot project has trained 99 masons on Building Back Safer/Better and appropriate construction techniques to build disaster resistant houses. A model home and training centre have been constructed and repaired to provide technical construction training to homeowners and masons.

In the Rehabilitation phase (FY17) WVIN will continue to support homeowners to re-build their permanent houses. Building on the success of the recovery phase work, WVIN will scale up housing reconstruction with the initial objective of 307 houses in Sangachok VDC in Sindhupalchok with the wider community being able to avail of the technical support provided in the Technical Support Centre. The project will also continue to build on the infrastructure, knowledge and technical resources which the first phase of the pilot project has established through mason training, operation of the Technical Support Centre, rehabilitation of community infrastructure.

"We bought very thin iron sheets before to construct our first shelter [after our home was destroyed in the earthquake], but it is already rusting and cannot be used to make a more durable house. These iron sheets we received from World Vision are very strong, and we will use it when we make our new house."

Nauli 62, female community member,
Sindhupalchowk

In order to support vulnerable families to rebuild their houses, World Vision has distributed 12,118 corrugated iron sheets and shelter toolkits to support 61,900 people.



Photo credit: Ankush Chalise

²⁸ WVIN has distributed shelter kits and CGI bundles to affected people in 3 districts i.e. Dhading, Nuwakot and Sindhupalchok between December 2015 and June 2016. The Post Distribution Monitoring (PDM) was conducted in July 2016 to assess the effectiveness and appropriateness and relevance of shelter kits and CGI distributed to beneficiaries. The sample size was 373 at 95% confidence limit and 5% margin of errors.

²⁹ WVIN Recovery phase evaluation report, February 2017. The survey was conducted on December 2016 with sample size 1325.

Lesson Learnt	Recommendations
Only the training on masonry skills is not sufficient. During the recovery phase, It is observed that, the trained mason still used inferior techniques or do not understand the EQ resilient features that are mandatory. So, It will be better if on the job training will be provided to mason.	In Rehabilitation Phase, World Vision will provide on the job training to mason and will be used to construct houses for most vulnerable families.

Child protection programming

Children in Nepal have faced increased stress as their normal routines were disrupted and schools were suspended due to infrastructure damage. Due to widespread destruction caused by the earthquake, at least 950,000 children are in urgent need of humanitarian assistance, and those children left homeless are particularly vulnerable. As per the Nepal Children Consultation Report, children in 67 Focus Group Discussions (FGDs) referred specifically to feeling of sadness and insecurity as an impact of earthquake. The regular after shock, loss of home and damaged to their educational institution had impacts on increasing fear, anxiety and stress level in children.

During the recovery phase, in response to the increased vulnerability of children, WVIN conducted a range of awareness raising activities on topics including Child Rights, Child Marriage, and Child Labour. This was promoted through the installation of 30 billboards, 423 radio messages and street drama programmes, leaflet distributions and competitions in schools and communities. Training on child case management and Gender-based Violence (GBV) were provided for teachers, parents and community leaders and life skill and psychosocial support provided for children. Orientation on child rights and child protection issues were also provided for parents and teachers to create healthy and environment for children. Children were also taught about their rights

through 2 day training sessions to 1,997 Child Clubs members which covered child protection and role and responsibilities of child clubs in emergencies. WVIN also provided financial support and equipment to establish Child Help Phone Line. The community level child protection structures including Village Child Protection and Promotion Committee (VCPPC) and child clubs were activated and strengthened and developed their action plan for child protection.

The Child Protection activities reached 19,581 children through activities such as orientation on child rights, child protection and incident management, promotion of child protection committee at local level and psychosocial support to children and their families. Key activities under this output include the following:

In the rehabilitation phase, WVIN will mainstream child protection through each sectoral intervention that addresses the needs of children and their families. WVIN will support the transition of 170 child headed households (566 children) who were part of the Vulnerable Family Assistance program, plus an additional 330 households from the communities, to the existing safety net program operated by the District Child Welfare Board (DCWB). Additionally, WVIN will continue to carry out community journalism in response districts which increase awareness around child protection issues and empower children at community level.

³⁰ UNICEF, Situation Report 2015

World Vision has been conducting life skill and psycho-social support training in order to educate and empower children on key issues such as child rights, child protection, child marriage, and child labor. Life skill training focuses on increasing self-awareness and internal capacity among children and empowers them to speak up against probable future incidents such as child marriage and child abuse.

“I was able to learn about self-awareness skills through this training and I understood that these skills help individuals to speak out for themselves. The training has certainly motivated me to become a better person.... After this training I know what to do and what not to do in order to ensure child protection in my community”.

Sandhya (13), Student from Shree Sankha Devi Secondary School in Khalte, Dhading.



Photo credit: Aryem Rongong

Lesson Learnt	Recommendations
The community journalism helped to increase awareness around child protection issues and empower children at community level.	<p>World Vision will continue carry out journalism to increase awareness around child protection issues and empower children at community level in Rehabilitation Phase</p> <p>In Rehabilitation Phase, World Vision will mainstreamed child protection through each sectoral intervention that addresses the needs of children and their families.</p>

Education programming

Educational services were severely disrupted by the earthquake, with an estimated 1.5 million children directly affected³¹. According to the rapid school damage assessment led by Department of Education (DoE) 40% of schools and 50% of classrooms have been affected. 36,000 classrooms were been completely destroyed while around 17,000 additional classrooms were been damaged. The damaged schools have had an impact on enrolment, attendance and efficiency, leading to an increase in the number of out-of-school children. According to Education cluster in September 2015, approximately 166,000 children did not have access to quality permanent learning spaces³², forcing children to learn in crowded and unsafe classrooms. This has caused significant impact on the quality of learning which may increase the student dropout rate.

In the recovery phase, WVIN supported the repair of 11 school buildings with improved WASH facilities and the construction of 8 additional TLCs. 100% school building rehabilitated/constructed by WVIN meet the minimum safe construction standard, notably it is fully compliance with INEE standard and Government of Nepal building code standard.³³

Educational materials were distributed to teachers and students to replace damaged goods and trainings was provided for teachers on Child Friendly Teaching learning processes and awareness on DRR. WVIN provided First Aid Kits and training to teachers and students to ensure they can respond appropriately in an emergency.

³¹ Nepal Earthquake Humanitarian Response Report, Sep 2015

³² UNOCHA, Nepal Earthquake Humanitarian Response Report, Sep 2015

³³ Nepal Earthquake Recovery Phase evaluation report, WVIN 2017

"In the training I have learnt how children's views should be listened to and taken seriously. I have been actively engaged with, and enabling of, student, family, and community participation in all aspects of school policy, management and support to children."

Khimak Bishwakarma, vice principal of Garjangdhunga Higher Secondary School, Dolakha

World Vision has provided Child-Friendly Teaching Learning (CFTL) trainings to over 94 teachers in the earthquake affected districts of Dhading, Dolakha, Nuwakot, Gorkha and Sindhupalchok. The training is designed to provide teachers with various teaching and learning skills for child centered learning.



Photo credit: Barun Bajracharya

Vulnerable children were supported with conditional cash in four districts to support child re-enrolment in schools as a part of the 'Back to School' campaign. In Dhading, however, students were provided with learning materials instead of direct cash, in line with district policies. As a result of that, more than 1,000 children have been re-enrolled in formal education system. According to the NER Recovery Phase evaluation, there was no variation in the attendance of marginalized students, who are often assumed to have less attendance. 87.8% of the marginalized students attended schools regularly.

32,589 children have been reached through education programming such as reconstruction of school building, distribution of student kits & learning materials, and conduction of Extra Curricular Activities on various themes such as DRR, Life Skills and Child rights. Key activities under this output include the following:

Wash programming

In the aftermath of the two earthquakes, significant damage was caused to WASH facilities and water sources across the affected areas. The government's assessments show that out of a total of 11,288 water supply systems in the 14 most-affected districts, 1,570 suffered major damages, 3,663 partial damages, and that approximately 220,000 toilets were partially or totally destroyed.³⁴ More than 47% of household have no access to improved potable water and improved sanitation facilities.³⁵ The construction

of latrines and provision of basic hygiene supplies and clean water kits have been particularly important, with families losing even the most basic of hygiene items in the destruction caused by the earthquakes, allowing families to maintain basic hygiene standards and prevent any major outbreaks of hygiene-related or water borne diseases.

The disruption in water supply has had a disproportionate negative effect on women and girls, who are traditionally responsible for 75% of all household water management³⁶. This is because the time taken to fetch water has increased by up to three hours in some of the affected areas. Before the earthquake, Nepal has made significant process to meet the objectives for the Open Defecation Free (ODF) campaign but due to extensive damage to household and public latrines there is a need to continue the ODF campaign. This approach included the construction of improved latrines, ensuring they are built back better, and community awareness raising around the health implication of open defecation.

In the recovery phase, WVIN supported the construction of 9,305 household toilets and, together with the community awareness raising about the health implications of open defecation, seven VDCs were declared ODF by the local government. Regarding, access to improved latrine, there is increase in percentage family access to improved toilets as compared to baseline, which is now 88.1% families have access over it³⁷.

³⁴ Post Disaster Need Assessment (PDNA), Government of Nepal, July 2015

³⁵ NER Baseline Report, 2015

³⁶ Post Disaster Need Assessment (PDNA), Government of Nepal, July 2015

³⁷ WVIN NER Recovery Phase Evaluation report, 2017 (Percent of target population with access to improved toilet in Baseline is 76.2% and in evaluation it is 88.1%, The sample size of survey is 1329)

"[Before the earthquake] we did not have any choice other than walking for more than an hour across the hills to fetch water. It wasn't easy... A lot of our time in a day was spent just fetching water. It used to be more difficult when we were sick and did not have any helping hands. Many times, I had to take the help of my little grand-daughter when no one was available to fetch water. The hardships we endured have finally ended. We have heard that this tap does not dry up, no matter what the season is. And it is a huge relief."

Som, 53, Jalbire – Sindhupalchowk

World Vision constructed a water supply system with 8 taps in Jalbire, Sindhupalchowk, supporting more than 40 households access to clean water.



Photo credit: Ankush Chalise

70 water supply systems have been renovated or newly constructed provided improved water access for 15,007 people. According to the NER Recovery phase evaluation, there is an increased access to an improved water source/potable drinking water by 44.9% of the target population (as compared to baseline)³⁸. WVIN also distributed three water testing kits to the Water Supply and Sanitation Division Office to strengthen local government in their work to support the provision of clean water to communities.

Emergency WASH interventions benefited 118,483 people (20,694 families) through activities and reached more than 6182 households through hygiene promotion activities including distribution of WASH kits.

Health programming

The earthquake caused widespread destruction resulting in the death of 8,891 people (55% female; 45% male) and injuring 22,302 people. According to PDNA over 1,200 health facilities have been damaged or destroyed which has impacted the ability of health facilities to respond to health care needs in the affected areas and service delivery has been disrupted. This has had a particular impact on vulnerable populations, including those directly impacted by the earthquakes, further reducing access to health services in remote areas. 765 health facilities need to be reconstructed with basic resources to be provided for essential health care services, including immunization, communicable disease management and rehabilitation of patients wounded in the disaster is needed.³⁹

Lesson Learnt	Recommendations
Due to extensive damaged to water sources; the water sources were dried up and existing technology could not fulfilled the water need of community. So, water system need be constructed on context specific alternative water source technology.	<p>In Rehabilitation phase, WV will construct community water systems which promote context specific alternative water sources (such as rain water harvesting). The alternative system of water sources also contributes to disaster resilience, empowering communities to mitigate water scarcity in the face of future hazards.</p> <p>The construction of water systems will be accessible and geographically reachable to make it more disabled friendly. It will also have a second tap at lower height so children can reach it.</p>

³⁸ WVIN NER Recovery Phase Evaluation report, 2017 (Percent of target population with access to an improved water source/potable water: % of HHs in Baseline is 51.9% and in evaluation it is 96.8%, The sample size of survey is 1329)

³⁹ Government of Nepal, Post Disaster Needs Assessment (PDNA), July 2015

As a result of the damage to the health facilities, and physical injuries caused by the earthquake, there is a significant need for rehabilitation services to address medium and long-term disabilities, as well as psychosocial support to address the fear and distress caused by earthquakes. An estimated 185,000 pregnant and lactating women are also considered at risk of malnutrition and micronutrient deficiencies in the 14 priority districts. These vulnerable groups will require sustained nutrition support.⁴⁰

In the recovery phase, WVIN supported the construction of eight health posts and established 28 Women, Adolescent, Youth and Child Spaces (WAYCS)/Outreach Clinics (ORC). The Health posts have been equipped with medical equipment to ensure the facilities can provide adequate care. Health Post staff have been trained how to use and maintain the equipment. In partnership with the Nepal Innovation Lab and Field Ready, WVIN has trialed producing basic medical equipment using 3D printed designs including items such as a Pinard horn, umbilical cord clips, tweezers, formable wrist braces and otoscopes. These items are currently being tested in selected health centres before broader distribution. This will produce medical equipment locally in Nepal, using solar powered 3D printing onsite at the health posts and reduce the supply chain costs dramatically.

The WAYCS centres have become useful community assets to conduct meetings, to run immunization programmes for

children, and host teaching sessions for the health facility. The community and local health facility management have shown their commitment to provide a health worker at the WAYCS at least once a week increasing access to health services of families in remote locations. More than 1,611 WAYCS sessions have been conducted providing training and awareness on the basic and essential health issues for 13,709 people. Majority of the respondents expressed that pregnant women were receiving ANC care (97.7%), two third of them heard about exclusive breastfeeding and more than four fifth (86.6%) had done all required vaccines. Majority of the respondents (68.8%) delivered their last child at hospital followed by home, private health clinics and health post.⁴¹

Basic health trainings were provided to mothers groups, female community health volunteers, counsellors and health workers. The trainings provided included basic health, outbreak management and contingency planning, control of Infectious diseases, First Aid and more. Participants reported the First Aid training was highly appreciated, to increase preparedness for future disasters.

The Health sector interventions reached 16,531 people (695 families) through activities, such as repair/renovation of health post, distribution of medical equipment's, counselling to pregnant and lactating women, distribution of tents, baby hygiene kits, and clean delivery kits. Key activities under this output include the following:

"We were not prepared for the earthquake. And after the earthquake hit, we did not know what to do. [Since the training] I have learnt what should be considered while living in the temporary shelter, including safe site selection, separate living space for men and women if living in a large groups, as well as the need to maintain hygiene to ensure good health to prevent the outbreak of disease."

Okha, 44, Pipaldanda – Sindhupalchowk

First aid and disaster preparedness training was one of the trainings provided to Female Community Health Volunteers, counsellors and health workers in Pipaldanda, Sindhupalchowk, in order to build their ability to care minor injuries and disaster preparedness.



Photo credit: Ankush Chalise

⁴⁰ Nutrition Cluster 2015 June

⁴¹ Endline Review Report: Emergency and recovery health assistance for earthquake affected communities in Sindhupalchowk district, Report, February 2017

Livelihood programming

The PDNA estimated that directly due to the two earthquakes, the economy has lost more than 94 million work days, and a loss of US\$171 million in personal income. This has impacted approximately 2.287 million households had 5.6 million workers across 31 affected districts. Given that annual labour earnings per household across Nepal were already very low, this shock is likely to have a significant impact of affected households and has serious implications for poverty levels across the country, at least in the short term. Food security has deteriorated in all the earthquake affected areas, and was particularly in remote mountain areas, where close to 70% of households had poor or borderline food consumption. The Agriculture sector was hardest hit, followed by Tourism, which is a major employer in Nepal. The earthquake destroyed productive assets, infrastructure, storage facilities and agriculture tools and impacted people's daily livelihood. According to the recent assessment, majority of household (85%) reported needing food and cash assistance in the next month.⁴² The majority of households require assistance particularly for agriculture inputs, rehabilitation of irrigation schemes and input for livestock.

In response to the need, WVIN distributed seeds and livestock and provided post-harvest crop processing and vocational training to increase families' access to money. 93 Savings Groups have been established and strengthened to ensure the increased income is able to be saved and families' resilience is increased. Results from the Livelihood Post Distribution Report found 85% of the respondents who received the livelihood related training perceived it useful. Among them, 90% are still using the skills they gained from the training.⁴³ Cash for Work was used to rehabilitate roads and community assets, to increase community resilience to disaster risks and provide work for 2,195 impacted households. WVIN survey found approximately 90% of respondents used cash for intended purposes and food was the top-most priority (66%) followed by children's education (44%), livelihood (40%) and other daily expenses need (38%). Among them, 11% shared that their basic needs were fulfilled fully and 85% shared needs were fulfilled partially through Cash for Work support.⁴⁴

41,580 people reached through livelihood activities including distribution of agriculture inputs to 7,505 farmers, 1,089 households with livestock shelter reconstruction, 9,110 people trained on crop/vegetable production, and 1,011 people trained on animal husbandry.

Lesson Learnt	Recommendations
It was felt that the beneficiaries' selection criteria should be context including geographic specific so that no vulnerable families are left behind.	World Vision will develop context specific beneficiary's selection criteria in consultation with community.
Women, youth, and marginalized groups will be particularly targeted as they have generally been more negatively affected by the earthquake and face more challenges in establishing their livelihood due to limited access to resources.	Additional support and special attention will be given to the most vulnerable, including lower-caste individuals and women, to ensure that they can equally benefit from the training. Micro-cash grants and entrepreneurship training will allow those who have already received vocational skills training to start their own micro-businesses.
	In partnership with the government, Local Disaster Risk Management Planning (LDRMP) will be promoted at the VDC level, including training of youth in early responder teams which will be enabled to mobilize quickly and assist their communities in case of disasters.

⁴² Nepal Report Joint Assessment of Food Security and Early Recovery 2015

⁴³ World Vision Livelihood Post Distribution Monitoring Report, January 2017

⁴⁴ World Vision Livelihood Post Distribution Monitoring Report, January 2017

"My family cannot live in the temporary hut much longer. When I save enough money I will build a new house and I will also send my son to school. I want him to study and be a good man. He is the future of our family."

Ramhari, 66, Khalte – Dhading

World Vision distributed cash vouchers to vulnerable households like Ramhari (pictured right) from Khalte, Dhading. Ramhari utilised the cash voucher to purchase vegetable seeds, farming equipment and fertilisers. World Vision also provided him with agriculture training. Now, Ramhari's vegetable sales in the local market are booming and he earns up to NPR 50,000 (US\$ 500) per month.



Photo credit: Barun Bajracharya

Cash based programming

Cash Based Programming was a key modality for distributing aid during the Recovery phase. World Vision used both conditional and unconditional methods of cash based programming which supported almost all sectors to implement and achieve activity targets. Some of the conditional cash projects have already been mentioned in the relevant sectors above (i.e. Cash for Work as part of the Livelihood activities, back to school enrolment support in the Education activities). This section will focus on the large unconditional cash programme that World Vision ran in the Recovery phase to support the most vulnerable members of the community

Vulnerable Families Assistance (VFA) (also known as the Social Protection Project), was designed to support those community members who were most vulnerable and were not able to engage in traditional livelihood activities. The VFA was specifically targeted to the elderly, people with disabilities, child-headed HHs, pregnant and lactating

women and other vulnerable groups unable to engage in other WVIN livelihood activities. 12,248 households benefited from the VFA project. The WVIN Cash based programming evaluation report found 91% of respondent who received VFA support spent the cash assistance on food purchases, 40% on their livelihoods, 39% on medicine and health services, 30% on education, 26% on the rehabilitation of their house and 13% on agricultural items.

Cash Based programming will remain a modality in the Rehabilitation phase, however WVIN will only continue with conditional cash programmes, such as Cash for Work as the government has not approved unconditional cash programmes (such as the VFA project) to be undertaken in the Rehabilitation phase.

182,690 people (36,538 families) benefited from cash-based interventions including cash for work, cash for training, vouchers, cash for back to school and the Vulnerable Family Assistance project.

"I bought four goats, paid my and my brother's tuition fees and used the money for other households needs. Until World Vision supported us with the cash, I was helpless. I couldn't even provide lunch money for my brother and afford his basic needs. Now, I am much optimistic about the future,"

Tika, 17, Jiri – Dolakha

World Vision provided cash assistance to support vulnerable families like Tika from Jiri, Dolakha under Vulnerable Families Assistance programme. Tika is only 17, but carries the responsibility of a younger brother and herself after the mother left them alone following the death of the father. Being a part of a child headed household, Tika received the amount of 7,500 rupees for six cycles which was used to pay for her household expenses, tuition fees and livestock purchase.



Photo credit: Blair Millar

Disaster risk reduction & gender equity and social inclusion programming

The goal of disaster risk reduction is to prevent new and reduce existing disaster risk through activities which reduce vulnerabilities, increase preparedness for response and recovery in order to strengthen resilience. The Recovery Phase activities sought to increase community's ability to adapt to change and absorb future shocks and build back safer. In this sense, the strong DRR component has been mainstreamed across all sectors to ensure that communities' resilience is improved and they are better prepared to respond and manage future shocks. Additionally, WVIN worked to prioritize the most vulnerable, fostering social inclusion and gender equity (GESI) in community interactions for long term change. By identifying and addressing vulnerabilities, the earthquake response team seeks to increase meaningful participation and leadership in decision-making processes, supporting women, children and vulnerable groups in challenging stereotypes and having greater access to resources. Through the Recovery Phase, WVIN developed gender equality and inclusion indicators to be measured across all sectors as a means to facilitate and strengthen accountability to the people we serve.

In the Recovery Phase, WVIN worked with communities and local governments in three Districts to ensure that Local Disaster Risk Management Plans (LDRMP) were developed and linked to livelihoods and community development plans. These plans enabled the community to understand disaster risks specific to them and strengthen disaster risk governance for management of risk so that they are able to take action.

In the Rehabilitation phase WVIN will have a specialist DRR position within the organization which will allow better technical oversight of DRR activities. Activities in the Rehabilitation phase will include training community members on multi-hazard prevention, supporting the government development and implementation of LDRM plans and joint monitoring, establishing community teams as early responders.

WVIN has conducted various awareness raising activities through street dramas, competitions, radio programmes and pamphlet distributions to promote DRR and GESI within the communities.

Most vulnerable children (mvc)

World Vision's current strategy has intentionally focused its interventions in all area programmes on the most vulnerable children and families. The percentage of most vulnerable beneficiaries to the total number of beneficiaries is between 25 and 35% in FY15 and 16,. However, the database is unable to tell us 'who were missed?'

World Vision's effort to reach the Most Vulnerable Children and Families

During Assessments/ Designs LPAs carried out Cluster (settlement) ranking on the basis of poverty/ vulnerability. Rapid mapping tools on 'Who are most vulnerable? Why? Where?', was also applied to try to identify the Most Vulnerable. But there is a lack of an individual database that can tell who to select as a direct beneficiary. At the same time, local government also does not have a household level database (except voter lists) and WVIN has not yet created its own. Therefore, due to the lack of a standard definition, the term 'Most vulnerable', used to assess vulnerability, is a 'relative' term. WVIN conducted quick research on "Barriers of the most vulnerable to participate in WV project activities".

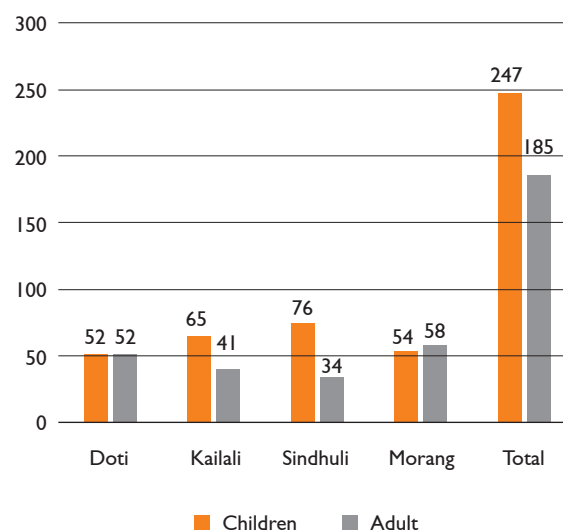
The research was carried out with 432 individuals (247 children and 185 adults) from 4 ADPs, representing the hill, terai, east and west regions.

According to the adult respondents, most people fall under the 'income too low to survive', followed by Dalits and inadequate and inappropriate housing. 'Income too low to survive' is also linked with other categories of vulnerability, i.e. food insecure households and household with child labour. At the same time, vulnerability among children has different categories. Children who are not provided their basic needs is the biggest category, at 30%, followed by children who are out of school, 26%. Orphan and child labour are among the top 5 categories of vulnerability among children. 27% of the total most vulnerable families are headed by women, 5% by children.

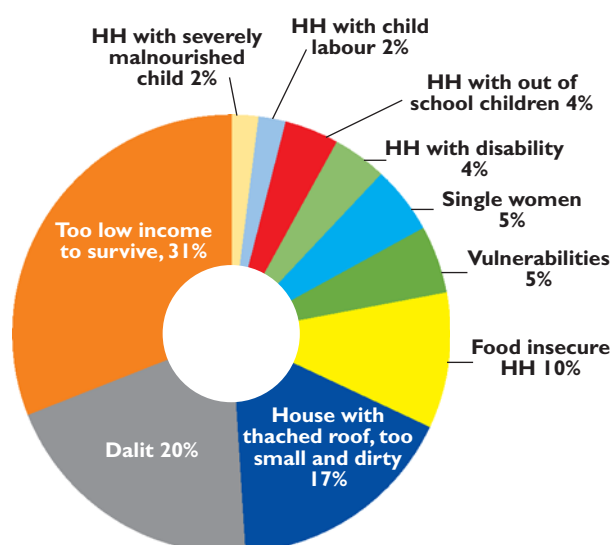
Main Source of Livelihood of Most Vulnerable Families

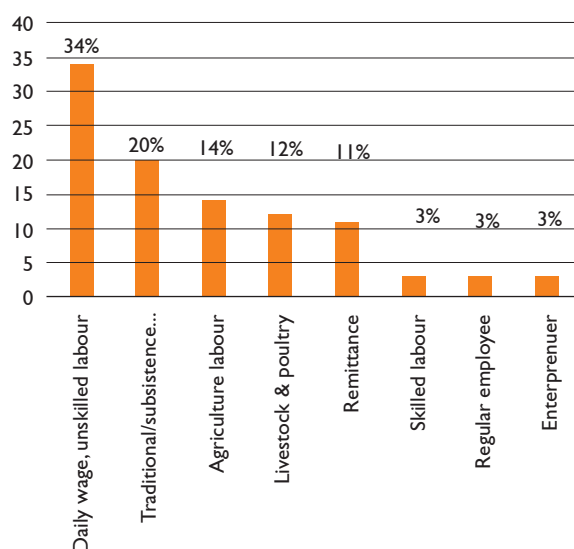
34% of the most vulnerable families are dependent on daily wages, and being unskilled labour they earn much less compared to others. 20% are engaged in traditional and subsistence agriculture and therefore are unable to earn more from this because no one is available to do commercial farming. Therefore only 16% have year round

Number of Respondents



Types of vulnerability



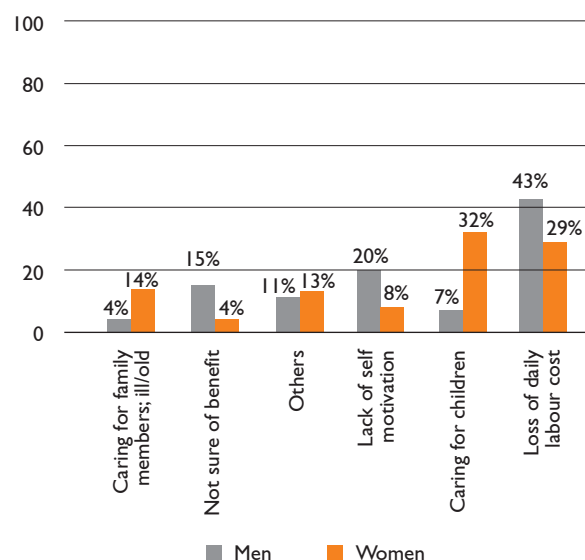
Main Source of Livelihood

food security from their regular source of income. The mean food security number of months among the most vulnerable families is 6.4.

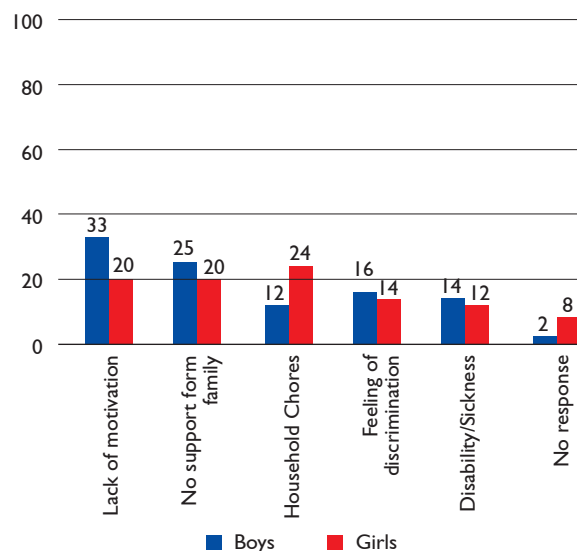
Since most families face food insecurity they have adopted various coping strategies. Negative strategies are more prevalent in families. 25% of families migrate temporarily to other places, but short term migration can have negative impacts on the family. Families don't have many assets that can be sold during a food shortage. Reducing the quantity and frequency of meal is another strategy they adopt. Half of the families own less than 2 Kathha of land (720² m). Apart from caring for infants, 40% of women are doing productive work for more than 5 hours a day, except the reproductive work. 40% children are also doing productive work for more than 1 hour a day.

Participation of the Most Vulnerable Children and Families

In the past year 60% of the most vulnerable families did not participate in any activities organized by World Vision. Although invited by an organization working in their locality, nearly 39% of families missed taking part. The main reason for men was loss of daily labour and for women, caring for children. 43% of men and 20% of women said that they couldn't take part in project activities because they would lose a day's wages. The need to care for infants is a major barrier for women. 46% said that they had to look after a child or a family member, who was ill and old. Since most vulnerable families lack information about the benefits and utilization of knowledge and skills, they lack motivation to participate. 20% of men and 8% of women said that they lack the motivation to participate in the programme.

Reasons for not participating in project activities

In the past year, 75% of the most vulnerable children did not participate in any World Vision activity. Interestingly, 64% of them know about World Vision. 31% of them were invited but, for some reason, did not participate in activities. The major reason for not participating was lack of motivation and lack of support from family members. However, for girls, engagement in household chores was the main reason for not being able to participate in programme activities. 16% of boys and 14% of girls said they sensed discrimination at school by a teacher and therefore they were hesitant to participate.

Most Vulnerable Children - Reasons for not participating in project activities

Causes of vulnerability; MV Adult Responses

- Low productivity and insecure income leading towards seasonal labour
- Migration to India for temporary work
- Medical expenses for the treatment of ill family members
- Caste-based discrimination in society (Dalits)
- Prone to landslide and flood (Doti & Kailali)
- Alcoholism among men and domestic violence
- Stigma due to disability, and exclusion
- Early marriage and early pregnancy
- Inability to fulfil basic needs due to poverty

Causes of vulnerability; MVC Responses

- Parents asked to work due to low family income
- Parents asked to do household work instead of going to school
- Domestic violence due to alcohol
- Married early, husband not willing to allow to go to school
- Belonging to a poor or deprived family
- Disabled and ill parents
- Orphan, living with relatives and forced to work
- Having no hope for the future and involved in substance abuse
- Sexually abused
- Trafficked

Recommendation provided by Most Vulnerable Children and Adults

Children's Responses	Adults' Responses
<ul style="list-style-type: none"> - Timely information about the activity - Organize non-educational activities during school holidays (school-going children) - Provide financial support for the study - Provide livelihood support to the families - Vocational Skill development training to youths, who are out of school - Suitable activities for girls that builds confidence and leadership - Disabled-friendly activities, financial help to purchase a wheel chair 	<ul style="list-style-type: none"> - Livelihood support takes months to return and income earned is not enough to fulfil our need. E.g. 'gift' of a goat) - Livelihood support is not sufficient to deter husbands from going abroad. - Loss of one day's wage (Rs 300-500) to participate in a project activity. Not good to hold activities during sowing or harvest time. - It's good to know about the benefits of the programme one week in advance. - Ages 15-18 is the critical time to stop children from going to India. Need to help them stay by offering employment or scholarship assistance. - Men spending money on alcohol that they earned in India from seasonal work. Intensive counselling and engagement package for them is required. - Need to take care of a child. Provision of a baby sitter would help.

"I left my school as suggested by my parent to take care of my siblings-" (F, 12)

"I was married at 15 yrs. My husband died in India. After that I am taking care of my child" (F,22)

"I quit school at 13, due to my marriage being arranged by my parents because of their very low income" (F, 16)

"I am an orphan, staying with a relative. I dropped out of school since I was in grade 2 when both of parents passed away." (F, 16)

"My father works in India and spends money on alcohol. When he came home, father urged me to leave my study and go to India with him, he does not want to continue my study." (M,16)

"I work as a farm labourer (seasonal) and earn Nrs.300/day (\$3) and I give it to my parents." (F,12) child" (F,22)

"I am planning to go to India to earn money due to economic hardship at home" (M, 16)

Key Learning	Actionable Recommendation
According to the survey, it has been found that most vulnerable adults do not participate in the programmes as they would lose their daily income. Therefore, appropriate strategies could be helpful to engaging them.	Apply programme-specific strategy to include the most vulnerable adults and children in the programme, by compensating them for the loss they would incur while attending a programme.
Vulnerability categories among the vulnerable adults and children are different and therefore using one strategy may not be helpful to reach out to the most vulnerable.	Activity specific planning needs to be done to address the different categories of the vulnerability so that its convenient to them. i.e. child labour, school drop out, orphan, children taking care of their siblings.
Vulnerable families are looking for livelihood opportunities that gives immediate return and fulfils their daily economic need.	Livelihood package which gives immediate return can be adopted to engage vulnerable families at one level, then, when they are confident about the benefits, sustainable livelihood options can be presented to them.

Programme accountability

WVI Nepal (WVIN) has a strong commitment towards enhancing accountability in its programming, operations, monitoring and evaluation. Providing information, consulting with communities, promoting participation, and collecting and acting on feedback and complaints are considered to be fundamental elements of accountability. In 2016, with funding support from DFID/WVIN UK, WVIN implemented a pilot project on strengthening community accountability in 2 LPAs – Achham and Jumla. As a result of the success of this project, its accountability systems are now being replicated, expanded and launched across that programme design.

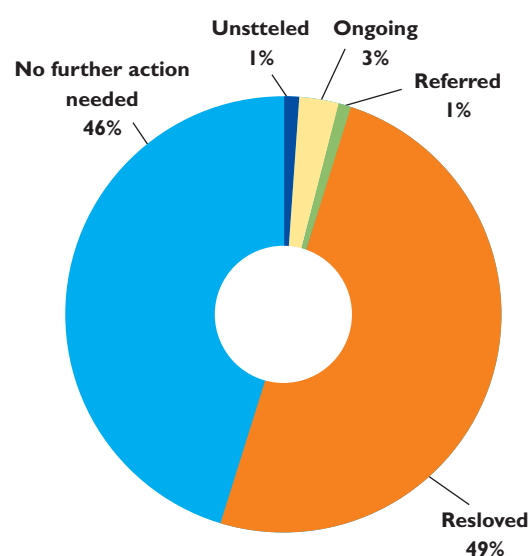
Humanitarian Accountability has been prioritised since the beginning of the Nepal Earthquake Response. In the relief phase and again in the Recovery phase, a dedicated Humanitarian Accountability team work to ensure that the four pillars of the WVIN staff promote the participation of communities in all activities including the beneficiary selection process, contributing skills, labour and materials and involvement in project committees including water management committees and local disaster management committees. Communities have been consulted on a regular basis through formal community assessments and reviews and informal meetings at a district level on a regular basis with VDC leaders.

WVIN has developed and rolled out guidelines for effective information sharing, promoting community consultations and handling community feedback and response mechanism (CFRM) in order to strengthen and mainstream accountability principles and practices across its development and humanitarian assistance programmes. Various types of information, education and communication (IEC) materials such as leaflets, flyers/flex, information

and hoarding boards have been developed to disseminate messages on accountability mechanisms including the right to information, the right to lodge complaints, and about the feedback mechanisms established in communities by WVIN. Villagers are now quite aware of WVIN's feedback and response mechanism.

Holding consultations with the communities on various aspects of the programme has been established as an integral component in the programme cycle, particularly at programme design, implementation, and M and E stage. Beneficiaries from the most vulnerable communities are selected using a transparent and participatory approach which addresses the suggestions and concerns of villagers and stakeholders.

Summary Status of Feedback, FY 16



During 2016 guidelines and mechanisms for the collection of feedback and complaints from communities have been established in all LPAs. Channels established to collect feedback and complaints from beneficiaries and stakeholders include suggestion boxes, help desks, and toll free mobile numbers. Feedback collected is recorded in an accountability database, analyzed, and responded to. Using these channels, WVIN has recorded 819 responses from 12 LPAs. A monthly feedback and response trend analysis report is produced and shared with senior management team for taking appropriate actions and decisions. WVIN has been able to respond promptly to about 90% of that feedback. About 10% remains unresolved at present. This

approach has assisted WVIN to reach out to the most vulnerable children and families.

The establishment and functioning of community feedback and response mechanism (CFRM) has enabled community people and stakeholders to express their concerns, suggestions, and thoughts without any fear. As a result, community people and beneficiaries have increased their trust in WVIN, that it values and respects their concerns, listens to their voice, and makes appropriate responses. Ultimately, all of these efforts and mechanisms has contributed to promoting accountability, transparency, and the reputation of WVIN in communities.

Key Learning	Actionable Recommendation
<p>The Integration of accountability framework across all sectors (TA/program), operation and M and E is necessary to promote participation and ownership by communities and stakeholders.</p> <p>The PAF (Programme Accountability Framework) assessments at community level are found to be an effective tool in order to identify gaps and challenges, provide relevant information about organizations and their projects, and promote participation by beneficiaries.</p> <p>Establishment of functional community feedback mechanism helps build clarity on the key aspects of WVIN's programmes, enhancing transparency and trust among community people.</p> <p>It is important to support PNGOs of WVIN in establishing and integrating contextualized accountability framework in their programing and operations so that accountability mechanisms are properly rooted in target communities.</p> <p>Enhancing knowledge of the principles and practice of accountability mechanisms among staff of WVIN is necessary.</p>	<p>Allocate resources to strengthen accountability in all ADP/ LPAs and educate staff members as to the importance of accountability.</p> <p>Undertake PAF assessments at the community level in all LPAs to promote participation of target beneficiaries.</p> <p>Implement the guideline on community feedback and response mechanism with common understanding among WVIN team. Disseminate CFRM message in the communities.</p> <p>Provide technical support to PNGO to develop contextualized accountability framework and guidelines and build the capacity of NGO partners to establish accountability system and mechanisms.</p> <p>Build capacity of all staff through training, workshop and learning and sharing events.</p>

Learning from the cwB reporting process

Learning from CWBR	Recommendation for future CWBR
<ul style="list-style-type: none"> - Tracking of direct beneficiaries: WVIN recently started to track the direct beneficiaries in livelihood. However, all other direct beneficiaries of other projects need to be tracked regularly to record changes in their lives. - Indicator measurement for baseline and endline: Some indicator definition and measurement methodology was found to be different between baseline and endline. Therefore, having measurement of indicators in endline matching that in the baseline can give more useful comparisons. - Use of reports: Annual report of WV Nepal 2015 has most of the information from the CW-B report. Having one CW-B report instead of two separate ones would save time and money. - The changes illustrated in the report were referred to in some proposal write ups and sharing with government. - Replication of best intervention and improvement area: Comparison of data among different ADP/LPAs is being done during report preparation. It has helped identify which project model and interventions are successful and which were not. 	<ul style="list-style-type: none"> - Regularly update tracking tools for direct beneficiaries and institutions supported by World Vision to know the real effectiveness and impact of programming. - Measure most of the indicators which were used during the baseline following the same methodology and tools so as to have comparative figures to show progress. - Instead of publishing the CWB report as a separate report, include it with WVIN's annual report so as to allow a wider audience have access to the Nepal CWB report. - Utilize the information presented in the report for various organizational purposes; proposal writing, demonstrating evidences to donors and to communities - Replicate the successful project model and successful interventions in ADP and grant projects, as well as improve the areas which are found to be less effective.

Annex A: List of Reference Documents for CWBR

SN	Name of ADP/ projects	Phase/ DME Cycle	Baseline	Mid-term/ final evaluation	Annual Progress Report	DAP Survey	FLAT Survey	Research on MVC
1	Morang	III	√ (KPI)		√	√		√
2	Morang CP/CoH	PNS			√			
3	IELA Morang	PNS	√					
4	Sunsari	III			√	√		
5	PPA/ Child Protection: Udayapur, Sunsari	Grant		√				
6	Udayapur East	I		√	√		√	
7	Udayapur West	I		√	√		√	
8	Udayapur – SEL	PNS	√					
9	Sindhuli East	I			√			√
10	Sindhuli West	I	√		√			√
11	Lalitpur PNS	PNS			√			
12	Lamjung	III			√			
13	Lamjung – CoH	PNS			√			
14	Lamjung – SEL	PNS			√			
15	Butwal	III	√ (KPI)		√			
16	Jumla	III			√	√		
17	Kailali East	I			√			√
18	Chisapani	I			√			√
19	Kailali West	III		√	√	√	√	√
20	DIPECHO – Kailali & Doti	Grant						
21	SEC Project, Kailali	PNS		√	√			
22	Kailali 3PM project	PNS			√			
23	Doti East	First		√	√		√	√
24	Doti West	First		√	√		√	√
25	Doti W CP	PNS		√				
26	Achham East	I			√			
27	Achham West	I			√			
28	JOAC – Achham	Grant		√				
29	LNGO Capacity- building	PNS		√				
30	NER Baseline Report		√					
31	NER Recovery Phase Report				√			
32	NER Relief Phase evaluation Report			√				
33	NER Recovery Phase Evaluation Report			√				

Map of WV working areas



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