

World Vision

World Vision International Nepal

CHILD WELL-BEING REPORT FY 2016 - 2017



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LIST OF ACRONYMS

ADP	Area Development Programme
ANC/ PNC	Anti-natal checkup/ Post-natal checkup
ARI	Acute Respiratory Infection
CCWB	Central Child Welfare Board
CPPCs	Child Protection Promotion Committees
CP	Child Protection
CVA	Community Voice and Action
DADO	District Agriculture Development Office
DAP	Developmental Assets Profile
DCWB	District Child Welfare Board
DEO	District Education Office
DPHO	District Public Health Office
DRR	Disaster Risk Reduction
ECED/C	Early Childhood Education and Development/ Centre
FCHV	Female Community Health Volunteer
FLAT	Functional Literacy Assessment Tool
FY	Fiscal Year
NGO	Non-governmental Organizations
IYCF	Infant and Young Children Feeding Practices
JOAC	Jersey Overseas Aid Commission
LDRMP	Local Disaster Risk Management Plan
MCHN	Maternal Child Health and Nutrition
MCPPC	Municipality Child Protection and Promotion Committee
MoU	Memorandum of Understanding
MVC	Most Vulnerable Children
ODF	Open Defecation Free
ORC	Outreach Clinic
ORS	Oral Rehydration Solution
PD Hearth	Positive Deviant (PD) Hearth
PNS	Private Non Sponsorship
RC	Registered Children
SDG	Sustainable Development Goals
SLT	Senior Leadership Team
VCPPC	Village Child Protection and Promotion Committee
VDC	Village Development Committee
WASH	Water, Sanitation and Hygiene
WAYCS	Women, Adolescence, Youth and Child Friendly Spaces
WVIN	World Vision International Nepal

FOREWORD

By Liz Satow, National Director, WVIN

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 FY 2016- FY 2017, World Vision International Nepal (WVIN) reached more than 800,000 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
- 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 International Nepal.

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

This report is structured around World Vision International Nepal's strategic objectives and sectors. The ultimate purpose of this report is to help us improve the quality of our work as we seek to bring positive change to the lives of the most vulnerable. The report thus describes our interventions, highlights their impact on children and communities and takes note of what we have learned through the process.

In FY2016 - FY2017 World Vision International Nepal (WVIN) reached a total of 846,266 people in 20 districts through long-term development and the earthquake response programme.

Under the long-term development programme 478,799 people benefitted through interventions in education, health, livelihoods, disaster risk reduction and protection sectors. This group comprised of 83,191 girls; 78,501 boys; 213,687 women; and 103,420 men in 12 districts.

Through the earthquake response programme, 367,467 people benefitted from interventions in livelihoods, education, shelter, WASH and child protection, the most affected 10 districts.

Education

The government of Nepal has set nine basic standards for schools to be considered "child friendly". These standards include effectiveness of learning, inclusion, gender equity, participation, safety & security, school infrastructures, teaching and learning method and school management. However, most public schools in Nepal have not yet been able to meet all nine standards. WVIN partnered with 538 public schools to increase the number of standards they achieve.

The result of this effort was that 39% of these schools were able to increase the number of standards they have achieved. Having a better learning environment contributed to improved learning outcomes for children in those schools as evidenced by an average annual increase of 8.1% of children who can read with comprehension. In addition, WVIN contributed to the implementation of school safety standards in 52 schools.

Similarly, WVIN contributed to increasing the quality of learning and development of young children through work with 331 Early Childhood and Education Development (ECED) centres. As a result, 54% of the ECEDs were able to achieve one or more additional government standards.

Under the earthquake response programme, WVIN worked with 104 schools with an objective of supporting government towards resuming the educational services and promoting child friendly teaching and learning in schools. The support included renovation of 14 school buildings; improvement of school WASH facilities and; meeting minimum school safety standards, conforming to the standards of Inter-agency Network for Education in Emergencies (INEE).

Health

Through its development programme, WVIN worked with 170 Local Health Facilities in safer motherhood, child health and nutrition. Interventions in safe motherhood contributed to a 7% increase in safe birthing practices. Our work also contributed to reducing child malnutrition as evidenced by an annual average decrease in the prevalence of underweight amongs under-five children by 3.0%.

The government of Nepal has a strong focus on improved hygiene as key to improved health and nutrition. WVIN supported the government campaigns in our working areas to contribute to positive changes as evidenced by an annual average increase in the percentage of households having their own toilet for defecation by 8.2%. Similarly, there was surge in an annual average of the percentage of people who adopt appropriate hand-washing behaviours by 9.6%.

In the earthquake response programme, WVIN worked with 192,149 people towards recovery and rehabilitation of health, hygiene and sanitation facilities and practices. As a part of this effort, WVIN worked with 39 Health Facilities and rehabilitated 125 community drinking water supply schemes.

Community Resilience and Livelihoods

Through its long-term development programme, WVIN worked with 14,053 marginal and small farmers to improve their livelihoods. Out of them, nearly one third (32%) of the beneficiaries reported to have started increasing their income in the reporting period. This has contributed to reduce food insecurity prevailed amongst the vulnerable families. Furthermore, 45% of vulnerable youths who benefitted from WVIN's vocational training are now self-employed.

In order to support communities in mitigating risks and preparing for disasters in more efficient manner, WVIN assisted during preparation and the implementation of 27 Local Disaster Risk-Management Plans (LDRMPs), as per the government frame-work.

Through the earthquake response programme, WVIN worked with 47,208 households for their economic recovery and rehabilitation through interventions in agriculture, livestock, vocational training and other off-farm activities. 12,118 households were provided with temporary shelter materials. WVIN built the capacity of 99 masons to build earthquake resilient houses; and built 98 houses for the most vulnerable households.

Protection for Vulnerable Groups

Under long-term development programme, WVIN strengthened the capacity of 59 Village Child Protection and Promotion Committees (VCPs) in the areas like incident management, local advocacy, and awareness raising. Moreover, WVIN worked with 26 VDCs to implement Child Friendly Local Governance, that aims to ensure survival, development, protection and participation of children. WVIN started 'It Takes Nepal to End Child Marriage' Campaign engaging media and government stakeholders. WVIN led preparation of case management guidelines, which was endorsed by Central Child Welfare Board and now being used by the local child protection committees.

Under earthquake response programme, 19,581 children benefitted through activities including orientations on child rights, child protection and incident management, and psychosocial support to children and their families.

Strategic Changes

WVIN country strategy FY 2016 - FY 2020 has been replaced by revised strategy FY 2018 - FY 2020. The drivers of the revision of the country strategy were: change in the country landscape; changes in the WVI global strategy; phase-out of earthquake response programme by April 2018 and the roll out of the technical programmes.

The revised strategy focuses on maximising positive impact for the most vulnerable children in Nepal.

Introduction

This report provides an overview of the achievement against strategic objectives as per existing WVIN Strategy FY 2016 - FY 2020. It covers an analysis of evidences of the sector specific interventions and the results against the Child Well-being Outcomes for the past two years.

Strategic Linkage with Child Well-being Aspirations and Sustainable Development Goals

Strategic Objectives (Impact)	Strategy FY 2016 - FY 2020	Relevant Child Well-being Outcomes	Proximal Child Well-being Targets	Relevant SDGs
Goal	To address the causes of poverty and inequity for the sustained well-being of 1 million children.	Sustained well-being of children within families and communities, especially the most vulnerable.	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	Increase in children who are well-nourished Increase in children protected from disease & infection	Good health and well-being Clean water and sanitation
SO-3	Protection for vulnerable groups	Are cared for, protected and participating	Children report an increased level of well-being	Gender Equality Peace, Justice and Strong Institutions
SO-4	Improve community resilience			No Poverty Zero Hunger Decent work and economic growth Sustainable cities and communities

Progress Against the Key Recommendations of Child Well-being Report FY 2015

Key Recommendations	Progress so Far	Plan for Future
Education: Strengthen and promote safe school initiatives as many schools are vulnerable to disaster	- 52 schools implemented Disaster Management Plan in schools.	- Seek funding for implementing full package of Comprehensive School Safety Framework and advocate for safe learning facilities
Education: Expand Literacy Boost (LB) in other working areas given learning outcomes is too low and this model has proven effective in pilot project	- Literacy Boost has been adopted as major component in Education, with a plan to implement in 7 ADPs from FY 2018	- Select schools for LB intervention considering criteria on vulnerability and poor learning achievement.
Health: Focus on improving nutrition of children since high number of children were found malnourished in working area.	- 5 ADPs implemented PD hearth model in order to rehabilitate malnourished children and it will be expanded in other ADPs in FY2018	- Develop near real time monitoring system for necessary counselling and follow ups. The system also need to disaggregate information on RC/non-RC
Protection: Explore strategic partnership at national level to reduce child marriage	- WVIN has been campaigning SDGs right from the beginning to contextualise Global SDG indicators as well as to align them into the National Development Plan, working closely with the National Planning Commission, government of Nepal. - WVIN has done MOU with Nepal Youth Council (NYC), Association of Community Radio Broadcasters Nepal (ACORAB) and SAARC Law, an apex body of SAARC to stop child marriage in Nepal.	- Explore strategic partnership with public and private sectors for to scale up the campaign - Modelling SDGs linking with WV's campaign theme; Ending Child Marriage
Impact: Improve reach out to most vulnerable children and families for maximum impact on them	- Well-defined most vulnerable families and children - Beneficiary Tracking and Monitoring System to track progress among most vulnerable and registered children and families developed.	- Regularly track the reach out to the Most Vulnerable Children and raise awareness among local stakeholders on working for Most Vulnerable
Apply continuous improvement system in organizational processes	- Applied continuous improvement tool, Kaizen in 9 projects; Earthquake preparedness, Source to Pay, Assets Management, Urban Assessment and Design, RC Monitoring, Payment process, Data management, Data Process Flow and Staff Recruitment. Application of the Kaizen tools have resulted in simplifying processes in WVIN manual and PNGO procurement manual.	- Apply Kaizen tools to improve 3 organisational processes.

Methodology

This report covers the interventions, outputs and results of long-term development programs (in 12 districts) and earthquake response programs (in 10 districts, including 2 districts of development programs) of WVIN. The development programs are carried out through area based, child focused and integrated approach called Area Development Programs (ADPs).

In course of preparing this report, information was gathered from different sources within WVIN to analyse the changes against each strategic objectives and key indicators including Baselines, Evaluations, Monitoring Reports, Progress Reports and Financial Reports. In addition, operating contexts were updated through relevant secondary sources like UN documents and publications of the government of Nepal.

Most of the quantitative information was based on Proportionate to Population Sampling model (30 cluster) surveys with 95% confidence level, carried out as a part of baseline, mid-term and/or final evaluation. The survey data were collected using smart phone technology and were analysed in SPSS and STATA software. In addition, Functional Literacy Assessment Tool (FLAT), Developmental Assets Profile (DAP), Literacy Boost (LB) assessment, outcome monitoring system using smart phones, reports of joint monitoring with government agencies, progress reports of ADPs and grant projects, beneficiary tracking reports, plan vs. achievement reports from ADPs were analysed. Wherever applicable, Nepal Earthquake Response relief and recovery phase baseline and evaluation reports have been referenced.

The report is delimited due to the following factors:

- Based on the programme cycle, survey was conducted in 10 out of 17 ADPs.
- The information collected from the general population (for some indicators) may not truly represent the situation of WVIN direct beneficiaries.
- Given that the nature of earthquake response programme is different, key information of the Response Programme has been reported in a separate section.

The report was prepared by the MEALS Department with contributions from Programme, Public Engagement, Operations, Corporate Support Service, and Earthquake Response. Specifically, Technical Managers provided sector-wise information and reviewed the respective sections. Finance Team provided required information of the reporting period. The Operation team, especially ADPs, Private Non-Sponsorship (PNS) / Grants Project and sponsorship teams provided project progress reports. Inputs from Senior Leadership Team (SLT) were incorporated to finalise this report.



CONTEXT

Political

After years of political instability, Nepal is heading towards implementation of federalism as directed by the new constitution of 2015. Within the year of 2017, elections took place at three levels-Local Government (753 Urban/ Rural Municipalities), Province Parliament (7 Provinces) and a Federal Parliament. The successful elections were a positive indicator of potential political stability in the years to come. However, the provincial and local government re-structuring is a big shift and there are challenges in bringing political consensus in the model of federalism. One-third of the seats have been reserved for women, at all three levels of government. The election system also aims to ensure the representation of Dalits, Janajati (indigenous) groups and minorities in the governing structures.

Economic

The recent study by National Planning Commission, using multi-dimensional poverty index shows that 28.5% of people are living under the poverty line. But poverty is higher among specific populations: About half of population of Dalit (lowest caste as per Hindu stratified caste system) is below the poverty line.

In 2017 Nepal moved to Medium Human Development being ranked as 144, with an HDI value of 0.558. Despite this success, disparities in HDI across different parts of the country are high. Human development in many parts of Nepal remains at a very low level. Furthermore, about 48% of the population is food insecure.

The GDP per capita at Purchasing Power Parity (PPP) was USD 2,520 in 2016. Without the PPP adjustment, this figure falls to USD730. Nepal remains highly dependent on agriculture, which contributes to about 30% of its GDP. One of Nepal's few exports is labour, and Nepali men and women abroad send home remittances equal to 25% of the GNI. The Central Bank of Nepal recorded the inflation rate of 3.40% in May 2017.

Social

The estimated population of Nepal for 2016 was 28,704,260; with women 51.8% and men 48.5%, according to National Planning Commission. About 34.1% of the population are aged 25-54 bracket, providing Nepal with a significant workforce. More than 40% of the population is under the age of 18. Primarily due to high unemployment, the absentee population is quite high (15%) in Nepal, with significant proportion the younger population going abroad for foreign employment in Gulf countries, Malaysia and other countries.

While Nepal is officially a secular country as per the 2015 Constitution, religion plays an important part of the culture. More than 80% of the population is Hindu, followed by 9% Buddhist. The rest of the population is a mix of Muslim, Kirat and Christian.

Though Nepal is one of the ten least urbanised nations, it is one of the ten fastest urbanising countries in the world. Problems caused by the speed of urbanisation is exacerbated by the lack of urban planning; poor physical site conditions; lack of basic services such as water, electricity, roads; and high population density.

Environmental and Disasters

Nepal is vulnerable to natural disasters and climate change is exacerbating that vulnerability. Data on temperature trends from 1972 to 2005 show an annual 0.060 degree Celsius rise in temperature. As a result, between 1977 and 2010, the total estimated ice reserve in the Himalayas decreased by 29% (129 km³). The mean rainfall in Nepal has decreased, by an average 3.77 mm (-3.2%) per month per decade, according to climate change report by Ministry of Population and Environment. Under various climate change scenarios, mean annual temperatures are projected to increase by 1.3–3.8 degrees Celsius in less than half a century.

Nepal suffers from an increased frequency of extreme weather events, such as landslides, floods, and drought, resulting in a loss of lives as well as high social and economic costs. Nepal is ranked fourth in the world for vulnerability to climate change, further exacerbating the country's vulnerability to natural hazards.

Nepal sits above the shifting Eurasian and Indian tectonic plates and is vulnerable to earthquakes, ranking 11th as a country most vulnerable to earthquakes. The 7.8 magnitude earthquake that shook the country of Nepal on 25 April 2015 affected 39 out of Nepal's 75 districts. 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 destroyed. The National Planning Commission estimated that the total value of damage and losses caused by the earthquakes is USD 7 billion.

Another example of Nepal's vulnerability to natural hazards is the 2017 monsoon that reated flooding across the entire breadth of the country. A total of 35 districts were affected of which 18 were severely impacted. The floods affected an estimated 1.7 million people. More than 190,000 houses were destroyed or damaged, displacing tens of thousands of people and rendering many homeless. Household assets and food grains were damaged and the affected communities faced shortage of food, water and non-food items.



Provincial Map of Nepal According to New State Structure

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, demonstrated by an increase on Net Enrolment Rate to 96.9% (Girls: 95.9%, Boys: 97%) in primary education with no significant differences between girls and boys according to report from Department of Education. Many children drop out of school, however, and do not complete their primary education as evidenced by 89.4% children completing grade 5 this year.



- Enrolment in ECED and pre-primary level has reached 92%.
- Grade 1 promotion rate has increased to 83.1% as compared to 78.4% in 2014.
- The student-teacher ratio in public schools is 60:1 at lower secondary level
- Net Enrolment Rate at in grade 6-8 increased from 74.6% to 80.2% in the past 2 years.
- 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) is consistently below 60% in the past 4 years.

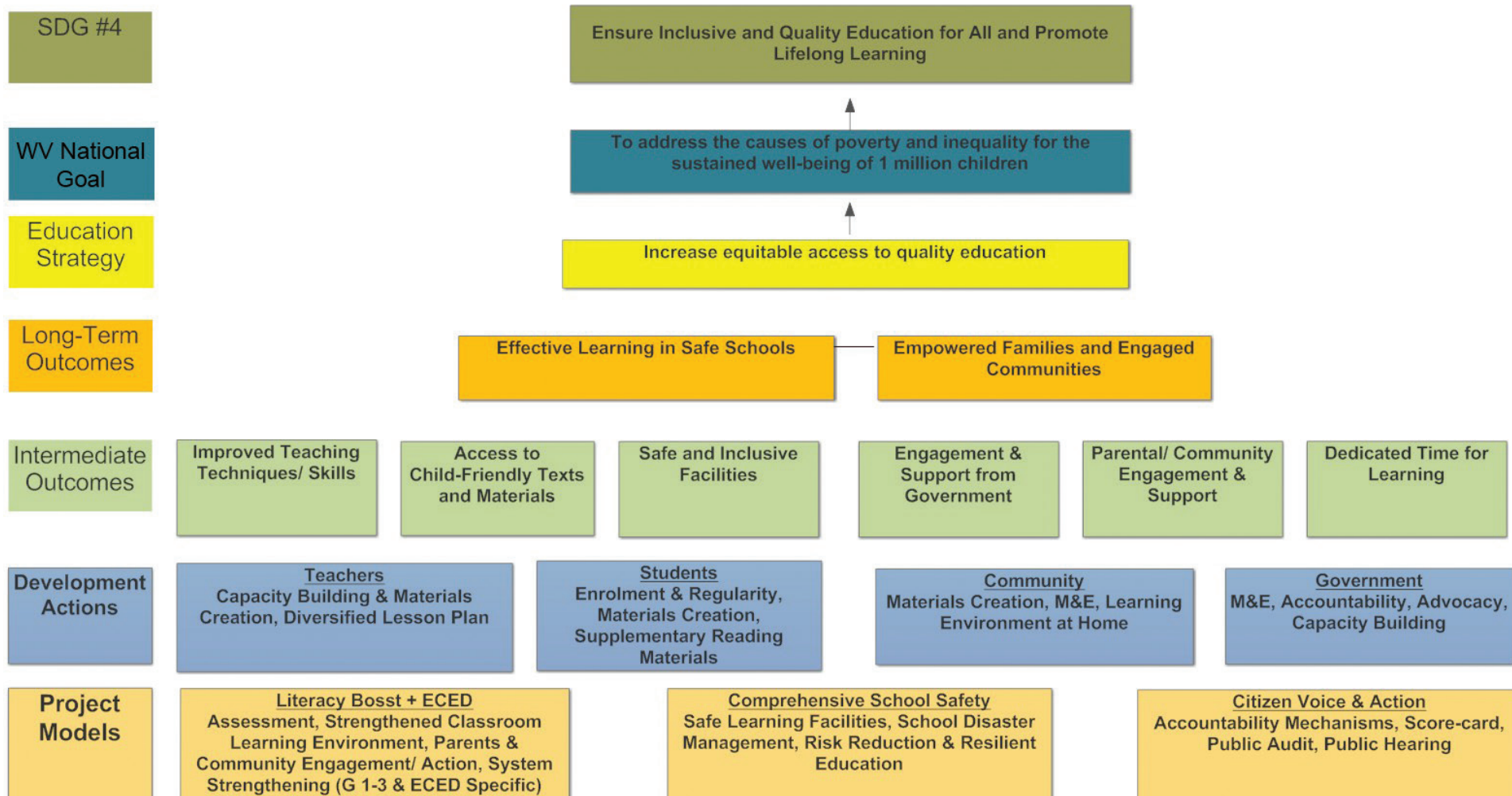
(Source: Nepal Education in Figures 2016)

While the government remains heavily focused on the hardware (physical structures and equipment), the main challenge in the system is the number of teachers, quality of teacher training, accountabilities within the system and heavy political influence in the education system. These have directly affected learning achievement. With the low learning achievement (48%) in the public schools, much work has yet to be done to achieve SDG-4: “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”.

WVIN Programme Area Context

To address the issues on poor learning outcomes of the children, WVIN is focusing on access and quality of learning. WVIN's focus in education is primarily on improving learning environment and method; school safety and local level advocacy. WVIN worked from ECED levels to lower-secondary levels in the past 2 years. 16 ADPs had education as one of their important sectors.

Education Program Roadmap



Key Outputs and Changes in FY2016 & FY2017

Access to Quality Education

Components	Intermediate outcomes	Overall outcomes	Coverage	
Strengthen ECED Centers	54% ECEDC upgraded one or more ECEDC minimum standards	Proportion of Children who attend ECEDC increased by average of 6% per year	School	516
				538
Strengthening of School Systems	39% Schools upgraded one or more Child friendly schools' minimum standards	Proportion of Children who can read with comprehension increased by average 8.1% per year	ECEDC	331
				163
	61% trained teachers applied child friendly teaching methods in classroom	Net enrolment rate in Primary level increased by average 2.4% per year	Parents	35215
				33933
Strengthening School Safety initiated	52 schools implemented School-Based Disaster Risk Management plan		Total Children	84076
				59216
Legend			FY 2016	FY 2017

Strengthened ECED Centres	
Centres provided learning & playing materials	105
Management Committee Members trained	1316
Facilitators trained	340
Classrooms constructed or renovated	43
Centres supported with toilet & drinking water	16

Strengthened School Safety	
Children trained on Disaster Risk Reduction and Disaster Management	3845
Schools Implemented Disaster Management Plan	52

Strengthened School Systems	
Schools provided with learning materials	238
School Management Committee Members trained	1324
Teachers Trained on Child Friendly Teaching, Subject Teachings, Local Materials Development	651
Classroom Constructed or Renovated	87
Schools supported with Toilet and Drinking Water	85
Reading camps (for early grade)	442
Schools applied Citizen Voice and Actions (CVA)	63



Resources:

Budget Spent: USD 3,743,141

(Sponsorship: USD 2,868,799

PNS: USD 87,4342)

Projects

20

Technical Staffs

15 (5 National, 10 Field)



Key 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



Most Vulnerable Children Reach Out

15,717

Indicators and changes in FY17

	Indicators	Changes in FY2016/17 (average per year)	Methodology
Strategic KPI	Percentage of children who can read with comprehension by grade 6	↑ 8.1%	FLAT survey
	Number of schools implementing the safe schools framework	52 Schools	Monitoring
	Increase in number of schools meeting minimum of the selected policy standard (Child Friendly Schools)	39% schools (met additional one or more standards)	Monitoring
Other Indicators	Net enrolment rate at primary level	↑ 2.4 %	HH Survey
	Percentage of young children attending ECED centres	↑ 6.0%	HH Survey
	Percentage of ECED centres meeting minimum standards	54% ECEDCs (met additional one or more standards)	Monitoring

Note: * the changes (average per year) is the difference between evaluation and baseline values divided by years of interval between baseline and evaluation. “↓” denotes decrease and “↑” denotes increase

Percentage of Children Who can Read with Comprehension by Grade 6

Reading with comprehension is a vital skill. WVIN has been applying the Functional Literacy Assessment Tool (FLAT) to monitor the status or progress regarding reading skills of children. The results are used to further inform and influence key stakeholders to improve the learning outcomes. The FLAT is used for school going children in grade-6. This is proxy indicator for learning outcome of children in the post-primary level.

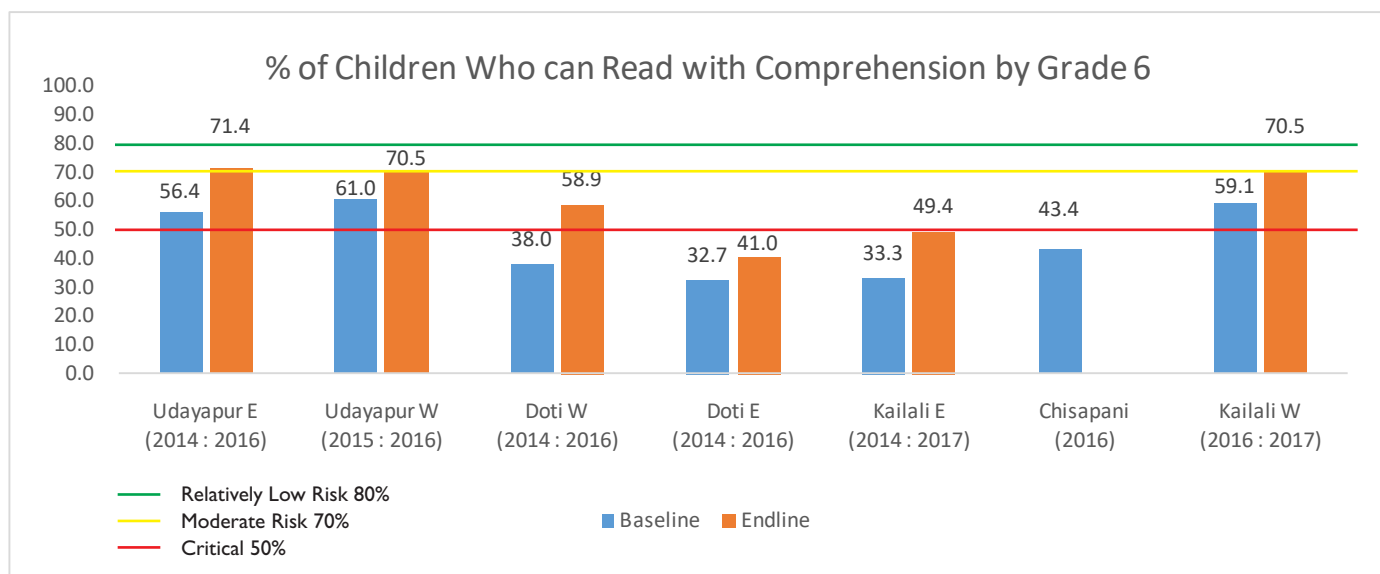


Figure 1.1: Children who can Read with Comprehension by Grade 6
(Comparison of current value with previous baseline values from WVIN FLAT survey)

All the children measured in the ADPs demonstrate some improvement in reading skills at the post-primary level. The most progressive schools are from Kailali West, Udayapur West and Doti West, demonstrating increases in the 'reading with comprehension' rate of approximately 10% per year. Teachers training on Subject Teachings and Continuous Assessment; and School Management Committee capacity to monitor schools were more intensively focused in these areas.

According to the WVIN threshold outlined in the chart above, Doti East and Chisapani fall under "critical risk" with Kailali East on the borderline. These all 3 ADPs are in the first phase of program implementation. Education project in Doti East started 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. Reading with comprehension among girls is only 31%. Poor class attendance rate of girls was found concerning in Doti East due to inadequate enabling environment for girls at schools and in the family. Based on the school records, the average learning achievement of the area is also very poor, which is 44.9%, according to school records.

The table shows the percentage of children in the different level as per FLAT assessment results. As per FLAT standard, the children who fall in level -5 or above are considered readers with comprehension. With this standard, within WVIN working areas an average of 59% among school-going children of grade 6 were found able to read with comprehension.

Table 1.1: Percentage of Children in different levels as per FLAT category

Level	Description	% FY17
6	Can read & understand local material	21%
5	Can read and understand a story	38%
4	Can read a short story	12%
3	Can read a paragraph of 4 sentences	11%
2	Can read common words	8%
1	Can read letters	5%
0	Cannot read	5%

59% of school going children by grade 6 can read with comprehension (Level 5 and 6)

The percentage of reading with comprehension is significantly different between girls and boys in Udaypur West and Doti East. The lack of separate toilets for girls and boys in these areas affects girls' attendance. About half of schools in Doti East still do not have separate toilets; thus causing problems during menstruation and eventually affecting learning. Furthermore, in Udayapur West, girls have to be engaged in household chores before and after school.

The figure tells about the comparison among girls and boys as per the FLAT result. The pattern shows boys are slightly better readers than girls.

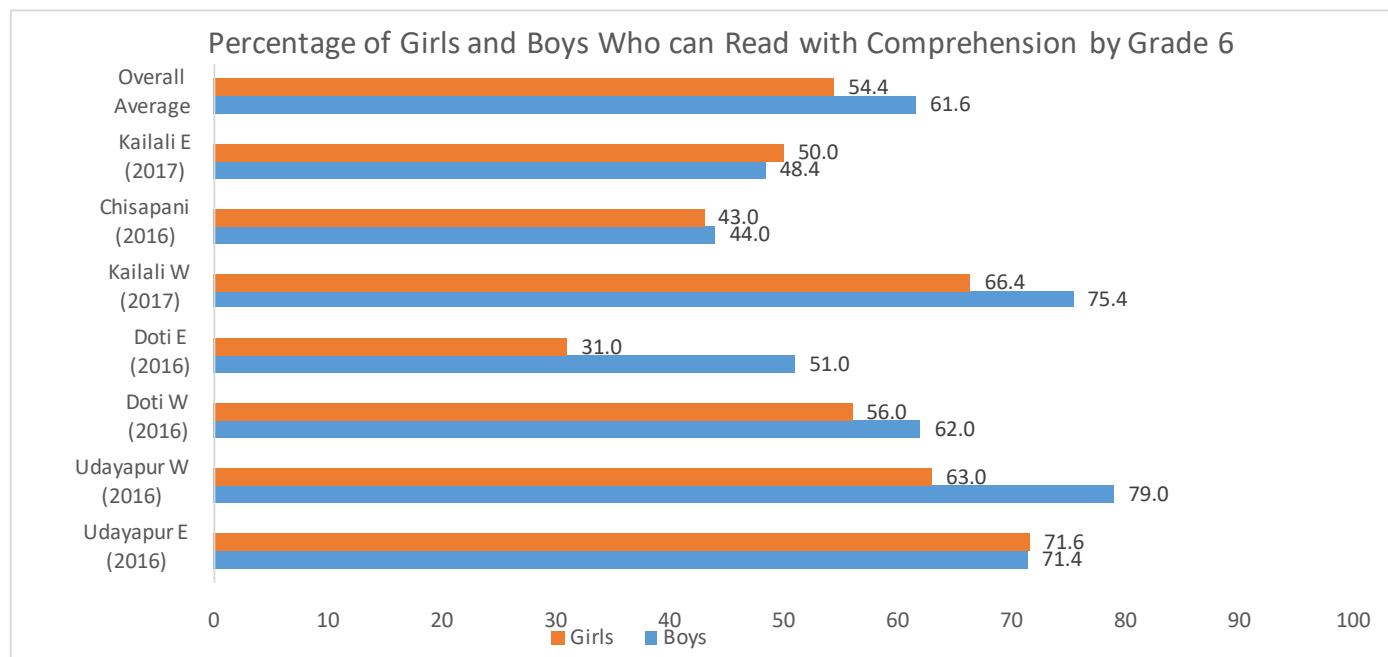


Figure 1.2: Percentage of Reader with Comprehension According to Sex

Reading with Comprehension by grade-3

WVIN piloted Literacy Boost Project Model in Kailali East and Chisapani. The model was found effective as there was significant 'changes' in reading with comprehension' among the early grade children.

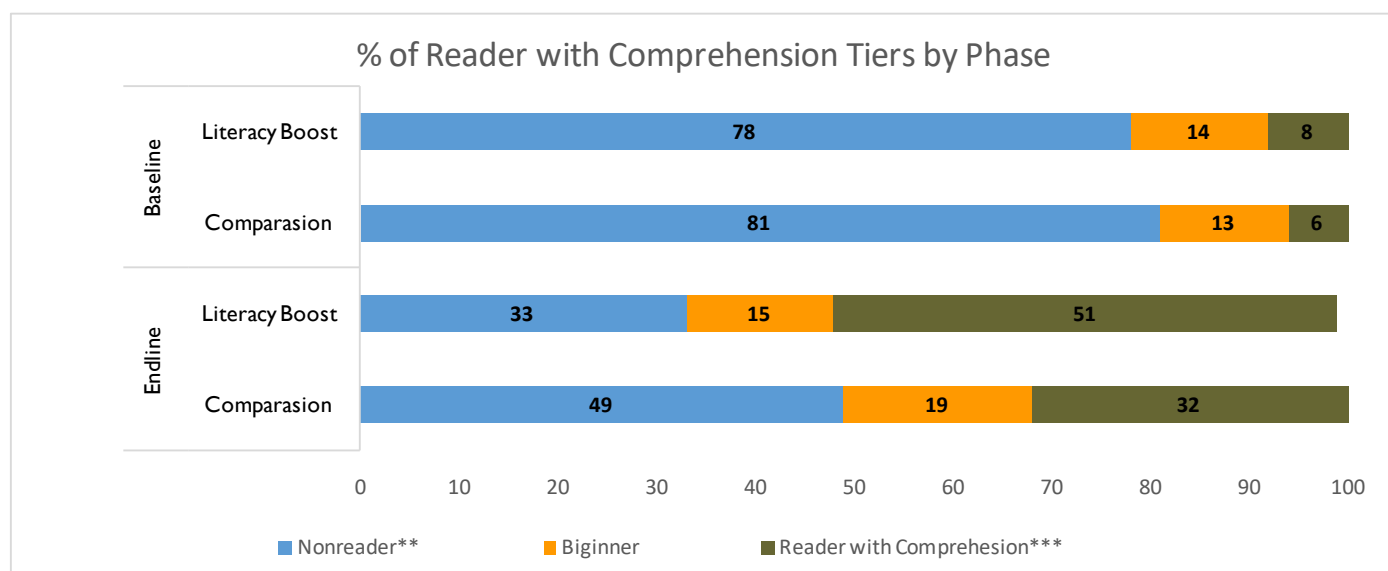


Figure 1.3: Percentage of Reader with Comprehension Tiers by Phase

The Literacy Boost Evaluation demonstrates that the rate of 'reading with comprehension' increased to 51% from 8% in two years (i.e. between 2014 and 2016). The evaluation was conducted with the same cohort group of students after 20 months. The results from the control schools shows an increase to 32% from 6% in the same time. The difference of the results in the given time between the intervention schools (51%-8%=43%) and control schools (32%-6%=26%) is attributed to Literacy Boost Project model. According to these results the difference is 17% (43%-26%) in the period. 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 FY2016 with grade 3 students, children reading with comprehension in Udayapur and Morang is 38.4% and 40.4% respectively.

Learning with Fun beyond School Hours

It is Saturday, an official government holiday, and all schools are closed in Sindhuli district but in the remote village of Tinkanya some children are dressed in school uniform and enthusiastically heading to Reading Camp.

Each reading camp is equipped with lockable metal box, white board, cushion, tarpaulin, story books, and stationary materials. Among the small group of children at the camp is 6-year-old Urmila, a student of from grade one. She giggles as she shows her friend a cartoon she drew on the cover page of her note copy. Apart from drawing she also likes reading story books. She says, "I enjoy coming to the reading camp because I get to read interesting story books which are not available at school. I also get to borrow the books to study at home. Here, learning is fun and children have better access to reading materials."



Urmila showing a cartoon she drew on the cover page

Number of schools implementing the safe schools framework

With WVIN support, 52 schools started implementation of School-Based Disaster Risk Management (S-BDRM). Building capacity of teachers, child clubs, school management committees and community on disaster risk reduction enabled schools to prepare for the disasters. Based on Child Centered Disaster Risk Reduction Project Evaluation, conducted in Doti district, significant changes have been observed in early warning systems and participation of students in disaster risk reduction activities.

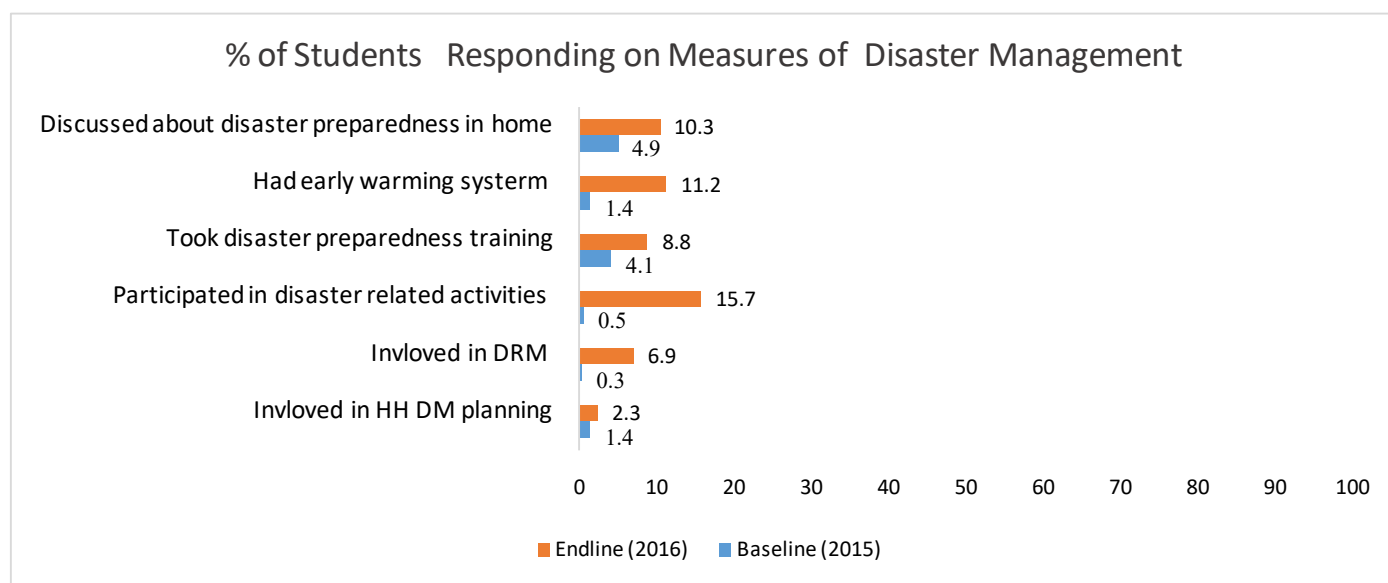


Figure 1.4: % of Students Responding on Measures of Disaster Management

Increase in Number of Schools Meeting Minimum of the Selected Policy Standard (Child Friendly Schools)

Child friendly learning environment is major contributor for learning outcome. In WVIN working area, 215 out of 538 schools have improved one or more child-friendly school standards. Following the 'National Framework of Child-Friendly School for Quality Education', WVIN worked with the schools on child-friendly teaching and learning environment. Out of 9 aspects of the standards (effectiveness of learning, inclusion, gender equity, participation, safety & security, school infrastructure, teaching and learning method and school management), WVIN focused on effectiveness of learning.

The other standards where WVIN contributed were: safety, infra-structures, school management and participation. Furthermore, the Citizen Voice and Action (CVA) model of advocacy helped the stakeholders in meeting some of the standards of schools. It also helped them to carry out monitoring regarding learning environment for children. The standards commonly met include effectiveness (teaching learning process), functional school management, and community participation.

Net Enrolment Rate in Primary Level

Enrolment rate at primary level (grade 1-5) has increased by average of 2.4% per year. There is no significant difference between girls and boys regarding enrolment rate. WVIN facilitated school stakeholders to conduct campaigns for enrolment; which enabled schools to bring 'out of school' children and 'dropped out' children back to the schools. Physical facilities at schools, parental support and good learning environment are key enablers of enrolment and attendance. In Doti West, construction of a girl's hostel, enrolment and attendance of girls has increased. Previously girls had to walk long hours to get to school.

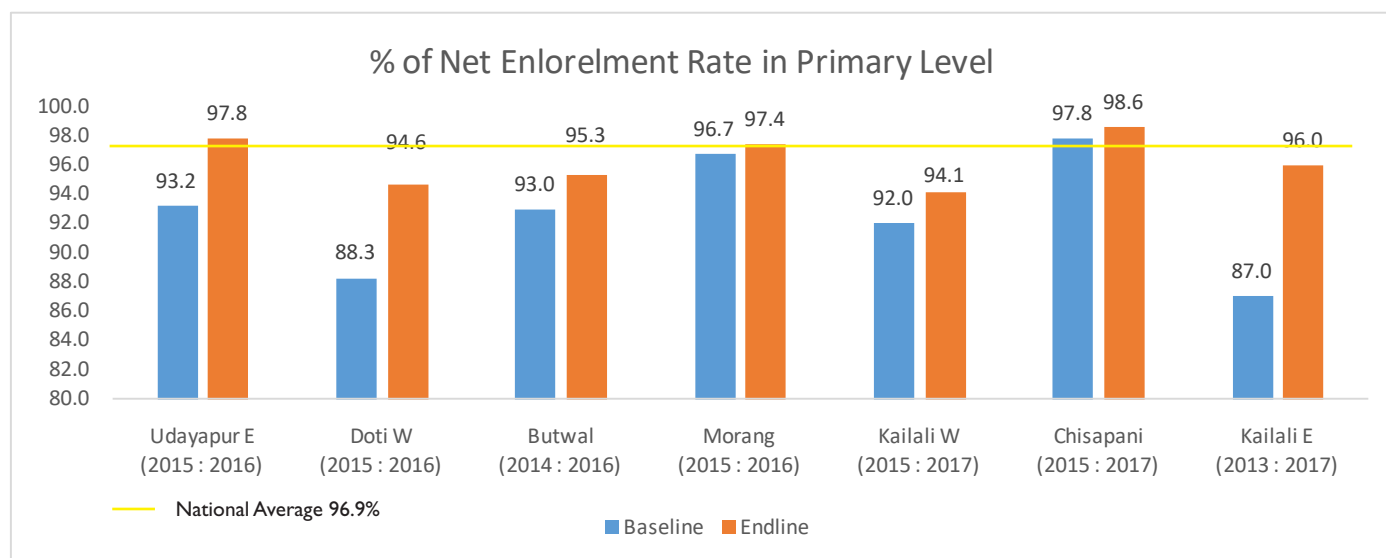


Figure 1.5: % of Net Enrollment Rate in Primary Level

Percentage of young children attending ECED centres

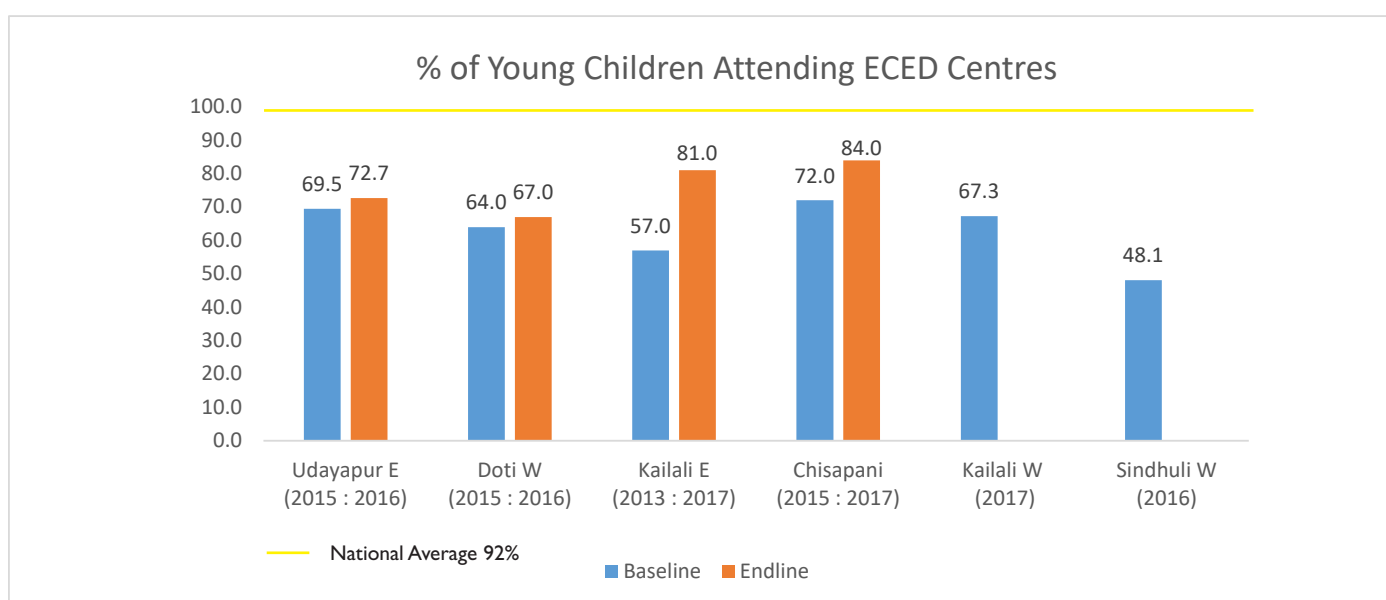


Figure 1.6: Percentage of Young Children Attending ECED Centres

There has been improvement in the young children attending ECED centers or pre-primary classes with the support given to ECED management committees to build capacity. ECED centers are supported for the purchase of learning and playing materials, training ECED facilitators, raising awareness in the community as to the importance of ECED centers has contributed to create more child-friendly environment. Significant progress was made in Morang and Butwal ADP area. In the third phase of programme intervention, they have phased out ECED centers. ECED enrolment has increased by 6% in FY2017.

Still there are children who aren't enrolled in an ECED center, either because of the distance to the center or 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, 20% of children aged 3-5 years in WVIN working areas do not attend an ECED centre.

Percentage of ECED centres meeting minimum standards

WVIN worked with 331 ECED centres to strengthen their quality. There are 8 components regarding the standards of the ECED centres set by government. These are; 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.

In the WVIN working areas, 54% (180/331) ECED centers, improved one or more standards in the past 2 years, based on the ADP's report. Among these components, WVIN mainly supported teaching & learning aids, outdoor environment, health & nutrition, ECED management and capacity building.

WVIN's contribution towards improving quality education

During an evaluation in Jumla, with the use of rating tool, the role of different stakeholders was mapped out regarding contribution in access and quality of education. Based on the responses, the role of stakeholders' including WVIN, was ranked as per the perceived level of contribution.

- 1) Support from World Vision
- 2) Support from District Education Office
- 3) Role of teachers
- 4) Role of school management committees and child clubs
- 5) Local government bodies (District/Village Development Committees)

Stakeholders recognized WVIN as the biggest contributor in terms of access and quality of education in the area. WVIN works with government and school stakeholders for quality improvement and sustainability.

Sustainability	
Drivers	Evidences
Local ownership	Communities have taken significant responsibility for improving the physical infrastructure of schools. For instance, the communities are providing up to 40% contribution in term of cash and kind for construction of school classrooms or arrangement of furniture.
Partnership	<p>The partnership with the school management committee, District Education Office and VDCs has increased ownership, resource sharing and collaboration. These are the main actors for education.</p> <p>WVIN signed memorandum of understanding with Department of Education for mutual understanding and cooperation regarding implementation of educational activities in the WVIN working area.</p> <p>WVIN engaged school management committees, child clubs, parents- teachers association in wide range of activities like extra-curricular activities, development/ implementation of code of conduct, enrolment campaign.</p> <p>These partnerships are promoting sustainability of access and quality of education, as these partners are the primary service delivery actors.</p>
Local and National Advocacy	WVIN applied Citizen Voice and Action (CVA) model in 63 schools of 11 ADPs. Advocacy carried out at local level has helped to ensure use of child friendly teaching and learning methodologies and to work for meeting standards. The CVA model also provides evidence for local and national level advocacy

Learning and Recommendations	
Key Learning	Actionable Recommendation
There are few number of planned activities to work with children and adolescents; as a result children are still less empowered than they could be.	Specific plan should be made to increase the participation of children and adolescents to improve their leadership and life skill development.
The education sector activities in the past two years were still dispersed (range of activities and range of classes) and less focused rather than being strategic in providing type of support.	Focus interventions on level- specific needs. Given the foundation of education is generally weak and Literacy Boost has proven as successful model; it should be the key focus.

SO #2: Improve Child Health

National context,

Nepal has made gradual progress in child health and nutrition during the last two decades, evidenced by the improvement in different child health and nutrition indicators, as per Department of Health. Between 1996 and 2016, neonatal mortality decreased from 50 to 21 deaths per 1,000 live births, infant mortality declined from 78 to 32 deaths per 1,000 live births, and under-5 mortality dropped from 118 to 39 deaths per 1,000 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. However, there are large variations by the geographic areas.

The Government of Nepal delivers basic and primary health care services through various public and private health institutions. The services delivered are actively monitored through the open source Health Management Information System – DHIS 2. At the same time, Government of Nepal has formulated various policies, guidelines and action plans to promote child health and nutrition; National Health Sector Strategy – Implementation Plan (NHSS – IP 2016-21), Maternal and Newborn Child Safety Programme Guideline (3rd Revision) and Nepal Every Newborn Action Plan (NENAP 2015-2025). A program on Maternal, Infant and Young Child Nutrition (MIYCN) under the multi-sectoral nutrition plan, 2013-2017 and promotion of Infant and Young Child Feeding (IYCF) to contribute to under five mortality. 'Free newborn care program' along with Maternal and Newborn Child Safety Program and 'Health Insurance of all Citizens' has initiated this year. Nepal Every Newborn Action Plan has an ambitious target to reduce neonatal mortality rate by 11 from 21 by 2021.

However, despite these efforts, the overall situation in health services are poor in Nepal. A major challenge is that the service providers are largely concentrated in Kathmandu, leading to an unequal distribution in the health service sector workforce. While WHO mandates 2.3 health workers/1000 in Nepal, however, the current figure is only 0.29/1000. Health services are not fully utilised to poor access – both geographical and economical. While there is a commitment from the government of Nepal to reach SDG targets, a great deal of work will be needed to achieve this. WVIN is committed to contributing to the GoN efforts to meet the targets.

- Maternal Mortality rate: 239/100,000 live births.
- 88% of children aged 12-23 months are fully immunized.
- 58% of births are attended by skilled health personnel.
- 36% of children under five year are stunted, 10% are wasted, and 27% are underweight.
- 8% of children (aged 0-5 years) had diarrhea in the two weeks before the survey. 64% of children were taken to a health facility or provider for advice or treatment of diarrhoea. 10% provided with ORS and Zinc.
- 2% of children (aged 0-5 years) had symptoms of acute respiratory infection in the two weeks before the survey, 85% were taken to a health facility or provider for advice or treatment
- 55% of women with live birth initiated early breast feeding.
- 6% of children under 6 months were being exclusively breastfeeding.

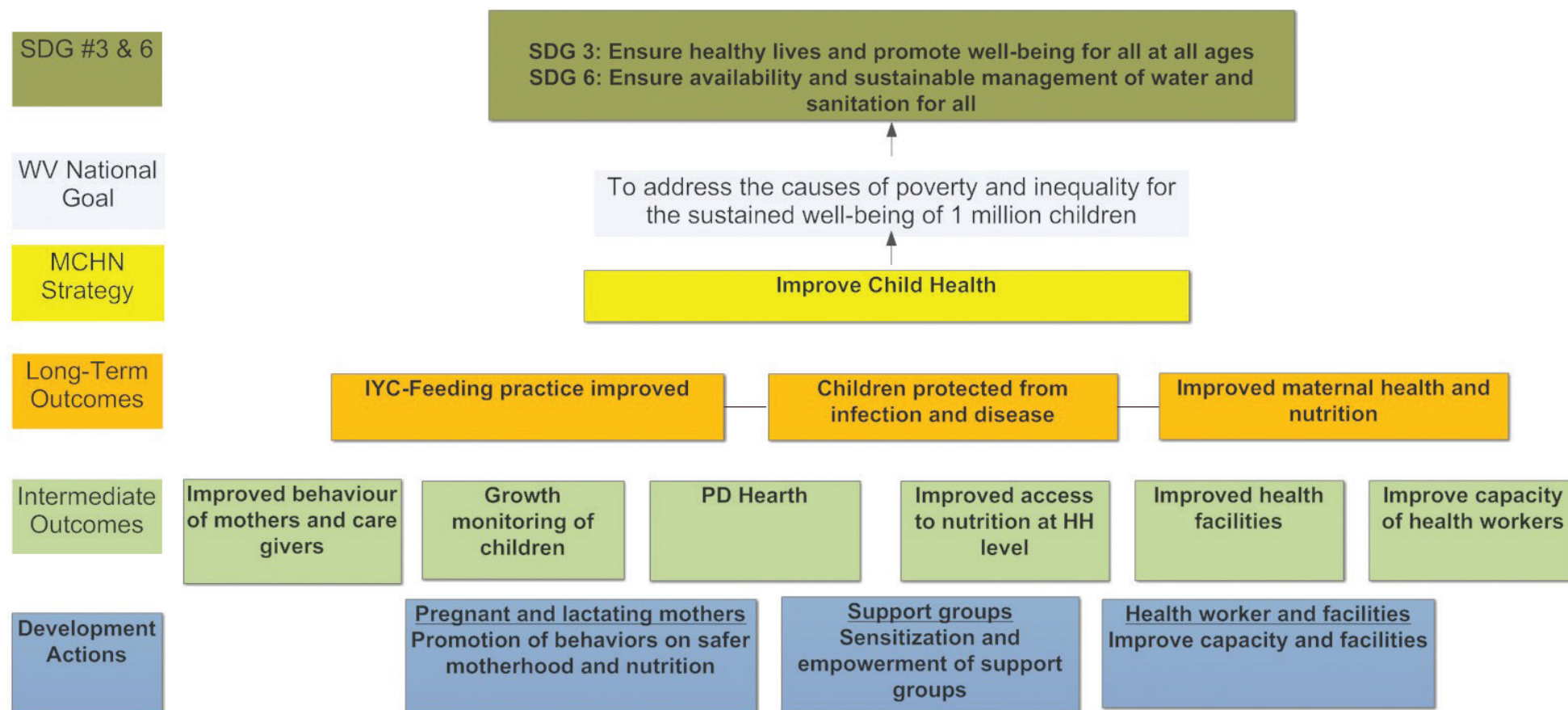
(Source: Nepal Demographic and Health Survey, 2016)

WVIN Programme Area Context

The major WVIN programmes to improve maternal and child health include: Improve nutrition, Safer Motherhood, childhood illness management, expansion of birthing centre, full immunization, Open Defecation-Free (OD-F), Post OD-F planning, and improving water quality; having worked closely with Health Facilities and District Public Health Offices. WVIN has adopted PD Hearth model and 7-11 2.0 initiatives and promoted within WV working areas. CVA, local level advocacy model has been applied in 22 facilities in 8 ADPs. The interventions have contributed much to the availability of health staff and medicines.

Root causes for MCHN problems in Nepal are: women and girls already malnourished prior to conception; early marriage; short spacing between pregnancies; poor dietary practices due to household food insecurity; heavy workload for women; prevalence and inadequate treatment for diarrhea, ARI and bacterial infection; poor hygiene and sanitation and poor infant and young child feeding practices. The program area reality have been well considered in TP for future programming.

Maternal Child Health and Nutrition Program Roadmap



Key Outputs and Changes in FY 2016 & FY 2017

Components	Outputs		Overall outcomes
Improvement in safer motherhood	Women reached with safer motherhood awareness	7980 8855	Proportion of births attended by skilled birth personnel increased by average of 7% per year
Improvement in child nutrition	Mothers and care givers made aware on the importance of nutrition	15349 16321	Prevalence of underweight of under 5 children decreased by average of 3.0% per year
	PD Hearth sessions conducted for mild and moderate malnourished children	76 100	
Strengthening Health Facility	Community people including mothers aware on common childhood illness	7265 12713	Practice of correct management of diarrhea increased by average of 8% per year
	Birthing centre strengthened	26 14	Practice of correct management of ARI increased by average of 4.8% per year
Promotion of Community led total Sanitation	People trained on personal hygiene and environmental sanitation	9782 7339	Households with improved sanitation facility (for defecation) increased by average of 8.2% per year
	VDC declared ODF	9 3	Proportion of care givers with appropriate hand washing behavior increased by average of 9.6% per year
	Child Club actively involved in WASH	56 136	

Legend FY 2016 FY 2017

Coverage

Health Facilities: 170

Adults: 122988

Children: 24637

Village WASH Committees: 39

**Resources:****Budget Spent: USD 2,133,829**

(Sponsorship: USD 1,904,208

PNS: USD 222,550

Grants: 7,071)

Projects:**14****Technical Staffs:****8 (2 National, 6 Field)****Key Partners:**

Ministry of Health, Department of Health Services, District/Public Health Offices, Primary Health Care Centres, Health Facility Operation Management Committee, Outreach Clinics, Mothers' Groups, Implementing NGO partners



**Most Vulnerable Children
Reach Out:**

29,809**Indicators and changes in FY 2017**

	Indicators	Change in FY 2016-2017 (average per year*)	Methodology
Strategic Key Performance Indicators	Decrease in prevalence of under-weight among children under five years of age	↓ 3.0%	Anthro-survey
	Number of public health facilities meeting the minimum selected policy standards	170	Monitoring
Other Indicators	Proportion of children under five with diarrhoea in the past two weeks who received correct management of diarrhea	↑ 8.0%	HH Survey
	Prevalence of Acute Respiratory Infection among children under five years	↓ 2.6%	HH Survey
	Proportion of children under five with presumed pneumonia who were taken to appropriate health provider	↑ 4.8%	HH Survey
	Percentage of infants whose births were attended by skilled birth personnel	↑ 7.0%	HH Survey
	Proportion of children receiving minimum dietary diversity	↑ 2.0%	HH Survey
	Proportion of households using improved sanitation facilities for defecation	↑ 8.2%	HH Survey
	Percentage of caregivers with appropriate hand washing behaviour	↑ 9.6%	HH Survey
	Percentage of mothers of children 0-23 months who completed recommended number of PNC visits	↑ 3.6%	HH Survey

Note: * the changes (average per year) is the difference between evaluation and baseline values divided by years of interval between baseline and evaluation. “↓” denotes decrease and “↑” denotes increase

Prevalence of Underweight in Children under Five Years of Age

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health, and development of children to their full potential. Poor nutrition causes inadequate brain development and increases the risk of illness. Considering the essentiality of nutrition; WVIN has adopted 7-11 2.0 approach, Growth Monitoring Promotion and PD hearth model. The figure shows time-based comparative status on prevalence of underweight of under five children in different ADPs.

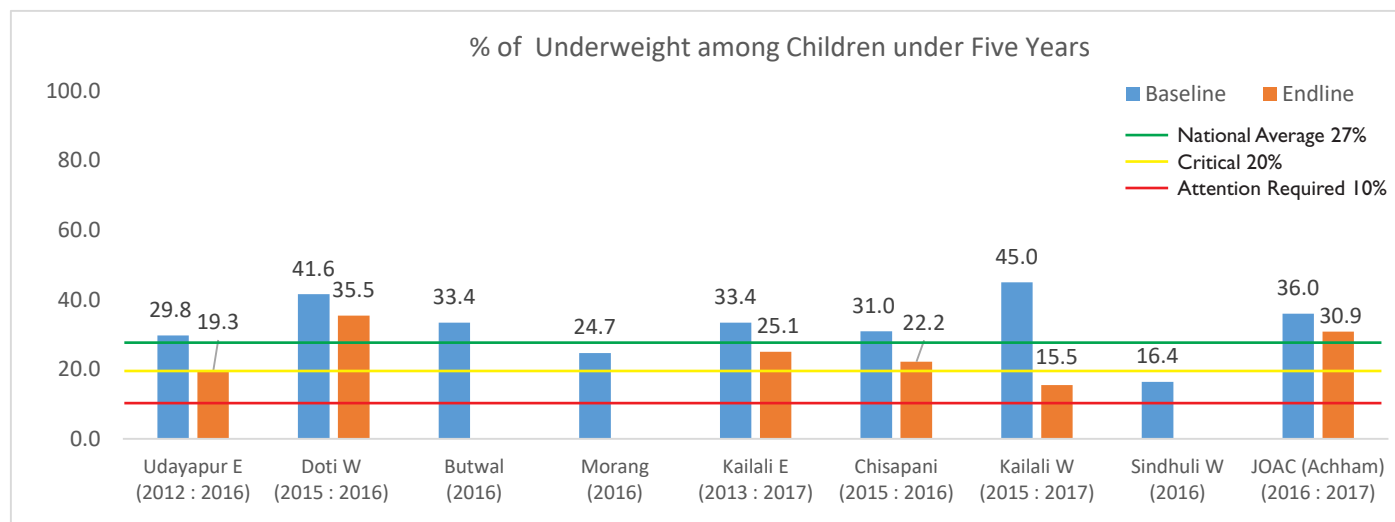


Figure 2.1: Prevalence of Underweight among Children Under Five Years

In aggregate, there is decrease in the prevalence of underweight among under-five children with average annual rate of 3.0% as measured in FY2016 or FY2017. This demonstrates a level of success. By equipping health facilities, encouraging growth monitoring and counselling mothers, and raising awareness in the community, Kailali West and Doti West were able to make significant progress in this regards, whilst they are still under the “critical” category according to the threshold.

In making the changes, behavioural changes among mothers has played an important role, as per various evaluations. Training on the importance and methods of nutrition foods, sensitisation on breast feeding, healthy baby competitions, growth monitoring and counselling were enablers for the behavioural changes in feeding practices. The Positive Deviance Hearth Model was found effective to rehabilitate malnourished children in the areas like Achham. The ADPs worked closely with the District Public Health Offices, health facilities, Female Community Health Volunteers and mothers’ groups for wide range of activities regarding capacity building of health volunteers, counselling and follow up of mothers and awareness and skills among mothers on nutritious foods preparation and feeding.

Butwal and Morang ADPs are in third phase of the APD Cycle but the incidence of underweight children is similar to that of ADPs in the first phase. The reason is that both the ADPs have not been working in maternal and child health for 2 years; due to limited resources. However, the indicators were measured as control indicator.

The table on status of severely malnourished children shows there is no significant difference between boys and girl in terms of ‘severely malnourished’, except Doti. It is notable that Doti has a greater degree of gender-based discrimination, which may contribute to this difference.

Table 2.1: Status of Severely Malnourished Children with Sex Disaggregation (FY 2016 / FY 2017)

ADPs	Udayapur E.	Doti W.	Doti E.	Butwal	Kailali W	Kailali E	Chisapani
Ecological Region	Hill	Hill	Hill	Plain (Terai)	Plain (Terai)	Plain (Terai)	Plain (Terai)
Prevalence	3.5%	9.4%	9.6%	12.2%	2.20%	6%	6%
Girls	3.5%	10.6%	6.7%	11.4%	1.80%	5.8%	7%
Boys	4.5%	8.5%	2.9%	12.8%	2.60%	6.2%	6%

To rehabilitate the growth of 1059 severely malnourished children identified in 9 ADPs, mothers were provided counselling and children were provided referral to the rehabilitation center. Moreover, 2443 children received nutritional support through Positive Deviance Hearth and Rehabilitation center.

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, says, "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."



WVIN, 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. While Gyanmati visited FCHVs in the village they asked her not to worry but to breastfeed the baby regularly and that, in time, the baby would be alright.

FCHVs continued to visit her and gave her suggestions as to what to feed the baby depending on its maturity. The FCHVs asked her to maintain a growth monitoring chart and take the baby to a local baby care centre where the baby ate better. "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 in his neighborhood. He likes to play football and toy trucks.

Proportion of Children under Five with Diarrhoea in the Past Two Weeks Who Received Correct Management of Diarrhea

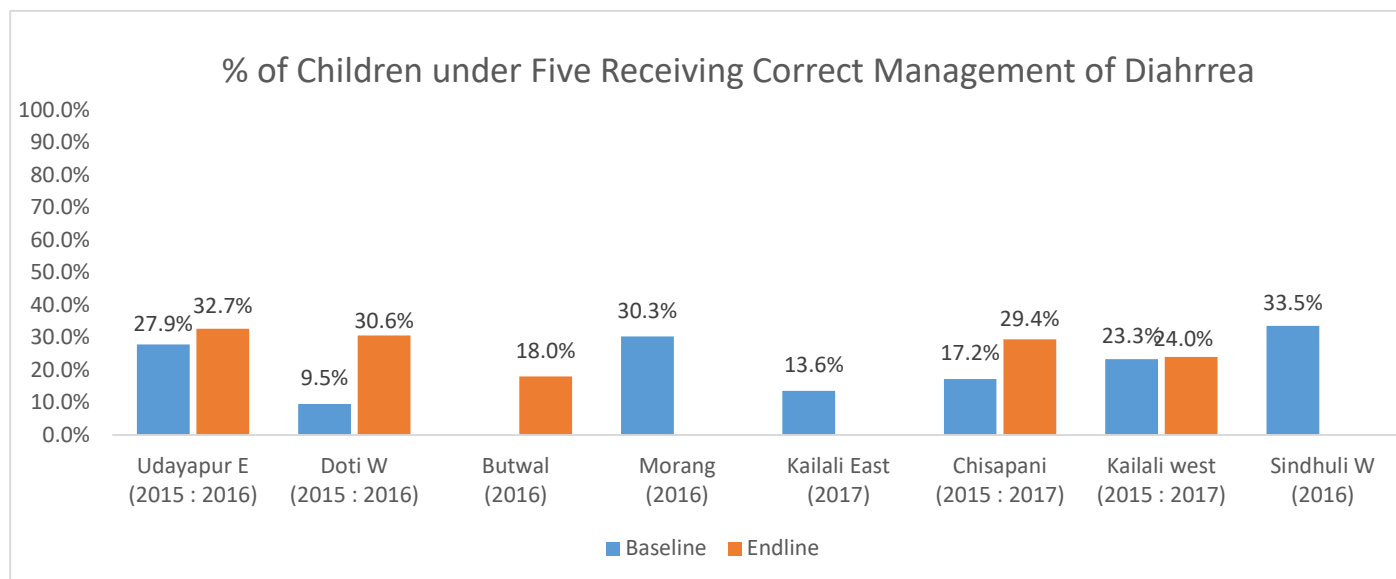


Figure 2.2: % Children Under five Receiving Correct Management of Diarrhea

The result of the measurement shows correct management of diarrhea has improved in all of the four ADPs where comparative measurement is available. Through Community-based Integrated Management of Newborn and Childhood Illness, there is an increased knowledge and practice of managing diarrhea (with use of Oral Rehydration Solution and Zinc) at the household level.

Prevalence of Acute Respiratory Infection in Children under Five Years of Age

The comparative result shows there is a decrease in the prevalence of ARI in 5 ADPs and increase of the same in 3 ADPs. But no further exploration was found to have done regarding the reasons behind this.

However, in aggregate, the incidence of ARI in WVIN working areas has decreased by an average of 2.6% per year. With WVIN and the government's joint approach, on average, MCHN sector promoted Community-Based Integrated Management of Newborn and Childhood Illness (C-BIMNCI) intervention across ADPs to prevent and manage childhood illness. Mobilisation 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.

Table 2.2: Prevalence of ARI in Children under Five Years of Age

ADPs	Udayapur E	Doti W	Doti E	Butwal	Morang	Kailali E	Chisapani	Kailali W	Sindhuli W
Baseline %	30.20% (2015)	15.10% (2015)	39.00% (2014)	16.20% (2014)	13.20% (2014)	10.80% (2013)	7.30% (2015)	18.80% (2015)	23.70% (2016)
Evaluation %	20.40% (2016)	23.60% (2016)	28.20% (2016)	11.30% (2016)	11.20% (2016)	11.80% (2017)	7.60% (2017)	15.30% (2017)	
Changes	↓	↑	↓	↓	↓	↑	↑	↓	

Proportion of Children under Five with Presumed Pneumonia Who were Taken to Appropriate Health Provider

There is an increasing trend of parents taking children to the health-care provider. Although, according to Department of Health standards, clinics and pharmacies are not considered appropriate health care providers, villagers find it convenient to take children there due to location and time. Therefore, fewer people visit health posts than to pharmacies or clinics. But during the survey, children taken to clinics or pharmacies were not considered under appropriate treatment, following the government standard; and also considering the fact that the quality of service of them varies.

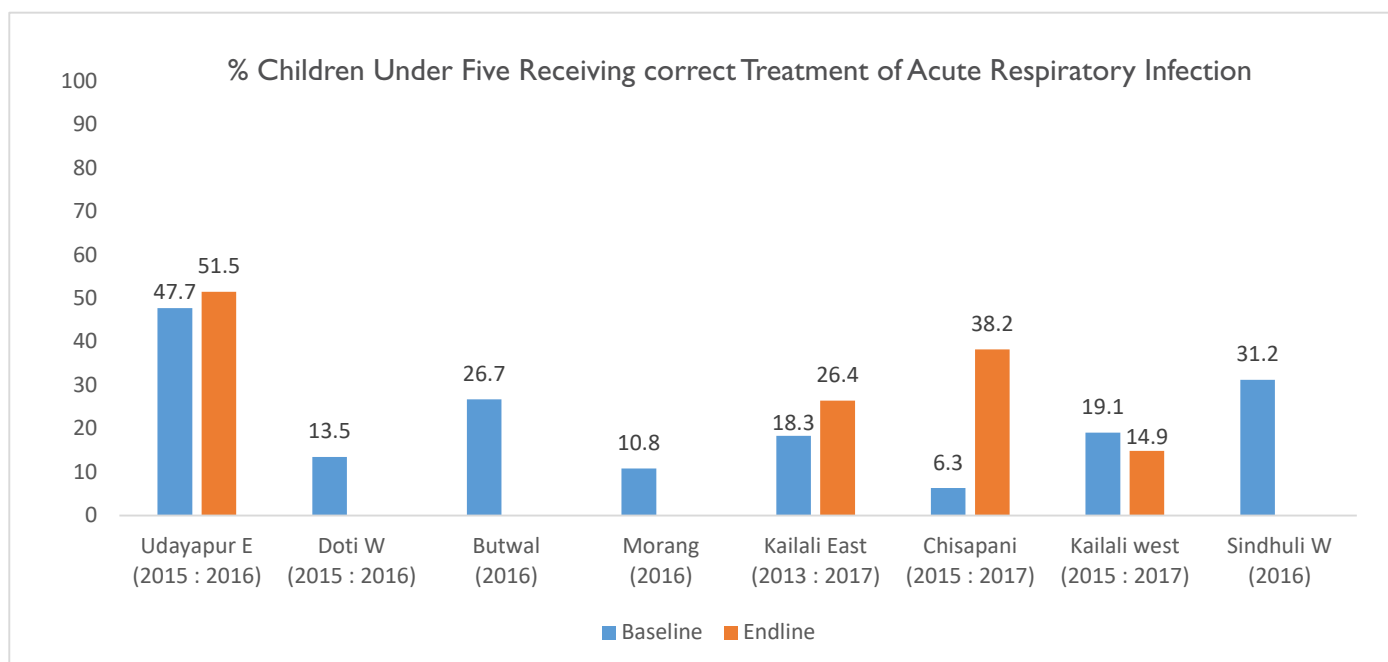


Figure 2.3. % Children Under Five Receiving Correct Treatment of Acute Respiratory Infection

In the example of Butwal ADP, 62% were taken to a pharmacy/private clinic, whereas only 26.7% 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. Udayapur E and Sindhuli W are located in hilly areas and therefore the ARI appropriate treatment is seen comparatively high than the programmes in III phase of implementation. However, in an average there is 4.8% increment in the appropriate treatment of ARI per year.

Percentage of Infants Whose Births were Attended by Skilled Birth Personnel

With the increasing awareness, there is trend of increase in the safe birthing practices. Awareness on safer motherhood, follow up by FCHVs on antenatal check-ups (ANCs), incentives of the government for completing recommended numbers of ANCs, more availability of birthing centres are key enablers for increase in safe birthing practices of pregnant mothers. However, for hill districts like Udayapur, Doti, Sindhuli; safe birthing is still a challenges due to remoteness and less availability of skilled birth personnel. WVIN provided support on Outreach Clinics and birthing centres (constructions equipment) on a need basis. Overall, there is an increase in the percentage of infants whose births were attended by skilled birth personnel, by an average of 7.0% per year.

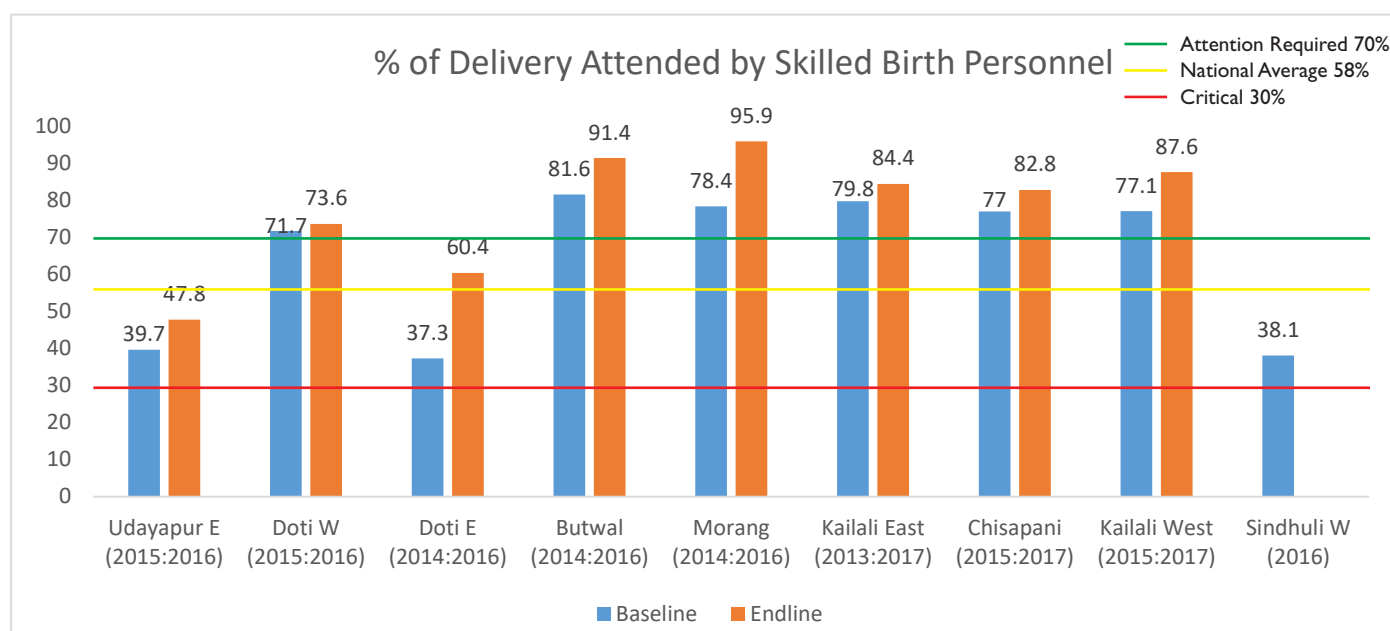


Figure 2.4 : Percentage of Delivery Attended by Skilled Birth Personnel

Proportion of Children Receiving Minimum Dietary Diversity

Table 2.3: Proportion of Children Receiving Minimum Dietary Diversity

ADP	Udayapur E.	Doti W.	Doti E.	Butwal	Morang	Sindhuli W.	Kailali E	Kailali W	Chisapani
Value, (Year)	47.0% (2016)	47.9% (2016)	37.3% (2016)	37.9% (2016)	47.8% (2016)	46.8% (2016)	82.5% (2017)	55.7% (2017)	48.6% (2017)

A balanced diet with appropriate frequency is essential to improve the nutrition status of children. WVIN promoted adequate feeding practice as per Infant Young Children Feeding (IYCF) standard. The percentage of children aged 6-23 months who received food from at least four out of seven food groups the previous day was measured to assess if children under two years were receiving food from the minimum four groups. Measurements taken in 9 ADPs show that the trend of appropriate feeding is increasing in communities. An average of 48% children in working area were fed appropriately in 2015, which is an increment by 4% in past two years (2% per year). This compares to the government's national average for appropriate feeding practices of 36%. Feeding practices are directly associated to the incidence of underweight children. Encouraging appropriate feeding practices in WVIN working area is helping reduce the incidence of underweight children.

It has been observed that the general practice of exclusive breast feeding until six months in WVIN working area 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 Child Health Now campaign in previous years and Community Voice and Action at present has greatly helped to encourage mothers in Doti E and Doti W to practice exclusive breast feeding. Even though Sindhuli W is in its first year of implementation, the feeding practice is observed better than some ADPs in final phase of implementation. On average there is a 4% increase in the practice of exclusive breast feeding in WVIN working areas.

Proportion of HHs Using a Basic Sanitation Facility (% of households with sanitation facilities that are not shared by two or more households)

Table 2.4 Proportion of households using improved sanitation facilities for defecation

ADP/Year of Baseline	Chisapani	Kailali E	Kailali W	Doti west	Udayapur E	Sindhuli W	Butwal
Baseline %	70% (2015)	85% (2017)	72% (2017)	84% (2015)	43% (2015)	84% (2016)	91% (2016)
Evaluation %	84% (2017)			96% (2016)	49% (2016)		

WVIN contributed the government's Open Defecation Free (ODF) campaign in the working areas. Proportion of households having and improved toilet facility for defecation has been increased by an average of 8.2% per year. The campaign led by the government and contributed by WVIN and other actors, has contributed significantly to achieving this progress. Community-led total sanitation approach was adopted by the government whereby WVIN supported for toilet construction and in capacity-building of local WASH communities. Due to lower family income, scattered settlements, and higher material cost; hilly areas have more difficulty for constructing improved sanitation facilities. However, Doti's campaign was successful where WVIN has more resources to support. But in Udayapur E, less than half (49%) households have access to water sealed toilets; however other 44% households are using pit latrines (without water seal).

Percentage of Caregivers with Appropriate Hand Washing Behavior (at 4 critical times out of 6)

Over the past year, there was an average increase of 9.6% in appropriate hand washing behaviour among care givers. However, the practice the appropriate of hand-washing varies from 38% (Sindhuli West), to 76.6% (Kailali East). The change in hand-washing is attributed to massive hand-washing awareness raising along Open Defecation Free -VDC campaign. Now-a-days, most of the people in those area use soaps for hand-washing. ADPs with interventions in the WASH sector have shown significant improvement in the hand washing practices. Kailali E and Morang have more than 70% caregivers washing hands in critical times. To know the situation on hand-washing, the hand-washing behaviour was measured in three ADPs (Butwal, Sindhuli W, Chisapani), where WVIN does not have WASH component. The measurement shows that the situation of hand-washing behaviour in these ADPs is weaker than other areas where WVIN provided support.

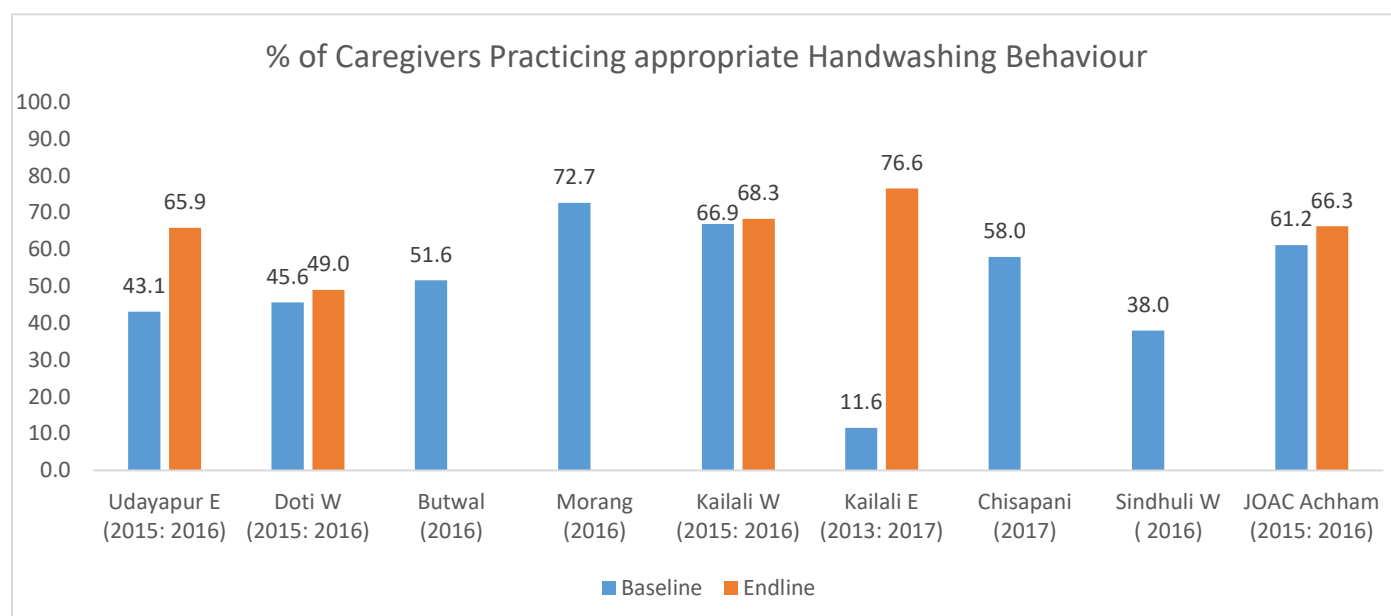


Figure 2.5 : % of Caregivers Practicing Appropriate Handwashing Behavior

Percentage of Mothers of Children 0-23 Months Who Completed Recommended Number of PNC Visits

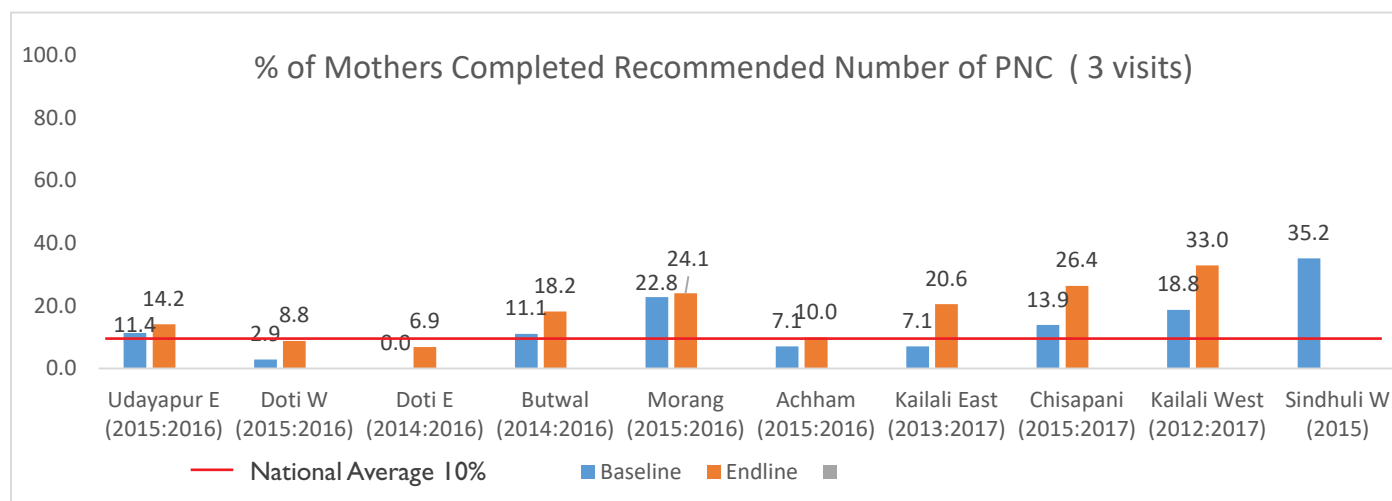


Figure 2.6 : % of Mothers Completed Recommended Number of PNC (3 visits)

With the increased awareness and promotion, ANC coverage is satisfactory in the programme areas whereas PNC coverage has a minimal progress. With the increase in institutional delivery practice and presence of skilled birth attendants at birth, the first PNC is assured. But the second and third PNCs do not happen because of the difficult geographical terrain and less encouragement. In Doti W, 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. However, in aggregate, in the areas WVIN works in, there has been an average 3.6% annual increase in the proportion 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 for free of charge. Therefore, the 2nd and 3rd PNCs are a great challenge for them and most end up not having either.

Even though the evaluation results indicate some progress on ANC visits and safe birthing, from case study of three ADPs in Kailali (aggregate result) shows 73% completed at least first PNC. However, almost two-third (64%) completed the second and one in four (27%) completed their third visit.

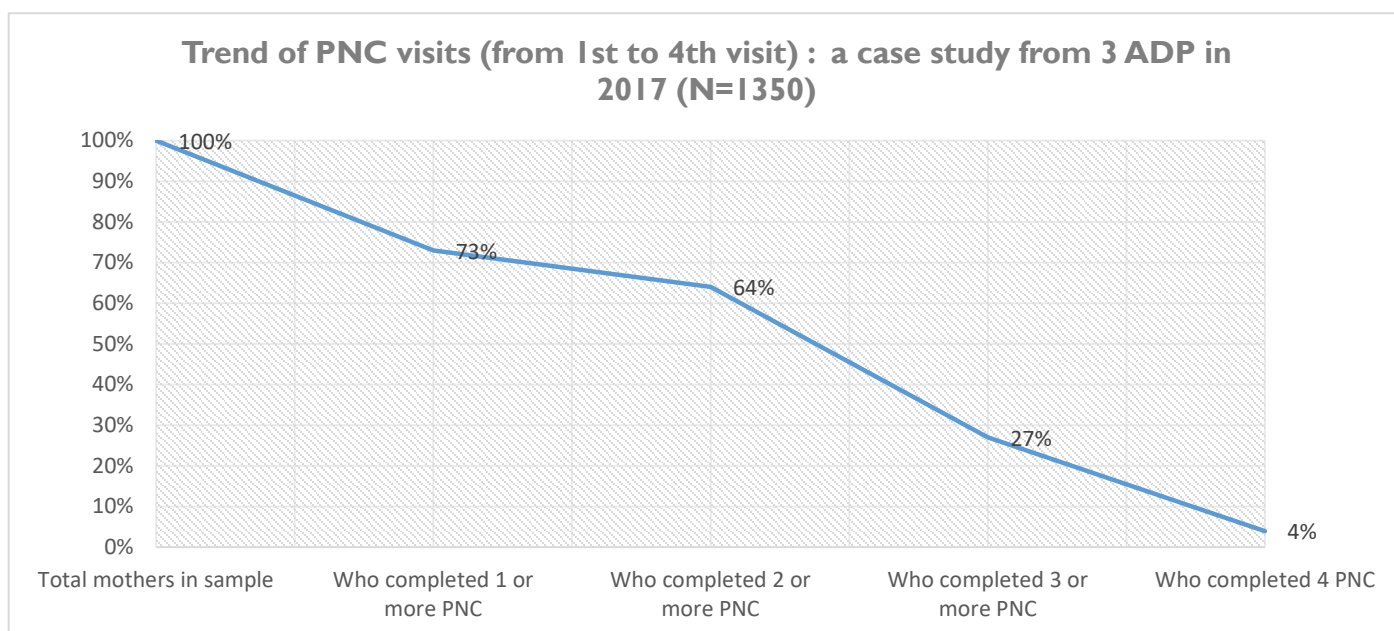


Figure 2.7 : Trend of PNC Visits

Number of Public Health Facilities Meeting the Minimum (selected) Policy Standards

WVIN supported 170 local health institutions to improve the quality of services they offer. WVIN supported construction of 21 Health Posts and 10 birthing centres/ examination rooms and provided different equipments to improve the quality of services from the Health Facilities. Furthermore, WVIN supported to capacitate Health Facility Management Committees regarding service delivery, minimum standards of Health Facilities and governance. Eight ADPs applied CVA model of local advocacy with 22 Health Facilities to ensure minimum standards of the services. Kailali and Doti districts were the pioneers of CVA at WVIN, which started with Child Health Now Campaign, implemented by WVIN. The campaign had contributed a lot in improving the systems and practices of the local health institutions and mobilising civil society for policy influence.

As a result there has been some improvement in the service delivery. Absenteeism among the health facility staff has decreased due to improved oversight of the management committees.

WVIN's Contribution on Improving Maternal and Child Health

In the absence of comparison group, it is difficult to figure out the degree of contribution on nutrition and health from WVIN. Comparing to the country context, underweight has decreased by 2% in the past five years i.e. 29% in 2011 and 27% in 2016; (which averages 0.4% per year); as per the Demographic Health Surveys, carried out by Ministry of Health). However, in the WVIN working areas, the annual decrease of prevalence of underweight observed a the rate of 3% per year, in the past four years. This can indicate significant contribution of WVIN in the area of nutrition.

A perception survey was carried out during evaluation in Kailali West, with the use of rating tool, where the perceived contribution on nutrition from the different actors was mapped out. Based on the responses, the role of stakeholders including WVIN has been ranked as follows:

- 1) Support from World Vision
- 2) Support from District Public Health office
- 3) Role of FCHVs
- 4) Role of Health Posts
- 5) Local government bodies (District/Village Development Committees)
- 6) Political Parties
- 7) Media

Reaching to Most Vulnerable Children and Families in Maternal and Child Health Programs

Maternal and Child Health Programmes directly involves most vulnerable children and families. Generally all the pregnant women and lactating mothers are vulnerable in terms of their physical and mental status. WVIN interventions are focused to improve their health status.

I would like to acknowledge World Vision and its partner for providing referral support to pregnant and lactating women who are marginalized to information and access to basic health care facilities. - Ganga Saud, Kuskot-8

Sustainability	
Drivers	Evidences
Local Ownership	District/Village WASH Coordination Committees led the Open Defecation Free Campaign. Health Facilities led full immunisation coverage campaign. Health Facilities Management Committees are aware about the quality of services to be delivered by Health Facilities. These are some examples of how WVIN promoted local ownership. WVIN role is more of catalyst and capacity developer. Furthermore, construction work is carried out on a cost share basis. This type of mechanism of MCHN work is key to sustainability. However, there is question mark if initiatives like PD Hearth can be continued after WVIN phases out. Moreover, Behaviour changes were not continued as expected after a year of WVIN project phase out. For example, the proportion of prevalence of proper hand-washing behaviour in Butwal decreased from 63.8% (2014) to 51.6% (2016). This may require further exploration to understand the reasons.
Partnering	Memorandum of Understanding with the District Health Office has been done in most ADPs and there is cooperation from government health personnel (DPHO, Health Facilities) in project activities. Child clubs, FCHVs, and Health Facilities are the key partners and are engaged in nutrition and safer motherhood activities from the planning level. These are the key players to continue service delivery after WVIN phases out.
Transformed relationship	Awareness raising about safer motherhoods to husbands and in-laws; in addition to the pregnant/ lactating women has helped to provide emotional support to the pregnant/ lactating women; and to provide balanced diet/ nutritious food to them.

Learning and Recommendation	
Key Learning	Actionable Recommendation
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.	ADPs need to advocate with local and district level government health offices for the construction of waiting rooms in birthing centres. That is something that could be added to CVA's agenda.
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.	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.
Malnourished children were not intervened timely; for referral, counselling or nutritional support because the monitoring information access to the concerned people after few intervals and therefore there is need of immediate intervention.	Conduct systematic regular growth monitoring of children for the immediate response/support to the malnourished children in the project areas.

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

National context,

Nearly one third (28.5%) of people are living under the poverty line, according to National Planning Commission. Poverty rate for Dalit caste is almost double. Although 60% of the population depends on agriculture, it has a gradually declining trend; and its contribution to Gross Domestic Product (GDP) is only 31%. With the increasing trend of people going out for foreign employment, the foreign remittance has become second biggest contributor to the GDP (25%). An absentee population of 7.3% in 2011, is estimated to reach 15% as Government of Nepal doubled the numbers of labour permits over 5 years. 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 USD 610 in 2011, Gross National Income percapita has reached USD 730 in 2015 according to World Bank. Because of the pattern of men labour migration, the workload of women has increased in their families.



- 60% of the population is employed in agriculture. Its contribution to GDP is 31%.
- Remittance contribution to GDP is 25%.
- 25.42% of households have at least one member absent or living out of the country. The 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)

The new constitution of Nepal has made provision for disaster management at different levels of government. Most recently Nepal has formulated National Disaster Management Act 2017 to clarify the role of government and non-government stakeholders on disaster prevention, preparedness, mitigation, recovery and reconstruction.

WVIN Programme Area Context

Vulnerability of children and families is fundamentally correlated with inability of families to meet basic needs; thus pushing them into a vicious cycle of poverty. It has negatively affected health and education of children and youth. One major cause of school dropout is lower economic status of the family. Similarly, the significant contributor for inadequate feeding practice for children and mothers is poor income of the family; which results negative consequences on the health and development.

Considering these factor, all the ADPs had Livelihoods as one of the key sectors, aiming to increase income and assets of vulnerable families. To facilitate shift of subsistence-based farming to semi-commercial farming, WVIN worked with the producers on value chain analysis, linked them with value chain actors and provided technology transfer for production of high value crops. Moreover, since the youths from poor families and out-of-school children are vulnerable, the projects started providing them vocational skills training. Four ADPs implemented youth development projects, to provide economic opportunities with youth, based on their interest and market demand.

WVIN supported formulation of Local Disaster Risk Management Plans to reduce the risks to vulnerable communities, despite resource constraint. Moreover, since the youths from poor families and out-of-school children are vulnerable, the projects started providing them vocational skills training. Four ADPs implemented youth development projects, to provide economic opportunities with youth, based on their interest and market demand.

WVIN supported formulation of Local Disaster Risk Management Plans to reduce the risks to vulnerable communities, despite resource constraint.

Key Outputs and Changes in FY 2016 & FY 2017

Components	Outputs		Overall outcomes
Technology transfer to improve agriculture production	Farmers provided with agro inputs	5547 5579	32% of beneficiary household increased their income
	Farmers provided with livestock and poultry support	1150 1775	
Improve economic opportunities for vulnerable youths	Vulnerable youths trained in vocational skills	553 647	45% of vocational skill development trainees employed or self-employed
	People developed business plan	2204 782	
Local Value Chain promotion	Management skills of cooperatives strengthened	112 55	Proportion of HH with food insecurity decreased by average of 3.6 % per year
	People trained in market literacy	936 259	
Improving community resilience	People trained in Risk Reduction and Disaster management	1599 2267	27 LDRMPs, have been implemented
	Supported districts on preparedness and response plans	6 3	

Legend FY 2016 FY 2017

Coverage

Farmers Groups: 308

Farmers: 14053

Youths: 8800

LBRM Committees: 27



Resources:

Budget Spent: USD 4,423,814

(Sponsorship: USD 2,505,157)

PNS: USD 1,438,490

Grants: USD 480,167)

Projects:

14

Technical Staffs:

17 (3 National, 14 Field)



Key Partners:

Home Ministry, District Administration Offices/ District Disaster Management Committees, DADO, DLSO, DCO, Savings Groups, Cooperatives, Farmers Groups, NGOs partners.



Most Vulnerable Families:

7,438

Indicators and changes in FY 2017

	Indicators	Changes in FY16/17 (average per year *)	Methodology
Strategic KPI	Decrease in proportion of households with one or more 'hungry months' in the previous 12	↓ 3.2%	HH survey
	Number of LDRMPs implemented effectively	27 LDRMPs (2 Years)	Monitoring
Other indicators	Percentage of Livelihood beneficiary families who increased production and raised their income	32%	Monitoring
	Percentage of Vocational trainees who were employed/ self-employed	45%	Monitoring

Note: * the changes (average per year) is the difference between evaluation and baseline values divided by years of interval between baseline and evaluation. “↓” denotes decrease and “↑” denotes increase

Proportion of Households with One or More 'Hungry Months' in the Previous 12 Months

A family's overall well-being is directly linked to their food security. Food insecurity indicates level of poverty and possible consequences on the overall quality of life. This is why this indicator was chosen as a strategic indicator by WVIN for FY2016 - FY 2020 strategy. As per the measurement in the ADPs, overall food insecurity of household has decreased by 3.2% per year. However, the biggest problem with this indicator is that it was measured with the general population within the ADPs; and often the external factors such as remittance, favourable/unfavourable weather for the production, change in employment opportunities affects the food security/ insecurity. To further get to know about the changes in the lives, behaviour and practices of the direct beneficiaries, other indicators have also been measured through beneficiary tracking database.

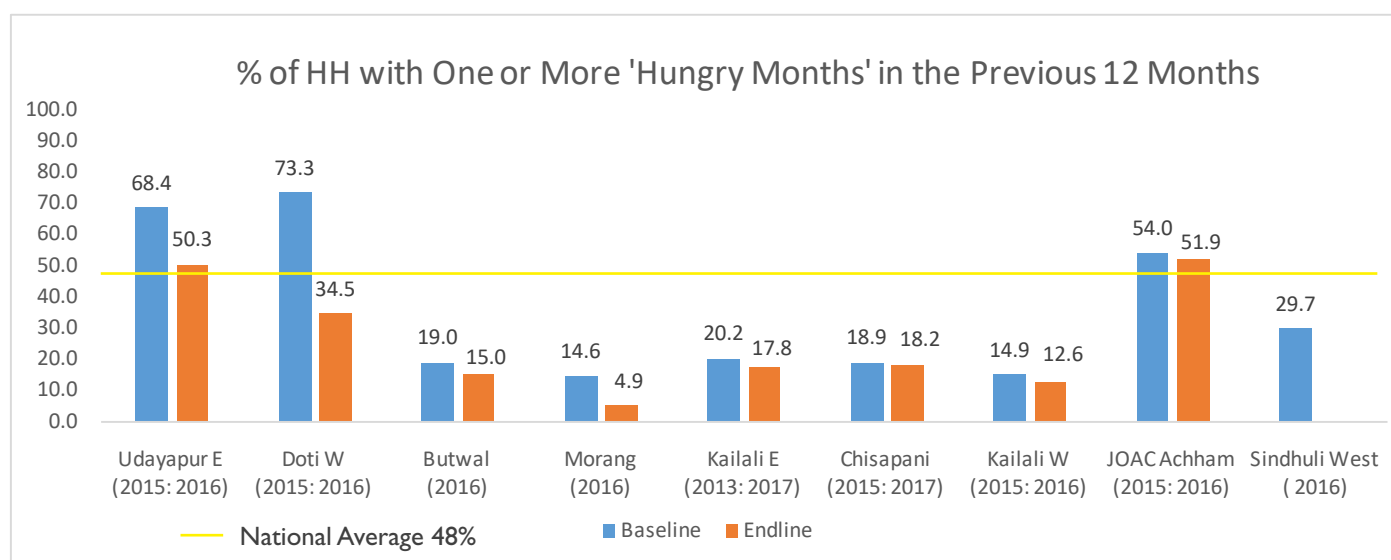


Figure 3.1 : % of HH with One or More 'Hungry Months' in the Previous 12 Months

The general pattern implies that there is reduction on prevalence of food insecurity (indicated by one or more hungry months) among the households in all the ADPs; where WVIN has some contribution through Livelihood interventions. The reason for drastic change in food insecurity status of Doti W in the 2 years could not be explained further with the data itself. It will require a further assessment on what contributed to food security but there are external factors like: migration, opportunity of job at Dhangadhi (in other town), and remittance. Regarding WVIN's support and its effect, there is improvement in production of vegetable and high value crops in Doti. In general, WVIN supported farmers on commercial vegetables production, linkages with market, high value crop farming, and livestock keeping. These supports are some of the major contributing factors for improvement in production and income.

WVIN supported vulnerable families with livestock rearing, poultry farming, irrigation, organic/farm yard manure. WVIN has supported and working with cooperatives and saving groups that enables the members to manage their expenditure, and to increase savings and investments. Udayapur E worked with the local government to empower communities to access government services and loans, which has increased farmers' production and improved the status of food security. One of the major factors to improve food security status in Doti W is livestock and vegetable farming support to the families which generated better income. Although prevalence of food insecurity in Achham, one of the most remote districts of Nepal, is quite higher than other district, WVIN's support on Cash for Work for vegetable farming resulted quick win in reducing insecurity.

In general, the pattern of food insecurity in Nepal shows that Hill and Mountain area are more insecure than Terai area. Among the reported districts, Butwal, Kailali and Morang are located in Terai region. Butwal and Morang are in final years to phase out whereas Kailali W was phased out in FY 2017.

Percentage of Livelihood Beneficiary Families Who Increased Production and Raised Their Income

In the past two years, 14,053 people were provided different trainings, technology support, and agricultural inputs. Out of them, based on the monitoring data of the ADPs, 7,602 (54%) were able to utilize their skills and technology for production. However, 4,496 (32%) of them were actually able to increase some level of income. While the proportion of people who raised their income on the subsector that WVIN provided, is still low. However, it takes some seasons or years to actually increase the income based on the type of activities they invested for. Among those who increased their income, the size of increased income for 75% of households was between NPR 10,000 to 40,000 (USD 100 to 400) per year. The increased agricultural produces enabled families to meet their food and nutrition need although the income level of the families is yet to increase.

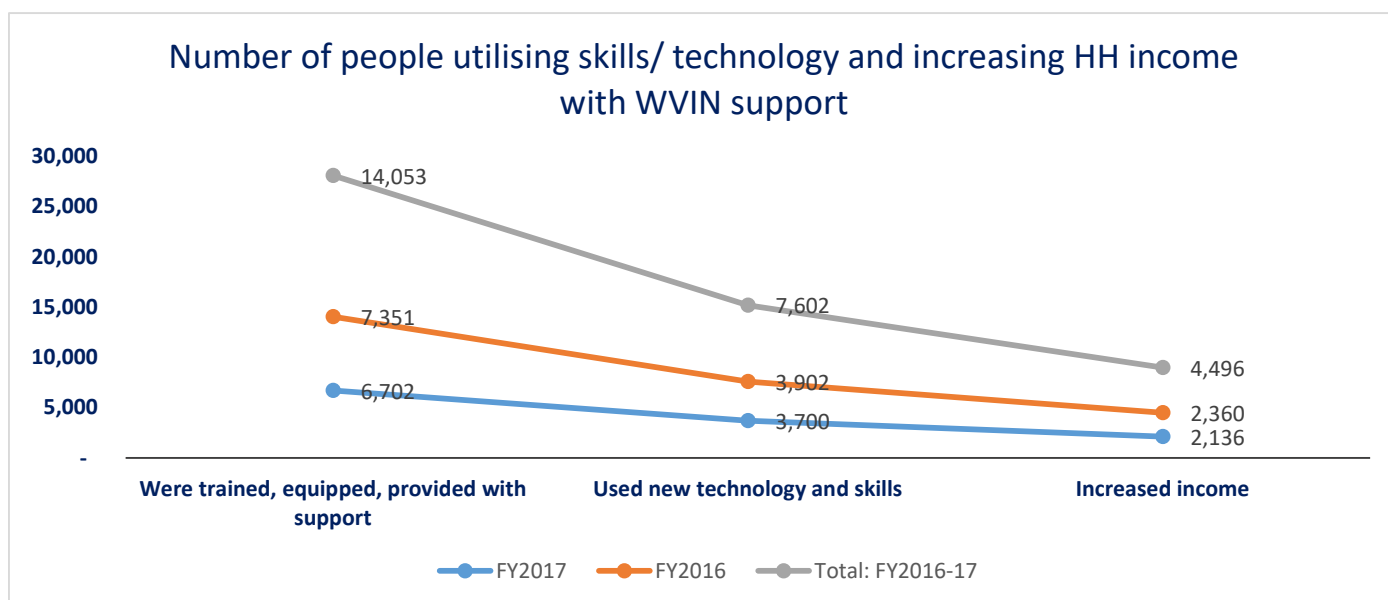


Figure 3.2 : Number of people utilising skills/ technology and increasing HH income

In Achham and Jumla, 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 plastic tunnel farming technology, farmers were able to increase their production some of which were sold and some of which were used for consumption by the family. This practice also contributed to children's nutrition improvement. According to the evaluation in Udayapur East income has increased from livelihood support through commercial tomato and vegetable farming. Bee farmers earned from NPR 4,200 to 5,400 (USD 42 to 54) in a season.

First phase ADPs were focusing more on families for farm-based and livelihood interventions and the ADPs in final phase more on youth economic development. ADPs in first phase (Doti, Achham, Kailali East, Chisapani, Sindhuli, Udayapur), where men are migrating for labour, are making significant interventions. Therefore, according to the plan versus achievement data collected from ADPs, the proportion of participation of men and women is 37% and 63% respectively. This increased women's access and control to assets. Meanwhile, it also increased their workload.

A case study extracted from 3PM project evaluation report

The evaluation recognises that Preparing Poor Producers for Market (3PM), a project based on local value chain project model, is worth replicating due to its success. Within a short project period of 3 years, the farmers doubled their agricultural production and increased their income by 75% through commercialization of the produces.

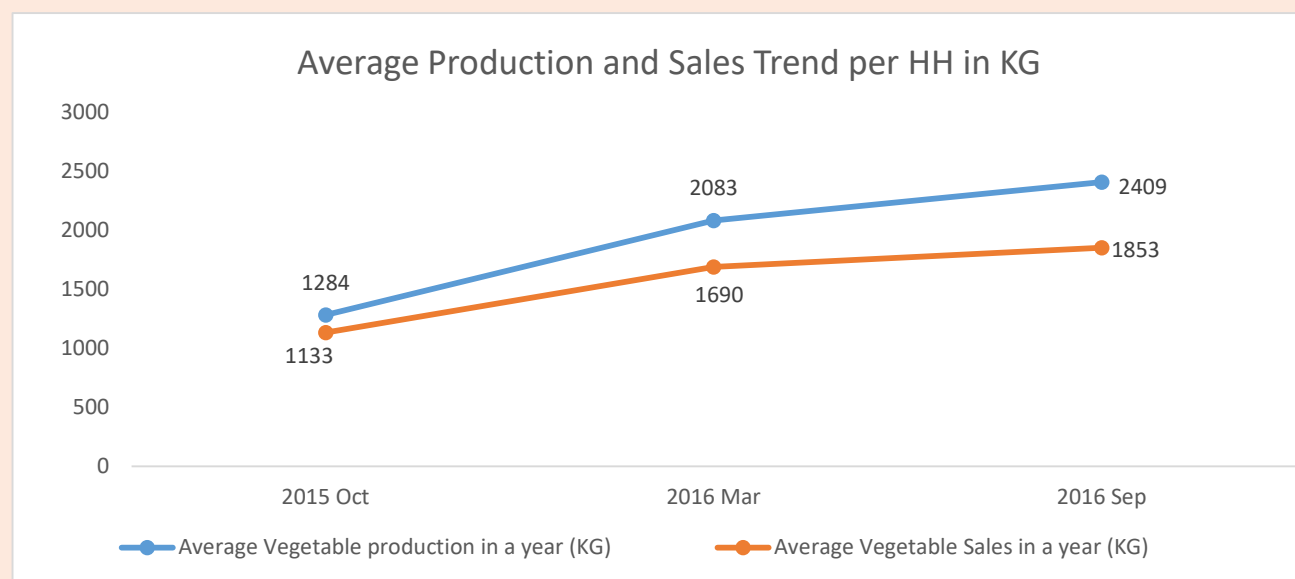


Figure 3.3 :Average Production and Sales Trend per HH in KG

With the data collected each time covering past one year, the chart shows progressive production and sale curve. The internal factors to make the project successful were: a) Production promotion: technology, backed up with market literacy; b) Promotion of Linkages: of producers with the market actors; c) Strengthening capacity: on marketing skills, market literacy, group functionality. Overall, 3PM took a comprehensive approach including the dynamic market elements: production, promotion, price and place.

Number of Local Disaster Risk Management Plans Formulated and Implemented

WVIN supported the government-initiated plan of preparation and implementation of Local Disaster Risk Management Plans in 6 districts, in accordance with the guideline adopted by government, following Sendai Framework of DRR. Prepared with participatory approach, the LDRMP aims to strengthen a community's capacity to cope with and mitigate the risk of disaster. Identification and prioritisation of the disaster risk management activities are incorporated in the plan.

Table No. 3.1: Number of Local Disaster Risk Management Plans Formulated and Implemented

ADP	Morang	Sunsari	Butwal	Doti E	Doti W	Kailali	Jumla
# of LDRM Plans supported	7	5	8	2	2	1	2

Pattern of utilising income in different categories (%)

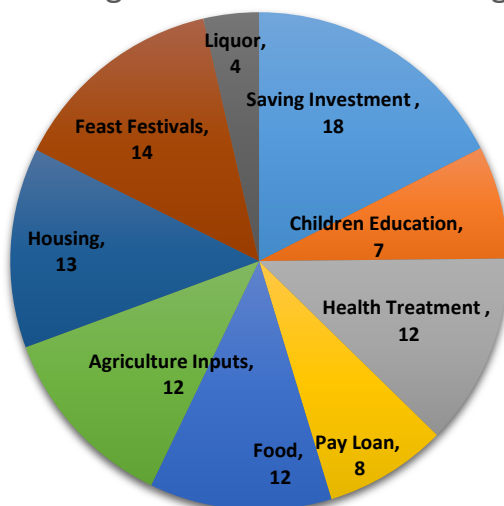


Figure 3.4 : Pattern of utilising income in different categories (%)

Use of income plays a vital role in the well-being and resilience of a family. During the outcome monitoring, information was collected from beneficiaries about how the increased income was used. From an aggregate result of all Livelihood projects, the biggest use of money was on 'saving for investment' (18%), followed by 'feasts and festivals' (14%). The other major area of expenses/investment were on housing, health treatment and agriculture inputs.

Vegetable farming and child well-being

Janaki Chaudhary, Kailali was living in a joint family of 25 members. She got married at the age of 16 that led her life to difficult situation. Having a large family size, they had to struggle to meet the basic needs with 0.67 hectare land for cultivation. Her life once became scary as she along with her husband and 3 children separated from the family to live in a nuclear family. Her son was registered in WVIN sponsorship program. They took loan to construct a house. Her husband migrated to India to seek a way to pay the loan and support family living. Unfortunately, he died there. All these incidences occurred within a few month. In such difficult situation, her eldest child (8 years daughter) had to quit school to work as a daily wage labourer.



Janaki in her off seasonal vegetable field

She got training and supported with agro tools and seeds. With the vegetable farming, she earned NPR 6500 (USD 65) in the first month. There onwards, she is having good income through vegetable production. Through the same, she has been able to support her children's health and education and saves about NPR 500 (USD 5) per month. "Now, I can feed my children with fresh and healthy vegetables. Similarly, I am also saving regularly for the future of my children. Hopefully I can send my daughter back to school again soon." Janaki said.

Percentage of Vocational Trainees Who were Employed/self-employed

Considering market demand, interest and potentials of candidates, WVIN organised vocational trainings for selected trainees. Morang and Butwal ADPs, which are in the final phase, are focusing on vocational skill development for vulnerable youth and Registered Children (16+ years). This scheme is primarily intended for youth belonging to poor families, out-of-school, still studying but looking for economic opportunities.

There are evidences that youths who were planning to work as a labour migrant (as commonly the youths do), rejected labourer's offer and resumed self-employment and alternative options. During an outcome monitoring visit, a trained youth from Butwal said, "I was offered a job by a company in Qatar last year. But I rejected the offer and started a job as a cook in a Chinese restaurant in a nearby town. I am happy at my decision."

Effectiveness of Market Literacy Class (Extracted from 3PM evaluation report)

The project conducted market literacy classes in 31 locations where 740 women, previously unable to read and write, graduated completing 4 months class. During evaluations, one third of the respondents demonstrated skill on market literacy including their individual record keeping about production, sales and so forth. Same proportion were able to perform basic calculation using a calculator. In reference to the duration market literacy class, it can be considered as a significant achievement.

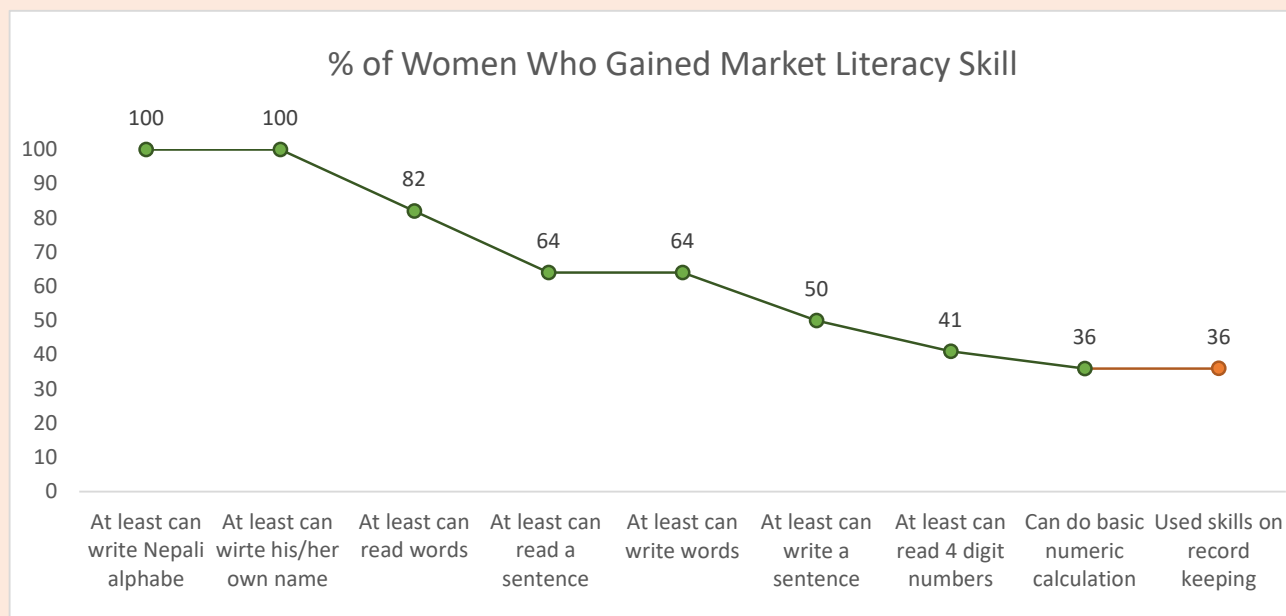


Figure 3.5 : % of Women Who Gained Market Literacy Skill (Cumulative)

Sustainability	
Drivers	Evidence
Partnering	<p>WVIN worked closely with district line agencies particularly District Agriculture Development Office and District Livestock Service Office. The coordination in the planning, inviting them in the events and joint monitoring was helpful to promote interaction and rapport between farmers groups and the line agencies. Farmers can access service centers easily and they are well informed about the government subsidy packages. Officials from the service centers visited most of the Livelihood Project working areas.</p> <p>WVIN support to prepare Local Disaster Management Plan, under the government framework, is further fostering partnership with the local government.</p>
Transformed relationships	Being involved in different groups such as saving groups cooperatives and farmers groups, the individuals are learning each other, helping each other and working collaboratively as and when required.
Household and family resilience	With the improved household income and food security, WVIN contributed making household and family resilience stronger.

Learning and Recommendation	
Key Learning	Actionable Recommendation
WVIN provided farmers with agriculture input and livestock for commercial purposes without their business plan. As a result, some of the beneficiary's farmers did not use support for intended purpose.	Facilitate people in need to develop business plan before providing support on commercial or semi-commercial farming.
Agricultural production combined with the market promotion component has been successful in encouraging farmers to produce more. Implementation of standalone intervention components have not been very successful at encouraging farmers in commercial and high volume farming.	Ensure that WVIN support on commercial or semi-commercial farming is based on the market demands. Strengthen the linkage of producers with market actors.
There were inadequate follow up support after preparation of Local Disaster Reduction Management Plans that were prepared out before the new structure of local government and before the election. However, most recently, the local government structure has been changed and local election has been held. In addition, government has enacted new DRR act 2017. WVIN has this as opportunity to review LDRMPs as per changed context.	Establish rapport with new bodies and work with them closely in the matter of review of LDRMPs. WVIN does not have adequate resources to help implementation of the plans. But WVIN needs to provide technical advices and advocate about it.

SO # 4: Increase Protection for Vulnerable Groups

National context

Nepal is second among ten countries with high prevalence of child marriage. 37% of Nepalese girls get married by 18 (Unicef, 2015). Child brides experience a higher incidence of domestic violence, marital abuse, and abandonment and several other social and health consequences.



An estimated 1.6 million children between the ages of 5-17 years are working as child labour—37% of this age group (ILO, 2014). Among them, 621,000 are estimated to be engaged in hazardous work. Estimates suggest that 60 per cent of children in hazardous workplace are girls (373,000).

Child Protection systems in Nepal are operated at national, district, municipal, and ward levels with several formal and informal mechanisms and services. The primary 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 (DCWBs), which operate with the support of MoWCSW and CCWB. At the local level, it is Municipality/Village Child Protection and Promotion Committees (M/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 there are gaps in resources, capacity and commitments to materialise these policies.

- 37% girls aged 18 and 10% aged 15 are married.
- 58.1% of children under 5 have their births registered. (Status of Children in Nepal 2014)
- 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. (Unicef, 2011)
- 5,000–15,000 women and girls are trafficked annually to India for commercial sexual exploitation (Unicef, 2011)

WVIN Programme Area Context

WVIN's country strategy FY 2016 - FY 2020 has focused on protection of vulnerable mainly through system strengthening, advocacy and awareness. WVIN has been implementing project models including Child Protection and Advocacy (CPA) and Channels of Hope (CoH).

WVIN implemented child protection focused projects in Udayapur, Morang, Sunsari and Lamjung in 2016/17. Furthermore, child protection has been main streamed as a cross cutting theme across all ADPs. WVIN, in a partnership with a community radio network organized Child Summit 2017. The summit, in the gracious presence of the President of Nepal, provided recommendation to the National level stakeholders especially on eliminating the child marriage.

Child Protection Program Roadmap

SDG 5: Achieve gender equality and empower all women and girls
SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

SDG #5 & 16

WV National Goal

Child Protection Strategy

Long-Term Outcomes

Intermediate Outcomes

Development Actions

To address the causes of poverty and inequality for the sustained well-being of 1 million children

To protect vulnerable people especially women and children from violence and harmful traditional practices.

Strengthened legal and social system for protection of children and vulnerable women

Increased resilience of children and vulnerable groups

Stronger protection mechanisms

Effective collaboration with govt. and stakeholders on enforcement of policies

Empowered communities, children and faith leaders

Resilience of children against abuse and exploitations

Protection and Promotion Committees
Capacity strengthening, support on local policy formulation, protection & referral mechanism

Local and central government bodies
Advocacy, Capacity building, Collaboration to declare child marriage free areas

Communities, local stakeholders
Awareness raising, sensitizing and mobilizing

Children
Awareness raising, sensitizing and mobilizing

Key Outputs and Changes in FY 2016 & FY 2017

Components	Outputs	Overall outcomes
Strengthening formal and informal child protection systems	59 VCPPCs functional on Child Protection issues	Proportion of girls and boys reporting 'living free from violence, abuse, and exploitation' increased by average of 5% per year
	17 VCPPCs handling CP incidents effectively	
	Facilitated preparation of 5 year Strategic Plan in 2 districts	
	24 Community Hope Action Teams formed and are functional	
	26 VDCs supported for Child-Friendly Local Governance	
Increase resilience and reduce harmful traditional practices against children.	11832 Adults aware about child rights and protection	Child birth registration rate increased to 75%.
	8688 Children trained on child protection and child rights	

Coverage

VCPPCs: 59

Adults: 41402

DCWBs: 9

Children: 32093

Child Clubs: 370



Resources:

Budget Spent: USD 1,822,011

(Sponsorship: USD 1,230,302

PNS: USD 266,609

Grants: USD 325,101)

Projects:

4

Technical Staffs:

6 (2 National, 4 Field)

Key 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, and Media.



Most Vulnerable Children Reach Out:

8,023

Indicators and Changes in FY 2017			
	Indicators	Changes in FY2016/17	Methodology
Strategic KPI	Number of VCPPCs / CFLG Committees actively working on Child Protection	59 VCPPCs 26 CFLG Committees	Monitoring
	Number of local/national/regional level government actions resulting from WVIN advocacy recommendations	4	Monitoring
Other indicators	Proportion of girls and boys who report living free from violence, abuse, and exploitation over the past year	↑ Annual 5%	Survey (2 districts)
	Children report an increased level of well-being	↑ Score from 45 to 49	DAP Survey (1 ADP)
	Birth registration of under five children	↑ Upto 75%	HH Survey

Note: * the changes (average per year) is the difference between evaluation and baseline values divided by years of interval between baseline and evaluation. “↓” denotes decrease and “↑” denotes increase

Number of VCPPCs and CFLG Committees Actively Working on Child Protection

WVIN works to strengthen the systems and structures as per the policy framework of the government. Central Child Welfare Board (CCWB) is a statutory body established under the Children's Act. It has overall responsibilities towards ensuring rights of children in Nepal. The district Child Welfare Board (DCWB), which is the district level focal point, is responsible for rights of children, it works under the close guidance and oversight provided by the CCWB. Similarly, at the VDC or Municipality level, the legitimate entities to work for protection and promotion of child rights are: Village Child Protection and Promotion Committees (VCPPCs), and (MCPs). As a part of Inter-agency Group, WVIN has a strong track record of working with CCWB in preparing guidelines and building capacity of DCWBs. In the programme areas, WVIN has been working with VCPPCs in close coordination with DCWB on strengthening their capacities and raising awareness in the communities. With the increased knowledge, skills and attitudes on child protection, the VCPPCs are launching campaigns, preparing local policies and guidelines, managing child protection incidents, mobilising and networking with child clubs, police and other formal and informal groups.

As stated in the table, WVIN also worked with the multi-faith leaders in Morang and Lamjung ADPs by forming Congregation Hope Action Team (CHAT) groups. The main purpose of working through CHAT groups was to sensitise and engage different faith leaders on child protection issues like child marriage. The effectiveness of CHAT group was observed to be encouraging during project implementation. Being in the CHAT groups, the faith leaders in Lamjung and Morang started raising awareness on negative consequences of child marriage and parental care.

WVIN supported VCPPCs to develop 'Case Referral and Registration guideline' in coordination with DCWB in Udayapur district. 36 out of 70 cases registered were related to child protection issues. All the child protection cases were successfully handled by VCPPCs.

Central Level	District Level	Local Level	Community Level
Memorandum of Understanding 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 CFLG initiative.	9 DCWBs regarding support on formulations of strategies, policies, and incidents management and referral mechanism.	59 VCPPCs mainly to strengthen their capacity on protection of the vulnerable children. 26 CFLG committees in 6 districts.	Empowered (370) Child Clubs (both community & school based) on child rights and protection campaigns. Facilitated formation and function of 20 Community Hope and Action Team (CHAT) to reduce harmful practices.
Coordination with CCWB to develop guidelines.			

Number of Local / National / Regional Level Government Actions Resulting from WVIN Advocacy Recommendations

WVIN advocacy effort spans from local to national level to protect the most vulnerable. Key outcomes of advocacy efforts are as follows:

- 1 WVIN initiated the discussion of publishing separate report on the progress of implementation of SDGs in Nepal to be presented to UN high level political forum in New York 2017. To publish the report, WVIN conducted provincial levels consultations with child clubs and other stakeholder. WVIN contributed National Planning Commission to finalise SDG indicators with targets to be incorporated in Fourteenth Periodic Plan .
- 2 WVIN, in a partnership with a community radio network organised Child Summit 2017. The summit, in the gracious presence of the President of Nepal, provided recommendation to the National level stakeholders especially on eliminating the child marriage.
- 3 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.
- 4 WVIN has signed an MoU with Private and Boarding Schools Organization Nepal (PABSON) on a concept namely 'Ten4Twenty' which focuses on 10th grade students to become advocates/ambassadors for not marrying before the age of 20. It further establishes the platform for peer education between urban and rural students.

Furthermore, national level advocacy platform was formed including CARE, OXFAM, Save the Children and World Vision. It is a loose network which carries out advocacy and lobbying work at the national level to end the practices of child marriage. It has been closely working with Ministry of Women Children and Social Welfare in finalising the implementation guideline of 'National Strategy to End Child Marriage'. With WVIN's initiation a sub-group for ending child marriage have been formed at National Action and Coordinating Group (NACG) Nepal. National Action and Coordinating Group to End Violence against Children (NACG) is established in South Asian countries and linkages are developed to the regional South Asia Coordinating Group on Action against Violence against Women and Children (SACG). Joint advocacy and initiatives taken at local level for supporting the campaign to eliminate *Chhaupadi* system and discriminatory attitude of people in the Far-West region has led government to take action against the harmful practices. *Chhaupadi* is criminalised by law in 2017.

Chhaupadi is a harmful traditional practice prevailed in the western part of Nepal. This social taboo prohibits Hindu girls and women from participating in usual family activities during menstruation, as they are considered “impure”. They are kept out of the house and are bound to live in a shed or a makeshift hut. WVIN worked with local government in declaring Chaupadi-free district in Achham.

13 VC PPC in Udaypur and Sunsari developed two years planning and VDCs allocated 15% and 10 % budget respectively for the capacity building of children to protect themselves.

Proportion of Girls and Boys Who Report Living Free from Violence, Abuse, or Exploitation over the Past Year

Evaluation in Udaypur and Sunsari (PPA2), shows that children living free from violence, abuse, or exploitation increased from 73% (2013) to 87% (2016). The survey also included 23% of children with disability. The report further highlights that Udaypur and Sunsari districts have a Strategic Plan for Child Protection and all the working VDCs of WVIN have reported of securing 10% of VDC fund.

Comparative Developmental Assets Profile (DAP) survey conducted with youths (12-18 years) in Kailali West shows an increase in the proportion of children reporting to feel ‘safe at home, school, and in their neighborhood’ At the same time, a DAP survey conducted in Jumla, Morang, and Sunsari shows that 55%, 57%, and 65% respectively of children in those working areas 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.

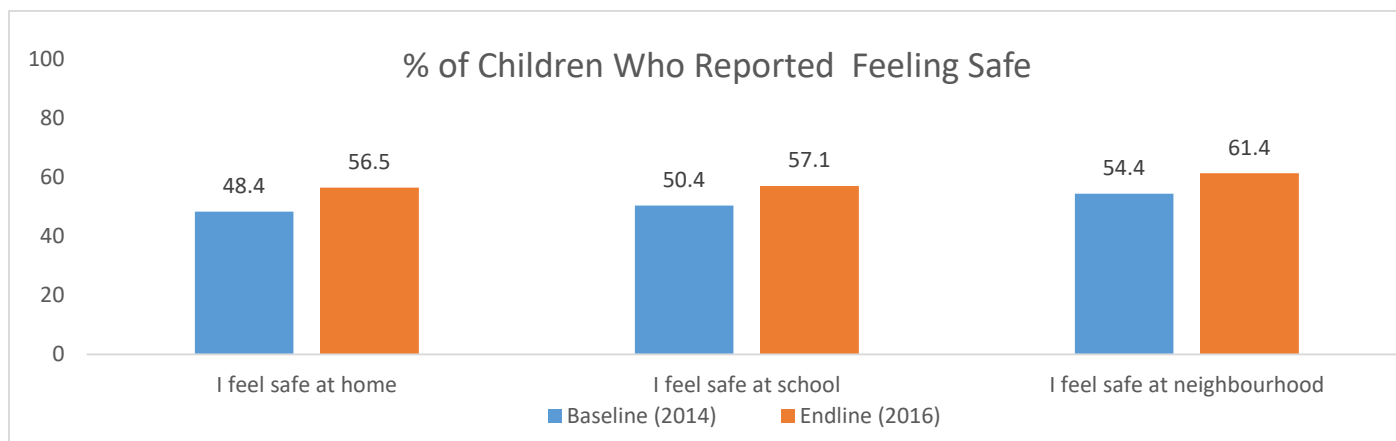


Figure 4.1: % of Children who Reported Feeling Safe (Kailali West DAP Survey)

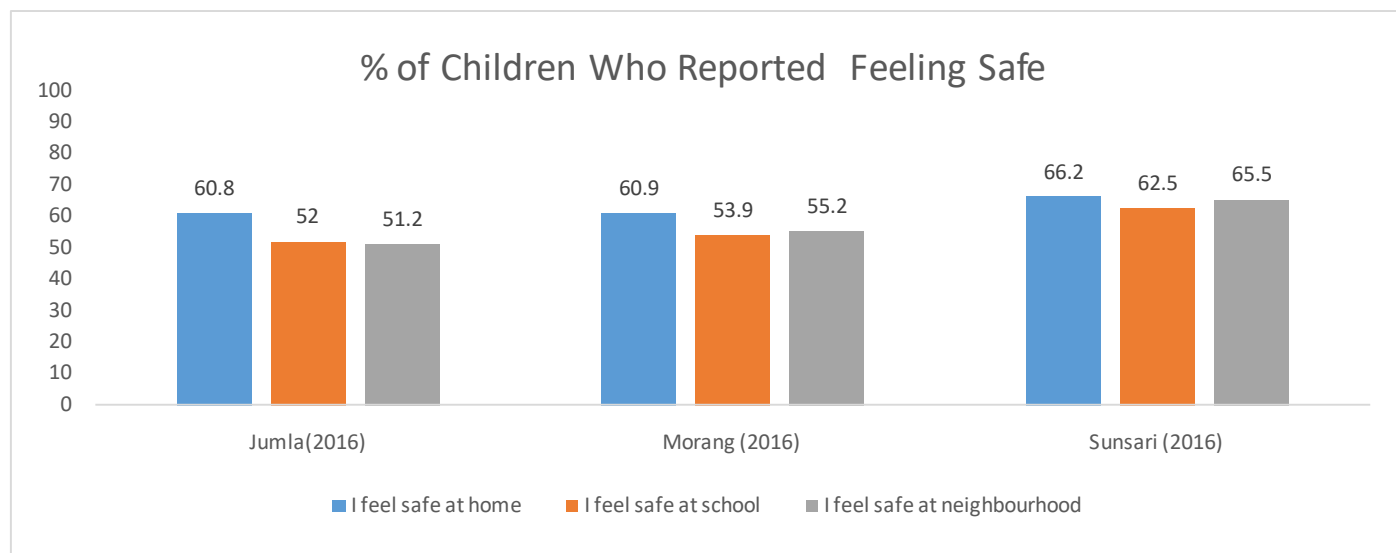


Figure 4.2 : % of Children Who Reported Feeling Safe

Doti West, Udayapur and Sunsari ADPs are conducting a special Child Protection 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 to build the 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. In building resilience, 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.

Child Clubs are actively engaged in community awareness raising activities against child marriage and for the child protection in Udayapur, Sunsari and Doti districts. Child marriages incidences and cases of child labour were informed to VCPPCs, which contributed to handle the case in a timely manner. VCPPCs jointly with child clubs stopped 27 cases of child marriages in Morang, Sunsari, Jumla and Doti. Likewise, 18 child labourers were rescued and reintegrated with their families in Jumla and Lamjung.

Children Report an Increased Level of Well-being

As evidenced by research, developmental assets like relationships, opportunities, values and skills are strongly associated with children's academic, psychological, socio-emotional, and behavioral well-being. The Developmental Assets Profile (DAP) is a measurement tool that yields quantitative scores for eight asset categories developed by the Search Institute to measure the presence – and change over time. The categories are: Support, Empowerment, Boundaries and Expectations, Constructive Use of Time, Commitment to Learning, Positive Values, Social Competencies and Positive Identity. Among the aforementioned eight categories, the first four are related to external assets and the remaining are internal assets. The DAP also measures five broad context areas namely personal, social, school, community and family. WVIN has been adopting the tool since FY 2014 to measure the changes in well-being of children aged 12-18 years.

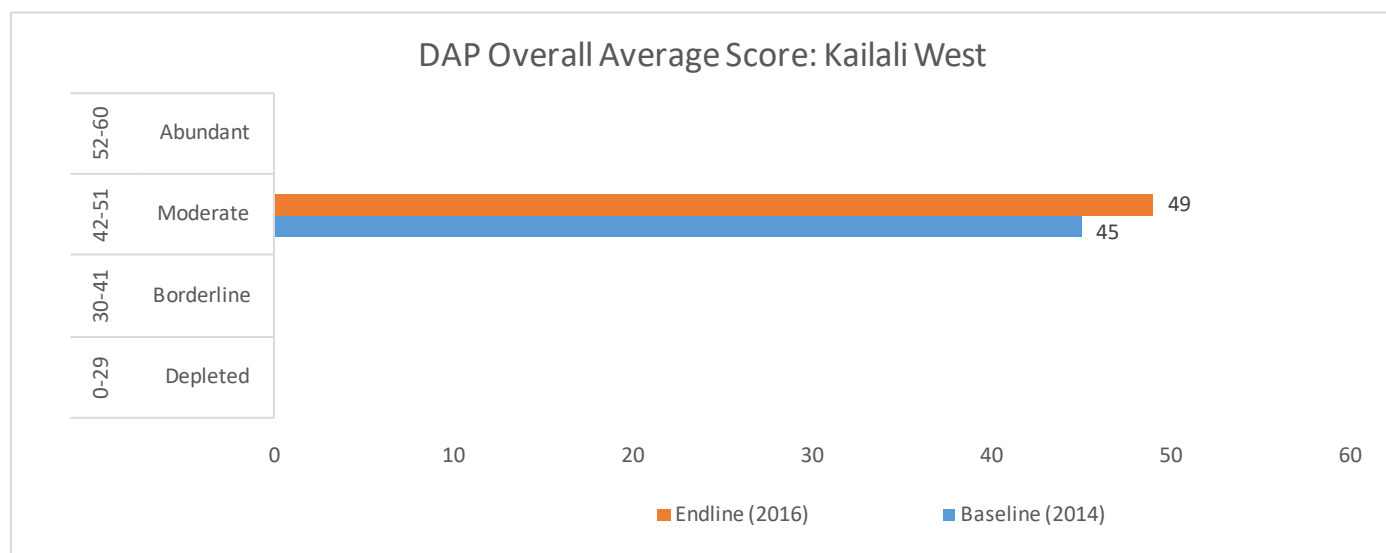


Figure 4.3 : DAP Overall Average Score: Kailali West

A comparative DAP Survey in Kailali West demonstrates an increment in overall score from 45 (2014) to 49 (2016), where the total asset score is 60. The DAP standard categorises 49 as 'moderate level' of assets. A remarkable change was observed in 'Commitment to Learning' (from 20 to 23, out of 30) assets. This indicates gradual progress in the well-being of adolescents and youths. The increase can also be somehow attributed to WVIN focus on most of the adolescents through sectors like education, livelihoods and child protection.

Birth Registration of Children under Five

Birth registration is directly associated with access to public services. Therefore, a birth registration campaign was carried out during RC (registered child) selection process. Moreover, the child protection project emphasised in this issues to bring an attention of the stakeholders. As a result the aggregate proportion of birth registration of under five children has increased upto 75.5% in 9ADPs. This is a significant improvement. However, the aggregate result could not be compared with the baseline as a different age group were taken in the baseline. Compared with national average (58.1%), the proportion in WVIN areas is significantly higher.

More than 90% of children in Morang have their birth registered with the local authority. Morang had earlier conducted a birth registration campaign and Udayapur E 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. 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 3%, not very significant. However, all ADPs, except Morang and Kailali East, have more boys whose birth is registered with the local authority.

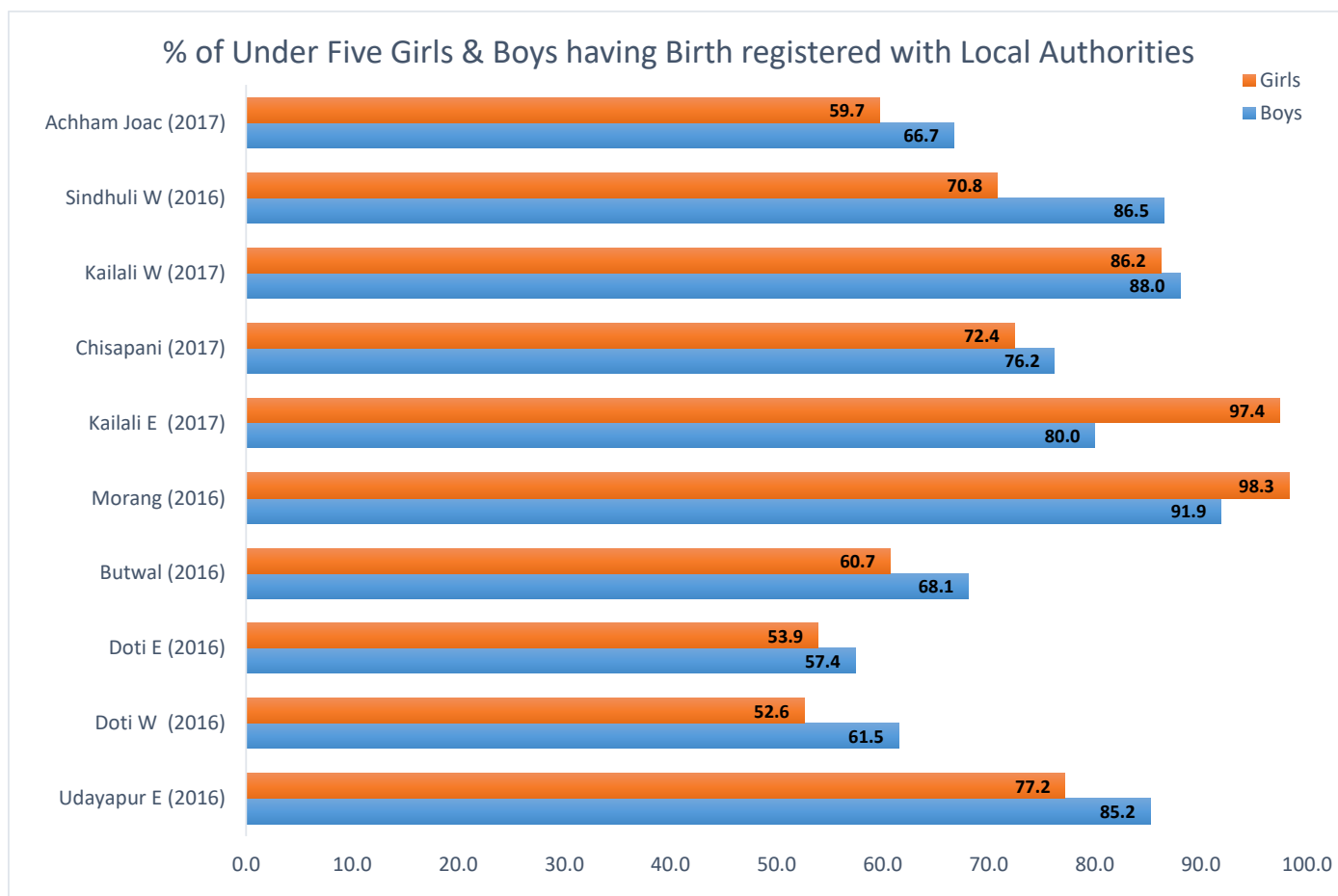


Figure 4.4 : % of Under Five Girls & Boys Registered Birth with the Local Authorities

Empowered children, transformed lives

13-year-old Sujita's life took a new turn when she acquired life skills in a training supported by World Vision.

By providing this training, WVIN equips children to manage their thoughts and feelings, teaches them how to express themselves and how to handle challenging situations such as poverty, marginalisation, conflict or discrimination. The children are empowered to contribute towards the development of their communities. Seeing the positive change in Sujita's life, after the training, she has been nominated as the vice-president of her school's eco-club which promotes environmental preservation and spreads awareness on ways to protect the environment, like planting trees and holding campaigns for cleaning the environment.



Sujita with children in her locality

Sustainability	
Drivers	Evidences
Local ownership	WVIN has ensured the engagement of VCPPCs, DCWBs, child clubs and mothers groups during project implementation. In addition to bringing changes in the communities, the aforementioned approach has built strong ownership of the project. Strengthening capacity in child protection and child rights has promoted accountability among the duty bearers. The accountability should contribute to the sustainability of the benefit or changes that the project has generated in those communities.
Partnering	With focus on system strengthening for child protection, WVIN has been working with the partners from national to local level, who are responsible for child protection in Nepal.
Local and national advocacy	"It Takes Nepal to End Child Marriage" Campaign is engaging media and government stakeholders. WVIN worked for policy influence and technical support to implement Child Friendly Local Governance in the working areas involved working at central and local level. Moreover, there are a lot of other advocacy efforts for protection sector which has involved engagement of different stakeholders on policy influence.
Household and family resilience	The parents are sensitised about the rights of children. The teachers are sensitised on the negative impact of corporal punishment prevailing in Nepal. All stakeholders were sensitised on the rights and protection issues of children. This has fostered household resilience. Children are also becoming more resilient with increased level of awareness and skills.

Learning and Recommendation	
Key Learning	Actionable Recommendation
All the VCPPC with whom WVIN worked, are functioning effectively. This shows the system strengthening model has become successful.	Map out capacity gaps and opportunities of the provincial and local government in the changing context. And strategically engage the in Child Protection.
Channels of Hope (CoH) projects in Morang and Lamjung demonstrated their contribution to reduce harmful practices in the communities. Particularly, inter-faith committee formation initiated by CoH project model has been effective in order to prevent and respond to the child protection issues. Being the religious leaders, they can influence their communities. The idea of engagement of inter-faith leaders has been replicated by local governments in other part of the country. (for example in Morang/ Haraicha VDC).	Involve the inter-faith leaders in local child protection committees to have effective intervention on child protection issues, prevention and response.

EARTHQUAKE RESPONSE PROGRAMME

World Vision's Nepal Earthquake Response Programme has made significant achievements in the past 24 months 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'. The programme has reached more than 367,467 people across ten of the hardest hit districts through its recovery phase (October 2015 – December 2016) and in the rehabilitation phase (January 2017 to September 2017) which will continue till the end of April 2018. This section of the report provides summary of achievements and impact made by response intervention including lesson learned from the process.



Resources:

Budget Spent: USD 33,150,196

Staffs:

215 (Centre and Field Office)



Partners:

National Reconstruction Authority, Department of Education and DEOs, Department of Health and DPHOs, Department of Urban Development and Building Construction, Department of Agriculture and DADO, Department of Livestock Service and DLSO, District Development Committees, District Cottage and Small Industries Development Committee, Skill Test Board, Vocational Training Institutes, Village / Municipal Development Committee, District Disaster/Relief Management Committees, DWASHCC, VWASHCC, DCWB, VCPPC, Schools, Partner NGOs (27).

Shelter and NFI Programming

Goal: Target communities provided with safe and culturally appropriate Shelter and Non-food items

Key achievements in FY2016 (Recovery)	Key achievements in FY2017 (Rehabilitation)	Outcomes (Changes)
Overall 61,900 people (12,118 families) benefitted	Overall 5,738 people (1,173 families) benefitted	(From Recovery Phase Evaluation)
12,118 families received CGI sheets & shelter tool kits 99 people were trained on masonry 1 resource centre and 1 model house has been established 12,118 people trained on safety measure including "Build Back Better" principle. 5,502 families were provided with winterisation kits	12 houses were retrofitted 86 model houses were constructed including 50 houses from the most vulnerable group 207 people were trained on masonry hollow block house construction 194 people were trained on build back safe training 2 hollow block production centres were established 1,560 people became aware on build back safe awareness raising through street theatre.	Proportion of families living in improved dwelling increased from 21.7% to 28.4% 88.9% families living in semi-permanent and permanent shelter.

In response to the widespread destruction caused by Nepal Earthquake, WVIN responded with the provision of CGI sheets along with shelter tool kits to 12,118 families, family winterisation 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% of the respondents used CGI Sheets to construct semi-permanent shelter and rest 12% are keeping the sheets safely to be used while constructing permanent house.

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 (FY2017), WVIN provided support to 98 homeowners to re-build their permanent house. Also, technical support has been provided to other household through Technical Resource Centre and 207 people trained on Masonry hollow block house construction training.

“We bought very thin iron sheets before to construct our first shelter (after 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



Lesson Learned	Recommendations
<p>Construction works required adequate consideration of the process and time-frame for construction which importantly includes needs & feasibility assessment, technical design and budget, coordination with stakeholders before the construction. But Response Programme did not factor those things into account due to lack of common understanding among those issue during project development stage and planning, the programme set fairly ambitious targets. As a result, some projects were delayed.</p>	<p>Bring common understanding in the leadership team on the process, time-frame and implications of infrastructural works, while making strategic decisions about the infra-structural works; and allocate adequate time-frame for process before and during construction.</p>

Child Protection Programming

Goal : Children have improved protection and psychosocial wellbeing

Key Achievements in FY2016 (Recovery)	Outcomes (Changes)
Overall 19,581 children benefitted	(From Recovery Phase Evaluation)
77 Village Child Protection and Promotion Committees (VCPPCs) equipped with stationery materials for record keeping	77 VCPPCs developed and implemented action plan.
Radio programme on awareness on child protection in emergencies	
6,674 children involved in child protection campaigns	
1,431 students trained on Gender Based Violence	
1,979 children trained on Child club management skills.	

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 services were provided for children. Orientation on child rights and child protection issues were also provided for parents and teachers to create a healthy environment for children. Children were also taught about their rights by providing two-days training sessions to 1,997 Child Clubs members which covered child protection and role and responsibilities of child clubs during the time of 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 mainstreamed child protection through each sectoral intervention that addresses the needs of children and their families. WVIN supported 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 conducted community journalism in response districts which increase awareness around child protection issues and empower children at community level.

“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), students from Shree Sankha Devi Secondary School in Khalte, Dhading.

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.



Lesson Learned	Recommendations
The community journalism helped to increase awareness around child protection issues and empower children at the community level.	In Rehabilitation Phase, there is a plan for mainstreaming Child Protection among sectors given that Child Protection is no longer as a separate sector/ project. However, it is advisable continue using the platform of community journalism, as it has proven effective. Furthermore, this approach is advisable to replicate in WVIN long term development programmes.

Education Programming

In response to the need of children, WVIN supported the repair of 14 school buildings with improved WASH facilities and the construction of eight other additional Temporary Learning Centres. 100% school building rehabilitated/constructed by WVIN meet the minimum safe construction standard, notably it is fully compliant with Inter - agency Network of Education in Emergency (INEE) standard and Government of Nepal building code standard.

During the recovery evaluation, nearly two-third (63%) of the children were able to read with comprehension and almost half of them were able to read local material with comprehension (see graph below).

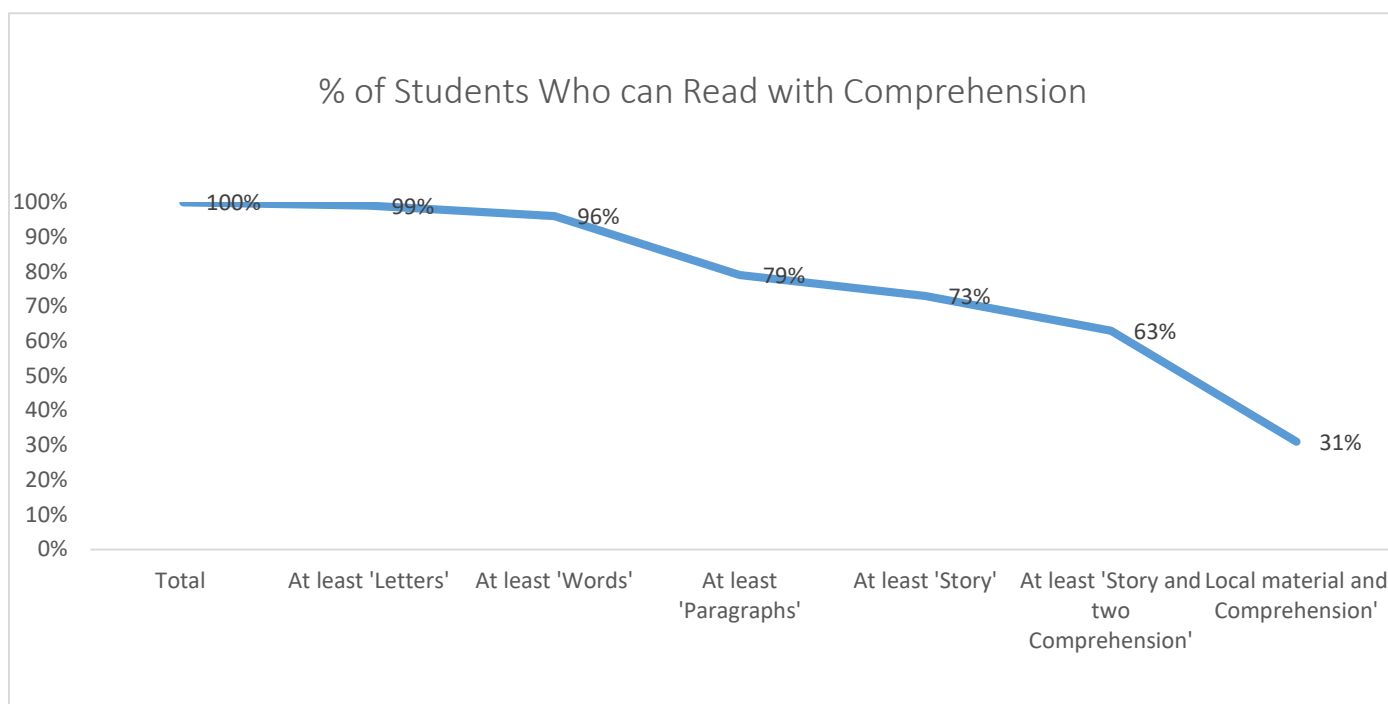


Figure: % of Students Who can Read with Compresion

Educational materials were distributed to teachers and students to replace damaged goods. Likewise, trainings were provided to the 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.

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. As a result of that, more than 1,000 children have been re-enrolled in formal education system. According to the Nepal Earthquake Response, Recovery Phase evaluation, there was no variation in the attendance of marginalised students, who are often assumed to have less attendance. 87.8% of the marginalised students attended schools on a regular basis.

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:

Key Achievements in FY 2016 (Recovery)	Outcomes (Changes)
Overall 32,589 children benefitted	(From Recovery Phase Evaluation)
14 school buildings renovated / constructed	80% of affected marginalised children (3-18 years) attending school
8 Temporary Learning Centres established	88.1% of children (5-18 years) currently attending school regularly
32,589 benefitted from extra-curricular activities on various themes such as Disaster Risk Reduction, life skills and child rights	

“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 trainings to over 94 teachers in the earthquake affected districts of Dhading, Dolakha, Nuwakot, Gorkha and Sindhupalchowk. The training is designed to provide teacher with various teaching and learning skills for child centered learning.



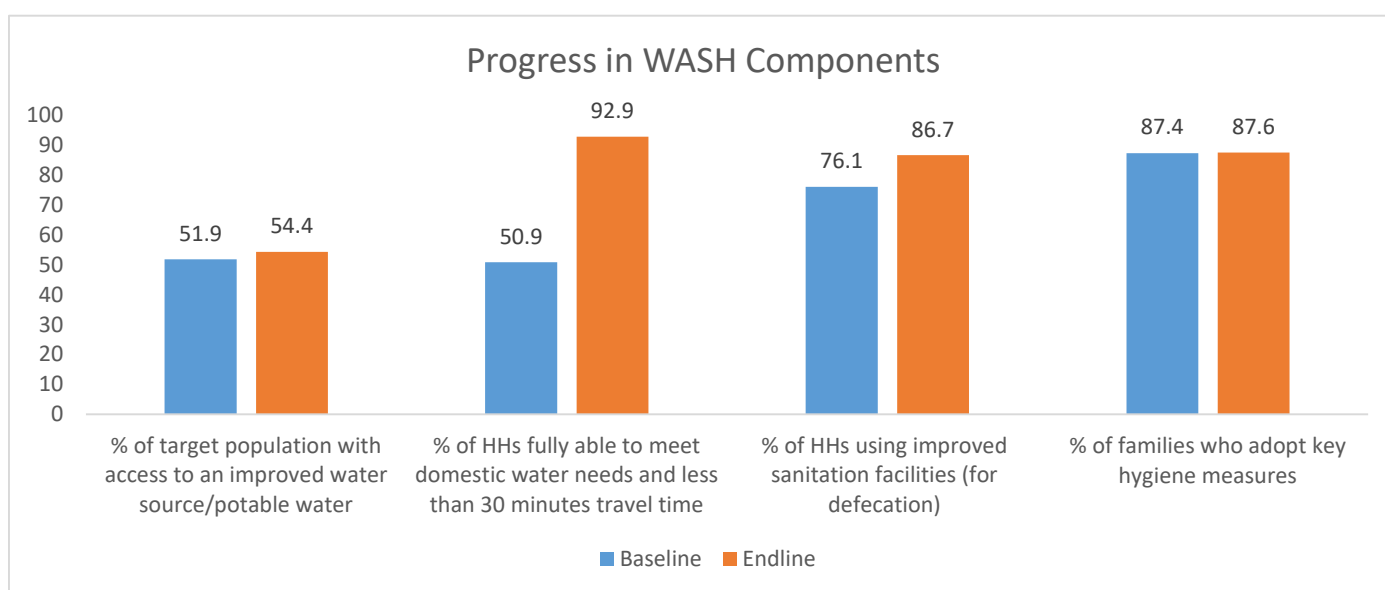
Lesson Learned	Recommendation
Immediate provision of Temporary Learning Centres, with trained teachers on child friendly teaching learning helped children recover from shock due to involvement in child friendly activities; at the same time having a platform to learn.	WVIN needs to consider taking this approach in any future disaster response. It is advisable that WVIN considers prepositioning of Temporary Learning Centre materials with students kits.

WASH Programming

Goal: Family nutrition status improved through increased access to adequate WASH conditions and primary health care services

Key Achievements in FY 2016 (Recovery)	Key Achievements in FY 2017 (Rehabilitation)	Outcomes (Changes)
Overall 118,483 people (20,694 families) benefitted	Overall 73,666 people (34,296 families) benefitted	(From Recovery Phase Evaluation)
9,305 household latrines constructed	48 community water system constructed/rehabilitated	Increase in access of safe drinking water from 51.9% to 54.4%
77 water systems rehabilitated	30,653 households reached through hygiene promotion activities, focusing on DRR and low cost water treatment techniques	Household having met domestic water needs has significantly increased to 92.9% from 50.9%.
6,182 households reached through hygiene promotion & WASH kits		% of households using improved sanitation facility for defecation increased to 86.7% from 76.1%

The disruption in water supply had a disproportionate negative effect on women and girls, who are traditionally responsible for 75% of all household water management. 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 progress to meet the objectives for the Open Defecation Free (ODF) campaign but due to extensive damages to household and public latrines there is a need to continue the ODF campaign. 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.



125 water supply systems have been renovated or newly constructed has provided improved water access for 50,420 people. 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.

Lesson Learned	Recommendation
Private connection of the water supply system was introduced in some areas where water sources was adequate (more than 45 litre per capita per day). It motivated the households and helped on improved hygiene behaviour and it was helpful for communities for tariffs for operation and maintenance.	Replicate private connection system in other areas as long as the water sources is sufficient for individual household distribution.
WVIN introduced child friendly tap stand in community water supply systems, which was found very helpful for children and the intervention was appreciated by local stakeholders. However, other agencies have yet to adopt this features on a widely basis.	Promote 'child-friendly tap stands' widely among stakeholders as it will only add 2-3% of the total cost per tap stand. Expand this techniques in WVIN - development working areas

“(Before the earthquake) we did not have any choice other than walking for more that 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.



Health Programming

Goal: Family nutrition status improved through increased access to adequate WASH conditions and primary healthcare services

Key Achievements in FY 2016 (Recovery)	Outcomes (Changes)
Overall 68,517 people (15,656 families) benefitted	(From Recovery Phase Evaluation)
8 Health Facilities renovated	Increase of access to adequate and appropriate health services of the people from 75.8% to 85.7%.
11 Health Posts provided with medical equipment.	
13,709 pregnant, lactating women/ care givers of under two children received counselling	
28 Women, Adolescent, Youth and Child Friendly Spaces (WAYCFS) established	
1,815 mothers received clean cooking stoves	

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. As per the report of Nutrition Cluster 2016, 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 nutritional support.

In the recovery phase, WVIN supported the construction of eight health posts and established 28 Women, Adolescent, Youth and Child Friendly Spaces (WAYCFS)/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 on how to use and maintain the equipment.

The WAYCFS 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 WAYCFS (at least once a week) is increasing an access to health services of families in remote locations. More than 1,611 WAYCFS session have been conducted providing training and awareness on the basic and essential health issues for 13,709 people. Based on the End-line Review Report: Emergency and recovery health assistance for earthquake affected communities in Sindhupalchowk district, Report, February 2017: 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.

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 as it has increased 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 provided to pregnant and lactating women, distribution of tents, baby hygiene kits, and clean delivery kits.

“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.



Livelihood Programming

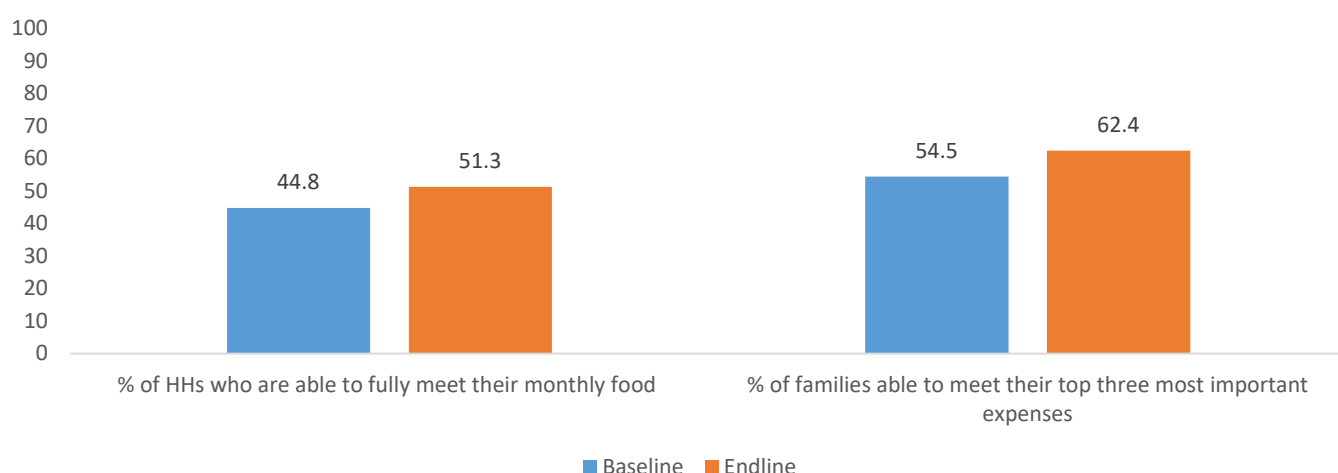
Goal: Targeted families are supported for livelihood activities, including cash assistance

As the Post Disaster Needs Assessment of National Planning Commission, estimated that directly due to the two earthquakes, the economy has lost more than 94 million work days, and a loss of USD 171 million in personal income. 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 it 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 Nepal Report Joint Assessment of Food Security and Early Recovery 2015; majority of household (85%) reported needing food and cash assistance urgently. The majority of households required 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 in January 2017 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. 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

Key Achievements in FY 2016 (Recovery)	Key Achievements in FY 2017 (Rehabilitation)	Outcomes (Changes)
Overall 37,252 families benefitted	Overall 9,956 families benefitted	(Source of measurement)
7,505 farmers received agricultural inputs	2,227 families supported materials to cash for work activities	Proportion of families able to meet monthly household food expenses increased from 45% to 55% (Post distribution monitoring survey, 2017)
1,089 households supported with livestock shelter reconstruction	2,546 benefited from communal assets like road rehabilitation	
9,110 people trained on vegetable production	2,729 people benefited from rehabilitation of irrigation schemes.	Proportion of families able to meet their top three most important expenses increased from 54% to 64% (Post distribution monitoring survey, 2017)
1,011 people trained on animal husbandry	15,62 people benefited from training on agriculture as business (processing, marketing and Natural resource management)	Absorptive resilience of households increased by 15.2% (Recovery evaluation)
363 youth received vocational training	10,733 people supported with quality agriculture inputs like seeds and fertilisers	Adaptive resilience of households increased by 19.05%. (Recovery evaluation)
93 saving groups established for the resumption and restoration of livelihoods in earthquake affected communities	755 people trained on entrepreneurship skill who were running small scale business.	
Cash: 36,538 families were provided with cash-based support including cash for work, cash for training and vulnerable family assistance	729 people trained on vocational skills	

Changes in Livelihood Indicators



Overall, 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, 970 youth and vulnerable people received and 1,011 people trained on animal husbandry.

“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 USD 500) per month.



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 carried out during 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 activities. 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. The WVIN Cash based programming evaluation report found that 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 remained as a modality in the Rehabilitation phase (FY 2017) families were supported through cash for work activities such as rehabilitation of irrigation system and roads.

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.

Lesson Learned	Recommendations
There needs to be a clear definition of the vulnerable people/ households and beneficiary selection criteria. In the absence of such information, many vulnerable were left behind. There was an inadequate further support to enable vulnerable people engaged in income generation or agricultural production activities.	Carry out community consultation and agree on the criteria for beneficiary selection and to ensure most vulnerable are not left out. Additional support and special attention must be provided 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.
Although the Cash based programming evaluation report found proper utilisation of cash from the community, the cash distribution provoked dissatisfaction among those who did not receive the cash. It also fetched few local media attention.	Agree on the purpose of cash and its criteria through consultation with different stakeholders in the community. Before designing cash programming in recovery phase, carry out assessment on negative/ positive impact on the local economy.

“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.



Disaster Risk Reduction, Gender Equity and Social Inclusion Programming

The goal of Disaster Risk Reduction (DRR) 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 response 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 prioritise 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 sought to increase meaningful participation and leadership in decision-making processes, supported women, children and vulnerable groups in challenging stereotypes and having greater access to resources.

WVIN worked with 30 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.

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

Sustainability	
Drivers	Evidences
Local ownership	<p>The response intervention not only focused on the earthquake recovery, but also incorporated a comprehensive approach to reduce the vulnerability of households to other more frequent hazards, like landslides, floods, and droughts. Therefore, more disaster resilient community assets like irrigation schemes, roads for market access and other small-scale communal assets for disaster risk reduction were rehabilitated through cash for work. Through this type of cash for work projects, community people were involved in project selection to implementation phase to build up local ownership.</p> <p>In the process of intervention, WV built the capacity of local level self-help groups (child club, mother groups) and committees (Water User committee, Road rehabilitation committee, irrigation user committee, LDRMC and other) and also provided seed fund with materials to sustain for long run.</p> <p>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. For infrastructural works the local committees such as Users Committees, School Management Committees, Health Posts are taking ownership of the works, which fall under their care.</p> <p>With the local ownership on the assets created in the community, it is expected that these assets will continue after Response Programme phases out.</p>

Sustainability	
Drivers	Evidences
Partnering	<p>Coordination, information sharing and rapport building with government has supported the tripartite agreement amongst National Reconstruction Authority (NRA), Ministry of Federal Affairs and Local Development (MoFALD) and WVIN. The Department has ensured government approvals is received at all levels of government to facilitate smooth implementation of projects and series of monitoring visits of high level government officials, political leaders and journalists were facilitated which helped to strengthen relation of WVI with stakeholders in the district especially with political parties.</p> <p>Complying with Nepal Government's policy, WVIN has been implementing its projects through local NGO partners. Through the Recovery Phase WVIN had 25 NGO partners to implement various projects in various districts and 7 PNGOs in the Rehabilitation phase.</p> <p>During the response implementation, WV worked in collaboration with local line agencies and local level networks, notably worked with Village & District WASH Coordination for declaration of ODF VDCs, collaborated with Department of Water Supply and Sewerage Office for installation of water testing kit at district level.</p> <p>Partnership with the government and local legal entities are key to monitor, advocate, provide technical and financial support to communities to continue benefit of the response programmes, after the phase out.</p>
Local and national advocacy	<p>In partnership with the Association of Community Radio Broadcasters (ACORAB), 53 children were trained in community journalism and later engaged as community journalists. As a result of their interactions with other children, community and district line agencies, a radio programme was developed focusing on local level issues such as lack of water and electricity shortages, as well as social issues such as alcoholism and domestic violence. Likewise, an inter-agency collaboration resulted in an advocacy report titled Children's Voice, Children's Rights: One Year after Nepal Earthquake. 680 children and 36 adults were consulted for this report. The study gave children a platform to raise their voices and drew attention towards the need for child-friendly reconstruction post-earthquake. World Vision's Nepal Earthquake Response programme also supported a child congress in Gorkha, Nuwakot and Sindhupalchok districts which saw the participation of 379 children and ended with a declaration submitted to the Chief District Officer and chair of the District Child Welfare Board. The aim was to include children's voices in DRR, generate awareness of children's rights and reform the district child club network in the best interest of children. In the Child Protection and Education programming; child club activities and extra curricular activities were conducted on DRR theme to build up awareness amongst community and children.</p> <p>WVIN worked with civil society groups to influence policy on disaster management by submitting a first draft of a disaster management bill to government authority.</p>

Most Vulnerable Children

WVIN Strategy FY 2016 - FY 2020 emphasised its intent to reach to the most vulnerable children and families. The share of most vulnerable beneficiaries among the total number of beneficiaries was 25% in FY 2015, and 33% in FY 2016 - FY 2017; which demonstrates a bit progress than the previous years. However, in the absence of clear definition of the most vulnerable children and most vulnerable families, and lack of individual/ household profile of working VDCs/ Municipalities, the database is unable to depict the exact proportion of the most vulnerable not reached out by WVIN. Considering this fact, Revised WVIN Strategy FY 2018 - FY 2020 has given more clear definition of the most vulnerable children and most vulnerable families.

World Vision's Effort to Reach the Most Vulnerable Children and Families

During Development Program Approach designs, Area Development Programmes carried out Cluster (settlement) ranking on the basis of poverty/ vulnerability. In addition, rapid mapping tools on 'Who are most vulnerable?, Why? and Where?', were also used in the VDC level stakeholders meeting; which provided key information on areas with higher concentration of the most vulnerable and their characteristics. This helped ADPs to consider giving them priority in project activities; more specifically the activities under Livelihood and Health sectors. But this was not adequate. Above all, participation of the most vulnerable children and family in the programme was considered generally weak from WVIN staff, as reflected during implementation, monitoring and evaluations.

Barriers on Participation

As part of revision of the WVIN strategy, a quick study entitled, "What are the barriers for the most vulnerable children and families to participate programme?" was carried out in FY 2016. The study covered 432 individuals (247 children and 185 adults) from 4 programme districts, representing Hill, Terai, East and West regions. Girls and boys were sampled among out of school children, child labourer, seasonally migrated children, trafficked/ exploited children, children with disability. The study participant men and women were sampled from marginal farmers, daily wage labourers, seasonally migrated people, and parents of child labourers.

Concerning the most vulnerable children, 69% of them did not receive any offer to participate in WVIN activities. Among the offered (by WVIN) children, 45% declined to participate. The explored three main reasons of non-participation were:

- 1) Not motivated or interest to participate as they did not know either the purpose or benefit of the activity
- 2) They were either forced to work at home for household chores, or involved in earning
- 3) Felt hesitated or shy or thought that they would not enjoy the activities

Three out of five (60%) most vulnerable adults did not receive any offer to participate in WV activities. Among the offered ones, 55% decided not to participate. The study identified three main reasons of non-participation were:

- 1) They would miss out daily wages or earning of the day - in between NPR. 400- 800 (USD 428)
- 2) The information about the activity was not clear in terms of purpose or the information came with very short notice (1-3 days)
- 3) Mothers with children were not able to participate due to need to care the children.

Causes of Vulnerability

The following tables demonstrate the perceptions from the respondents during the study. The causes were scored, based on that the causes are put according to order of the significance.

Causes of Vulnerability for Families <i>(Adult's perception: from the study)</i>	Cause of Vulnerabilities for Children <i>(Children's perception: from the study)</i>
<ol style="list-style-type: none"> 1. Low productivity or assets for earning 2. Earning not stable, secure 3. Caste discrimination in society (especially against Dalits) 4. Compelled to go for seasonal labour or migration to India for temporary work (that puts more burden to women or children who are staying) 5. Unable to pay treatment cost (thus either depriving from treatment or compelled to sell productive assets to pay for medical treatments) 6. Prone to landslide and flood (some areas) 7. Alcoholism among men and domestic violence 	<ol style="list-style-type: none"> 1. Compelled to work for earning for parents or oneself due to low family income 2. Compelled to drop out from school due to need for earning or families not supporting education 3. Early marriage; as consequences, (in girls' case), early conception, household work that compelled to drop out from school. 4. Parental issues (domestic violence due to alcohol, parents' marital problems, father or mother with disability) 5. Seasonal migration to work with parents 6. Having no hope for future, seeing no benefit in education, peer pressure. 7. Sexually abused / exploited

Programmatic Challenges

Generally the age-group of the registered children depends upon the programme cycle of the ADPs; and many ways, a vulnerable child may not necessarily be a registered child. The needs of the most vulnerable children may not necessarily match with the life cycle of the registered children; while ADPs have some commitments on participation of RCs. Furthermore, there is budget constraint, along with the cut-down of per child per year rate. It is also evident that participation of the most vulnerable requires an extra cost given the most vulnerable are more invisible, scattered and accommodating them will require extra cost. In this scenario, ADPs tried their best to reach out to most vulnerable from the existing sectors.

Definitions from WVIN's Revised Strategy FY 2018 - FY 2020

The revised Strategy 2018 - 2020 seeks to identify, target and to measure the impact on the lives of most vulnerable to continue our focus. Grants/ PNS opportunities will be utilised to work for the unmet needs of the most vulnerable. By FY 2020, WVIN strategy envisages to have two-third of the beneficiaries from the most vulnerable, among the total beneficiaries. WVIN defined the most vulnerable as: stated in the strategy.

“ Most Vulnerable Children are those who have no caregivers, have physical or mental disabilities, come from the most vulnerable families and are especially at the risk of illness, school dropout and violence, including but not limited to children marriage, child labour, trafficking or abuse. “

“ Most Vulnerable Families are those families whose quality of life is most affected by inadequate resources to meet their basic needs, those who are socially excluded, deprived of basic health and education services or are vulnerable to disasters. ”

WVIN has identified four key factors which underpins the cause of vulnerability. They are:

- 1) Inability to meet the basic needs: This reflects to vicious circle of poverty, food insecurity and lack of assets for living
- 2) Social exclusion: Compounded by discrimination on the basis of caste, gender and disability
- 3) Deprivation: Deprived out of basic health and education services
- 4) Vulnerability to disaster: Compounded by living, working or schooling in environment vulnerable to disaster



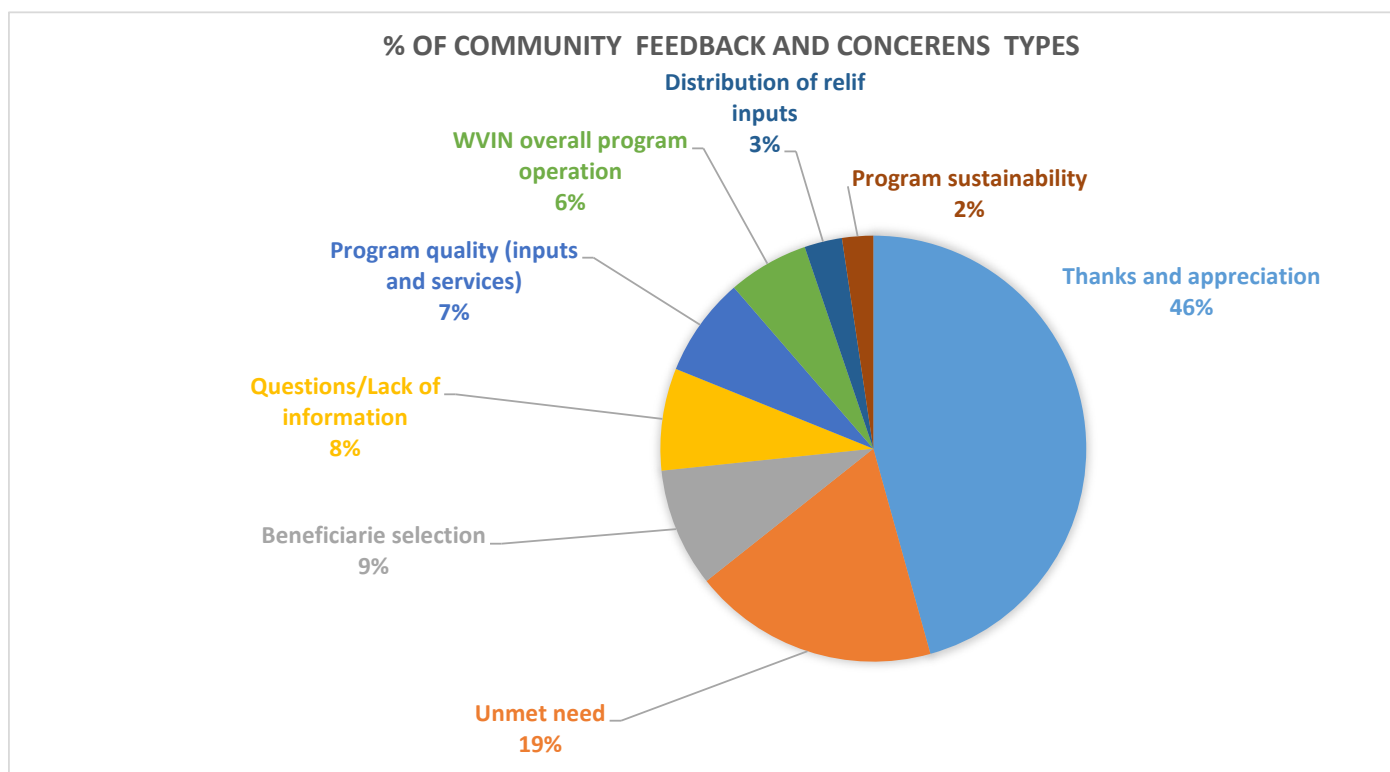
Key Learning	Actionable Recommendation
There should be an integration of sectors to address the root causes of the vulnerability given the poverty/ vulnerability is multi-dimensional. However, on the other hand, from FY 2018 ADPs will have less sectors (like 1-3 Technical Programmes per ADP) due to budget constraints.	Map out the area to find out common points for integration. Working with the community that shows up poor and has Dalit majority can encompass major segment of most vulnerable children and families. For example, reading camps under Education Technical Programme and working with producers group to work with, under Agriculture Technical Programme selecting the same community.
Given the limited resource and in the absence of lack of any government data at the household level, WVIN cannot carry out the census for the working area to identify the most vulnerable families/ children. But WVIN can prepare/ update community ranking based on the existing data and consultation with the community.	With the aim to reach out the most possible number of the most vulnerable, beneficiary selection criteria for each project, consult with communities to identify the target people meeting the criteria, integrate among Technical Programmes to the greatest possible extent. With the M&E system results, adjust activities and advocate local governments for working for their well-being.
Most vulnerable adults do not participate in the programmes as they would lose their daily income. Technical Programmes have made some initial adjustments on the budget and rationalization of the targets.	Sensitise implementing NGOs and field staff on the intentional efforts of giving priority, adjusting the activities and venues to provide enabling environment for the most vulnerable to participate.
High proportion of child vulnerability is deeply associated to the vulnerability of the families. Furthermore, income and caste (especially Dalit) are the major determinants of household vulnerability in the rural areas. But the vulnerable families are looking for the means of livelihoods that gives immediate return and fulfills their daily economic need, instead of the means longer term return.	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

WorldVision's accountability system aims to ensure four fundamental aspects: (i) information provision, (ii) consultation, (iii) participation/ empowerment of community; and (iv) feedback mechanism. Community consultations, and participation/ empowerment have been carried over since implementation of Development Programme Approach in 2011. However, it lacked other important elements like information provision about the project and budget; and feedback system. After the earthquake in Nepal in FY2015, Humanitarian Accountability started together with relief operations. Then Senior Leadership decided to roll out Programme Accountability Framework in the Development Programmes as well.

WVIN has demonstrated a strong commitment to working in a transparent and responsible way through promoting accountability standards internally and across the development and humanitarian assistance programmes. WVIN provides information to communities as per their suitability namely leaflets, posters, flyers/flex, information boards, and the radio jingles. Communities and other stakeholders are now quite aware of WVIN's accountability mechanisms including feedback and response mechanism, the right to information, the right to lodge complaints.

The accountability function is an integral component of Monitoring, Evaluations, Accountability, Learning and Strategy (MEALS), an independent department in WVIN wherehead of the function reports directly to the National Director. Generic process standards such as beneficiary selection process standards, information provision standards, participation standards; and integration of accountability into project activities ensure that the accountability is an integral part of programme operations. From the feedback medium (like staff proactively taking feedback during events, suggestion box, help desk, hotline numbers); communities voices concerning unmet needs, beneficiary selection, issue on quality or timeliness were heard and addressed.



More than 84% of the feedbacks received a timely response. The remaining 16% required follow-ups. The online system with mobile application has made feedback database management easier. Note that some of the feedbacks are also about commending to WVIN's work or giving thanks. The Kailali ADP evaluation included effectiveness of accountability mechanism under the objective of evaluation. The result showed that the knowledge and skill of the field staff of WVIN and NGO had been strengthened by providing various trainings/ orientations on accountability mechanism and in feedback handling methodologies.

The community feedback mechanism has also enabled community people and stakeholders to express their concerns, suggestions, and thoughts without any fear. In addition to fostering the relationships between WVIN and community, the approach has also assisted WVIN to reach out to the most vulnerable children and families and provided opportunity to listen the voices of community people and most vulnerable.

Moreover, WVIN practices an internal accountability through a feedback mechanism managed directly by the Senior Leadership Team (SLT) with a public commitment to responding within five working days. The internal mechanism is managed by the National Director's Executive Assistant. Confidential feedbacks from the communities are also addressed by SLT. Dashboards of feedback and significant programme issues are shared at both field and national level.

Key Learning	Actionable Recommendation
WVIN works with and through partner NGOs. However, feedbacks are not proactively handled. In FY 2017, WVIN worked with 32 NGOs. Till the end of FY 2017, the feedbacks have been taken care by programme (ADP) staff especially MEAL Coordinator. Given more responsibility and authorities to partner NGOs from FY 2018 onwards, an owing to change in field structure; the role of NGOs has emerged as more critical for community accountability.	Provide technical support to partner NGOs to develop contextualised accountability framework and guidelines in their own operation; build their capacity; guide and monitor. Build capacity of NGO partners and WVIN staff on integration of accountability system in the programs
It is necessary demonstrating empirical evidences of changes in program quality and approach occurred due to community accountability through research and learning.	Undertake an action research to produce evidences and document case studies.

Learnings from the Child Well-being Reporting Process

Learnings from CWB Report Process	Actionable Recommendations
Database of direct beneficiaries:	
Due to the lack of a database of direct beneficiaries, development programme is facing difficulty to figure out actual number of beneficiaries in the development programmes, without overlaps of sectors or with overlaps of year. However, in the Response programme, the Last Mile Mobile Solution application was used to track the beneficiaries, which gave more accurate picture.	Use of Beneficiary Tracking and Monitoring System Software, which WVIN has developed, establish database of direct beneficiaries, including information on the vulnerability criteria outlined by WVIN strategy. Update beneficiaries list as and when they participate programme. Use the database to figure out WV's reach out to the most vulnerable. Ensure implementing NGOs and field staff are capable to do it and do it seriously.
Strengthen evidences of change:	
Baselines done with general population instead of potential target groups in the absence of criteria of target groups; and evaluation done with the direct population raised some concerns in the Recovery phase evaluation. In WVIN, for most of the cases, there absence of counter-factual data (especially of intervention groups and control). But it is important to figure out the degree of WVIN contribution in the changes observed.	Define the target group for each sector/ outcome to ensure that baseline is done with the potential (or equivalent) target group. Improve M&E system to gather data from intervention group and control group consistently during baselines and evaluations. Provide disaggregated result for the most vulnerable, during each outcome monitoring and evaluations.
Use of Child Well-being reports:	
Different sections of previous Child Well-being Reports were helpful to produce reports for government, present in different fora, and partially in proposal write ups.	Improve the quality of Child Well-being Report making it friendlier to donors and government, with less use of WV jargons.

Annex A: List of Reference Documents for the Report

SN	Name of ADP/ projects	LEAP Cycle	Baseline	Mid-term/ final evaluation	Annual Progress Report	DAP Survey	Literacy Boost (LB) Assessment	FLAT Survey	Research on MVC
1	Morang	III	√		√	√			√
2	Morang CoH: PNS				√				
3	IELA Morang: PNS		√						
4	Sunsari	III			√	√			
5	CP Udayapur, Sunsari: PPA2 Grant			√					
6	Udayapur East	I		√	√			√	
7	Udayapur West	I		√	√			√	
8	Udayapur SEL: PNS		√						
9	Sindhuli East	I			√				√
10	Sindhuli West	I	√		√				√
11	Recovery Education Project Sindhuli: PNS		√				√		
12	Lalitpur Youth: PNS				√				
13	Lamjung	III			√				
14	Lamjung CoH: PNS				√				
15	Lamjung SEL: PNS				√				
16	Butwal	III	√ (KPI)		√				
17	Jumla	III			√	√			
18	Kailali East	I		√	√				√
19	Chisapani	I		√	√				√
20	Kailali West	III		√	√	√		√	√
21	Kailali & Doti DIPECHO: Grant								
22	Kailali SEC : PNS			√	√				
23	Kailali 3PM : PNS				√				
24	Doti East	I		√	√			√	√
25	Doti West	I		√	√			√	√
26	Doti W CP: PNS			√					
27	Doti CSDPR : Grant		√						
28	Achham East	I			√				
29	Achham West	I			√				
30	Achham Livelihood and Nutrition: Grant			√					
31	LNGO Capacity Building			√					
32	Nepal Earthquake Response		√	√	√				



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