Action Nepal

Annual Report

2075/76

Introduction

The report is produced as the short compilation of the projects and activities with progress status and transformation indicators which are targeted and attained throughout the FY 075/76. As per the official tradition of Action Nepal; Annual Report is published and distributed to the delegates and concerned authorities during the Annual General Assembly as the outlook of work-line section. The report comprises the outline of program genre, thematic progress, activities undertaken and achievements.

Background

Forum for Dhading Development (FFDD) was established in 2000 which got changed to namely Action Nepal on 2011. The organization was established with a view to develop the socioeconomic status of Nepalese people especially residing in rural area. It has paid its especial consideration/ attention to work with deprived and marginalized people of the country adopting the methods of optimum utilization of local resources and technology.

Legal Status

SWC-Regd: 11214 (Aug-2000)
PAN No: 301667977 (Sep-2003)
Tax Exemption : 2116 (Dec-2012)
DAO Regd : 370/057 (Aug-2000)

We currently work in the sector of improving livelihood of people, health and sanitation, construction and good governance. We have been keenly working with poorest and marginalized people of different regions. We are committed for innovative as well as high quality works with best management practices and result oriented activities.

Vision

"A million people of Nepal will live their dignified life free from poverty, and have control over the resources to sustain their lives."

On behalf of this vision, the hectic challenges in this volatile world are to create a life full of freedom, joy and luminosity. In recent years, the population of Nepal will be doubled, but we are continuously conquering our resources.

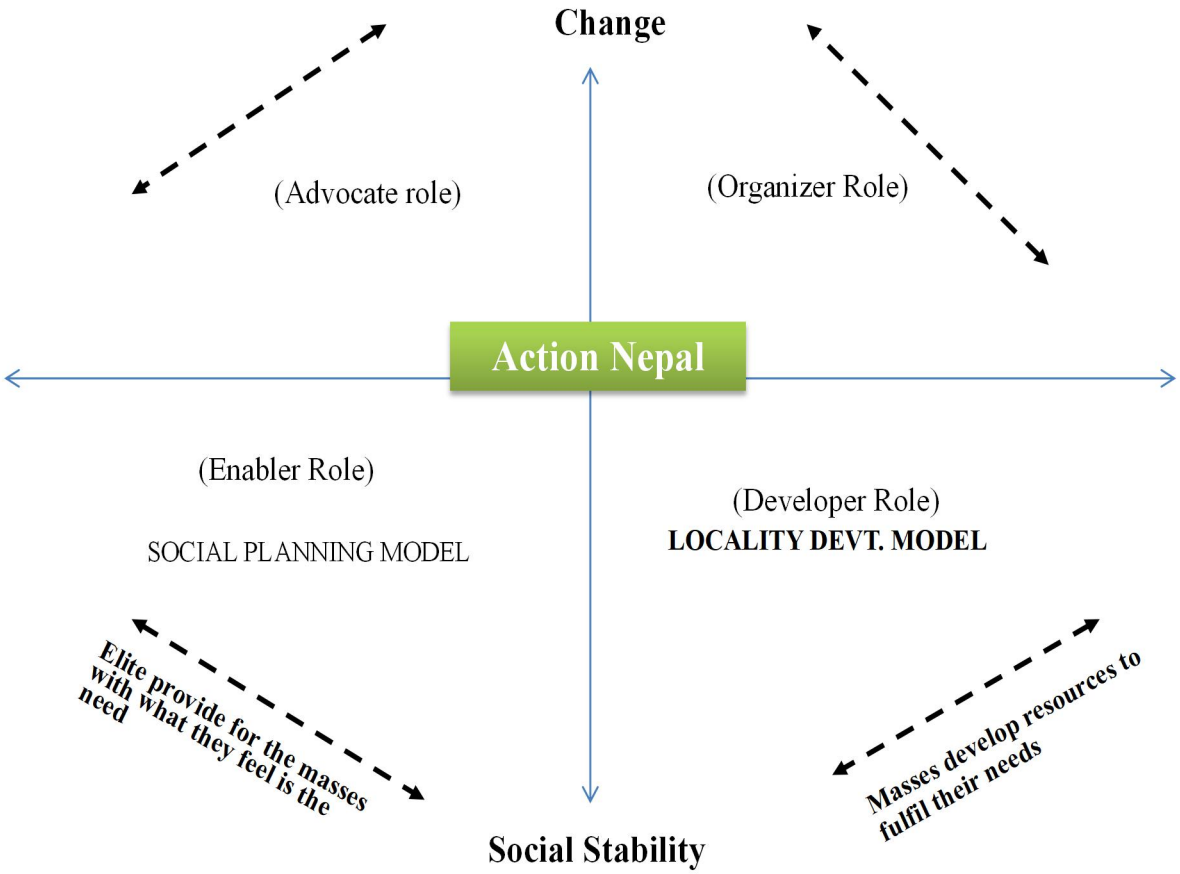
We have ample of resources around us to survive and enabling environment for development. But, the hectic political systems, frequently changed governments and ruined systems are lagging country to self development. A clear framework to lead the nation, develop lives and mobilize the resources with sustainability is a prime concern. In Nepal, large numbers of organizations are striving to develop the lives of poor and vulnerable households. Climate change is yet another contested topic but needs to be adjusted in this global world. We can feel the effects of climate change and many national and international institutes developing strategies for mitigating the effects of climate change. The shifting climatic patterns and varied agricultural production has worsened poor farmer's livelihood.

A little effort from youth to lead a dynamic nation and in verge of change, are deprived from opportunities and platforms to set their skills and knowledge. The youths are migrating to other nations in search of opportunities and better life. This has created **"brain drain"** in recent times; a critical challenge for better Nepal. To end the growing poverty and inequality is a prior concern in this global world. For the transformation of Nepalese society into a prosperous one, needs alliance and efforts in a holistic manner from political systems, government, national and international organizations as well as other bodies.

Action Nepal's strategy embraces a vision that addresses local communities and the voices of women, men and young people at the centre of change. A positive hope for ending poverty, injustice, inequality requires various strategic strengths and pressure to political systems as well as stimulating pillars of change. Building back better of ruined systems and business of people and transforming them to their own lives is crucial.

Goals for Better Nepal

Action Nepal has common understanding that people living under poverty have the same rights and will, therefore continue to work people work out for their rights. Action Nepal in doing various activities proposes a working approach and allocates different type of resources



to regions. Action Nepal will allocate bulk of its resources to fragile regions and vulnerable households where aid is most needed. Action Nepal embraces range of program modules and influencing approaches with respect to local contexts.

The priorities are set out in 5 goals that will guide us over the time period of the Strategic Plan. In respective goals, people living in poverty will be mostly concerned and exercised to advocate their own rights. The respective goals will articulate the benchmark to track progress of the goals.

GOAL 1: Improving Livelihood of vulnerable people

Poor and marginalized people can improve their livelihood and live a dignified life with access to resources.

For attainment of this goal priority will be mostly given to poor and vulnerable households with priority mainly to women and children to enrich their nutritional status and various interventions for their livelihood improvement. The goal will focus on various livelihood schemes that help to reinvigorate the ruined status of vulnerable people by developing skills for self empowerment.

Objectives:

More poor and vulnerable people will

- Improve their nutrition and food security status with better life.
- Create flexible livelihood interventions by improving their skills

GOAL 2: Promoting Good Governance

Poor and marginalized people can live a dignified life by exercising their rights by political participation, freedom of expression and access to and control over the resources.

For attainment of this goal, priority will be given to vulnerable families mostly women and youths as inequality persist on gender and young generation. Our goal is to bridge youths for social change and channeling them as actors of dynamic change. The goal will focus on rural poverty, building access of marginalized people to use their rights and advocate for strong government systems and recognition of their essential services.

The key attributes of good governance are:

- Transparency
- Responsibility
- Accountability
- Participation
- Responsiveness (to the needs of the people)

Objectives:

More poor and vulnerable people will:

- Raise voice for their rights and equal justice
- Responsiveness from governments and private sector to their interests and needs.

- Transparency and accountability of government as well as concerned sector.
- People will raise voice to eradicate extreme poverty and inequality as active citizens.

GOAL 3: Focus on Water, Sanitation and Hygiene (WASH)

Action Nepal will retain a wide choice of programming within water, sanitation and hygiene by improving our work to the priority needs of target groups. For WASH, the emphasis will be on providing effective programs wherever it is essential.

Objectives:

- Improving health and sanitation of poor and vulnerable people
- Equitable and sustainable use, and access of people to safe drinking water and health services
- Measure the impact of sanitation, water quality, hand washing, and nutrition interventions on child health and development

GOAL 4: Construction of communal infrastructure

For the construction of communal infrastructure in rural counterparts of Nepal, AN has implemented its various projects for construction of trail bridge, latrines, buildings, water tanks, reservoirs and tanks, livestock shed etc.

Since, 2057 B.S. AN has been constructing trail bridges support in Dhading districts in all the VDCs. Though Nepal government has announced about *Tuin* free Nepal, we have been supporting for construction of trail bridges in various regions of Dhading district. We will contribute to support the shelter facilities, construct communal buildings and aware the people about disaster preparedness.

Objectives:

- Improving lifestyle through safe shelter construction and orientation.
- Contribute to government's campaign of *Tuin* free Nepal through construction of trail bridges.
- Contribute the community through supporting in schools and other communal buildings.
- Aware community with DRR techniques and preparedness.

GOAL 5: Advancement in Information Technology

Information technology is one of the most prioritized sectors in 21st century. Access of people to communication and advancement in technology is widespread even in rural parts of the country.

Objectives:

- Integration of concerned stakeholders
- Technical Collaboration in social transformation

The ultimate goal of Action Nepal is to phase out poverty, access of people to resources, good governance and finally a dignified life. Action Nepal wants to witness the change in lives of people measured in terms of income level as well as equality.

Our goal is to see less poverty and inequality amongst poor and excluded groups. Anti-poverty strategies should be adopted by all countries. Poverty and inequality should not be transferred to next generation. Achieving poverty reduction, good governance, restructured Nepalese society with sustainability without hampering climate change is key concern.

Glances of the programmes implemented in this FY 075/76.

A. Livelihood and Nutrition

Action Nepal is intervening in the field of livelihood and nutrition since long as a power shifter. Having expertise in livelihood, Action Nepal is facilitating the community based projects for the betterment of life of the people in rural areas. Numbers of stakeholders, International agencies and governmental institutions are collaborating hand in hand with Action Nepal to get the dream of better Nepal materialized. Though Action Nepal has its impressive hallmark in bringing convenient livelihood techniques in Dhading since early time and found the intervention of livelihood components even more necessary after massive quake hit. In this FY Action Nepal implemented Three different projects on livelihood theme serving

Program Name	**Partner Agency**	**Geographic coverage**
Community Infrastructure and Livelihood Project	UNDP	Neelkantha Municipality and Netrawati Rural Municipality
SUAAHARA Project	USAID	Overall Dhading district
SAHAS Project	Dan Church Aid	Benighat Rorang Rural Municipality

B. **Water, Sanitation and Hygiene**

Water, Sanitation and hygiene are the pro concern of Action Nepal to precede remedy against the hazards of life in rural Dhading. Action Nepal is evoking the rural people of Dhading for their hygienic habits, cleanliness and safety. Arising immunity in community is not the easy meat. Blind faith, useless traditional imposition have deep roots in the society, it is not easy to mentor the people to change their way of survival but our spirit come to energize the society slightly changing their behavior.

Action Nepal has been intervening the water supply schemes in various Municipal of Dhading to address the sheer need of drinking water. Sanitation and hygiene in rural areas have become none's cup of tea. Especially after the quake hit people have more concern towards their life back to normalcy and we initiate the doctrine that without having fair health and ecology, trial for getting back to normalcy is worthless. And now people are growing hand in hand with Action Nepal for the clean and hygienic society. Now our dream of building fair and healthy nation has got a sign. In this FY Action Nepal implemented Three projects in WASH theme.

Program Name	Partner Agency	Geographic coverage
Rapid WASH track three	DFID / DCA	Neelkantha Municipality and Thakre Rural Municipality
Rural Water Supply and Sanitation Project	Rural Water Supply and Sanitation Fund Development Board Nepal	Jwalamukhi Rural Municipality and Tripurasundari Rural Municipality
PURNIMA project	DFID Oxfam GB	Netrawati Rural Municipality and Tripurasundari Rural Municipality

C. **Construction**

Life in the rural Dhading is far more difficult than our outcry for our insignificant discomforts. People are compelled to endure the life of beast of burden. Due to the geographical formidability transport in rural Dhading is unachievable dream. The rustic life is savaged due to the lack of access of road networks. Though pathways are not that easy to help the survival of rural lives and rivers detach the pathway chains. Since long, Action Nepal is bridging the people to their livelihood especially through the trail-bridges. In absence of those bridges, people were compelled to link their lives walking across the catastrophic rivers on their own, narrow trail logs and manual cable cradles. There are still many places where people are losing their loved ones while crossing the rivers and life is too miserable. Action Nepal has proven itself from initial stage by facilitating people's life via trail bridges in extremely remote areas of Dhading.

Program Name	Partner Agency	Geographic coverage
Construction of Trail Bridge	Nepal Government	Thakre Rural Municipality, Gajuri Rural Municipality, Kaniyabas Rural Municipality and Neelkantha Municipality.

Project Budget of FY 075/76

Action Nepal

Nilakantha Municipality, Dhading

For the period from July 17, 2018 to July 16, 2019 (Fiscal year 2075/076)

Programme Expenditure

Particulars	Current Year
Sajhedari Bikaas Project	-
CARE-SUAAHARA- II	1,047,097.00
HKI-SUAAHARA-II	17,413,389.85
Post Earthquake Reconstruction WASH in Nepal (PURNIMA) I	11,465,825.10
Nepal Earthquake Response Program (NERP)	-
Water Supply and Sanitation Project	544,548.34
Rehablitation & Reconstruction Project	44,000.00
WASH Project	80,014.86
Supporting in Recovery of Earthquake Affected Communities of Nepal (SEACON)	-
Rapid Community WASH Recovery support to vulnerable Communities	29,517,827.28
Shelter Support to 6 Schools in Dhading District. Nepal	-
Safe Demolition and Debris Management in 4 Schools in Dhading District, Nepal	-
CILRP/ UNDP	13,573,431.95
Increasing Access to Improved WASH Services in Seven Schools in Dhading Distri	-
PRAYAAS Project	-
Local Governance Community Development Programme (LGCDP)	-
Repairing and Finishing of 4 schools in Dhading District Project	-
Strengthening capacity of earthquake Affected families with children and Helping them Attain a resilient Society (SAHAS)	14,928,008.78
Trail Bridge Support Unit	1,304,135.00
Post Earthquake Reconstruction WASH in Nepal (PURNIMA)	4,559,599.69
Nepal Earthquake Recovery, Reconstruction and Resilience Program	-
Danish Volunteer Project	-
Nepal Earthquake Recovery and Reconstruction Program	-
Total	**94,477,877.85**

Annex 1 : Annual Report of Suaahara Project

EXECUTIVE SUMMARY

Action Nepal, Dhading have successfully accomplished third year of Suaahara II program at district. Action Nepal has completed all most all the given activities in time. Activities of program management, all IRs, crosscutting issues have accomplished within given time frame. Major achievements of Suaahara program in year III are as follows; All newly recruited CNVs were trained on suaahara II-integrated nutrition. PNGO 3 Quterly review and planning meeting, 4 Bimonthly staff meeting were completed. In IR 1.1 Total 273 health workers were trained on MIYCN/NACS through 50 number of events. 5 number of RDQA was done in five health facilities of different local bodies. Suaahara supported on the fully immunization district declaration ceremony. Total 364 food demonstration and 1637 key life events were conducted.1 event of PF training was conducted. 1 event of training on Integrated Nutrition was conducted. Suaahara district team and PNGO team supported on Vitamin A campaign; Iodine month and Breath feeding week celebrations. Healthy baby competition, MIYCN/NACS training and FD as well KLE events were conducted in support of Suaahara program in financial support from Palikas.

In IR 2 Action Nepal have achieved following; 4 events of CB-IMNCI, NACS, FP, PHC-ORC mgmt onsite coaching was conducted. In 5 HFs orientation on Community Health Score Board tool to health service providers/FCHVs/HFOMCs and interface meeting has completed. In 5 HFs CHSB review meeting has completed. In 5 HFs orientation on SATH at health facilities for FCHVs, HFOMC members and health workers has completed. Total 29 events of SATH implementation program were conducted. District level Health management workshop to health coordinators was completed. Health and Nutrition supplies were distributed to all the health facilities of Dhading District.

In IR 3 Action Nepal have done following activities in year III; Total 40 thousand days mothers were trained from 2 batches of Saving, Credit and Group Mobilization training. Likewise, 21 VMF were trained on 5 days Business Plan and Agriculture Marketing Training. ND poultry vaccination workshop at district level was conducted with IEC materials support

and broadcasting of radio jingle through Radio Dhading. Two number of brooding center was established and two meetings with Agriculture and livestock extension workers were conducted. Two resilience activities were conducted in upper dhading. Follow up visit to households ensuring building semi-intensive chicken coop and plotting the homestead garden for vegetable by field supervisors.

In IR 4 following achievements have Action Nepal have made; 1 municipal level NFSSC has formed and 6 NFSSC review meeting was conducted at different Palikas.

GESI is a cross cutting issue and in GESI following achievements have made; One event of GESI orientation was provided to PNGO board member and 1 event of GESI champion training was provided to selected Male GESI champions. International womans day was celebrated in different palikas.

Except above mentioned activities; field supervisors, community nutrition volunteers; ATA, FC were involved in various mandatory activities like 1000 days home visit and counseling; visit of PHC/ORC and EPI clinic, coordination with RM/UM and wards, coaching and mentoring of FCHVs and VMFs, attend HMG meeting, fill HH/FCHV and VMF checklist, refer mothers and children with different conditions to different organizations etc

1. INTRODUCTION

1.1 Background of Suaahara II Program

The Suaahara II Good Nutrition Program aims to improve the nutritional status of women and children in forty-two under-served rural districts of Nepal. This will be achieved using a multi-sector approach with a special emphasis on gender equality and social inclusion, behavior change and good governance. SP II program has been implementing in close coordination and collaboration with government stakeholders and other non- government organizations at district and community level of all Dhading District. The major efforts of the SP II program are improving maternal infant and young child Nutrition (MIYCN) practices; strengthening maternal, newborn, and child health services; advancing sanitation and hygiene; and increasing production and consumption of plant and animal source foods through home-based food production.

Suaahara II program has four primary intermediate results which are as follow;

IR 1: Improved Household Nutrition and Health Behaviors

IR 2: Increased Use of Quality Nutrition and Health Services by Women and Children

IR 3: Improved Access to Diverse and Nutrient-Rich Foods by Women and Children

IR 4: Accelerated Roll-Out of Multi-sector Nutrition Plan through Strengthened Local Governance

In addition to the above the results areas, Suaahara II has several cross-cutting themes that include; gender equality and social inclusion (GESI); social and behavior change communication (SBCC); public private partnerships (PPP); monitoring and evaluation; and disaster preparedness and response planning (DPRP).

2. PROGRAM MANAGEMENT AND OPERATIONS

Action Nepal is working as PNGO of Suaahara II since 2016. Action Nepal has implemented year III also successfully. Currently in Action Nepal, there is provision of 21 field supervisors, 33 Community Nutrition Volunteers, 1 Agriculture Technical Assistant, 1 Data Management and Documentation Officer, 1 Admin and Finance Officer, 1 Field coordinator and 1 Support staff are working under direct supervision from Executive Director. Among the provision of staffs, 2 Field Supervisors position was vacant, which is in process for management. All the assessets in Action Nepal through Suaahara II are in good condition.

In year III under program management we have organized staff meetings and review meetings at district level. Summary of activities of program management are as follows.

Activity: PNGO leadership will facilitate district team meetings for review and planning, quarterly

Total three events (out of four) of Quaterly planning and review meeting was conducted on the month of September (2018), January and April (2019). Fourth meeting was unable to conduct due to exceeding of budget. The overall objective of the meeting was to share achievements, issues

and challenges of past quarter and planning for the upcoming quarter. Another objective of the meeting was to complete operational procedures like collection of timesheets and progress report of the staffs also. In all of the meeting, there was presence of Action Nepal Board members, Executive Director, PNGO and District staffs.

Common Agendas of meeting were as follows:

- Introduction of Suaahara Program especially focusing new FS and CNV.
- Sharing of field experience (Significant changes, issues and challenges)
- Sharing and discussion of HH checklist findings and mandatory achievement data dissemination from DHIS2.
- House hold update and priorities for update in Commcare.
- Sharing of priorities activities for upcoming quarter
- Documentation and reporting
- Financial issue sharing
- Sharing of Operation and Management issue.

Activity: FC will facilitate municipal-level review and planning meetings with Suaahara II FS, CNF, CWF, etc., bi-monthly

Total four events of bimonthly staff meeting was successfully accomplished at all 13 local bodies staffs of Dhading District. The participants of the meetings are ATA, FS, CNV and other staffs from District. All of

staff got opportunity to share their progress, issues as well as planning for upcoming months. In this meeting passed two months review and next two months plans were prepared. Gaps were identified, and possible solutions were provided for fulfilling the gaps.

Objective

The overall objective of staff meeting was

- to discuss progress of the last 2 months, planning for the upcoming months, sharing of findings till date, progress and changes seen in last 2 months, sharing of issues in the field etc.
- to complete operational procedures like collection of timesheets and progress report.

- to collect and review financial documents and provide new documents.

3. PROGRAM IMPLEMENTATION

INTERMEDIATE RESULT 1. Improved Household Nutrition and Health Behaviors:

Households adopt Essential Nutrition Actions including maternal nutrition, infant and young child feeding, there are list of activities carried out in year 3.

Major achievements under IR 1, Outcome 1.1 are as follows;

- 50 events of MIYCN NACS onsite coaching was completed.
- 5 events of RDQA were completed.
- 1 event of Integrated Nutrition was conducted.
- 1 event of PF training was completed.
- 1637 thousand days mothers were acknowledged in key life event.
- Total 364 food demonstration was carried out.
- Breast feeding week and iodine month were celebrated.
- Supported on Vitamin A campaign on Kartik and Baisakh.

Activity: Technical officer provides MIYCN/NACS post training follow-up and on-site coaching at health facilities to enhance knowledge and skills of health & non-health workers and FCHVs, one time

Dhading District consists of 49 Health Facilities, 2 Primary Health Centers and 1 District Hospital. A total number of 50 Participatory Interaction and Onsite Coaching was conducted in 48 Health Facilities, 1 Primary Health Centers and 1 Maternal and Child Health Clinic of District Hospital. Overall objectives of Participatory Interaction and Onsite Coaching on MIYCN/NACS and HMIS are as follows:

- ✓ Identify the gaps between learned and applied behaviors on MIYCN/NACS in day to day service delivery and capacitate accordingly.
- ✓ Enhance the knowledge, skills and capacity of health workers on MIYCN/NACS and HMIS.
- ✓ Discuss on the solutions on identified behavioral gaps on MIYCN and HMIS

Findings

- ✓ Total number of 273 Health workers participated in onsite coaching on MIYCN/NACS in Dhading District.
- ✓ Observation of health facilities was also done which includes assessment of instruments of Nutrition and CB-IMNCI, essential medicine related to Nutrition and CB-IMNCI, Family Planning devices and Availability of Nutrition related HMIS tools and IEC/BCC related materials.
- ✓ Knowledge and skills regarding different core topic discussed in MIYCN/NACS and HMIS were discussed i.e. importance of 1000 days, Breast feeding, complementary feeding, WASH, Sick child feeding followed by recording and reporting.
- ✓ Knowledge was assessed based on the discussions on important messages to be delivered during nutrition counseling's and skills also were assessed side by side.

- ✓ Skills regarding counselling was also observed and necessary feedback was given in between the discussions.
- ✓ Recording and reporting of one-month data was also verified.
- ✓ Action plan was made on identified gaps and was shared to health facilities and Health coordinators.
- ✓ Follow up of action plan developed during participatory Interaction and onsite coaching of MIYCN/NACS during Health Facilities visit.

Major findings of Participatory Interaction and Onsite Coaching Support Provided to Health Facilities

- ✓ MIYCN Flip chart was provided to all the 9 health facilities to support quality nutritional counselling.
- ✓ Complementary feeding wheel card and message slip supplied to 28 health facilities focusing on its rational use in quality nutritional counselling to 1000 days mother

- ✓ Breast feeding flex is being printed and will be supplied in all health facilities very soon.
- ✓ 11 Complementary feeding flex and 10 Tihart chart supplied to respective health facilities where we couldn't find during our observations.
- ✓ Action plan regarding coaching and mentoring quarterly to health staffs of Health Post under the respective municipality on Nutrition Related HMIS Tools has been made by Health Coordinators and will be implemented from next FY.
- ✓ Flex regarding Zinc tablet has been printed and will be supplied to all health facilities
- ✓ Based on the gaps identified, HF staff were coached and mentored on MIYCN/NACS and Nutrition related HMIS tools and Action Plan was made accordingly.

- ✓ As a part of follow up of MIYCN/NACS and HMIS training, participatory interaction and onsite coaching was conducted in 48 health facilities, 1 Primary Health Centre and 1 Maternal and Child Health Clinic in Year 3.
- ✓ Out of 270 staffs present in 49 health facilities, 180 were trained with MIYCN/NACS and 90 were untrained with VLT Training. During onsite coaching brief discussion on the important topics of MIYCN/NACS was done so that untrained health facilities staffs could also do quality nutrition counselling.
- ✓ Nutrition related equipment were present in all health facilities during our assessment but salter scale was not used due to the infrastructure of health facilities. Adult MUAC tape was not in use totally as Targeted Food Supplementary Program has been phased out and no support is available except counselling.
- ✓ ARI Timer was not available in 3 of the health facilities i.e. Katunje, Sertung and Jharlang respectively.
- ✓ In some of the health facilities available Baal Vita was date expired and disposed by Health workers and later on was not supplied by health workers. Similarly, IFA tablet was also stocked out since a month and only recommendation was given.
- ✓ Zinc tablet was stocked out and Amoxycylin, Gentamycin, Ampicilin and navi malam was also not available in some of the health facilities during our visit.
- ✓ Contraceptive pills were stocked out. Similarly, in some of the health facilities Implant and IUCD service was available but due to untrained health workers service couldn't be delivered.
- ✓ Nutrition corner and Zinc Counselling card was not available in any of the health facilities whereas MIYCN flip chart, CF wheel card, flex, Tihart chart was missing in some of the health facilities and was supplied later on.

Overall Observations

- ✓ Salter scale rarely used for growth monitoring due to the infrastructure of health facilities (Prefab Building)
- ✓ MUAC tape (under 5 years) used only for suspected cases.

- ✓ Adult MUAC tape not used in determining the nutritional status of 1000 days mother as TSFC program has been phased out in Dhading District.(No support available except counselling)
- ✓ Contraceptive Pills stocked out in 9 of the health Facilities and IUCD and Implant service unavailable due to untrained health workers(We do talk about informed choice in FP but in some health facilities there are limited options to FP Clients).
- ✓ Child Health Card, Nutrition and CB-IMNCI register available in all health facilities but during observations Health Facilities where RDQA was conducted in previous year had better recording reporting in comparison to other health facilities.

Support Provided to Health Facilities

- ✓ MIYCN Flip chart was provided to all of the 9 health facilities to support quality nutritional counselling.
- ✓ Complementary feeding wheel card and message slip supplied to 28 health facilities focusing on its rational use in quality nutritional counselling to 1000 days mother
- ✓ Breast feeding flex is being printed and will be supplied in all health facilities very soon.
- ✓ 11 Complementary feeding flex and 10 Tihart chart supplied to respective health facilities where we couldn't find during our observations.
- ✓ Action plan regarding coaching and mentoring quarterly to health staffs of Health Post under the respective municipality on Nutrition Related HMIS Tools has been made by Health Coordinators and will be implemented from next FY.
- ✓ Flex regarding Zinc tablet has been printed and will be supplied to all health facilities
- ✓ Based on the gaps identified, HF staff were coached and mentored on MIYCN/NACS and Nutrition related HMIS tools and Action Plan was made accordingly.

Unit	Target	Achievement	# Participants	Remarks
Event	50	50	273	N/A

Activity: Routine Data Quality Assessment (RDQA)

Based on below mentioned criteria 10 health facilities were selected i.e Baireni, Benighat, Maevsthan, Katunje, Dhola, Baseri, Pida, Aginchowk, Jhamrung and

Chattredeurali, who have good reporting status, poor reporting status and very poor reporting status based on nutritional indicators. RDQA was conducted at Baireni HP of Galchi RM, Madhevsthan HP and Benighat HP of Benighat Rorang RM, Pida HP of Gajuri RM and Madhevbesi HP of Thakre RM.

Objectives of the RDQA

- To verify the quality of reported data for key indicators at selected sites.
- To verify the ability and to strengthening program staffs capacity of data management system to collect, manage and report quality data.
- To implement corrective measures with action plans for strengthening the data management and reporting system and improving data quality.
- To monitor capacity improvements and performance of the data management and reporting system to produce quality data.

Indicators observed during RDQA

- number of children aged 0-11 months registered for growth monitoring (new),
- number of children aged 0-6 months registered for growth monitoring who were exclusive breastfeeding for the first six months,
- number of children aged 6-8 months registered for growth monitoring who received solid, semi- solid or soft food (timely initiated), and
- number of women who received 180 days Iron Folic Acid during pregnancy.

Criteria for selection of health facilities

- Health facility was selected in coordination with Health Coordinators of respective RM/UM during Health Management Workshop based on the following criteria.
    - ✓ Coverage of 0-11 months child growth monitoring.
    - ✓ Percentage of children aged 0-6 months registered who were exclusive breastfeeding.

- ✓ Percentage of children aged 6-8 months registered who received complementary food.
- ✓ Percentage of pregnant women who received 180 days Iron Folic Acid.

Findings

Total ***five*** HFs were visited out of selected **10 HFs** due to time constraint to conduct RDQA; almost all of health facilities have not recorded all four indicators. Majority of health facilities have recorded only two indicators (number of children aged 0-11 months registered for growth monitoring (new); and number of women who received 180 days Iron Folic Acid during pregnancy. All of the three HFs have not recorded number of children aged 0-6 months registered for growth monitoring who were exclusive breastfeeding for the first six months, and number of children aged 6-8 months registered for growth monitoring who received solid, semi- solid or soft food (timely initiated). Data error on the recording and reporting was found in all health facilities. After conducting RDQA in each health facilities, based on result action plan was made and some suggestions were provided in order to improve record and reporting of nutrition related indicators effectively; and they are agreed to update nutrition related indicators effectively from now onwards.

Major recommendations

- Complete recording in all HMIS tools used in Nutrition
- Update all data according to the recording sheet and report based on the recorded.
- Allocate focal person for each department and verify and cross check all data before reporting.
- Conduct monthly staff meeting and make minute .
- Increase coordination among staff.

Issues and challenges

- No availability of all recording and reporting tools.

Conclusion

In overall, record and reporting of nutrition-related indicators in health facilities of selected five health facility of Dhading district is not satisfactory. Majority of HFs have skipped in recording nutrition related indicators; particularly recording the number of children aged 0-6 months registered for growth monitoring who were exclusive breastfeeding for the first six months, and number of children aged 6-8 months registered for growth monitoring who received solid, semi- solid or soft food (timely initiated). They are confused about the HMIS tools. Furthermore, majority of HFs have not updated data from PHC/ORC. There are also numerical mistakes in register vs tally vs monthly reporting sheet. Making workplan some suggestions were provided in each HFs staff to increase effectiveness in record and reporting of nutrition related indicators, and they are agreed to follow suggestions.

Unit	Target	Achievement	# Participants	Remarks
Event	10	5	NA	Continue this event in fourth year as MIYCN/NACS onsite coaching was conducted at Year 3 and time constraint.

Activity: Technical officers provide orientation/training on integrated nutrition (Health, GESI, HFP, MER, etc.) for existing FS/CNF

This training was conducted in two parallel batches in Dhadingbeshi. There was use of different tools and techniques such as role play, demonstration, group work and presentation, practical session, PPP, interview and counselling, video and documentary show. Radio jingles were introduced during the meeting of different key messages promoted by the project. Nutrition corner, WASH corner and handwashing station, IEC/BCC corner, post box and Integrated Nutrition Model house were prepared and exhibited in the training. IEC materials of four IR and Six cross cutting issues, GALIDRAA Approach, 60 contact points and 10 Key behaviours promoted by SUAAHARA II, NDHS-2016 and province-3 data, three

levels of activity delivery (home, community and service facility) with field level staffs were prepared and displayed in the hall with different motivational sayings.

Objective

- To enhance capacity and skill of FSs and CNVs both on technical and coordination as well as communication.
- Discussion of Field level practises (both best and need to be improved) and its replication as well as its improvement in other field.
- To orient staffs on CommCare with practise (job aid, update)

Different session were conducted according to training guidelines. In the training there was special presence of Braham Dhoj Gurung, Senior Field Operation Manager and Bindu Pokhrel Gautam, Sr. Technical Advisor-GESI. MER session was facilitated by Satya Naryan Acharya, MER Senior Manager and Rajan Shrestha, MIS coordinator in both batches. Different sessions were taken by different thematic officers, FC and PC. Senior Technical Advisor, Kenda Cunningham, was also participated in the MER program and provided information regarding participants queries. Field level staffs shared their field experience with each other and different way out were discussed. Along with this other district sharing was also done by Lamjung, Syanga and Nuwakot representatives. MER sessions was conducted in last two days at first batch of the training and conducted in first two days at second batch of the training. After all technical session closing session was organized at last of the session.

Outputs:

- All field supervisors and CNVs were participated in the program. Training helps to enhance capacity and skill of FSs and CNVs both on technical and coordination as well as communication.

- Training was good platform for sharing of field level practises and issues with replication of best practises. It was helpful for making common understanding of all the team.
- Staffs were aware more on CommCare application and common issues of CommCare problem were solved.

Unit	Target	Achievement	# Participants	Remarks
Event	11	1	50	

Activity: Introduction of peer facilitator approach

Four VDCs i.e. Jogimara, Dhusa, Mahadbsthan, Kiranchowk and Pinda were selected from Health Coordinator Management Workshop held at Dhadingbeshi. VDCs of lower belt was selected to reach most deprived community, Chepang, as there was more need of this activity than any other VDCs. Before the orientation to the Peer facilitators, ToT kind of orientation was provided to respective Field Supervisors. Training Manual, IEC materials, MIYCN flip chart and stationery materials were provided to the staffs.

In the field, 1000 days mother were selected from each of then wards of respective VDCs focusing on most remote area and representation of deprived community. Orientation was provided in three different modules in at least a month gap between each other series of events following the guideline. Peer Facilitator were trained with Key Behaviours of Suaahrara program as per the guidelines. MIYCN flip chart were handed over to all Peer Facilitators.

Unit	Target	Achievement	# Participants	Remarks
Event	1	1	51	N/A

Activity: CNF conducts 3 key life events (pregnancy, birth, and 6 months) for each 1000-day family, as needed

To disseminate key messages on the importance of golden thousand days and pregnancy period, Key life events are celebrated. Effective recognition is always important because it motivates other to do same and the main objective of this event is to identify new 1000 days mother and enroll them in HMG meeting. So those household adopt essential nutrition and hygiene action including GESI perspective and became ideal household of Suaahara had be appreciated through organizing an event in each HMG. Field supervisors are encouraged to interact in FCHV meeting. In coordination with FCHV and HMG members, FS and CNV identified new 1000 days mother and counseled them about behavior which Suaahara is trying to promote for the improvement of nutritional status of mother and children. As well as they acknowledged the 1000 days mother with her family by some nutrition package such as eggs, legumes, hygiene materials etc. where community people can also contribute. Beside of this, Key Life Event program was also conducted in support of local body in technical support of Suaahara program.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	1637	1800	8856 (1031/7825)	FS had conduct KLE program of local body that was provisioned in Red Book.

Activity: FS conducts 1 food demonstration in each HMG

The main purpose of this activity is to highlight the importance of locally available nutritious food amongst mothers and caretakers on nutritious food preparation and feeding practice. In order to provide hands-on experience on food diversity and healthy behavior during preparation of nutritious food, FCHVs with support from Field Supervisors organized food demonstration sessions at the HMG meeting. Men's participation was highly encouraged during these meetings.

Beside of this, FD program was also conducted in support of local body in technical support of Suaahara program.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	400	364	6656(368M/6198F)	FS had conduct FD program of local body that was provisioned in Red Book.

Event: celebrate nutrition related days i.e. Breastfeeding Week, Iodine Month, School Health and Nutrition Week, etc.

Breast feeding week:

From 1-7 August, 2018, Breast feeding week was celebrated with the slogan of 'Breastfeeding: Foundation of Life'. Dhading. The main objective of this event is to raise awareness about the importance of breastfeeding to the community as well as to promote 3E: Early breastfeeding with in 1 hour, Exclusive breastfeeding and Extended breastfeeding till 2 years of child. All FS with the coordination of health post staff and FCHV, organized event for lactating mothers. They facilitated them about the right contact and position, importance of breastfeeding and the importance of households' members' involvement.

Iodine month

Iodine month is the month to aware the community people about the importance of iodine. The whole month, different type of activities can be done for the awareness campaign. Similarly, Suaahra Dhading also celebrated iodine month. FS and CNV facilitated the importance of iodine in HMG meeting and community. They also tested the salt with the test kit. They aware all people about the disease which can be caused by lacking iodine and the proper storage practice in household level. Along with this, provincial nutritional status report prepared by Suaahara program was also distributed.

Vitamin A supplementation

Govt. of Nepal conducts Vitamin – A campaign and albendazole supplementation mass campaign on every 6 months targeting for the children from 6-59 months. The main objectives of this activity are to support in Vitamin A supplementation campaign with establishment of Nutrition Corner. FS and CNV provided to their respective health facilities for successful conduction of this activity. Counselling on importance, use and storage was done before the distribution of Baal-Vita.

Similarly, on Day 2, FCHV of each ward visited household of the child who were left to be supplemented on Day 1st. eventually, the Vitamin A campaign was successfully accomplished.

Dr. RP Biccha, Director of Family Welfare Division visited for the monitoring of campaign in Galchi RM, Baireni Health Post, Adamghat Hospital and Gajuri PHC. During the visit Mr. Biccha interacted with RM chairperson, Health Coordinator, Health post incharge, FCHVs and Suaahara staffs.

Other activities:

- Support local level for conduction of Healthy Baby competition.
- Facilitation of MIYCN/NACS training and other nutrition related trainings.

INTERMEDIATE RESULT 1.2: WASH Activities

- 170 Event of Discussions on WASH behaviors for healthy home in HMG meetings has been completed where 386 male and 3978 females were oriented about healthy home approach.
- 6 events of WASH orientation to community groups on WASH behaviors for healthy home has been completed where 17 male and 113 females were oriented about healthy home approach
- Dhading has been declared as 64th

district to achieve ODF status. Suaahara provided technical support for the declaration. Suaahara program had provided hardware and software support in Dhunibeshi UM.

- Rubyvally RM has allocated Rs. 20,000 for printing 250 healthy home checklist flex at ward no 1 Tipling in collaboration with Suaahara program.

Major Challenges Faced

- It is challenging to gather community people, particularly for non-budgetary program activities. However, with continuous coordination with ward members and health care facilities' members, non-budgetary activities have been conducted.
- It has been challenging to provide Snack during WASH activities as per DIP rate because there aren't any markets and it is expensive to request local people to prepare lunch for program, particularly at Lapa and Ree. In order to solve this issue, coordination is being carried out with FCHVs to manage Snack within allocated budget.
- Achievement of total sanitation is really challenging when the community people do not take the ownership. However, in coordination and collaboration with the leaders of UM/RM/wards and their ownership, target could be achieved.

Voices from the Field

- Ms. Bhaktimaya Tamang, local woman from Khaniyabas-2, Jharlang says, "I am surprised to see how dirty my hands actually are through this clear glass experiment. I haven't touch any dirt nor done any work yet dirt is present in my hand. I now realized how often my hands could get dirty".

- Mr. Tilak Thapa says" Suaahara staffs

have been always there creating awareness among community people. Today's program on water quality testing using PA vial has been very effective in making the community people aware. There has been development of sense of realization. We expect for such continuous support from Suaahara in coming future as well and would like to thank the team for their support".

SWOC of IR 1

Strengths:

- Coverage regarding MIYCN knowledge increases to remote area through PF training.
- Key life events celebration progress to awareness on food diversification and consumption.
- MIYCN/NACS post training follow-up and on-site coaching at health facilities helps to enhance knowledge and skills of health & non-health workers.

Weakness:

- Low update of Pregnancy status.
- Meaningful participation of thousand days HHs in HMGs were not as expected.

Opportunities:

- To scale up nutrition sensitive activities, each R/U municipalities and wards can allocate resources resulted by HMGs meeting.
- Key life events and food demonstrations and other nutrition programs were taken ownership by local level authority.

Constrains:

- Difficult to gather and include 1000 days HHs in nutrition activities
- Due to scattered communities it is difficult for 1000 days mothers to participate in the events
- Irregularity of HMGs and saving oriented HMGs.

INTERMIDATE RESULT 2: Increased Use of Quality Nutrition and Health Services by Women and Children

Under IR 2 following activities has been carried out in year 2.

Major achievements under IR 2 are as follows;

- 4 events of CBIMNCI onsite coaching was completed.
- 1 event of District level management workshop to Health Coordinators was completed.
- Health and Nutrition supplies were distributed to all the health facilities of Dhading District.
- 5 events of SATH and CHSB orientation program were completed.
- 29 events of SATH implementation program was completed.
- 5 events of CHSB implementation program was completed.

Activity: Technical officer provides techical support and onsite coaching/mentoring at health facilities on CB-IMNCI, NACS, FP, PHC-ORC mgmt, etc., one time

A total of 4 number of onsite coaching were completed at health facilities of Tipling, Dhuwakot, Kalleri and Pida health post. The onsite coaching was conducted by respective Palika health coordinator/ sub health coordinator and MNCH/GESI officer from Suaahara. The participants in on-site coaching were health facility staffs. The staffs were provided with refreshment in the portions of skills with utilization of neonatalie set dummy provided. Also in another portion the registers were assessed for correctness and completeness in recording and reporting.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	5	4	NA	Onsite coaching could not be conducted at Kiranchok due to unavoidable circumstances.

Activity: Technical officers lead a district-level management workshop with municipal-level health coordinators, and district level stakeholders, using Suaahara II data and CHSB results to guide local-level action plans for improved implementation of NACS, CB-IMNCI

A two day district level workshop with local level stakeholders related to health including health coordinator and sub health coordinator was organized at district level at Dhading Suaahara office. All health coordinators and sub-health coordinators of 13 local government bodies actively participated in this program in special presence of DCC chairperson, Jagantha Nepal and DHO representative. There was presence of media partner as well as other organizations working in the sector of health and nutrition in Dhading. Nutrition Focal Person Mr. Bishnu Rijal, facilitated the program. Presentations from municipalities followed by sharing Suaahara activities, SATH and CHSB results, and update from all other organizations were discussed. Action Plan was prepared at the end of workshop in participation of all the participants where in finalization of areas where Suaahara will take specific activities, areas of collaboration and coordination and priority areas to focus upon was decided.

The main objective of workshop is:

- ✓ To update on health and nutrition indicators and other scenario at municipal level from health coordinators.
- ✓ To share about the Suaahara programs, their status of achievements and outcomes of the programs shown through household monitoring checklists.
- ✓ To smoothen coordination between Suaahara program and municipal level stakeholders of health.
- ✓ To develop a joint action plan for the purpose of smooth implementation of programs and hit upon the health and nutrition status of the woman and child.

Outcomes of workshops are as follows:

- ✓ Finalization of health facilities for implementation of Community Health Score Board (CHSB) and respective mothers group for Self Applied technique for quality health and nutrition (SATH).
- ✓ Finalization of on-site coaching areas for CB-IMNCI, NACS, family planning and RDQA as well.
- ✓ Areas of coordination and collaboration among Suaahara program and government were identified.
- ✓ Joint plan upon how to move forward regarding to increase growth monitoring, use of registers, regularization of health mothers group was developed in the frame of activities, who responsible, where and when.

Lessons learnt

- ✓ Sharing upon the updates of government programs indicators and Suaahara programs ongoing to improve those indicators help develop same understanding of where we fall in at the moment.

- ✓ Joint action plan to move ahead could make better conditions to work for both sides.

Unit	Target	Achievement	# Participants	Remarks
Event	1	1	29 (26M/3F)	

Activity: Technical officers and FC will coordinate with the government to distribute health and nutrition supplies

Health and nutrition equipment namely baby weighing scale spring type (64 piece), weighing trousers (128 piece), MUAC tape child (260 piece), MUAC tape adult (208 piece), ARI sound timer (20 piece) were distributed in health facilities of Dhading district based on health facility assessment made in the previous year of Suaahara program.

Activity: Technical officers will provide SATH and CHSB orientation to municipal level health coordinators, HFOMC members, health workers, and FCHVs, at health facility level

SATH and CHSB Program orientation was completed at 5 health facilities namely Ree, Jharlang, Sertung, Naubise and Bhumisthan Health Post in active participation of HFOMC, Health Facility Staffs, and FCHV. Orientation program included sessions like sharing of what Suaahara activities, themes, concept and process of SATH and CHSB. The outcome of the orientation included clarity in process and selection of five health mothers' group for implementation of SATH tool.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets

Event	5	5	NA	NA

Activity: CHSB Interface Meeting

After CHSB and SATH orientation, Interface meeting was completed at 5 health facilities of Ree, Jharlang, Sertung, Naubise and Bhumisthan health facility in participation of all the concerned for this approach health facility staffs, female community health volunteers, health facility operation and management committee, pregnant and lactating mothers with children under two years age. Service provider and service holder are present their scoring and make combine Action Plan for 6 months to improve of the indicators of Health Services. Scoring of the indicators and action plan were the outcome of the interface meeting. These programs were facilitated by FC, MNCH and GESI officer, and health facility in charge. Participation of health coordinator from Palika was made in this meeting.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	5	5	NA	NA

Activity: FS provides support to trained health workers/FCHVs to implement SATH technique in selected HMGs, one time

SATH implementation was done in health mother groups under 5 health facility Sertung, Naubise and Bhumisthan with involvement of pregnant and lactating

mothers (1000 days women), responsible area FCHV, health facility staff, field supervisor and community nutrition facilitator. A total of 29 SATH were implemented in total including 5 each in Ree, Jharlang, Naubise, and Bhumisthan and 9 activity in Sertung where total 832 (43M/789F) participants were present. Six focus group discussions were made during SATH implementation as there are high number of women participating during SATH implementation. This focus group discussion helped to make findings about how community perceive the health services provided from health facility, information they have regarding services provided, satisfaction from services as well as behaviors of health worker.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	25	29	832 (43M/789F)	There was need of 4 more SATH program at Sertung VDC, which is a most remote area of Dhading.

Activity: Technical officers, FC, M/RM Coordinators and FS provide support to implement CHSB in selected HFs

CHSB implementation was completed at 5 health facilities of Ree, Jharlang, Sertung, Naubise and Bhumisthan with rigorous study of HMIS data as of previous and current year. This implementation program included the FCHVs and health facility staffs. Similarly interaction with HFOMC was made in the same day or next day as part of implementation. Interaction with health facility operation and management committee was also made on the same day using the self-evaluation checklist for HFOMC. Interaction with health workers to look data and interaction with HFOMC was made separately so that there won't be any bias and overlapping.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement

				against targets
Event	5	5	NA	NA

Activity: FC, with technical officer support, implements and provides follow-up support and technical assistance for CHSB to municipal-level health coordinators, HFOMC members, health workers, and FCHV

CHSB review meeting in presence of HFOMC, Health Facility Staffs, FCHVs and 1000 days mother was completed in five health posts of Kumpur, Kalleri, Aginchok, Tasarpu and Kewalpur Health Post. There was improvement in selected indicators of these health facility. The review meeting was facilitated by MNCH & GESI officer, responsible area field supervisor, and health facility in-charge and program coordinator.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	5	5	NA	NA

Activity: FC, FS, and CNF collaborate with GoN and EDP partners on events during the 16 days of activism campaign and international women's day, highlighting GESI champions,

109th International Women's day was celebrated in different Palika by organizing Rally, making Nutrition Corner, different competition event in collaboration with RM/UM. This program was jointly organized with RM/UM. Budgetary support was provided in Palika where in support was requested for. The participation was made at central level International

Women's Day poster competition organized depicting the Suaahara theme and GESI integration in program. Theme for the poster: Balance for Better.

Support on IEC materials

During the on-site coaching (CB-IMNCI and MIYCN follow up) in health facilities of Dhading, after observation and interaction with health facility staff about the up-surging need of IEC material some conclusions were drawn. The major conclusions drawn gap among health facility staff knowledge regarding zinc dose, lack of breastfeeding related any IEC material and some health facilities lack complementary feeding related material. In order to fulfil this gap, 3 types of flex have been printed and distributed to the health facilities (Zinc flex, breastfeeding flex and complementary feeding flex).

SWOC of IR 2

Strength:

- Meaningful participation of elected bodies (Ward chairpersons, ward members) in programs
- Quality of health care services was enhanced by CHSB
- CHSB has increased public awareness, increase responsiveness and accountability of HF staffs
- SATH helped in health service (growth monitoring, ANC visit etc) demand creation.

Weakness:

- Availability of different color Tika is difficult at local level

Opportunities:

- Scale up and ownership of SATH and CHSB by RM/UM and wards
- Budget allocation on SATH/CHSB by RM and wards in coming fiscal year
- Proper ward level and RM level coordination makes program huge success

Constrains:

- Geographical barriers lead to fewer participants in group meetings

INTERMEDIATE RESULT 3: Improve Access to diverse and nutrient-rich foods by women and children

Major achievements under IR 3 are as follows;

- 2 events of 5 days Saving, Credit and Group Mobilization Training for VMF and HFP Group Member was completed.
- 1 event of 5 days Business Plan and Agriculture Marketing Training was completed.
- 5 events of VMF Network Meeting was completed.
- 1 event of ND poultry vaccination workshop was conducted.
- 2 meeting with agriculture and livestock extension workers and private sector actors was conducted.

Under IR 3 brief description of activities are as follows;

Activity: Saving, Credit and Group Mobilization Training for VMF and HFP Group Member

Suaahara II is focusing on improving financial status of 1000 days mother by empowering in decision making process, right to save money through group and cooperative. Similarly, it focusses on marketing of surplus homestead food in local market through cooperative and farmer group. This concept of Saving, credit and group mobilization training has been initiated with an objective of building the capacity of VMFs and HFP group member specially 1000 days family so that they can form groups by gathering 1000 days mother of community and start saving their income by selling surplus homestead food. 5 days Saving, Credit and Group Mobilization Training was conducted in two batches at Dhadingbeshi and Baireni. In the initial phase, 36 group member and VMFs were selected as participant from 7 HFP VDCs by setting criteria like literacy,

capacity to illustrate to community, willingness of working with community, networking and coordination capacity of person.

Objective:

- To develop skill on group management, saving, credit and accounting of group.
- To create suitable environment for discussion on home stead food production, family nutrition and health through regular group meeting.
- To create foundation for income generation through surplus home stead food production.
- To form group of 1000 days and build capacity to registration of groups.

Unit	Target	Achievement	# Participants	Remarks
Event	1	1	40F	Conducted in two batches

Activity: Business Plan and Agriculture Marketing Training:

With the major concern of sustainability of VMF LRP, 1000 days and to strengthen the HFPB group business plan and agriculture marketing training was conducted as to empower participants towards entrepreneur. This training was organized at Dhadingbeshi in especial presence of PNGO Board Member, Treasurer-

China Maya Shrestha and ED, Ganesh Dhungana. Facilitator Mr. Prem Sapkota and Shyam Gyawali were the main facilitator during whole 5 days training in support of District and PNGO team.

Major output of the training:

- ✓ All the participants have been oriented on Business Plan and Agriculture Marketing Training.
- ✓ After this training all the participants seemed highly motivated to start their business
- ✓ Coordination with municipality level for getting subsidy.
- ✓ Group registration and business registration.
- ✓ Monitoring and supervision through PNGO and District office for supporting the participants taking business plan training.

Unit	Target	Achievement	# Participants	Remarks
Event	1	1	21F	

Activity: VMF Network Meeting

In recent time, the federal structure has decentralized the legal authorities to the local bodies. And the expectation of the community people has risen into the next level. As the support and service mechanism have been reached near by the door of the target people, but there is still a wide gap between the service resources and the actual needy people. To empower them in the mainstream of the development, there is need of the strong network in between the farmers, through which they can raise their voice to shake the local bodies and make them aware in the field of the agriculture production and marketing. Even the local bodies have been allocating budget in Agriculture sector substantially, but the result is yet to improve. Still many farmers are far away from the reach of the services that has been delivered by the private and public sectors.

Such VMFs network is a perfect platform which can be utilized to represent the voice of the many 1000 days mothers and farmers from various wards/toles via the VMF of their locality. In that way, such network will help to improve the livelihood of the households which ultimately enhance the health status of the community.

Each VMF provided information on mean number of vegetables, poultry, adopted technology and practices they have been adopting in the community. Each VMF shared their field practices, current status of vegetable cultivation, layout, poultry status, mean no. of vegetable and poultry along with their best practices. Challenges and issues of VMF were listed during the meeting. Suaahara Overview was presented by Shyam Adhikari. Information and advantage of VMF network registration for sustainability was shared during the meeting. Formation of VMF Network has been completed in Thakre, Sertung , Jharlang and Tipling.

Objectives:

- To empower the leader farmers of the community via this network
- To share their best practices, provide information on new technology.
- To connect them with Agriculture and livestock service providers
- To strengthen the market access of the agriproducts
- To make better livelihood opportunities through group approach or community farming
- To improve diversified food products in the homestead garden

Activity: ND poultry vaccination workshop

To reduce the effect of New Castle Disease in community backyard poultry production, we are coordinate with Livestock Service Section for proper handling of such disease before

initiation and create awareness campaign so that farmers have direct access on purchase of ND vaccine on their requirement basis. One day workshop and orientation was conducted at Veterinary Hospital & Livestock Service Experts Centre, Neelkantha Urban Municipality for planning the ND vaccine campaign effectively. New Castle Disease Vaccine orientation and workshop through PPP approach for improved backyard poultry was conducted with Livestock Service Technician, vaccinators of ND Vaccine, Veterinary Officer and Suaahara II Team at Veterinary Hospital & Livestock Service Experts Centre,Dhading Besi. The main objective of this event was discussion on governmental priority activity on ND Vaccine Campaign. The event was chaired by Livestock Officer, Dr. Binod Kr. Yadav. Mr. Shyam Adhikari, HFPO has welcomed all participants and brief introduction of Suaahara II. The importance of PPP model of ND vaccine to reach rural backyard poultry rearing community in small scale was discussed.

During workshop, they had prepared the planning to conduct ND Vaccine campaign and will identify disease prone location and Suaahara II team will communicate the community and create awareness and advocacy with the IEC materials for developing the demand of ND Vaccine on those household who are rearing few numbers of backyard poultry rather than commercial rearing. Vaccinator will conduct ND vaccine campaign providing the service door to door for better outreach and coverage. Livestock Service Section of Rural Municipality/Urban Municipality will take the responsibility of vaccination on their location and identify the vaccination area. They are keeping priority this activity and Suaahara II team is in line with them for support on media and awareness for conducting effectively.

Objective of Workshop

- ✓ To orient the participants on Suaahara II working modality on public private partnership (PPP) approach
- ✓ To sensitize the participants for the New Castle Disease prone areas
- ✓ To discuss on the importance of ND vaccine on backyard poultry rearing
- ✓ To discuss on promotion and sustainability of ND vaccine campaign to reach the unreached community
- ✓ To conduct the effective ND vaccine campaign at community level in coordination with Suaahara II and VH & LSEC and Livestock Service Section of RM/UM for wide coverage
- ✓ To work on media and IEC materials distribution for advocacy on ND vaccine Campaign.

Major Outcomes are as follows:

- ✓ After this workshop Vet JTAs are seemed highly motivated to promote and do campaign at community on awareness of ND vaccination.
- ✓ VH & LSEC has felt ownership that such program has to be conducted by government on time and should keep the priority on follow up of vaccination program at community.
- ✓ Strong coordination has been built up between Veterinary Hospital & Livestock Service Experts Centre and Suaahara II team for well conduction of ND Vaccine Campaign.
- ✓ All technicians will identify the risk and disease prone area and report to Suaahara II field staffs FS/CNV for close coordination and align with on awareness creation.
- ✓ Veterinary Officers have provided technical session regarding the New Castle disease and how to handle ND Vaccine in field level.
- ✓ Coordinate with municipality level for identify the area and required doses of ND Vaccine.

- ✓ 3,000 doses of ND vaccine are planned to conduct by keeping the priority on HFP intensive (core+) wards where farmers are rearing few numbers of backyard poultry in their home.
- ✓ Monitoring and supervision of vaccination will do by VH & LSEC and Suaahara II team for supporting the vaccinators.

Unit	Target	Achievement	# Participants	Remarks
Event	1	1	7M	

Activity: Meeting with agriculture and livestock extension workers and private sector actors to address supply side barriers

With the major concern of sustainability of VMF, LRP, 1000 days and to strengthen the HFPB group meeting with Agriculture and livestock extension worker and private sector was conducted as to address supply side barrier at Dhunibeshi UM and Thakre RM.

Objective:

- ✓ To reduce duplication
- ✓ To coordinate and collaborate with R/UM andprivate sector to address supply side barrier
- ✓ To know R/UM activities and make common workplan to carry out activities in effective way

Output:

- ✓ After the meeting, the remote area poultry be vaccinated by Livestock unit and vaccination be done in coordination with Suaahara and Livestock units. Based on

demand ND vaccination message slip, pamphlets and posters were provided by Suaahara II.

- ✓ Agriculture related materials such as seed, plastic for plastic tunnel, plastic pond, medicine be provided by Agrovet in subsidized rate than to individuals
- ✓ 1 Brooder was selected in close coordination with Thakre RM for better support
- ✓ Agriculture related materials such as seed, plastic for plastic tunnel, plastic pond, medicine be provided by Agrovet in subsidized rate than to individuals.

Activity: FC/FS address material gaps (e.g. nesting boxes, chicken feed, coop assembly material), on cost sharing basis, to 2 brooders per district, as a post training activity from the advanced LRP training on poultry to establish their brooding centers, one time

For the establishment of brooding center, first coordination meeting was done with RM and UM. After formal coordination, assessment for brooding center establishment was conducted. 2 VMF from Naubishe and Bhumesthan were selected for the establishment of brooding center. Brooding center prefeasibility study was conducted. With formal letter from respective wards, Suaahara program proceeds for the support and made an MoU. Suaahara program supported GI sheet, Plain Sheet, chicken mesh wire, Feeder, Drinker, Binding wire, Nail, GI sheet Nail with transportation facility. Two brooding centers were established in Naubishe and Bhumesthan, through which 1000 days HHs (50 HHs) and other community member will be directly benefited through increase access on improved poultry, chicks and eggs at community level.

Unit	Target	Achievement	# Participants	Remarks
Event	2	1	24 (15M/9F)	

Activity: FS facilitates DRR session (e.g. drought-resistance vegetables, NEKSAP data), in VMF network meetings, using SBCC materials and job aids, one time

Resilience Session in VMF network meetings using SBCC materials and job aids

Resilience session was facilitated in 2 VMF network (One in Sertung and other in Tipling) inthis quarter. The session was facilitated by technical support of HFP/Marketing officer Mr.

Shyam Adhikari and trained field supervisor Mr. Ganeshman Tamang. A demo plot was made in two active VMF kitchen garden and same VMFs was supported with plastic tunnel for the purpose.

Unit	Target	Achievement	# Participants	Remarks
Event	2	2	41 (8M/33F)	

Other Activities:

- ✓ Ranikhet/Newcastle disease awareness jingle was broadcasted through Radio Dhading in 7 primes of the morning, day and evening.
- ✓ Two participants from Naubishe and Bhumesthan, and ATA, Pratap Singh Bohora participated in 10 days LRP vegetable training organized by VDRC at Nawalparasi.
- ✓ Two participants from upper Dhading participated in 10 days Second batch of poultry LRP training.
- ✓ Vaccination of Poultry (ND) was provided to 12000 and deworming was done to 6000 poultry as per the record of Veterinary Hospital.

SWOC of IR 3

Strengths:

- 1000 days mothers were trained through different specialized trainings.
- Strong coordination with DLSO for ND vaccination.
- HFPB groups were registered in new governmental system.

Weakness:

- Follow up to intensive VDCs should be increased.

Opportunities:

- Good coordination with RM and wards have supported in program implementation.
- Provision of support can be made to formally registered HFPB groups.

Constrains:

- Provision of training of 10 days period outside the district creates difficult to send 1000 days mothers especially from remote areas.

INTERMEDIATE RESULT 4: Accelerated rollout of MSNP through strengthened local governance

Major achievements under IR 4 are as follows;

- 1 event of municipal level NFSSC formation was conducted.
- 5 events of NFSSC review meeting was conducted.

Activity: DC/FC facilitates MSNP ToT and formation of municipal level Nutrition and Food Security Steering Committee (NFSSC) in remaining locations

NFSSC formation meeting was conducted at Galchi RM in presence of all members of the committee. Meeting was chaired by RM Chairperson, Krishna Hari Shrestha. This program was facilitated by Sanu Bhandari, Social Development Officer in technical support of Suaahara program. Committee has decided for the formation of ward level committee within the Nepali month of Shrawan and decided segregation of budget on health and Nutrition. Field Coordinator, Sujan Kumal has provided orientation on Suaahara Program and MSNP. Review of third year activities and fourth year plan was also shared during the program. Local level initiatives were also shared during the program. Mr. Shrestha formally closed the program and provide commitment for budget segregation on Nutrition and Health with regular meeting of NFSSC.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	NA	2	16 (14M/2F)	Due to change CAO and waiting suitable time for local body for ensuring presence of all members provisioned in MSNP II.

Activity: DC/FS/CNF advocates for quarterly meeting of the municipality level NFSSC and provides technical support for MSNP and integrated nutrition (health/wash) including sharing data, as needed for planning and review, ongoing

6 events of NFSSC review meeting was conducted at Netrawati RM, Benighat Rorang RM, Tripura Sundari RM, Dhunibeshi UM, Gajuri RM and Gangajamuna RM. All the review meeting was chaired by respective Chairperson of RM in presence of all NFSSC members. In all the meeting, committee has planned for formation of ward level committee with in Shrawan and planned for regular review meeting of the committee. Suaahara program year three review and fourth year plan was presented in the meetings. Plan was submitted through formal letter and calendar was provided to all local bodies including wards.

SWOC of IR 4

Strength:

- In all municipality and rural municipality there is good coordination regarding integrated nutrition and most of the elected members and executive staffs were trained.
- All the municipal members were aware about Suaahara II

Weakness:

✓ In 1 R/UM we could not form RM level NFSSC.

Opportunities:

- ✓ Most of the palikas were planning to allocation of budget on integrated nutrition.
- ✓ Regular collaboration with RM/UM and wards can be done for carrying out nutrition and health related activities.

Challenges:

- Palika expect hardware support from any kinds of program.

Gender and Social Inclusion (GESI)

Major achievements of GESI are as follows;

- 1 event of GESI orientation program was completed.
- 1 event of GESI champion training was completed.

Activity: GESI orientation and follow up for PNGO leadership

Two days GESI Orientation program was organized at District Suaahara office hall to all Board members of Action Nepal and district Suaahara staffs from PNGO. This program was facilitated by GESI Specialist, Sujata Singh and MNCH & GESI Officer, Indira Khadka and Program coordinator, Shyam Chaudhary and hosted by Field coordinator Sujan Kumal. Various tools were used to make self appraisal among the board members regarding the position they are in context of GESI integration within their organization and their programs. Strong Action Plan was prepared for fulfilling the gaps that were identified during discussion.

Objectives:

- ✓ To mainstream gender equality and social inclusion approach and concepts in the organization as well as programs.To orient the implementing partner regarding GESI strategies and its implementation in their organization in long run.

- ✓ To orient about gender equality and social inclusion to all the members and major staffs of program.
- ✓ To orient the implementing partner regarding GESI strategies and its implementation in their organization in long run.

Outcomes:

- ✓ Overview of how Suaahara works and how the program integrates GESI in every components and programs.
- ✓ The members were sensitized regarding the importance of GESI mainstreaming in the organization.
- ✓ Development of action plan regarding how human resource recruiting committee can be inclusive, selection of GESI champion within the organization, planning and implementation, review and revision of human resource policy.

Lessons learnt

- ✓ Use of English language in slides with some technical words does not sometimes work educated participants as well as use of Nepali language was learning aspect.
- ✓ Provision of bit of space for PNGO board members during the opening program is very necessary studying the level of participants.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets

Event	1	1	14 (10M/4F)	NA

Activity: Technical officers will select male GESI champions (1000-day fathers and grandfathers) and train them on gender equity and norms and address GESI barriers for health and nutrition in their communities, so that they link men into community events

Three days male GESI champion training was organized at District level to all the selected males from community. A total of 20 participants were trained with selection of 2 person from one selected area of each municipality. A total of 10 municipalities were represented. This program was facilitated by GESI Specialist, Sujata Singh and MNCH & GESI Officer, Indira Khadka and Program coordinator, Shyam Chaudhary and hosted by Field coordinator Sujan Kumal. The training included the core concept of Suaahara and ten key behaviours promoted by the program. The essence lied upon the link GESI champion is expected to bring through the changes in oneself and motivating community to make the conditions favorable for the health and nutrition status of thousand days mother and child.

Objectives

- ✓ To develop a pool of male change agent and train them in aspects of gender equality social inclusion who can play a role to influence others with change among themselves.
- ✓ To discuss upon the existing social norms and barriers that have in place at community hindering to make progress in ten key behaviours promoted through program.
- ✓ To orient field supervisor of respective area GESI champions selected and link them to work together in the community.

Outcomes

- ✓ Active participation of participants and field supervisors provided the additional effectives during session delivery.
- ✓ Good pool of community people were developed who have a high potential to develop themselves as change agent for gender equality and social inclusion and can make conditions favorable for target women of program.
- ✓ Field supervisors were oriented about their role and made responsible to assure their meaningful presence whenever possible.

Lessons Learnt

- ✓ Selection of GESI champions from some field supervisors were found to be unmatched with program objective due to cancellation of some participants.
- ✓ Diversity of selected participants kept some challenges and some opportunity as well in the future and during the sessions.
- ✓ Presence of women section personnel from municipality could not made due unavailability of personnel.

Unit	Target	Achievement	# Participants	Reason for deviation of achievement against targets
Event	1	1	20M	NA

SWOC of GESI

Strength:

- GESI champion training was provided to selected Male GESI champions with field level staffs.
- All the staffs including PNGO board member have understood incorporation of GESI, ensure meaningful participation of male, disadvantaged group of people in all the program activities.

- GESI integration at HMGs, HFPB have been little bit started at some fields.

Weakness:

- Still all field staffs have not properly incorporated GESI related tools in field level activities, only few have used tools in community forums.

Opportunities:

- Utilization of community level forums, HMG meetings, HFPB meeting, male engagement in those forums can be done**.**

Constrains:

- Male engagement and participation in community forum is still challenging

5. ISSUES OR CHALLENGES IN PROGRAM IMPLEMENTATION AND PROPOSED SOLUTION TO ADDRESS THE CHALLENGES

- Difficulty to get materials for key life events at rural areas.
- Difficulty to manage time of local level bodies for the meeting in presence of all members.

6. LESSONS LEARNED

- Meeting with government bodies during the process of 7 steps planning is effective with sharing of Suaahara activities.
- Regular communication at least via phone is needed for the effective coordination.
- Good communication and rapport building help to gather participants easily in any season.
- Presence of ward chairperson or RM/UM chairperson increases the effectiveness of the program.
- Preparatory planning, work division, dedication and proper management leads to program success.

7. INITIATIONS FROM PALIKA

- Netrawati RM has designed budget for 2 lakhs in Nutrition Training and 4 lakhs for 1000 days mothers and child and planning to approve formally through RM council.
- Previously Suaahara program had implemented CHSB program in Aaginchow of Tripura Sundari RM. Now RM has allocated budget for implementation of CHSB program in remaining 4 VDCs (Salyantar, Mulpani, Tripureshwor and Salyankot) of RM.
- Galchi RM already started to provide 'Sanitation Kit' to delivered woman.
- WWASHCC of Tipling are processing for supporting 500 HHs with healthy home flex in collaboration with SUAAHARA. 250 pcs of healthy home flex will be support by ward office and other remaining 250 number of flexes will be supported by SUAAHARA.
- Netrawati Dobjong Rural Municipality has started to distribute NPR 1,000/- to postpartum women as a Nutrition benefit within 15 days of delivery. RM is planning for supporting 1 crates of eggs on every ANC checkup (4, 6, 8 and 9 months).
- Ambulance cost that is needed for institutional delivery (all over the District and out of district) is started to pay by Neelakantha Municipality and Gajuri RM from previous Fiscal Year.
- Thakre Rural Municipality started to distribute Hygiene Kit (cost of NPR 1,000/-).
- Siddhalek Rural Municipality has started to support one rooster cock, twenty eggs and other nutritious food to postpartum woman (within 11 days of delivery). In case of Dalit family along with this support, there is also provision of two thousand cash support. For supporting this material, RM representatives go along with Suaahara Staffs. Targeted participants informed for the support to Suaahara Staff, Kalpana Shrestha and then she informed to RM. Rural Municipality provide hardware support and Suaahara staff provide counselling support to targeted participants during this event.

- Sakriya Mothers Group of then Kumpur VDC ward no 5, Siddhalek RM (SATH implemented ward) started to provide chamal, ghee, green vegetables from their own initiation along with Siddhalek Rural Municipality support.
- Zero home delivery declaration by Thakre RM to ward no 8 and 11 with appreciation to those wards.
- Initiation from palika for making provision of Budget on Nutrition and Health. Healthy Baby competition, Nutrition related trainings etc.

Annex II : Annual Report of CILRP Project

Executive Summary

A 7.8 magnitude earthquake hit Nepal on 25 April 2015 with its epicenter in Barpak VDC of Gorkha, along with several aftershocks. According to the Government of Nepal total of 8,855 people were confirmed dead and 22,309 suffered injuries from earthquakes. The earthquake had disrupted the lives of people and left them deprived of basic needs. It disrupted the behavioral practices of daily lifestyles of the community as well. (GB, 2015)[1].

The neighboring district of Gorkha, Dhading located 50 km from the epicenter was one of the most affected districts. According to data from district disaster relief committee 43,471 HH were fully damaged and 18,720 HH were partially damaged in the district. (Committee, 2015)[2]. The earthquake has affected the total economy of around NPR 250,000 only in livelihood sectors. The disaster destroyed facilities of communities such as agriculture related infrastructures and stored grains and also majorly affected local enterprises. Food and livelihood were critical during the emergency as people were not even able to get food to eat for many days in some region of the district. The data of District Disaster Relief Committee reports also highlights the loss of local market infrastructures in rural areas after the earthquake. (Committee, 2015). The earthquake had disturbed the community structure and sources of income/livelihood was also impacted. Regular practice such as daily means of livelihood performed by the community were found to have affected as observed in the district, the report says.

In such scenario, UNDP launched Community Infrastructure and Livelihood Recovery Programme (CILRP), building onto Livelihood Recovery for Peace (LRP)'s experience, to address urgent needs to build back better. CILRP is being implemented as an umbrella programme with different projects listed in Table 1 below. This indeed helps better coordination and synergy among different initiatives as well as reduces transactional cost for both UNDP and the Government of Nepal. To implement the

---

[1] GB, O. (2015). MULTI SECTOR DETAILED NEEDS ASSESSMENT REPORT - DHADING. Kathmandu : OXFAM GB .

Committee, D. D. (2015). Post Disaster Need Assessment of Dhading . Dhading: District Development Committee, Information Department .

project in Dhading district the mutual agreement between UNDP and Action Nepal was signed on 20th August 2018.

Section 2: Narrative Progress

Through projects altogether eighteen community rural infrastructures were constructed, and forty-five farmers group were supported with agricultural tools. As the main objectives of the project was to support in repair & maintenance of community infrastructure in earthquake affected communities and to insure the function of livelihood activities disturbed by the disaster. Strong partnership and collaboration with local government and community has insured the fulfillment of assumed objectives. And, it has also insured the generation of short-term employment in the projected rural municipalities; Neelkantha and Netrawati.

For the effective and participatory implementation of the project, the inception meeting was conducted. The CILRP project team gave a brief introduction about the project to the representative of local government, followed by a discussion. During the discussion the working modality was discussed. On the base of understanding made in the inception workshop the local government purposed the possible schemes to the project unit, which was surveyed by the project engineers and the report was submitted to UNDP. Understating the budget constraint and objective of the project, schemes were selected as recommended by UNDP, setting a mutual understanding of funding, community contribution between local government and the project. Description of Project Activities

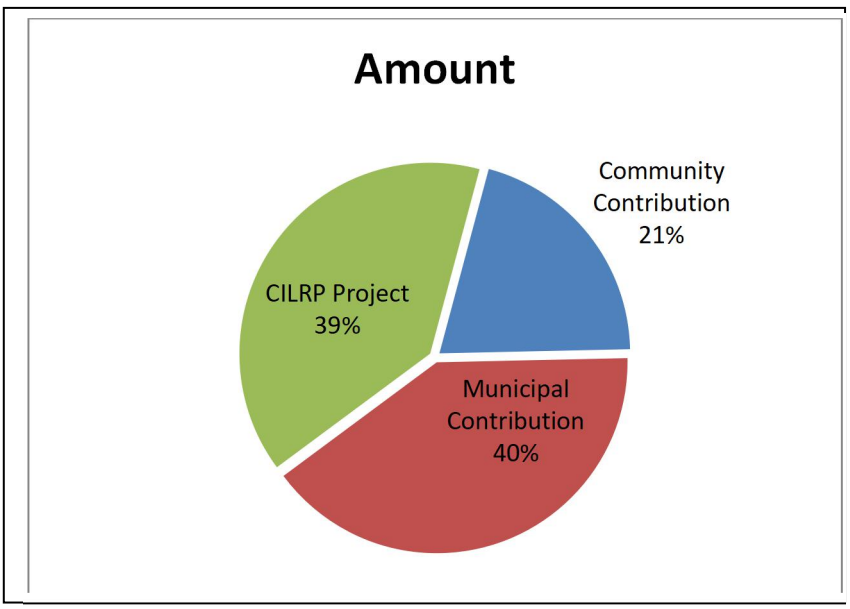
The project was designed in a unique way to insure the holistic development of the disaster affected community. It was divided into two parts; livelihood and community infrastructure. Community infrastructure was focused to support the community to give back their own disturbed communal practices of going to haat bazaar, regural community gathering spaces, religious places and the livelihood was focused to enhance their skills and capacity to assist them in build back better approach to regain their lost economy in disaster.

1.1 Community Rural Infrastructure Rehabilitation

Rural Municipalities	No.Of Scheme	Total Population	Disabaled Population	Single Women Headed HHs

Neelkantha Municipality	8	1544	4	17
Netrawati Rural Municipality	10	1107	7	34
Total:	18	2651	11	51

In collaboration with Local Government and the community, during the project period, the project supported eighteen community infrastructures among them five were irrigation scheme, which were constructed to assure the sufficient irrigation in the field so that the agriculture pattern practiced by the community will be more productive with a deep motive to slightly divert them towards the cash crops. Three schemes were the reconstruction of drinking water facilities to insure the assurance of safe drinking water, which also contributed in the kitchen garden irrigation introducing them the unique way to utilize the overflow and waste water through the MUS (Multiple Use System) approach adapted by Action Nepal in its different projects. The project also supported the community to reconstruct six multi-purpose community buildings. The main objective behind supporting the community building was to assure the communal place, where community can gather, interact and develop their own plan and strategies to develop their own community. As a part of local community development approach being followed by the Action Nepal, which is being defined in its theory of change modality (Action Nepal, 2018)[3], this kind of intervention help to produce more social leaders which ultimate supports the sustainability of development activities. Meanwhile, the project has also supported the reconstruction of two local tourism promotional places.



[3] Action Nepal, Theory of Change, 2018

Through the constructed community infrastructure all together twenty six hundred and fifty one community members have been directly benefited, among them eleven are physically challenged and fifty one are single women who are taking responsibility of the entire house.

Name of project/ scheme	CILRP Constribution, NPR	Community Contribution, NPR	Municipal Contribution	TOTAL Cost, NPR
Danda Gaun Womens krishak Building Construction	777,772.14	315693.04	485000	1,578,465.18
Satbise Krisal Samuha Building	804,051.54	322262.85	485000	1,611,314.39
Khanigau Community Building	695026.01	295006.5	485000	1,475,032.51
Alchhidada Community Woman Group Building	416,299.13	176824.79	291000	884,123.92
Gorkhali Womens Building Construction Committee	361,320.00	138831	194000	694,151.00
Jawalamukhi Guthi Khet Irrigation cannel Construction Committee	186,338.85	167834.72	485000	839,173.57
Badagara Irrigation Scheme	168,754.45	163438.61	485000	817,193.06
Sisneri Irrigation	250,683.60	183920.9	485000	

Scheme				919,604.50
Alichey WSS	309,928.80	164,982.20	350,000.00	824,911.00
Tallo Bayarthok WSS	323,270.40	170,817.60	360,000.00	854,088.00
Mahadevtar irrigation	316, 206.77	171,409.73	370,000.00	857,616.50
Deurali Gumba	751,305.24	448,441.82	750,000.00	1,949,747.06
Ghormu Irrigation	298,778.10	157,194.53	330,000.00	785,972.63
Tharpu Community building	388,956.31	217,232.61	440,000.00	1,046,188.92
Kuvinde WSS	417,099.20	209,274.80	420,000.00	1,046,374.00
Chautara Community Building	703,447.69	363,361.92	750,000.00	1,816,809.61
Tikhadung Community building/ collection center	727,949.67	374,487.42	770,000.00	1,872,437.09
Herara tal	391,170.71	278,141.90	540,000.00	1,209,312.61
TOTAL	**82,88,358.48**	**4,319,156.94**	**8,475,000.00**	21,082,515.55

The total cost of the construction of community Infrastructure is NPR 21,082,551.55 , among them 40 % (NPR 8,475,000) was contributed by the Local Government and 21% (4,319,156)

was contributed by the community through labour or kind. The contribution of CILRP project is NPR 8,288,358 which is 39% of total cost. The above figure shows how effective and collaboratively the project were implemented in the local community.

1.2 Rural Livelihood Support

To enhance the capacity of rural farmers, fourty five mini tillers were supported through the project, ensuring the proper technical support is being delivered regarding the operation of the tools. The support has made a positive impact in the community minimizing the work load in the field and giving them enough time to contribute in other works. The operations of mini tillers have directly benefited two thousands three hundred and seventy four farmers in their improved farming system. It is believed that with the help of the technology being supported by the project, they will be investing more time on cash crop production, so that their present status will be a bit uplifted.

The project also supported five marginalized black smith households with improved Iron set so that they can still continue their livelihood intervention in a better and effective ways. Similar support of Sewing machine to ten households has ensure the regular income source in those marginalized households who had talents but didn't have any resources to purchase the machine which was damaged by the disaster. Beside that, two musical set (Panchye Baja) were supported to community groups with a purpose to have regular income in the group. As the panche baje is used in most of the community celeberations and other function it will directly benefit more than a thousand of community people during their requirement.

Municipals	Support from UNDP / Action Nepal	Support from Rural Municipalities	Status
Neelkantha Municipality	Mini Tiller = 25 Improved Iron= 5 Set.	Mayor Entrepreneurship Development program	15 April, 2019

	Sewing Machine= 10 set Musical Instruments= 2set		
Netrawati Rural Municipalities	Mini Tiller= 18	2)Duna Tapari 3)Plumber Training 4) Mini Tiller Repair Training 5) Plastic Tunnel 6) Plastic Tunnel Training	15 April , 2019

कलो निमार्ण सम्पन्न भएको छ अब यो जग्गामा मैले

1.3 Monitoring and Evaluation

The project was being monitored in three levels; from the project management unit of the Action Nepal, the local stakeholders of the community including the local government representatives and from the supporting agencies, UNDP. Feedbacks and recommendations from the monitoring teams were adopted by the project team in order to make project more impactful.

1.4 Public Audit and Visibility

After the completion of the project, public audit was conducted to ensure the proper mobilization of the fund being supported by the project. During the public Audit in presence of representative of local government the treasurer shared all the details of expenses that was made during the construction, after sharing the details the forum was open for all to discuss on any confused issues. Community were so happy to knew all details. The visibility board has been placed in every scheme to give the detail information of the project to the community and the public.

2.1 Sustainability status

As the project was joint collaboration between the CILRP team, local government and the community. the tri party agreement has been signed for the functional use of the support provided by the project. Besides, a strategic plan has been designed as mentioned below, to assure the sustainability of the project.

- ✓ For the sustainability of the water schemes supported by the project, the user community has started collecting the regular tariff, which will be deposited in their operational and maintenance fund.
- ✓ The subcommittee meeting is being conducted regularly at least once in a month and has been resolving any emerging issues that arises.
- ✓ The committee has developed their guideline for the operation of the community building
- ✓ A guide line of operation of the mini tiller has been provided to the supported agro farming groups.

Section 3. Best Practices and Initiations, Challenges and Lesson Learnt

Challenge

- Since the project was based on mutual funding with government, to work with norms and policy of government was a big challenge as it was not -practiced after the disaster scenario
- To complete overall project on a short time itself was a challenge
- To coordinate and aware the community for their contribution was a bit challenging in the initial stage
- Lack of technical and social staff from the government level
- The unexpected bad weather conditions (heavy rainfall) have halted the construction work in all schemes.
- People in community celebrate many festivals and events. The community people are unable to work in such festivals and events (like marriage, death, birth, etc.) which also affect the progress of construction works of the schemes.

- The unavailability of enough local skilled manpower has also been a challenge. The hiring of skilled worker from other district is expensive and could lead to exceeding the estimated budget for mason worker of the schemes

Good Practices

- The local government officials are informed before conducting any events in the community and the event is also managed according to feasible time of community members and local government. There was good participation of ward chairpersons and other officials in the events. The local governments are positive regarding the construction of schemes and have urged community people to support for the timely completion of project activities.
- The community people are mobilized during construction, develop self -motivation and to ensure the sustainability of the project.
- Good governance system has been implemented through this project
- However it was so challenging to make it, but regural motivation and mobilization significant community contribution with women participation was observed during overall project duration and the project was well owned by the community.
- Though we estimated community tap, Kuvinde community contributed the deficit amount themselves and built the yard tap which is praise worthy work
- Community building was so needy that it has been used for various programmers immediately after the construction work has been completed

Annex III : Annual Report of Rapid WASH project

Executive summary

WASH Recovery Intervention-Round-3 has reached near to the end of planning phase in Dhading. Formation of Water Users and Sanitation Committee (WUSC) has started. Community consultation was done for the proper formation of WUSC in all the wards. Thirteen Drinking Water and Sanitation Schemes (DWSS) have been approved by Mott Macdonald so far which covers 6839 beneficiaries of 1233 households from three different palikas of Dhading (Nilkantha Municipality, Jwalamukhi Rural Municipality and Thakre Rural Municipality). All of the palikas have signed MOU with the organization and the WUSC will sign MOU once their formation process ends that will be followed by the issue of purchase order. The design and estimation of all 13 DWSS is finalized. Gender Equality and Social Inclusion is ensured in the WUSCs as well as events formed and organized so far.

In addition to it, there is a good amount of contribution for the project by the communities of respective DWSS. Besides that, palikas have pledged to support Sopyangtar Jugekhola DWSS, Sisneri DWSS, Makkalkhola Chisopani DWSS, Batuwa DWSS, Thulopokhari Deep Boring DWSS and Bhaluwan DWSS financially. Among the thirteen approved DWSS, four are of lift system while the other nine DWSS are the gravity. The design and estimation is relevant to its respective technology, population and remoteness. Hygiene sessions have become more systematic due to the creation of hygiene plan in accordance to the status of beneficiaries. KAP survey with magpi has begun after successfully conducting the focus group discussions. The target for the next quarter is completion of WUSC and sub-committee formation including the selection of CHP and VMW which will be followed by preconstruction training, issue of purchase order, household monitoring chart installation and conducting hygiene sessions with PHAST tools and MHM sessions.

Status of water supply scheme selection

13 Drinking Water and Sanitation Scheme were selected by third quarter in Dhading among which 1 is from Jwalamukhi Rural Municipality, 7 from Nilkantha Municipality and rest 5 from Thakre Rural Municipality. All of them were approved by DCA and Mott Macdonald. 6839 beneficiaries from 1233 households from three palikas of Dhading are to be served via the scheme among which Jwalamukhi covers 2270 beneficiaries from 393 households of

ward 5, Nilkantha covers 2289 beneficiaries from 438 households from five different wards (2, 7, 9, 13 and 14) and Thakre covers 2280 beneficiaries from 402 households of ward no. 4, 5, 7 and 11. Though the areas are not much remote, the population includes vulnerable, marginalized and extremely needy communities.

S.N	Name of water scheme	Palika	Ward no.	Beneficiary no.	HH no.	Remoteness
Jwalamukhi Rural Municipality						
1	Thulo Pokhari Deep Boring DWSS	Jwalamukhi	5	2270	393	No
Nilkantha Municipality						
1	Makkal Khola Chisapani DWSS	Nilkantha	2	339	77	No
2	Sisneri DWSS	Nilkantha	7	619	113	No
3	Bhaluwan DWSS	Nilkantha	9	341	65	No
4	Jhagare DWSS	Nilkantha	9	293	54	No
5	Gairikholachhap Khalchet DWSS	Nilkantha	13	231	41	No
6	Batuwa DWSS	Nilkantha	13	260	49	No
7	Tindovane Chinnekharka DWSS	Nilkantha	14	206	39	No
		TOTAL		**2289**	**438**	
Thakre Rural Municipality						
1	Kamrang Brihat DWSS	Thakre	4	735	125	No
2	Mulkhola Debalichhap Ratmate DWSS	Thakre	4	634	103	No
3	Mulkhola Thakam DWSS	Thakre	5	404	71	No
4	Sopyangtar Pauwatar Junge khola Brihat DWSS	Thakre	7	371	71	No
5	Amaldada Beltar DWSS	Thakre	11	136	32	No
		TOTAL		**2280**	**402**	
TOTAL OF 13 APPROVED DWSS				**6839**	**1233**	

Status of scheme design and estimation (districtwide/partnerwide/Population and nos of schemes, remote schemes), Narrative followed by tables

The design and estimation of all the 13 selected drinking water and sanitation schemes in Dhading were completed and approved by Mott Macdonald.

S. N.	Project name	*Palika*	Ward	Population	Construction Cost	Total Cost NRS
1.	Amaldada Beltar DWSS	Thakre	11	136	621123	1039993
2.	Kamrang DWSS	Thakre	4	735	2579221	4178163
3.	Mulkhola Debalichhap Ratmaate DWSS	Thakre	4	634	1833478	3234925
4.	Sopyangtar Jugekhola DWS	Thakre	7	371	592590	1392039
5.	Mulkhola Thakam DWSS	Thakre	5	404	1273796	2143759
6.	Makalkhola Chisopani DWS	Nilkantha	1, 2	339	2354210	3821671
7.	Sisneri DWSS	Nilkantha	7	619	1113754	2431289
8.	Batuwa DWSS	Nilkantha	13	260	1,795,160	3,416,167
9.	Gairikholachhap Khalchet Khursanikharka DWSS	Nilkantha	13	231	1,000,949	1,743,719
10.	Tindovhanne Chinnekharka DWSS	Nilkantha	14	206	788,760	1,177,862
11.	Thulopokhari Deep	Jwalamu	05	2,270	3,144,903	5,031,850

	Boring DWSS	khi				
12.	Jhagare DWSS	Nilkantha	09	293	8,24,662	12,73,023
13.	Bhaluwan DWSS	Nilkantha	09	341	21,39,158	37,42,275

Summary of cost with breakdowns of project, community and Gaupalika contribution, by technology, remoteness, by district

All the five Drinking Water and Sanitation Schemes of Thakre Rural Municipality; Amaldada Beltar DWSS, Kamrang DWSS, Mulkhola Debalichhap Ratmate DWSS, Sopyangtar Jugekhola DWSS and Mulkhola Thakam DWSS are of gravity system in which the community contribution is NPR 418,871, NPR 1,598,942, NPR 1,401,447, NPR 356,746 and NPR 869,963 respectively. Likewise in case of Nilkantha Municipality, Jhagare DWSS, Sisneri DWSS, Gairikholachhaap Khalchet Khursanikharka DWSS and Tindobhane Chinnekharka DWSS are gravity system with the community contribution of NPR 448,362, NPR 577,256, NPR 742,769 and NPR 389,102 respectively where as the remaining ones i.e. Makkalkhola Chisopani DWSS, Batuwa DWSS, Bhaluwan DWSS are the lift systems with the community contribution of NPR 514,250, NPR 604,660 and NPR 649,906 respectively. Thulopokhari Deep Boring DWSS of Jwalamukhi Rural Municipality is a deep boring system for which the community is contributing NPR 1,215,696.

S. N	**Project name**	***Palika***	**Ward**	**Pop-ulation**	**Project's cost**	**Palika/ Gaupalika's cost**	**Community contribution**	**Total Cost**
1	Amaldada Beltar DWSS	Thakre	11	136	621123		418,871	1039993
2	Kamrang DWSS	Thakre	4	735	2579221		1,598,942	4178163
3	Mulkhola Debalichhap	Thakre	4	634	1833478		1,401,447	3234925

	Ratmaate DWSS							
4	Sopyangtar Jugekhola DWS	Thakre	7	371	592590	442,702	356,746	1392039
5	Mulkhola Thakam DWSS	Thakre	5	404	1273796		869,963	2143759
6	Sisneri DWSS	Nilkantha	7	619	1113754	740,280	577,256	2431289
7	Gairikholachhap Khalchet Khursanikharka DWSS	Nilkantha	13	231	1,000,949		742,769	1,743,719
8	Tindovhanne Chinnekharka DWSS	Nilkantha	14	206	788,760		389,102	1,177,862
9	Makalkhola Chisopani DWS	Nilkantha	1,2	339	2354210	953,212	514,250	3821671
10	Batuwa DWSS	Nilkantha	13	260	1,795,160	1,016,347	604,660	3,416,167
11	Thulo-pokhari Deep Boring DWSS	Jwalamukhi	5	2,270	3,144,903	671,251	1,215,696	5,031,850
12	Jhagare DWSS	Nilkantha	9	293	824,662		448,362	12,73,023
13	Bhaluwan DWSS	Nilkantha	9	341	2,139,158	953,212	649,906	3,742,275

Status of hygiene promotion plan (districtwide/partnerwide/Population and nos of schemes); Narrative followed by tables

Sanitation and Hygiene promotion plan of 13 DWSS were prepared after Focus Group Discussions (FGD) with respective community in presence of key persons (teacher, Female Community Health Volunteers, local body representatives, mother's group etc.) These prepared plans will be endorsed by respective WUSC during pre-construction training to WUSC. Household monitoring chart installation and KAP survey with magpi was started on some schemes. Hygiene sessions on six key hygiene messages were started and till date 5 sessions were conducted by Hygiene Facilitators.

Status of MOU with Gaupalikas and WUSCs

MOU has already been signed in between the organization and the three palikas; Nilkantha Municipality, Jwalamukhi Gaupalika and Thakre Gaupalika. However, the MOU is yet to be signed with Water Users and Sanitation Committee (WUSC) as the process of WUSC formation has just begun in all the wards.

S.N.	Name of Palika	MOU signed on
1.	Nilkantha Municipality	27th Sep, 2018
2.	Thakre Rural Municipality	25th Sep, 2018
3.	Jwalamukhi Rural Municipality	27th Sep, 2018

GESI related issues and actions

Women from marginalized group were engaged for scheme selection. Women's decision was prioritized during vulnerability scoring for scheme selection. Through the letter, all the wards were requested to lead the Water Users and Sanitation Committee (WUSC) and sub-committee formation process and instruct the local people to make minimum 50% of women participation in the committee. WUSC was formed at Bhaluwan DWSS (Nilkantha-9) and Mulkhola Thakam DWSS (Thakre-5) on 28th Sep, 2018 and 30th Sep, 2018 respectively ensuring women in two key positions and minimum 50% of women's participation in the committee. Formal and informal orientation as well as community consultation was done at

all the wards to discuss the roles and responsibilities of WUSC, CHV, VMW and encourage the women to actively participate in the overall activities that are to be conducted through the project.

Key Challenges

- Authentic data collection was a huge challenge as the local bodies were unknown about their own demographic details.
- Scheme selection was difficult as the criteria of the local bodies were different than the vulnerability criteria of the organizations.

Major Lesson Learned

- Hygiene promotion plan seems to be very systematic and significant as it helps to conduct the hygiene related activities in an organized way. It helped to set the target, goal, time frame and make the plan in accordance to the status of beneficiaries.

Plan for next quarter

- WUSC and sub-committee will be formed in the initial phase of the fourth quarter. Minimum 50% participation of women will be ensured in all the committees. Also, MOU will be signed with all the WUSCs.
- CHP selection will be completed. Educated females who will stay in their local place for a long time will be given priority for CHP selection. Training will be organized for building the capacity of CHP so as to enable them to conduct the hygiene sessions effectively.
- Village Maintenance Worker (VMW) will be selected for each DWSS. They will also be trained on basic care and maintenance of the DWSS.
- Household monitoring chart with six key hygiene message indicators will be installed in each household of all the DWSS. The chart will be followed up periodically by the hygiene facilitators.
- Hygiene sessions on each water schemes using the PHAST tools will be conducted by the CHP and hygiene facilitators.

- Menstrual Hygiene Management (MHM) sessions will be conducted.
- Sanitation and hygiene plan will be endorsed by each WUSC.
- Sanitation map will be prepared for each DWSS led by the WUSC.
- Triggering activities (Lokdohori, cleaning campaign etc) will be conducted.
- First monitoring will be done by the local government representative jointly with the monitoring sub-committee of WUSC.
- Hygiene KAP Survey will be conducted through Magpi app to collect the data regarding the current hygiene status off the beneficiaries. The data collected will be utilized for further hygiene plan.
- Preconstruction Training will be given to the members of WUSC of each DWSS before starting the construction phase.
- Public Hearing will be done in all the DWSS and public hearing board will be displayed before starting the construction phase.
- Materials will be transported to the construction area of each DWSS after the public hearing is done.
- Construction of the DWSS will be started.

Annex IV : Annual Report of SAHAS project

Progress on Programme/Project Output/Outcomes

Intervention Logic	Indicators	Progress in Outcome/ Output Indicator till this Reporting Period
Output 1: Community infrastructures damaged from disaster are reconstructed.	1.1. Number of infrastructures identified which need renovation/reconstruction support. 1.2. Number of infrastructures reconstructed at communities	1.1 One time survey completed. From which 26 (13 in 2018 and 13 in 2019) such infrastructure which need renovation and reconstruction identified. 1.2.1 Till now five small scale mitigation scheme completed 4 in 2018 and 1 in 2019). 1.2.2 Two (of 2018) Community level WASH intervention is also complete. 1.2.3 Two (of 2018) community building is complete. 1.2.4 Two (of 2018) WASH in both community building is complete. 1.2.5 One (of 2018) MUS is also completed.
Output 2: Vulnerable households are supported with immediate livelihood needs.	2.1. % of vulnerable households supported with immediate livelihood needs. 2.2. % of targeted HHs practiced saving and credit at local cooperative. 2.3. % of targeted HHs in communities established home garden and consumed diversified vegetables	*2.1 360 HHs (in 2018) and 261 HHs (in 2019)were supported with vegetable seeds, 366 HHs (in 2018) and 300 HHs (in 2019) supported with Fruit saplings, 25 ICS (in 2018) and 100 HHs (in 2019) were already distributed, 75 HHs (in 2018) and 20 HHs (in 2019) supported by Tomato polyhouse and 40 HHs supported with off seasonal cucumber and bitterguard support.* *2.2 4% (22 book keeping 18 leadership participants from cooperative).In addition, three awareness events on importance of cooperative were conducted..* *2.3 360 HHs (in 2018) and 261 HHs (in 2019) were supported with vegetable seeds, 366 HHs (in 2018) and 300 HHs (in 2019) supported with Fruit saplings. Fresh vegetable grown from own garden is being used.*

		and fruits.	
	2.4.	% of targeted HHs succeed to earned additional income from on and off farm activities.	*2.4 140 member farmer group formed and in 2018, around 120 people participated in commercial vegetable and off seasonal vegetable production training. While in 2019, 46 individual participated in commercial and off seasonal vegetable production training. In addition to this, bee keeping training to 8 farmers were also provided in 2019.*
	2.5.	Number of cooperative managed farmer's product collection center established/strengthened.	*2.5 Four agro cooperatives were strengthened by supporting carat and weighing. In addition to this, One cooperative & collection management training, one market management committee formed and another guideline & business plan training to all six cooperatives.*
	2.6.	# of value chain managed by cooperatives in high value crops.	*2.6 Value chain of tomato (Making tomatoes ketchup) were managed in two different places by two different cooperatives during 2018.*
Output 3: Household health, nutritional behavior and sanitation practices of women and children is improved.	3.1.	Number of school level child clubs formed/reformed.	*3.1 Six school child clubs formed/ reformed in Dhading.*
	3.2.	Number of additional class on nutrition and sanitation taken by focal teacher at basic education school.	*3.2 One focal teacher training on nutrition, sanitation and hygiene to eighteen schools. Six orientation on healthy garden healthy home training to child club schools provided.*
	3.3.	% of mothers groups conduct campaigns on health, nutrition and	*3.3 Two mother group campaign on food hygiene conducted and others supported with dustbin and organised community cleanliness campaign.In 2019, Mother group conducted awareness campaign in use of temporary and permanent contraceptic measure.* *3.4 In 2018, all twenty schools were supported with educational & learning materials. All school supported with school bags. three schools supported with tiffin box and*

	sanitation. 3.4. # of school supported with educational and learning materials	*tumlet. In addition to this, sound system and musical instruments were also supported to twenty schools.In addition to this, for 2019 also we are going to support school with ECA materials.*
Output 4: Capacity of community people especially women and children improved to prepare for and respond in disasters.	4.1. # of school children who can share at least 3 disaster preparedness measure 4.2. # of communities with DM plan ***4.3.*** % of people in communities who practice 5 or more disaster preparedness measures identified in the community DM plan. 4.4 % of people in communities who can share at least 5 disaster preparedness and response measures.	*4.1 In case of Dhading, five training (in 2018) and four training (in 2019) on safe hygiene during disaster completed, two (in 2018 and eighteen (in 2019) disaster preparedness program, and one advance level first aid training (awareness program on disaster) provided during 2018. In addition, first aid kit box, stature were also supported to the schools.*

Conclusion

To suffice; all the programs were carried out successfully. In this project's tenure; we are cordially thankful to all the staffs, board members, donors, stakeholders and concerned authorities for their role to help Action Nepal climb another one step in the voyage of reaching goals.