



CARE NEPAL ANNUAL REPORT 2007





# Strategic Plan 2006 - 2009

## Vision

From the high Himalayas to the plains of the Terai, we seek a peaceful and harmonious society in which poor, vulnerable, and socially excluded people live in dignity, and their rights are fulfilled. We will be a partner of choice and be recognized for our commitment to social justice.

## Mission

We facilitate the empowerment of poor, vulnerable and socially excluded people to fulfill their basic needs and achieve social justice. This will be attained through:

- Addressing social, cultural and political discrimination
- Supporting sustainable economic development
- Facilitating micro/macro linkages for policy influence
- Promoting conflict sensitive programming
- Forging local, regional and global alliances and partnerships
- Preparing for disaster risk reduction and emergency response

## Goal

CARE Nepal and partners work will lead to equitable and sustainable development resulting in greater gender and caste equity and improved livelihoods of the poor, vulnerable and socially excluded. Our work will contribute towards creating an enabling environment where they can fulfill their rights.

## Strategic Directions

**1** To integrate rights, equity and governance perspectives in all CARE Nepal programs, to address systemic, structural and policy related causes of poverty and social injustice.

**2** To promote and advocate for equitable and sustainable access of poor, vulnerable and socially excluded people to basic services and resources for secured livelihoods.

**3** To mainstream conflict sensitivity into all CARE Nepal programming in order to minimize its negative impact and position ourselves to engage in peace building.

**4** To build strategic alliances and accountability of CARE Nepal, partners and communities for disaster risk reduction and emergency response.



## Geographic Focus

Remote areas and the Churia Hills, with a secondary focus in the Mid/Far-Western and Central Terai, and selected urban and peri-urban centers.

## Population Focus

Landless people, *Dalits*, *Janajatis*, *Kamaiyas*, *Haliyas*, people living with and affected by HIV and AIDS, sex workers, and conflict- and disaster-affected people, who are poor, vulnerable and/or socially excluded, recognizing that women, children and youth cut across all categories.

## Enabling Strategies

**1** To develop diversified funding portfolio to strengthen CARE Nepal's strategic program focus.

**2** To develop and implement a comprehensive transformation strategy that aligns the organization with the strategic program focus and ensures program quality.

# Message from Country Director

CARE has worked in Nepal for the past 30 years, aligning its efforts with the broader development issues in the country. In the past two years, the political context within Nepal has evolved rapidly – first with the people’s movement of April 2006 and then with the peace accord of November 2006. Despite uncertainty about Nepal’s future, these events brought an end to the armed conflict and hope for a more stable future.

The euphoria in the aftermath of these events was sufficient grounds for optimism in CARE Nepal, both for new and exciting development possibilities and challenges, and emerging possibilities for more mainstream engagement in the making of a ‘New Nepal’. CARE now has better access and ability to interact more significantly with communities while carrying out its work. However, the ongoing conflict issues, particularly in the Terai, have hindered the access of the poorest people to their livelihoods. This situation continues to prevent the poor, vulnerable, and socially excluded, especially children, youth, and women, from benefiting through development programs.

Although this environment creates more challenges to the work of organizations like CARE, it helps to strengthen CARE’s resolve to continue its work in these areas, diversify its engagement with civil society actors, learn from them, and collaborate with them in the above efforts. This opportunity for engagement also extends to discussion and action with government agencies as they seek to develop their priorities in line with the people’s aspirations. The people’s movement has changed people’s perceptions and brought about an opening up of society that promotes breaking down of hierarchy and formation of people’s groups.

CARE Nepal’s Strategic Plan (2006 to 2009) calls for an understanding of the underlying causes of poverty and also examines how violations of rights continues to hinder sustainable changes to improve the lives and livelihoods of the poorest women, girls, and youth among ethnic minorities, indigenous and caste discriminated groups.

The current context requires greater transparency and accountability, so CARE has realized that its own processes must stand for scrutiny leading to a critical review of its policies, systems, and procedures, which would address the needs of a transforming society and its aspirations. Internally, the year has seen greater diversification of the CARE portfolio in terms of addressing the new and emerging issues mentioned above with diverse stakeholders, such as communities and their representative groups, government agencies, people’s organizations, NGO and INGO partners, and other civil society and private sector partners.

Finally, the call for a ‘New Nepal’ and a constituent assembly are an opportunity to engage with different stakeholders and processes to bring the disadvantaged into the political process through greater awareness and dialogue.

Alka Pathak

*CARE Nepal continues to work according to CARE’s global focus and priorities by assisting the poorest women and girls, who live in situations of poverty and deprivation – to create a world where all people have the opportunity to realize their full potential and find their own voice. Because in the end that is the key to ending injustice and poverty.*

*The CARE International Confederation of twelve member organizations has its Secretariat in Geneva. CARE Nepal operations are coordinated by its “Lead Member” CARE USA.*



# 1 CARE in Nepal

**CARE** was one of the first INGOs to begin working in Nepal in 1978. At first, it worked to address the basic needs of rural communities by directly implementing infrastructure projects, agriculture extension activities, and natural resource management projects. In 1990, the advent of multi-party democracy facilitated the emergence of civil society associations, which led to greater engagement with these organizations for community empowerment.

For the past five years, CARE Nepal has progressively moved from service delivery for basic needs to addressing the systemic and structural causes of poverty and social injustice, such as discrimination based on gender, caste, class, ethnicity; poor governance; and vulnerability from conflict and natural disasters.

Currently, CARE incorporates these issues into its work in the following intervention areas:

- Natural resources and environmental management
- Children, mothers, and family health
- HIV and AIDS
- Rural infrastructure (quick impact program)
- Economic opportunities
- Popular /non-formal education
- Disasters and emergencies
- Community peace building
- Civil society strengthening
- Advocacy and policy engagement

Today, CARE's portfolio includes 21 projects and programs, in 42 districts. It works with over 50 local NGOs, networks, and federations and over 1,000 community groups. Its budget has increased from US\$ 2.6 million in 1995 to US\$ 10 million in 2007. CARE works with a number of donors and is committed to further diversifying its funding base.



# 2 CARE's target groups and project areas

CARE Nepal's primary target populations are landless people, Dalits, Janajatis, Kamaiyas, Haliyas, people living with and affected by HIV and AIDS, sex workers, and conflict- and disaster-affected people, who are poor, vulnerable and socially excluded (PVSE). Its geographic focus is those areas where environmental conditions are fragile, communities are isolated, infrastructure is weak, social exclusion and gender discrimination are widespread, and where it has previous experience.

CARE has identified two priority geographic areas in remote areas of the Far/Mid-Western Region and the Churia areas of Terai in the Central Region. Accordingly, in 2007, CARE spent 44% of its funds in the Far-Western Region and 26% in the Terai districts of the Central Region.



# 3 CARE Nepal is committed to...

## Addressing the underlying causes of poverty

People are often poor not only because they lack assets and skills, but also because they suffer from social exclusion, marginalization, discrimination, and a disproportionate burden of poverty. Poverty in Nepal is associated with high rates of unemployment, landlessness, social exclusion, power discrimination, gender inequity, low literacy, poor health status, environmental degradation, and vulnerability. As well, progressive laws and procedures are not implemented effectively or systematically due to weak governance and a lack of political and bureaucratic will.

CARE Nepal is committed to addressing underlying causes of poverty in order to make lasting positive changes in the human condition, social position, and enabling environment of poor, vulnerable, and socially excluded people.

## Aligning with national strategies of GoN

CARE aligns its work with the national poverty reduction strategy of the Government of Nepal (GoN) expressed in the Poverty Reduction Strategy Paper (PRSP) which also aligns to the Millennium Development Goals (MDGs) and recently developed government interim plan.

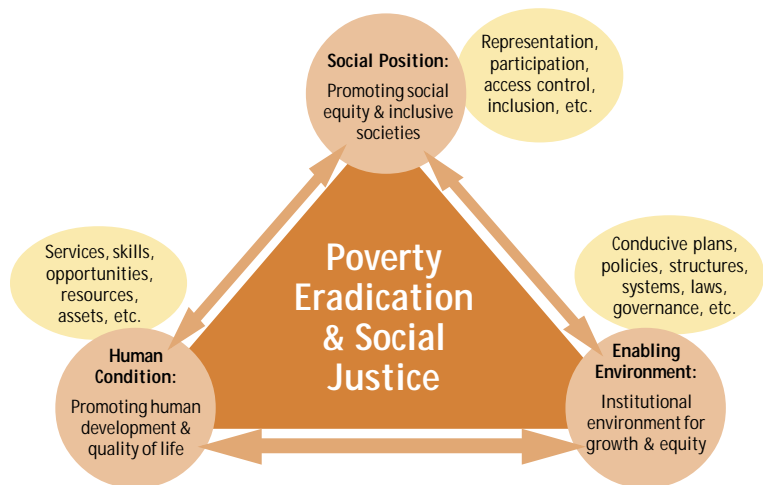
# 4 CARE Nepal works...

## According to the unifying framework

CARE Nepal's work is guided by the Unifying Framework and CARE International's Programming Principles.

**Unifying Framework:** CARE uses Unifying Framework to analyze the root causes of poverty and social injustice, design and implement interventions, and monitor outcomes:

- **Improving human conditions** to meet people's basic needs and promote livelihood security.
- **Improving social positions** by supporting people's efforts to fulfill their rights and aspirations.
- **Creating an enabling environment** by supporting institutions to be more inclusive for equitable societies.



## Promoting change in critical areas

CARE Nepal aims to promote lasting positive changes, related to the Unifying Framework, in order to achieve its goal of reducing poverty. These changes include:

- Shifts in power relations to address the vulnerability and marginalization of poor people and inequities between genders
- Increased income of poor people from equitable access to and control over resources, assets, and social services
- Capacity to cope with emergencies, shocks, and conflict, and to protect assets
- Equitable policies, norms, and active participation in decision making and governance

## Adapting to a program approach

CARE defines a program as *'a set of focused and mutually reinforcing activities – some project based, some non-project based; some carried out by CARE, many carried out by others – that are founded on an analysis of underlying causes of poverty and social injustice, and which over time lead towards the sustainable achievement of a shared rights goal'*.

CARE's program approach examines the issues affecting poverty and social injustice to develop a comprehensive strategy that addresses the needs and aspirations of people to have more impact on the lives of PVSE. It focuses in select areas where there is a congruence of issues of PVSE, based on its analyses of conflict, social relations, political economics, and functional partnerships.

In the program approach, CARE identifies strategic partnerships and alliances, initiates multi-level advocacy; promotes organizational learning; and utilizes a multi-sectoral approach.

As a starting point, CARE's existing projects working with different groups and communities build on commonalities to promote coordination and synergy for greater impact. CARE endeavors to leverage more flexible and diversified funding to get beyond the limitations of the previous project funding cycle. It also works with other organizations and networks at local, national, regional, and international levels.

## Ensuring program quality through CI Programming Principles

CARE Nepal programs aim to meet following non-negotiable quality standards.

- Apply CARE International Program Principles in all our programming.
- Conduct contextual analysis for each selected population group in a particular area to understand the underlying causes of poverty and promote local solutions.
- Address all three outcomes of CARE's unifying framework.
- Ensure long-term commitment to specific populations.
- Monitor impact rigorously for evidence of short and long-term improvements in PVSE's lives and contributions to the Millennium Development Goals (MDGs).
- Commit as an organization and individuals to using critical reflective learning, sharing, and knowledge management in the process of changing attitudes and mindsets.

## CARE International Programming Principles

- 1 Promote Empowerment:** We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.
- 2 Work with Partners:** We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.
- 3 Ensure Accountability and Promote Responsibility:** We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.
- 4 Address Discrimination:** We address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.
- 5 Promote Non-Violent Conflict Resolution:** We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.
- 6 Seek Sustainable Results:** As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.



# CARE Nepal's mission level achievements in 2007

## Achievements in CARE's Strategic Directions and Strategies

### Strategic Direction #1 - Rights, Equity, and Governance:

- Formulated and used tools and analytical frameworks, such as the Gender Analysis Framework
- Reviewed organization plans, policies, and programs from a gender perspective and diversity to mainstream gender and social inclusion
- Consolidated efforts to forward rights-based approach balancing immediate needs with strategic interests
- Demonstrated the interdependency of poor and rich in power relationships for a just society
- Engaged in networks to advocate the issues of PVSE at all levels for greater democratic rights
- Institutionalized practice of public hearing and audits at the community level
- Contributed to the revised Community Forestry Guideline and the Interim Plan on Forestry to make them more inclusive and equitable
- Shared its experiential learning about governance in natural resource management at national and international forums

### Strategic Direction #2 - Secured Livelihoods:

- Applied well being ranking as a tool to identify the PVSE in groups for activities to improve their livelihoods
- Promoted application of pro-poor policy in resource based groups
- Introduced comprehensive livelihood plans at household and community levels
- Demonstrated the positive impact of community forest management on poverty, if the resources can be controlled by the poorest people
- Engaged critically with policy makers regarding existing policies that prevent PVSE progress

### Strategic Direction #3 - Conflict Sensitive Programming and Peace-building:

- Mainstreamed conflict sensitivity and peace building into CARE projects and programs
- Enhanced the role of women in implementation of United Nations Security Council Resolution 1325.
- Strengthened engagement of women through Peace Promotion Centers





#### **Strategic Direction #4 - Disaster Risk Reduction and Emergency Response:**

- Developed emergency preparedness plans and engaged in networks
- Formed community level disaster risk reduction (DRR) committees and strengthened their capacity to develop and implement DRR plans
- Initiated mainstreaming of DRR into long term development programming

#### **Enabling Strategy # 1 - Diversified funding portfolio:**

- Secured funding from multiple donors to balance the funds available for work on emerging priorities, issues of the country, and strategic program priorities for CARE Nepal.

#### **Enabling Strategy # 2 - Organizational realignment:**

- Started to streamline its organizational systems, policies, and structure to be aligned with CARE's strategic plan
- Revised its Human Resource manual
- Reviewed its Organizational Management Team to make it more inclusive
- Reviewed its partnership strategy
- Initiated decentralization of its program management and operations.

#### **Some of the most significant achievements include:**

CARE Nepal's most significant achievements in 2007 were the initiating the Poverty Analysis to develop a deeper understanding of the underlying causes of poverty and power dynamics, developing an impact measurement system, implementing a program approach, reviewing its partnership strategy, and engaging with civil society to address issues of discrimination at the national and local levels.

#### **Initiated the Underlying Causes of Poverty Analysis**

CARE engaged communities and front-line workers in a systematic analysis and critical reflection on the underlying causes of poverty in order to better target the poor, address their key issues, and measure the impact on the poorest people. Through this process, it has understood how the political systems and policies, and power dynamics contribute to poverty. It strengthened the capacity of communities and PVSE to act to bring about social change.

#### **Developed Impact Measurement Systems**

In 2007, CARE developed a new Design, Monitoring, and Evaluation (DME) strategy to ensure the quality of program design, implementation, monitoring, evaluation, and learning. To assess the overall impact of its programs, CARE developed a mission level monitoring and evaluation plan, situation analysis guidelines, and revised M&E staffing to respond to the requirements.

CARE also developed indicator guidelines to measure progress and impact in the strategic plan directions. These include indicators to measure rights, reduced discrimination, conflict sensitivity, women's empowerment, and disaster risk reduction. It designed and revised systems for data collection, storage, and regeneration.

As CARE shifts to a program approach, it monitors how its work contributes to the five key change areas it has prioritized for Nepal.





Human Condition	Wellbeing of PVSE
Social Position	Gender equity focusing on PVSEs
	Social exclusion and discrimination based on gender, class, caste, and ethnicity
Enabling Environment	Governance
	Vulnerability, risks, and threats situation among PVSE

### Revised its Partnership Strategy

CARE recently revised the partnership strategy it developed in 2003 to make it more relevant to the changed context and needs. The revised partnership strategy aims to build more proactive engagements with a variety of stakeholders to address emerging issues and challenges mutually. The strategy responds to the changing socio-political context in Nepal and the need for development organizations to become more inclusive, responsive, accountable, and effective.

The strategy is a framework to guide the development and management of collaborative relationships and engagements with a variety of organizations at local, regional, and national levels.

### Developed a Gender Analysis Framework

CARE has developed a Gender Analysis Framework (GAF) to systematically address gender issues within its programs and policy. The GAF enables CARE staff and partners to analyze, develop, and implement programs and projects that bring equitable benefits, empowerment, and fulfillment of rights for PVSE women and men in targeted communities.

To mainstream its commitment to Gender Equity and Equality at its program and organizational levels, CARE is developing the technical expertise to make systems and institutional mechanisms gender responsive and to promote behaviour change of key actors.

### Initiated Transformation of the Organization and its Human Resources

CARE Nepal is in the process of transforming its organizational and individual thinking and systems in accordance with its progressive Strategic Plan and the emerging aspirations and needs of people in the changing context of Nepal.

CARE has revised policies and strategies to create a more open, safe, and transparent organization. These policies facilitate an environment where people are open to new ideas, responsive to change, eager to develop new skills and capabilities, open to critiques, and learning from outside sources. In this way, they are participating in the development of new leadership styles. Achieving organizational change requires changes in people's way of thinking and attitudes.

To make human resource recruitment more inclusive, CARE introduced affirmative action in favor of poor women and Dalit candidates without compromising competencies. This includes hiring more women managers in strategic positions. In 2007, CARE increased the percentage of women overall by 4%, but notably, coordinators, managers, and officers increased by 5%, 13%, and 7% respectively. Similarly, the number of Dalit managers increased by 8% in 2007.



## Enhanced Understanding of Urban Poverty

Given increasing poverty in urban areas of Nepal, CARE started a pilot initiative in August 2006 to build its institutional capacity in the urban poverty sector.

CARE enhanced its understanding of the policy and governance framework, implementation strategies, key stakeholders, urban poverty issues, and good practices in Nepal and the region. This has helped CARE to start building its own capacity through in-house discussions, exposure visits, experience sharing events, talk programs, and alliance building with concerned government agencies, municipalities, urban I/NGOs, and bilateral and multilateral projects.

## Engaged in Numerous Networks

CARE has increased its engagement with a greater variety of networks, which have been able to influence policies. By engaging outside of its regular projects, CARE has been able to expand the scope of its relationships and critical thinking. The most important of these include the following national and international networks.

- Association of International NGOs (AIN)
- Nepal Participatory Action Network (NEPAN)
- Disaster Preparedness Network (Dp-Net)
- National Land Right Concern Group (NLRCCG)
- Partnerships for Protecting Children in Armed Conflict (PPCC)
- Children Associated with Armed Forces and Armed Groups (CAAFAG)
- Advocacy Forum for Revitalizing Equitable Societies in the Himalayas (AFRESH)
- Climate Change Network Nepal (CCNN)
- Global Water Partnership / Nepal Water Partnership (GWP/NWP)
- South Asia Network for Gender and Training (SANGAT)



# 6 CARE Nepal's program achievements

CARE has promoted revisions of CFUG constitutions to include provisions for allocating CFUG funds to support livelihood activities for PVSE. **Radha Dhital** is the Chairperson, Mahila Upakar CFUG, Kohalpur, Banke: *"We have revised our CFUG constitution to allocate 25% of the fund to poor households. Six of 18 households in the poorest group now have support for income generating activities."*

**Shiva Raj Joshi** is a member of CFUG and as a member of one of the poorest households has received a loan to purchase goats. *"I got Rs 3,000 loan from the Revolving Fund and bought two goats. The loan was useful because I did not have goats before but if we could have a larger loan to buy 10-15 goats, then we would have more benefit. It would be better if goat rearing techniques were taught with this loan program."*

**Bharati Singh** has been a Female Community Health Volunteer in Kanchanpur for several years. *"CARE's program has made me capable, so people have started calling me for advice and suggestions at the local level. By forming a Female Community Health Volunteers' Coordination Committee (FCHVCC) with CARE support, we are serving poor people better. A few months ago, we were able to separate the DOTS (for tuberculosis) and children's vaccination centers so the children were less likely to contract infections."*

In 2007, CARE and its partners implemented 21 projects in 42 districts benefiting over 2.3 million people, of whom 58% were women. CARE analyzed its most significant program achievements according to key change areas that it has identified. The contributions of these achievements to the MDGs are described in Section 7.

## Improved Economical Status

CARE's projects all contributed to generating improved livelihood opportunities by creating employment, skills training, and income generating activities (IGA) for PVSE. Some illustrations include:

- Short-term employment worth 390,885 person days through rural quick impact infrastructure, with over 45% of benefits for women
- Partner CFUGs allocated Rs 9.5 million or 15% of total CFUG funds for pro-poor IGAs.
- Monitoring has documented that 2,300 households have increased long-term income through various IGAs

## Improved Access to Basic Services

CARE and its partners worked to link communities and service providers. It facilitated the implementation of services demanded by communities.

- 116,730 households in remote and conflict/disaster-affected areas have benefited from community led infrastructure such as 118 Drinking Water Supply Systems, 2,862 household toilets, 23 community toilets, and four drainage systems. They also benefited from improved infrastructure in 396 schools and 29 Health Posts and Sub Health Posts.
- Decreased the prevalence of diarrhea in children under five within 3-4 years - from 12.7% to 4.99% in 2007 in Kanchanpur and 50.7% to 17% in Bajhang, Dadeldhura, and Doti.
- Decreased prevalence of ARI in children under two years from 18.3% to 14.24.99% in Kanchanpur and 39.2% to 21.3% in Bajhang, Dadeldhura, and Doti.



**Saraswati Chaudhari** is a former bonded laborer (Kamaiya), Kailali. *“Before, women earned less, so now we learned that if we do the same work, we should earn the same wage. We went on demonstrations and to KTM and now, we can earn the same as men. We tell the landlord to give us Rs 100 or we won’t work, so after a long struggle and lobbying they give it to us.”*



**Dambar Singh BK** is the facilitator of Ekta Advocacy Literacy Center, Pokhari VDC 4, Doti.

*“After the training, I understood traditional discriminatory practices and decided to fight against those social malpractices and superstitions. To end the Chaupadi practice of keeping women in the cowshed during menstruation, I held my wife’s hand to take her inside the house and broke the rule of not giving milk or curd to women during this period. Now, I conduct discussion programs with women groups on this and others issues once a week.*

*Before, my son could not go to school. Then, I came to know that someone else was using a scholarship on my son’s name. Now, my son and other Dalits get the scholarships allocated to them.*

*When you are aware of your rights, you do get your rights and facilities and people start respecting you. Now, we are raising our voice for equal participation of Dalits in every sector - forests, schools, and health posts.”*

**Sabita K.C.**, the Chairperson of Jhijeri CFUG, Dhakeni, Banke describes the changes: *“CARE supported us to be active in the CFUG. Now, I am chairperson of this CFUG with much work to do and learning opportunities. Now, my mother-in-law and my husband support me to go and work outside. CARE provided RBA training that helped us to understand women’s rights and the importance of women fighting together for rights. Before, women used to advise those women beaten by a drunken husband to keep quiet and tolerate these actions so as not to create more violence. These days the women stand together against the drunken husbands to stop household violence.”*



**Sapana Bhandari and Goma Acharya** are members of the Women Advocacy Forum (WAF). WAF now works as a partner with a new project. *“The benefit of the project is that the women realize their rights and are able to demand their rights, and request budget to carryout their activities. We need projects with more time to effectively address social issues and create opportunities and facilities for women.”*

## Empowerment of Vulnerable and Socially Excluded People

In 2007, CARE made a special effort to focus its work more on bringing benefits to PVSE and on facilitating the fulfillment of their strategic aspirations and rights. Of particular importance is CARE’s engagement in addressing issues of discrimination and denial of right to identity affecting ethnic minorities, women, and Dalits.

- Bonded laborers (Haliyas) in nine Far Western districts formed a Regional Forum to advocate for their rights.
- Committees to eradicate the practice of child marriage were formed in 33 VDCs of Dhanusha. A youth network formed to stop the practices of early marriage and dowry.
- Partner CFUGs have 420 Dalit, women-headed, and poor households as executive members.
- Over 100 women in Doti have stopped following the practice of Chaupadi.
- Over 1,800 women now hold decision-making positions in targeted CFUGs and school management committees.
- Terai Dalit women formed 90 groups.
- Formation of regional women’s rights forums and networks to advocate for and protect women rights (representation, participation, Chaupadi, domestic violence, etc.) and influence policies.

**Yogendra Ojha** – Planning Officer, Kailali DDC

*"We've known CARE for many years. Each year, they prepare an annual plan, which meets with our objectives. We are glad that CARE works here in so many sectors – drinking water, schools, and health. We would like CARE to implement projects identified through our participatory planning. We received 2,500 plans from the communities, but we can only implement 250 through the DDC. We need to further strengthen the coordination between CARE and the DDC."*

### Women Building Peace

**Iswara Khatiwada** – Secretary Parijat Pravardhan Kendra (a local Peace Promotion Center-PPC):

*"We started this PPC ten months ago to work with political issues, drug trafficking and women's rights. The country is in this situation and we need discussion to resolve the issues. We've done our own programs to invite the political parties for discussions."*

**Neeta Ghimire** – Chairperson Parijat Pravardhan Kendra:

*"When a political party vehicle hit and killed a local man, our group intervened. We invited the political parties, negotiated with them, and were able to obtain due compensation for the family. The biggest change is that now, we are able to speak out, raise community issues, and fight for our own rights. We need to teach our neighbors what we have learned in our group."*

### Improved Governance

CARE's projects have worked to improve the governance of CBOs, partners, civil society organizations, and line agencies to be more accountable, transparent, predictable, and inclusive of women and PVSE. They also supported forums to advocate the rights of PVSE.

- The DDC in Kalikot enacted a resolution to conduct Public Audits for all development programs. Over 300 UGs have done Public Audits and Public Hearings regularly according to their constitutions. This has increased community trust in the activities of these groups.
- Over 580 CFUGs have improved their inclusiveness by amending their constitutions with provisions for PVSE participation in executive committees and benefit sharing.
- Establishment of Citizenship Rights Forum to support the government's citizenship distribution campaign. The forum works for PVSE who have not had access to services.

### Promoted Conflict Sensitivity and Peace Building

CARE has promoted conflict sensitivity and peace building as a cross-cutting theme in all its programs and projects.

- Conflict affected communities have improved social harmony, participation in social events, access to information, and freedom of expression through Peace Promotion Centers (PPC), Women Advocacy Forums (WAFs), Open Village Schools, REFLECT circles, and other groups. In five districts, over 1,000 disputes have been resolved through community mediation.
- Some projects have worked in remote conflict affected areas and have facilitated peace





through building infrastructure, generating income for engaging communities in creating social harmony.

### Promoted Risk Reduction and Disaster Response

CARE has promoted risk reduction and disaster response preparedness as a cross-cutting theme in all its programs.

- In three districts, 15 Disaster Risk Reduction Committees were established at the community level.
- 48 communities and 16 schools developed and implemented contingency plans against floods; 52,000 community people and over 8,700 students have demonstrated increased awareness of preparedness and mitigation from floods.

After floods in July 2007, CARE supported relief and rehabilitation in the affected districts.

- 1,830 flood-affected families received food items and 3,056 received non-food items.
  - 732 houses were reconstructed for flood-affected families; 155 drinking water facilities were improved to be flood resistant; and 16 toilets were constructed at schools in flood prone areas, which are used as evacuation centers.
- 1,583 families received mosquito nets and 150 received hygiene kits.
  - 1,000 school students received educational materials (school bag, stationary).
  - Health awareness education using IEC materials alerted 13,803 community members to prevent an epidemic. Health awareness messages were broadcast through local FM stations.
  - 5,293 community members received essential emergency medicines at health camps organized in coordination with DPHO/DHO and health facilities.
  - CARE provided Rs 30,000 to NRCS-Kailali immediately after the flood.

*“Better awareness, alertness, and appropriate action during the time of need is important to minimize loss”* said **Rajeya Devi**, 45, of Dhanusha district. She lost her house on the very first day of the floods after her family and 20 others moved to safe sites at a school and VDC buildings, which had been identified as evacuation centers by the village level Disaster Risk Reduction Committee. They used two wooden boats; one from CARE Nepal’s community based disaster risk reduction project.

**Ram Udgar Yadav**, chairperson of Disaster Risk Reduction Committee, added that the villagers had been keeping watch on the river for 13 days. They had also done community mitigation work by using trees and branches to block the river from entering the village.

**Manodari Devi**, 24, of Chora Koyalpur in Dhanusha, was waiting in the queue for relief materials on August 7, 2007. When the CARE staff noticed that she was pregnant, they asked Nepal Red Cross to give her priority to receive the food items and tarpaulin. *“I actually didn’t know that pregnancy gives you privilege until today”.* She used to hide the fact that she was pregnant, otherwise as a daily wage earner, she could not find work. *Although the flood took away her home, it helped her realize that she was fulfilling a social duty. “Thanks flood, you made me realize that I am in fact special!”*

**Keihar Singha Godar**, Senior Public Health Administrator and **Ram Bahadur Chand**, Disaster Preparedness Coordinator, District Public Health Office, Banke: *“During the flood, we worked to prevent diseases in 12 VDCs and the municipality by mobilizing the FCHVs.”*

# Challenges and learning

Lessons learned from our work shows that significant effort is still needed to have a meaningful impact on the lives of the PVSEs.

A conventional development project has limited scope to address the underlying causes of poverty, discrimination, and social injustice. Designing and executing development programs in the current context of Nepal demands transformation in all aspects of programming.

As we define PVSE and engage with them, we learn why they are unable to get out of their day-to-day survival demands and struggles for their basic existence. We learn why they are hindered from meaningful participation in development activities.

The current need, therefore, is to challenge the beliefs, policies, structures, and systems that perpetuate inequity, prevent opportunities, restrict access and control over resources, and cushion discrimination, abuse, and exploitation. In cases where policy frameworks and institutional strategies are inclusive and pro-poor, they are rarely implemented effectively.

At this moment in time, as Nepal's social and political context is transforming, people are more aware than ever before. There is an environment conducive to change. People at all levels are able to voice their concerns and question policies and national and international priorities.

Through a process of reflection, CARE Nepal and its partners believe that this is an opportunity to raise the following issues critically:

**How to break the conventional development mind-set?**

**How to transform the system and its structure to be genuinely pro-poor?**

**How to use the natural resources: forests, water, and land effectively in favor of the poor?**

**How to empower women, Dalits, Janajatis, and minority groups to demand accountability from development agencies?**

**How to respond to the immediate needs of the PVSE within the context of their strategic interests?**

**How to ensure sustainability and effectiveness of the income generating activities to improve the status of women and children?**

**How can we bring about changes in beliefs and values starting from ourselves?**

**Mohommadi Siddhique,**  
Chairperson, Fatima Foundation:  
*"CARE program is trying to include poor and socially excluded people and address their issues in development. But, the issues of all women cannot be mixed together - the issues related to marriage and divorce of Muslim women are not common to all women, even with Madhesi and Pahade women. Muslim women should be separately targeted to address these issues."*



## "We must practice the change we work to bring about"

Saroj Pokharel, Chairperson of FAYA, CARE's partner:

*"I've realized that to do this work to bring about social change, we must first change ourselves and our own homes. We cannot change discrimination if we practice it in our homes. This is essential if FAYA is to be a catalyst for change. We must practice the change we work to bring about."*

*From working with CARE, we have learned to examine the underlying causes of poverty. From the outside, the village looks very peaceful but once we start discussing the issues, we find many ways that people are disadvantaged and face discrimination. We need to work at two fronts, to empower the poor and to increase the accountability of the government so that it does not dominate them.*

*The difficulty in working with CARE is that the relationship is specifically for the implementation of a project rather than an organizational and strategic partnership. Our objectives are the same so we could have a more all encompassing relationship to achieve all at these objectives, rather than just working on 2-3 objectives in each project."*

### Future Directions

CARE is committed to defining and addressing the issues of the PVSE. Realizing the complexity of some issues and the fact that it is one among many players, CARE will continue to address the underlying causes of poverty through systematic analysis and engagement with diverse partners and networks that enriches and enhances its scope. Impact measurement will help us to demonstrate the commitment of CARE Nepal and its partners to significant positive changes in the lives of PVSEs.

CARE will systematically engage with the national government and local elected bodies to influence government policy and action in favor of PVSE. CARE's future programs will have more regional and local structures to promote local development by local people.

Partnership modalities will focus on institutional development that strongly represents community groups, such as Women's Advocacy and Women's Rights Forum. CARE is developing new policies and modalities for future engagements with partners.



# 8

## Contributions to progress on MDGs

CARE's achievements have contributed towards Nepal's progress on the MDGs.

**MDG 1 - Eradicate Extreme Poverty and Hunger:** CARE contributed by providing vocational training, short-term employment to create community infrastructure, irrigation facilities, technologies, provision of livelihood/revolving fund for poor households, and leased land for landless people. It also promoted increased agricultural production and wages for agricultural laborers.

**MDG 2 - Achieve Universal Primary Education:** 1,131 adults and/or out-of-school youth completed literacy program supported by CARE in 2007; out of them 871 were women. Besides, CARE contributed scholarships to PVSE children, systematic allocation of *Dalit* scholarships and improved infrastructure and facilities to school.

**MDG 3 - Promote Gender Equality:** 7,782 women took over leadership positions in CBOs and CFUGs. Provided leadership training, and orientations to the communities on the constituent assembly elections through reflect centers.

**MDG 4 - Reduce Child Mortality:** 235 community health workers and 1,560 FCHVs were trained and mobilized, which increased (measles) immunization from 60% to 78%, exclusive breastfeeding from 67% to 70%, and the use of ORS and rehydration therapy from 16% to 27%. Under-nutrition decreased from 30% to 32% over three years<sup>1</sup>. These efforts averted the deaths of more than 700 children from four districts over four years.<sup>2</sup>

CARE supported health projects that, within 3-4 years, decreased the prevalence of diarrhea in children-under-five from 12.7% to 4.99% in 2007 in Kanchanpur and 50.7% to 17% in Bajhang, Dadeldhura, and Doti. The prevalence of ARI in children-under-two decreased from 18.3% to 14.24% in Kanchanpur and 39.2% to 21.3% in Bajhang, Dadeldhura, and Doti.

**MDG 5 - Improve Maternal Health:** Antenatal visits increased from 37% to 56%, TT2 coverage from 46% to 66%, and birth attendance by skilled providers from 10% to 15% in three remote districts<sup>3</sup>. The Reproductive Health for Married Adolescent Couple project was able to delay marriage and pregnancy, increase spacing between pregnancies, and promote practices of safe sex among adolescents in two Terai districts<sup>4</sup>.



<sup>1</sup> KPC Survey 2007  
<sup>2</sup> Child Survival Project Final Evaluation  
<sup>3</sup> KPC Survey  
<sup>4</sup> RHMAC Project Completion Report

**MDG 6 - Combat HIV/AIDS, Malaria, and Other Diseases:** CARE engaged in raising awareness, provided correct information to rural communities, helped PLHA to form community support mechanisms and strengthen their leadership capacity, and supported the district hospitals to establish voluntary counseling testing (VCT) centers. CARE participated in national alliances of various networks and GoN's efforts, and produced a series of training manuals with the NCASC.

To prevent malaria epidemics, CARE Nepal supported the District Public Health Office of Kanchanpur to develop community-based malaria control mechanisms by promoting malaria testing facilities, awareness-building, and household sanitation.

**MDG 7 - Ensure Environmental Sustainability:** Over 37,000 ha of forest and 11,500 communities have contributed to biodiversity and environment conservation. It improved the governance of 580 CFUGs by promoting constitutional amendments and public audits/hearings, and improved access to safe drinking water for 93,000 people and to sanitation for 66,000 people.

**MDG 8 - Develop a Global Partnership for Development:** CARE Nepal contributed to the efforts of the Global Campaign Against Poverty National Chapter, the Climate Change Network Nepal, to link climate change issues with the underlying causes of poverty, and Reducing Emission from Deforestation in Developing Countries (REDD).

CARE Nepal supported activities to increase state accountability, promote capacity building, advocacy, public awareness, and women's decision-making, and influence implementation of policy at all levels. It is a partner with various organizations to organize multifaceted campaigns involving women rights activist, political parties, legislators, journalists, and governments from grass roots to national level to end violence against women and girls.



# 9

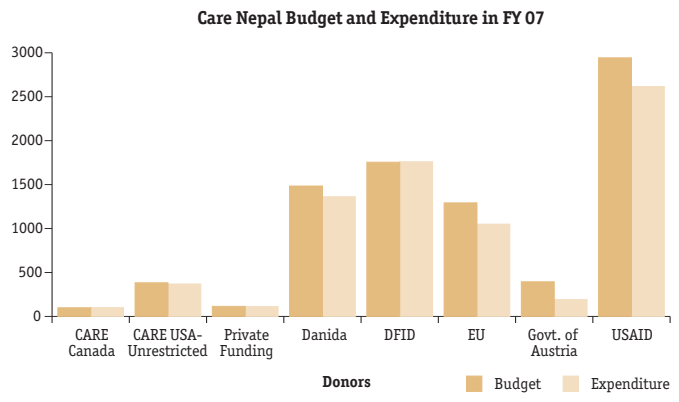
## Donor profile and funding scenario



CARE's resources come from several donors especially bilateral agencies including Danida, DFID, European Union, Government of Austria, and USAID. CARE International members from Denmark, Austria, Germany, Netherlands, Canada, UK, and USA contribute to CARE Nepal's operation and programs.

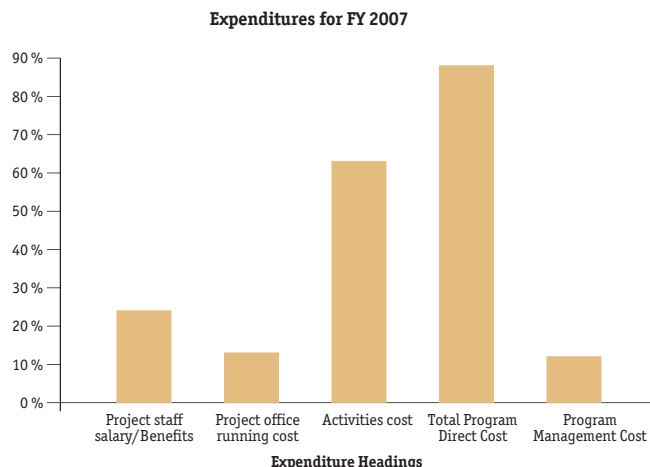
### CARE Nepal Budget and Expenditure in FY07

(in '000)		
Donor	Budget	Expenditure
CARE Canada	98.396	99.867
CARE USA- Unrestricted	382.500	368.972
Private Funding	114.585	111.941
Danida	1,483.900	1,361.850
DFID	1,755.000	1,759.923
EU	1,292.061	1,050.216
Govt. of Austria	394.048	191.141
USAID	2,942.920	2,616.443



## Expenditures for FY 2007

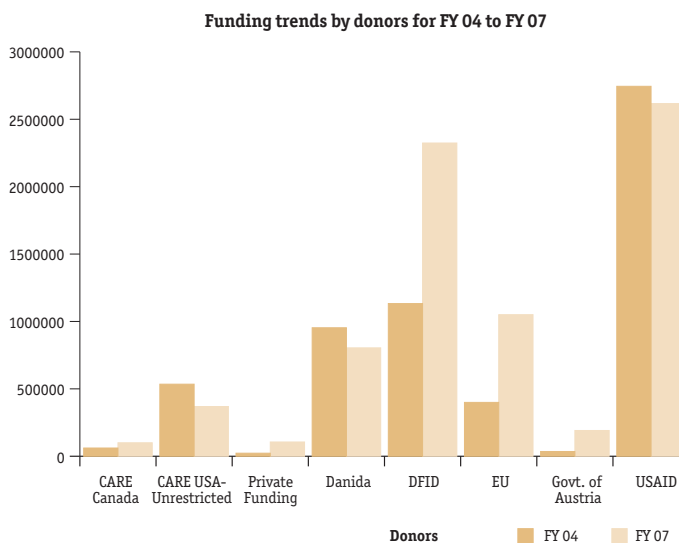
( July 2006 to June 2007)		
Expenditure Headings	Amount in USD	%
Project staff salary/Benefits	1,567,287	24
Project office running cost	876,211	13
Activities cost	4,174,792	63
<b>Total Program Direct Cost</b>	<b>6,618,290</b>	<b>88</b>
<b>Program Management Cost</b>	<b>942,063</b>	<b>12</b>
<b>Total Expenses in FY 2007</b>	<b>7,560,353</b>	<b>100</b>



## Funding trends by donors for 2004 and 2008

CARE Nepal has diversified its funding sources to be able to address issues that are more critical and to be more sustainable. The diversified funding portfolio over a five-year period is shown below.

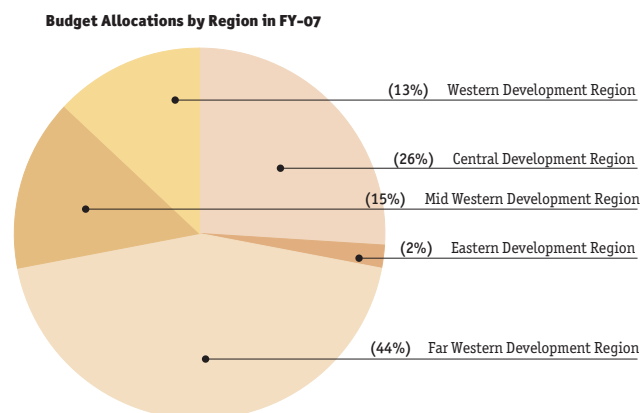
Donors	FY-04	FY-07
CARE Canada	61,170	99,867
CARE USA- Unrestricted	534,756	368,972
Private Funding	22,730	105,824
Danida	953,228	804,084
DFID	1,132,702	2,323,806
EU	399,609	1,050,216
Govt. of Austria	35,361	191,142
USAID	2,744,562	2,616,440
<b>Total</b>	<b>5,884,118</b>	<b>7,560,351</b>



## Budget Allocation by Region in FY 07

CARE Nepal has targeted its support to poor districts in Far Western Nepal and in the Churia Hills of the Central Region.

Region	Amount	%
Far Western Development Region	3,735,944.00	44
Mid Western Development Region	1,264,638.00	15
Western Development Region	1,073,484.00	13
Central Development Region	2,198,803.00	26
Eastern Development Region	190,541.00	2
<b>Total</b>	<b>8,463,410.00</b>	<b>100</b>

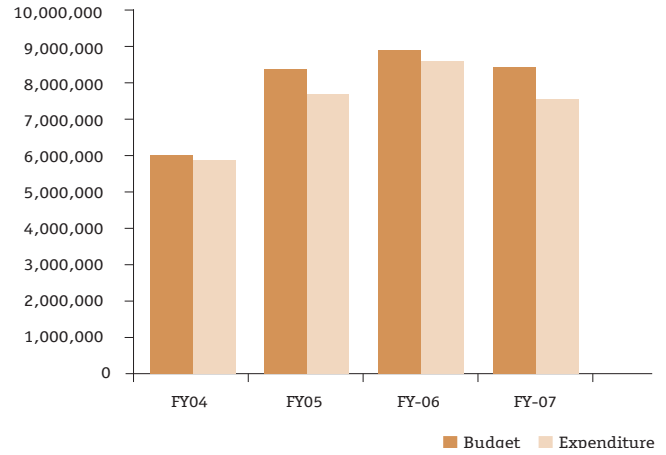




## Funding and Expenditure Trends for Past Four Years

FY04 - FY07 (US\$)			
FY04	5,994,729	5,884,120	98%
FY05	8,385,000	7,682,036	92%
FY-06	8,899,994	8,617,694	97%
FY-07	8,463,410	7,560,353	89%

Funding Trend of CARE Nepal between FY04 - FY07



## List of NGO Partners

Andhikhola Samrakchan Kendra, Syanjha	Mahila Sashaktikaran Abhiyan
Bal Samrakchan Center, Mahottari	Mountain Village Development Board, Bajhang
Bhumeswor Community Development Organization, Baitadi	Nagrik Aawaz, Kathmandu
Bhumidev Community Development Organisation, Bajhang	NAP, Kathmandu
Chhabisa Gramin Chetanalaya, Bajhang	NEFIN, Kathmandu
Community Self Reliance Center (CSRC), Kathmandu.	Nepal Red Cross Society, Achham
CSSD, Kailali	Nepal Red Cross Society, Doti
Dalit NGO Federation, Kathmandu	Nepal Red Cross, Mahottarai
Environment Conservation Organization, Sunsari	NNDSWO, Dadeldhura
Equity Development Center, Doti	NRCS, Bajhang
Fatima Foundation, Banke	NRUSEC, Chitwan
FECOFUN, Kathmandu	NSSK, Makwanpur
FEDO Doti	PEACEWIN, Bajura
Forum for Awareness and Youth Action Nepal, Kailali	Radhakrishna Tharu Janasewa Kendra, Bardia
GIFT, Bajura	Rastrya Jankalyan Parishad, Saptari
Gramin Sashaktikaran Kendra, Dadeldhura	RWSC, Makwanpur
Himalaya Area Conservation and Development Committee, Gorkha	Saipal Youth Club, Bajhang
HIMWANTI, Kathmandu	Samaj Sewa Doti, Doti
Human Welfare and Environment Protection Center, Dang	Samaj Utthan Yuba Kendra, Dhanusa
INDRENI, Nawalparasi	Samajik Samanata Abhiyan, Kanchanpur
Jagaran Abhiyan Nepal, Sarlahi	Samudayik Gramin Bikas Samaj, Darchula
Janaki Women Awareness Society, Dhanusa	Save the Earth Foundation International, Sunsari
Kalika Women Centre, Chitwan	SEBAC Nepal, Achham
Kalika Youth Club, Pyuthan	SEBAC Nepal, Doti
Karnali Integrated Rural Development and Research Centre, Kalikot	Shantimalika, Kathmandu
Kotbharaiv Yuva Club, Kalikot	Social Welfare Center, Surkhet
Local Dev Training Center, Mahottari	Source Nepal Doti
Mahila Mukti Samaj, Dadeldhura	Tharu Women Manch, Kanchanpur
	Union for Culture, Human and Environmental Protection Nepal, Sunsari

## CARE Nepal Publications

- CARE Nepal Strategic Plan 2006-2009
- Every Drop Counts
- Survey of Conflict Sensitive Practices in Peer Organizations
- Good Practices on Community - Health Service Interface - An Experience of CARE
- RBA position paper for internal and external use both in Nepali and English language
- Women, Constituent Assembly and Media
- Sushasan Shrot Sangalo –Vol 1&2 (Governance Resource Book)
- Churia Conservation, Livelihoods, and Land Rights: Unraveling the Complexities (Nepali and English)
- A Brief Introduction to Churia (Nepali)

Note: For more publications please refer to the CARE Nepal website [www.carenepal.org](http://www.carenepal.org)

"There is so much that we women have not been able to say or hear... We must come into the light."

**Durga Bhattarai** is the Chairperson of the Women's Group in Sukar VDC in Baitadi. She was one of many women who came from CARE's working districts to attend the national campaign and march to advocate for stronger laws to end violence against women.

*"We did a drinking water project in our village through CARE, then we started a women's group. I am, the chairperson. We are here in Kathmandu for seven days for women's rights.*

*Since the drinking water, CARE has raised our consciousness about environmental cleanliness and the situations of women. Since the CARE project, women and men will meet together.*

*We need literacy for education of women. There is so much that we women have not been able to say or hear. We have heard so much here. We cannot stay in the darkness; we must come into the light."*



**CARE NEPAL**

P.O. Box 1661, Kathmandu, Nepal  
Tel: (977-1) 5522800, Fax: 5521202  
Email: [care@carenepal.org](mailto:care@carenepal.org)

URL: [www.carenepal.org](http://www.carenepal.org)

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