











DEFENDING DIGINITY FIGHTING POVERTY





ANNUAL REPORT

OUR 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
- Facilitating micro/macro linkage for policy influence
- Forging local, regional and global alliances and partnerships
- Supporting sustainable economic development
- Promoting conflict sensitive programming
- Preparing for disaster risk reduction and emergency response

OUR VISION

From the 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.

OUR CORE VALUES

Respect

Integrity

Commitment

Excellence

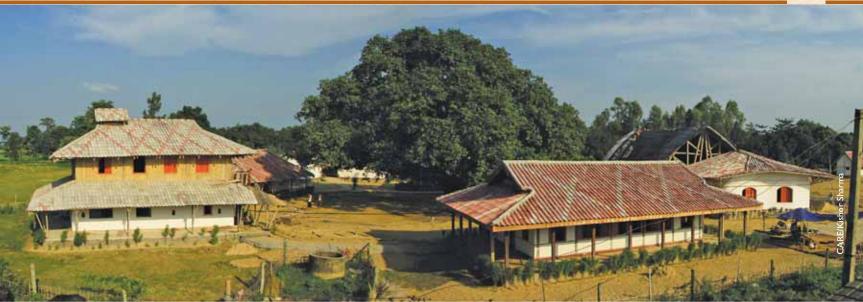
Target Group

Poor, Vulnerable and socially excluded (PVSE) women, men, girls and boys with a special focus on Dalits, highly marginalized indigenous groups, ultra poor and poor households, adolescents, single women, conflict survivors and disaster affected people.

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Life School Center - Harsar, Dhanusha: This centre serves as a resource, demonstration and training centre and a focal place for the rural development and watershed management activities of the Jalaidh area. It is built with improved building techniques using low cost, low energy and locally produced building materials, renewable energy systems, appropriate climatic design responses and sustainable ways of dealing with land, vegetation, water and wastes.

ACRONYMS

AIN	Association of INGOs in Nepal	LRP	Local Resource Person
ARCA Nepal	Agriculture Labor and Rural Craft People	LWF	Lutheran World Federation
	Association-Nepal	MCHW	Maternal Child Health Worker
ART	Anti-retroviral Therapy	MDG	Millennium Development Goal
BCO	Bharatpur Cluster Office	MG	Mothers' Group
BPP	Birth Preparedness Package	MNH	Maternal and Neonatal Health
CBDRM	Community-based Disaster Risk	MOPR	Ministry of Peace and Reconstruction
	Management	NEFIN	Nepal Federation of Indigenous Nationalities
CBNCP	Community-based Neonatal Care Project	NFOWRC	National Forum for Women's Rights Concern
CBNRM	Community-based Natural Resource	NFIWUAN	National Federation of Irrigation Water Users
	Management	NAME OF TAXABLE PARTY.	Association Nepal
CD4	Cluster of Differentiation 4 (T-Cells)	NGO	Non-Governmental Organization
CFUG	Community Forest User Group	NHESF	National Haliya Emancipation Society Federation
CLTS	Community Led Total Sanitation	NLRF	National Land Rights Forum
CSRC	Community Self Reliance Center	ODF	Open-Defecation Free
DCO	Doti Cluster Office	OHCHR	Office of The High Commissioner for Human
DDC	District Development Committee		Rights
DEO	District Education Office	PEC	Popular Education Center
DIC	Drop-in Centers	PES	Peer Educator and Supporter
DRMC	Disaster Risk Management Committee	PLHA	People Living with HIV/AIDS
DRR	Disaster Risk Reduction	PC	Peace Center
DSCWM	Department of Soil Conservation and	PG	Peace Group
	Watershed Management	PPC	Peace Promotion Center
DWS	Drinking Water Supply	PPG	Peace Promotion Group
ECD	Early Childhood Development	PVCA	Participatory Vulnerability Capacity Analysis
EDSEF	Early Marriage and Dowry System	PVSE	Poor, Vulnerable, Socially Excluded
	Eradication Federation	RH	Reproductive Health
FCHV	Female Community Health Volunteer	SAARC	South Asian Association for Regional
FHCG	Freed Haliya Concern Group		Cooperation
GBV	Gender-based Violence	SGBV	Sexual and Gender-based Violence
HH	Household	TOT	Training of Trainers
HIV/AIDS	Human Immune Deficiency Virus/Acquired	UC	Users Commitee
	Immune Deficiency Syndrome	UCPA	Underlying Causes of Poverty Analysis
HW	Health Worker	UNSCR 1325	United Nations Security Council Resolution
IL0	International Labour Organization		1325
INGO	International Non-Governmental	VAW	Violence Against Women
	Organization	VDC	Village Development Committee
JC0	Janakpur Cluster Office	VCT	Voluntary Counseling and Testing
		VHW	Voluntary Health Worker

FOREWORD

It gives me great pleasure to present CARE Nepal's Annual Report for the year of 2010. CARE began working in Nepal in 1978 and has now been active in Nepal for over 30 years. During this time the emphasis and direction of CARE's program has changed considerably. Where CARE was initially a direct implementer of agriculture, forestry, and engineering



activities, CARE's current program supports a rights-based approach and demands close collaboration with local partners and the communities being served.

CARE's commitment to Nepal is guided by the Program Approach to better serve those in need. As part of the Program Approach, CARE Nepal has made a long-term commitment to work with communities on a variety of interventions that should result in improved livelihood and long-term sustainability.

CARE Nepal remains committed to gender equity and diversity. By the end of the year, we had 202 staff members, of whom 62 were women (31%). In senior management, 4 out of 12 managers (33%) were women.

This year, the CARE Nepal country office has gone through some major changes in senior management. The outgoing Country Director, Alka Pathak, left in April and was replaced by me, Lex Kassenberg, in June. The Assistant Country Director for Program Quality, Diawary Bouare, left in June and was replaced by Claudia Chang. Among our national staff we have also seen a handful of changes; we have welcomed many new staff members and said good-bye to many old colleagues. I would like to mention here the sad passing away of Maksha Maharjan, who was responsible for CARE Nepal's work on Natural Resource Management and Environmental programs. His untimely death leaves a big gap in the organization.

During 2010, CARE Nepal continued programming in the previously established primary focus areas of: (I) Empowering women, (II) Securing access to natural resources and improving livelihoods for the poor and vulnerable, and (III) Addressing issues of justice and equity. Programming was continued in the focus clusters of Janakpur, Bharatpur, and Doti, respectively.

This report will highlight in more detail the interventions and activities implemented by cluster, along with the impact achieved to date.

The political situation in Nepal remained fragile during the year. Following the collapse of the elected government in May 2009, an interim government headed by Prime Minister Madhav Kumar Nepal was formed. The Constituent Assembly, scheduled to write a new Constitution by May 2010, was unable to complete the task in the absence of clear guidance and leadership. Their mandate has been extended until May 2011, but due to the continued political deadlock, little progress has been made. Despite the current political reality in Nepal, CARE still continues to support the causes of special interest and minority groups under the Constituent Assembly process.

In March of 2010, CARE Nepal also reviewed and analyzed its Strategic Plan, which ran from 2006 - 2009. Given the present uncertain political situation in Nepal, and the lack of a Constitution, CARE Nepal has decided to extend its current Strategic Plan by three years, until 2012. By that time we hope to create a new Strategic Plan that will build on the political realities in the country and reflect the local and global CARE program policies and strategies. CARE Nepal remains dedicated to its Program Approach and will continue to facilitate the empowerment of poor, vulnerable, and socially excluded people to fulfill their basic needs and achieve social justice.

Lex Kassenberg
Country Director
CARE Nepal

ABOUT CARE

CARE International

CARE International, founded over 60 years ago, is a leading relief and development non-governmental organization fighting global poverty. Non-political and non-sectarian in nature, CARE operates each year in more than 70 countries in Africa, Asia, Latin America, the Middle East, and Eastern Europe, reaching almost 60 million people in poor communities.

At present, CARE is a federation of 12 member countries: CARE Australia, CARE Austria, CARE Canada, CARE Denmark, CARE France, CARE Germany, CARE Japan, CARE Netherlands, CARE Norway, CARE Thailand, CARE UK, and CARE USA. The secretariat is located in Geneva, Switzerland.

CARE NEPAL

CARE has been working in Nepal since 1978. Its initial focus was on addressing the basic needs of the poor and vulnerable communities through infrastructure development, agriculture extension activities, and natural resource management. This focus changed in 1990s with the introduction of a more diversified portfolio and a community-based 'human infrastructure' development approach.

Since 2000, CARE Nepal began working in partnership with local NGOs, networks, federations and community groups to address the underlying causes of poverty, conflict and vulnerability through promotion of gender and social inclusion, rights-based approach and social mobilization.

In 2010, CARE Nepal implemented 22 community development projects in 45 districts of the country in partnership with over 80 NGOs and hundreds of community groups. CARE Nepal currently works in the following areas to contribute to the objectives of the core programs:

- Climate Change and Natural Resource Management
- Disaster Risk Reduction and Emergency Response
- Food Security
- HIV and AIDS
- Maternal/Child/Family Health Services

- Formal and Popular/Informal Education
- Rural Infrastructure/ Quick Impact Program
- Peace Building
- Psychosocial Wellbeing of Women
- Rural Micro-Financing
- Water and Sanitation
- Economic Opportunities
- Advocacy and policy engagement
- Strengthening the Civil Society

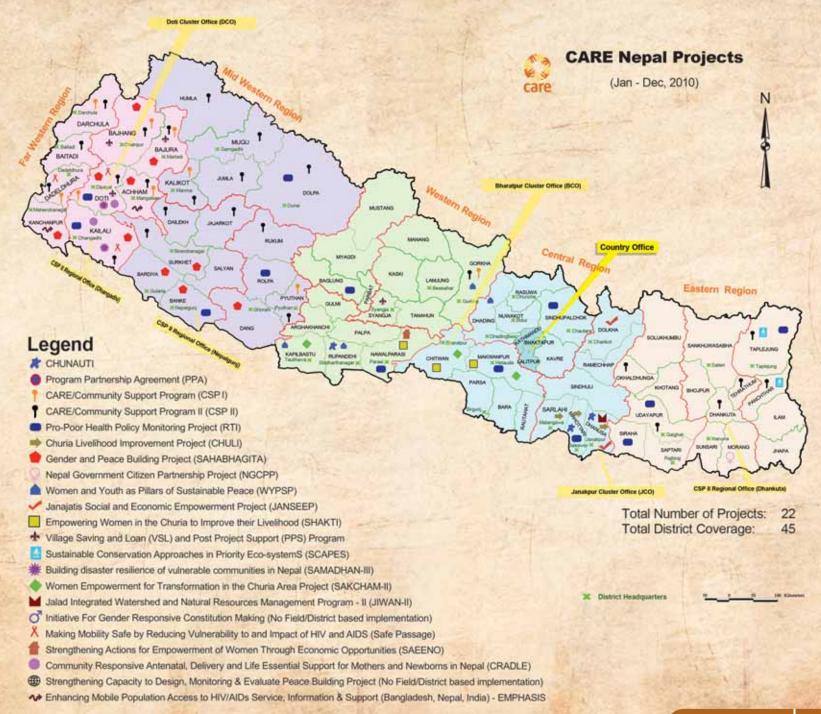
OUR GOAL

The work of CARE Nepal and it's partners 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.

OUR CORE PROGRAMS

CARE Nepal identifies three primary focus areas for its current programs:

- a. Women's Empowerment: by focusing on the economic, social, political, and cultural aspects of their lives. CARE has been tracking achievement resulting from changes in access to and control over resources and decision making abilities of women. It strengthens women as an agency, establishing networks to influence change.
- b. Natural Resources, Environment/Livelihoods: for the poor, vulnerable, and socially excluded, including Dalits, landless people, women, and those most frequently affected by natural disasters and environmental degradation. CARE seeks to enhance access to and control over natural resources and seeks to improve access to basic services; such as, health, education, and economic opportunities.
- c. Equity and Justice: through engaging communities on issues of inequity and justice; challenging harmful traditional beliefs and practices, influencing polices.



Program Overview



Conducting the wellbeing ranking is an important tool of UCPA that identifies different household in different wellbeing groups based on a locally defined criterion. It is the critical first step in establishing interest groups in the community.



Making the power map during the UCPA helps in identifying the poor and rich as well as powerful and least powerful villages/Cluster within the VDC. This is a crucial tool of the UCP analysis used by CARE to identify poverty pockets in areas it intends to work.

Coherent Programming Approach

The coherent programming approach helps to directly reinforce the links between local and national levels. Through national, regional, and international networks these links are strengthened in order to influence relevant advocacy and policy work. In upcoming years, CARE intends to engage with SAARC countries and South Asian regional networks to deepen its understanding of the region's geopolitics and the critical role it plays in addressing the complex and dynamic issues of poverty. In order to further ensure larger impact and relevance in the donor community and larger development efforts, CARE is actively participating in the aid-effectiveness debate at national and international levels.

In 2008, CARE Nepal developed and implemented a comprehensive transformation strategy to align the organization with its programs while ensuring quality. This saw CARE Nepal undergo an organizational transformation along with the development of a more pertinent implementation mechanism. The coherent programming approach is still an ongoing process. Increasingly, CARE Nepal's program approach ensures that individual projects contribute to the larger program impact goals through systematic engagement with the impact population and the stakeholders at various levels.

Implementing the Findings of Underlying Causes of Poverty: (UCP) Analysis

In order to be increasingly effective in delivering relevant and lasting development results in Nepal, CARE has been designing and implementing its programs based on the findings from the Underlying Causes of Poverty Analysis. In the rapidly changing socio-political context of Nepal, CARE has demonstrated its capacity to adapt and consistently focus its programs on ensuring that the rights of the poor, vulnerable, and socially excluded populations of Nepal are understood, respected, and addressed in positive ways. CARE's focus in Nepal and globally is to empower women and those who systematically face discrimination due to their gender, caste, class, ethnicity, and geographic settlement status.

Core Program Framework of CARE Nepal

In 2010, CARE Nepal implemented 22 projects in partnership with various local non-government organizations. The nature of the projects is specific to the needs of the impact population, which include poor, vulnerable, and socially excluded groups across the country.

The overall Strategic Plan of CARE Nepal remains the foundation of all program development and implementation strategies. CARE Nepal has identified three core areas for its current programs which include:

- (I) Women's Empowerment
- (II) Natural Resources, Environment/Livelihoods
- (III) Equity and Justice

Advocacy Initiatives

CARE Nepal has been following a rights-based approach to development programming since 2002. This approach considers poverty and social injustice a gross violation of human rights and supports the empowerment of poor, vulnerable, and socially excluded groups (PVSE), also known as right holders whose rights have been denied or violated. To address the underlying causes of poverty and



social injustice, CARE uses a Unifying Framework to focus its effort in three key areas:

- (I) Improving quality of life through increasing opportunity for secured livelihood
- (II) Improving social equity through inclusive and just society
- (III) Improving governance by creating a sound enabling environment

Women's Empowerment

- Ending Domestic Violence Against Women: This advocacy
 initiative is being carried out by the National Forum for Women's
 Rights Concern (NFOWRC) and is supported by several CARE
 Nepal projects at national and local levels. NFOWRC provided
 critical input in the finalization of the Domestic Violence Act.
 The effectiveness and relevance of this act is currently being
 tested through a pilot initiative.
- Inclusive and Autonomous Buffer Zone Management: This initiative aims to enhance the inclusion of women in the overall management structure of buffer zones around national parks. Protected Areas People's Right Federation (a federation formed by people affected by the management of protected areas) is leading this initiative with support from CARE Nepal's SAKCHAM, SHAKTI projects. The ultimate objective of this initiative is to reform acts, regulations, and directives to increase participation of women in the management structure and ensure equitable sharing of benefits from the protected areas.
- Eradication of Child Marriage and Dowry: This initiative
 is being conducted in collaboration with community-based Child
 Marriage Eradication Committees and EDSEF (Early Marriage
 and Dowry System Eradication Federation). CARE Nepal's
 CHUNAUTI project is the leading project for this advocacy
 initiative. Policy engagement with relevant ministries and district
 level government agencies for effective implementation of existing
 policy provisions and reform of outdated policies is the key
 focus of this advocacy initiative.
- Mother's Matter: CARE Nepal is committed to ensure that Women's Sexual and Reproductive Health Rights are fulfilled. Mother's Matter is one such effort where several health projects are implemented in the far western region to reduce maternal and neonatal mortality and morbidity through increased access to services and raised awareness.

Program Overview

- Campaign for Gender Responsive Constitution: CARE Nepal along with like-minded agencies are engaging with Constituent Assembly members, political parties, civil society, and the general public to ensure women's rights and interests are included in the New Constitution (especially marginalized women). This initiative was started before the election for Constituent Assembly in April 2008. The post-election phase is being implemented primarily in collaboration with NFOWRC. Several CARE Nepal projects are contributing directly and indirectly to this advocacy initiative.
- Effective Implementation of UNSCR 1325: CARE Nepal, in collaboration with like-minded agencies in Nepal and through engagement with various international forums, is campaigning for effective implementation of *UNSCR 1325 and relevant follow up resolutions. A report on the implementation status of women's participation in peace building and post conflict governance in Nepal, Afganisthan and Uganda was produced and widely shared by CARE International.
- Peace Building, Design Monitoring and Evaluation: CARE
 Nepal has been working with like minded agencies to strengthen
 the institutional and operational capacity of civil society actors
 and government to design monitor and evaluate peace building
 and conflict prevention programming. As a part of the research,
 all the collaborating agencies (MOPR, International Alert, Alliance
 for Peace, Search for Common Ground, Youth Action and CARE)
 have developed a number of Theories of Changes in their
 respective programs. The effectiveness of these theories are
 being tested through piloting of simple but innovative approaches
 in monitoring and evaluation.



A woman from Badi community expressing her concerns in front of CA members during a visit facilitated by CARE Nepal.

NATURAL RESOURCE, ENVIRONMENT/LIVELIHOODS

• Land and Agrarian Reform Movement: CARE Nepal has been engaged in the land rights movement since 2004, first through a pilot initiative and in the last two years as a member of an alliance of seven organizations (4 INGOs, 2 Bilateral Agencies, and I National NGO). This movement is led by the National Land Rights Forum (NLRF), an organization of landless people and marginalized farmers, and Community Self Reliance Center (CSRC), a national NGO that has been active in the land rights movement for over a decade. The ultimate aim of the alliance is to bring about substantive policy reform in order to promote agrarian reform and guarantee the rights of landless people and marginalized farmers. CARE Nepal's CHULI Project is a leading supporter of this initiative, and other CARE Nepal projects also contribute in solidarity and constituency building.

EQUITY AND JUSTICE

- Freed Haliya Rehabilitation Campaign: CARE Nepal played a critical role in the emancipation of Haliyas, agriculture bonded laborers trapped in cycle of indebtedness, through one of its project in September 2008. However, the rehabilitation process of the freed Haliyas has not begun even after two years of their emancipation. Therefore, a number of agencies including, CARE Nepal, ILO, LWF, and OHCHR have come together to form a Freed Haliya Concern Group (FHCG). FHCG works in solidarity with the National Haliya Emancipation Society Federation.
- Rights of Marginalized Janajatis Identity, Representation and Access: CARE Nepal's JANSEEP project works with Nepal Federation of Indigenous Nationalities (NEFIN) to protect, promote and fulfill the rights of all indigenous nationalities, particularly three highly marginalized Janajatis: Surel, Thami, and Dhanuk. Policy engagement with relevant government agencies is an integral part of this advocacy initiative. Apart from the above-mentioned initiatives, CARE Nepal has also been continuing its affiliation with several networks and alliances working on various issues: genderbased violence, peace building, health education, food rights, and aid effectiveness.

* UNSCR 1325

UNSCR 1325 was adopted by the Security Council on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-beyliding, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all United Nations peace and security efforts. It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict. The resolution provides a number of important operational mandates, with implications for Member States and the entities of the United Nations system.

The Cluster Approach

CARE Nepal, following its structural review in 2008, decided to follow the cluster approach in order to align its structures and systems with its strategic focus.

CARE Nepal has established three cluster offices: one in Janakpur for the Eastern region, one in Bharatpur for the Central region, and one in Doti for the Far-West region. Each of these clusters supports at least three projects. Although each project may have a different focus and approach, they are all serving the same target populations. Working from the same cluster office, these projects are now better able to work together, develop ties, and create synergy. This approach also allows for better collaboration among local, regional, and national advocacy initiatives addressing critical issues influencing poverty, like discriminatory laws, practices, and systems. This section represents CARE Nepal's project achievements grouped according to clusters in line with the Millennium Development Goals since meeting the Millennium Development Goals (MDGs) is a primary focus for all of CARE Nepal's programs.



Health is a priority sector of focus for CARE Nepal. All it's project intervention lay special emphasis on facilitating the the access of rural population to better health care facilities.

The cluster approach is based on the following principles:

- a. Decentralized decision making as close to the field/ground-level as possible
- b. More synergy, learning, and coordination between projects in same or nearby geographic areas
- c. Greater collaboration on projects that have similar targets and outcomes
- d. Working together on issues either geographically or on critical development issues to achieve the maximum measurable impact
- e. Ensuring partnership principles are adhered to and institutional strengthening is facilitated for sustainable future action
- f. Transparent, open, and locally determined systems and processes open to scrutiny
- g. Strong alliances at multiple levels for advocacy and action for the rights of the PVSEs
- h. Strong technical support in key areas such as "gender equity",
 "livelihoods strengthening", "DRR", "underlying causes of poverty
 analysis and action"- further areas would be elaborated as per
 evolving needs and interests
- i. Beginning of a basis for the development of "coherent programs"
- j. Establishing each cluster as a center of excellence for a particular thematic focus

Harmonization of Cluster Level Programming Approach

After organizational realignment in the different clusters, CARE Nepal's programs harmonized to better deal with :

- Better outreach to PVSEs
- Partnership management
- · Development of strategy documents/guidelines/frameworks
- Building synergy between ongoing and new projects for greater impact
- Joint strategy for engagement with external stakeholders
- Better networking
- Greater possibilities for proactively engaging partner NGOs in issue/focus identification
- Moving toward a stronger CARE identity

Janakpur Cluster

The Statistics

Number of female beneficiaries 32,242 Number of male beneficiaries, 52,649 Total number of beneficiaries, 84,891

The Janakpur Cluster represents CARE Nepal's long-term engagement and commitment to the development of geographically isolated and underdeveloped districts in the Eastern regions of Nepal.

JCO has been implementing 4 different projects and working in collaboration with 12 partner NGOs, local and national networks, and hundreds of community groups in 12 districts. This cluster currently has programs focused mostly on Natural Resources, Environment/Livelihoods.

CHULI and JIWAN II focus on improving the livelihoods of the people in Churia and support an integrated approach to water shed and natural resource management. Chunauti works towards decreasing the harmful practice of child marriage and strengthen the enabling environment at the national and district levels to combat child marriage and other forms of GBV.

JANSEEP strives to empower three highly marginalised janajati groups (Thami, Surel and Dhanuk) by integrating right based advocacy with livelihood.

Priority Issues of the Cluster

- Improve the livelihood opportunities of the people living in the Churia region
- Support an integrated approach to Watershed and Natural Resource Management
- Enhance the technical organizational capacity of Community-based Natural Resource Management groups
- Promote equal access to and control over resources
- Eradicate child marriage, dowry, and gender-based violence



Projects Working in the Cluster

- CHUNAUTI: Addressing Child Marriage in Nepal through Behavior Change Communication and Social Mobilization
- CHULI: Churia Livelihood Program
- JIWAN II: Jalaidh Integrated Watershed and Natural Resources Management
- **JANSEEP:** Janjatis Social and Economic Empowerment Project

Actions & Achievements

MDG 1: ERADICATE EXTREME POVERTY & HUNGER

CHULI, JIWAN II and JANSEEP carried out livelihood development activities that focus on skill development, resource management and enterprise development. As a result of joint initiatives by the project:

- 11,420 PVSEs fetched an additional amount of 107,578,200 rupees as their annual earnings due to social action and discussions on wage increment initiated at the Lok Pathshala and PECs. The involvement with the PECs and Lok Pathshala has also supported in legally organising 7,945 workers under Agriculture labor and rural Craft people Association-Nepal (ARCA Nepal) which has given them the strength to mobilize for the issue of the laborers at the local and regional level as a group
- The continued advocacy, interaction, lobbying and mobilisation carried out by JIWAN and CHULI have contributed to increasing the access of PVSE on public land. 47 Community Forestry User Groups of Dhanusha, Mahotari and Sarlahi districts have allocated 176.5 ha land valuing Rs. 21,343,535 for 2,761 poor households. 65 landless people received a land certificate as an initiation of Land Rights Forum and Community Self Reliance Center (CSRC). 1,270 HH are benefitting from fish production through commonly maintained ponds

 83 PVSE and janajati youth received vocational training on carpentry, masonry, beautician, and tailoring, driving and repairing electronics. The training was carried out after a market survey. All of the trained youths are now employed and are able to earn a living for their family



Devsharan Thakur, bought a rickshaw from the loan received from the JIWAN project and is able to feed a family of 7 from his earnings. Prior to working as a rickshaw puller, Devsharan and his family lived hand to mouth. Like Devsharan, CARE Nepal has been facilitating skill development trainings, promoting savings credit programs and imparting vocational skills for PVSE communities to increase their income generating, improve their livelihoods and help them fight poverty.



All the four projects working in JCO have put a special emphasis on the issue as a result of which:

- 3,550 PVSE women from 30 VDCs meet every week at the Popular Education Centers and share their common concerns.
 36 women among them are at the key decision making levels in natural resource management groups, school management committee and other networks
- Women in Dolakha and Dhanusha have been receiving non formal education through 17 reflect centers established by the JANSEEP. Women Rights forum have been established by JIWAN and CHULI in Dhanusha, Mahottari and Sarlahi where women have been advocating actively for their issues.
- JANSEEP facilitated in the formation and registration of 7 women's saving and credit cooperatives in Dhanusha and Dolakha districts.
 The cooperatives are registered with the government in order to ensure their long term sustainability of the micro credit initiatives started by various projects in the community and help women garner maximum advantage from them
- Chunauti has been working extensively through advocacy campaigns and initiatives to end child marriage, gender based violence and dowry in Dhanusha, Mahottari and Rupandehi. 70 school based Anti GBV forum and 210 ward level Young Girls Clubs with 1,050 members have been formed and trained on GBV issues. These are currently active along with child marriage eradication committees to raise awareness about the harmful affect of child marriage and GBV.

MDG 4 & 5: REDUCE CHILD MORTALITY & IMPROVE MATERNAL HEALTH

- More than 1,500 men and women of Dhanusha, Mahottari,
 Rupendehi, and Sarlahi trained on maternal and child health
- Awareness of maternal and child health, especially among mothers and young girls, was raised through home visits

MDG 6: COMBAT HIV/AIDS, MALARIA, & OTHER DISEASES

 4,328 individuals received awareness on HIV/AIDS and basic health services



Education is far from accessible for women and children from the marginalized and indigenous rural communities. Informal education, awareness raising, scholarships, separate toilets for girls, infrastructure support and support for school materials are components embedded in CARE's programs to help such women and children have access to education.

MDG 2: UNIVERSAL PRIMARY EDUCATION

- Resource boxes containing reading books, sports goods were
 distributed to 70 schools in Dhanusha, Mahattori and Rupandehi,
 by Chunauti while 210 Young Girls Clubs were given reading
 materials, dictionary, GK books and other important books
 which has helped in creating an enabling learning environment
 for students.
- 5 girls' toilets were constructed with the support from JIWAN II in 5 Schools of Jalaidh watershed area in Dhanusha which has improved the environment for female students and increased school enrollment of girls
- 103 janajati students in Dolakha and Dhanusha were able to go to school due to the scholarship provided by JANSEEP

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Gender equality and empowerment have been crosscutting issues of all CARE projects. Creation of common groups and forums to provide a common platform for women to share and organize, door to door campaigns, training on leadership skills, women's rights, land tenure and land rights are some initiatives taken by the project to empower women and promote gender equality.

 Community led total sanitation supported by CARE has facilitated the increased awareness of hygiene in the community. 239 HHs have built and are now using toilets after the project intervention.

MDG 7: ENSURING ENVIRONMENTAL SUSTAINABILITY

Chuli has worked for the increased and diversified livelihood options for poor, vulnerable and socially excluded women, men, girls and boys through improvement in: skills, income opportunities, equitable management and utilization of natural resources, resilience against disasters, mechanisms for upstream and downstream linkages, school attendance, and access to services. As a result:

- 16 VDC level Disaster Risk Management Committee (DRMC)
 have been formed. The project has also facilitated the development
 and implementation of their community based disaster risk
 management plan along with the construction of 13 safe shelters.
 Like wise, it also facilitated the preparation of Community based
 Climate Change Adaptation Plans for 22 communities.
- A study on "Vulnerability Assessment and Formulation of Climate Change Strategies in Churia region" carried out jointly with the Department of Soil Conservation and Watershed Management

JIWAN II contributes to natural resource management at household, community and watershed level encouraging sustainable management of upstream and downstream communities. 33 farmers have been oriented on agro forestry practice, increased productivity and legume crops, river bank conservation and plantation management among others. This has led to:

- Collaboration with District Soil Conservation Office in preparation of sub-watershed management plan for 5 sub-watersheds.
- contribution in policy and scientific study in Churia including Jalaidh organised by the President's Office and DSCWM and verification of vulnerability status of Jalaidh
- Construction of 3,890 m dike alongside Jalaidh river to prevent soil erosion
- Plantation of 8,700 trees in 35.5 ha private land
- Around 9 hectares of land reclaimed through plantation and conserved as river bank conservation Plot

- 200 improved cooking stoves installed in the PVSE household to initiate the practice of environment friendly and healthy cooking atmosphere
- Sanitation and hygiene are regular topics of discussion at the reflect centres. The community members have now started taking initiatives to clean their areas by organising sanitation/cleanliness campaigns and campaigns against open defecation

JANSEEP facilitated the establishment of forest nurseries in Dolakha. Herbal plants and trees of different varieties were planted on the slopes of hills to prevent soil erosion, ensure environmental sustainability and provide income generating opportunities for the community.



Child marriage, dowry and gender based violence are pertinent problem faced by the women. In Janakpur and Rupandehi districts, CARE has facilitated the formation of Child Marriage Eradication Committees, Peer Educator's group and Girl's Clubs that are leading the campaigns to bring an end to these dogmatic social practices.

Laborers Unite for Improved Livelihood

Lalo Devi Paswan, a 65 year-old resident of Manpur VDC, realized that she had been living her life under suppression after he attended a discussion on poverty and social justice organized by the Popular Education Center. "While discussing the causes of poverty with the facilitator and social mobilizer, we realized that our daily salary of Rs.60 [approximately \$0.83] was not enough nor sufficient," said Lalo Devi.

Lalo Devi and other agricultural laborers in her village begin working in the fields at nine o'clock every morning and continue until six in the evening. Despite their demanding working hours, issues such as the increasing prices of foods (rice, salt, sugar, lentils, potatoes, etc.) versus the unfluctuating wages of agricultural laborers had never been discussed before.

Upon realizing that they were highly underpaid, laborers in Manpur VDC decided to mobilize to increase their wages. An intervention was organized and the laborers refused to work until their wages were increased to Rs.100 per day. They were willing to stay hungry for two or three days in order to have their demands met.

Sure enough, when the water levels in the fields started to fall, the landlords of the village agreed to provide the laborers with Rs.100 or 7 kilograms of rice for a day's work.

Due to rising inflation, however, the wage increase was minimal and still far less than the daily minimum wage for unskilled labor of Rs. I70 fixed by the District Development Committee. The laborers mobilized a second time and demanded at least Rs. I50 per day. "We explained that Rs. I00 was not enough for us to eat and survive, and thus there was no point for us to work. Only after the landlords agreed to increase our wages to Rs. I50 did we return to work in the fields," explains Lalo Devi with a new sense of confidence.

As a result of their organization and mobilization, the 234 laborers in Manpur VDC have now received a Rs.90 increase in their daily earnings, from Rs.60 to Rs.150, totaling a collective Rs.21,060 per day. "This was a very big achievement, which we had not imagined. This money is helpful to very poor people like us," says Lalo Devi.



Bharatpur Cluster

The Statistics:

Number of female beneficiaries: 20,655 Number of male beneficiaries: 16,164 Total number of beneficiaries: 36,819

Bharatpur Cluster represents CARE Nepal's long-term engagement and commitment to the development of the geographically isolated and underdeveloped poverty pockets in the districts of the Central region of Nepal.

Bharatpur Cluster Office (BCO) has been implementing five different projects which contribute to the common goal of women empowerment. The projects are being implemented in collaboration with 10 partner NGOs and networks across seven districts. The programs help directly empower 20,655 women and their families and they have been organized into 864 women's groups. The primary focus of Bharatpur cluster is to empower women. The projects under this cluster pay special attention to analyzing and acting upon gender issues.

Prioritized Issues in the Cluster

- Empowerment of poor, vulnerable and socially excluded women (PVSE) for claiming their political, civic and economic rights
- Promotion of gender responsive services, policies and resource allocation
- Improvement in the sexual and reproductive health of women and girls
- Strengthening women's psychosocial well-being by addressing their specific needs
- Economic empowerment of women
- · Engagement of women in political processes and decision-making
- Promotion of implementation and monitoring of UNSCR 1,325 and 1,820
- Ensuring that men, influential religious leaders in communities.
 political and traditional leaders protect and promote women's rights



Projects Working in the Cluster

- **SAEENO:** Strengthening Actions for Empowerment of Women through Economic Opportunities
- **SAKCHAM:** Women Empowerment for Transformation in Churia
- **SHAKTI:** Empowering Women in Churia to Improve their Livelihoods
- **WYPSYP:** Women and Youth as Pillars of Sustainable Peace

Actions & Achievements

MDG 1: ERADICATE EXTREME POVERTY & **HUNGER**

- Poor and marginalized women organized advocacy to increase wages, which should commensurate the increased living cost. 45,000 laborers have benefitted from the increased wages i.e. Rs. 80 to Rs. 150-250 (equivalent to \$2 to \$3.5 per day). This was possible through continuous discussion on discrimination including unequal and unfair wages and orientation and awareness about the economic rights of the poor people and their wages initiated at the women's group meetings by CARE.
- With the objective of enhancing marketable skills of the project beneficiaries, a total of 265 women have received training on embroidery, off-season vegetable cultivation, bicycle repairing, carpentry, masonry etc. About 65% of the participants have secured their jobs. Women have started vegetable cultivation in their kitchen garden for their own consumption and they sell the surplus to the nearby market.



Embroidering hopes for a better future:

CARE is working with 1125 women from the Dalit community in Nawalparasi, to improve livelihoods of these women through creating economic opportunities. Economic empowerment of women is a major focus of all CARE programs.

To strengthen financial sustainability, women group members have been widely engaged in saving credit activity. A total of 1,385 women have been engaged in saving credit activity. Easy access to low interest loans has been facilitated for productive works as well as in emergency. The programs have supported PVSE women in income generating activities where 4,630 women are engaged.

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

- Women group members have launched school enrollment campaigns in the village as a result of increased awareness on the value of education. This helped to enroll 11,400 school children in primary schools; 215 girls have rejoined schools.
- Women groups are advocating the right to education, fair distribution of scholarship and school materials and quality education.

MDG 3: PROMOTE GENDER EQUALITY & EMPOWER WOMEN

 Gender equality and women empowerment are at the heart of all the programs being implemented at BCO namely, addressing reproductive health issues and promoting women's reproductive rights, addressing gender based violence, enhancing women's space in decision making spheres through increased representation and meaningful participation.

762 women received GBV counseling support, 77 cases of GBV were reported. The programs are providing support to the Paralegal committees who have been instrumental in providing support to the GBV survivors. 101 women have been able to secure decision making positions in community forestry user groups.

MDG 4 & 5: REDUCE CHILD MORTALITY & IMPROVE MATERNAL HEALTH

Discussion in the REFLECT groups and orientation and training have been conducted on promoting maternal health and reducing child mortality. After the door-to-door campaign, 45,000 women

have been made aware about maternal health issues. Advocacy to increase the subsidy for treatment of uterine prolapse cases resulted in an increase in the subsidy amount of the government from Rs. 8,000 to Rs. 15,000 per person.

300 newly married couples were trained on reproductive health issues. Now, the women members visit the houses of women who recently delivered and provide some support and observe the situation including mother's health, child health and the surrounding environment. 6,375 group members were educated on reproductive health rights issues.

There have been changes in the health service seeking behavior of PVSE women compared to the past. This has been possible due to the information disseminated to the women groups on free medicine availability through the engagement of FCHVs and Local Resource Persons.

MDG 6: COMBAT HIV/AIDS, MALARIA, & OTHER DISEASES

Women group members are provided training and orientation on communicable diseases including HIV/AIDS, viral influenza etc. All the women members from 255 groups have received orientation on HIV AIDS. 45 health and sanitation campaigns were conducted in the project areas.

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

- 28,000 plants planted to protect the soil in Churia hills
- 1,130 women received information on sanitation and clean drinking water
- 975 women (39 women's groups) trained on productive use of land, without the use of chemical fertilizer
- 415 women engaged in leasehold forestry management
- 125 project staff trained on DRR and climate change
- 24 women trained in organic-based farming
- 15 DRR committees functioning at VDC level

Dalit Women Groups Garnering District Resources

Madhesi Dalit women of Nawalparasi district have been organized into Women's Groups and are advocating their rights with the support of CARE Nepal and partner organizations for the last four years. The first three years were supported by the SAMANATA Program funded by the European Commission. Though the Project was phased out, the poor Dalit women are now more aware of their rights and are confident about their strength. They were further supported by the SAEENO project, focusing on their economic empowerment.

In their weekly sessions, they discuss about women's rights, various issues of Dalit oppression, caste based discrimination, public resources available in the Village Development Committees and other organizations, etc. While they have launched a cooperative movement for more financial sustainability, they are also approaching local authorities and advocating to claim public resources. Legal Aid and Research Center (LARC), a partner NGO that facilitates the implementation of SAEENO Project in Nawalparasi, has been instrumental in establishing linkage between the women's Groups and the District Line Agencies such as District Agricultural Development Office (DADO).

A total of 49 Dalit Women Groups have been registered in the DADO. Last month, DADO called proposals for small irrigation

schemes. When LARC was informed about it, the staff of SAEENO immediately discussed and decided to submit the proposal. This was discussed with the women's groups and with all the supporting documents, LARC prepared the proposal and submitted it to the DADO. Women group members and LARC officials visited the DADO and advocated that those women were very poor and deserved the support of the government resources. Eventually, DADO decided to provide small water pumps to 13 women groups from 5 VDCs worth Rs. 280,000 (US\$ 4000). "We are really happy to receive support for irrigation as I can utilize my knowledge of vegetable cultivation which I received from the three month training provided by SAEENO, said Narma Devi Harijan, member of Dalit Mahila Bikas Samuha, Somni VDC " I was not able to cultivate vegetables due to lack of irrigation. I can also sell the extra vegetables to the nearby market ". In Terai, rich people have deep tube wells for irrigation. However, the poor people can not manage to have it. Other women members from the group shared that now they can use their own water pump in the group and they can also charge small amount allocated for maintenance and group fund. Poor dalit women who have been discriminated for centuries are now empowered to claim their rights and sustain activities beyond the project life.

Doti Cluster

Clus

Cluster Overviews

Section

Statistics:

Number of female beneficiaries: 156, 249

Number of male beneficiaries: 101,006

Total number of beneficiaries: 257, 255

The Doti Cluster represents CARE Nepal's long term engagement and commitment to the development of geographically isolated and underdeveloped districts in the mid and far-western regions of Nepal since the last 26 years.

DCO has been implementing 7 different projects and working in collaboration with 14 partner NGOs, different local & national networks, and hundreds of community groups in 22 (out of 24) districts of the mid and far western region. This cluster currently has programs focused mostly on equity and justice.

Prioritized issues in the Cluster:

- Rehabilitate freed Haliyas/Kamaiyas
- Stop harmful traditional practices that disempower women
- Secure livelihoods of people with HIV/AIDS
- Ensure food security
- Increase access to basic services
- Address reproductive health issues (e.g. uterine prolapse)
- Improve maternal & child health



from CARE and are actively involved in improving maternal and newborn health care in

Doti and Kailali districts especially amongst the marginalized populations.

Projects Working in the Cluster

- Community Support Program (ASHA II): Accessing Services for Households Program
- **CRADLE:** Community Responsive Antenatal Delivery and Life Essential Support for Mothers and Newborns
- EMPHASIS: Enhancing Mobile Populations' Access to HIV & AIDS Services, Information and Support
- Safe Passage: Making mobility safe by reducing the vulnerability and impact of HIV and AIDS
- SAHABHAGITA: Gender and Peace building
- **SAMADHAN III:** Building disaster resilience of vulnerable communities in Nepal
- VSL/PPS:Village Saving and Loan Project/Post Project Support



Village and Savings and Loan Association (VSLA) is a self-selected group of people, (usually unregistered) who pool their money into a fund from which members can borrow, the money is paid back with interest, causing the fund to grow. The regular savings contributions to the groups are deposited with an end date of in mind for distribution of all part of the total funds (including interest earnings) to the individual members, usually on the basis of a formula that links payout to the amount saved. This lump sum distribution provides a large amount of money that each member can then apply to his/her own needs. CARE supports such VSLAs in the rural areas to improve the livelihoods of poor rural population.

Actions and Achievements:

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER:

Village Saving and Loan Project/Post Project Support, Safe Passage, EMPHASIS, Community Support Program-II and SAMADHAN III have been instrumental in providing livelihoods trainings and infrastructure support to communities that has resulted in:

- Facilitating employment for 33,902 laborers in construction work and creating income generation opportunities and skills for better livelihood opportunities
- Facilitation in the bringing together and forming of 270 Village Savings & loans associations that are implementing saving and credit schemes involving 8,843 members. 6,639 women have been able to mobilize money for their income generating activities thorough these associations which has helped in enhancing their livelihoods
- Facilitating income generating trainings and vocational skills for 311 people including PLHAs. Of them, 92 involved in income generating activities now have better livelihood opportunities.

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Education is a major cross cutting issue for CARE Nepal. It emphasizes in creating enabling and encouraging learning environment for students that leads to increased school enrollments, particularly among girls. Following the same line, ASHA II facilitated in:

- Upgrading physical facilities (eg. New buildings, furniture, toilets, drinking water supplies, etc) of 54 schools
- The establishment of an ECD center in collaboration with the DEO in order to foster early childhood development for 25 students

MDG 3: PROMOTE GENDER EQUALITY & EMPOWER WOMEN

Gender equality and women empowerment have been in the centre of all the programs of CARE Nepal. In order to remove the gender disparity and discrimination and to empower women CARE has been consistently putting in efforts to facilitate the awareness raising among women about their rights through trainings, orientations, skill enhancement, income generating activities and enable them to claim their rights from the authorities.

CRADLE, CSP I, Sahabhagita and Samadhan III worked unswervingly in these areas as a result of which:

- 7,035 PVSE women were trained on gender issues, women's rights, UNSCR 1,325, community peace building, reproductive health, HIV prevention, disaster preparedness, etc. These women are currently active in restoring their rights and have been able to garner resources from district offices. 559 women from PVSE groups, received training as LRPs for advocacy and social mobilization and are involved in advocacy issues for their community
- 41 Adult Literacy Centers were founded in collaboration with DEO and 170 PPCs were established. These have provided learning and sharing platform for PVSE women who earlier lacked such forums
- 1,939 mother's groups were oriented on MNH and HIV/AIDS issues which has facilitated communities from its implication

MDG 4 & 5: Reduce Child Mortality & Improve Maternal Health

Reducing child mortality and improving maternal health is a focus of the government of Nepal. CARE is supporting government's pilot project in Doti and Kailali districts through its CRADLE program to help improve maternal and neonatal health in the region. Trainings to FCHVs, awareness raising in mothers groups, mapping of houses with pregnant mothers, infrastructure support for health facilities,

provision of equipments for safe motherhood in health facilities were some of the initiatives undertaken by the project. Besides, CSP I had also supported the construction of birthing centers and upgrading the health facilities in the region. This has significantly helped in reducing maternal and neo-natal deaths and increased safe and hygienic motherhood. As a result:

- 217 HWs and 900 FCHVs received BPP training in Kailali; 142
 HWs, 84 VHWs and MCHWs, and 653 FCHVs received CBNCP
 training in Doti; 107 HWs (primarily nursing staff) received
 updated skills and knowledge on MNH in Doti and Kailali. These
 trainings have significantly honed the skills of the aforementioned
 trainees while they have been instrumental in facilitating safe
 motherhood in communities.
- 51 health centers and 623 FCHVs in Doti were provided with essential newborn care equipments which has facilitated safe and hygienic motherhood and the after-delivery complications, if any. These equipments included thermometers, weighing machines, bags and masks, De Lee suction machines, safe delivery kits, etc
- 35 birthing centers were complete with all the necessary equipments and the neonatal ward at the Seti Zonal Hospital is undergoing renovation.
- 4 health facility buildings were supplied with furniture and drinking water facility which further improved the hygienic condition and provide access to better health care facilities for the PVSE communities.

MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

CARE has been focusing on curative and preventive measures in combating HIV/AIDS, Malaria and other diseases through its projects like Safe Passage, Emphasis and CRADLE. This has contributed in behavioral change in perception of people towards PLHA. Some initiatives that helped in facilitating changes in were:



the initiatives taken by CSP I and SAMADHAN II to ensure environmental sustainably. Furthermore:

- Trainings on hygiene and sanitation were an integral issue of discussion at the PPC centers. 2,587 toilets were constructed by adopting CLTS approach which is expected to induce sanitary knowledge and practice in the area. This has also facilitated in the declaration of 62 areas in 21 VDCs as ODE zones
- 2,206 people were involved in disaster mitigation projects and a total of 720 people received PVCA and disaster preparedness skills. Teachers and students have been trained on DRR which is expected to induce preparedness in the community against disasters. The formation of DRR committees and trainings has helped in mitigating the effect of disasters as compared to previous years



Towards building disaster resilient communities in Nepal: CARE works in the most vulnerable communities of Doti and Kailali through community based disaster preparedness efforts. It also works at increasing the communities' capacity by enhancing their Knowledge and skill to cope with any type of disaster through information, education, training, equipments linkage and coordination.



Migrant workers are more likely to indulge in high-risk behaviour and to bring the HIV virus home to their own families and communities. Drop in centres have been set up along the highways in the far west regions, with the support from CARE. These centres provide counselling services, IEC materials, videos, contraceptives and other such services to the migrant workers travelling through this route. CARE works in Kailali, Doti, and Dadeldhura districts of far western Nepal to reduce the vulnerability and mitigate the impact of HIV and AIDS on mobile individuals and their families with a specific focus on women.

- HIV/AIDS training and TOTs on prevention, treatment and care imparted to 8,160 people and; 783 peer educators and supporters were trained and mobilized; 677 health service providers and volunteers were trained on HIV and PLHA friendly services has facilitated in creating an enabling and non-discriminatory environment for PLHAs
- Support for the establishment of 14 strategic drop in centers where 71,385 people, including migrant workers, received information and counseling on HIV/AIDS and it's prevention and cure
- 5,704 people received medicine for the treatment of viral influenza

MDG 7: ENSURE ENVIRONMENTAL SUSTAINIBILTY

Ensuring environmental sustainability has been the center of all CARE projects. While it works on preparing and capacity building of communities for disasters it also supports the relief and rehabilitation to combat the aftermath of disasters. Formation of DRR committees, building of dams and culverts, establishment of emergency funds, construction of shelters, trainings were some of

A Life Free of Discrimination

'Before interacting with PES members, I knew nothing about HIV/AIDS. I was scared about my situation, especially because no one would sit close to me. After receiving the training on HIV/AIDS, my sister-in-law convinced me to go to the VCT center for my CD4 count. I am currently undergoing ART and my health is improving. I am no longer discriminated against and am allowed to enter my neighbors' homes. I am also allowed to work in the fields with other women. I am living a more decent life now.'

Lalita and Ram of Mastamandu VDC were married at an early age. Immediately after their wedding, Ram left to find a work and earn a living in India, sending back money to support his new family whenever possible. When Ram returned after 2 years, he suddenly felt sick. Lalita tried to take care of him, but his condition only worsened. He remained sick for 6 months and eventually succumbed to an unknown disease. He left behind his wife, who became a primary caretaker of their one year old son and Ram's 65 year-old mother.

Three years after Ram's death, Lalita's son also felt sick. A rumor started in the community that Lalita's son had the same 'big disease', (HIV/AIDS) that had taken her husband's life. It was the first time Lalita had heard of HIV/AIDS. She took her son for treatment, but he died four months later. Lalita grieved for her son, but when she needed the community the most, she was ostracized. The social stigma of HIV/AIDS caused her friends and neighbors to refuse to interact with her or even come near her. Lalita was not allowed to work alongside other women in the field and was restricted from leaving the house.

When CARE Nepal's Safe Passage project was implemented in Lalita's VDC, her sister-in-law was selected as a Peer Educator and Supporter (PES). After receiving training on HIV/AIDS and issues relating to social stigma, Lalita's sister in law referred Lalita to the VCT center. At first, Lalita refused to go stating that she wasn't allowed to leave the house. After many hours of counseling by the PES members, Lalita finally agreed to visit the VCT center for a checkup. Lalita tested HIV positive. With the support of a local organization (FAYA Nepal), Lalita was able to go to the Zonal Hospital for a CD4 count and to receive anti-retroviral therapy (ART).

Lalita is thankful to CARE-Nepal for helping her diagnose her HIV status and to undergo treatment. She is grateful to the PES members in her community who helped her to overcome the social stigma and taboos associated with HIV/AIDS. With their help, Lalita has become accepted by her friends and neighbors again and is living a life free of discrimination.

Lalita is now significantly contributing in the effort to educate others on HIV/AIDS prevention. She is an example of a PLHA leading a normal life and she provides support and inspiration to other PLHAs living in her community.

Community Support Program (CSP II):

Introduction:

Statistics:

Number of female beneficiaries: 73, 888 Number of male beneficiaries: 68, 214 Total number of beneficiaries: 142, 102

The Community Support Program II, funded by DFID, is in its second phase of operation since April 2010. The program incorporates all clusters and is mainly designed with the purpose of providing an immediate and tangible impact on the lives and livelihoods of the poor and marginalized people, especially by meeting the needs of the community in a flexible, effective and a transparent manner.

The success achieved in the first phase of operation is aimed to contribute to an inclusive development which is targeted to benefit the most vulnerable communities and population groups. The main approaches used by the CSP II are public audit, community mobilization, skill building and the use of local resources, inclusive project delivery, capacity building of district development and village development communities, joint monitoring and do-no-harm. These approaches proved to be successful in the first phase of the program implementation.

CARE Nepal implements the program in 25 districts of the country in collaboration and partnership with government agencies and other relevant stakeholders to ensure an improved accountability of the state and civil society for the PVSE individuals, especially women.



Income generating activities and livelihood support are an integral part of CARE's programs . Through CSP, based on the need assessment of the communities, it explores and supports various income generating opportunities for economic empowerment of the PVSEs. Livestock support and training is one such example.

Cluster Overviews

Actions and Achievements:

MDG 1: ERADICATE EXTREME POVERTY & HUNGER

- I,1052 short-term construction jobs were created by CSP
 Dhangadi and 420 PVSE families improved their livelihoods after the implementation of income generating activities.
- 64 community infrastructure projects were carried out by CSP Nepalgunj and CSP Dhankuta as a result of which 19,900 shortterm construction jobs were generated.

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

 85 schools received upgraded physical facilities, toilets for example. This contributed to the increased school enrollment, especially among the girls. A total of 125 schools were supported by CSP to create enabling learning environment for the students.

MDG 3: PROMOTE GENDER EQUALITY & EMPOWER WOMEN

- 9,609 women regularly visit the 384 PPCs formed with the support from CSP II. These women discuss about gender based violence, human rights, women's rights, UNSCR 1325, total sanitation, community mediation, conflict transformation and peace building in the PPCS which has enabled them to be aware of their rights and claim them.
- Owing to the regular orientation, training and sensitization facilitated by CSP II, there was a 39% increase in female leadership and 24% increase in Dalit leadership in School Management Committees and User Committees in Nepalgunj
- Around 40% women participated in the UCs of the infrastructure related projects which earlier had minimal participation of women. Representation of poor, excluded and women in users committee and CBOs increased also significantly after the project intervention. Women representation is 65% where as representation from poor and excluded communities in user committees/CBOs is 64%.

MDG 4 & 5: REDUCE CHILD MORTALITY & IMPROVE MATERNAL HEALTH

CSP facilitates in improving the access of the poor and vulnerable communities to better health care facilities. Upgrading the health centers and providing them with equipments along with the trainings and orientation on using them had been a major initiative taken in 2010 in this direction. In 2010, in order to meet the aforementioned objective, CSP II:

- Supported the upgrade of 28 sub-health post and one health post in Dhankuta
- Four health facilities were provided with furniture, toilets and DWS
- Support was provided for the construction of two birth-centers in Doti and Kailali and two others in Bajhang and Darchula were provided with equipments.

MDG 6: COMBAT HIV/AIDS, MALARIA, & OTHER DISEASES

 2,587 HHs have constructed toilets as a result of which sanitation and personal hyegine were improved. The LRPs were increased in CLTS as a result of which a significant improvement in hygiene is reported.

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

 As a part of ensuring environmental sustainability, 495 individuals involved in disaster mitigation measures and 7 irrigation projects were completed to reduce soil erosion whereas a total of 18 bridge/culverts were built



Access to clean drinking water is a major problem in the rural communities which is also one of the causes for the outbreak of diseases in rural PVSE communities. CARE facilitates the construction of basic infrastructures like taps and drinking water supply systems to provide the communities with access to clean drinking water.



Auditor's Report

T. R. Upadhya & Co. Chartered Accountants

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Telephone: 977 (1) 4410927, 4414695 Fax: 977 (1) 4413307 E-mail: trunco@ntc.net.np

Mr Lex Kessanberg Country Director, CARE Nepal, Krishna Galli, Pulchowk, Kathmandu

Independent Auditor's Report

We have audited the accompanying financial statements, comprising of the balance sheet as of 30 June 2010 and the statement of income and expenditure of CARE Nepal for the year ended on 30 June 2010. The responsibility of the financial statements is of CARE Nepal's management. Our responsibility is to express an opinion on these statements based on our audit.

Scope

We conducted our audit in accordance with Nepal Standards on Auditing. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the accounts are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the accounts. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

Opinion

In our opinion, the financial statement referred to above present fairly, in all material respects, the financial position of CARE Nepal as of 30 June 2010 and the results of its operations for the year then ended, in conformity with the generally accepted accounting principles and accounting policies of CARE Nepal where stated otherwise in the notes to the financial statements.

Shashi Satyal Partner

2 September 2010 Kathmandu

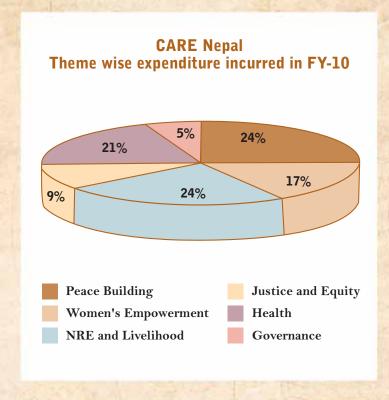
CARE Nepal Balance Sheet as on 30th June, 2010

Description	As on 30 June	As on 30 June			
2 esc. ipulo.i	2010 (US\$)	2009 (US\$)			
Assets					
Cash	889,575.16	783,724.39			
Grants/Contract/Contributions/	541,707.74	433,817.97			
Receivables					
Other Receivables	145,582.37	398,700.78			
Prepayments/Deposits	4,202.53	421.41			
Inventories	10,888.63	9,973.06			
Intra company receivable	1,472,301.51	2,383,848.40			
Total Assets	3,064,257.94	4,010,486.01			
Liabilities					
Account Payable/Miscellaneous	7,433.90	104,155.41			
Payable					
Program advances from Donors	1,697,378.14	2,369,434.26			
Payroll taxes and Other deductions	200,137.71	136,199.22			
Accruals and Provisions	882,502.68	1,042,046.30			
Total Liabilities	2,787,452.43	3,651,835.19			
Net Assets/Private Funds of					
CARE Nepal					
Net Assets (Private Funds)	402,591.51	402,591.51			
Currency Revaluation	(125,786.00)	(43,940.69)			
Total Net Assets	276,805.51	358,650.82			
Grand Total	3,064,257.94	4,010,486.01			



CARE Nepal Income Statement for the Year Ended 30th June, 2010

Description	Current Year (US\$)	Previous Year (US\$)
Income		
Income from Grant and Contract		
- Direct Revenue	7,146,842.17	7,569,627.50
- Indirect Revenue	99,480.35	203,587.19
Grants and Support from Lead		
member	355,022.50	508,453.00
Cost of Capital	43,192.54	46,136.04
Miscellaneous Income	54,937.93	28,483.76
Total Income	7,699,475.49	8,356,287.49
Less: Expenditure		
Grants/sub grants/Seed Capital	3,399,551.57	3,740,606.00
Intra company grants and supports		
(ICR)	99,480.40	203,587.75
Personnel Cost	2,427,007.12	2,354,513.00
Professional services	304,668.45	189,663.00
Equipment Purchased	109,232.90	79,715.00
Materials/Services and Consumables	845,589.35	1,257,478.00
Travel and Transportation	433,511.30	350,186.00
Occupancy	189,768.47	175,031.00
Financing/Depreciation/		
Miscellaneous	36,814.44	14,198.00
Total Expenditure	7,845,624.00	8,364,977.75
Excess of Expenditure over		
Income	(146,148.51)	(8,690.26)



Funding Sources

The funding source of the projects varies from individual donors to bi-lateral agencies. The major donors include: USAID, DFID, EU, EC, DANIDA, ADA, Big Lottery Fund, UNFPA and Swiss Agency for Development Cooperation etc. Other donors include: CARE International members, Foundations and Private donors such as FAHU and TOSA Foundations, Jersey Overseas Aid Commission, David Wichs Funds, Seattle Women's Group, PPA funds etc. For technical support, CARE Nepal works closely with the internal CARE International offices in Austria, Canada, Denmark, Germany, the UK, and the USA. CARE Nepal also works with the Asia Regional Management Unit in Bangkok for strategic management support.

Thank you for supporting us Our Partner Organizations

Jagaran Nepal, Kathmandu NFOWRC (National Forum for Women Rights Concern), Secretariat in Kathmandu

Karnali Integrated Rural Development and Research Center (KIRDARC),

Village Community Development Committee (VCDC), Sarlahi

Bagmati Sewa Samaj (BWSN), Sarlahi Sahayogatmak Samaj (SAHAS), Mahottari

Ratauli Yuba Club (RYC), Mahottari

Rural Development Foundation (RDF), Dhanusha

Federation of Community Forest Users Nepal (FECOFUN)

Community Family Welfare Association (CFWA)

Tarai Dalit Sarokar Kendra (TDCC) Nepal, Rupendehi

District Health Office, Doti

District Public Health Office, Kailali

Society for Environment & Human Resource Development (SOURCE-Nepal), Doti

Forum for Awareness and Youth Activity (FAYA - Nepal)

Gangotri Rural Development Forum (GaRDeF), Achham

Samajik Samanta Abhiyan (SSA), Kanchanpur

Nepal Rural Self Reliance Campaign (NRUSEC), Chitwan

Women Skill Creation Center (WOSCC), Makwanpur

SAHAS, Mahottari Bagmati Sewa Samaj, Sarlahi Nepal Federation of Indigenous Nationalities (NEFIN), Lalitpur

Samaj Uthan Yuba Kendra(SUYUK), Dhanusha

Janaki Women Awareness Society (JWAS), Janakpur

Federation of Community Forest Users Nepal (FECOFUN), Dhanusha

Terai Private Forest Development Association (TPFDA), Dhanusha

National Federation of Irrigation Water Users Association (NFIWUAN)

National Network on Right to Food (RtFN), Nepal Secretariat/RRN

National Association of PLHA in Nepal (NAP+N), Kathmandu

Nepal Red Cross Society (NRCS), Doti Nepal National Dalit Social Welfare Organization (NNDSWO), Dadeldhura

Legal Aid and Research Center (LARC), Nawalparasi

Kalika Community Women's Development Center, Chitwan

Rural Women's Service Centre, Makwanpur

Dalit Social Development Center, Kapilbastu

Himalayan Grassroots Women's Association for Natural Resource Management in Nepal (HIMWANTI), Lalitpur

Forum for Social Development (INDRENI), Nawalparasi

Nagrik Aawaz, Lalitpur

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