



**CARE NEPAL ANNUAL REPORT 2012 2**



## MISSION

We facilitate the empowerment of poor, vulnerable and socially excluded people to fulfil 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

## 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 recognised for our commitment to social justice.

## CORE VALUES

Respect Integrity  
Commitment  
Excellence

## GOAL

The work of CARE Nepal and its 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.

## TARGET GROUP

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



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CARE envisions of empowering 50 million women and girls at risk across Asia to take control over their lives by 2020. Building on the need to start in organisationally, it is investing in female leadership across the region to increase women's leadership in CARE in Asia and the Pacific to at least/more than/not less than 50%. Promoting women's leadership at all levels is a key priority for CARE Nepal. We were first in the region to start a Women's Forum that provides a platform for women to express themselves and hone their leadership skills. The first national retreat of the Women's Forum was organised in April 2012. It was the first of its kind in the 35 years history of CARE Nepal and 55 women staff from CARE Nepal, across the region participated.



## FROM THE COUNTRY DIRECTOR'S DESK

**Lex Kassenberg**  
Country Director  
CARE Nepal



### DEAR FRIENDS,

I am happy to present to you CARE Nepal's annual report for the year 2012. The report gives an overview of the projects and activities implemented, as well as some impressions from the field from both staff and beneficiaries.

We learn from Saraswati Mahato, from the Chitwan district, how she joined a women's group set up with the support of the SAKCHAM project. She explains how this helped her to deal with her abusive and unsupportive husband and obtain a citizenship document (Nagarit) that enabled her to formally register her marriage and start a business. She is a very active member of this group and a strong promoter of women's rights.

Kopila Malla from the Bajhang district, tells us about the challenges faced living as a person living with HIV (People Living with HIV – PLHIV), how she contracted the illness from her husband, but was blamed for making him sick. She is now President of a Community Support Group that was set up with the support of the Bharosa project. She plays an active role in helping PLHIV set up a meaningful lives and create acceptance in their communities

In an article by our health staff, you can read about the use and impact of misoprostol, a medicine that helps in the prevention of post-partum haemorrhage

I personally managed to get out to the field regularly to observe the great work our staff and partners are doing, often under quite challenging conditions in remote parts of the country. It is evident from the reactions received from the beneficiaries I spoke to, that our interventions create a positive and lasting change in their lives. I particularly would like to highlight our work with the Citizen Awareness Centres (CAC's or Nagarik Sachetana Kendra's in Nepali). The CACs are set up in communities and consist typically of around 25 to 30 women members. The women are initially assisted in organising their meetings, prioritising their issues and setting up a village savings and loans group (VSLA). Each

woman on a weekly or monthly basis contributes a fixed amount (varying between 5 and 25 Nepali Rupees) to a fund. Once there is enough money collected, one group member can borrow the money with low interest, to buy a goat or invest in a business. The more the fund grows, the larger the investments the women can make, for example goat purchases evolve into buffalo purchases. The social control in the group ensures timely payments; the interest paid remains with the group and is re-invested by them. In a relatively short period of time, this creates increased income for the family and improved livelihoods. It also creates financial independence for the women. The CACs also actively engage in local and domestic conflict resolution. The impact on their self-confidence is evidently huge, and this positively reflects on the households and the communities as a whole.

Our support to communities to create open defecation-free (ODF) areas has also continued over the past year. This activity directly supports a drive by the Government to achieve the same. Many communities were declared ODF areas over this past year. People fully understand and appreciate the benefits of this approach and their achievement. Without exception they all report a drop in the number of days they were sick and unable to work or go to school and the resulting drop in money spent on medication.

I would also like to mention the innovative work we have been doing with the Community Scoreboards, an instrument that helps to extract social and public accountability and responsiveness from aid providers. This rights-based tool supports communities with empowerment and accountability.

As always, I would like to thank the Government of Nepal through its line ministries, the Social Welfare Council, our donors, partners, CARE International members and our CARE Nepal staff for their great support and tireless work towards the betterment of the lives of those whom we work with. Without their support, our work would not have been possible.

Happy reading!

# ABOUT CARE

## CARE INTERNATIONAL

CARE International, founded over 60 years ago, is a leading relief and development non-governmental organisation fighting global poverty. Non-political and non-sectarian in nature, CARE operates in more than 78 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 of CARE International 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 the 1990s with the introduction of a more diversified portfolio and a community-based 'human' infrastructure development approach. Since 2000, CARE Nepal has been 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, a rights-based approach and social mobilisation.

In 2012, CARE Nepal implemented 21 community development projects in 36 districts in 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 programmes:

- 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 Programme
- Peace Building
- Psychosocial Wellbeing of Women
- Rural Micro-Financing
- Water and Sanitation
- Economic Opportunities
- Advocacy and policy engagement
- Strengthening the Civil Society

Gender equity and diversity, social inclusion and governance remain as cross cutting strategies through all of CARE Nepal's work.

## COHERENT ProgrammeMING

CARE Nepal's 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 further 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 a 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. CARE Nepal developed and implemented a comprehensive transformational strategy to align the organisation with its programmes while ensuring quality. This saw CARE Nepal undergo an organisational transformation along with the development of a more pertinent implementation mechanism. The coherent programming approach is still an on-going process. Increasingly, CARE Nepal's programme approach ensures that individual projects contribute to the larger programme impact goals through systematic engagement with the impact population and the stakeholders at various levels.

## CORE Programmes

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

- 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.
- Natural Resource Management/Environment/Securing Livelihoods:** for poor, vulnerable, and socially excluded (PVSE), 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.
- Addressing Issues of Equity and Justice:** by engaging communities on issues of inequity and justice; challenging harmful traditional beliefs and practices and influencing policies.



## 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 programmes 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 programmes 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 gender, caste, class, ethnicity and geographic settlement status.

## WORKING IN PARTNERSHIP

CARE Nepal is involved in networks including the Association of International NGOs (AIN) to create a more credible development in Nepal. It has also been involved in various networks to prevent Sexual and Gender Based Violence (SGBV) against women, implementing United Nations Security Council Resolution (UNSCR) 1325. CARE Nepal collaborates with organisations including the National Forum for Women Rights Concern (NFWRC), Federation of Community Forest User Groups (FECOFUN), Dalit NGO Federation (DNF), Nepal Federation of Indigenous Nationalities (NEFIN), National Association of PLHAs Networks (NAP+N) and Disaster

Preparedness Network (DP-Net), in order to amplify people's voice in policy dialogue. At the district and community level, CARE Nepal works with local NGOs, district chapters of national networks and district line agencies. Currently, CARE Nepal has been working in collaboration with around 80 partner NGOs and hundreds of community groups. In 2012, CARE implemented 18 projects and initiatives in 48 districts in Nepal.

## HUMAN RESOURCE

CARE Nepal has an inclusive human resource policy. In 2012, CARE Nepal had 215 staff, of whom 150 were men and 65 were women. CARE Nepal is committed to gender equity and diversity and we are positively progressing in terms of diversifying our staff composition. Of the total employees, 59 are Brahmins, 57 Chhettris, 18 Newars, 43 from indigenous groups, 15 from the Terai, 18 Dalits, 2 Muslims and 3 other. We have 15 women in managerial positions and above in CARE Nepal. There are two expatriates based in Kathmandu who provide overall strategic leadership and guidance. An Organisational Management team (OMT) comprising of seven of the most senior staff and six field representatives manages CARE Nepal. This OMT is responsible for strategic planning, project and programme design, donor counterpart and partner relations, concluding project and programme agreements, financial management, policy and goal setting, organisational structure, staffing, implementation of programme and project activities, monitoring and evaluation.

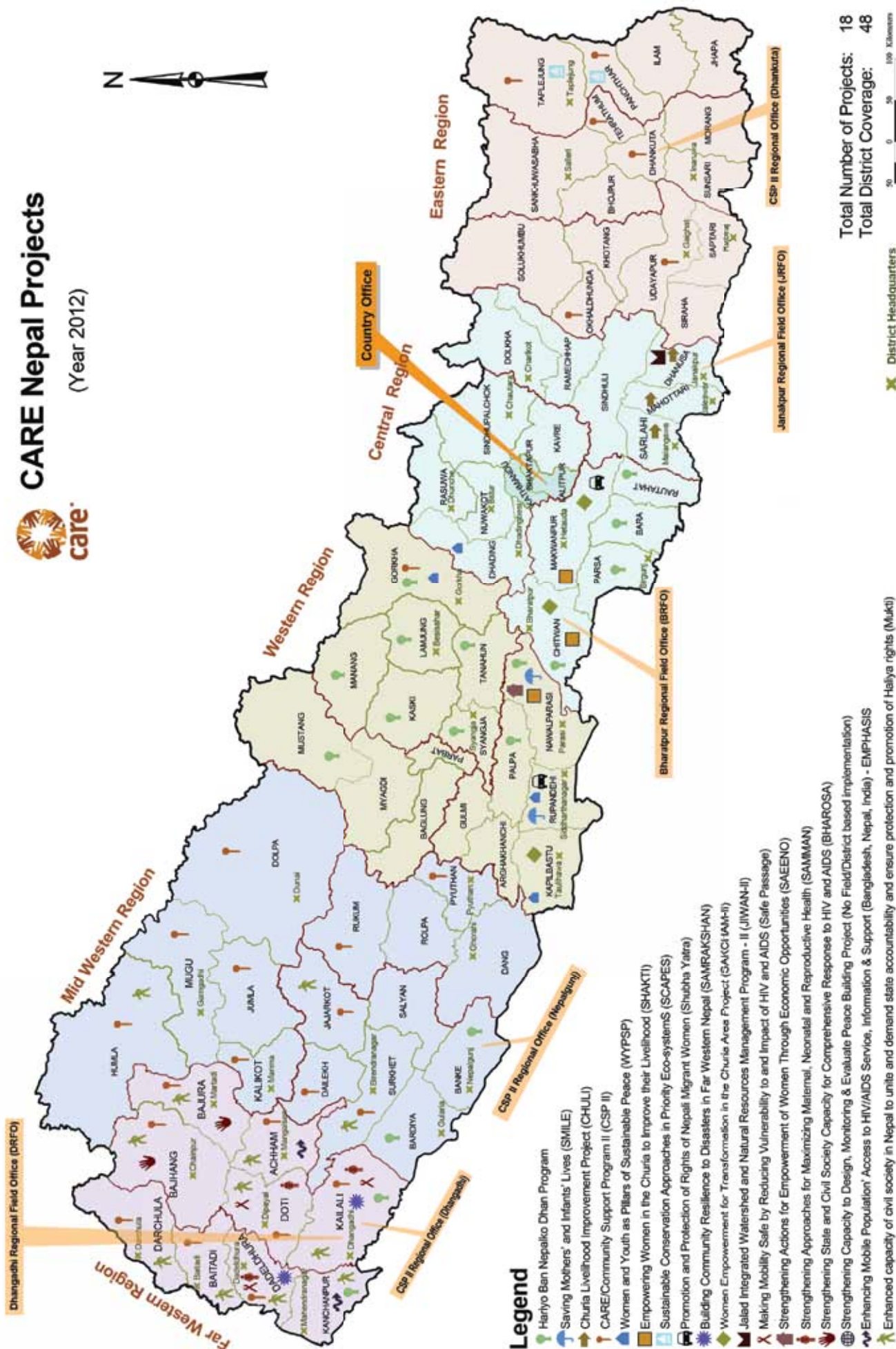






# CARE Nepal Projects

(Year 2012)



# 2012 BY THE NUMBERS



CARE Nepal reached **2,630,175** people in 2012 through its various development interventions - of which **50%** were women.



CARE organised **159,274** women through **1,181** groups who meet once in every week to discuss issues including gender based violence, entrepreneurship and empowerment. These women have been able to claim for their rights and entitlements from various agencies and mobilise resources for development in their communities.



**51** Peace Pressure Groups formed by CARE in **51** VDCs of Gorkha, Dhading, Rupandehi and Kapilvastu and have been trained in proposal writing, counselling, mediation, advocacy and networking. They have been linked with the Shanti Malika peace network through which these groups of poor, vulnerable and socially excluded (PVSE) women and youth are able to participate in the process of influencing a democratic constitution in Nepal, leading towards sustainable peace and the achievement of their aspirations.



**59,267** people are directly benefiting from Natural Resource Management (NRM) agreements facilitated by CARE projects in 2012. Efforts to strengthen the internal governance NRM groups were carried out through training, participatory governance assessment, participatory wellbeing ranking and public hearings and auditing. **193** Community Forest Users Groups and other Community Based Organisations (CBOs) directly benefitted from such training in 2012. **89** forest operation plans and constitutions of District Forest Offices and Community Forest Users Groups were revised with the support from CARE.



**8,090** women save **50-100** rupees every month through the **126** Savings and Credit groups formed by CARE. The money saved is invested later in livelihood activities and generate a source of income. The money earned has been utilised for the betterment of their families, especially for their children's education. The money in 'the hands of women' has also started contributing to the changing of the power dynamics within the family leading, to increased empowerment for rural women.

**103** Schools, **38** Drinking Water Supplies, **22** Irrigation Facilities, **8** Bridge/Culverts, and **25** Community Community Buildings were constructed by CARE projects in **25** remote districts of Nepal in 2012. This has made access to education, health and other basic services easier for rural people. The infrastructures have been built in partnership with community user groups that have been trained in their maintenance to ensure sustainability of the projects even after the programmes phase out from the areas.



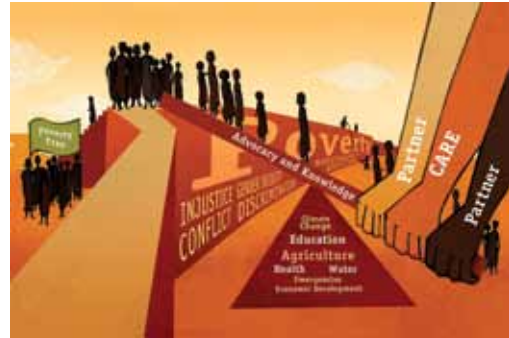




Women and children are amongst the most vulnerable during disasters. The Disaster Risk Reduction Committees (DRRC) formed by CARE have **50%** women as their members and are involved at the decision making levels. In 2012, **238** community based disaster risk management committees were formed in **119** vulnerable VDCs of Nepal and **95** Local Disaster Risk Management Plans were developed. **708** committee members were trained under by different task groups formed, as per the LDRMP plan. As a result, the community members are better equipped and better prepared to respond to disasters.



**466** people received vocational/income generation and livelihoods training including People Living with HIV/AIDS (PLHIV). At least **80%** of the people trained are now employed. The money earned has been utilised for meeting family needs and educating their children. **113,320** person-days local employment as skilled and unskilled labour equivalent to NRs. **43.89** million (USD 4,389,000). Majority of these people belong to poor and excluded communities .



**6830** individuals including labour migrants, transport workers and their spouses received voluntary counselling and HIV/AIDS counselling through IEC materials and drop in centres supported by CARE to mitigate the risks of HIV/AIDS.



**31** birthing centres were equipped and upgraded with our support to ensure institutional delivery. **113** Health Workers (HWs) and **438** Female Community Health Volunteers (FCHVs) were trained in Family Planning, Birth Preparedness Package and maternal and neonatal health. This has increased institutional delivery and has led to a decrease in the maternal and neonatal mortality rate. Substantial increases in facility based deliveries in the project districts Doti by **45%** (from 15% in 2007, and 35% in 2011), and by **53%** in Kailali. In some of the Birthing Centres of Kailali such as Pahalmanpur where CHSB, SATH is applied, the institutional deliveries have reached to **78%**. In Bhumirajmandu of Doti, where institutional delivery was **0** in 2009, increased to **86%** in 2012. CARE applied POSS- an innovation tool which measures impact of interventions to record all the deaths among the mothers and neonates in project districts.

# PROJECT LIST



## CSP II EXTENSION

Community Support  
Programme

**Project Goal:** To reduce poverty and promote social inclusion

**Working Districts:** Dailekh, Dolpa, Humla, Jajarkot, Jumla, Kalikot, Mugu, Pyuthan, Rukum, Surkhet, Taplejung, Panchthar, Dhankuta, Terathum, Udaypur, Okhaldhunga, Soahha, Achham, Baitadi, Bajhang, Bajura, Dadeldhura, Darchula, Doti and, Kailali

**Impact Population:** Poor, vulnerable and socially excluded communities puse especially people affected by the armed conflict.

The Community Support Programme (CSP phase I) was initiated in 2003, during the conflict period in Nepal, to support community-led service delivery at a time when government support was severely restricted. DFID funded this programme for eight years to support poor and excluded communities in some of the remotest areas of Nepal.

The second phase of CSP was initiated in April 2010 - with a more focused approach covering 405 village development committees (VDCs) in 44 District Development Committees (DDCs) that ended in March 2012. The programme was further extended for two years with a focus on integrating disaster resilience into regular CSP activities and aligning with the local governance programme framework of the Ministry of Local Development (MLD).

The extension aims to improve local disaster planning; map out the most disaster-prone areas in specific districts; build a cadre of trained individuals to lead risk reduction efforts in local communities and generally to ensure a more effective response in the event of a natural disaster. This is a highly cost-effective way of mainstreaming disaster resilience and it also corresponds with the recommendations of the Humanitarian and Emergency Response Review (HERR).

**Project Period:** April 2012-March 2014

**Donor:** UKAid, Department for International Development (DFID)



## HARIYO BAN

**Project Goal:** To reduce the adverse impacts of climate change and threats to biodiversity in Nepal.

**Working Districts:** Kanchanpur, Kailali, Bardia, Banke, Parsa, Bara, Rautahat, Chitwan, Nawalparasi, Mustang, Manang, Kaski, Syangja, Palpa, Tanahu, Lamjung and Gorkha

**Impact Population:** People who are involved in Natural Resource Management (NRM) groups and inhabit these biologically

The Hariyo Ban programme aims to reduce adverse impacts of climate change and threats to biodiversity, by restoring and conserving forests while improving livelihoods and building resilience to climate change in both people and ecosystems. It works on three core interwoven components – biodiversity conservation, sustainable landscapes and climate adaptation – with livelihoods, gender and social inclusion being important crosscutting themes. year programme has been made possible with a generous grant from the United States Agency for International Development (USAID).

The programme is led by a consortium of four core partner organisations – World Wildlife Fund (WWF), Cooperative for Assistance and Relief Everywhere (CARE), Federation of Community Forestry Users in Nepal (FECOFUN) and the National Trust for Nature Conservation (NTNC) – with WWF serving as the managing partner for the programme.

significant areas, connectivity and corridors, critical watershed and sub-watershed area, vulnerable areas from climate change hazards.

**Project Period:** August 2011 – July 2016

**Donor:** United States Agency for International Development (USAID)





## JIWAN

Jaladh Integrated  
Watershed and  
Natural Resource  
Management  
Programme

**Project Goal:** To contribute to the improved and sustainable livelihood security and well-being of the poor and socially excluded people living in the Jaladh watershed area through: improvement in natural resource management and economic activities; and increased equality in power, capacities, access and control over resources within households, communities, the watershed and the district.

**Working District:** Dhanusha

**JIWAN** The programme focuses on the effective management of Natural Resources at Jaladh watershed, at household and community levels. In 2012, the project formed the Jaladh Collaborative Forest Management Group formed in close co-ordination with District Forest Office, prepared the watershed Management Plan with indicators for upstream, mid stream and downstream VDCs in close coordination with government line agencies and established a community-based Watershed Monitoring System. It also supported preparing and implementing the business plan of Life School Centre(LSC), a center for education built by the project. LSC was built as a demonstration site by the project with replicable option for improved building techniques using low cost, low energy and locally produced materials, renewable energy systems, appropriate climatic design responses and sustainable ways of dealing with water and waste. The plan is to make the center self-sustainable after the completion of the project.

**Impact Population:** Poor and socially excluded people living in 16 Village Development Committees (VDC) located in upstream, downstream and mid-stream of Jaladh watershed of Dhanusha district

**Project Period:** July 2008 to June 2012

**Donor:** Danida



## CHULI

Churia Livelihood  
Improvement  
Programme

**Project Goal:** Contribute to the improvement of livelihood security for Poor, Vulnerable & Socially Excluded (PVSE) women, men, girls and boys in Sarlahi, Mahottari and Dhanusha districts at household, group, community and district levels.

Livelihood security for poor, vulnerable and socially excluded communities, particularly women, is a core focus of CHULI. In 2012, 2304 PVSE women were able to practically implement their livelihood improvement Plan (LIP) and explore income generating opportunities for themselves.

77% of these women are bringing money home through various income generation activities including commercial vegetable farming, shopkeeping, goat farming amongst others. These women make a minimum of NRs. 857/month. Most of them invest this money for their children's education.

**Impact Population:** Poor+Socially excluded people (PUSE)

**Working Districts:** Sarlahi, Mahottari and Dhanusha



## SCAPES

Sustainable  
Conservation  
Approaches in Priority  
Ecosystems

**Programme/Project Goal:** To address immediate threats to biodiversity while promoting social equity, good governance and sustainable livelihoods in partnership.

**Working District:** Taplejung and Pachthar

In 2012, CARE/SCAPES focused on implementing policy and advocacy initiatives, mobilising social mobilisers/LRPs to strengthen good governance and provide CBOs with gender and social inclusion training.

15 Local Resource Persons have been professionally trained by the project in coordination with Council for Technical Education and Vocational Training (CTEVT) as Community Forest Facilitators. All now are eligible and qualified to compete for the position of Community Forest Facilitators for government forest services under the Public Service Commission.

**Impact Population:** People in 8 Programme VDCs.

**Project Period:** October 2010 - September 2014

**Donor:** United States Agency for International Development (USAID)



## SAMMAN

Strengthening  
Approaches for  
Maximising Maternal,  
Neonatal and  
Reproductive Health

**Project Goal:** To decrease maternal mortality and morbidity of women and newborn children in rural areas of Doti and Kailali districts by increasing their access to quality maternal and neonatal health (MNH) services in the communities.

**Working District:** Doti, Kailali and Dadeldhura

CARE Nepal works closely with the government to support and scale up their Community Based New Born Care Programme (CBNCP), Birth Preparedness Package (BPP) and Community-Based Integrated Management of Childhood Illnesses (CBIMCI) initiatives.

Additionally, capacity building of health workers and FCHV and health workers is also a primary focus of the project.

In 2012, 113 Health Workers, 438 Female Community Health Volunteers and 12 Nursing Staff were trained with support from Samman with an effort to improve maternal, neonatal and child health in the project districts.

**Impact Population:** Newborns, Infants, Pregnant and Lactating mothers

**Project Period:** July 2012 – June 2015

**Donor:** Glaxo Smith Kline (GSK)





## SMILE

Saving Mothers' and  
Infants' Lives

**Project Goal:** To create an enabling environment for sustained outcomes in community health

**Working District:** Nawalparasi and Rupandehi districts

In 2012, SMILE focused on promoting local governance in health services by promoting the dialogue between service providers and service receivers with the use of Community Health Scoreboard Technique. The capacity building of health workers, health facility operation and management committee (HFOMC) and community level Female Community Health Volunteers (FCHV) including; mother groups and upgrading of health facilities into birthing centers and equipping them, were also a core to the project.

As a result, 8 health facilities were fully equipped and 5 were partially equipped in Nawalparasi and Rupandehi districts. The project also supported to institutionalise the Infection Prevention (IP) practices in 13 Health facilities by providing training to health workers in both districts with an objective of increasing institutional delivery in the area.

**Impact Population:** Pregnant women, lactating women, neonates, infants and under-five children

**Project Period:** July 2012 to June 2015

**Donor:** Covance inc. and David Witch



## SAFE PASSAGE

Making Mobility Safe  
by Reducing the  
Vulnerability and  
Impact of HIV & AIDS  
in Nepal

**Project Goal:** To reduce vulnerability and impact of HIV and AIDS on mobility-affected population

**Working District:** Doti, Dadeldhura and Kailali

**Impact Population:** Mobility affected people including the mobile population, their family members (including

Poverty and conflict cause high rates of seasonal migration from far western Nepal. According to research, 80% of the households have one male member working in India. Many of these mobile population are engaged in sexual risk behaviors and often lack knowledge and skills to protect themselves from HIV. On their return, systemic hindrances includes; (remoteness, irregular drug supply, lack of trained and empathetic health personnel) prevent them and their spouses from accessing responsive services.

In 2012, CARE worked extensively to increase access to information, link local (including PLHIV) voices to the national level for policy change; promote IEC/ drop-in centres; continue to build the capacity of service providers for improved utilisation of HIV-related services.

spouses, unmarried women, adolescent girls, youth and widows, and People Living with HIV (PLHIV).

**Project Period:** January 2008 - December 2012

**Donor:** European Union (EU)



## EMPHASIS

Enhancing Mobile Populations Access to HIV AIDS Services Information and Support

**Project Goal:** To reduce the vulnerability of key mobile populations to HIV & AIDS along two mobility routes between Bangladesh/India and Nepal/India by delivering focused interventions at source, transit and destination points.

**Working District:** Accham and Kanchanpur

**Impact Population:** People who come for work from Nepal and Bangladesh to selected sites in India, particularly from 15-49 years age group especially

- Men staying at the selected destination sites.
- Women staying at selected destination sites

Due to poverty, high unemployment, political instability, and differential economic opportunities across the border in India, mobility has been necessary for the economic survival of families in both urban and rural communities of Nepal. This growing cross-border movement has increased vulnerability of mobile populations to HIV&AIDS.

CARE/EMPHASIS pilots a cross-border approach to increase access to prevention and treatment services; to strengthen capacity of civil society, government institutions and policy makers to address the needs of mobile populations; and to create an enabling environment for safer mobility.

In 2012, 21 Community Support Groups (CSGs) were formed by EMPHASIS. CSG's are a grass roots mechanism model designed to reach the migrants, their families and PLHIV in the communities to increase the HIV & AIDS information, increase service access, referrals, provide counselling, social support, and peer support and other social support to the PLHIVs.

- Returnee/circular migrants at selected source sites
- Spouses of migrants left behind at selected source sites.
- Includes both short term and long term migrants.

**Project Period:** August 2009 – August 2014

**Donor:** Big Lottery Fund, UK

\*EMPHASIS is a regional programme implemented by CARE in Nepal, India & Bangladesh. The secretariat is based in Nepal.



## BHAROSA

Strengthening State and Civil Society Capacity for Comprehensive Response to HIV and AIDS

**Project Goal:** To reduce the socioeconomic impact of HIV and AIDS by increasing access to prevention, care and support services in the Far Western Regions of Nepal by 2013.

**Working District:** Bajhang and Bajura

Bharosa works towards the capacity strengthening of communities and civil society organizations for improved prevention, care and support services as well as leadership enhancement of district stakeholders to incorporate HIV and AIDS into their respective development programmes.

In 2012, Bhrosa piloted Partnership Defined Quality (PDQ) initiatives under HIV programming. A residential training was organized for District Health Office staff, District AIDS Coordination Committee coordinators, partner board members and the programme team after which PDQ was implemented in 8 programmes VDCs. This helped in identifying the gaps in service delivery through Gov. and other stakeholders. A common action plan was prepared and implemented which helped in improving access to services in the area.

Bharosa also supported in preparing the district AIDS strategy and response plan of Bajhang and Bajura. Consultative workshops were organised with district stakeholders, regional stakeholders and national stakeholders from National Center for AIDS and STD Control

**Impact Population:** Mobile men and youths, spouses of migrants, PLHIV and their family members

**Project Period:** January 2011 - December 2013

**Donor:** DANIDA





## SHUBHAYATRA

Promotion and  
Protection of Rights of  
Nepali Migrant Women

**Project Goal:** Promote safe migration and protect rights of female migrant workers through mobilisation and strengthening the response of civil society.

**Working District:** Rupandehi & Makawanpur

Female labour migration from Nepal to the gulf countries often tends to be unsafe, exploitative and frequently concomitant with trafficking. Typically, women migrating to work in the Gulf are not aware of the legal procedures for migration, nor are they fully aware of the nature of work they are being enlisted for. Most are illiterate, uneducated and unaware of their rights and many are simply forced to migrate by family members, relatives or recruiting agents.

CARE/Shubhayatra works at promoting safe migration and protecting the rights of female migrant workers through mobilisation and strengthening the response of civil society.

In 2012, 577 returnee women migrants from two districts were organised in community support groups by the project. 296 were trained as Peer Educators and are currently working as a local change agents in their communities. Documenting sufficient evidence to indicate significant numbers are to justify interventions was also a focus of the project for this year. A qualitative research study was conducted to better understand the experiences and processes of migration. A policy assessment of the current policies on migration was also undertaken to analyse policy gaps.

**Impact Population:** Nepali migrant/potential migrant women

**Project Period:** January 2011 - December 2013

**Donor:** European Union (EU) and Austrian Development Agency



## SAEENO

Strengthening  
Actions for  
Empowerment of  
Women through  
Economic  
Opportunities

**Project Goal:** To contribute to the improved livelihood of poor Dalit women by creating economic opportunities, including on and off farm activities.

**Working District:** Nawalparasi

About 38 percent of the total population continues to live below the poverty line and the subordination of women triggered by age-old discriminatory practices continue to be the main reason preventing women from improving their economic and social status. Women belonging to Dalit communities continue to be doubly victimised one through gender discrimination and through caste-based discrimination.

The project focused on economically empowering the women from Dalit communities through multiple livelihood options and increasing their leadership and decision making capacity.

CARE/SAEENO organised 1,149 Dalit women into 15 cooperatives which have been registered at the district cooperative office. 319 women have already been granted loans from these cooperatives to start their small scale business.

In 2012, the focus of the project was on institutional strengthening of the cooperatives in order to make them self sustainable.

**Impact Population:** 1149 women from Dalit communities

**Project Period:** November 2009 - October 2012

**Donor:** Seattle Nepal Women's Group USA



SAKCHAM II seeks to improve psychosocial wellbeing of women, improve economic status and enable their participation in decision making at household and community matters, as well as, in the peace process in the country.

In 2012, the programme worked on economic empowerment of women in the project areas, providing the survivors of different forms of violence with psychosocial support and engaging men for gender equality by promoting behavioral change in them.

Evaluation reports indicate that this has helped PVSE women to earn their own income, are now well informed about their rights and are able to raise their voice within own family, community, service providers and power holders. Men campaigners and men role models identified by the project have been showing their solidarity and promoting gender equality in their communities.

## SAKCHAM II

Women  
Empowerment for  
Transformation in  
Churia

**Project goal:** By 2012, women affected by conflict will be enabled to exercise women's human rights by addressing agency, structural and relational aspects of their empowerment.

**Working District:** Makwanpur, Chitwan and Kapilvastu

**Impact Population:** Women and men from 1,800 households comprising survivors of the armed conflict and

500 community leaders, VDC representatives, political leaders, school teachers, women's groups, police, NRM group executive members, health workers, media reporters and lawyers.

**Project Period:** January 2010 -December 2012

**Donor:** Austrian Development Agency



## SAMRAKSHAN

Building Community  
Resilience to  
Disasters in Far  
Western Nepal

**Project goal:** : At risk communities are helped to reduce disaster vulnerability, mitigate the impact of disasters and advocate for their rights

**Working District:** Kailali & Dadeldhura

In order to build the resilience of the vulnerable communities CARE Nepal in its DIPECHO VI Action Plan developed an inclusive CBDRR model that strengthened the capacity of the communities and local government for DRR at the local level. This model integrates the essential elements of LDRMP guidelines and certain important components of CBDRR. The model was piloted in the Pathariya VDC, located in Kailali - which is one of the target districts of CARE Nepal's DRR project. Out of the 34 communities of Pathariya VDC the SAMRAKSHAN project is implementing its interventions in the 11 most vulnerable communities. The project ensured the participation of VDC officials in all capacity building training and workshops to sensitise them to disaster preparedness and risk reduction. The VDC secretary's active engagement in the project has significantly broadened knowledge and understanding of DRR. His observations from a field visit to the project communities included how the established DRRC and taskforce committee are mobilising their resources and skills to undertake Disaster Risk Reduction (DRR) initiatives. This has motivated him to replicate the inclusive CBDRR model in the remaining 23 communities to capacitate the entire Pathariya VDC for disaster preparedness and response.

**Impact Population:** People from 2448 households.

**Project Period:** April 2011 - November 2012

**Donor:** European Community Humanitarian Office (ECHO)





### WYPSP

Women and  
Youth Pillars of  
Sustainable Peace

**Project Goal:** Capacity of civil society networks developed to engage poor, vulnerable and socially excluded (PVSE) groups of women and youth to influence a democratic constitution in Nepal and lead towards sustainable peace, and help the women and youth achieve their aspirations.

**Working District:** Gorkha, Dhading, Rupandehi and Kapilvastu

CARE/WYPSP works towards building the capacity of district-level networks, community groups and the Shantimalika peace network in order to create linkages between them to effectively lobby policy makers and institutions for meaningful change in the reality of PVSE women and youth, and support the peace process currently taking shape in Nepal.

In 2012, 51 Peace Pressure Groups were formed by CARE in 51 VDC of Gorkha, Dhading, Rupandehi and Kapilvastu. They have been trained in proposal writing, counselling, mediation, advocacy and networking. They have been linked with the Shanti Malika peace network through which these groups of poor, vulnerable and socially excluded (PVSE) women and youth are able to participate in the process of influencing a democratic constitution in Nepal, leading towards sustainable peace and the achievement of their aspirations.

**Impact Population:** Poor, Vulnerable and Socially Excluded (PVSE) women and youth.

**Project Period:** January 2008 - December 2012

**Donor:** European Union (EU)



### SHAKTI

Empowering Women in  
the Churia to Improve  
their Livelihoods

**Project Goal:** The empowerment of Poor, Vulnerable and Socially Excluded (PVSE) women in three districts of Churia as well as building the capacity of partner NGOs to promote sustainable socioeconomic change for these women.

**Working District:** Makwanpur, Chitwan and Nawalparasi

**Impact Population:** Poor Vulnerable Socially

Shakti works towards improving the socioeconomic status of poor vulnerable and socially excluded women of Churia by increasing their livelihood security.

In 2012, it worked towards strengthening the institutional capacity of PVSE women's networks, enhancing their roles natural resource management groups; facilitating policy advocacy to promote equitable benefit sharing and strengthening the capacity of para-legal committee members to reduce gender based violence in their communities.

Excluded (PVSE) women and their families. community based organisations, natural resource management groups, mother groups, government line agencies and women's networks at local and national levels.

**Project Period:** January 2008 - December 2012

**Donor:** European Union (EU)



Mukti focuses on institutional strengthening and capacity building of RHMSF and freed haliyas, policy advocacy to address Freed Haliya issues and establish their rights and protection of human rights of freed haliyas.

In 2012, the constitution and bylaws of RHMSF were revised with the support from the project ensuring a minimum of 40% of Haliya women's participation in the executive committee, including the two major posts of vice chair person and treasurer. Continuous lobbying by the project, policy dialogues and interaction programmes held between senior government officials including Minister and secretary of Ministry of Land Reform and Management helped in extending the tenure of Freed Haliya Rehabilitation and Monitoring Taskforce by six months. The constant advocacy initiated by Mukti facilitated the distribution of ID cards in their names to more than 300 Haliya women.

## MUKTI

Enhance capacity of civil society to unit and demand state accountability and ensure protection and promotion of Haliya rights

**Project Goal:** Contribute to full rehabilitation of Haliyas and enable them to enjoy their human rights with respect and protection from the government and their communities

**Working District:** Bajhang, Bajura, Baitadi, Darchula, Achham, Kailali, Kanchanpur, Doti, Humla, Surkhet and Jajarkot

**Impact Population:** Freed Haliyas of Nepal

**Project Period:** January, 2012 - December, 2014

**Donor:** European Union (EU)







## CITIZENSHIP HELPS TO BECOME AN ACTIVE LEADER



41 year old Saraswati Mahato shows us her citizenship certificate with excitement. It is her most prized possession, it has helped her get a legal status of being a Nepali. "This little piece of paper helped

me claim for my rights, register my marriage and start my own business" says Mahato.

Sarsawati was selected as a member of Pravati Reflect Group from the Sukranagar VDC of Chitwan district by CARE/SAKCHAM. In groups like these, women meet on a regular basis and discuss their key issues and identify ways to resolve them with the support from the project. There are many women living across the country who do not have any proof of citizenship throughout their lives and therefore are unable to claim their rights or get access to resources from the government due to their lack of having a citizenship certificate.

Sarsawati was one of them. Despite several requests, her husband never paid attention to her when she requested that he get her citizenship certificate made. She was completely dependent on him for everything and did not have any proof that she was a resident of Nepal. She was constantly victimised by her husband physically and mentally. Getting her citizenship certificate was a priority that she put forth to the group members. .

The members facilitated solving her problem with the support from the project. They spoke to her husband and explained to him about the importance of her citizenship and his responsibility towards her. After a series of interactions and engagements with other likeminded men, Sarsawati's husband was finally convinced to go for his wife's citizenship.

The understanding between the couple has increased after this incident. Sarswati is able to get access to VDC funds and has even started a small tea stall. Her husband also helps her out in the shop. "Life has become so much better after joining the group. I want to work for the group and help more women like me who have been suffering in silence", she says. She is one of the most active members of the group and is now instrumental in helping other women in her community.

\*Citizenship is key to access state services and support Citizenship refers to the legal relationship between an individual and a state, in which the state recognizes and guarantees the individual's rights

The Interim Constitution (2007) guarantees equality between men and women. Despite this, the constitutional provisions for citizenship continue to be discriminatory towards women and prevent women from enjoying full rights to citizenship. This is a violation of women's rights against discrimination, resulting in many children forced to live in a statelessness situation that has affected their progress in many aspects of their lives, and violates their human rights to be a citizen of Nepal. CARE Nepal is helping women fight this discrimination and is supporting them to get their citizenship.





## EMPOWERING WOMEN THROUGH COOPERATIVES

Women are subjected to all forms of violence in Nepali society. The plight of women living in the southern plains of Nepal is especially difficult for the women from Dalit communities who face discrimination at all times. Here's a story of a Dalit woman who made it for herself against all odds due to the cooperative movement started by CARE in the community.

27 year old Hema Harijan is from Pratapur-5, Nawalparasi and belongs to the Dalit community. Hema is married to Chandrbhan Harijan, who works in Malaysia, and has a seven year old son. She lives with her in-laws.

In February 2010, CARE Nepal came with the SAEENO Programme, implemented through Legal Aid Research Centre, a local NGO. The objective of the programme was to empower women socially and economically and engage them in decision

making. SAEENO initiated the formation of cooperatives in villages to organise different Reflect Centres and to create opportunities for economic empowerment of women. Women in the cooperative started to deposit money regularly. They had access to loans at the cheap rates and were able to invest in farm businesses. The cooperatives got various other support. SAEENO provided with Npr 100,000 as grant, the DDC provided them with Npr 40,000 to train the cooperative members and the VDC has provided them with an office room. Hema got an opportunity to work as a community mobiliser in the programme. Her in-laws were against her joining SAEENO and work outside the house but she had support from her husband. In order to work as a CM she left her in-laws home and returned to her parent's home to live. Her father supported and encouraged her in her work.



Hema's job as a CM was to facilitate the Reflect Centre in raising the collective voice of women against discrimination and develop their social and economic capacity. The participants at RC were Dalit and PVSE women who faced serious challenges of poverty. Initially, many women participated in the RC but gradually the number declined, however, Hema remained committed to her job.

At present, Hema works as the Cooperative Manager. Although her remuneration as a manager is lower than as a CM, she enjoys her job. She feels socially and economically empowered. She senses that the respect and responsibility as a manager weighs much higher. More importantly, the way her in-laws treated her has also changed. She now lives with them and her opinions are constantly looked for in making important decisions in the family. She feels proud when people recognise her as the Cooperative Manager.

Today, Hema dreams to develop the cooperative as an institution that provides holistic service to different PVSE

women. She plans to enhance the capacity of the cooperative members and above all she is determined to create a better environment to educate her only son. Hema is just one of the many women that have been empowered through CARE's cooperative movement across the country.

The Government of Nepal has prioritised cooperatives as one of the Pillars for poverty reduction and development and recently established Ministry of Cooperative and Poverty Reduction. CARE Nepal supports cooperatives and wants, establish and strengthen two types of cooperatives; savings and credit and agriculture cooperatives in different districts through its implemented projects in different districts for several years. Some CARE projects like JANSEEP, JIWAN, SHAKTI, SAEENO and CHULI supported the formation and establishment of an office, developed the capacities of the cooperative board members and created the Livelihood Improvement Plan fund. Table 1 provides the information on cooperatives by districts and their status.

District	# of Cooperative	# of Share Member	Member Capital	CARE Support	Total Capital
Makawanpur	5	1223	783,746	3,021,700	3,805,446
Nawalparasi	5+20	1434	1,659,106	3,274,063	4,933,169
Chitwan	5	1182	669,925	3,148,000	3,817,925
Dhanusha	6+15+30				
Mahottari	15				
Sarlahi	10+15				
<b>Total</b>	<b>126</b>				

CARE's experience shows that cooperatives continue to be sustainable post-project due to the financial activities that keep the members together. 50% of the members of the cooperative are women. Women are also on the cooperative board in key decision making positions.

The women have been economically empowered and have now have direct access to money through the cooperatives. This has eliminated the need for women from seeking money from local money lenders at high interest rates and therefore is helping them come out of the vicious circle of poverty.





## PLHIV TAKING LEADERSHIP

Kopila Malla, 36, lives in Jotha Bajhang. Like many women in her community Kopila had a migrant spouse. Her husband worked in Bangalore, India and came home every 2-3 years, but the last time he went home, he was ill. It was only after his death did Kopila find out that her husband had died of AIDS. Her husband had hidden his status and transmitted HIV to Kopila. However, ever since the first day that she found out she was HIV positive Kopila has stood up for herself in her community and always spoke openly about her status. Although she was living in a joint family, it was as if she had nobody because she was blamed for killing her husband (with AIDS) and her family and the community discriminated and stigmatised her. She was also very ill when she found out she had HIV. Her family showed no sympathy, she was given separate plates and cups to eat from, the villagers didn't want her going near them, and when she couldn't help around the house she was kicked out.

Even though Kopila has endured a lot of hardship in her life she never gave up. She remained very strong and determined to make a living for herself. After she recovered from her illness and gained some strength, she moved to the district headquarters and worked as a housekeeper at the district hospital. While she lived there it became so difficult that within one and half years she had changed her room 18 times because once the landlords found out she was HIV positive they would kick her out. At the district headquarters she became involved with PEACEWIN who let her work at the Information Education and Communication (IEC) centre in Jotha, where she is still working. At the IEC centre she distributes condoms and IEC material and refers people to the Voluntary Counselling and Testing (VCT) Centre. She will also accompany people to the VCT, if they are too scared to go alone.

When the Bharosa project was launched in her area, she became involved with the VDC level Community Support Group (CSG) of Jotha where she is now the

president. After this involvement she has received support to go for CD4 count and to receive ARTs. Although she has a job, it is not enough to support her four children and brother-in-law. Therefore, she has also received IGA support of 20,000 rupees from Bharosa, which she used to buy goats. She received CHBC training and got an opportunity to participate in the National AIDS Conference. She says that now when she goes to her village people don't discriminate against her, because of her status.

Since she was already an active PLHIV in the community she was also mobilised and empowered to create a network of PLHIV in Bajhang. She has been leading Bajhang Plus network as the chairperson and spent extra time ensuring network registration, and has been working hard to advocate for the network. She said, "We also got IGA support for PLHIVs in Bajhang through this network and also with the help of Bharosa team we made a list of CABA children and UMN gave us school uniforms, school bags, shoes, and stationeries to give to the children." Kopila, led the IGA support and handed the money to each PLHIV, going from village to village distributing materials to the Children Affected by AIDS (CABA). Ever since the network was established the PLHIVs have found a forum through which to voice their needs and advocate for their rights. As a result, an ART centre is planned to open in the district headquarters of Bajhang. Although there are many other members on the executive board, Kopila's passion and dedication to empower the PLHIV and to reduce the suffering of others, has played an immense role in making the network successful. She said, "I want to do something to strengthen this network. I don't want other friends to suffer the way I have suffered in my life. I know I can find a small job I am hopeful, but my other friends are suffering. There are other single women who don't have a job like I do and women whose husbands even though they are HIV positive drink a lot and don't take responsibility at home."





## MAKING CHANGE POSSIBLE THROUGH POPULAR EDUCATION CENTERS

The dalits of Nepal are deprived from resources and services and they continue to lag behind from the development perspective. The Bela tole (small settlement) of Dharmapur VDC 5 in the Mahottari district of Nepal is an example. There are total 52 households in this tole comprising of 50 Sada (Musahar) one Sah and one Malah. All the people living in this tole are poor and landless. Agriculture labour is the single means of livelihood for these people.

The local river at the western part of this village is the only source of water for the people here. It is also a source of problems. Due to the lack of other entry points to the village, they have to cross the river to get out of the village and the water level is up to their waists. The situation was worsened when the landlords shut the gate of the dam built on this river for irrigation. As well, they were compelled to drink the dirty water from the river.

Resolving this problem was a prime concern of the community people. Shiv Sati Sada, one of the inhabitants of the village remembers, "One day, we were discussing in the weekly Popular Education Centre (PEC) meeting the problem. We put forth the

issue in front of the facilitators and the people from CARE / CHULI project. The project provided us with partial support to build while we approached other like-minded agencies like LRP/ UNDP for additional funds and hence started the construction. The community members contributed their labour for the construction of the bridge and also used the local resources available in the community for the construction. Life is not as difficult now"

Regular participation of women in the PEC meetings and other meetings and workshops organised by CARE Nepal and other institutions has increased women's access to information. This has made the PEC women aware of the budget of the Village Development Committee (VDC). They were even able to lobby the VDC and get the budget released for tube well installation and electrification in their settlement and have since installed 2 tube wells and 17 electricity poles in the village. They were even to get land from their landlords to construct a 1.5 KM road in Bela Tole. CARE/CHULI has been supporting many such communities in Dhanusha and Mahottari and organising their Popular Education Centres and helping them come together to change their communities.





## COMMUNITY BASED DISTRIBUTION OF MISOPROSTOL TOWARDS THE PREVENTION OF POSTPARTUM HEMORRHAGE DRUG EFFICACY AND FACTORS ASSOCIATED WITH MISOPROSTOL INGESTION IN DOTI DISTRICT NEPAL

Dipak Prasad Tiwari, Ram Sharan Pyakurel, Nirmala Sharma, Deepak Paudel, Khrist Roy

CARE had conducted a study to understand the factors associated with use of misoprostol ingestion among Recently Delivered Women (RDW) and Examine the association of Misoprostol ingestion with the prevention of postpartum hemorrhage in the selected populations in the Doti District, in the far west of Nepal, as part of CARE's CRADLE project.

This was a descriptive study with applying bivariate and multivariate analysis. The population of interest included all women in Doti District who had delivered a baby within the last year. Doti's is primarily a rural district and its terrain is hilly to mountainous and in some areas it borders the terai. Significant tracts of the district are remote and unlinked by roads. A total of 345 women were surveyed. Data was collected on all of the 345 RDW for demographic background, their maternal health practices, their knowledge of misoprostol in the prevention of PPH, and their receipt and timing of ingestion of Misoprostol tablets. Of these 345 women 181 received the Misoprostol tablet and 164 did not. The main outcome measure included: socio-demographic information of mothers, place of delivery, Antenatal care visits, received Misoprostol tablets in last pregnancy, correctly ingested misoprostol tablets, experiences of post-partum haemorrhage (PPH). Roughly half of the sample, 50.1%, is 25 years of age or older, a slight majority of women were illiterate, 54.2%, consistent with other surveys done by project, and 56.5% identify as being a member of a non-dalit caste. The dalit

caste (name for umbrella group of lower castes). Almost all women, 98.6%, delivered at home. While modeling the results for prevention of postpartum hemorrhage and modeled results for ingestion of misoprostol towards the prevention of PPH, study found that ingestion of 600 µg of misoprostol in the third stage of labor was significantly associated with the prevention of PPH, Counselling on the birth preparedness plan by Female Community Health Volunteers (FCHV) in women's eighth month of pregnancy was associated with a 53.7% reduction in PPH, There is a positive relationship between literacy and ingestion; literate women were 1.4 times more likely to ingest MSC tablets relative to women who are not, and strong associations exist between the knowledge of the number of MSC tablets to take, ANC visits and MSC ingestion. The study shows the effectiveness of Misoprostol in the prevention of PPH at the community level distributed by female community health volunteers in a remote hilly to mountainous district and is thus scale able in other hilly/ mountainous areas of Nepal. Out of 181 women who received Misoprostol 169 consumed the medicine. Only four out of 181 women did not take the correct dose and took a lower dose. No women took the dose at the wrong time. The MOH programme on incentivizing the presence of FCHV at birth is complementary and can enhance the receipt and consumption of Misoprostol leading to lowered incidence of PPH and PPH related deaths.

\*THE COMPLETE ARTICLE HAS BEEN PUBLISHED IN RESEARCH & REVIEWS: A JOURNAL OF MEDICINE, VOL 2, NO 3 (2012)





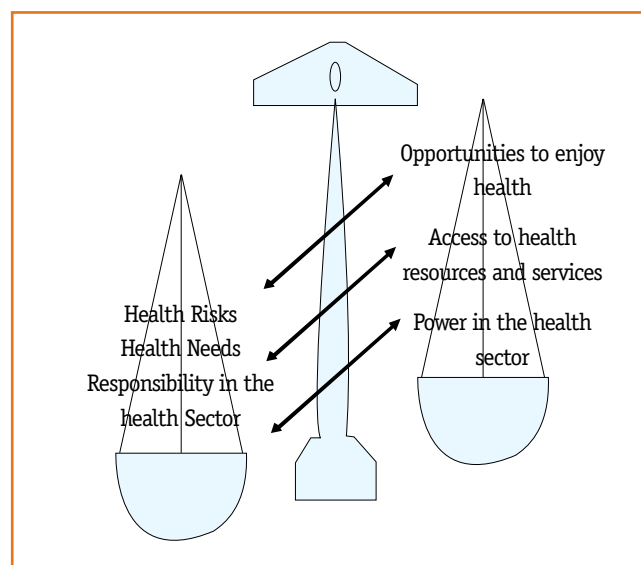
## COMMUNITY SCOREBOARD

CARE Nepal, with the support from GlaxoSmithKline (GSK) has been implementing Community Health Score Board (CHSB) programme in remote VDCs of Far Western Nepal since 2011 through local implementing partners.

It is an instrument to extract and measure social and public accountability and responsiveness from providers. It has a strong focus on a Rights Based Approach (RBA), empowerment and accountability as it includes an interface meeting between service providers and community and allows for immediate feedback.

It is a community based performance monitoring tool and it increases community participation. It brings together the demand and supply sides of a particular service to jointly analyse issues underlying service delivery and find a common and shared way of addressing those issues. The Community Score Boards aims at identifying barriers to provision of quality and equitable services and identifying the priority concerns of the communities, by both the communities and the healthcare providers. It allows community members, who are the

'consumers' of services, to give their perception on the service delivery, while at the same time allowing the 'service suppliers' to bring out issues underlying their ability to deliver quality service. CHSBs help service users claim and achieve their human rights by holding duty bearers accountable. It has been widely appreciated by the government stakeholders as well.



- "After the implementation of CHSB in our VDC, I as an in-charge of local HF have felt the good governance at VDC level and service providers are more accountable to the community now. Also community participation has been increased."- Shyam Narayan Yadav, HF-Incharge, Pahalmampur, Kailali
- "It's a good monitoring tool and equally helpful for programme quality and community participation"- Statistics Officer, DHO, Doti

स्वास्थ्य सुशासन, स्वास्थ्य गतिविधिला समुदायको सहभागिता र सेवाभाषा बन्नु सुनिश्चिता						
समुदाय स्वास्थ्य प्राप्ताङ्क बोर्ड (Community Health Score Board)						
क्र.सं.	सूचक	विशेष बोर्डको उद्देश्य	सूचकांक १ प्रमुख सूचकांक	सूचकांक लाभ	विशेष सूचकांकको व्याख्या	सूचकांक
१	सुनिश्चित प्रमुख सूचकांकको अन्तःकरण					
२	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
३	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
४	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
५	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
६	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
७	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
८	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
९	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
१०	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					
११	सुनिश्चित स्वास्थ्य सुशासनको अन्तःकरण					

Community Health Score Board (CHSB) has been proved to be supportive in ensuring horizontal and vertical accountability among service providers and beneficiaries. It is equally important for improving quality and performance of the health Facility by promoting dialogue between service providers and service receivers. The test piloted by CARE in the project areas show the following impact of the community score boards :

- Increased community participation
- Feeling of good governance and accountability among service providers and community leaders
- Joint planning and monitoring
- Maximising the use of local resources
- Reaching the unreached ( ensuring the voice of PVSE groups heard)
- Increased service quality
- Improved service indicators

# FINANCIAL OVERVIEW



**BAKER TILLY**  
**DEV ASSOCIATES**  
CHARTERED ACCOUNTANTS

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## INDEPENDENT AUDITOR'S REPORT

to CARE NEPAL

We have performed the financial audit of accompanying financial statements of CARE Nepal comprising Balance Sheet as on June 30 2012, Income Statement for the period ended on June 30 2012 and related schedules there to. These financial statements are the responsibility of CARE Nepal management and our responsibility is to express opinion that is based on our audit.

Our examination of the Statements was made in accordance with Nepal Standards on Auditing and accordingly included such tests of accounting records and such other auditing procedures, as we considered necessary in the circumstances. An audit also includes assessing of accounting principles used and significant accounting estimates used by the management as well as evaluating the overall financial statements presentation.

In our opinion and according to the explanation given to us, on the basis of our examination, we are of the opinion that,

1. the program income and expenditure have been accounted for under the correct account head and are supported by appropriate and fair supporting documents and in accordance with Double Entry System of keeping the Books of Accounts and the expenses have been made in accordance with the objectives of the program.
2. the books of account and financial statement are in agreement with the contractual clauses with respect to this program.
3. the organization has complied with applicable provisions of Income Tax Act 2058 and rules and directives formed there under, and
4. there are no other material reportable observation that need attention of the members.

In our opinion, the financial statements of CARE Nepal gives true and fair view of the financial position as of June 30, 2012 (16th Ashad 2069) and the result of its operations for the year in accordance with the applicable reporting framework.

Mukunda Dev Adhikari, FCA  
Partner  
Dev Associates  
Chartered Accountants



Date: 8<sup>th</sup> January, 2013  
Place: Patandhoka, Lalitpur



## CARE-Nepal

### Balance Sheet as of 30 June 2012

Particulars	Notes	As on 30 June 2011 (USD)	As on 30 June 2010 (USD)
<b>Assets</b>			
10 Cash	7	726,032.94	1,055,422.13
12 Grant / Contract Receivable		620,089.35	539,704.98
13 Other Receivable	8	23,790.55	70,306.83
14 Prepayments / Deposits		30,691.06	10,515.90
15 Inventories		-	-
17 Fixed Assets		66,887.68	111,057.95
19 Intra Company Receivable		1,228,435.98	1,069,263.64
<b>Total Assets</b>		<b>2,695,927.56</b>	<b>2,856,271.43</b>
<b>Liabilities</b>			
20 Account Payable		53,251.90	185,684.50
22 Programme Advance from Donors		1,379,826.31	1,273,050.43
23 Taxes and Other Deductions		190,714.33	205,410.02
24 Accruals & Provisions	9	744,168.37	1,027,093.68
<b>Total liabilities</b>		<b>2,367,960.91</b>	<b>2,691,238.63</b>
<b>Net assets</b>			
30 Net Asset / Private Funds	10	383,399.20	153,116.92
47 Currency Revaluation		(55,432.52)	11,890.43
99 Rebalancing Account		-	25.45
<b>Total Net Assets/Private Fund</b>		<b>327,966.68</b>	<b>165,032.80</b>
<b>Total Liabilities/Net Assets</b>		<b>2,695,927.59</b>	<b>2,856,271.43</b>

As per our report of even date

Significant accounting policies and notes to the accounts form a significant part of the financial statement

Keshav P. Shrestha  
Finance Controller  
CARE-Nepal  
Date: 8 January 2013

Lex Kassenberg  
Country Director  
CARE-Nepal  
Date: 8 January 2013

Mukunda Dev Adhikari, FCA  
Partner  
Dev Associates  
Chartered Accountants  
Date: 8 January 2013

## CARE-Nepal

### Income Statement for the year ended 30 June 2012

Particulars	Notes	Current Year (USD)	Previous Year (USD)
<b>Income</b>			
Income from Grant and Contract			
Direct Revenue	4	9,829,552.00	9,825,435.78
Indirect Revenue	5	98,677.18	152,095.71
Grants and Support from Lead Member		548,956.36	423,573.00
Cost Of Capital		31,558.41	26,810.94
Miscellaneous Income		29,608.13	41,503.98
		<b>10,538,352.08</b>	<b>10,469,419.41</b>
<b>Less: Expenditure</b>			
Sub Grant Expenses		4,864,089.92	4,764,631.05
Intra Company grants and supports (ICR)		98,677.18	152,095.71
Personnel Expenses		2,981,864.67	3,092,136.54
Professional Services		338,985.11	453,734.18
Equipment Purchases (Expensed)		163,848.45	115,141.25
Materials, Services & Consumables		960,409.20	1,097,969.09
Travel and Transportation		620,199.52	645,258.13
Occupancy Related Expenses		211,463.22	234,737.85
Financing / Miscellaneous		58,247.24	47,720.66
<b>Total Expenditure</b>	<b>6</b>	<b>10,297,784.51</b>	<b>10,603,424.46</b>
<b>Excess of Income over Expenditure</b>		<b>240,567.57</b>	<b>(134,005.05)</b>

Keshav P. Shrestha  
Finance Controller  
CARE-Nepal  
Date: 8 January 2013

Lex Kassenberg  
Country Director  
CARE-Nepal  
Date: 8 January 2013

Mukunda Dev Adhikari, FCA  
Partner  
Dev Associates  
Chartered Accountants  
Date: 8 January 2013

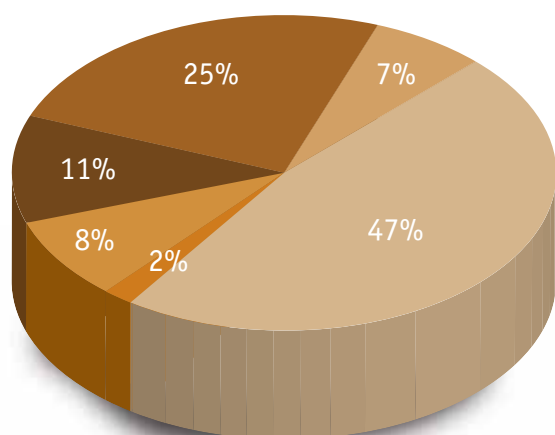


## CARE NEPAL FUNDING SOURCES FOR FY 12

The funding sources of the projects are mainly from the bilateral agencies, international organizations and private donors. Our major donors are DFID, USAID, EU, EC, DANIDA, Big Lottery Fund, etc. Other donors include CI Members, foundations and private donors such as Covence, Seattle Women's Group,

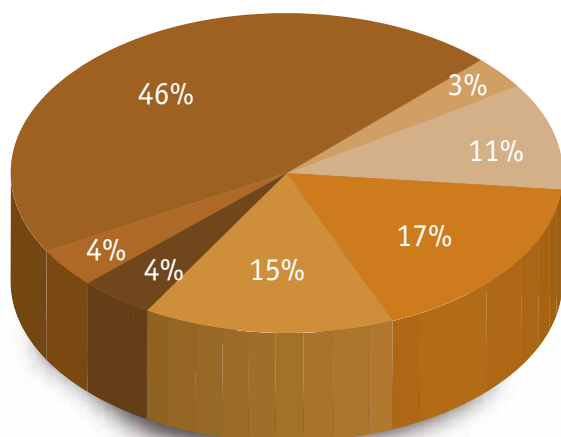
GSK, PPA Funds etc. CARE Nepal works closely with CARE International offices in Austria, Canada, Denmark, Germany, the UK and the USA. These CARE members provide technical support to us. For strategic management support, CARE Nepal works with CARE Asia Regional Management Unit, Bangkok.

### CARE NEPAL DONOR WISE EXPENSES OF FY 12



- DFID
- Private & Others
- USAID
- DANIDA
- EU
- Big Lottery

### CARE NEPAL THEME WISE EXPENSES OF FY 2012



- Peace Building
- Women Empowerment
- NRE & Livelihood
- Health
- Governance
- Disaster Reduction
- Rural Infrastructure

## OUR PARTNERS

Maiti Nepal, Kathmandu  
 ABC Nepal, Kathmandu  
 Jagaran Nepal, Kathmandu  
 National Forum for Women Rights Concern (NFOWRC) Secretariat, 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 and Human Resource Development (SOURCE-Nepal), Doti  
 Forum for Awareness and Youth Activity (FAYA-Nepal), Kailali  
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 Women Skill Creation Center (WOSCC), Makwanpur  
 Nepal Federation of Indigenous Nationalities (NEFIN), Lalitpur  
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 Rural Women's Service Centre, Makwanpur  
 Dalit Social Development Center, Kapilabastu  
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 Nagrik Aawaz, Lalitpur  
 Shantimalika (Network for Women and Peace), Kathmandu  
 Chure Conservation Sanjal, Kanchanpur  
 · Community Forestry Coordination Committee, Banke  
 · Community Forest User Groups (CFUGs) and Buffer Zone Community Forest User Groups (BZCFUGs)  
 · NRUSEC, Chitwan  
 · Phewa Panchase Watershed Conservation



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