

Fostering Health and Livelihoods of Conflict Affected People in Nepal

**An EU Funded Project
(Contract No.: REH/2007/142-084)**

**Final Narrative Report
(March, 2008 - February, 2010)**

Submitted to:

Head of the delegation
Delegation of the European Union to Nepal
Post Box No: 6754, Kathmandu, Nepal
Uttardhoka, Sadak, Lainchaur
Tel: + 977 1 4423569
Fax: +977 1 4423541

Submitted By:

The Britain Nepal Medical Trust (BNMT)
Post Box No: 20564
Lazimpat, Kathmandu, Nepal

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LIST OF ABBREVIATION

AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurses Midwife
BCC	Behavior Change Communication
BNMT	Britain Nepal Medical Trust
CBO	Community Based Organization
CDO	Chief District Officer
CDR	Central Development Region
DADO	District Agriculture Development Office
DAO	District Administration Office
DDC	District Development Committee
DEO	District Education Office
DFO	District Forest Office
DHO	District Health Office
DPC	District Project Coordinator
DPHO	District Public Health Office
DPO	District Planning Officer
EHCS	Essential Healthcare Services
EOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
EDR	Eastern Development Region
EA	Executive Activities
FA/Nepal	Forest Action Nepal
FCHV	Female Community Health Volunteers
FGD	Focus Group Discussion
FWDR	Far-Western Development Region
FY	Fiscal Year
GO	Government Organization
HA	Health Assistant
HFMC	Health Facility Management Committee
HI	Health Institution
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HP	Health Post
IDP	Internally Displaced People
IMCI	Integrated Management of Childhood Illnesses

LDO	Local Development Officer
MCHW	Maternal Child Health Worker
MWRA	Married Women of Reproductive Age
NGO	Non-governmental Organization
NID	National Immunization Day
NRs.	Nepalese Rupees
OD	Organisational Development
PHCC	Primary Health Care Centre
PLA	Participatory Learning and Action
PA	Preparatory Activity
RH	Reproductive Health
RNA	Rapid Need Assessment
SHP	Sub Health Post
VDC	Village Development Committee
VHW	Village Health Workers
WDO	Women Development Office
WDR	Western Development Region
WVAF/N	World Vision Advocacy Forum, Nepal

Executive Summary

Background VCP Project

The project “*Fostering Health and Livelihoods of Conflict Affected People (VCP)*” was implemented from March 2008, two years after the signing of the Comprehensive Peace Accord (CPA). The project was made possible with the financial support of the European Union (EU). The duration of the project was 24 months (March, 2008 to February, 2010) which included field implementation time of 18 months. The objective of the project was to improve the socio-economic conditions of the vulnerable population which would help reduce conflict in the area by improving the quality of essential health services, promoting income generation and empowering disadvantaged groups. The primary beneficiaries of the project were conflict-affected population, excluded and vulnerable communities, particularly rural poor, children, women, *Dalit*, people with disabilities and ethnic minorities. This project was in line with the Three-Year Interim Plan of Nepal, following the Comprehensive Peace Accord of May 2006, and filled an important gap in contributing to the peace process by rehabilitation and reintegration of the conflict affected people and reconstruction of the damaged infrastructures in Nepal.

Implementation Modality of the Project

The project was implemented by BNMT in collaboration with two national partners and 11 district partner NGOs. The VCP project activities were designed on the basis of perceived needs of the vulnerable groups assessed by the district level partners. The project was implemented through a consortia model, which was an appropriate strategy because of the diverse nature of the project activities. Governing bodies of partner NGOs, and district line agencies such as Health, Education, Forestry, Agriculture, Cottage and Small Industry contributed their technological and managerial expertise in the project activities to increase and improve the ownership of the project initiatives.

Central and District Project Advisory Committees have conducted numerous meetings and provided policy inputs and managerial back-up to the project. In the VDC level, Health Facility Management Community (HFMCs), School Management Committee (SMCs), Mother Groups (MGs), FCHVs and other stakeholders were involved in the process of beneficiaries’ selection, prioritization, delivery and follow up of the VCP activities.

Target Vs Achievements

There were 63 activities under four thematic areas: quality essential health care services; renovate and equip rural infrastructures; promote income generation; empower disadvantaged groups and knowledge management. All planned activities were successfully implemented. A linkage workshop which was not planned in the project document was conducted with district line agencies, project beneficiaries and the district NGO partners to ensure continuity and sustainability of project interventions. Of the 27,556 project beneficiaries across the project districts, 52 percent are females and their share is higher in 7 districts than that of male beneficiaries. Similarly, *Dalits* account for about 17 per cent of the total beneficiaries which is above by 3.5 per cent of their share of the population in the project Village Development Committees (VDCs).

Efficiency, effectiveness and impact of the project

Selection of project activities largely tallies with the need and occupation of the conflict affected people and vulnerable population. In all the VCP districts, the trainings were efficiently handled. Training of Trainers (TOT) was provided to those who were already experienced in their subject matters. They in turn provided training to health workers. The delivery of the program inputs was carried out efficiently – cash and material support to individual project beneficiaries were provided on time in many of the cases in the very beginning of the project. The project staff in the selected districts was competent, dedicated, qualified local individuals who spoke the local language and were well versed with the socio-cultural practices of the particular target area, this helped to reduce barriers between development workers and beneficiaries.

The project has brought a number of changes in improving the access to essential health services to the vulnerable communities and conflict affected people, increasing livelihood options, and increasing the capacity of the disadvantaged groups to seek services of the line agencies operating in the area.

In each of the HIs, health workers delivered mental and psycho-social counseling services resulting in increased number of patients. For example, 1819 (Male 887 and Female 932) patients were recorded in six out of 11 districts. The FCHVs also reported that they have referred women to local HIs and hospitals for treatment. In many places, the Revolving Drug Scheme (RDS) have been initiated resulting an increase in the availability of drugs. HFMCs have been actively mobilized for the management of health services targeted to the conflict affected, vulnerable, marginalized, disabled and ethnic minorities.

In order to improve the livelihood option of conflict affected, poor and disadvantaged communities of the targeted districts, a total of 1214 beneficiaries (Male 691 and Female 532) received training and support for income generation activities. They significantly increased their income level and contributed to 40 to 80 percent of their total household income. About 75 - 80 per cent of the project beneficiaries are either self-employed or employed in local labor market. The productivity has also increased especially among those engaged in traditional occupations, i.e., blacksmiths and tailors were supported to resume their occupation and upgrade their skills. Further, project beneficiaries felt that their self-esteem has increased and they are respected by the family and the community. In some of the cases, there has been demonstration effect as well. Neighbors of the project beneficiaries have also learned the skill and improved their livelihood options.

Target beneficiaries (women, children, adolescents and disadvantaged groups like *Dalits, Janjati*) have been organized widely in the project areas according to their needs and interests. The organizational capacity of the Community Based-Organizations (CBOs) has increased. Norms of good governance and transparency of partner NGOs is further strengthened under the project. 10,306 (Male 4,438 and Female 5,868) women, children and community people got orientation and training on various topics related to their empowerment and capacity enhancement. This project has delivered 8 basic, 4 reinforcement and 4 interaction training on life skills based peer education, C-to-C training to student, PLA training to women and FCHVs, referral training to traditional healers, home-based counseling training, TOT on PPMOM, rehabilitation support to Conflict Victims, ODM Training, Social Inclusion and Leadership Development..

In order to enhance the effective implementation and monitoring, capacity of health service providers was strengthened. Furthermore, VCP has produced and distributed some documents like standard manual on mental health and psychosocial counseling; RNA report; Mid-term monitoring and evaluation report; Mid-term report; Project completion report; External evaluation report; Project brief, stickers, bags and calendars. These documents have helped to improve both programme delivery by enhancing knowledge management and also ensured visibility of EU/VCP project.

Strengths of the Project

The multi-pronged VCP project has been successful to:

1. Identify and prioritize P1 beneficiaries by effective implementation of RNA
2. Promote ownership of project-initiated activities among stakeholders, government line

agencies, communities and beneficiaries for synergy and efficient implementation

3. Met expected outcomes and brought about changes in beneficiaries' level of awareness, behavior, livelihoods and community harmony even within the availability of limited resources
4. Renovate the public infrastructure in a short period through wider mobilization of communities, local governance bodies and their scarce resources in low cost basis
5. Activate local health facility management committees, to make health services more accessible through a rights based approach,
6. Draw attention and cooperation of government line agencies (LDO, DEO, DADO, DCSIO and DAHDO) of ongoing post conflict situation in Nepal,
7. Accelerate and continue to peace-building efforts of the government after the signing of the Comprehensive Peace Accord (CPA).
8. Enhance efficiency of national and district based partner NGOs, HFMCs, MGs and Local CBOs and community groups on governance and transparency, social inclusion and gender mainstreaming, social auditing and organization development and policy formulation.

Impacts and Changes in life of the target beneficiaries

1. Enhanced capacity of both right holders and duty bearers by means of an appropriate training, coaching and orientation on health, livelihoods and community empowerment areas prior to action.
2. Initiated interventions on mental health and psychosocial support. The community health workers were provided training and support on mental health and psychosocial counseling, PLA and RBA which enabled them to choose appropriate support for target beneficiaries.
3. Promoted and supported locally feasible areas of livelihoods. More than 70 per cent of beneficiaries started to earn money from various income generating activities. Utilization of training was also high (80%) among the beneficiaries.

Issues of Sustainability

VCP interventions have shown sustainability potential on the following basis:

- Wider community participation and interaction, mobilization of key stakeholders,
- Reactivation and reinforcement of local bodies – VDCs, HFMCs, MGs, Child to Child (C to C) with strategy of local resource mobilization,

- Since District based NGOs were implementing partners of the projects, it is expected that they will continue to serve the community with similar interventions in future,
- Involvement of district line agencies has increased ownership and sustainability of key interventions even though all activities may not be continued,
- Enhanced capacity of partners NGOs, district line agencies, community groups that will have impact on improving access to and utilization of development interventions.

Challenges

- The project has raised expectations. People in the targeted districts are expecting more in the years to come.
- Reluctance of the local level duty bearers to participate in the scheme e.g. Revolving Drug Fund at HIs.
- Organization of health camps especially focusing on SRH has wide demand in remote VDCs but providing secondary level care has high cost implication.
- Although uterus prolapse cases will now be treated as per the government policy, there is a lack of other services such as facilities for physically impaired persons.
- Small scale support in fostering livelihoods will not scale-up to emerge as inter-generation family occupation.
- “One time intervention’ targeted to mobilization of children and adolescents without gaining certain level of maturity is likely to be incomplete.
- Managing and building partnership between large number of NGOs with diverse organizational interests.
- People with mental and physical trauma and marginal /disadvantaged groups without land and skill need longer period support and attention to promote their livelihood option.

Lessons Learnt

1. The beneficiaries can be indentified through Rapid Need Assessment Tool (RNA). RNA is a useful and effective tool to identify target beneficiaries so that local people, elites and other actors are free of prejudice.
2. Multi-pronged and poor-friendly right based approach of VCP is an appropriate tool to develop accountable partnership, collaboration and resource sharing to respond to the need of conflict affected people
3. The wider community participation and interaction among all district line agencies can help

mobilize local resources for all hardware (Renovation of small infrastructures) and software (social inclusion, psychosocial counseling etc) development programme.

4. The VCP-type projects can reduce conflict potentials in any society if scarce resources is properly allocated and is implemented for longer period, at least 4-5 years.

Aforesaid issues and lessons learned from the project should be kept in mind in designing future support of similar nature.

Recommendations for Future Improvement

- Further support is necessary for target beneficiaries who have just initiated their livelihood activities,
- Frequency and pattern of support has to be increased and enlarged for health camps especially focusing on Sexual and Reproductive Health Rights of women of disadvantaged community,
- Proper coordination among local stakeholders for defining their crucial role in designing, implementation, monitoring and reporting of the project activities. This would increase the feeling of ownership by the government and increase the sustainability of the project achievement,
- The HFMCs and other stakeholders should be involved for total quality health care as per local context with technical and monitoring support,
- In scaling-up of the livelihood option to emerge as inter-generation family occupation, increased investment is needed,
- Mobilization of children, adolescents, women and CBOs needs continuous support and not merely single events, and
- The GoN, EU, BNMT and its partner NGOs can replicate the VCP's consortium modality of project implementation to respond to diverse needs of conflict affected people.

Description

1.1. Name of beneficiary of grant contract:

The Britain Nepal Medical Trust

1.2. Name and title of the contact person:

Name: Dr. Bhanu B. Niraula

Designation: Country Director (Programme and Operations)

Email: cd_po@bnmt.org.np

Tel: 977 – 1- 4436434/4428240
 Fax: 977 – 1- 4439108
 P.O. Box: 20564

1.3. Name of partners in the action:

- a) Lead partner: The Britain Nepal Medical Trust
- b) National partners: There are following two national partners:
1. ForestAction Nepal (FA/N), Satdobato Lalitpur, Kathmandu, Nepal
 2. World Vision Advocacy Forum, Nepal (WVAF), Bafal, Kathmandu, Nepal
- c) District partners: There are 11 district partners:
1. Village Development and Women Awareness Centre (VDWAC), Achham, Nepal
 2. Village Development and Save the Environment Forum (VDSEF), Kalikot, Nepal
 3. Oppressed and Tribal Caste Development Council (OTDECO), Arghakhanchi, Nepal
 4. Siddhartha Social Development Centre Kapilvastu (SSDC), Kapilvastu, Nepal
 5. Himalayan Community Development Forum (HICODEF), Nawalparashi, Nepal
 6. Rural Women Development Centre (RWDC), Chitwan, Nepal
 7. Paropakar Primary Health Care Centre (PPUK), Kavre, Nepal
 8. Balsewa Samaj Nerpa, Khotang, Nepal
 9. Community Health Service Centre (CHSC), Dhankuta, Nepal
 10. Sagarmatha Community Development Centre (SCDC), Morang, Nepal
 11. Nepal Januddhar Association (NJA), Panchthar, Nepal

1.4. Title of the action:

Fostering Health and Livelihoods of Conflict Affected People in Nepal (VCP)

1.5. Contract number of the project:

REH/2007/142-084

1.6. Start date and end date of the reporting period :

1st March, 2008 to 28 February, 2010

1.7. Target country(ies) or region(s):

Country: Nepal

Region: Eastern, Central, Western, Mid-western & Far-western Development Regions of Nepal

Districts: Eleven Districts out of 75 districts of Nepal namely Panchthar, Morang, Dhankuta, Khotang, Nawalparasi, Kapilvastu, Arghakhanchi, Chitwan, Kavrepalanchowk, Kalikot and Achham.

Table 1. Coverage of VCP Project by Village Development Committees(VDC), Districts and Region

S. N.	Districts	VDCs	Development Regions
1.	Panchthar	Oyam, Tharpu, Subhang, Memeng, Prangbung, Yangnam,	EDR

		Siwa, Nawamidanda, Imbung and Phaktep	
2	Morang	Dadarbairiya, Indrapur, Letang, Rajghat, Hasandha, Kerabari, Tandi, Pathahari, Sanischare and Itahara	EDR
3	Dhankuta	Chhintang, Ahale, Akhisalla, Balahara, Hattikharka, Kurule, Maunabudhuk, Khoku, Mugha and Bodhe	EDR
4	Khotang	Nerpa, Dorpa, Arkhaule, Buipa, Khalle, Baksila, Sapteswor, Rattanchha, Nirmalidanda and Chisapani	EDR
5	Nawalparasi	Kawasoti, Shivamandir, Dedgaon, Ruchang, Naram, Mithukaram, Bharatipur, Jaubari, Agyouli and Deurali	WDR
6	Kapilvastu	Patana, Banganga, Gajehada, Motipur, Mahendrakot, Jayanagar, Dubiya, Chana, Birpur and Shivpur	WDR
7	Arghakhanchi	Thada, Khana, Jukena, Balkot, Khanadaha, Pali, Hasanpur, Chidika, Gokhunga and Dhanchaur	WDR
8	Chitwan	Ayodhyapuri, Gardi, Kalyanpur, Baghauda, Jagatpur, Gunjanagar, Sukranager, Jutpani, Bachhauli and Padampur	MDR
9	Kavre	Hokse Bazaar, Mahadevsthan, Jaisithok, Kharelthok, Methinkot, Khanalthok, Kusadevi, Mathurapati Phulbari, Chalal Ganesthan and Chyasingkharka	MDR
10	Kalikot	Manma, Daha, Sukardiya, Bharta, Rupsa, Kotbada, Kumal Gaun, Raku, Mehelmudi and Mumra	MWDR
11	Achham	Toli, Binayak, Layanti, Kalikasthan, Kalekanda, Barala, Pulletola, Kuinka, Chalsa and Birpachha	FWDR

1.8. Final beneficiaries and/or target groups¹ (if different) (including numbers of men and women):

The primary beneficiaries of the proposed project were rural poor, women, youth, children, conflict victims, *Dalits*, *Janajatis*, *Madhesis* and other marginalised and excluded groups. Health Facility Management Committees (HFMCs), mother groups, savings credit groups and forest users groups, where the basic service delivery system has been disrupted as a result of conflict.

Total 27,556 people were actually benefited from the project against 20,000 families intended/targeted beneficiaries of the project. The final beneficiaries were the people and the community at large of 11 project districts covering about 18 per cent of Nepal's 25 millions estimated populations (at the design stage of the project).

¹ The target groups are the people who will ultimately benefit from the project activities. The beneficiaries are the people who will participate directly in the project. Many times these will be the same people, but not always. For example, in a programme to raise the awareness of judges and politicians about the rights of indigenous peoples, the beneficiaries of the activities will be the judges and politicians, but the target groups will be the indigenous people about whose rights the beneficiaries are being made more aware of.

Demographic Situation of the Project Catchments:

The details of demographic situation is given as follows:

Table 2. details of demographic situation of the VCP Target VDCs

SN	District	Total Population of districts	Total Population of 10 VDCs	Total HHs of 10 VDCs	IP's Population of 10 VDCs	Dalits' Population of 10 VDCs	B/C/T of 10 VDCs	Others Caste-ethnic groups of 10 VDCs
1	Panchthar	202607	45509	7254	33806	2423	8310	970
2	Morang	843220	151618	31327	56794	24651	55878	3595
3	Dhankuta	166,497	49,791	9,201	34,177	3,917	11,222	475
4	Khotang	231,385	38,432	7,233	21,072	3,747	11,941	1,672
5	Kavre	385,672	47,787	9,323	22,340	3,708	21,449	290
6	Chitwan	468,699	106,097	20,629	52,304	12,528	39,427	1,838
7	Kalikot	101580	44574	7119	426	9042	35106	266
8	Achham	245,865	30,796	5,532	1,007	9,154	20,494	141
9	Nawalparasi	562,870	72,066	12,701	965	8,828	22,608	39,665
10	Kapilvastu	481,976	86051	14,542	38,232	6,761	24,459	16,599
11	Arghakhanchi	230,008	53,197	10,518	274	10,077	67,322	13,650
	Total	3920379	725918	135379	261397	94836	318216	79161

Disaggregated population on the basis of gender was compiled in each district. VCP Project has focused in gender equity and inclusion of women in project activities. Out of the total participants, 52 % of female participated in various project interventions and benefited from the project.

Table 3. Gender-wise Distribution of Actual Beneficiary of VCP

S.N.	Name of the district	Beneficiaries		Total
		Male	Female	
1	Achham	1984	1473	3457
2	Arghakhanchi	1097	2179	3276
3	Chitwan	1,052	940	1,992
4	Dhankuta	1,064	1,176	2,240
5	Kalikot	1,300	1,016	2,316
6	Kapilvastu	973	1,057	2,030
7	Kavre	1,048	1,010	2,058
8	Khotang	1,740	2,033	3,773

9	Morang	959	1,236	2,195
10	Nawalparasi	753	1,047	1,800
11	Panchthar	1,084	1,335	2,419
	Total	13,054	14,502	27,556

Table 4 shows the disaggregated number of beneficiaries on the basis of the caste/ethnicity. At the aggregate level, the percentage of the *Bahun/Chhetri* outnumber the others (46%) who benefited from the project. The *Janajati* (33%) and Dalits (16.5%) were other significant beneficiaries of the project interventions.

Table 4. Distribution of beneficiaries on the Basis of the Caste/ethnicity

S.N.	Name of the district	Beneficiaries					Total
		Brahmin/Chhetri	Dalit	Janajati	Madhesi	Newer	
1	Achham	2,224	1,009	217	7	0	3,457
2	Arghakhanchi	2,017	640	515	6	98	3,276
3	Chitwan	861	411	712	8	0	1,992
4	Dhankuta	623	218	1,338	61	0	2,240
5	Kalikot	1,643	645	18	10	0	2,316
6	Kapilvastu	890	256	608	139	137	2,030
7	Kavre	861	273	651	84	189	2,058
8	Khotang	1,285	350	1,793	91	254	3,773
9	Morang	1,055	388	657	83	12	2,195
10	Nawalparasi	610	211	966	0	13	1,800
11	Panchthar	593	160	1,613	41	12	2,419
	Total	12,662	4,561	9,088	530	715	27,556
	%	46.0	16.5	33.0	1.9	2.6	100.0

1.9. Country (ies) in which the activities take place(If different from 1.7): Nepal

2. Assessment of Implementation of Action Activities

2.1. Activities and Results:

Activity 1: Start-up Workshop

The start up workshop was organized in Kathmandu with 41 Participants (23 Male and 18 Female) for 4 days from 15 May to 18 May, 2008.

Topics covered: The four day start up workshop covered brief introduction of the project, thematic areas (health, livelihoods and institutional capacity building) of the project, implementation methodology, logical framework of the project (objectives, activities, sub-activities, expected results, measure of verifications, indicators, sustainability of the interventions, the terms and condition of grant contract, overview of district-wise budget, reporting requirements and reporting system. Financial, administrative and human resource related matters were also discussed.

Representatives of BNMT, national partners, district partner NGOs and project staff from National Project Support Team and Districts Project Support Team attended the workshop. The local partners

were thoroughly oriented on their roles and responsibilities for implementing project activities that have been defined under the VCP.

Reason for modification, delay: The activity was done on time.

Results of this activity: The start-up workshop was instrumental to capacitate the project team and staff on operational modality, budgetary provision and ensuring visibility in project actions. Project activities were discussed, revisited and a semester-wise action plan prepared as per approved Gantt chart. Project staff were encouraged to explore and mobilize local resources for managing, developing and sustaining the project activities initiated by VCP project during and after the completion of the project.

Activity 2: Half-yearly Review and Planning Meetings

All together 4 half-yearly review and planning meetings were organized in Kathmandu. The date of meeting was July, 2008, March, September and Dec 2009. Total participants were 131, (104 Male and 27 Female). The participants were executive members of district partners NGOs, project staff, staff from national and district partners and BNMT.

Topic covered: The half yearly review and planning meeting basically covered review of project progress, financial matters, discussion on plan and budget of upcoming semester to facilitate the effective implementation of project activities. The District Project Coordinators (DPCs) and District Partners NGOs representatives jointly presented the project progress of their respective districts and discussed the target vs. achievements based on predetermined action plan. While formulating action plan of the forthcoming semester, there was an active participation of representatives of lead, national and district partner and project staff including thematic leaders and DPCs. This workshop provided an opportunity to share the experiences and lesson learnt with each other.

Reason for modification, delay: The activity was done on time.

Results of this activity: The half-yearly meeting was very helpful for all the project staff to develop common understanding on action plan and learn the implementation procedure. This established a culture of sharing and learning among concerned partners who ultimately enhanced the capacity of district staffs and promoted participation and ownership among internal stakeholders of the project. Adjustment of plan with Gantt Chart for implementation as a tangible outcome of the meeting which was facilitated by the National Project Coordinator and two thematic leaders. The participants were also briefed on financial provisions and requirements from the Finance Controller of BNMT. This activity contributed significantly in the success of the project.

Activity 3: Monthly Meetings

All together, 250 meeting were conducted by the consortium member organizations (lead and national Partner's 35 District partner's 115). Generally, 8-10 participants at district and 10-12 participants in national level participated in these meetings. Usually, the monthly meeting was held during the last week of every month prior to preparing financial and narrative monthly reports.

Topic covered: Typical monthly meetings marked the review and planning for subsequent month and discussion on issues and finalization of action plan. These meetings were focused on reviewing the activities conducted during the month with the objective of assessing the effectiveness of the project activities and plan for the successive month.

Reason for modification, delay: The activity was done on time.

Results of this activity: In monthly meetings, each month's achievements (input/outputs, effects, impacts, problems, constraints and success cases were reviewed critically. The monthly progress report including narrative report and financial management was also discussed. This eventually helped the project staff to draw a more effective work plan month after month with a clear understanding of activities that needs to be carried out every month as per the project document. This activity helped to create a sense of ownership and accountability at the implementation level.

Activity 4: Project Management Training

Project Management Training was organized in Kathmandu. A total of with 36 (28 Male, 8 Female) participants from different backgrounds were trained for 3 days from July 22 to 24, 2008. The DPCs and POs of 11 VCP districts participated in this training to develop common understanding.

Topic covered: The general objective of the training was to enable the participants to develop and adopt necessary knowledge, attitude and skills to manage VCP Project in an effective and efficient way as per local context. Conceptual clarity on each step of project management cycle was developed to identify their own intended role of DPCs, Pos and NGO executives and accelerate the project performance with better understanding on conflict mitigation strategy.. Session on livelihoods opportunity and priority activities outlined in interim plan of government of Nepal, health care system and priority health programmes outlined in Intyerim plan of government of Nepal gave the participants a better understanding of the national scenario. Basics of effective management of human resources, interpersonal and inter-organization communication, cross cutting issue – conflict mitigation strategy, partnership and risk management was also shared with the participants along with specific focus on knowledge management and project success documentation, financial management and upcoming action plan in relation to the project.

Reason for modification, delay: The activity was done on time.

Results of this activity: Partnership and functional coordination with the diversified stakeholders at district level was established. Understanding of Nepal's health care system in general and priority health program under MoHP, livelihoods provision in general and priority activities targeted by Interim Plan of Government of Nepal to alleviate the poverty provided a National picture to the participants of the training. The topics discussed were knowledge management, importance of documentation and recording institutional learning were other topics covered. Orientation on financial procedures and provision under the project has facilitated the process of ensuring proper budgetary management and compliance with the EU and BNMT financial requirements.

Activity 5: Develop Standard Training Package with Support of Psychiatrist

One Standard Training Package was developed in July, 2008 with support of psychiatrist and clinical psychologist to train master trainers of 11 VCP district DPHOs/DHOs.

Topic covered: The 6 days training package was developed by Prof. Dr. Vidya Dev Sharma, HoD, IOM, TU along with his team. It covered all the basic topics such as objective of the training, overview of the present mental health situation in Nepal, rational of mental health training in Nepal, conceptual clarity/theoretical back up on mental health/Psychosocial support problems in the conflict situation, misconception, cultural stigma about mental illness, communication with mental patient, history taking of mentally ill patients, different mental health problem (depression, psychosis, hysteria, epilepsy), psychosocial counseling/support related content such as introduction, basic elements, basic principles, counseling skills, qualities and role of counselor, do's and don'ts of

counseling, code of conduct for counseling and counseling practice.

Reason for modification, delay: The activity was done on time.

Results of this activity: A standard training package was developed, printed and distributed to concerned users.

Activity 6: Print Training Manual

Five hundred of copies of manual printed for dissemination and distribution to the participants of the training on August, 2008. Also this manual is distributed to concerned trainees and HIs.

Topic covered: A 30 page manual on Mental Health and Psychosocial counseling was printed which covered stress, psychosocial counseling/support, effective communication with patients, follow-up and group counseling. Also some training materials were made available from Institute of Medicine, Tribhuvan University for using in training of health workers.

Reason for modification, delay: The activity was done on time.

Results of this activity: Five Hundreds copies of the manual printed and disseminated to the concerned users in VCP district and health institutions.

Activity 7: Organise Trainers' Training (TOT) on Mental Health and Psychosocial Counseling

Mental health and psychosocial counseling training was organized in Kathmandu with 22 (20 Male, 2 Female) participants for 6 days from 17-22 August, 2008. The participants were from 11 VCP districts.

Topic covered: The 6 days training on mental health and psychosocial support was organized by BNMT in collaboration with the team led by Dr. Vidya Dev Sharma, Professor, HoD, Psychiatric Department, IoM, Tribhuvan University, Nepal,. The team members were psychiatrist, clinical psychologist. The general objective of this training was to enable participants to develop and adopt necessary knowledge, attitude and skills of mental health services delivery and psychosocial counseling skills required to manage mental health problem of conflict affected people. The specific objective of the training was: i) to develop conceptual clarity on mental health problem of conflict situation, identification of patients and modes of referring them to appropriate higher centre. ii) to develop skill on psychosocial counseling. Dr. Vidya Dev Sharma, Dr. Dr. Pratikchya Tulachan and other resource persons provided them services.

Reason for modification, delay: The activity was done on time.

Results of this activity: In the pre-training informal assessment the participants' general feeling was that they were already proficient on counseling therefore their main learning objective was just to focus more on general mental illness. However, during the training the participants, as a group, realised that their existing skill and knowledge of counseling was not adequate and had a lot more to learn. As a result, the second part of training was geared more towards skill transfer in counseling, active listening, communication and problem solving. At the end of the training the common feedback from the participants was that their pre-existing skill of counseling was enhanced. After the training, they felt fully confident to transfer their skills to their peers and other community health workers as well.

Activity 8: Organise Mental Health and Psychosocial Counseling Training to Health Workers

The project organized 1 training each in all 11 project districts during the project period with 281 participants (Male 192 and Female 89).

Topic covered: The overall objective of the training was to develop and adopt necessary knowledge, skill and attitude on mental health service delivery and psycho-social counseling to conflict affected and traumatized people. The specific objectives were to develop conceptual clarity on mental health problem among conflict affected people, and identify mental patient and refer them where mental care service available; develop knowledge and skill of primary health care workers of psycho-social counseling and discuss issues related to mental health and psycho-social counseling at primary health care outlet in VCP project districts.

The training was mainly facilitated by the master trainers along with local resource persons. The principle teaching and learning methods employed were classroom session with interactive lecture, group exercise, role play, experience sharing and collective reading. Materials such as newsprint, diagram, color card, transparency and group paper presentation were used to facilitate the workshop.

Reason for modification, delay: The activity was done on time.

Results of this activity: After the training, the participants from HIs have started to provide counseling services on mental health and psychosocial support to conflict affected people. The participants realized that the training was important and essential for health workers in the post conflict situation. Demand of the training is elevated at the grass root level HWs. And, the trained health workers are now capable to provide counseling training to the needy. They further coached the FCHVs for home-based counseling. All total 1819 (Male 887 Female 932) were benefited from the services.

Activity 9: Reinforcement workshop for Mental Health and Psychosocial Counseling Training at District level

Twenty two reinforcement workshops on “Mental Health and Psychosocial Counseling’ were organized in 11 project districts. In the workshop, reviewed the progress through group exercises of HIs and also sheared the lesson learned. All total 375 health workers participated in workshop (Male 263 and Female 112).

Topics Covered: The main topic of the review workshop was to review the progress of HIs/VDCs, refresh on mental health and psychosocial counseling, management of mental health problems in HI prepared Action plan. Health facility in-charge from the cluster VDCs, DHO supervisors and health workers participated in the workshop. Workshop was facilitated by district project team and DHO staff. Participants presented the progress and outputs of their health institutions and VDCs. They Shared and discussed results and developed further plans to deliver quality health service on mental health and psychosocial counseling. According to Health Management Information System (HMIS) report of the DHO, monthly reporting on mental health and psychosocial counseling and management of the patient has improved.. Previously they only reported anxiety and neurosis but now convulsion syndrome, Epilepsy, Depression, Psychosis, Mental retardation and Alcoholism also are reported.

Reason for Modification, Delay: The activity was done on time.

Result Assessment: Participants shared the cases they had handled, problem being faced, and

reviewed the issues of mental health and psychosocial counseling as horizontal learning among the HWs. The event also provided practical knowledge and skills in this regard. The workshop made available information on establishment of mental health care unit in the HI. Some of the project districts has collected and monitored mental and psychosocial counseling services through **new morbidity farmat of Health Management Information System (HMIS)** of using by DPHOs/DHOs. The finding of mental health and psychosocial counseling is given as follows:

Table 5. Mental and Psychosocial Support done by HIs by Project Districts

Name of the District	Mental health and psychosocial Patient Management		
	Female	Male	Total
Khotang	260	235	495
Morang	240	258	498
Dhankuta	240	210	450
Panchthar	102	78	180
Chitwan	38	44	82
Kapilvastu	53	62	115
Total	932	887	1820

Activity 10: Train Health Workers on Participatory Learning and Health Action (PLA) on Managing Health Institutions and Patients

This training was organized in all 11 project districts for 2 days during the first year of project - 2008 with all together 242 participants (Male 168 and Female 74).

Topic covered: The overall objective of the training was to impart necessary knowledge and skill on tools and techniques to manage health facility and patients in a participatory way. The specific objectives were to develop understanding on participatory approach in health facility management, deepen knowledge and practice among HWs on mental health problem and psycho-social counseling, and develop action plan to improve community health. The guideline was provided by NPC and on site coaching was done by RBA Project Manager of BNMT.

The workshop was facilitated mostly by DPCs and POs of the respective districts. The training was conducted in Nepali language. The principle methods employed in the training workshop were interactive classroom lectures case studies and group discussion. Material such as, meta-card, news print, etc. were used to facilitate the workshop. Daily review and reporting was done. The role and responsibility of rights-holders and duty-bearers was also discussed.

Reason for Modification, Delay: The activity was done on time.

Results of this activity: The training was helpful to the HWs working at remote VDCs. Interactive meetings of HFMCs and HWs in managing HIs and health services, participation in planning and collective actions are some of the productive outcomes of the training. The training on rights and management issues were discussed for the first time in their career. The project team found that most of the selected HIs have able to mobilise resources to provide essential quality health service to the community that would not have been possible without collective efforts of HWs, HFMCs and local people. It has been possible to achieve this result mainly because of this training that resulted into pro-activeness from the HWs.

Activity 11: Organise Progress Review Meeting in Each Six Months

All total 22 slots of progress review meetings were organized in each six months in all VCP districts. One-day progress review meeting on PLA organized 22 times (Each Six Month) in 11 districts. Total 376 health workers participated (Male 268 and Female 108) in the first and second review meetings.

Topic Covered: The workshop was organized by the district project team with back up from the DPHOs/DHOs. The overall objective of the meeting was to review progress and management change in health facilities to improve access of the marginalized and disadvantaged communities. Health workers of 110 HIs presented the progress and outcome which was achieved during the project period.

Reason for Modification, Delay: The activity was done on time.

Result assessment: District project team organized 22 progress review meetings in all 11 districts. At the end of meeting, the participants prepared further six month action plan. They also decided to display publicly the free drugs which were provided by the Government of Nepal.

Activity 12: Organizational Development (OD) TOT

OD training was organized in Kathmandu with 23 participants (Male 21 and Female 2) for 2 days(5-6, March 2009). The participants were DPCs and Pos of 11 districts.

Topic covered: The topics covered by OD TOT were: conceptual clarity on OD, its approach and process for betterment of organization, identification of OD gaps and discussion on solution, formulation of action plan for development of partner organizations. This training also attempted to discuss the significance of OD for organizational viability through management of change by applying the behavioral science intervention thereby making the non-for-profit organization sustainable, effective and efficient. The main objective of the training was to enhance the capacity of partners and local CBOs to manage their organizations more effectively as well as enable them to sustain the services initiated by the after its completion.

Reason for Modification, Delay: The activity was done on time.

Results of this activity: The training strengthened the capacity of project partners in terms of efficient delivery of proposed services and development of trained and capable human resources. It helped the participants to acquire essential knowledge and conceptual clarity to design and conduct OD training in each VCP district and facilitation of formulating OD action plan of associated District Partners NGOs.

13. Organizational Development (OD) training

OD training was organized all total in 11 districts. The participants were executive board members and staff of partner NGO, member and women representation of CBOs. Organizational Development training enhanced the capacity of partner organizations to manage their organizations more effectively and sustain the programme after the project completion through linkage with other organizations and mobilizing local resources. The training also developed strategy and HR plan of organization. Total participants were 222 (Male 101 and Female 121).

Topics covered: Objective of OD training, assessment process of organization using checklist,

SWOT analysis, good governance, resource mobilization, review of HR, financial policy and strategy plan of organization.

Reason for Modification, Delay: The activity was done on time.

Result Assessment: The training increased skill and knowledge of participants on organizational assessment. They identified strength and gap of organization. Finalized the strategy of the organization. Developed skill for project cycle management and also developed organizational strategy plan as well as reviewed HR and financial policy. The training enhanced the capacity of participants on organizational development, good governance, project cycle management and organizational assessment. They were made aware of their role in organizational management and social inclusion.

Activity 14: Organize Community Interaction Meetings (on Revolving Drug Fund)

Organized 55 community interaction meetings in 11 districts. There were total 1,326 participants (Male 807 and Female 519). The VCP (DPCs/POs) and DPHOs/DHOs staff facilitated the meeting. They shared the role of HFMC and community as users to improve basic quality health services and sustainable supply of essential drug. They sensitized the participants on operations modality, rationale of Revolving Drug Fund (RDF). They also discussed on possible benefits such as rational uses of drugs, patients education and sustainable supply of drugs as development result of RDF.

Topics Covered: The topic discussed were: introduction of VCP project, health service delivery system and services of HIs, management of health services in HI, management of RDF for availability of essential drugs and action plan.

Reason for Modification, Delay: The activity was done on time.

Result Assessment: Participants were aware on health rights, major health problems, shared the government free health services and role of HFMC. Similarly they developed action plan to address those problems. The HFMC become capable to tap resources from other helping partners.

Activity 15: Train Health Workers on Revolving Drug Scheme (RDF)

This activity was organized in all districts with total of 140 participants (Male 107 and Female 33). The objective of the training was to enable participants to manage RDF by enhancing knowledge and skills.

Topic covered: The project organized training on RDS to health workers of the selected health institutions of the project catchments. The overall objectives of the training was to enable HIs to promote rationale use of drugs, regularize sustainable supply of essential drugs and promote free health services which was recently introduced by the government through enhancing managerial skills to create joint efforts of concerned stakeholders namely HI, VDCs, DDCs and local CBOs and continuation of essential drug items (besides free drug items) by utilizing RDF provided by the project in the selected health institutions. Since government has provided limited drug items free of charge (only 25 item in SHPs, 35 in HPs and 40 in PHCCs) ensuring regular supply of drugs in the health facility is pre-requisite to improve its utilization.

Reason for Modification, Delay: The activity was done on time but slight modification was done on modality and content of the RDF. This modification was needed because Government of Nepal has introduced "Free Health Service scheme" on November 10, 2008 and subsequently introduced to the

community on January 14, 2009. Necessary modifications to the activities no 14, 15, 16 and 17 was materialized on the basis of discussion with government staff and local governing bodies. As a result, activity no 14 has been postponed until activity no. 15, 16 and 17 is completed in all project districts. All districts accomplished the whole set of activities in the project period. The content of the training was also slightly modified for other activities to match the new scenario. The tailored content included: rationale uses of drugs(RUD), introduction of effective implementation of “Free Health Services” and sustainable supply of drugs instead of merely RDS and promotion of rationale uses of drugs.

Results Assessment: After the training, HWs have been equipped to train the members of HFMCs to initiate and manage RDF in their respective HIs. All 11 districts have initiated FRDF as per their context of the districts. The essential drug availability has improved to some extent in collaboration with DHO/DPHO, VDCs CBOs and HFMCs.

Activity 16: Train Health Facility Management Committees on Revolving Drug Scheme Management

This activity was organized in 11 districts. Altogether, 693 (Male 453 and Female 240) health committee members participated in the event. This training was organized to support HFMC in planning, management and monitoring of free health scheme and RDS in HIs.

Topic covered: After receiving the training on RDF, the trained HWs organized the same training with particular focus on effective management of free health services, rational use of drugs and effective supply management of drugs under prescribed Essential Drugs Lists (EDL) for SHP, HP and PHCC. It was scheduled for one day in the selected HIs premises. The training contained general review of free health services of the government, current status of health facilities, health services, and management aspect of revolving drug, rational drug use, project's support to revolving drug, roles of different stakeholders in revolving drug management, public awareness on free and revolving drug to make common consensus to run revolving drug scheme, funding sources and mechanism of monitoring of RDF .

Reason for Modification, Delay: Same as activity no 15.

Results of this activity: HFMCs of the selected HIs have been oriented on management of revolving drug schemes. Action plan for implementation and reactivation of free health services and revolving drug scheme was produced. The commitment is shown by VDCs, HFMC, mother groups and other stakeholders. The skill and knowledge of HFMCs members for managing the revolving drug scheme is enhanced.

Activity 17: Provide Support on Logistics Management

11 districts implemented this activity as per the plan and under agreed Gantt chart. 55 HIs of 11 districts provided support for smooth running of services of HIs. .

Topic covered: Based on the demand from HFMCs of the selected HIs during RNA, the district project teams carried out observation visits and conducted interaction with the HFMC to ascertain real need of support. After completion of observation visit, the district project team in coordination with the DPAC and the DPHOs/DHOs finalized the list of health institutions in respective HIs to provide support for logistic management. There was plan of supporting registers and prescription pad under this activities. But the HFMCs of selected five HIs stated that they can manage registers and Prescriptin pads themselves. Thus, support was provided for wash basin, white board etc as per their demand.

Reason for Modification, Delay: It was carried out on time as per demand of HFMC members of HIs.

Results of this activity: Necessary basic support such as white board/notice board, washbasin was provided to the selected HIs. All the health institutions which received logistic support from the project has been utilizing it properly which has added to their efficiency.

Activity 18: Organize Health Camps

Health camps have been conducted in 11 districts with a total 4,982 patients/clients (Male 1056 and Female 3926). Health camps were conducted focusing on the services related women's reproductive health problems specially uterine prolapse.

Topic covered: Prior to the camp, joint meeting was organised with stakeholders. Technical and management responsibilities were allocated as per the respective experience and strength of the partners. VDCs also provided financial contribution, DHO provided technical inputs, HFMC, SHP staffs, School, Social and Political leaders and members and volunteers of OPNGO took the responsibility of the management. Doctors and nursing staff were involved to conduct the health camp from the district hospital. Health camp was organised effectively collaborating with the stakeholders.

Reason for Modification, Delay: It was carried out on time as per agreed Gantt chart in all districts. Few district like Morang and Panchthar have done health camp twice with shared resources and coordination with other support from the Government and Non government agencies working in the district.

Reason for Modification, Delay: It was organized in collaboration with GO and NGOs such as DPHO/DHO, DDCs, VDCs, local HIs, ADRA Nepal, DFID and other like minded organizations.

Results of this activity: Total 4,982 community members (Male 1056 Female 3926) directly benefited from the health camps who have no access to health services due to socio-economic and geographic vulnerability. Out of 3,926 female 1,500 women treated with ring pessary and 200 got referral for operations and 118 Female received FP (IUCD and Narplant) services. Rest of the people got needful medical and health advices. Besides these, 223 Patient received Eye services and 118 patient received dental services also. Main focus was on RH problem of women.

Activity 19: Support Needy People for Accessing Secondary Level Care

Secondary level care was provided to the needy 136 (16 male and 120 female) people.

Topics covered: Provided secondary level care services to the conflict affected vulnerable, victimized, injured and ultra-poor people.

Reason for Modification, Delay: It was done as plan.

Result Assessment: The women in health camp diagnosed having a third degree uterus prolapse, injured and critically in-need of treatment patient were supported for secondary level care. Some mentally ill patients also got these services. Financial support from the project helped them to live better and healthy life; socially it had supported them in rehabilitation in the community.

Activity 20: Revival of Local Health Management Committees and Formation of User Groups under Them

This is accomplished in all 11 districts with participation of 1459 HFMC members (Male 984 and Female 475).

Topic covered: The HFMC revival meetings were conducted in all cluster VDCs of 11 districts. During this meeting, the role and responsibilities of members of HFMC was discussed. Their past performance was also reviewed. The structure of HFMC was reviewed and status of social inclusion of women, disadvantaged and marginalized group was explored and sensitization was done for social inclusion. An action plan was prepared in the meeting. The common activities were incorporated in action plan for improvement of quality essential health services and inclusion of DAG and minority groups in the facility management committees. They formed local users groups as a sub committee from the main body of HFMCs for monitoring the VCP activities as well as implementing the different maintenance and hardware programme at the local level.

Reason for Modification, Delay: It was done as plan

Results of this activity: Reformulation and revival of HFMC was done in 110 HIs. Discussion on inclusion of women, Dalits and indigenous people in the HFMC have been done. The participants were committed to increase social inclusion in HFMC in the future. During the visit, the project teams discussed on role and responsibilities of HFMCs. Participation and involvement of deprived community was considered vital for decision making process as well as local resources utilization for quality health services management.

Activity 21: Renovation of Health Institutions

The project target of renovating 55 HIs was successfully achieved in all 11 districts set on the basis of need of HIs and recommendation of DHO under the planned budget.

Topic covered: Before starting to renovate the HIs, project teams organized a mass meeting with community people including HFMCs, local political party leaders, school teachers and FCHVs. An overseer or a technical person was consulted to estimate the material and budget to renovate each institution prior to the support. As a prerequisite, 25 % local contribution in cash and kinds was ensured. Low cost project were decided to construct from VCP support where as bigger project were decided to run with shared money from public, private, NGO mixed model of cost sharing.

Reason for Modification, Delay: It was done as plan

Results of this activity: With VCP budget and local resources, community people are actively involved in the renovation of the health institutions which will ultimately benefit the community at large for days to come. health workers are delivering health service from the renovated HIs to the community. Local contribution was remarkably high in all districts which ranged from 30 - 90 per cent of the estimated cost of renovation. Local contribution has increased ownership feeling among stakeholders.

Activity 22: Supply Office Equipments for District Partners

One desktop, one printer, one fax machine, one camera with accessories procured by the project for each of 11 District Partner NGOs to assist them to run the NGOs efficiently and improve their performance.

Topic covered: Desktop computer, printer, camera, fax machine and furniture including desks, chairs and cupboard have been purchased for all the district partners' offices. And, this has been included in their respective inventory list and EU's logo stickers tagged in all the items.

Reason for Modification, Delay: It was done as plan.

Results of this activity: The office equipments like computer, printer, fax machine, camera has bought efficiency in working and documentation. Similarly, furniture sets including desks, chairs and cupboard have also improved the physical facilities of the NGOs and helped to improve office management .

Activity 23: Office Equipments for Lead and National Partners

One Laptop, fax machine, laser printer, digital camera, email-internet services and basic office furniture were procured by the project for lead partner BNMT and national partners FA and WVAF Nepal to facilitate successful implementation, monitoring and supervision of the project.

Topic covered: The project supported a Laptop, fax machine, laser printer, digital camera, email-internet services and basic office furniture to BNMT, FA and WVAF Nepal.

Reason for Modification, Delay: It was done as plan

Results of this activity: Increased in efficiency and productivity of national partners.

Activity 24: Supply Small Medical Equipments

It was planned for 22 but supplied for 57 HIs in all 11 districts without exceeding the provisioned budget.

Topic covered: Request for number of small equipments was received from most of the HIs. However, as it was not possible to entertain all the requests, the project team, in the close consultation with DHO, finalized a list of small medical equipments and HIs on the basis of urgent priority in all the districts. Small medical equipments comprised of BP set, forceps (tooth extraction, artery, chital, itching), diagnostic set, dental kit, scissors (bandage cutting, straight and curve), needle holders, blade handle, scalpel, needle suture, silk thread and auroscope or otoscope.

Reason for Modification, Delay: It was done as plan.

Results of this activity: On the basis of the RNA report, a majority of HIs of the project VDCs lacked many basic medical equipments and medicines. The support has somewhat helped to overcome this problem and ensured the delivery of essential quality health services from the facility.

Activity 25: Support Health Committees to Provide Furniture for Store

It was planned for 22 HIs in all 11 districts as a response to their urgent need then planned schedule. This support was provided to 23 HIs and improved the environment of HIs to store drugs as well as daily service delivery and service management.

Topics covered: As per the project target, furniture support for store has been provided to a total 23 HIs as urgent needs. A purchasing committee was set-up to facilitate the purchase of furniture from the local market.

Reason for Modification, Delay: It was done as planed.

Results of this activity: The furniture has been helpful to keep the medicine safely and properly resulting into better management and storing of the medicines to maintain its quality.

Activity 26: Install Hand Pumps, Construct, Repair and Maintain Taps, Well, Spring Water Catchments and Reservoirs for the Disadvantaged Groups

Four hundred households directly benefited from the tap construction in 11 districts who were not getting the clean drinking water in their area. Now they have saved the time for water collection and using it in other productive work like cattle feeding and grazing, taking care of their babies etc.

Topics covered: A meeting was organized with the community to identify their specific needs and as per the outcomes of the meeting it was decided to support two conflicts affected villages for construction of tap to address their problem of drinking water. The construction took place with direct involvement of community people.

Reason for Modification, Delay: It was done as planned.

Results of this activity: Construction of tap has been completed in 11 districts and approximately 2000 individuals have directly benefited from it.

Activity 27: Off - Season Vegetable Farming Training

A three days training on off-season vegetables farming was organized in all 11 districts. Altogether 216 conflict affected and poor community people (Male 98 and Female 118) participated and benefited from this intervention.

Topic covered: The project organized training on off-season vegetables for selected poor and marginalized farmers under priority one (P1) list. The overall objective of the training was to provide knowledge and skills to grow off-season vegetables as a means to generate income. To complement this, the project has even provided tool kits to the participants. The tool kit comprised of vegetables seeds (bean, cucumber, pumpkin HY-NS, bitter guard HY-NS, capsicum, seasonal tomato, chilly HY-NS) and tools (water pot/hajari, pesticide spray, plastic sheet and bag, etc) as requested by the participants. The training was facilitated by a local trainers from District Agriculture Development Office (DADO) in all the districts. The training sessions combined both the theoretical and practical sessions.

Reason for Modification, Delay: It was done as planned

Results of this activity: The post-training monitoring visits revealed that most of the training graduates have already started the off season farming and were actually benefiting from off-season vegetable cultivation they have started. This has really been good means for income generation for the individuals and their family. Around 80 % participants were doing professional vegetable farming business. In an average, they earned minimum 3,000 and maximum 12,000 per month. 20 % participants who participate in the off-season vegetable cultivation training, were not growing the vegetables. .

Activity 28: Provide Training on Herbal Nursery Establishment and Farming

This training was planned in 5 districts; Morang, Dhankuta, Kapilvastu, Arghakhanchi and Chitwan. It was conducted in the district in coordination with District Forest Office. Total participant of five districts were 97, (Male 52 and Female 45).

Topic covered: The main objective of the training was to identify the potential herbal plants which would be appropriate in nursery establishment and farming in the local context of respective district, to explore the market potential of herbs, to collect, protect and use techniques of processing herbal and acquire the knowledge regarding current herbal policy of Government of Nepal. Two days theory and one day practical classes were conducted by local facilitators in every district for this training.

Reason for Modification, Delay: Some district have conducted the training as per agreed gantt chart but Kavre did it only in the last semester due to unavailability of resource person during the planned period.

Results of this activity: Participants have made plans to establish the herbal nursery and start their own herbal farm.

Activity 29: Provide Training on Plantation Collection and Marketing of Non-Timber Forest Products (NTFP)

This activity was planned for six districts. This activity has been conducted in Dhankuta, Khotang, Kapilvastu, Arghakhanchi, Kalikot and Achham. It was conducted in the district coordinating with District Forest Office. Total participants were 106 (Male 89 and Female 17).

Topic covered: The objective of the training was to develop know-how of plantation, collection, marketing of NTFP. This objective was further elaborated into sessions like introduction and rationale of the training, importance of the NTFP in IG, locally available NTFP product and their possible market. The participants were also asked to draw an action plan at the end of the training.

Reason for Modification, Delay: This activity was pre-pond in some districts due to popular demand of the beneficiaries to conduct the training early as this training would provide them the skills to address their livelihood problem.

Results of this activity: This training increased skill and knowledge of participants on collection and marketing of non timber forest products. An action plan for plantation, on collection and marketing of non timber forest products was also produced by the participants according to their local setting. They also identified the local NTFP and their possible markets in near-by areas.

Activity 30: Provide Small Irrigation System likes Small Irrigation Canal, Reservoir, Rain Water Collection Centre, Drop Irrigation Container, Sprinkle, Pipe etc.

This training was planned in 6 districts: Kalikot, Achham, Dhankuta, Kapilvastu , Khotang and Arghakhanchi. It was conducted in 6 districts to support in seasonal and off seasonal farming .

Topic covered: The main objective of this activity was to support vulnerable and conflict effected people to improve economic status through producing seasonal and off seasonal crops and enhance their livelihood opportunity.

Reason for Modification, Delay: It was done as planned.

Results of this activity: Participants have made irrigation channels and improved farming system. This has helped to improve the economic status of vulnerable and conflict affected population.

Activity 31: Small Grant and Credit Support to Open Small Grocery

This activity was planned for three districts namely Nawalparasi, Chitwan and Panchthar. They have implemented this activity with a total of 34 beneficiaries (Male 11 and Female 23).

Topic covered: Under income generating activity under livelihood component of the project, a provision was made to support the establishment of small scale enterprises like grocery shop. This activity has been executed in the three districts with extensive consultation with the community to identify the most at need conflict affected individuals. An agreement has been signed with the identified beneficiaries and a seed money was handed over to them for setting-up a small grocery store.

Reason for Modification, Delay: This activity has been delayed in Chitwan district because it took time for district project team to develop the idea of the small scale enterprise among target beneficiaries. It is planned for implementation in the third semester and completed it.

Results of this activity: All the beneficiaries have started up their own store and are now making living for themselves and their family. Most of the beneficiaries were single women and widows due to ten years conflict. The incremental income from the grocery has been invested in orphan child education, food and health etc .

Activity 32: Training on Duna - Tapari Mass Production and Marketing

This activity was planned for three districts namely Nawalparasi, Chitwan and Panchthar. They have conducted this activity with total 51 female participants .

Topic covered: In order to improve the socio economic condition of vulnerable women, the VCP project envisaged to support conflict affected women for *Duna Tapari* mass production, a micro entrepreneurial initiative by providing locally appropriate skills and technology. Thus, training was organized, basic machineries required for the production procured and market connections established to ensure income from the production. A set of machine to produce different size *Duna – Tapari* (plate and bowl made of leaves) is provided. Market arrangement is also done in local and near by cities to sell production.

Reason for Modification, Delay: This activity was postponed to second semester in Panchthar district. The main reason for the delay was that it took relatively more time to explore the market opportunity and also due to unavailability of machine producing *Duna Tapari (Leaf made plate and Bowl)* in near-by market. This activity was completed in second semester.

Results of this activity: This initiative was geared to increase income of vulnerable women involved and promote the establishment of small scale enterprise; *Duna Tapari* mass production has been able to draw immediate result as the trained groups of women have started to make an earning for them and the market demand of their product is very encouraging. Vulnerable women are employed who use local raw materials and resources in a sustainable way. This activity was ecosystem friendly activity.

Activity 33: Distribution of Pair of Domestic Animals like Goat, Sheep, Pig, Chicken, Cows and

Buffalos

This activity is implemented in all 11 VCP districts. The total number of beneficiaries was 319 (Male 156 and Female 163).

Topic covered: In most of the districts, the beneficiaries of domestic animals support were identified through the RNA were placed in two categories - first priority list (P1) and second priority list (P2) based upon their intensity of socioeconomic vulnerability. However, consultation with District Animal Health Development Office (DAHDO) of respective districts was carried out to assess the existing situation, potentiality, constraints, challenges and economic scope of livestock. In most of the districts, goat was ascertained as the most appropriate animal with some exception in few districts where pig seemed more in demand by the community and locally viable as well. One beneficiary was given a pair of only one types of domestic animal considering the technical and feeding aspects. A Term and condition and orientation package was developed and orientation was organized by the district team in conjunction with District Animal Health Development Office (AHDO) staff. An informal program was organized to handover the animals to the beneficiary at local level.

Reason for Modification, Delay: It was done as planed.

Results of this activity: The community members have cherished this initiative as one of the most locally appropriate support from the project and have expressed their commitment to properly take care of the animals and assured the project team that the support will help them greatly in improving their livelihood option. Most of the farmers started to get benefit by selling piglets, kid, calf and chickens of second generation offspring. Some part of the income obtained from was found used for children's education and health care.

Activity 34: Furniture Making Training

This activity was planned for 6 districts; Khotang, Dhankuta, Kapilvastu, Arghakhanchi, Kalikot and Achham. The project has conducted the training to a total of 60 male participants .

Topic covered: An extensive training on furniture making to the community people was organized with the main purpose to impart basic skills on furniture making. The resource persons were managed locally coordinating with district stakeholders. Adult learning methods were adopted during the training with focus on practical sessions. The participants were also asked to formulate business plan for the furniture business. They were also provided the essential tool kit useful in local context.

Reason for Modification, Delay: It was pre-pond in above mentioned districts due to demand of the target community (P1) and request of local resource persons. All district completed training within third semester.

Results of this activity: The training enabled the participants to develop and adopt necessary knowledge, attitude and skills on furniture making. All the participants developed conceptual clarity on management and establishment of furniture *udhyog* (small industry) resulting into development and sustainability of the skills learned from the training. They are earning 5,000 to 12,000 per month/person by establishing and operating their own industry. Some of the training participants have also been employed by the furniture industry.

Activity 35: Bicycle/Motorcycle Repairing Training

This training was planned for five districts; Morang, Dhankuta, Kapilvastu, Arghakhanchi and Kavre. All districts have conducted this training with 50 beneficiaries in total (Male 47 and Female 3).

Topic covered: The main purpose of this training was to impart basic skills on motorcycle repairing in order to provide the conflict affected people a viable option of income generation. Local resource person were mobilized for the bicycle/motorcycle repairing. The training included more practical and some theoretical session as per the need of participants. One to one coaching and attachment training was also done. Participants drafted a business plan for materializing their skills. Most of the participants were from conflict affected and *Dalit* community. They were also provided very essential tool kits to start-up their business as per the provisioned budget. VCP team is regularly monitoring the progress of the participants.

Reason for Modification, Delay: It was done as planed.

Results of this activity: Training has enabled participants to develop and adopt necessary knowledge, attitude and skills on motorcycle repairing and setting up business for income generation. All participants developed conceptual clarity on establishment of the repairing workshop for income generation. They were able to discuss on the issues related to self establishment of income generation activities in their respective communities. Confidence of participants has been built up on repairing of motorcycle and management of enterprise.

Activity 36: Hair Cutting Training

This training was planned for all 11 districts. All districts have conducted this training with 109 participants (Male 67 and Female 42). Only 70 % participants started business. Others did not start this work due to migration to other areas.

Topic covered: The main purpose of this training was to enhance/develop skills on hair cutting. In most of the districts, proprietors of local saloons were requested to be the resource persons for the training. Different adult learning methods were used as training tools. The training comprised of theoretical session on basics of hair cutting skills with extensive practical session for hand-on experience. Towards the end of the training, the participants were provided an opportunity to try their skills on real situation in the salons of the resource person to build up their confidence. The participants were also provided the essential tool kits according to provisioned budget.

Reason for Modification, Delay: This activity was pre-pond considering the time factor of selected participants and facilitator and the eagerness and request of the conflict affected to learn this skill for immediate relief and earning.

Results of this activity: Training has enabled participants to develop and adopt necessary knowledge and skills in hair cutting along with practical understanding of how they can adopt this skill as a professional for making their livelihood. About 70% of participants were earning money by establishing a salon in local market.

Activity 37: Provide Training to Blacksmiths (with Tool Kits)

This training was planned for black smiths in 11 districts where they suffered a lot in last conflict. To back up their occupation to generate income, all districts have conducted this training and

promoted occupation of P1 beneficiaries through their advance skill for profession. The participants were 110 male in all 11 districts.

Topic Covered: The VCP team carried out an extensive exercise to identify the potential trainees for blacksmith training in all the districts. *Dalit* and conflict affected individuals were selected to provide this training. The project also provided essential tool kit to participants of the training. They were regularly monitored and provided some iron materials as per their demand. The training was designed focusing the skill delivery and adult learning. The resource persons of the trainings shared skills on ways and means to make locally appropriate and in-demand iron tools such as different kinds of cutting, cultivating, small souvenir cutleries (*Chuleshi, Khukuri, Khuda, Axe, and Sickle*) local name for cutleries of different sizes and models etc.

Reason for Modification, Delay: The target community were in need of urgent occupation support so training was pre-pond in 4 districts. In the remaining districts, the training was conducted as per project schedule.

Results of this activity: The participants of the training have started to produce and market their products in most of the districts and are now receiving the benefits from the learned skills.

Activity 38: Provide Training to Tailors (with Tool Kits)

This training has been planned for 11 districts and it has been conducted in all districts with altogether 112 participants (Male 39 and Female 73).

Topic covered: A one month long training was organized for participants identified as members of conflict affected families. Some district like Khotang, Panchthar extended the time and organized 3 month training coordinating with the District Small Cottage and Industry Office of government which enhanced the skills of participants. Trainees were also given a sewing machine and some associated equipments by the project in order to give a complete package that included hardware and software. This enabled each participant to market their skills right away.

Reason for Modification, Delay: This activity was brought forward in the above mentioned districts on the basis of request received from the primary beneficiaries. Time extended per demand of trainees and resource made available from other development partners working in VCP catchments.

Results of this activity: The training has enabled the participants not only to develop and adopt necessary knowledge and skills to tailor to the demand for popular garments but also provided the technical knowhow on the maintenance of the sewing machines. The participants of the training have now started up their own tailoring shops in their respective locations and are earning their living from the skills acquired through the training.

Activity 39: Organize Skill-based Peer Education Training

Peer education has been one of the popular activity on knowledge sharing and has been influential in bringing behaviors changes. This training was planned for all the project districts and has been conducted in the all the districts with altogether 819 (Male 435 and Female 384) participants. With the training, Peer Educators have enhanced their own skill and have helped to improve the life skill of fellow colleagues.

Topics covered: The training covered human rights in general in relation to health rights in specific and, life skills, mobility map, cause tree and problem solution with action plan. Participants of the training were carefully selected to incorporate conflict affected disadvantaged groups. Analysis of

risk behaviors among youths and the symptoms and causes of STIs and HIV/AIDS was also shared during the training. Analyses of root causes for manifestation of certain effects/impact was dealt so that participants have better understanding of the causal relationship between various facets of the event. This Causal Tree analysis was used to identify the solution of the problems with an action plan prepared by the participants themselves in course of the training

Reason for Modification, Delay: This activity was pre-pond in the above mentioned districts as the project team realized the need to train the conflict affected vulnerable and most-at-risk community as early as possible.

Results of this activity: Informal groups were formed for transferring the skills and knowledge acquired from the training to communities. In Morang, the participants of the peer education training have created a revolving fund to address burning issues of the community. From the monitoring visits, it has been noted that all the participants of the training were actively involved in various awareness generating activities and social programmes in their own community.

Activity 40: Conduct Interactive Activities (Peer Education Training)

This interactive activity was planned for 11 districts and it has been conducted in the all district with altogether 933 participants (Male 508 and Female 425).

Topics covered: In this interaction meeting, the follow up of action plan, message retention and healthful behavior to be adopted by youths was done. The facts on disease pathology and sign and symptoms on STIs and HIV/AIDS was also discussed during the interaction.

Reason for Modification, Delay: It was done as planned

Results of this activity: It has been noted that all the participants of the training were actively involved in various awareness generating activities and social programmes in their community. In Morang, some youth groups have been operating revolving fund to support member for emergency need.

Activity 41: Organize Re-enforcement Workshops (Peer Education Training)

This re-enforcement workshop was planned for 11 districts and it has been conducted in all the district. Altogether 693 community peers participated in the event of 349 were male participants the rest were female participants.

Topics covered: Participants' experience of being peer was including issues they handled were discussed which made the learning and reinforcement more productive.

Reason for Modification, Delay: This activity was brought forward in the above mentioned districts as the project team realized the need to train the conflict affected vulnerable and most at risk community as early as possible.

Results of this activity: Informal groups were formed for transferring the skills and knowledge acquired from the training to communities. From the monitoring visits, it has been noted that all the participants of the training are actively involved in various awareness generating activities and social programmes in their community and assist them with relief efforts.

Activity 42: Organize Participatory Learning and Action Training to Women

This training was conducted in all the 11 districts. A total of 902 participants (Male 27 and Female 875) benefited from the intervention.

Topic covered: The topics covered by the PLA training to women including FCHVs were wide ranging. Content of the training among others included VCP project orientation, conceptual clarity on definition of human rights, and health rights, its importance and advantage of health rights to the participants. The participants were also informed about the PLA tools and its importance in women's life. Introduction, types, cause, social concept, symptoms and treatment on mental health and psycho-social counseling was also discussed and explained to the participants. Analysis of the health problems of the conflict affected women was categorized and the cause and affect discussed. In most of the districts Health Post In-Charge and VCP team facilitated the training.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The trained conflict affected women including FCHVs have become sensitized to know their rights issues and identify the problems and their solution by using appropriate PLA tools. They are using this skill in their respective communities to come-up with solutions for their problems especially related with health.

Activity 43: Conduct Interactive Activities (PLA by Women Including FCHVs)

The interaction meeting was conducted in all 11 districts with 838 participants (Male 25 and Female 813).

Topic covered: In an interactive session on PLA for women, further reinforcement was done so that women are able to come up with their glaring health issues and their solutions as per local context.

Reason for Modification, Delay: It was done as planned

Results of this activity: The women suffering from reproductive health problem particularly uterus prolapsed were sent to health institutions where necessary health support is available. These women participants also try to provide social security to the victim of gender based violence

Activity 44: Organise Re-enforcement Workshops (PLA by Women Including FCHVs)

This training was conducted in all 11 districts with 907 participants (Male 46 and Female 861).

Topic covered: The reinforcement workshop was designed to further strengthen the capacity of women who had already undergone the basic training. During the workshop their experiences were shared and discussed on basic content of the training imparted. This has improved women's understanding of their own health rights and health issue of conflict-affected women. In most of the districts, Health Post In-Charge and VCP team facilitated the training.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The trained conflict affected women including FCHVs have become sensitized on their rights issues and identify problems and solution by using appropriate PLA tools. They are using this skill in their respective communities to come-up with solutions for the community problems specially on issues related to health. They have initiated emergency health fund. They also provide support to mothers with psychosocial problems and other health problems.

Activity 45: Organise Participatory Child to Child(C to C) Training to Students

This activity was implemented in all the 11 districts with 672 participants (Male 341 and Female 331). A total 55 events were organized at the rate of 5 events per district.

Topic covered: The training covered human rights, health rights and child rights, common health problem of children with the purpose of disseminating health messages by mobilizing school children. The training also included scope of Child to Child programme with elaboration on the 6 steps of C to C programme. Mental health, psycho-social counseling and the support available from the local HIs were also shared during the training. The training has also provided guidance on the formation of child clubs.

Reason for Modification, Delay: It was done as planned

Results of this activity: The participants of the training have formed child clubs in their respective schools. These clubs have been active in sharing key health messages in their community and with their peers through organizing quiz competition, publishing monthly wall magazines, establishing health right corners in school and performing street drama. They have also started to keep the school clean to ensure healthy environment. In some districts, child groups have organized extracurricular activities for raising awareness and drawing attention of parents, local bodies, media person and other stakeholders in course of sensitizing the community.

Activity 46: Conduct Interactive Activities (C to C)

This activity was implemented in all the 11 districts with 855 participants (Male 430 and Female 425). A total 55 events was organized at the rate of 5 events per district.

Topic covered: In this interaction meeting, action plan done by child clubs and retention of message imparted in basic orientation was reviewed and further reinforcement was done.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The children have been publishing wall magazine, campaign for environmental sanitation and child rights in their respective community.

Activity 47: Organise Re-enforcement Workshops (C to C)

This activity was implemented in all 11 districts with 700 participants (Male 355 and Female 345). A total 55 events was organized at the rate of 5 events per district.

Topic covered: In this reinforcement workshop action plan was reviewed. The discussion was done on the glaring issues raised by school age children. The issues were: child rights, HIV/AIDS, open defecation free community, control of communicable disease etc.

Reason for Modification, Delay: It was done as plan

Results of this activity: These groups have been active in sensitizing SMCs, HFMCs, VDCs and their parents for toilet construction, arranging sport materials and health awareness activities.

Activity 48: Organise Referral Training to Traditional Healers

This training was planned and executed in all 11 districts. A total of 144 participants (142 Male and Female 2) participated in the event.

Topics covered: The objective of the training was to promote the referral cases from the communities to HIs. Traditional healers until now are one of the first sources of treatment for majority of rural people. Mainstreaming them in the delivery of modern health care system is critically important for both creating awareness and improving utilization of health facilities. This objective was further elaborated into various contents in systematically designed sessions. The manual produced by DeHS for traditional healers with addition of mental health and psychosocial support was used. The training covered modern medicine system, review of traditional treatment system of traditional healers, sharing of acquired knowledge during treatment, role of traditional healers on community health, social and mental health impact of the community of traditional healer's treatment system, role of traditional healer's to improve access of community to essential health care such as safer motherhood and child care, reproductive health, health and sanitation, family planning, STD and HIV/AIDS and mental health. The training strived to enhance knowledge of traditional healers on modern treatment system in order to increase the referral of patients. Major objective of the training was to increase the access of rural people to health institutions through the increased referral by traditional healers.

Reason for Modification, Delay: It was done as plan

Results of this activity: The training was successful in generating positive attitudes of traditional healers towards modern medicine system. As a result, they have now started to refer cases that need medical attention to the HIs. It has improved the access of vulnerable people to modern health care system.

Activity 49: Conduct Interaction Meetings with Other Traditional Healers

The interaction meetings were implemented in all districts with a total of 1,289 participants (Male 1,156 and Female 133).

Topic covered: Interaction was done on role of modern and traditional healing practices. They also talk on how traditional healers can serve local dwellers by referring people who need of mental health and psychosocial support to be provided in near by HIs.

Reason for Modification, Delay: It was done as planned

Results of this activity: The patients attendance in local HIs increased notably.

Activity 50: Organise Re-enforcement Workshops

This reinforce workshop was implemented in all 11 districts with a total of 114 participants (Male 113 and Female 1).

Topic covered: In reinforcement workshop, the experiences of traditional healers (*Dhami Jhankri*) and health workers was shared with each others. Some practical tips to identify people with mental health and psychosocial support was given by health workers.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The reinforcement workshop encouraged traditional healers to refer community members with health problems to the Health Institutions with a referral slip provided by the project for treatment. As a result, the number of people visiting HIs has increased notably. Approximately 3,350 patient/clients were referred by the healers to a near-by HIs.

Activity 51: Organise Home-based Counseling Training

This training was organized in all the VCP districts with a total of 695 participants (Male 144 and Female 551).

Topic covered: Major objective of the training was to capacitate the FCHVs so that they could provide counseling support to the traumatized people at local level and increase referral system to respective HIs. The Home-based counseling training was specially focused on identification of mental illness, its causes, counseling skills and communication skills.

Reason for Modification, Delay: It was done as planned.

Results of this activity: FCHVs have become capable to identify the individuals with mental illness in their community. This will ultimately increase the quality of service delivery of FCHVs during their involvement counselling process.

Activity 52: Provide Rehabilitation Support

This activity was planned for all the districts and was also accomplished. The rehabilitation support was provided to a total of 330 participants (Male 163 and Female 167).

Topic covered: The need for the rehabilitation support to conflict affected people was thoroughly assessed by mobilizing community level health workers, FCHVs and field based project facilitators. Households' needs were prioritized and submitted to HFMCs. Based on recommendation made by health management committees, most needy conflict victimized people were selected for the rehabilitation support. The support activities covered medical expenses for artificial limbs transplant, bullets extraction, carrying out income generating activities such potato farming and goat raising and supporting for education, dresses, bags and stationeries to school going children they had for their rehabilitation in the society and encouraging children to attend schools who have been denying to go to school due to the past incidence of violence and boom blast in the schools.

Reason for Modification, Delay: This activity was brought forward due to immediate need of rehabilitation support in these districts since they are the most conflict affected districts.

Results of this activity: All together 330 conflict affected people got the support in 11 districts.

Activity 53: Leaflets/Posters/Calendars Production and Distribution

Twenty thousands one-sheet project brief (1500 in English and 500 in Nepali), 500 certificates, 2000 project brochures in English and Nepali printed and disseminated to the stakeholders.

Topic covered: A glossy project brochure was published covering the project context, background, objectives, focus areas, target beneficiaries, project activities, concrete outputs and implementation

modality.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The published documents were widely circulated in all project districts for dissemination to concerned stakeholders of the project. The document also served as a very informative document for district project staffs. It also helped in improving EU visibility of the districts covered by the project.

Activities 54: Training on Transparent Account keeping and Social Auditing

Two days training was organized in 11 districts as planned. Total number of participants were 165 (Male 86 and Female 79). Participants were drawn from implementing partners, NGOs/CBOs.

Topics Covered:

Introduction and sharing of VCP Project, concept, need and importance of account keeping, Payment and book keeping system, maintaining of payment voucher, individual account, maintaining of ledger, cash box, pass book, receipt, payment voucher and individual account and saving mobilization. In the training, sharing was also done on fund investment area, determination of interest and mobilization of community resources. Finally, an action plan was prepared for improving performance.

Reason for Modification, Delay: It was done as planned.

Result Assessment: Most of the participants were the treasures of savings credit groups. This training helped to expand and adopt necessary knowledge, skills and attitude of participants on proper account keeping thereby making savings credit and revolving fund viable and functional. This training increased knowledge on account keeping and financial managements, need for introducing double entry book keeping system in their organization, use of account ledger, cash box, pass book, receipt, and payment voucher and individual account. The training also updated accounting system and auditing processes.

Activity 55: TOT on Project Management, Operation and Maintenance (PPMOM) Including Circulation of Existing Revolving Funds of Health and Development Institutions by Topping with Seed Money.

This training was organized centrally but arrangement of field visit to Kavre was done. Total number of participants were 22 (Male 20 and Female 2). Facilitators for the training were drawn from the professionals within VCP consortium as well as outsiders.

Topic covered: The training focused on enabling the participants to expand and adopt necessary knowledge, skills and attitude on Project Management, Operation and Maintenance (PPMOM) and develop the capacity of participants to conduct trainings on PPMOM in their respective districts in efficient way. More specifically, it was geared to enable the participants to conduct district level trainings that covered community decision making process, social inclusion and strengthening the involvement of women, Dalits and disadvantaged people. It showed how to develop linkages and access to support from state and non state actors and political sphere, establish norms to pay for services, operation and maintenance services, and community. They were also enabled on needs

prioritization, accommodating common and diverse interests of communities and preparation of operation and maintenance plan. The methodologies adopted by the training included site visit to the communities with interaction on practical issue and use of teaching/learning aids such as A/V aids, poster, and meta-cards and properly selected reading materials. The field visit was facilitated by Kavre VCP team and DHO Kavre. All participants got the opportunity to observe, discuss and interact on the activities carried out by HFMCs, FCHVs, and beneficiaries of IG activities.

Reason for Modification, Delay: It was done as planned.

Results of this activity: One hundreds and Ten slots of PMOM training were conducted in all VCP 11 districts by the DPCs and POs, who have participated in national level PPMOM TOT.

Activity 56: Training on Project Management, Operation and Maintenance (PPMOM) including Circulation of Existing Revolving Funds

Two days 110 PPMOM training were organized in 11 Districts. Total participants were 1,103, (Male 422 and Female 681).

Topics covered: Introduction and sharing on concept of NGOs, CBOs and SWOT analysis of organization, concept of management, leadership and communication, book keeping system and social auditing, good governance, community participation and decision making process, strengthening women's participation and level of participation and action plan formation. Training was organized for local CBOs, DAG youth groups, mother groups, clubs, husband and wife groups and PLA groups.

Reason for Modification, Delay: It was done as planned.

Result Assessment: Mainly, the training focused on enabling the participants to expand and adopt necessary knowledge, skills and attitude on project management, operation and maintenance (PPMOM). After the training, the project provided NRs. 2,250 as for topping up existing revolving fund to make it health-friendly. The savings/credit activities were made effective and efficient so that they start to respond to emergency health needs of actual vulnerable community.

Activity 57: Gender, Social Inclusion and Leadership Development Training (LDT)

This training was organized in all 11 districts. Total participants were 171 (Male 83 and Female 88).

Topics Covered:

Content of the training were concept of gender and importance of gender equity and social inclusion for the development. Concept of participatory leadership and team work was also shared in the training.

Reason for Modification, Delay: It was done as planned.

Result Assessment: This training enabled participants to expand and adopt necessary knowledge, skills and attitude on gender, social inclusion and leadership development issues. Similarly, it developed the capacity of participants about development, management, communication and participatory decision making process. They felt and realized the issue and committed to address the issue in their personal professional life. Finally, an action plan was developed to increase participation of DAG and other marginal and vulnerable population groups in all the development

activities /users groups and make them more socially inclusive. Through this training, local level CBOs with revolving fund were supported further by topping up by NRs. 2,200 for emergency fund for the health.

Activity 58: Studies, Research (Baseline Survey in the Beginning of the Project)

RNA, which also served as the baseline survey was carried out just after start-up workshop. Overall, BNMT lead the conduct of the assessment with active participation of national and district NGO partners. Data collection was done in all 11 VCP districts. National partners helped to formulate RNA methodology design and its implementation.

Topic covered: A rapid need assessment study was carried out in the initial phase of the project with the overall objective to understand the situations of conflict affected individuals and households and their access to health and livelihood opportunities. The study revealed the HI status and livelihoods options in the conflict affected areas.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The study has carried out following: (i) HI's capacities for health service delivery and their utilization pattern in the selected VDCs of project districts, ii) health and socio-economic status of conflict affected and vulnerable *Dalit, Janajati, Madheshi*, ethnic minorities and other people in the selected VDCs of project districts, iii) Location of the target groups to initiate and execute specific interventions which are already identified for conflict affected people at individual and household level; and iv) gathering of the information which later served as a benchmark against which the project outcomes has been evaluated.

Activity 59: Baseline Survey Sharing Meeting in Project Districts, Region, and Centre

All VCP district partners have conducted 11 sharing workshops in each district in the presence of representative of the government line agencies, namely, DHOs/DPHOs, WDO, FO, DEO, CDO, DDC, SCIDO, NGO Federation, political parties and other I/NGOs.

Topic covered: In the meeting, the district project teams, in coordination with DPMSC/DPAC organized a formal programme to share the findings of the rapid need assessment report with all the local level stakeholders. Heads of the government line agencies and other I/NGOs working in the district were also invited in the programme.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The programme facilitated the process of getting the stakeholders on-board with the project activities and provided a platform for the district project teams to gain positive attitude and support for the project from the stakeholders.

Activity 60: Printing Stickers and Other Visibility Materials

As per EU visibility guidelines, 1,500 EU logo stickers of 3 different sizes (500 of each size) was printed, distributed and attached as appropriate wherever EU supported activities were procured and launched.

Topic covered: It was agreed to ensure EU visibility across the board from the center to local, lead partner and national partners to district and local partners at community level.

Reason for Modification, Delay: It was done as planned.

Results of this activity: The activities to ensure EU visibility have been given due consideration by all partners of the consortium – BNMT and two national partner NGOs and 11 district partners NGOs.

Activity 61: Interaction Meetings on Scope of VCP Project, Consortium and Funding Partners
For the purpose of making conducive operational environment, interaction meeting were conducted in all lead, national and district level.

One-day programme was organized by BNMT, 2 national partners as well as the 11 district partners to share the scope of VCP with the concerned stakeholders. Altogether 542 participant (Male 393 were and Female 149) attended the meeting from different stakeholders.

Topic covered: The salient features of the project, i.e. goals, objectives, physical coverage, main beneficiaries and scheduled activities as per the log-frame was discussed thoroughly during the meeting. One sheet project brief and the project brochure which highlighted the key features of the project was distributed to all the participants.

Reason for Modification, Delay: It was done as planned.

Result of the activity: The interaction meeting helped create a general awareness on the project among the stakeholders. It affirmed a sense of ownership among the project partners and was helpful in creating a team spirit among the consortium members. The meeting clarified the project implementation process as well as the role of the stakeholders.

Activity 62: Carry out evaluation and dissemination

At the end of the project, an evaluation was planned. This activity was contracted out to an external consulting firm which carried out the evaluation survey from January 15th to February 15th 2010. Two independent evaluators were selected from free competition from local professional market. For this, initially Letter of Interest (LOI) with financial and technical proposal was collected, short listed and interviewed top and second runner of applicants. IPDS, Nepal was contracted for external evaluation of the VCP.. After this, the selected professional team interacted with the BNMT management, project team and partners, shared methodology and survey instruments. Out of 11 VCP district, 5 districts were randomly selected for the evaluation. The data was collected from randomly selected districts and clusters of Morang, Kapilvastu, Kavre, Nawalparasi and Kalikot. Periodic project reports, RNA reports, mid term report, interim review and monitoring report were also reviewed. The data was processed; and a standard report explaining the success, failure, and good practices of the project was documented. The findings of the evaluation is also planned to be shared and distributed to the district and community level partners and beneficiaries.

Topic covered: Major issue covered by the evaluation was whether the project has been able to achieve the intended results it envisaged. The evaluation also assessed the relevance and quality of design, efficiency and effectiveness of implementation, impact prospects and potential sustainability.

Reason for Modification, Delay: It was done as planned.

Result of the activity: An evaluation report is prepared and dissemination workshop was done on 19th April, 2010. The report of the external evaluation has shown the fact that:

- the project has achieved major objectives it aimed to attain. The project design has proved its relevancy with the Comprehensive Peace Accord of May 2006 and interim - plan of Nepal to support the rehabilitation, reintegration of the conflict affected people and reconstruction;
- the project, to large extent, reached out to the real conflict affected and vulnerable population (27,556 – p1 beneficiaries).
- the modality of project implementation at the local level appears to be appropriate strategy to reach out effectively the target population, and also ensure the sustainability of the project performance.
- the study suggest that the project was efficiently implemented in terms human resources, timely delivery of the cash and kinds and selection of the project activities relevant to the project beneficiaries;
- the project has made a number of changes in improving the essential health services to the vulnerable communities and conflict affected people, in livelihood option and increased the capacity of the disadvantaged groups.

Evaluation report was submitted to the European Union (EU).

Activity 63: Evaluation Finding Dissemination Workshop

Topic covered: One day evaluation finding dissemination workshop was planned by BNMT April 19 2010. More then sixty stakeholders including NGO partners were going to participated. The key participants were from EU, Social Welfare Council, MoHP, Ministry of Women and Women and Children, National Human Rights council, Planning Commission, DPHO/DHOs, VCP partners and other I/NGOs and BNMTR SMT members. .

Reason for Modification, Delay: It will be done on time

Result of the activity: Key findings, Challenges and recommendation for scale up was shared. BNMT realized the issues raised by report and expressed the willingness to adopt in up coming like minded projects.

Additional Activities:

Additional activity 1: Link-up Workshop

After making decision by national steering committee, 11 Link-up workshop one each per district were organized, The workshop was organized with the aim to facilitate linkages and mainstreaming of principle beneficiaries with other development interventions carried out in the project districts by other agencies. This was also to ensure technical, financial and social sustainability of the VCP-supported activities and possible replication for multiplier effects. Altogether, 388 participants (Male 203 & Female 185) participated in the workshop in all the project districts.

Topics covered: Interaction and sharing was done on achievements of VCP project, learning and challenges experienced by principle beneficiaries. One of the key deliberations was where and they can support from arrays of development agencies working in the district and continue to benefit from the intervention.

Result Assessment: Linkup workshop was organized in all the 11 districts and the workshop was able to up-date the stakeholders on VCP achievement, lessons learned and possible areas of further replication. The local journalist, political parties and NGOs/INGOs also actively participated in the workshop. The principle beneficiaries also got an opportunity to express their opinions, request and appeals to concerned stakeholders. Stakeholders agreed for regular monitoring and supervision of the VCP initiated activities in up coming days as well.

2.2 Please list all contracts (works, supplies, services) above 5000€ awarded for the implementation of the action during the reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor

Not applicable (NA).

2.3 Please provide an updated action plan

So far the activities are being carried out as per Gantt chart and none of the activities were lagging behind the schedule. Some innovation and modification was done as per local context. The field implementation was accomplished in November 2009 and entire project is accomplished in February 2010.

3. Partners and other Co-operation

3.1 How do you assess the relationship between the formal partners of this Action (i.e. those partners which have signed a partnership statement)? Please specify for each partner organization

The project was implemented by a consortium of one INGO, two national NGOs and 11 district based NGOs in which BNMT provided overall project management support and provided leadership for technical support on health theme. Similarly, Forest Action Nepal provided overall technical support on livelihoods theme and WVAF on institutional capacity building activities. Likewise, the district based partner NGOs were responsible to facilitate the identification and prioritization of local needs and planning and implementation of the district level activities.

All the partners of the project shared a very congenial relationship and worked as per the agreement in full compliance with what was agreed in the project document. The consortium model has worked satisfactorily. As a result, the project was well on its course by the end of this reporting period to achieve all the targets set for each of the partners organisation in the agreement.

3.2 How would you assess the relationship between your organization and State authorities in the Action countries? How has this relationship affected the Action?

The relationship with all the state authorities at all levels from national to local has been very productive and result-oriented. At the local level, spirit of coordination and cooperation was very high as every activity under the project is executed with prior consultation with the local authorities. The fruitful and productive relationship with state authorities at all level was ensured through the National and District Project Advisory Committees (CPAC and DPACs). At the national level, a CPAC established with participation of key ministries and national partners. This committee provided guidance and helped in inter-sectoral coordination at the national level. The representatives of District Development Committee (DDC) and District Health Office (DHO) and/or District Public Health Office (DPHO), DPAC, District Women Development Office, District Cottage and Small Industry Development Officer, Forest Office, and the Chief District Officer (CDO) were the

members of the DPACs. Close consultation and coordination was carried out with VDC secretaries, head of local HIs and HFMCs during the RNA, which resulted into ownership by the local state authorities. All this has affected very positively in the action.

3.3 Where applicable, describe your relationship with any other organizations involved in implementing the Action:

- **Associates**

Not applicable

- **Sub-contractor(s) if any**

Not applicable

Final beneficiaries

BNMT has been working in Nepal since 1967, as a result it has a very good relationship and rapport building with the communities it serves. Since this project is implemented through the local NGOs who have a strong foothold in the community, the final beneficiaries were more receptive towards the project inputs and activities. As the project aimed at easing out the enormous problems faced by the people in the conflict-affected areas, it was well-received and appreciated by all the stakeholders. In addition, this project was a packaged intervention—touching to meet the basic needs of the people which helped the beneficiaries to rehabilitate and mainstream in the society. The activities completed so far have further strengthened the bonding with high level of ownership of all the project activities by the community.

- **Other third parties involved**

The representatives of media and other NGO/CBO in the project area were very co-operative.

3.4 Where applicable, outline any links you have developed with other actions

Link up workshop was done in each district. District stakeholders, consortium member and other local NGOs have learned from success stories and are likely to apply in their action. BNMT has already applied some of the lesson learned from the VCP project to another EU funded RCP Project. BNMT has also submitted two full project proposals like “ Human resources for health in Nepal, “Support for prevention and control od mental illness in Nepal” and a concept note on “ Sexual and reproductive health rights in Nepal” to EU.

3.5 If your organization has received previous EC grants in view of strengthening the same target group, in how far this Action been able to build upon/complement the previous one (s)? (List all previous relevant EC grants)

Not Applicable

4. Visibility

1. How is the visibility of the EU contribution being ensured in the Action?

Particular attention is being given to ensure the visibility of the EU in all matters wherever possible. The 12 golden-starred circles in the deep-blue background is now a familiar icon and symbol of cooperation and it is becoming visible more and more through our publications and stationeries. Visibility of EU ensured across the project activities specifically through:

- Office signboards at the offices of all lead, national and 11 district partners’ offices;

- Banners with logos of all partners displayed in all training activities, workshop and meetings;
- EU name and/or logo is printed as the main donor of the project in project publications (RNA reports, project brief in Nepali and English, Leaflets, mental health psychosocial counseling handbooks, external evaluation reports);
- Stickers of various sizes is produced and posted in all capital items procured by the project for all its partners.

The EU support is mentioned in all formal and informal meetings wherever possible and applicable.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on EuropeAid Co-operation Office website? If so please state your objection here.

No objection, rather we would be happy if the result of this action finds space on the EuropeAid Co-operation Office website.

Name of the contact person for the action:

Report Prepared By: **Mr. Mahendra B. Shah, MPH**

Contact Person: **Dr. Bhanu B. Niraula, PhD**

National Project Coordinator (NPC)

Country Director (Programme and Operations)

Signature_____

Signature_____

Location: Kathmandu, Nepal

Location: Kathmandu, Nepal

Date report due: 15th August, 2010

report sent: 7th July, 2010

Appendix: 1

BNMT, VCP Project Target Vs Achievements

Activities	Targeted activities	Achievement	Remarks
1. Health (19 activities)			
1. Start-up workshop	1	1	In the first project year
2. Half-yearly meeting	5	4	
3. Monthly meeting	308	308	125 conducted in the first project year
4. Project management training	1	1	In the first project year
5. Develop mental health training package	1	1	Do
6. Print training manual (copies)	500	500	
7. TOT to health workers on mental health and psychosocial counseling for 11 VCP districts	1	1	
8. Organize mental health and psychosocial counseling training to health workers	11	11	
9. Re-enforcement workshops on mental health and psychosocial-counseling training	22	22	
10. Health workers training on participatory learning and action (PLA) on managing HIs and patients	11	11	
11. Progress review meeting in each six months on PLA	22	22	
12 TOT on organizational development and resource management	1	1	
13. Organization development and resource management training to partner organizations	11	11	
14. Community interaction meetings on essential drugs and establishing revolving drugs scheme	55	55	
15. Training to health workers on revolving drug scheme	55	55	In first year, 5 districts, and in the second year 6 district
16. Training to HFMCs on management of revolving drug scheme	55	55	In the first year three districts
17. Logistic support to health institutions (register, prescription pads etc.) (5 HI per district)	55	55	Only in Kavre in the first year
18. Organization of health camps	11	12	Only one organized in Panchathar in the first year. Morang has done two camps
19. Support to needy people for accessing	33	136	Supported 136 with

secondary level care			the same budget
2. Infrastructure Development (7 activities)			
20. Discussion with HFMC on renovation of health institutions	110	110	
21. Renovation of health institutions and/or schools	55	55	
22. Supply office equipments for district partners	11	11	
23. Supply office equipments to lead and national partners	3	3	
24. Supply small medical equipments to health institutions	22	57	Increased without exceeding the planned budget
25. Support health committees to provide furniture for store	22	22	
26. Install hand pumps, construct, repaired taps in 11 districts	11	400 HHs directly benefited with this activity	
3. Increase Livelihood Options (16 activities)			
27. Off-season vegetable farming training (with tool kits)	220	251	
28. Training on herbal nursery establishment and farming (only in 5 districts)	75	97	
29. Training on plantation collection and marketing of non-timber forest products (only 6 districts)	120	134	
30. Provide small irrigation system (only for 6 districts)	6	Given support in private irrigation system and plastic ponds	
31. Small grant and credit support to open small grocery (only in Nawalparasi, Chitawan and Panchathar)	30	34	Male 11 and female 23
32. Trained on <i>Duna Tapari</i> mass production and marketing (only in Nawalparasi, Chitwan and Panchathar)	3	3	
33. Distribution of pair of domestic pair animals (goats, pigs, sheep, chicken, cow and buffalo) in all 11 VCP districts	275	319	
34. Furniture making training (only in Khotang, Achham, Dhankuta, Kapilvastu, Arghakhanchi, Kalikot)	6	6	
35. Bicycle/motorcycle repairing training (only in Morang, Dhankuta, Kapilvastu, Arghakhanchi and Kavre districts)	5	5	
36. Hair-cutting training	11	11 with 109 Beneficiaries	5 districts conducted in the first year, and 6 in the second year
37. Provide training to blacksmiths (with tool kits)	11	11 with 110 Beneficiaries	4 district in the first year and 7 district in the second year

38. Provide training to tailors (with tool kits)	11	11 with 112 Beneficiaries	6 districts in the first year and 5 district in the second year
4. Institutional Capacity Building (17 activities)			
39. Skilled based peer education training (5 in each district)	55	55	4 districts in first year and 7 districts in the second year
40. Interactive activities on skilled based peer education	55	55	
41. Re-enforcement workshops on peer education	55	55	
42. PLA training to FCHV and women	55	55	
43. Conduct interactive activities to FCHV and women	55	55	
44. Re-enforcement workshops to FCHV and women	55	55	
45. C-to-C training to students (5 in each VCP district)	55	55	
46. Interactive activities to C-to-C students (5 in each VCP district)	55	55	
47. Organize re-enforcement workshops to C-to-C students (5 in each VCP district)	55	55	
48. Conduct referral training to traditional healers in all VCP districts	11	11	5 districts in first year
49. Conduct interaction meetings with other traditional healers in all VCP districts	110	85	Three districtts like Kalikot, Achham and Kavre did not complish 5 event in each districts
50. Organize re-enforcement workshops to traditional healers in all VCP districts	11	11	
51. Organize home-based counseling training	11	11	4 districts in first year
52. Provide rehabilitation support in all 11 districts	220	330	Males = 163 and females = 167
53. Production and distribution of leaflets, posters and calendars	1	1	
54. Training on transparent account keeping and social auditing	11	11	
55. TOT on PMOM including circulation of existing revolving funds	110	110	
56. Training on PMOM including circulation of existing revolving funds (with seed money)	110	110	
57. Training on Gender, Social Inclusion and Leadership Development	11	11	
5. Knowledge Production (5 activities)			
58. Base line survey in the beginning of the	11	11	500 copies of report

project			published
59. Baseline survey sharing meeting in the project districts, region and center	11	11	
60. Printing stickers and other visibility materials	2	2	Developed Logo with the name of EU and three national partner organizations
61. Interaction meetings on scope of VCP project, consortium partners and funding from EC	14	14	
62. Carry out mid-term evaluation and final evaluation and its dissemination	2	2	Dissemination is planned for 16 th April 2010.
63. Evaluation finding evaluation workshop	2	2	Conducted on 19 th April 2010

Source: BNMT, VCP External Evaluation Report, March, 2010