

Bagmati Welfare Society Nepal

2022/23

Annual Report



Harion-11, Sarlahi



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046-530501



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Message from Chairperson, BWSN

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BAGMATI WELFARE SOCIETY NEPAL (BWSN)



Message



It is with great pleasure and a sense of accomplishment of Bagmati Welfare Society Nepal to present our Annual Report for the fiscal year 2022/23. Throughout the year, our dedicated team of staff, volunteers, and supporters worked tirelessly to fulfill our mission of making a positive impact on the lives of those in need. Our programs and initiatives in health, education, livelihood, nutrition, governance, WASH, DRR & public health emergencies have touched the lives of countless individuals and communities.

This accomplishment would not have been possible without the hard work and dedication of our team, as well as the generous support of our donors and stakeholders. We have continued to expand our reach and impact through strategic collaborations and partnerships. These alliances have allowed us to pool resources, share expertise, and maximize the effectiveness of our programs. We are immensely grateful to our partners for their trust and support, and we look forward to further strengthening these relationships in the coming years.

Thanks to the generosity of our donors and the implementation of sound financial management practices, we have been able to increase our revenue and diversify our funding sources. This has enabled us to invest in our programs and ensure the continuity of our operations. We are committed to adapting to these changing circumstances, identifying innovative solutions, and continuing to address the evolving needs of the communities we serve.

I would like to express my deepest gratitude to each and every one of you for your invaluable contributions to our organization. Together, we have made a profound impact on the lives of countless individuals, and we are determined to build on this success in the years to come. I encourage you to read this Annual Report and celebrate the remarkable achievements that we have accomplished together.

Thank you once again for your unwavering support, and I look forward to our continued collaboration and shared dedication to our cause.

Sujata Kumari
Chairperson

Address: Hatwoti Municipality-11, Surlaha district, Madhesh Province, 977-046-530501, Email: sujatibwsn@gmail.com



List of Donors of the Current Fiscal Year



Local level



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Sustainable Development Goal (SDG) and its linkage with the project

The Millennium Development Goals (MDGs) declaration by the United Nations has set foundation for Sustainable Development Goals (SDGs) to be achieved by 2030. Nepal, as a member of the UN, is committed to this global initiative.



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Short Description of the Project

Donor Agency	Project Title	Project Duration	Sector	Working Areas
Save the Children	National Tuberculosis program	Mar 2018- Jul 2024	Health	198 local levels of Madhesh and Koshi province.
ADRA	Women Health and System Strengthening program (WHaSS)	Jan 2018- June 2023	Reproductive Health	Sarlahi, Rautahat, Sunsari and Udaypur district
OXFAM	Safe water for poor rural communities of southern terai	Jan 2018- Dec 2022	WASH	Haripur RM of Sarlahi district
World Vision	Child Sponsorship Program	Mar 2019- Mar 2034	Child development education, and protection	Haripurba and Parsa RM of Sarlahi district
IWMI	RES-WASH project	Jan 2023- Dec 2024	WASH research	Sarlahi district
Water Aid Nepal	Hygiene Behavior Change in School and HCFs	Jul 2021- Mar 2024	WASH	Kajanha, Mirchiya and Kalynapur of Siraha district
OXFAM	Alternative Management Model	January 2023- Jun 2024	WASH	Haripur Municipality
ADRA	WISH project	July 2022- Jun 2024	COVID	All 8 districts of Madhesh province
Islamic Relief Nepal	Building Resilience community in province 2 of Nepal	July 2022-June 2025	WASH, DRR, Agriculture, Protection	Ishwarpur Municipality
PSI	Mother and Neonatal Health- continuum of care project	Jan 2022- Sep 2024	Health	Saptari and Siraha district
ADRA	HSS- Mother and child health and nutrition	June 2022- Jun 2025	Health	Mahottari district
CARE	USAID-ARH Project	Dec 2022- Sep 2027	Adolescent Reproductive Health	Sarlahi district
OXFAM	Partnership Investment Fund	Jun2023- Dec 2025	Organization Development	Not Required
IRN	Winterization Kit Distribution	Nov 2022- Dec 2022	Emergency	Ishwarpur Municipality
IRN	Nutrition Food Support	Jan 2023- Feb 2023	Nutrition	Ishwarpur Municipality
ADRA	Stove Distribution	Nov 2022-Mar 2023	Livelihood	Sarlahi, Rautahat, Udaypur, Sunsari

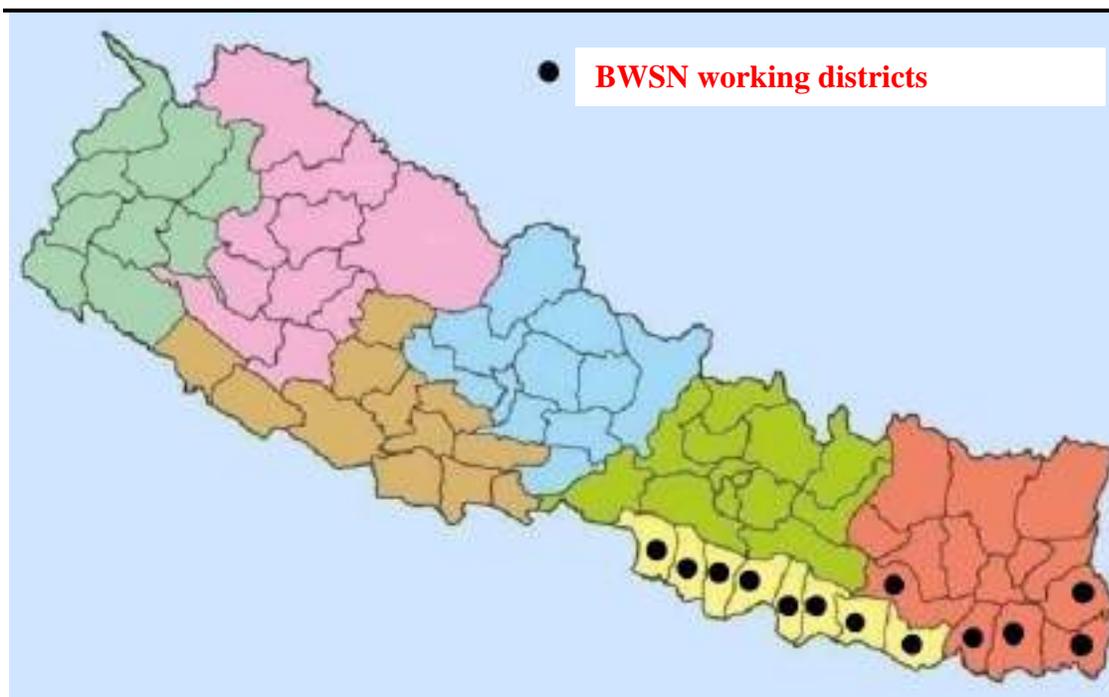


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CHAPTER 1: BWSN AT A GLANCE

Introduction

Bagmati Welfare Society Nepal (BWSN) was established in 1995 A.D (2051 B.S.) and registered as non-profit making, nonpolitical and non-governmental organization in District Administration Office, Sarlahi district. It is also affiliated with and registered in Social Welfare Council, NGO Federation Nepal, and NGO Coordination Committee. BWSN is one of dedicated organizations in the district working for promoting human rights and increasing access of basic social services to poor, marginalized, and vulnerable population including children, women, and differently able persons.



Map allocating BWSN working district

Thematic areas



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Vision, Mission, Goal, Values and Target groups



Creation of equitable, justice, peaceful and prosperous Society where rights of everyone is ensured.



To work towards creating a prosperous, peaceful, free and equity based Nepali society.



To promote inclusive economic, social, political, environmental development through right based, participatory and democratic process to eliminate social evils, illiteracy, ignorance, ill-health, immortality, discriminat practices, environmental degeneration, in democratic norms and usage.



People's participation, Non-discrimination, Inclusive Governance, Equity and Equality, Compassion Transparency and Accountability



Protection and promotion of human rights of marginalized communities including Poor, deprived, Dalits, PWD, elderly Persons, women, children and youths, disadvantaged Muslim and Madhesi communities



CHAPTER 2: BWSN Implemented Project in FY 2022/23

National Tuberculosis Program

Introduction

Tuberculosis (TB) is a public health problem in Nepal that affects thousands of people each year and is one of the leading causes of death in the country. Nepal NTP has adopted the global WHO's END TB Strategy as the TB control strategy of the country. National Tuberculosis Program (NTP) is guided by the National Strategy Plan 2016-2021. Grant of global fund in Nepal is being managed by Save the Children (SCI) under the technical leadership of National Tuberculosis Control Center (NTCC). Under the new funding model, SCI has provincial level sub recipients (SRs). In province 1 and 2, Bagmati Welfare Society Nepal (BWSN) is implementing the project in close coordination with provincial government and local government. The key stakeholders of the project are National Tuberculosis Center, Provincial Health Directorate, Provincial Public Health Laboratory, Provincial Health Logistic Management Center, Health Office of the district, Municipality/Rural Municipality, Public and Private Hospitals, Primary Health Care Centers, Health Post. Duration of the project is March 2018 to July 2024.



Figure: Map allocation Tuberculosis project district



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Target Beneficiaries

All the patients visiting OPD in HFs and hospitals, Household member of Index TB cases, SAM/MAM/ARI children, People visiting pharmacy and doctors, Migrant entering through major borders, Prisoners.

Major Activities



- TB case detection in hard to reach population by establishing sputum courier system to Microscopic centers
- Mandatory contact tracing to family members of PBC and all childhood TB cases
- TB screening in malnourished children in Outreach clinics/ Health facilities and major hospitals
- Screening and testing of all presumptive DR TB, family screening of index DR TB case, screening for seasonal workers, prisoner and migrants,
- TB Preventive Therapy (TBPT)
- Physician handling TB cases by pay for performance mechanism in private sector
- Implementation of FAST strategy at major hospitals.



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बिरामीहरूको घरपरिवारका सदस्यहरूलाई अनिवार्य क्षयरोगको स्क्रिनिङ



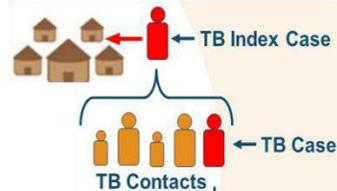
स्वास्थ्य संस्थामा बालबालिकामा क्षयरोग पहिचान



बच्चाहरूमा क्षयरोग रोकथाम (TB Preventive Therapy)



सम्भावित Drug Resistant (DR) क्षयरोग विरामीको खकार परिक्षण

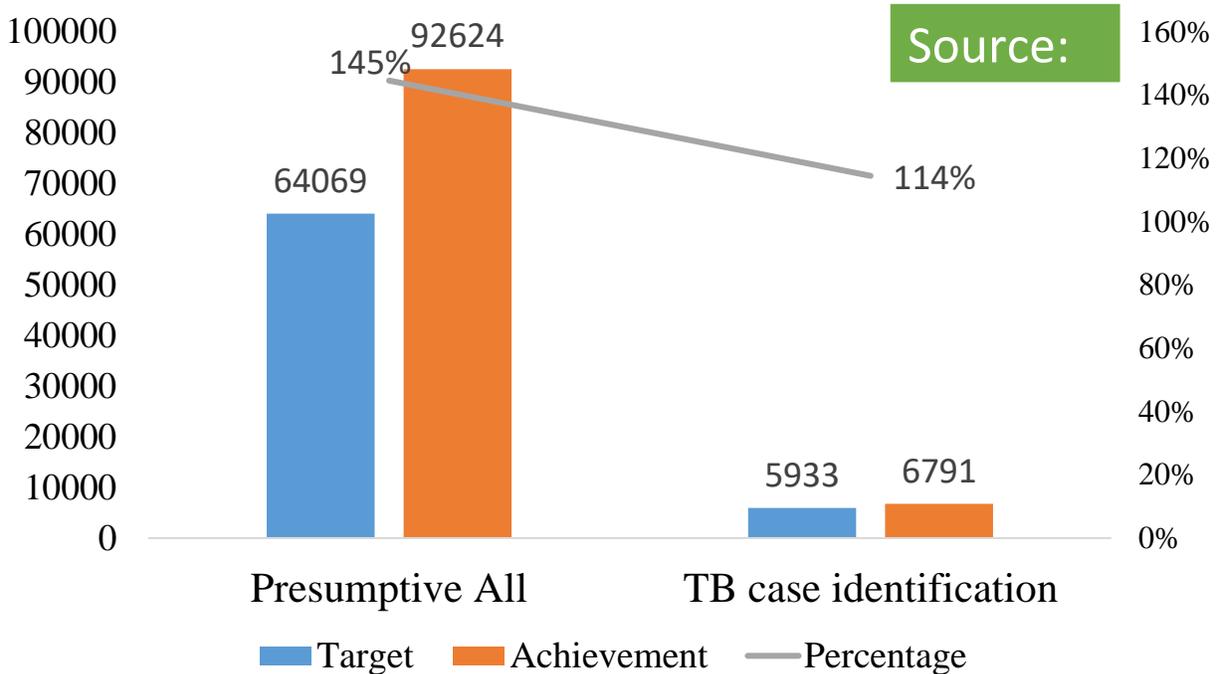


Drug Resistant (DR) क्षयरोग विरामीको घरपरिवारका सदस्यहरूको सम्पर्क परिक्षण

Figure : Diagrammatic representation of major activities

Major Achievements

A. Presumptive vs Case Identification



Source:



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B. Intervention Wise Detailed Description of Target vs Achievement

Intervention	Presumptive			TB Case Diagnosed			Yield Rate
	Target	Ach	%	Target	Ach	%	
Sputum Courier	27936	55034	197%	2792	3344	120%	6
Contact Tracing –DS TB	4510	9272	206%	527	308	58%	3
Childhood TB (HFs)	5503	5603	102%	386	877	227%	16
Childhood TB (Hospital)	1643	1993	121%	87	162	186%	8
DR TB	4283	2403	56%	128	59	46%	2
Contact Tracing –DR TB	85	140	165%	11	2	18%	1
FAST	5443	8639	159%	907	1156	127%	13
Pharmacy	8400	4918	59%	397	505	127%	10
Pay for Performance (P4P)				518	320	62%	
Cross boarder	5880	3907	66%	148	53	36%	1
Prison	386	715	185%	32	5	16%	1
Total	64069	92624	145%	5933	6791	114%	7

Key Learnings

- Expansion of DR hostel bed and separate female beds
- Timely supply of child TB drugs and RR tools
- Timely supply of GX Cartage and maintenance.
- Timely MC reagent, slides, and container supply
- Linkage the DR defaulter tracer mobile number to GX site
- Initiation of regular basis of childhood TB screening and referral from HFs to higher centers.
- Develop issue-based field visit plan.



Women Health and System Strengthening (WHaSS) project

Introduction

Bagmati Welfare Society Nepal (BWSN) has collaborated with the Adventist Development and Relief Agency (ADRA) Nepal with financial and technical support from the Australian Aid and Open Heart International under the project Women's Health and System strengthening (WHaSS) with an aim to improve the health of Nepalese women and girls and enable them to lead productive lives in their family and wider communities.



Figure 8: WHaSS working district

Target Beneficiaries

Primary	Screening, conservative management and surgery of marginalized and disadvantage women and girls
Secondary	Family member of women treated with uterine prolapse and community members during education and behavior change initiatives



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Major Activities

- Capacity building of medical personnel and nursing staff
- Screening of women and girls
- Conservative management of UP Patients and surgery
- Upgradation of UP services in major hospital
- Community activities related to awareness and behavior change

Major Achievements

Indicator	Y1	Y2	Y3	Y4	Y5	Achievement
# of training and assessment session conducted for medical and staff nurse						
# of Health Service Providers (HPs) Trained on Women's Health issues as per National Guidelines.	25	0	62	79	139	305
# of Health Service Providers (HPs) performed screenings on CC and POP.	25	0	55	73	134	287
# of women referred for health sector response to GBV survivors	0	0	0	11	17	28
% of health workers competency improved after training or capacity building.						
Implementing Hospital equipped to provide Women's Health services as per National Standards	0	1	0	1	0	2
Local Health facilities supported with necessary tools to provide first aid to survivors of GBV/ screening and referral of POP and Cervical Cancer	0	0	0	20	0	20
# of women diagnosed and undergone treatment for POP and/or CC.	55	80	45	2219	2474	4873
# of health facilities incorporating clinical services to improve service availability of women's health services (POP, CC, and response to GBV) increased.	0	0	20	50	52	122
# of women receive screening, management, and referral for Women's Health services	1138	1001	1335	5126	7285	15885



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# of equipment and instrument procured and installed	0	1	1	1	1	4
# of women who receive psychosocial support	0	0	0	147	125	272
# of OT services upgraded in the hospital	0	1	0	1	0	2
# of uterine prolapse screening camp conducted	5	11	0	0	0	16
# of cases supported for surgical procedure	55	25	45	61	130	316
# of cases reimbursed for transportation [both way]	55	25	45	61	130	316
# of cases provided with nutritional support	55	25	45	61	130	316
# of women those who had undergone surgery were followed up	53	14	45	66	135	313
% of cases managed for side effect and complication	0	2	3	0	6	11
# of ring pessary inserted to WRA	77	95	388	779	859	2198
# of patients provided with lodging and fooding	55	25	45	61	130	316
% of women receiving support from local health facilities to avail Women's Health services of POP, CC and GBV (within target geographical area) increased.						
# women undergoing surgery for POP and/or higher center treatment for CC.	55	25	45	122	254	501
# of women provided with additional support for pre and post treatment (PCR/other tests like ECG, travel assistance, accommodation including attendees, nutritional support for post-surgical recovery)	55	25	45	122	254	501
# of health facilities that completed the mapping and establishment of referral linkages	0	0	0	5	0	5
% increase of men and women reached by direct messaging understand the health consequences of living with POP and CC.						
# of individuals from marginalized and disadvantaged communities reached with Women's Health information	401	562	705	3494	1505	6667
# of women provided with information on types of and delivery mechanism of Women's Health services in respective health facilities	0	0	258	4073	2179	6510
# of DHOs/PHOs, local government authorities collaborated	4	9	10	19	9	51
# of community-based meetings conducted	16	24	25	143	36	244
# of media mobilized to disseminate best practice and improve user perception	2	2	4	1	4	13
# of IEC materials developed designed printed and disseminated	0	1	1	1	1	4
# of private sector meeting conducted	20	16	0	0	0	36
# of education session conducted	11	14	57	42	45	169



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# of door to door or street outreach by FCHVs, & SM	150	90	534	476	516	1766
# of social support network formulation and mobilization	4	1	14	14	11	44
# of mothers group meeting and PHC outreach clinic conducted	8	16	40	0	0	64
# of ethnic minorities mobilized	9	12	12	13	4	50
% of women who participated in awareness activities adopting at least one behavioral change associated with reducing the risk of POP and CC.						
# of local elected leaders/representatives leading advocacy and recognized as role models for Women's Health issues in community	0	0	0	9	5	14
# of stakeholders including social and religious leaders to advocate for Women's Health issues	83	142	136	848	273	1482
# of awareness visits, campaigns/events conducted to address myths & stigma about Women's Health issues in wider communities	0	0	0	3215	3675	6890

Project Impact



The project has succeeded in raising public awareness of pelvic organ prolapse, including its cause, risk, symptom, and treatments. Women are internalizing the issue as a health issue rather than a social issue because of regular community level health promotional initiatives. This initiative has increased the prosperity to seek out services, especially poor, vulnerable, marginalized and population from hard-to-reach community. Now they are more empowered, women can identify symptoms and signs early on, come to a decision for themselves or with the family, and seek medical attention when necessary. Service expansion and training provided in most of the local levels of the working district have provided an opportunity for accessibility and availability of the POP and CC services at the peripheral health facilities. For POP surgical cases referral mechanism have been established in the provincial hospital. Udaypur



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district have started POP surgical services, while other districts such as Sarlahi, Rautahat and Sunsari are positive to start the regular POP surgery, so they are working to improve the standard of ICU, OT, instruments, and equipment's as well as medical team required for conducting surgery. These 3 districts are working for improvement, but they have limited financial resource and medical team for surgery and are seeking support from the provincial government, federal government, and non-governmental organizations. Similarly local government support has grown over time, reproductive health camps have been conducted jointly with the government in Sarlahi, Rautahat, Udaypur and Sunsari districts.



School going and non-school going adolescent have been orientated which will be possibly impact in reduction of RH morbidity in the later lives as well as they act as a medium to educate and convince their families and relatives for prevention as well as utilization of the services. The municipality Mayor, ward chairperson, health coordinator, health facility in charge and trained nurses has been acknowledging the support and changes perceived. Engagement of religious, social, and political leaders have led to improvement in attitude towards the health issue. The health and productivity of women have improved due to POP, CC and GBV services at the peripheral health facilities along with appropriate referral services. Beside this in the minimum service standard (MSS) scoring & upgradation and municipality project advisory committee (MPAC) meeting the political and health representatives of the working municipality/rural municipality has committed or regular service delivery, monitoring the health facility, commitment for continuity and budget allocation for POP and CC. In the recent budget allocation meeting for the fiscal year 2023/24 the respective municipality/rural municipality has allocated budget for reproductive health camp, VIA screening and thermocoagulation service start up. Moreover, because of HPV-DNA orientation conducted from the project to the representatives from district hospital, health office and municipality/rural municipality, the municipality/rural municipality has committed to take an initiation to start the respective in the respective area as well as provide orientation to health facility and FCHV. Ultimately local government and referral center has been strengthened & health and quality of life of the women have improved and there are living productive life ahead.



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Safe water for Poor Rural Communities of Southern Terai

Introduction

Improving the lives of vulnerable and marginalized families of Pidari Village in southern terai lowlands of Nepal by providing them with access to safe drinking water. Likewise, this project will support the Nepalese Government in their progress towards Sustainable Development Goal (SDG) 6 by increasing the coverage of safe water supply in rural areas of the country. BWSN has been implementing “Safe Water for Poor Rural Community of Southern Terai” financial and technical support of Oxfam and in close coordination and support of elected authority of the ward and municipality.

The Project at a glance	
Project Duration	4 years (January 2018 to December 2022)
Supported by	Oxfam
Working area	Haripur Municipality, WN 9, Pidari, Sarlahi
Number of beneficiaries (Direct)	Total Proposed Beneficiaries 866 HHS and 5198 people of the villages (Ward number 1 to 8 of VDC Pidari)
Total (Indirect) Beneficiaries	1000 students at the school, 450 people who come to health post for treatment along with 34 disable people
Stakeholders	Oxfam, BWSN, Haripur Municipality, Ward No 9 Pidaari, WSUC, Local People, WSSDO Malangwa
Expected Outcome	Water Service Provider(s) develop their capacity to manage water supply scheme and Water Users Committee engaging with system, gaining awareness of safe water use.

Major Activities

Electrification activity including solar plant for Pidaari DWSS, HH visit & WASH materials support to promote health & hygiene against Covid 19. HH visit to increase community contribution at WSS, staff meeting & mobilization, WSUC Meeting, Coordination meetings with stakeholders, Running bill preparation of contractor for civil construction, Hygiene promotion campaign, Training on Total Sanitation, Post Construction, Plumber, financial training, some other capacity building trainings etc. Received of HDPE Pipe for DWSS from municipality in 1st Phase, Technical monitoring from WSSDO Malangwa, Oxfam, & Municipality to ensure quality of HDPE pipe. Renovation of community toilet, Exposure visit, PAC monitoring, social audit. Mobilization of Model Communities for TS, Pipeline Networking. Progress/financial reporting, preparation of case studies, were done regularly remotely by virtual.



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Achievements

Construction of the RCC overhead Tank



Civil Construction of Pidaari DWSS (RCCOHT, Guard House, Boundary wall with gate, Pump house, Gantry, 2 deep bore hole etc.) has been completed. Capacity and awareness of community on the importance of safe water has been increased with the help of IEC Materials, wall painting, campaign, and other several training. The construction site has been proved safe in all dimensions through Initial Environmental Examination (IEE), Joint Monitoring visit of WSSDO, Municipality, Contractor & BWSN has been organized at construction site, to ensure the quality work.

Safe drinking water supply



In our relentless pursuit to provide safe drinking water to the poor and needy, we have made significant strides in addressing the dire water crisis faced by the Pidaari community. Through our dedicated efforts, we have successfully implemented sustainable solutions that ensure access to clean and potable water



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for this marginalized population. By constructing and maintaining community water taps, installing water purification systems, and conducting hygiene education programs, we have not only improved the health and well-being of the Pidari people but also empowered them to break free from the cycle of waterborne diseases and dependency on contaminated water sources. Our commitment to the Pidari community remains unwavering as we continue to strive for a future where safe drinking water is a fundamental right for all.

Impact of the project

Prior to the implementation of this project, the community faced numerous challenges in accessing clean and potable water. They were often forced to rely on contaminated sources, such as wells and handpump which posed serious health risks. With the construction of the overhead tank, the community now has a reliable and sustainable source of safe drinking water. This has not only improved their overall health and well-being but has also significantly reduced the incidence of waterborne diseases. The availability of clean water has helped prevent illnesses, particularly among children and vulnerable individuals.

Moreover, the overhead tank has brought convenience and ease to the community. They no longer must travel long distances or wait in long queues to fetch water. The easy access to safe drinking water has saved them valuable time and energy, allowing them to focus on other important aspects of their lives, such as education, livelihood, and community development. Furthermore, the project has had a transformative effect on the community's socio-economic conditions. The availability of safe drinking water has improved their hygiene practices and sanitation standards, leading to a reduction in water-related illnesses and healthcare expenses. This, in turn, has contributed to increased productivity and better livelihood opportunities for the community members.

Through community participation and engagement, they have taken ownership of the project, ensuring its proper maintenance and sustainability. This collective effort has not only strengthened their bonds but has also instilled a sense of pride and self-reliance among the community members. Collectively it has improved their health, saved them time and energy, enhanced their socio-economic conditions, and fostered community empowerment. This project stands as a testament to the power of access to clean water in uplifting communities and creating a better future for all.



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Community Engagement and Child Sponsorship Program

Introduction

Community engagement and Sponsorship Program (CESP) is an effective way to make positive and lasting change in the lives of children, their families, and their community. This program aims to ensure that the individual child gets access to quality education, better health, and better life. This program is implemented through the fund donated by our sponsors. The registered child is the representative child for their vulnerable community to raise the fund needed for the investment in the intervention that benefits the sponsor child as well as all other most vulnerable children in the community. World vision international Nepal in partnership with Bagmati Welfare society Nepal is conducting Community Engagement and Child Sponsorship Program.

Activities

Child Education:



Non-school going under 18 years children are provided informal education in the community, Madarsa students are enrolled in the school for education. School going students are supported in infrastructure and library, Dalit girls are financial supported for school enrollment for education supplies such as book, copy etc. A total of 7326 registered children are supported for education at school and community.

Child Health:



Disabled under 18 children are supported wheelchair irrespective of school going and non-going. Health facilities and municipality/rural municipality are coordinated for covid vaccine and typhoid vaccine. Registered children (RC) are benefited through Emergency medical support with upper 10 thousand limit of health care needs annually. Handwashing orientation and equipment's such as soap, sanitizer, nail cutter and hand washing corner, bucket with tap, jug are provided along with orientation on handwashing and hygiene care. Schools are supported with equipment for primary health



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screening in Haripurba Municipality and Parsa Rural Municipality.

Equipment's such as weighing machines, measuring tape, torch light, vision chart along with training is provided by national experts to health post representatives and focal person of each school. Malnutrition children of non-school going under five years are supported such as

breasting technique position and importance and initiation of nutritious coking practices. Growth monitoring of the malnourished child is done until the child recovers to normal and healthy stage. Mensuration orientations are provided to adolescent girls. Sanitary pad distributed to adolescent girls, toilet construction for disabled and girls separately.

Child Protection:



Orientation on child protection, street drama, wall painting, 3-wheeler mobile awareness vehicle campaign, t-shirt message. Community key person are given orientation regarding child

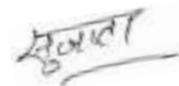
protection, child right committee formation chairmanship by ward, child monitoring committee and mechanism of complaint registration and handling. Life skill and Self dense training to adolescent children for safety and further trained to family and other members. Family and neighbor orientated about love and care to children through onsite coaching. Developed monitoring mechanism whether child is school going or not if not then they are linked will livelihood program where family is supported for small entrepreneurship business so they can send the children to school.

Child Safeguarding:



Strengthening of child right committee (CRC), child club, during the home visit by staff in the household provide regular information flow,

mother group strengthening. Timely staff and community staff orientation, vendor, causal staff office staff and volunteer, board member, all the related stakeholders, all the sponsorship sign safeguarding policy before movement in the field. CRC is responsible at the grass root level for the registration and handling of the complaint. Two cases were reported in CRC one is rape and other is attempt to rape to the registered female child by other people outside the project and the investigation is in process by child coordination committee.



Child Participation:



Child engagement activities such as dancing, playing games, drawing, letter writing to sponsors, photo, video of the child for the development process. Child participation is ensured through child club monitoring, participation in training, participation in street drama for role playing, participation in inception meeting, ward meeting and municipality/ rural municipality and other events.

Achievement

Population Reached based on Gender, Ethnicity and Disability.

Gender		Ethnicity						Disability
Male	Female	Brahmin/Chhetri	Dalit	Janjati	Madheshi	Muslim	Other	
6462	9639	58	3177	1790	7363	3709	4	178

CEW Event with Meaningful engagement of Register Children (RC) , Sponsorship Approach, Child Monitoring, Addressing ,emergency and critical need of RC/MVC, Child Club/Rupantaran ,group led activities, Rupantaran ToT and Peer Educators to carry out Rupantaran sessions in the communities, Child Club formation/reformation and capacity building, Child Assembly, stakeholder Capacity building on CFLG/Case Management.MoA with local governments in Rupantaran and allocated rooms for child clubs, adolescents are produced/developed as local human resources and campaigners in different social issues such as Anti-Child Marriage, drug addition, birth registration, school enrolment campaign, sanitation, parenting education.The children and adolescents are confident enough to share their feelings, experience and able to advocate on their own issues.



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Challenges vs Mitigation

Issues/Challenges	Mitigation
Child protection issues should not be prioritized by families, communities, and local bodies.	Providing orientation, training, regularly discussion meeting on child wellbeing issues, monitoring
Child Protection Mechanisms are not active	Regularly capacity enhancement of stakeholders, follow-up, lobbying and advocacy
Families and society ignore the problems of children and adolescents.	Providing positive parenting education to the families and the community people, discussion on Local government.

Lesson learnt.

- i) There should be more cooperation and coordination to make policies and procedures at the local level.
- ii) To prevent child marriage, BWSN should make a joint action plan and jointly lobby, advocate and implement programs with the municipalities and wards.
- iii) Emphasis should be placed on the mobilization of resources in cooperation with the local level for the sustainability of the projects.

Plan of Fiscal Year 2080/81

Executing the project much effectively coordinating with CBOs, government and non-government organization, journalist utilizing optimum local resources. Partnership with media for advocacy on child marriage and drug addiction especially as these two bustling issues are prioritized by both Local governments. Planned to declare CFLG ward of Haripurwa ward-4, and Parsa ward-3 by the end of FY-024.

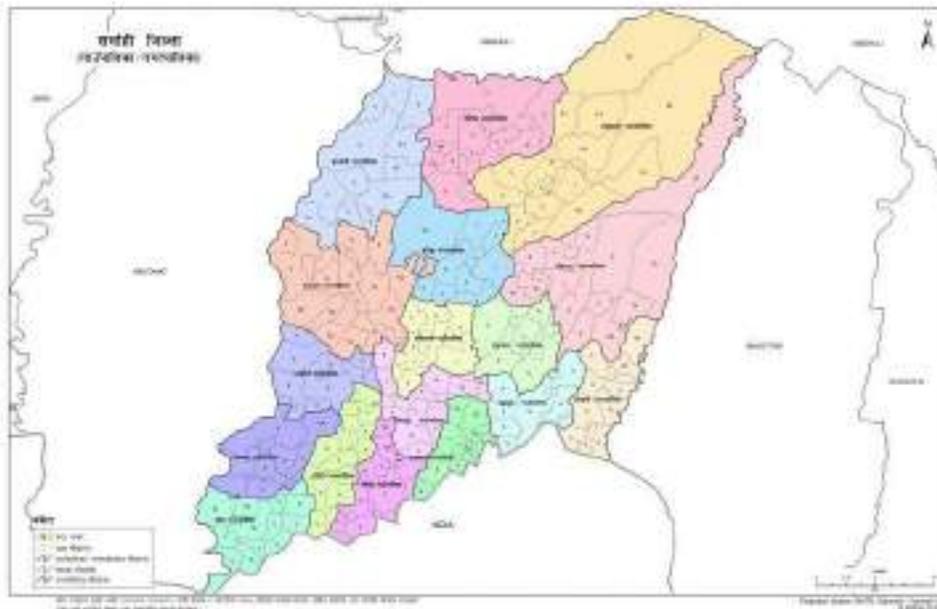


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Introduction:

The project entitled 'Addressing Climate Vulnerability in Nepal through Resilient Inclusive WASH systems (RES-WASH), is a two-year research project funded by the Department of Foreign Affairs and Trade (DFAT) and implemented by the International Water Management Institute (IWMI), Nepal through the partnership of partner organizations, including Bagmati Welfare Society Nepal (BWSN), Global Institute for Interdisciplinary Studies (GIIS), and National Association of Rural Municipalities (NARMIN). The primary aim of this research is to enhance our understanding of how climate change impacts water resources and the Water, Sanitation, and Hygiene (WASH) infrastructure.

Working area



All the 20 local government of Sarlahi district.

Progress Vs Activities

Co-creation workshop: The objective of the workshop was to share the research objectives, rationale, tentative research methodology, and receive feedback on them from the local stakeholders and researchers. Further, the workshop also helped to gain insight into the existing scenario of the WASH sector in the context of climate change in Sarlahi. There were 56 participants in the workshop, out of which 43% were female and 57% were male.

The major findings from the group discussion were Water scarcity in the Chure region of Sarlahi district is exacerbated by increased groundwater extraction and climate change impacts. In the southern district, water is more available but faces flooding and contamination risks, including arsenic and iron in tube



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wells; WASH governance challenges impede Sustainable Development Goals (SDG) Goal 6 achievement, with local governments not prioritizing WASH, leading to a lack of specific policies, programs, and budgets; Inadequate resource allocation for WASH, both in human and financial resources, hampers sustainable, inclusive, and resilient WASH initiatives; Post-COVID-19, sanitation issues in the district have worsened despite previous efforts to achieve Open Defecation Free (ODF) status, with attention shifting elsewhere.

Focus group discussion: Key issues discussed include water scarcity in several wards, the need for disaster-resilient WASH infrastructure, and challenges with the groundwater quality.

- The municipality's unique geography, including Chure, Bhabhar, and Terai regions, contributes to the water-related challenges, with some areas facing inundation concerns.
- Despite budget constraints, short-term projects are implemented to address water-related challenges, emphasizing the need for more sustainable solutions.
- The palika is collaborating with UNICEF on a WASH plan, focusing on integrated approaches, community engagement, and behavioral changes, while facing budget limitations and challenges in implementing existing policies and documents related to water management and WASH.

Gender Equality and Social Inclusion Self-Assessment Tool (GESI-SAT) workshop: The top four issues that were prioritized through participatory approach in the workshop were as follows: Establishment of Breastfeeding room and childcare centre, Behaviour Change Communication on GESI in WASH, Women friendly cultural Program, Disable Friendly Ramp.

Qualitative Data Collection: The organization played a vital role in supporting coordination and engagement of community members during the qualitative data collection process. It actively supported collaboration between community members and relevant stakeholders, such as local authorities and the researcher's team to ensure effective data collection. Through these initiatives, the organization promotes a sense of ownership and empowers community members to contribute to the data collection process, ultimately leading to more accurate and comprehensive qualitative data. Emphasized the importance of privacy and data security in the local language when collecting and sharing information. Ensure that appropriate measures are in place to protect the confidentiality of community members' data and comply with relevant legal and ethical guidelines.

Challenges and Lessons Learned

- Difficulties were encountered in accessing water supply system databases as well as collecting information on all the water supply scheme parameters. Issues related to poor record-keeping and filing systems among water supply committees were also encountered.



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Improvement of Hygiene Behaviour in Schools and Health Care Facilities (IHBSH)

Introduction:

The Improvement of Hygiene Behaviour in Schools and Healthcare Facilities (IHBSH) Project is supported by JICA and WaterAid Nepal and implemented by BWSN. The project aims to promote hygiene behaviour at the institutional level. Nepal is one of the 3 project recipient countries. The project is being implemented in 3 municipalities (Mirchaiya, Karjanha and Kalyanpur) of Siraha covering 14 schools and 15 HCFs. The project duration is from the October 2021 to March 2024. The school students in schools and the health professionals in Health Care Facilities (HCFs) are the primary target population. To reduce the spread of WASH-borne diseases, improve hand hygiene practices and prevent infectious diseases and wider replication of the best practices in the sector are some of the major objectives of the project.



Activities:

- Hardware Support- WASH infrastructure construction with the sole support of JICA/ WaterAid Nepal
- Software Support- Hygiene promotion through hygiene sessions



सुन्दर

The poor status of Water, Sanitation and Hygiene (WASH) facilities is a common problem at the institutional level in Nepal. To address this problem, the project has prioritized both the hardware and software part of the WASH. WASH facilities like toilets (new and renovation), handwashing stations, drinking water stations, hand-pumps, waste collection pits etc. are constructed under the construction phase and promotional activities like hygiene sessions are being conducted in the hygiene promotion phase. The overall construction is based on the WASH in-school guidelines and the WASH in Health Care Facilities Guideline.



Achievements

Activities	Achievement	
	Milestone	Achieved
Nudges and wall painting / information board	29	29
Conduct TOT on Hygiene Promotion package for health workers	1	1
Conduct TOT on Hygiene Promotion package for School	1	1



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Hygiene session monitoring by public health professional (Mobilization of 6 persons for 7 months) in HCF	6	6
Hygiene session monitoring by Hygiene Supervisor in schools and HCFs	1	1
Mobilization of Focal Teachers in Schools including logistics (6 sessions in each Schools)	14	14
Orientation to School management Committee and Health facility operation and Management committee on hygiene Package	29	29
Sports Day Celebration (14 schools* 2 times)	28	28
Hygiene Team Recruitment	1	1
PPR, learning workshops, Review, joint monitoring with government	1	1
Water Quality Test	29	29



सुखी

Challenges vs Mitigation

Issues/Challenges	Mitigation
Ensuring water availability in WASH facilities all the time -O&M of the WASH facilities	-Constant follow-up -Seek municipal support -BWSN staff supported in repair maintenance as required
Water Quality Test (samples, lab nearby, skilled staff)	-Frequent tests with Wagtech and PA Vial by BWSN staff
Insufficient HR during baseline (t-shirts verification, distribution and student data)	-efficient mobilization of available HR

Strength and best practices of the project

- Sole investment of donor. Therefore, there is no hassle for matching funds and fewer chances of delaying work.
- Both the hardware and software interventions. Software interventions in WASH used to be meaningful if there was an availability of WASH facilities.
- Hygiene promotion is ongoing with the unique tool- only one hygiene session is being conducted in a month and it will run for six months.

Lesson learnt and Impact of the project.

- WASH in institutions can face sustainability issues where there is no wall compound and proper safety and security.
- Water quality should be prioritised with top priority in WASH projects like IHBSH,
- Hardware and software activities should be implemented parallels to ensure better sustainability and ownership among the stakeholders.



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Alternative Management Model

Introduction

Developing Alternate Management Model (AMM) for the Water Supply Scheme has been implementing since January 2023 in the financial & technical support Oxfam. Its main goal is to work for sustainability of all WSS within the territory of Haripur Municipality of Sarlahi district. There are 6 WSS altogether in the municipality, but no WSS has been working well. The project has aimed to make a municipality level Water Supply Management Board, with required act, separate office and management and other facility, to operate all the water supply scheme within municipality. Hence, the direct targeted population of this project is the population who are associated with WSS now, and indirect or future targeted population is all population of the Haripur municipality, who will be covered at future by the board. All people of Haripur Municipality are waiting or expecting for safe, reliable and sustainable water supply at their household. This project has been funded by Oxfam GB.



Stakeholders of the project.

1. **Municipality with their elected member:** To establish WSSM Board it needs act of the local level. Governing body of a municipality should endorse the act. To endorse the act, intense discussion is needed, and the members should be aware and motivated. They expect from the board that all types of problem will be solved by WSSM Board, and they coordinate for the resource as well. Likewise, municipality also expects their ultimately protection umbrella for the WSSM Board.
2. **Concerning DWSS:** To establish WSSM Board it needs consent of a DWSS. Governing body of DWSS should make necessary decision in this regard. To make decision, intense discussion is needed, and all the members should be rewarded and motivated and they should trust the



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proposed model. They expect from the board that all types of problem will be solved by WSSM Board, and the board will be fully responsible for the regularity of water supply in their area. Likewise, DWSS expect their representation at WSSM Board as well.

3. **WSSDO:** To establish WSSM Board it needs good understanding and cooperation among proposed WSSM Board, municipality and WSSDO. WSSDO should be aware of it and should be ready for necessary support. They expect from the board that all types of future problems will be solved by WSSM Board, and the board will be fully responsible for the regularity of water supply. Likewise, DWSS expect their representation at WSSM Board as well.
4. **Local people or water users:** There is only one interest of water users, that they should get regular water supply at the justifiable tariff rate. They're interested in not being fulfilled by prevailing WSUC. And hence, they are ready to go at Board model. However, for other cross cutting issue or provision of the board, frequent meeting awareness activities should be organized for their motivation.

Major activities and Achievement



Major activities and achievements of this project till date are as follows,

1. Construction & renovation of DWSS at Pidari (drainage & WT Plant), Sano Jagatpur (Solaar, Boring, Water Pump, HH platefirm, Pipeline maintenance) & Indrapur (the same as Jagatpur) are continue.
2. Construction of the WT Plant is ongoing at Pidari.
3. Capacity Development Training to project staffs, board member, and board staffs are ongoing,
4. Community mobilization for the sustainability of the water supply system are ongoing,
5. Preparation & formulation of Haripur WSSM Board, empowered it and support to function,
6. Formulation and endorsement of necessary act, regulation, and procedure for Haripur WSSM Board.
7. Oriented to the stakeholders on the board model and its service,
8. Formulation of tariff setting procedure and sent it to municipality for the approval,
9. Exposure visit to successful WSSM Board at Hetauda and Pokhara for observation and interaction,



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10. Organized of 10 days residential Plumbing & Electrician Training for the plumbers & engineers of Dhading, Chitwan, Rautahat and Sarlahi WSSM Board.
11. Organized of frequent coordination meeting with different stakeholders,
12. Preparation of Business Plan for WSSM Board after organization of 3 days residential workshop and endorsed it from municipality,
13. Procured meter reading device and handover to Haripur WSSM Board,
14. Frequent internal, external and stakeholders' monitoring for the construction and renovation, were organized,
15. Organization of local level Review & Reflection workshop.
16. Comprehensive IEC Campaign,

Issues/challenges vs Mitigation

Issues/Challenges	Mitigation
Consent at the provisions of act	Made optional provisions at the dispute provisions
Coverage of DWSS	There was provision of compulsory handover of WSS to the Board. This made dispute, which has been later made optional provisions.
Participation of WSS	It was new concept not only in the district but also entire Madhesh Province. To make it familiar and accepted by all, active participation of all stakeholders including of DWSS, were made.
Functionality of WSS	There was problem at water quality at a DWSS (Pidaari), where project has been working to construct water treatment plant. Likewise, there were 2 halted DWSS, where project has been working for its functionality.
Community contribution	Community contributions are being collected at time of tap connection but just before the tap connection. It made us easy to collect the hh level contribution amount and necessary documents as well.

Project Monitoring Mechanism

Monitoring mechanism of the project are as below,

- BWSN Board member with Oxfam at initial phase
- BWSN, Oxfam, Municipality, and WUGs at second renovation phase,
- Haripur WSSM Board is monitoring all the activities well now along with all stakeholders.

Strength and best practices of the project

Significant strength and best practices of the project are as given below,

- Need base project.
- Visible work
- Support from all stakeholders



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Mother and Neonatal Health -Continuum of care project

Introduction

The project aims to improve utilization and linkages across the continuum of quality maternal and neonatal health services in Madhesh province where maximum impact can be realized. The project has been funded by PSI and implemented by Bagmati Welfare Society Nepal. The objective of the project is to increase knowledge of and demand for MNH care and services; Strengthen capacity of government health facilities and providers to deliver quality MNH services; and strengthen linkages, referral and follow up for mothers and newborn.



Implementing areas

District	Municipality
Siraha	Kalyanpur Municipality, Aurahi Rural Municipality, Bishnupur Rural Municipality, Arnama Rural Municipality, Sukhipur Municipality, Laxmipur Patari Rural Municipality
Saptari	Saptakoshi Municipality, Kanchanrup Municipality, Agnisair Krishna Sabaran Rural Municipality, Mahadewa Rural Municipality, Tirahut Rural Municipality, Rupani Rural Municipality

Population Reached

Gender			Ethnicity				
Male	Female	Other	Brahmin/Chhetri	Dalit	Janjati	Madheshi	Muslim
4583	30322	9	803	11077	5097	15300	2595

Activity vs Achievement



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NAME OF ACTIVITY	Activity achievement
Placement of flex billboard for the community awareness and service promotion at birthing center	19
Conduction of regular monthly meeting of pregnant women group in each ward	1080
Conduct advocacy meeting targeting community influencer/local leaders for support and ownership for community events	62
Conduct community event targeting mothers-in-law, family members and other key community people who will directly influence women's decision related to MNH	456
Conduct community event targeting husband of pregnant women to increase male engagement in decision making related to MNH	128
Conduct high school events targeting young girls and boys to prepare them with required information on risk of early pregnancy and MNH information	10
Conduct advocacy meeting with municipality authorities for resource mobilization on MNH services	2
Conduct one day whole site/on-site workshop in all HFs (birthing and non-birthing center) for infection prevention on COVID-19	34
Support in conduction of HFOMC meeting to advocate for implementation of Aama program and action plan developed from health facility assessment for improving quality (refreshment cost only)	249
Facilitate onsite coaching/mentoring visits to SBAs of Birthing Centers semiannually by trained coach/mentor	18
Provide selected items necessary for infection prevention including Covid-19 and health care waste management.	38
Facilitate to conduct Data Quality Assessment (DQA) in health facilities engaging representative's health coordinators of municipality and PSI/Nepal	2
Share DQA findings to all health facilities' staffs, and prepare action plan jointly after DQA	1

Challenges vs Mitigation

Issues/Challenges	Mitigation
Communication with the stakeholder	Due to frequently change in chief administrative officer in municipality planned to visit frequently for orientation and introduction of project
Motivation to staff	Keep regular motivating the staff
Recording and reporting error	Regular basic supervision and monitoring with onsite orientation to staff

Strength of the project

1. Able to increase the ANC & PNC visit and institutional delivery.
2. Able to initiate for mother group meeting and pregnant women group.
3. Able to support health facility on improving maternal and neonatal health.

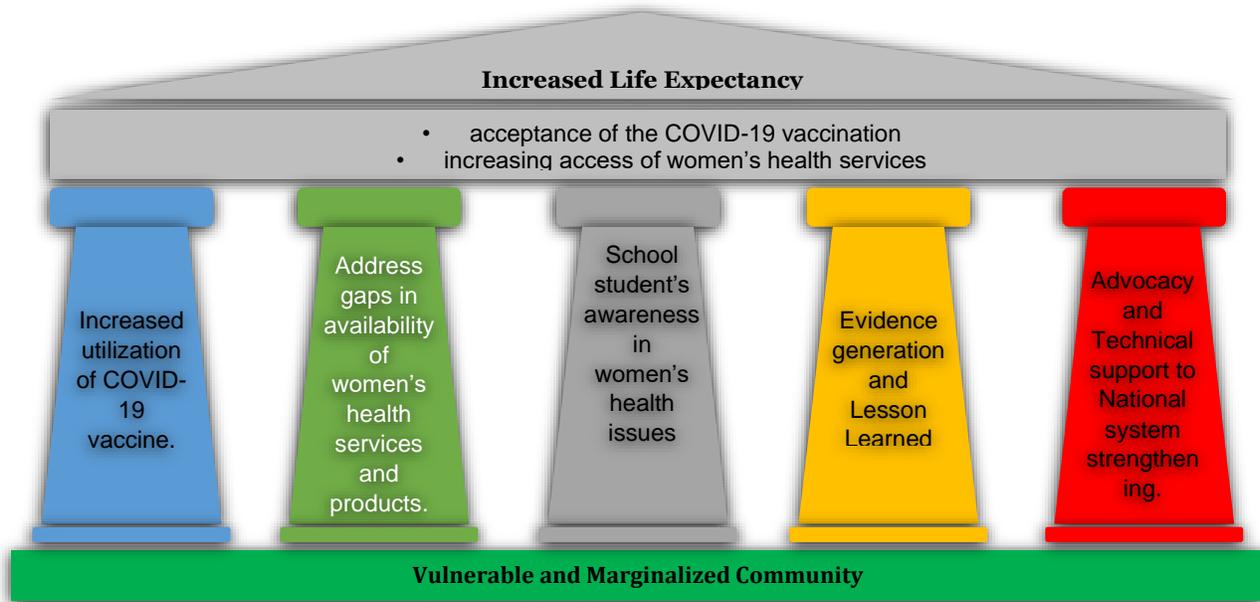


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WISH project

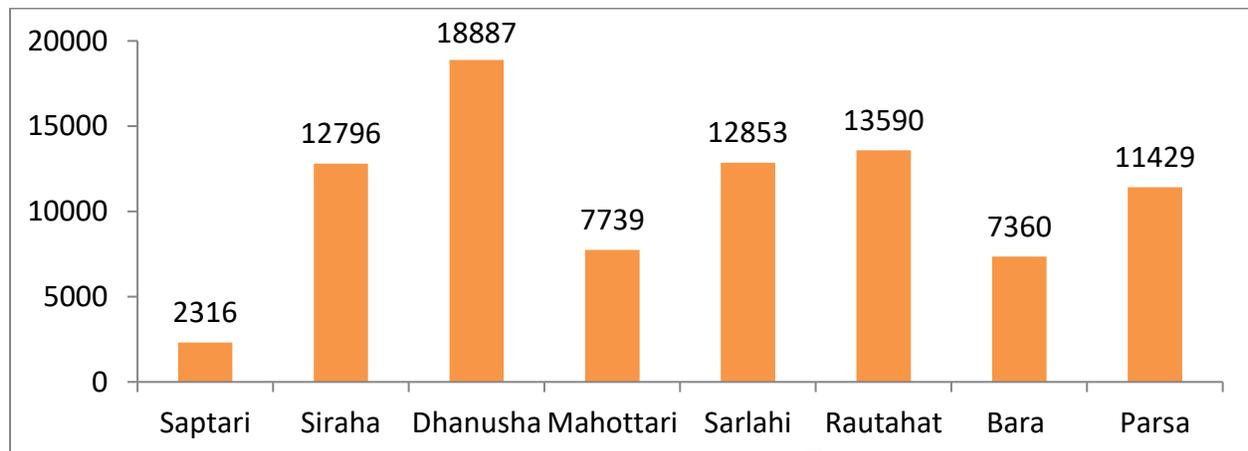
Introduction

The project aims to contribute strengthening community acceptance of the COVID-19 vaccination and increasing access to women health services and strengthen socio-economic recovery and resilience through effective partnership and community engagement. The project interventions and strategies are designed to reach pregnant, lactating mother, disabled people, elderly population, population with morbidity, caretakers, pediatrics and hard to reach population. Project aims to reach total 100,000 beneficiaries. The project was implemented in all the districts of Madhesh province in the support of ADRA.



Achievements

A.COVID 19 Door-to-Door Vaccination (N=86,970)



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B. Category-wise COVID Door-to-Door Vaccination (N=86,970)

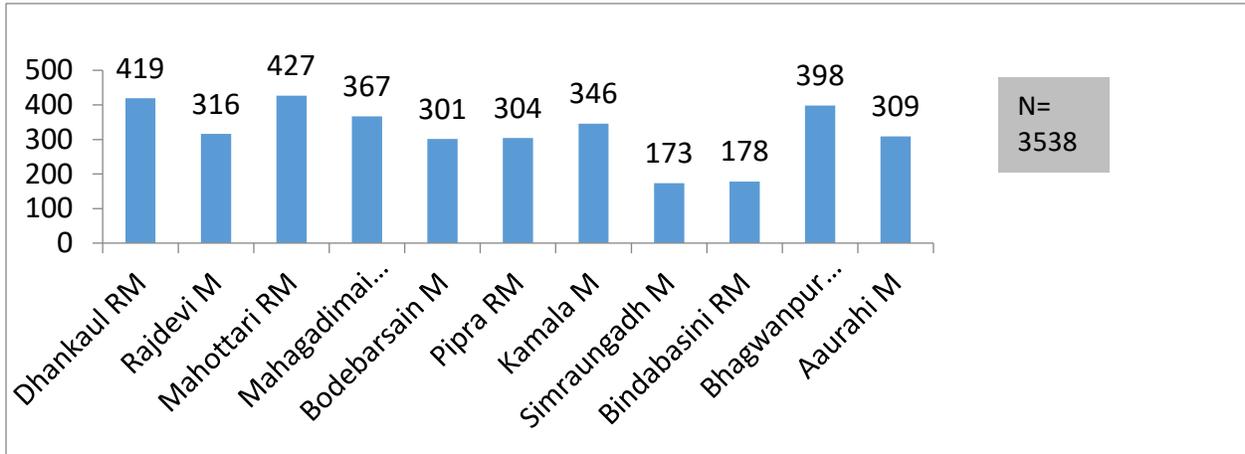


Category	Male	Female	Total
Pregnant	-	3959	3959
Lactating	-	9291	9291
Disable	911	770	1681
Elderly	7858	7947	15805
Morbid	3139	3512	6651
Caretaker	267	529	796
5-11 Years	6774	5825	12599
12-17 Years	166	159	325
Hard to Reach	16777	19086	35863
Total	35892	51078	86970



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C. Status of Women who attended reproductive health camp



Challenges vs Mitigation

Risk/Challenges	Mitigation Measures
Absenteeism of the community nurse due to health and other causes	Other project staff or volunteer mobilized during the door-to-door vaccination.



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Vaccinator expectation of getting double allowance.	They were asked to provide the written document provided by the local government for such provision.
Expectation of monitoring visit twice in a month from PHD, PHLMC and all project districts.	Coordination with the government officials to utilize monitoring from their regular program.
Shortage and irregular supply of COVID-19 Vaccine in the Madhesh Pradesh.	Frequent coordination with the PHD and PHLMC for its availability.
Short shelf-life of the vaccine in the Madhesh province	Plan according to the vaccine availability to vaccinate before the expiry date and wait until the arrival of new lot of vaccine.
Push system of vaccination demand	Stakeholders are aware about the limitation of such system. Requested to demand the vaccine through Pull system.
Disturbance during peak time of farming such as cultivation and harvesting because majority of the people of terai reason are farmer.	Health office and palika were informed about these issues and vaccinator were requested to go vaccinated site in the morning time.

Lesson learnt

- Strong and frequent coordination with PHD, PHLMC, Health offices and local levels.
- Monitoring and Supervision visit was done by PHD, Health offices, Palika and project focal person.
- Channel wise Coordination with Province, Health office, Municipality office, Health facilities is most important for the effective implementation of project activities.
- Regularly monitoring and supervision is necessary to ensure the effectiveness and efficacy of the program.
- FCHV mobilization is very effective for to reach the target group.

Way forward

- It will be better if the poor, ultra-poor and marginalized population people with VIA positive well get the financial support for treatment.
- Elderly and disable friendly environment need to build in the camp.
- Demand ultrasound service in the camp for providing antenatal care service during pregnancy.
- Coverage the entire district through conduction of multiple camps.
- POP surgery should be done at the district level hospital.
- Camp settings demand permanent family planning method incorporation as well.



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Building Resilience community in Province 2

Introduction

Building Resilient Communities in Mahesh Province of Nepal (BRC) project is designed to work under the graduation model which is a 3 years project. The project aims at building community resilient by addressing food and livelihood security, WASH & Protection at the Ishworpur Municipality, ward number 1,3& 9 of Sarlahi district. The major objective of the project is mentioned below: Targeted households adopt resilient livelihood practices and their food and household economic security is enhanced; Community resilience reinforced through social cohesion, protection services and access to government assistance; Children and their families continue to use basic or improved latrines, sanitation practices and use reliable and safe drinking water sources.

The proposal builds upon lessons learned and best practices from past completed projects and will build synergies with existing projects funded by other development partners in the area. The project will benefit an estimated 20,000 people (50% women) in the intervention areas, representing 50% of the poor population, 39% Muslim & Dalit and 65% of food insecure people. The Project will contribute to achieving SDGs 1,2,5,8, 10 and 13.



Population Reached

Gender, Ethnicity and Disability related data



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Gender			Ethnicity					Disability
Male	Female	Other	Brahmin/Chhetri	Dalit	Janjati	Madheshi	Muslim	
383	421	0	15	370	208	142	68	1

Household and life-stages related data.

Households	Children	Adolescent	Youth	Pregnant/Lactation	Elderly	Others if any
804	1220	1730	296	53	380	N/A

Major activities and Achievement



1. Identification of the beneficiaries
2. Farmers and livestock group formation
3. Provision of climate resilient agriculture-based training to the farmers
4. Distribution of agricultural equipment and seeds to the farmers group
5. Provision of 5 days SIYB training to the 50 business enterprises and 45 GBV survivor groups
6. Business items support the business enterprise to start and increase the business.
7. Farmers demo plot establishment
8. Farmers group visit and exposure.
9. Capacity building of farmers and extension service providers
10. Implementation of DRR (Disaster Risk Reduction) & CCA (Climate Change Adaptation) orientation among the beneficiaries
11. Installation of hoarding board for referral pathways mechanism
12. Produce and dissemination of IEC materials on protection.
13. Organize CLTS (Community Led Total Sanitation) training to the health service providers.
14. Community level sensitization on WASH and protection
15. Installation of 15 handpump to enhance pure drinking water.
16. World women day celebration



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17. World water day celebration
18. Organize goat rearing training.

Issues/challenges vs Mitigation:

Issues/Challenges	Mitigation
Beneficiaries' selection	Strong criteria were set up and the identification was done in KOBO
Need assessment for agriculture equipment and seed distribution	FGD was done and individual farmers were interviewed for actual need assessment
Climate change and weather forecast	Planning was done accordingly as per the weather conditions. Moreover, all the staffs have applied well preventive measures while mobilizing in the field.
Delay of the participants during monthly meeting and training	They were motivated to participate on time as those training and orientation help them to enhance their livelihood.

Lesson learnt of the project:

1. Preparation of strong criteria and KOBO toolbox during beneficiaries' identification.
2. Recruitment of well skilled and academic staffs which can match the project JD and add value in achieving the target of the project.
3. Preparation of action plan as per the weather and climate condition.
4. Time to time refresher and training to the project staffs plays a significant role in better implementation of the project.
5. Distribution in CVA modality helps to provide the actual requirement to the beneficiaries.

A. Plan of Fiscal Year 2080/81:

1. Provide training on goat rearing.
2. Provide livestock support (goat) to the beneficiaries.
3. Provide SIYB training to 45 new business enterprises.
4. Provide input support to start and improve the business to 45 new business enterprises.
5. Establish new demo plots for the vegetable farming.
6. Establishment of collection center
7. Provide one day orientation/refresher on DRR/CCA to the community people.
8. Residential training on DRR/CCA to the government authorities.
9. Consultancy services to revise the LDCRP.
10. Construct/install irrigation schemes.
11. Orientation to child club/youth club/protection groups/women/faith leaders on protection and referral pathways mechanisms
12. Mass media/mass awareness at community and school level.



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Maternal and Child Health Nutrition

Goal: Health and Well-being of Nepalis Improved and Sustained

Objective: To improve the Nutritional Status of pregnant and lactating women (PLW) and children 6 to 23 months of age. **Total number of beneficiaries to be reached:** 19,153 (Direct beneficiaries: 4,153 and Indirect beneficiaries: 15,000)



Project intervention

Supply Side Interventions:

Provide technical assistance to MoHP, Provincial Health Directorate, and selected health facilities.

Provide training, infrastructure development, and material/supplies support to health facilities.

Linkage with agriculture sector to access to locally available adequate and diverse diets among poor, food insecure, and vulnerable households.

Develop Policy paper – Health and Nutrition

Demand Side Interventions:

Broadcast key messages through mass media (radio), print and disseminate of SBCC materials in local languages to health facilities, schools and communities to create a public awareness campaign on nutrition, health and WASH.

Mobilize FCHVs, health workers and community volunteers (MSNP) by providing training on recipe book, cooking demonstration and gender sensitive.



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Key Achievement



Approval along with MOU was signed with Provincial Health Director, Madhesh Province and all 3 municipalities (Ekdara Rural Municipality, Pipra Rural Municipality and Mahottari Rural Municipality) of the project implementing sites. Need assessment and analysis of 6 Health facilities of Pipra Rural Municipalities, 6 Health facilities of Mahottari Rural Municipalities and 4 Health facilities of Ekdara Rural Municipalities. As demanded, the municipality level Planning meeting was conducted in all sites in presence of representative from local governments' elected members and officials and Health facilities in-charges with the purpose of sharing project activities, need assessment findings, planning and accelerating the interventions of project including local government contribution. Brief presentation about project was also done in Nutrition Section of Family Welfare Division at center level for smooth implementation of project interventions and strengthening coordination and collaboration with government departments and stakeholders implementing multi sector nutrition program.

The Community Facilitators with medical background (Auxiliary Nurse Midwifery) have been deputed and deployed in all 16 Health Facilities of 3 municipalities on a rotational basis to provide information and education during the pregnancy and lactating period regarding adequate nutrition, appropriate health care, myth and misconception of food eating, traditional practices of early childbirth, birth spacing, information on dietary requirement, appropriate practice of eating diverse food, awareness of importance and poor practice of colostrum milk feeding, exclusive breast feeding, extended breast feeding and complementary feeding. Moreover, these para medical staffs have conducted home visits for counselling to Pregnant, Lactating mother and mother with malnourished child and growth monitoring in regular basis. They were also mobilized for community outreach and social behavior change communication.



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Infrastructure renovation and materials support for providing regular quality nutrition friendly health services in 12 health post/ primary health care center. In the leadership of provincial health directorate 3-year nutrition plan has been formulated and ADRA have committed for printing of nutrition plan after finalization from ministry of social development. HFOMC meeting has been regularly conducted in the health facility to discuss and find the solution for improving nutrition assessment and status of mother and children.

Handover of anthropometric nutrition assessment equipment's and supplies with orientation on operation to all the 16 health facilities of the working municipality for regular nutrition assessment of children. Regular Nutritional assessment of child and Health and Nutrition counseling to pregnant and lactating mother is conducted from all 16 health facilities of working area. Growth Monitoring and Quality Improvement Training (GMP-QI) has been provided to Health Coordinators, Health facilities In charge and Nutrition focal person of all three palikas Mahottari RM, Pipra RM and Ekdara RM. During the project period a total of 1205 PLW counseling was done i.e., 734 during pregnancy and 471 during lactation. Similarly, 856 children were undergone nutrition assessment among the total 668 child was normal, 164 moderate acute malnutrition and 24 severe acute malnutrition.

Maternal infant and young child nutrition (MIYCN) orientation has been provided to total 164 participants i.e 88 Male and 76 Female, the participants were from government schoolteachers and students of the school. Radio Jingle with 10 episodes per day related to Maternal and child health Nutrition has been broadcasted from local FM of Mahottari named " Radio Appan Mithila, 94.4 MHz, in local language Maithali". A total of 9 club has been formulated in the school for promoting healthy nutrition habits in the school.



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Orientation on recipe book was conducted in Mahottari RM and Pipra RM to FCHV, and government officials for good cooking knowledge and practice sharing in the community. Orientation of recipe book was provided to total 243 government officials and FCHV i.e., 89 Male and 154 Female. Exhibition of nutrition food cooking practice demonstration to pregnant and lactation mother form locally available food have been conducted in 38 sites of the working community covering 1114 women of marginalized groups. Model farming have been done one in each working local levels of the project i.e., Ekdara RM, Mahottari RM and Pipra RM as a gateway of diverse nutrition farming demonstration center for community people.

Design, development, translation, printing, and distribution of IEC/BCC materials in context specific and local language related to maternal, child health and nutrition was finalized in coordination with National Health Education, Information and Communication (NHEICC), Nutrition Section of Family Welfare Division and Provincial Health Directorate. The prepared materials are nutrition recipe book, brochures on nutrition, breast feeding and maternal and newborn services, as well as project board in all the working health facilities. Similarly, wall Painting of four food groups has been completed in wall of Health directorate office, Province -2(Sapahi, Dhausha), OTC centre Dami Madai and in Shree Janata Madhyemik Bihdyalaya of Mahootari RM and so on.



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Partnership Investment Fund

Introduction

BWSN have multiple areas that need to be addressed for the growth and positioning of the organization nationally. There is need to improve the standard of the organization by adoption of uniform performance appraisal timing in all the projects under the organization, Developing and orientation on organizational software for the information of all the past and running projects. Similarly, a website serves as a centralized platform to provide information about the NGO's mission, goals, projects, and activities. Likewise, research have not been given that much importance, but it is very useful for proper planning and designing the prioritized need of the community. Regarding this research will be conducted titled identification of the barriers of water sanitation and hygiene (WASH) practices in Haripur Municipality of the Sarlahi district.

Added value.

Performance Appraisal:

The value of performance appraisal lies in its ability to assess and evaluate employee performance. It provides a structured framework for measuring individual contributions, identifying strengths and areas for improvement, and aligning employee goals with organizational objectives. Performance appraisal helps in determining training and development needs, recognizing, and rewarding high performers, and facilitating career growth and progression. It also serves as a basis for making informed decisions related to promotions, transfers, and succession planning, fostering a culture of performance excellence and accountability within the organization.

Website Update:

The organizational website of an NGO provides significant added value by serving as a central hub for information dissemination, stakeholder engagement, and resource mobilization. It offers a platform to showcase the NGO's mission, projects, and impact, enhancing credibility and transparency. The website facilitates fundraising efforts by providing donation options and demonstrating the impact of contributions. Furthermore, the website enables networking and collaboration by connecting the NGO with potential partners and stakeholders. Overall, the website plays a crucial role in amplifying the NGO's reach, promoting its cause, and facilitating meaningful connections, ultimately contributing to the organization's success and impact.

Survey:

Surveys provide valuable insights by collecting data and opinions from a targeted group of individuals. They help organizations gather information about needs, preferences, and expectations. Surveys also enable organizations to assess the effectiveness of programs, services, or initiatives, allowing for continuous improvement and adaptation. By collecting quantitative and qualitative data, surveys help in identifying trends, patterns, and areas requiring attention. The results of surveys inform decision-making, strategic planning, and resource allocation, ensuring that organizational efforts are aligned with the needs



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and expectations of stakeholders. Surveys also provide an avenue for stakeholders to voice their opinions and feel engaged in the organization's processes, promoting a sense of ownership and involvement.

Reflection and learning of the PIF projects are

Process/Approach:

- Assess the effectiveness of the project management methodology used for the PIF initiatives and evaluate if it aligned with project objectives and stakeholder expectations.
- Consider adapting the project management approach based on characteristics of each PIF initiative, ensuring flexibility and responsiveness.

Faced Challenges:

- Time constraint in the 1st year of PIF as most of the time was focused on preparatory tasks.

Resource Utilization:

- Optimal utilization of resources to maximize project outcome and impact.
- Cross-learning between and within the organization.

Coordination:

- coordination and collaboration among PIF partner organization and funding agency.
- Strengthen improvement in communication, information sharing, and collaboration between PIF partners for the common objective.

Technical Issues:

- Invest in technical capacity building, explore innovative solutions, and engage technical experts or consultants to overcome technical hurdles and optimize project outcomes.

Roles

- Steering committee selection and their roles and responsibilities.

By reflecting on these learnings, adjusting, and incorporating them into future PIF initiatives, organizations can improve project management practices, enhance stakeholder engagement, and increase the overall effectiveness and impact of their partnership investment initiatives.



A handwritten signature in blue ink is located to the right of the UNDP logo. The signature appears to be 'S. H. H. H.' followed by a flourish.

Winterization Support

Introduction

Winterization support is crucial for poor and needy people in the community as it provides essential assistance to help them withstand the harsh conditions and challenges brought about by the winter season. For individuals who lack adequate resources, such as warm clothing, heating, and shelter, winter can be an especially perilous time. Winterization support can include provisions such as blankets, winter clothing, heating assistance, which are vital for ensuring the safety, well-being, and survival of those who are most vulnerable. By extending a helping hand during the winter months, winterization support plays a pivotal role in protecting the health and lives of the poor and needy, contributing to a more inclusive and compassionate community.

Winterization Pack	Total Number of Winterization Kits Allocated:	1550
	Total Number of Winterization Kits Implemented:	1550
	Winterization Kit Content/ Value:	8500
Beneficiaries	Total No. of Beneficiary Households:	1550
	Total No. of Beneficiaries:	8609
	Beneficiary Type:	<ul style="list-style-type: none"> • Poor Dalit, • Muslim
Geography	Distribution Area:	Haripur Municipality Ward no 3,4 &9 Ishworpur Municipality Ward no 1,3,& 9

Winterization kit details

SN	Particular	Specification
1	Blanket – Double Size	Materials: High Thermal Synthetic, super soft, acrylic fur, double layer ,Double Size:(Width 2.10mtr X Length 2.25mtr Weight: 4 Kg
2	Blanket – Single Size	Materials: High Thermal Synthetic, super soft, acrylic fur, double layer, Single Size:(Width 1.5mtr X Length 2.15mtr Weight: 2 Kg
3	Jacket for Adult	Content: Synthetic fleece material, such as polar Tec/ polyester – based synthetic fleece Size: Adult assorted size as per approved sample



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4	Jacket for Children	Content: Synthetic fleece material, such as polar Tec/ polyester – based synthetic fleece Size: Children assorted size as per approved sample For Age 5---10
5	Shawl	Size: Full size shawl 95cm W x 203cm L Content/Fabric Density: two-paddle single-ply shawls and or Standard/ common Nepali Fabric Shawl.
6	Thermal Set(Inner)	Content: Fabric cotton Size: Adult assorted size as per approved sample.
7	Woolen Cap (Children)	Size: Children assorted size winter caps/ hats (as per approved sample) For Age 5---10, Type: Ear Flap hat/Caps
8	Socks Pair (Adult)	Woolen socks pair, medium & large size, good quality
9	Socks Pair (Child)	Woolen socks pair, medium & large size, good quality
10	PE Foam	Thickness 0.5”, Good Quality, Black color, 2-meter length
11	Dasna/Tosak (Double / Large size)	White cotton 10 kg wt. 6.5 feet x 5 feet
12	Sirak Small Size	White cotton 5kg wt. 6 feet x 4 feet
13	Woolen clothes sheet	Woolens clothe sheet (per meter)
14	General Kettle	Aluminum Kettle, 2 Liter Capacity, Good quality, 700-800 gm wt.
15	Mosquito Net	Double bed, Materials: - Cotton, Polyester, Synthetic.

Beneficiary selection process

Initially assessment was done in Haripur Municipality and Ishwarpur Municipality for the implementation of the project. After the finalization of the project coordination meeting was done with the Haripur Municipality and Ishwarpur Municipality in the chairmanship of Mayor, in this event ward chairperson, government officials attended the meeting. The major agenda of the meeting was sharing of project objective, implementation of the project in the selected ward, beneficiary's section using a tool named KOBO. After that 10 volunteer was selected from the roster of BWSN after completion of the selection process one day orientation was provided to use KOBO tool for the beneficiary selection. After immediately the volunteer was mobilized in the field in coordination with the municipality and respective ward chairperson. For the beneficiary selection standard criteria was set and on the basis data was collected in the community. As per the standard set criteria a total of 1900 data was registered in the KOBO tool and among them 1550 beneficiaries were selected. The selected beneficiaries fallen in the range from 25 points to 42 points vulnerability. After the finalization of the data from BWSN, it was forward to IRN for review and soon after that a team of IRN arranged field visit in the respective area for the verification. Soon after that verification from IRN side it was forward to the municipality for review and the mayor along with the representatives verified and after that the beneficiaries was finalized.



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Stove Distribution Project

introduction

Aim of the project

By distributing cooking stoves, the project aimed to improve the living conditions by avoiding the daily workload of collecting firewood for cooking and by reducing their exposure to further risks and complications of firewood smoke in uterine prolapse affected women, pregnant women, and poor women of the communities.

Objectives

- To coordinate with the local level stakeholders for stove distribution in WHaSS project districts.
- To select beneficiaries in coordination with the local stakeholders in WHaSS project districts.
- To distribute cooking stoves to poor women, pregnant women and uterine prolapse women who using firewood for cooking in WHaSS project districts.

Activities



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Bagmati Sewa Samaj Nepal in partnership with the ADRA and coordination with the Municipality/Rural Municipality have successfully completed 376 Toyomoti Stove distribution i.e 141 in Sarlahi, 109 in Rautahat, 47 in Sunsari and 79 in Udaypur district to uterine prolapse, poor and pregnant women using kerosene oil for cooking. Active participation of the beneficiaries and full support and cooperation from the government and community stakeholders in the overall project cycle. Similarly, visibility of the supporting partners and projects was done in a proper way in all the sites of the distribution. Inventory management and mobilization of the volunteers was done efficiently and effectively to achieve the project objective within the time frame.

Project Reflection

Positive Aspect

- ✚ Full support and involvement of government and community stakeholders.
- ✚ Well management and coordination at the distribution site.
- ✚ Availability of all the necessary logistic as per the checklist.
- ✚ Active participation of the beneficiaries in the distribution site.
- ✚ For the visibility appropriate placement of sticker in the box and banner placement.
- ✚ Well demonstration on the functionality of the stove.

Challenges

- ✚ Women were poor and uneducated, they didn't had and didn't know to use mobile this made difficult to contact them.
- ✚ Difficulty in managing kerosene because of the limited availability of the kerosene in the market.

Lesson Learnt

- ✚ Proper coordination with the team and work distribution are excellent for the successful completion of the assigned task.

Stakeholders and beneficiary views

- ✚ They had not seen Toyotomi Kerosene Stove and they were happy for the support.

