

# **Sponsorship Program (Samunnati Program)**

## **10 Years Achievement Report (2009 January – December 2019)**

### **Kalika Self Reliance Social Center Kapilvastu Municipality-4, Kalika Gaun Taulihawa**



**Submitted to  
Save the Children**

#### **ABBREVIATIONS:**

<b>KSSC :</b>	<b><i>Kalika Self Reliance Social Center</i></b>
<b>KSC :</b>	<b><i>Kalika Sports Club</i></b>
<b>SC :</b>	<b><i>Save the Children</i></b>
<b>CC :</b>	<b><i>Child Club</i></b>
<b>YC:</b>	<b><i>Youth Club</i></b>
<b>YIC:</b>	<b><i>Youth Information Center</i></b>
<b>VDC:</b>	<b><i>Village Development Committee</i></b>
<b>GESI:</b>	<b><i>Gender Equality and social inclusion</i></b>
<b>MEAL:</b>	<b><i>Monitoring Evaluation Accountability and Learning.</i></b>
<b>IAPP :</b>	<b><i>Impact Area Presence Plan</i></b>
<b>DRR:</b>	<b><i>Disaster Risk Reduction</i></b>
<b>CCN :</b>	<b><i>Child Club Network</i></b>
<b>DCWB :</b>	<b><i>District Child Welfare Board</i></b>
<b>CEMIS :</b>	<b><i>Community Based Management Information System</i></b>
<b>CP :</b>	<b><i>Child Protection</i></b>
<b>CR/G :</b>	<b><i>Child Right/Governance</i></b>
<b>CWD :</b>	<b><i>Children with Disability</i></b>
<b>DEO :</b>	<b><i>District Education Office</i></b>
<b>EGRP :</b>	<b><i>Early Grade Reading Program</i></b>
<b>FY :</b>	<b><i>Fiscal Year</i></b>
<b>FNJ :</b>	<b><i>Federation of Nepalese Journalists</i></b>
<b>CFLG :</b>	<b><i>Child Friendly Local Governance</i></b>
<b>BE :</b>	<b><i>Basic Education</i></b>
<b>ECCD:</b>	<b><i>Early Childhood Care and development.</i></b>
<b>AD:</b>	<b><i>Adolescent Development</i></b>
<b>SHN :</b>	<b><i>School Health and Nutrition</i></b>
<b>ASRH:</b>	<b><i>Adolescent sexual reproductive health</i></b>
<b>MFB :</b>	<b><i>My First Baby</i></b>
<b>NGO :</b>	<b><i>Non Governmental Organization</i></b>
<b>OPMIS :</b>	<b><i>Online Program Management Information System</i></b>
<b>PC :</b>	<b><i>Program/Project Coordinator</i></b>
<b>PO :</b>	<b><i>Program/Project Officer</i></b>
<b>PTA :</b>	<b><i>Parent Teacher Association.</i></b>
<b>SMC:</b>	<b><i>School Management Committee</i></b>
<b>QIT:</b>	<b><i>Quality Improvement Team</i></b>
<b>QLE :</b>	<b><i>Quality Learning Environment</i></b>
<b>RC/P :</b>	<b><i>Resource Centre/Person</i></b>
<b>SIP :</b>	<b><i>School Improvement Plan</i></b>
<b>SMC :</b>	<b><i>School Management Committee</i></b>
<b>SZOP :</b>	<b><i>School as Zone of Peace</i></b>
<b>UNCRC :</b>	<b><i>United Nations Convention on the Rights of the Child</i></b>
<b>WCPC :</b>	<b><i>Ward Child Protection Committee</i></b>

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## **I. Executive summary and overall achievement—**

Kalika self reliance social center in partnership with Save the Children implemented 10 years (2009-2019) Sponsorship (Sammunati) integrated project in poor rural areas of Kapilvastu that includes 9 Wards Of Shivraj Municipality, 9 wards of Krishnanagar Municipality, 1 ward of Buddhabhumi Municipality, 2 Wards of Maharajganj Municipality, 7 wards of Bijaynagar Rural Municipality making it altogether 28 wards (former 21 VDCs). The project focused on 4 core themes - Basic Education (BE), Early Childhood Care and Development (ECCD), Adolescent Development & livelihood (AD & liv) and School Health Nutrition (SHN). The project worked with 139 School, 136 ECCD, 177 Child Clubs, 24 Child club Networks (CCN), 21 youth clubs, 12 Youth Information Center (YIC), 28 Ward Child Protection Committee (WCPC), 10 Farmers Group, and 20 Health Facilities.

Major objective was to bring about lasting positive change in the quality of life of children through quality education that included mainstreaming children in formal education, increasing learning outcomes, retention and bringing down drop-outs. The Program worked on capacity-building strategy to strengthen key stakeholders at the community level which included schools, child clubs, youth clubs, farmers' groups, health facility, ECCDs, local government and Child Protection Committees. With regards to policy and plan intervention, the program was successful in bringing about significant changes in the mindset, outlook, and approach of key local stakeholders leading to policy changes and planning. Policies were formulated in favor of children's protection, development, and mobilization at the local level government and put into effect. The Program was also successful in influencing the SIP (School Improvement Plan) developing process to incorporate health components and Disaster Risk Reduction. The program was equally successful to influence local government towards declaration of Child Friendly Local Government at ShivaRaj Municipality Ward No 9. However to declare the wards as child friendly technical inputs are anticipated by the local government units especially in capacity building and documentation part.

The Program did what it takes such as 100% enrolment of children in schools, full immunization, bringing down child marriage, and meaningful child participation for CFLG declaration.

The program was able to influence elected local leaders at local government in favor of resource allocation, budgeting and planning, as well as mobilizing resources for programs that directly benefitted children and contributed to their overall development. The program implemented activities on cost-sharing basis in collaboration with local level stakeholders that gave them sense of ownership and increased the sustainability prospects of the outcome and impact of the program.

As regards sustainability prospect of the program and its outcome and impact, there is deeper realization in the community of parents, schools teachers, local level government and other major stakeholders on importance of educating children, value of hygiene and nutrition on children's overall development, and their confidence and accessibility to local level resources.

On the whole, we believe the program was able to put the wheel of sustainability on right track which would continue to move forward even after the program phase out.

## **2. Introduction of the organization and key changes in the capacity of organization**

Sports lovers established this organization as Kalika Sports Club (KSC) in 1981. In its initial period, KSC was aimed at preservation and promotion of sports and cultural activities. It working in the social area since 1992 to achieve our vision of a self-reliant society. Along with the shift in focus it has changed the name of KSC to Kalika Self-reliance Social Centre (KSSC) in 1997 with the vision of "A prosperous society where citizen irrespective of color, caste, creed, gender, enjoy and respect rights in favor of dignified life and mutual co existence". KSSC is registered in the District

Administration Office, Kapilvastu and Social Welfare Council, Kathmandu in 1994 and 1997 respectively. KSSC is a non-governmental social development organization dedicated for positive changes of society.

Project contributed to development of overall aspect of organization through the partnership with Save the Children. It helped to improve and formulate the internal policies and guideline of organization which crucially made organization stronger. In terms of policies GESI policy, Child protection policy and M&E policy were the most recent and newly formed with support of SCI. Organization acquired the comprehensive knowledge in different thematic field and the experiences deserve to manage the other partnership project in kapilvastu especially in health and education sector. KSSC brought the huge changes in its own infrastructural development. Organization has skillful competent brain resources that could deliver the knowledge and skills for social transformation. The program implemented activities on cost-sharing basis in collaboration with local level stakeholders and district level stakeholders that significantly build partnership and correlation which is very crucial in sense of ownership and increased the sustainability prospects of the outcome and impact of the program right now and in future. Even more SCI capacitated and strengthen the capacity on humanitarian response, and glad to be a part of strategic partner of SCI for Humanitarian.

### **3. Introduction of the project: 1/2 page**

KSSC implemented the sponsorship program partnership with Save the Children in kapilvastu since 2009 to 2019. To implement this program there was fore core thematic area i.e ECCD, BE, SHN and AD. The major objective of Education program(BE &ECCD) is to bring out of school children to the mainstream of education and to increase the learning outcomes, attendance rate, and retention rate and decrease the dropout rate of children through quality basic and early childhood care and development education. Similarly, AD program helps adolescents to contribute positively for their wellbeing and betterment of the society inside the working area through formation of Child Clubs, Child Club Networks, Youth Clubs, Youth Club Networks, livelihood support to marginalized youths. Furthermore, SHN program aids to improve the health and educational status of school going children through de worming, health screening, menstrual hygiene programs.

To improve the quality service delivery and being accountable towards beneficiaries since 2014, MEAL (Monitoring, Evaluation and Accountability and Learning) approach rolled out in all working KSSC area of Sponsorship Program. To monitor the program intervention under the quality benchmark to find the gaps and develop action plan for further improving. Furthermore to collect beneficiaries' complain, feedbacks, advices and suggestions, shared a toll free number 16607656001 to people in program impact area.

### **4. Geographical coverage and community structures 1/2 page**

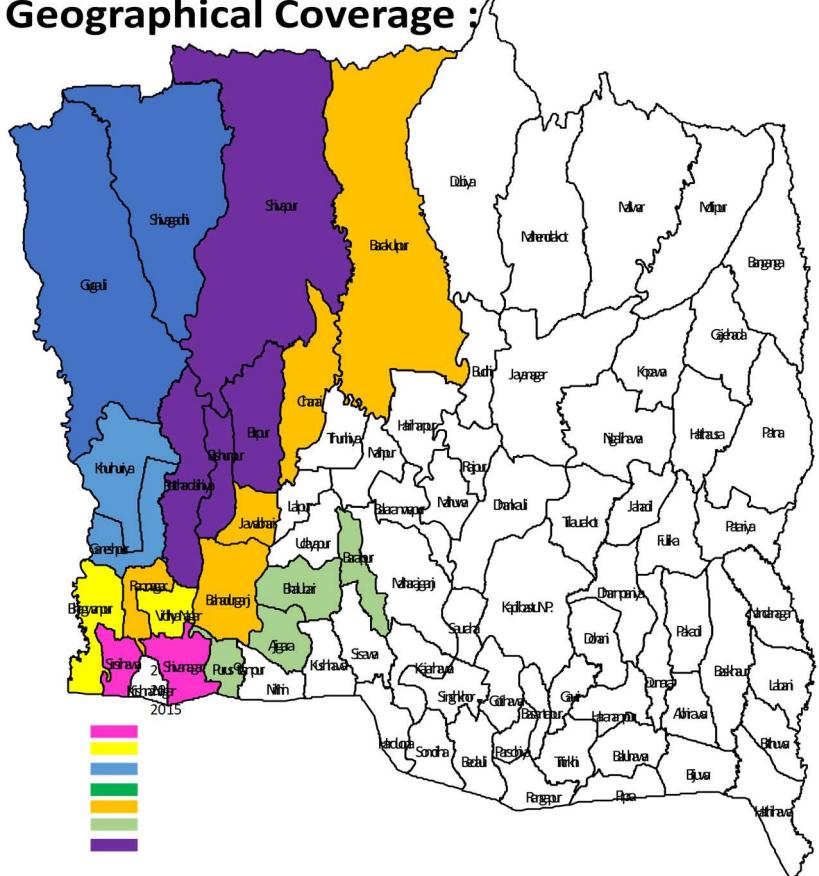
In the initial phase of project started up the catchment area of project was adjoin with neighbor country INDIA. The people living in the catchment area were in majority of Madhesi and Muslim. The project was expansion its scope of geographical coverage and reached the mixed community tharu, magar, janajati and dalit. The economic condition of the people is poor as the majority of people living were depends their life highly in agriculture and doing jobs in neighboring countries. There was no easy access with schools and most of school going children was left behind the school. The Infrastructural condition of school was miserable. Mainstreaming of madarsa was remaining as must challenged. The learning achievement and the child marriage were burning challenged due to several social stigmas.

After the project implementation it brought the significant changed in the infrastructural development with psychological and attitudinal transformation of community people. The people

were educated and interestingly they wanted to educate their children and have a positive attitude towards education. The rate of learning achievement was bringing up and other hand drop out, repetition and child marriage was bringing down.

This project has been implemented in geographically in 9 Wards Of Shivraj Municipality, 9 wards of Krishnanagar Municipality, 1 wards Buddhabhumi Municipality, 2 Wards of Maharaiganj Municipality, 7 wards of Bijaynagar Rural Municipality altogether 28 wards (former 21 VDCs).

## Geographical Coverage :



Palika	ECCD	School	CC	CCN	IG Group	MAG	HF	WCPC	YIC	YC
Shivraj municipality	49	52	53	1	3	18	6	9	3	6
Krishnanagr Municipality	38	34	62	1	3		7	9	4	8
Maharajganj Municipality	10	8	18				2	2		2
Buddhabhumi Municipality	10	7	9				1	1	1	1
Bijaynagar Rural Municipality	29	39	35	1	4	18	4	7	3	4

### 5. Key Contextual changes: *please write key changes beyond the above context i.e. socio economic, cultural...2 paragraphs / page*

After the country entered into the federal democratic system, conducted the election for execute the constitution of Nepal two times. The country comprises 7 states, 263 Municipal, and 481 Rural Municipal. Similarly in Kapilavastu 77 former VDCs transformed in to 6 Municipal Offices and 4 Rural Municipal offices. After the election local level got the leadership. District-based Service Agencies are placed under Municipalities under federal structure. The process was transitional; hence, some confusion persists in relation to role and responsibilities. Development interventions lay emphasized on physical/infrastructural development as opposed to attitudinal /psychological transformation. Inspite of these all challenged we took it as an opportunity and the situation had

changed. Right now we believe the program was able to put the wheel of sustainability on right track which would continue to move forward even after the program phase out.

## **6. Working Modalities:**Max 1 page

*Social transformation through the community mobilization was the main motto of organization. Project was implemented in bottom approach, where we had practiced to need assessment and plan together involved with different community stakeholders. The Project did the collaboration with the local government and started to work in partnership approach with cost sharing. Even more we collaborated with stakeholders and civil society such as Schools, ECCDs, Health facility, Childclub, Youth club media and other organization. Technically supported to local level for their policy formulation and strengthening the capacity through the training, workshop and robust joint monitoring. Supported technically to formulate the child protection policy and child club mobilization guideline in local level. Made them more accountable towards children established the emergency fund in existing ward of working coverage.*

*Project advocated ensuring the participation of children in school management committee. After the long exercise and different advocacy activities in our project areas all school ensure the participation of 2 children in SMC, and QIT of health facility however to the meaningful participation project need worked more. Project facilitated both community based(177) and school based child clubs to raise the education and child friendly related issue in the meeting and share in the club meeting for the effectives. For the girls empowerment organized interaction dialogue workshop and brought up them in to vital post of executive committee. Identified the pocket areas, formed the farmers group and supported them to empower. Linkage them with local market and helped to register them in to Agriculture department of Local level.*

## **7. Project phase:** 1 page

**7.1 Startup year-0-(situation analysis and project design, partnership with Save the Children)**  
The commencement of the project all started with analysis of the context from of the close border VDCs where children had lesser access to education, insufficient infrastructure and child friendly facilities, communal conflict at the its peak, lesser sensitivity among the community people regarding the education, the dropout rate massively increased. A detailed implementation plan and Impact Area Presence Plan was developed for effective and sustainable implementation of the Sponsorship Program that provided needful strategy and guidelines.

### **7.2 Building up programming (1-3)-Baseline, selection-develop IAPP**

Sponsorship Program Partnership with save the children had rolled out in kapilvastu, From Sirsihawa and Bhagwanpur VDC, Which were the comparatively very low according to Human development Index and was listed in DAG VDC. It was taken the baseline in different indicators under the project theme and projected the plan for each as an Impact area presence plan. KSSC established the site office in Krishnanagr for it's effective implementation. Program was intervened in bottom up approach whereas local community people and local stakeholders directly involve in the step of activities design. It was really influential to need base and demand base activities implementation.

### **7.3 Implementing quality program (4-6)-full phase program, mid-term evaluation**

Common approach for Sponsorship program was implemented since 2009 and worked with several community stakeholders in partnership modality, in reached out the 21 VDCs. This was the crucial period to intensive project implementation. The organization managed the more than 7000 sponsor

children in this period. To provide continue benefit to children several activities conducted under the BE,ECCD,SHN and ASRH core themes. In collaboration with district level stake holders (i.e DCWB, DEO, DHO, DAO) program activated the local stakeholder as CC, CCN, YC, YIC, VCPC, School, ECCD & health facility followed by 177, 21, 12, 16, 139, 129 and 20 respectively. To make the easy program intervention in school there was a teacher identified as focal teacher. Program implemented in both software and hardware part of structure. To access the children with education, contributed to transform the structure child friendly whereas constructed ECCD building, Furnished the classroom with learning materials and sitting arrangement support. As similarly developed the essential infrastructure as it was friendly toilet, over head tank and functional running water, boundaries and disposal pit in school. Supported to renovate and separate AFS corners as well effective service delivery of birthing center.

As part of Software capacitated to teacher on active teaching through EGR, capacity building of CC, YC, YIC, CCN and VCPC. Raised the awareness through massive campaigning against the social evils and stigma (i.e Child marriage, Child discrimination & abuse). To improve the quality service delivery and being accountable towards beneficiaries since 2014, MEAL (Monitoring, Evaluation and Accountability and Learning) approach rolled out in all working KSSC area of Sponsorship Program. As an additional another approach had been aided as livelihood which formed the vegetable production group and Goat rearing group and supported technically on their fundamental development. Dripped the deep boring as irrigation support.

#### **7.4 Ownership and transition- develop phase over plan, phase over preparation, final evaluation**

The sponsor children were transferred annually and intensive program delivery volume was decreased as per plan. The existing human resource bringing down and reduced to administration management as it's budget plan that decreased by 10% in 2017 and followed by 40% in 2018. Work on capacity building of community stakeholders. The objective of project reached it's optimum and at the result community being able to declare as 100% enrollment, Child Marriage Free, Full Immunization, School zone of Peace and Child friendly local governance. It's significantly impacted to bringing down the child marriage rate and to bringing up the learning achievement. It was all about the result that achieved just because of community ownership.

Project being able to bring the changes in concept and mind set of community people. The program was equally successful to bring the changes in stakeholders and Local government towards capacity strengthening and sustainability. In regards of stakeholders program impacted to SIP developing process to incorporate health component and DRR component.

#### **7.5 Final year-hand over and completion ceremony and Close out**

Every children and stakeholder has right to know the information whereas Save the Children respect. It was conducted phase over plan workshop in 2016 and developed action step to safe phase over/handover and sponsor children transfer. The conclusion was to handover to the VCPC for programs ownership sustainability and it's continuity. But the sudden country contextual changes nation has entered into the federalism where we found local government as an opportunity of our program sustainability.

In 2019 we have intensive program implementation up to month of June however school exit program of operation was run. After June exit program will be started from community level structure to district level gradually. Every structure will be informed about the support that provided by the project in formal program either it will be written or verbally. Ward level will be exit in month of July and in August Municipal level as similarly finally district level in September.

Project significantly influences to local government and polices were formulated in favor of children. However to declare the wards as child friendly technical inputs are anticipated by the local government units especially in capacity building and documentation part.

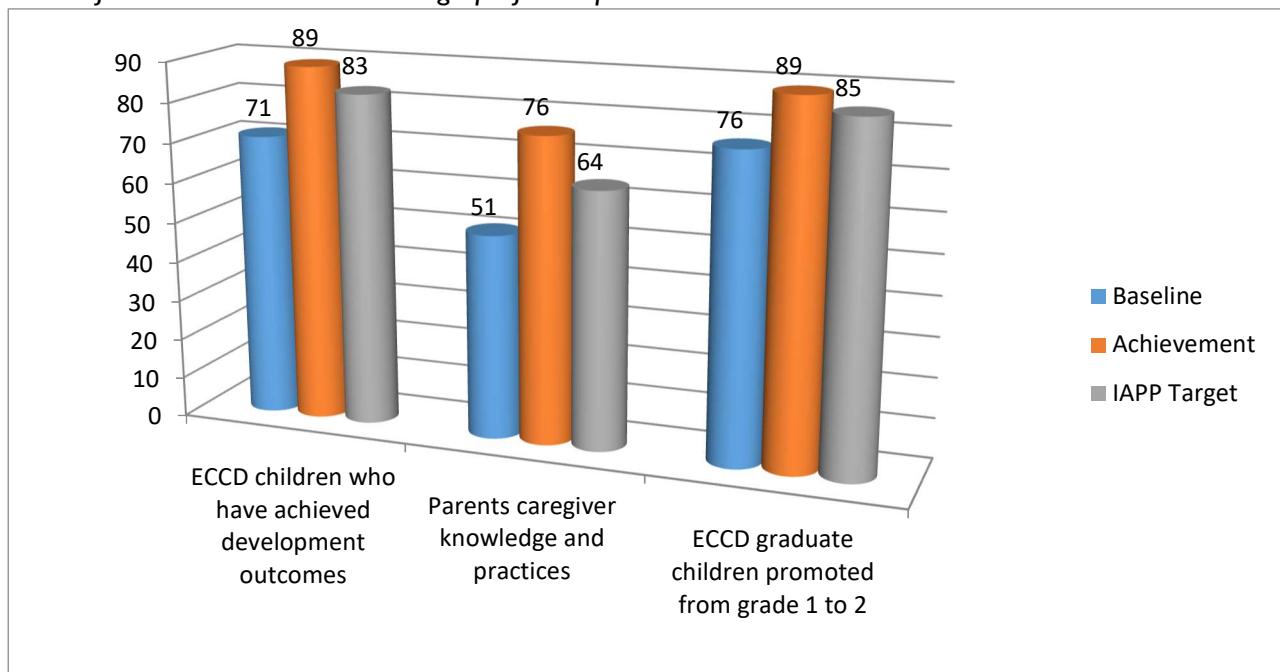
## 8. Results Achieved by Program Area: max 2 pages

### 8.1 ECCD-

major 3-5 result level indicator comparison with baseline, achievement and target 2019 based on IAPP in each core program area

ECCD is one of the crucial themes for the Sammunati Project where we contributed to access the child with facilities through campaigning. Furthermore we constructed the building and furnished the room with learning environment. Provided training to facilitator enable to increased developmental milestones of children and raised the level of awareness in parent's care giving practice through parenting education session.

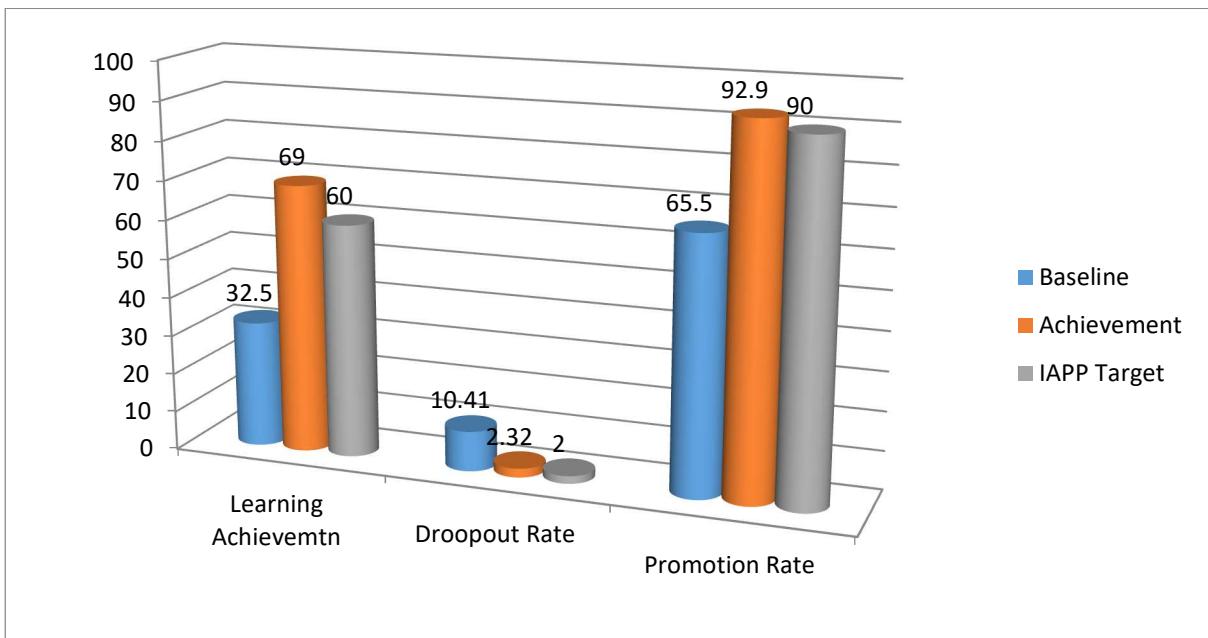
The major outcomes observed through project implementation is



The above chart shown that the ECCD children who have achieved development outcomes has increased to 89% from baseline 71% in 2013 and target as per IAPP was 83%, followed by the another indicator Parents caregiver knowledge and practices has increased to 76% from baseline 51% in 2014 and target as per IAPP was 64%. Similarly ECCD graduate children promoted from grade 1 to 2 has reached 89% from baseline 76% in 2012 and target as per IAPP was 85%.

8.2 BE: major result level indicator comparison with baseline, achievement and target 2019 based on IAPP

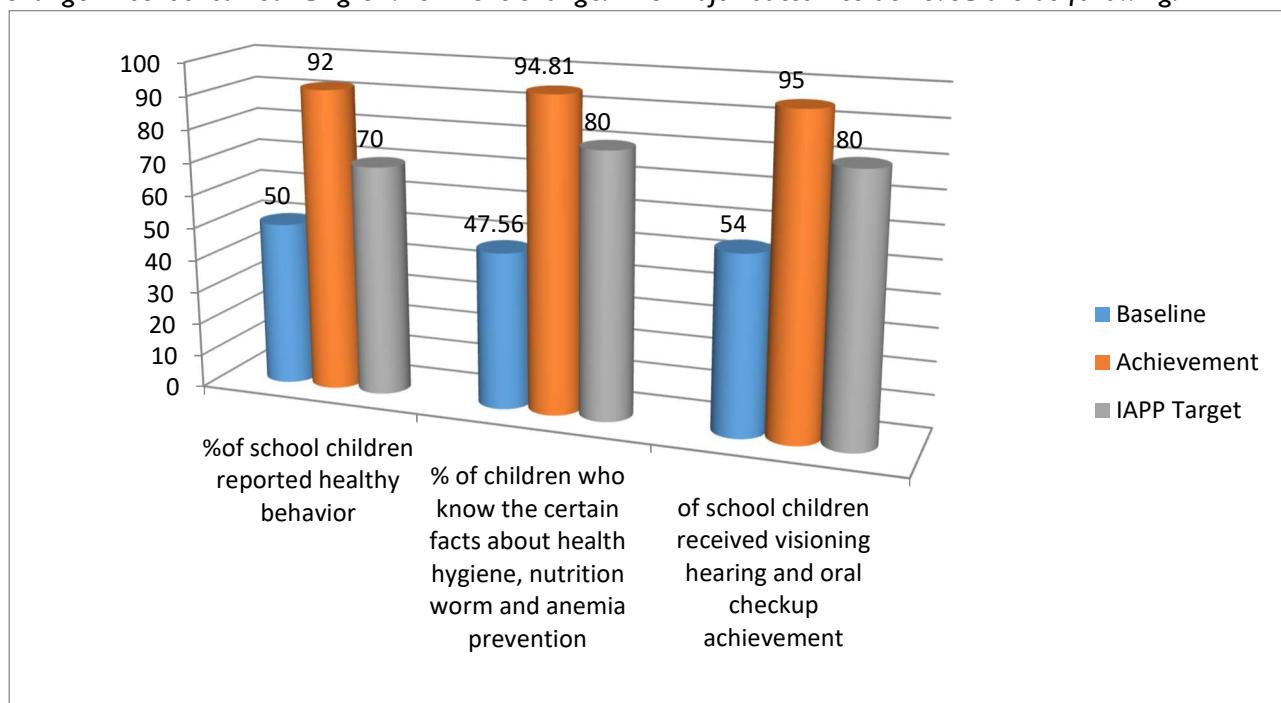
Coordinating with DEO and municipality, different strategies for enrollment campaigns were employed such as publication of poster, pamphlets, banners, door to door campaigns, radio broadcastings, rallies and education dialogues etc being enable to declare 100% enrollment in 15 wards across 28 wards. Teacher training provided on EGR to 378 teacher, Furnished the classroom with learning material and infrastructure. Conducted the remedial classes in community and in addition code discussion with community parents has brought the outcomes result as



According to above Chart Learning achievement has increased to 69% from baseline 32.5% in 2012 and target as per IAPP was 60%. Dropout rate has decreased to 2.32% from baseline 10.41% in 2011 and target as per IAPP was 2%. Promotion rate has increased to 92.9% from baseline 65.5% in 2011 and target as per IAPP was 90%.

### 8.3 SHN- major result level indicator comparison with baseline, achievement and target 2019 based on IAPP

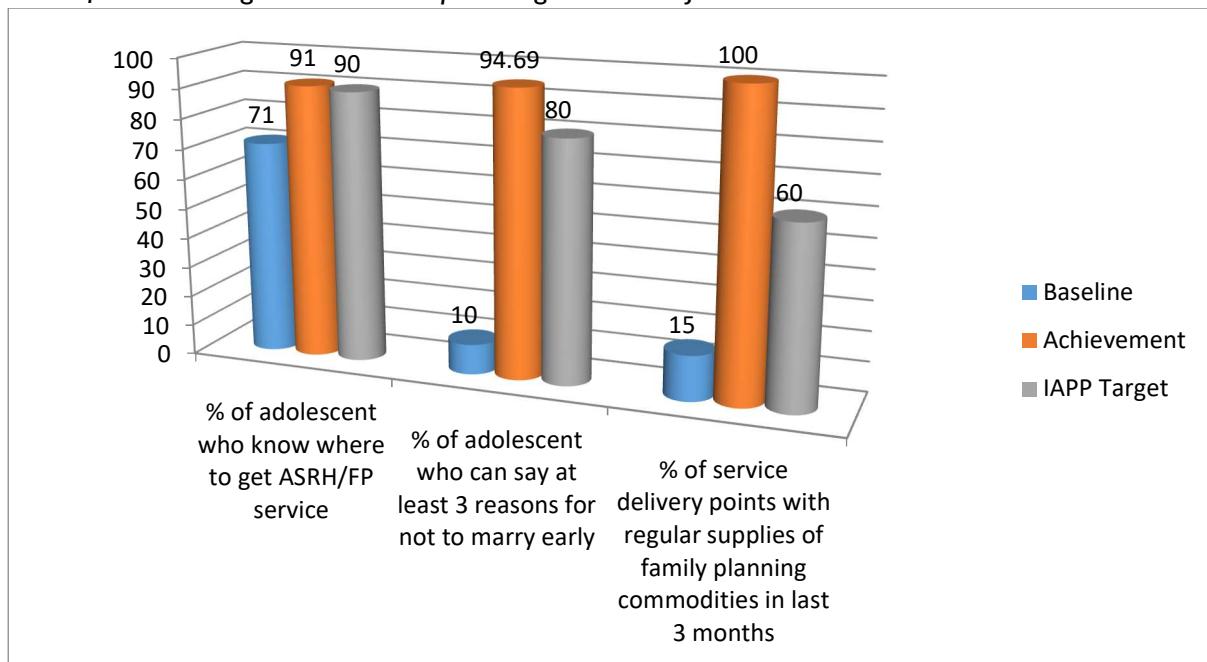
Throughout the theme promoted health hygiene in schools children. As needed contributed to improve physical infrastructure such as toilet, hand pump, overhead water tank, and disposal pit etc. Training providing to focal teacher and head teacher employed HTL in school brought the change in school surrounding environment change. The major outcomes achieved are as following.



The above chart shown the indicators that refer to SHN program whereas % of school children reported healthy behavior has increased to 92% from 50% in 2012 and target as per IAPP was 70%. Followed by % of children who know the certain facts about health hygiene, nutrition worm and anemia prevention has increased to 94.81% from 47.56% in 2011 and target as per IAPP was 80%. Similarly % of school children received visioning hearing and oral checkup achievement has increased to 95% from 54% in 2012 and target as per IAPP was 80%.

#### **8.4 ASRH-major result level indicator comparison with baseline, achievement and target 2019 based on IAPP**

Inbuilt collaboration and coordination with DHO and HF conducted the ASRH learning session and My first Baby (MFB) in community. Promote the establishment of ASRH corner in HF and secondary schools, full equipped with IEC materials. Throughout the advocacy we enabled to mainstream the young adolescent in HFOMC which let easier access to adolescent with HF. Training session and orientation conducted to hard core unreachd adolescent through peer education CtoC approach. 2 health facilities recognized with AFS providing center. Major outcomes are as



The above chart shown the indicators that achieved under the ASRH theme whereas % of adolescent who know where to get ASRH/FP service reached to 91% from the baseline 71% in 2012 and target as per IAPP was 90% followed by % of adolescent who can say at least 3 reasons for not to marry early has increased to 94.69% from 10% 2012 and target as per IAPP was 80%. Similarly % of service delivery points with regular supplies of family planning commodities in last 3 months has increased to 100% from 15% in 2011 and target as per IAPP was 60%

#### **8.5 AD-major result level indicator comparison with baseline, achievement and target 2019 based on IAPP**

- Child Marriage practices decreased to XX% from the baseline has decreased to 16.96% from 31% in 2013 and target as per IAPP was 8%.
- % of adolescent who can list at least 3 negative consequences of child marriage increased to 97% from baseline 10% in 2012 and targeted as per IAPP was 80%.
- % of adolescents who listed at least three evidence of using life skills in their daily lives has increased to 94% from baseline 30% in 2013 and targeted as per IAPP was 70%.

## **8.6 Livelihood-major result level indicator comparison with baseline, achievement and target 2019 based on IAPP**

- % of youth/vulnerable families who report increased in income has increased to 89.64% from 30% in 2013 and targeted as per IAPP was 80%.
- Total number of youths/families engaged in different IGAs increased to 251 from baseline 17 in 2011 and targeted as per IAPP was 200.
- % of vulnerable/youths/families accessing to financial services from financial institution (cooperatives and MFIs) has increased to 94% from baseline 47% in 2015.

## **9. Cross-cutting and integration**-briefly mention cross cutting issues addressed, theme, and programmed integration and benefit to children and community max ½ page

**9.1Local capacity, ownership and sustainability**-range of local capacity built because of the program intervention, scale up/replication of strategic intervention in government system, ownership by community level structure and local government, policy environment, plan and budget leverage. The program was equally successful to influence local government towards declaration of Child Friendly Local Government at ShivaRaj Municipality Ward No 9. The Program did what it takes such as 100% enrolment of children in schools, full immunization, bringing down child marriage, and meaningful child participation for CFLG declaration.

The program was able to influence elected local leaders at local government in favor of resource allocation, budgeting and planning, as well as replication program activities in government red book and mobilization of resources for programs that directly benefitted children and contributed to their overall development. The program implemented activities on cost-sharing basis in collaboration with local level stakeholders such as Child emergency fund in each ward, for its sustainability revolving fund mobilization guideline was prepared and endorsed by ward office.

Constructed the ECCD building, Material support to child club, construction and renovation support. Similarly Bijaynagar Gaupalika adopted the MEAL system to address the children issue directly, as well as Shivraj Municipality and Bijaynagar Gaupalika published the child club mobilization guideline and child protection polity on their Gazette. In this way it gave them sense of ownership and increased the sustainability prospects of the outcome and impact of the program.

## **9.2Child rights and child participation**-alerting on child rights at community level, policy and system for child participation, platform and practice

Project strongly advocated with local government for fulfill the rights of children and effective implementation of UNCRC commitment of government and ensuring the participation of children in school management committee.

Worked closely with ward child protection committee (former VCPC) in partnership approach. Organized training to them on child right and its ensuring, conducted the several activities and campaign against the child right violation such as anti child marriage campaign, Birth certificate registration campaign, door to door campaign for mainstreaming the out of school children in school. All local level representatives were trained on CFLG and focused in their planning. Established the child emergency fund with its mobilization guideline was indorsed by the ward. After the long exercise and different advocacy activities in our project areas all school ensure the



"Working with Sammunati project and KSSC team remained remarkable towards children. Now, we felt that project team and project activities have lead us to sustainable development and change in the part of investment in children. We are in way of child friendly local Governance, which is most important part that project team has followed."

Chur Bahadur Khadka,  
Ward Chairperson,  
Shivraj-9, Shivgadhi.



participation of 2 children in SMC, and QIT of health facility however to the meaningful participation project need worked more. Child club was the best platform example of child participation. Project facilitated both community based (177) and school based child clubs, made them aware on child right and its pillar. Which might supportive to raise the education and child friendly related issue in the meeting and share in the club meeting for the effectiveness. For the girls empowerment organized interaction dialogue workshop and brought up them in to vital post of executive committee.

**9.3. Gender equality and social inclusion:** *girls and boys in program reach, caste and ethnicity, reaching to unreached aligning with result indicator and total reach, specific intervention to promote GESI, policy developed to address GESI*

The Nepal government has put the principle of Gender equality and social inclusion in a great way. Gender equality is the goal no 5 of sustainable development goal. Gender perspective was an important factor for the success of the program as we were working for all in the project. Project mainly focused to empower the Muslim, dalit, madeshi, Janajati families living in rural slum areas. In the part of program implementation we ensured the participation of women and girls from marginalized families in every activity.

Organizations have developed their own policies for gender equality and social inclusion in the support of Save the Children. In regarding its implementation organization has followed it strongly such as in inclusive executive board member as well as in human resource recruitment process. Organization identified the GESI focal person in organization to address the regarding issue. A project Choices, Voices and promises implemented in community to specially addressed to gender equality. During the budgeting we developed the plan from the GESI sensitive eye and friendly.

**9.4. MEAL:** *impact of Complaint and Feedback mechanism, accountability level, acceptance from beneficiary, program quality, action plan tracker analysis, strengthening MEAL approach, MEAL roll out gov. partners.*

MEAL has supportive role while implementing project activities and acquiring quality work. Every work that accomplished by the project team is monitored through MEAL. Since 2014, MEAL (Monitoring, Evaluation and Accountability and Learning) approach rolled out in all working KSSC area of Sponsorship Program. Quality benchmark has been prepared for quality implementation. Therefore, quality benchmark is centered while implementing any activities by the project team. This is also an effective tool for quality monitoring. It focuses on quality work, accountability and transparency in work. Quality work with accountability generates trust among community towards project. Hence to collect beneficiaries' complain, feedbacks, advices and suggestions, project had shared a toll free number 16607656001 to people in program impact area. In addition Bijaynagar Rural Municipality also started the toll free number to adhere complain, feedbacks, advices and suggestions of beneficiaries. The number has been established through the partnership with Sponsorship Program. The number is 16607652001 which are holding by IT officer of Bijaynagar. For the effective implementation of MEAL Approach organization being developed the M&E guideline with support of Save the Children. Project team capacity development was focused and provided training and orientation to build the capacity for MEAL that boosted the capacity of the personnel. Monitoring, evaluation, field visit and DQA have been conducting together. That created synergy in work performance.

**9.5 Disaster Risk Reduction (DRR):** Policy developed and endorsed, DRR included in SIP, capacity development, construction/renovation

Disaster Risk Reduction is also one of the must of cross cutting components of this project. As Kapilvastu is one of disasters prone areas; flood, cold wave, firing etc. Due to heavy rain and flood, children can't go to school and road stop in rainy season.

Kalika self reliance Social Center is a member organization for District Risk Reduction and Relief Committee Kapilvastu. Project supported for the effective planning and implementation of the thematic contingency plan in the district level. Project supported and facilitated to project working schools to incorporated DRR component in the schools.

**9.6 Organizational Capacity Building/ Development:** Human resource development, Institutional support, developed and practices of policy procured.

Project contributed to development of overall aspect of organization through the partnership with Save the Children. It helped to improve and formulate the internal policies and guideline of organization which crucially made organization stronger. In terms of policies GESI policy, Child protection policy and M&E policy were the most recent and newly formed with support of SCI. Organization acquired the comprehensive knowledge in different thematic field and the experiences deserve to manage the other partnership project in kapilvastu especially in health and education sector. KSSC brought the huge changes in its own infrastructural development. Organization has skillful competent brain resources that could deliver the knowledge and skills for social transformation. The program implemented activities on cost-sharing basis in collaboration with local level stakeholders and district level stakeholders that significantly build partnership and correlation which is very crucial in sense of ownership and increased the sustainability prospects of the outcome and impact of the program right now and in future. Even more SCI capacitated and strengthen the capacity on humanitarian response, and glad to be a part of strategic partner of SCI for Humanitarian.

**9.7 Staffing:** with timeline. (for PNGOs report.) Male and Female, ethnicity

S.N	Year	Male	Female	Dalit	Janjati	Other	People having disability
1	2009						
2	2010						
3	2011	9	3	1	1	10	
4	2012	19	4	2	7	14	
5	2013	25	11	1	8	27	
6	2014	40	12	2	10	40	2
7	2015	47	15	3	12	47	2
8	2016	44	12	3	10	43	2
9	2017	39	9	3	10	35	2
10	2018	32	5	2	9	26	1
11	2019	31	6	2	8	27	1

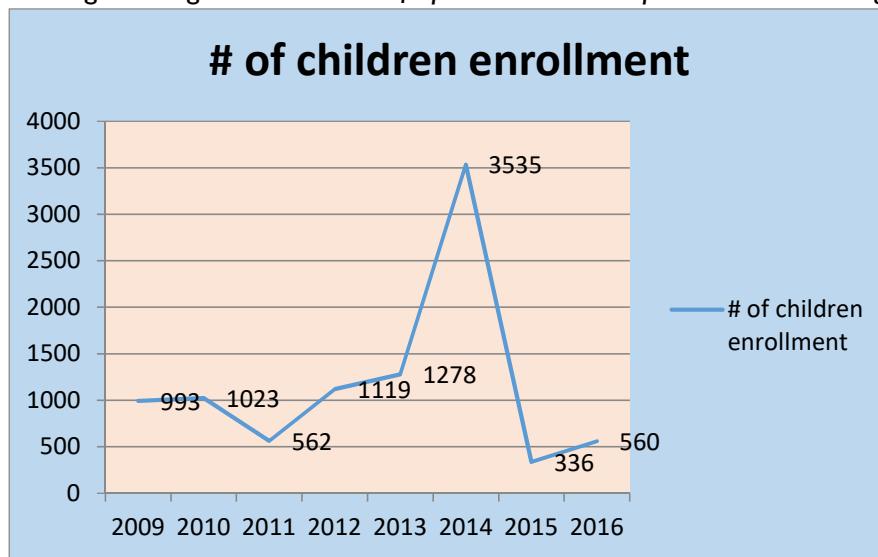
**10. Total reach:** Direct and indirect reach of children and adult, girls, boys, male and female

Year	Direct Reach	Indirect Reach	Remarks
------	--------------	----------------	---------

	Girls	Boys	Female	Male	Girls	Boys	Female	Male	
2009									
2010	2132	2067	495	1575	340	123	195	127	
2011	2704	3454	121	289			430	460	
2012	5751	5858	1235	1809			430	460	
2013	10009	13116	4517	2294	3685	2982	2045	2346	
2014	15472	15316	5139	3218	14364	14573	16175	16199	
2015	32171	31056	9272	9161	17244	18234	33412	31995	
2016	41529	40769	6531	6200	21731	22647	58829	57460	
2017	24359	23358	8138	7245	4751	6493	26789	25689	
2018	45804	44680	5393	3193	20938	20409	57076	44204	

## 11. Sponsorship operation: year wise children, percent of CI and cause, innovation in operation, phase over process, number of Sponsor visit

Sponsorship operation was one of the major components for the whole sponsorship Program. It managed the relation between each individual sponsor and children. Sponsor children were the representative children to comprehensive community development. Project started with 993 enrolled in 2009 from the Bhagwanpur and Sirsihawa VDC. And it annually expanded the geographical working coverage as it volume of sponsor children up to 2016. To mitigate the challenge ensuring



continue benefit to sponsor children innovatively identified focal teacher at school. To the effectiveness of focal teacher conducted the meeting quarterly. Operation had to collect the Quality communication material on behalf of sponsor children.

There was very

hard and fast time bound dead line in every activities. We did Child ineligible if they did not meet the requirement. Perhaps children appropriate for project program however we regret to inform them that they have not been able to continue in operation program if they did not meet the requirement. Since 2017 it had started the sponsor children transfer gradually as plan below:

Sponsorship Operation Phase Over Plan

S.N	Communities	Start year	Year
1	Bhagwanpur	2009	2017
2	Shiva Nagar	2009	
3	Sirsihawa	2009	
4	Vidhya Nagar	2009	2018 June
5	Ramnagar	2013	

6	purushottampur	2014	
7	Ganeshpur	2012	
8	Gugauli	2012	
9	Khurhuriya	2012	
10	Shivgadhi	2012	
11	Bahadurgunj	2013	
12	Barkulpur	2013	
13	Jawabhari	2013	
14	Agigara	2014	
15	Baraipur	2014	
16	Bhalawari	2014	
17	Chanai	2014	
18	Patthardeiya	2015	
19	Bishanpur	2015	

**12. Lesson learned:** why and how it is lesson for project, process, result, why it is different, effective than other (please attached object files of success stories, case studies, best practice)  
 Project was implemented in a way of Learning by doing. We faced the several challenges to scale up the program but got the solution to how it defy. Some time tiny changed in process, it significantly impacted to program activities. Here are the lines that were learning to project.

- Program more effective in presence of local government vis a vis non government's development intervention.
- NGO implemented Projects are of short-term nature. Good results can be replicated and sustained. Local level resource commitment and ownership could be taken for its continuity.
- SHN component are incorporated in SIP so that it helps us to improve SHN week/day celebration i.e de worming, annual health screening and mid day meal also it enhance the healthy behaviour of students.
- In course of small input and support it reached effective output in temporary learning centre. So it should be continuing onward.
- It is better to provide for school level child club training on hygiene traffic light, can be changed effectively in personal hygiene, environmental sanitation as well.
- 100 % enrollment VDC declaration announces formally has encouraging to announcing other VDCs.
- Tiny investment in livelihood program, returned crucial outcome so it need to be expansion.
- Integrated Sponsorship eAFU campaign created the non discriminatory feelings among sponsor child and other child, similarly it build trust and cross learning between program and operation team.

**13. Construction and renovation:** number of new construction and renovation, project investment, cost sharing from Government and community contribution, theme wise disaggregation (Please attach excel tracking sheet as object file)

As project aimed to social transformation and brought the change in quality of lives, it worked in hardware and software both. Project implemented in community contributed to parallel as psychological/attitudinal transformation and infrastructural development. To make the child friendly school and classroom school were supported with appropriate learning material, sitting arrangement, Mini library, Construction and renovation of class rooms, boundary walls, Toilet and pure drinking running water. As similarly ECCDs also supported with the build construction and appropriate learning material. Health facilities were also supported with separate rooms for AFS and adequate IEC materials and equipment. The details of disaggregation data had attached in excel sheet.



Distribution  
according to theme.x

#### **14. Theory of Change:**please briefly described how Sponsorship program contributed to SCI Theory of Change0

##### **14.1 Be the Voice**

Project implemented being a voice of voiceless people. We able influenced to local level leaders and execute the policy guideline and published in their gazette. Project strongly advocated with local government for fulfill the rights of children and effective implementation of UNCRC commitment of government and ensuring the participation of children in school management committee. Conducted child assembly (Bal Bhela) and prepared the details report with prioritized demand and submitted to Municipal and rural municipal offices.

Worked closely with ward child protection committee (former VCPC) in partnership approach. Organized training to them on child right and it's ensuring, conducted the several activities and campaign against the child right violation such as anti child marriage campaign.

##### **14.2 Be the Innovator**

We formed the structure of targeted community and sensitized them through the capacity building. We conducted the significant campaign, which delivered the service at the door of right holders and sensitized to duty barriers such as Birth registration campaign, door to door campaign for mainstreaming the out of school children in school. All local level representatives were trained on CFLG and focused on children in their planning and budgeting.

We worked in the partnership modality with community stakeholders and local government. Project implemented in collaboration with local government through MoU, which was enough effective to internalization the project and it's continuation towards sustainability. We worked in bottom up approach in project planning that we planned together and act together.

##### **14.3 Achieve Result at Scale**

The project was advocated and ensured to the children right and benefit. With the joint collaboration with stakeholders being able to declare 100% enrollment, School zone of peace, Child marriage free zone, Child friendly local governance, full immunization zone. Similarly contributed fulfilled the national target such as full literacy and open defecation free zone. As result of the program and its outcome and impact, there is deeper realization in the community of parents,

*schools teachers, local level government and other major stakeholders on importance of educating children, value of hygiene and nutrition on children's overall development, and their confidence and accessibility to local level resources.*

#### **14.5 Build Partnership**

*Previously we worked in collaboration with district level stakeholders such as education Office, Health Office (DHO) and child welfare board (DCWB). As similarly we worked closely in local level stakeholder like child protection committee, School management committee, health post, child club, youth club, youth information center, Local media and VDCs. After the federalism, there was significantly changed in federal structure and as according we changed our partnership with local government due to the dismissal of district offices and power decentralization. Project implemented in cost sharing approach, did the MoU with palikas. Worked closely in collaboration with community stakeholders. It build the strong partnership different stakeholders. On the whole, we believe the program was able to put the wheel of sustainability on right track which would continue to move forward even after the program phase out.*

### **15. Any Other Projects/Complementary Funding Managed and Research by**

**Sponsorship program:***please write short narrative of below each program if applicable*

- I. Rewrite the future
- II. Fatherhood
- III. Choices, voices and promises
- IV. One multimedia per teacher (OMPT)
- V. Integration of family planning into sponsorship project
- VI. Delay marriage, delay pregnancy and appropriate spacing (the project title to be remembered)
- VII. My first baby
- VIII. Healing and Education through Art (HEART)
- IX. Early Stimulation and Nutrition (ESAN)
- X. ECCD building construction with support from MIHIRA Corporation
- XI. Quality learning environment for children
- XII. Student's Need Action Pack (SNAP)
- XIII. Multi Lingual Education (MLE)
- XIV. Every Last Child
- XV. Other Research and Study

## Annexes

### i. 10 years result indicator in excel

#### Basic Education

Goal :- Children develop and learn to their full potential						Achievement	Achievement Calculation		IAPP Target
Result Indicator	Begainin g Baseline	Yea r	Baseline 2018	Target	Numerato r	Denominato r			
<b>IR 1: Access. All children have access to appropriate education pathways</b>									
<b>Total number of children enrolled in primary schools or NFE programs. (Basic Education)</b>	2578	2010	32,873	32,948	31867	31867			26458
Girl :	1202		16,355	16,411	16089	16089			
Boy:	1376		16,518	16,537	15778	15778			
Dalit	608		6,241	6,245	6286	6286			
Janjati	663		12,868	12,877	12316	12316			
Other backward class (Madhesi)	0		0	0	0	0			
Muslim	0		0	0	0	0			
Brahamin/Chhetri	0		0	0	0	0			
Others	1307		13,764	13,826	13265	13265			
Disability	0		59	51	86	86			
Sponsored child	0		4,978	3,209	3418	3418			

<b>Total number of children identified and enrolled, disaggregated by sex (plus other categories of vulnerability/deprivation that may be relevant)</b>	NA	16	11	88	88		NA	
Girl :		9	6	59	59			
Boy:		7	5	29	29			
Dalit		2	2	22	22			
Janjati		7	4	32	32			
Other backward class (Madhesi)		2	2	0	0			
Muslim		1	1	0	0			
Brahamin/Chhetri		2	1	0	0			
Others		2	1	34	34			
Disability		0	0	1	1			
Sponsored child		2	0	5	5			
<b>Student Attendance rate</b>	56.6%	2011	84%	86%	85.1%	27208	31974	92%
Girl:			83%	85%	84.6%	13707	16196	
Boy:			85%	87%	85.6%	13501	15778	
<b>Drop out rate</b>	10.3%	2012	3.0%	2.4%	2.5%	747	30186	3%
Girl:			2.9%	2.6%	2.0%	300	15173	
Boy:			3.0%	2.2%	3.0%	447	15013	
<b>Repetition rate</b>	14.0%	2012	6.7%	6.0%	5.9%	1725	29461	3%
Girl:			6.6%	6.2%	5.5%	809	14816	
Boy:			6.8%	5.8%	6.3%	916	14645	
<b>IR 2: Quality learning environment. learning environments are physically safe, healthy and support children's well-being; they are inclusive and gender sensitive, promote active learning, and meaningfully engage children and their families.</b>								
<b>Promotion rate</b>	73.9%	2012	87.7%	89.5%	92.9%	27356	29461	90%

Girl:			89.0%	89.0%	93.9%	13917	14816	
Boy:			86.5%	90.0%	91.8%	13439	14645	
<b>Teacher Attendance Rate</b>	84.0%	2012	96%	97%	97%	750	773	95%
<b>% of children who scored at least 40% marks in mastery of literacy/ reading skill (Global Indicator)</b>	29.9%		52%	55%	58.9%	244	414	51.10%
Girls			50%	54%	58.4%	115	197	
Boys			54%	56%	59.4%	129	217	
<b>IR 3: Classrooms and communities are focused on improving learning equity and learning outcomes</b>								
<b>% of children participating in learning opportunities outside of school by contextually relevant groups</b>	NA		63%	67%	80%	1259	1575	NA
Girls			62.8%	65%	87%	689	795	
Boys			62.7%	69%	73%	570	780	
<b>% of Schools with "Active" School Management Committees</b>	52.4%	2012	88.5%	92.8%	96%	134	139	
<b>IR 4: Policy, governance, and partnerships. local to national policies, systems, capacities, and resources for basic education are strengthened to sustain and expand gains in equity and learning</b>								
<b># of key activities implemented in support of a culture of reading and learning</b>	NA		4	4	4	4		NA
<b>% of selected indicator/s on time: Number of BE-relevant indicators on time divided by total BE-relevant indicators from Sustainability Action Plan</b>	NA							NA
<b># of religious school mainstreamed</b>	2	2012	4	3				100%

# of schools practicing School as Zone of Peace (SZoP)	30	2012	62	75	82	82		
# of school tap resources from local government (VDC/Municipality and DDC) and institutions (please mention amount while reporting)	18	2012	89	93	113	113	14175000	

### **Early childhood care and development**

Result Indicator	Beginning Baseline	Year	Baseline 2018	Target	Achievement	Achievement Calculation		IAPP Target.						
						Numerator	Denominator							
<b>Goal :- Children Develop &amp; Learn to their full potential</b>														
<b>Strategic objective (so): Improved child development outcomes &amp; caregiving Knowledge and practices for children 0-8 years</b>														
1 % of ECCD children who have achieved development outcomes	63%	2014	86.6%	87.2%	89%	321	360							
Girl:	0%	0	92.0%	87.7%	89%	154	174							
Boy:	0%	0	81.3%	86.7%	90%	167	186							
2. % of Parent/caregiver knowledge and practices	46%	2011	73.0%	74.4%	76%	205	270							
3. % of ECCD graduated children promoted from grade 1 to 2 disaggregated by sex.	60%	2012	88.5%	89.0%	89%	2018	2263	87%						
Girl:	0%	0	89.9%	87.5%	88%	1020	1164	0						
Boy:	0%	0	86.9%	90.6%	91%	998	1099	0						
<b>IR 1: Increased availability and access</b>														
Proportion of children participating in center and non-center based ECD programs.														
Girls:														

Boys:								
Proportion of parents/caregivers participating	310	2011	1839	935	1756	1756		30000
Attendance rate of ECCD children is increased by .....%	58%	2011	80.7%	81.98%	82%	2855	3486	75%
<b>Intermediate Result 2: Improved Quality of child development and early learning environments</b>								
Quality of the center-based learning environment	26%	2011	62.86%	63%	73.33%	33	45	90%
Number of ECCD facilitators trained	33%	2011	97%	100%	135	135	136	100%
<b>Intermediate Result 3: Improved cross-sectoral programming to reduce inequities and maximize results for children</b>								
ECCD programs with cross-sectoral links			129	129	136	136		
Active community management committees	8%	2011	90%	91%	90%	123	136	80%
<b>Intermediate Result 4: Increased advocacy and strategic partnership for building ECCD capacity, policy, investment and scale up</b>								
Create partnerships to prepare for scale and sustainability (Local Level # partnership with palika								
# of training/orientation								
# of Model ECCD center established(based on the national MS)				66%	87	87	129	
Policy formation								
# of ECCD centers tap resources from local government (Palika)(please mention amount while reporting)	7.60%	2012	62%	66%	136	136	136	70%

## School Health and nutrition

Result Indicator	Beginning Baseline				Achievement 2018				
	Baseline	Year	Baseline 2018	Target 2018	Achievement 2018	Numerator	Denominator	IAPP	
<b>Goal: Improved health and educational status of school-age children</b>									
<b>Strategic Objective (SO): Improved use of key school-based health and nutrition services and practices/behaviors</b>									
% of school children reported healthy behaviors	50	2012	89%	90%	92%	337	366	70%	
% of children who know both the critical times for handwashing and benefits of handwashing	NA		89%	90%	97%	355	366	NA	
% of children who know certain facts about health, hygiene, nutrition, worm and anemia prevention	47	2012	89%	94%	94.81%	347	366	80%	
% of children who mention 2 or more foods rich in iron	NA		#DIV/0!	#DIV/0!	#DIV/0!			NA	
<b>Intermediate Result I: Increased availability of school-based health, hygiene, and nutrition services</b>									
% of the school children received biannual deworming	90.0075796	2012	97%	100%	93%	33026	35617	90%	
% of the school children supplemented by 13 weeks iron tablets	3.24012158	2014	82%	84%	#DIV/0!			90%	
% of school doing deworming	100	2012	100%	100%	100%	139	139	100%	
% of school doing iron supplementation	100	2012	100%	100%	#DIV/0!			100%	
% of school doing vision, hearing and oral check-up	42.5531915	2012	100%	100%	100%	139	139	100%	
% of school children receive vision, hearing and oral check-up	28.5062714	2012	94%	100%	95%	22617	23737	80%	
% of school with first aid service	100	2012	100%	100%	100%	139	139	100%	
% of teachers trained on first aid training in the last calender year in impact area	NA		#DIV/0!	#DIV/0!	79%	110	139	NA	

% of school with home made Tiffin	21.2121212	2014	35%	42%	80%	111	139	100%
<b>Intermediate Result 2:Improved quality of the school environment</b>								
% of School with access to potable water	74.4680851	2012	99%	100%	100%	139	139	85%
% of school with functioning latrine	12.7659574	2012	91%	92%	92%	128	139	85%
% of school with sex separated latrines in the calender year	NA		71%	71%	94%	131	139	NA
% of school with hand washing facilities with soap and water available	NA		91%	92%	100%	139	139	NA
% of school with waste disposal system	78.7234043	2012	100%	100%	100%	139	139	100%
% of School having menstrual hygiene management system	NA		51%	57%	63%	22	35	NA
<b>Intermediate Result 3:Improved knowledge, attitudes and interest towards using health services and health protective behaviors</b>								
% of Schools having trained SHN focal teacher	NA		96%	96%	100%	139	139	NA
% of school teacher's training that covered health topics as per SHN guideline	NA		100%	100%	100%	139	139	NA
% of Schools conducting Health Education Session as per guideline	NA		100%	100%	100%	139	139	NA
% of children who know certain facts about health, hygiene, nutrition and worm and anemia prevention	47	2012	91%	94%	95%	347	366	80%
<b>Intermediate Result 4:Improved policy environment for SHN and community support for SHN</b>								
% of schools reviewed and incorporated SHN program related activities in their School Improvement Plan (SIP)/annual work plan	21.2765957	2012	98%	100%	100%	139	139	100%
<b>#of Functioning SHN committee at district level/Palika/Province</b>			0	0	0			

# of schools with functional committee trained on SHN last year				0	0	0		
# of schools supported by SC/PNGO with annual plan , which is budgeted & financed in the last calender year				0	0	0		

### ASRH

Result Indicator	Beganning Base line	Year	Base line	Annual Target 2018	Annual Achievement 2018	IAPP
<b>Goal:</b> Adolescents contributing positively to their well being and the betterment of society						
<b>Strategic Objective (SO):</b> Adoption of positive practices, participation and use of health, education and economic opportunities.						
<b># of adolescent pregnancies (10-19 yrs)within the impact area</b>			0	0	0	
<b># of ASRH Visits</b>			4420	4512	10705	
% adolescent < 20years with a live birth within last 12 months doing Antenatal Care (at least one)						
Adolescent contraceptive prevalence rate (CPR)						
<b>Couple of Years Protection (CYP)</b>	<b>102</b>	<b>2012</b>	765	765	827	700
Intermediate Result (IR) #1: Increased availability and accessibility of adolescent friendly servieces and opportunities						
% of SDPs in target areas where adolescents get adolescent friendly RH service	100	2012	100%	100%	100%	60
% of SDPs in target areas with providers trained in AYFHS services and communication	37.5	2012	100%	100%	100%	
% of SDPs with regular supply of FP commodities in last 3 months	100	2012	100%	100%	100%	60

% of adolescents who know where to get ARSH and FP services	37.5	2012	94%	96%	91%	90
Intermediate Result (IR) # 2: Improved quality of services and opportunities						
<b># of SDPs engaged in PDQ-Y in program area (Only ensure)</b>			0	0	0	
<b># of QI teams where adolescent are present at each meeting</b>	37.5	<b>2012</b>	20	20	20	
<b># of SDPs with sufficient privacy for counselling</b>	37.5	<b>2012</b>	20	20	20	
% of adolescent clients satisfied with care received from SRH service providers	95	<b>2012</b>	#DIV/0!	#DIV/0!	#DIV/0!	50
Intermediate Result (IR) #3: Enhanced capabilities, skills, knowledge of adolescents						
% of adolescents know how to prevent from HIV infection	48	<b>2012</b>	76%	78%	96.55%	
% of adolescents know the measures for menstrual hygiene	48	<b>2012</b>	75%	76%	93.90%	
% of adolescents who can say at least 3 reasons for not to marry early	48	<b>2012</b>	76%	79%	94.69%	80
% of adolescents who are in a relationship who talked with their partners regarding SRH issues in the past 3 months			#DIV/0!	#DIV/0!	#DIV/0!	
% of sexually active adolescents who believe they could successfully negotiate contraceptive/ condom use with their partner			#DIV/0!	#DIV/0!	#DIV/0!	
% of adolescents who are confident that they could refuse sex if they did not want it			#DIV/0!	#DIV/0!	#DIV/0!	
% of active mentors on ASRH among total trained			#DIV/0!	#DIV/0!	#DIV/0!	

Intermediate Result (IR) # 4: Strengthened social and policy environment.						
% of family members who think ASRH information and services should be available to adolescents			#DIV/0!	#DIV/0!	#DIV/0!	
<b># of safe spaces for youth gathering</b>			0	0	0	
<b>#of Evidence of targeted public and private sector officials, CBOs, or community leaders publicly demonstrating new or increased commitment to ASRH</b>			0	0	0	

## **Adolescent Development**

Results Indicators	Begaining Baseline	Year	Achievement of 2018			IAPP Target.
			%	Numarator	Denominator	
<b>Strategic Objective (SO):Adoption of positive practices, participation and use of health, education and economic opportunities.</b>						
Child marriage practices decreased to XX % from the baseline	31%	2012	16.96%	107	631	8%
% of adolescents reporting greater/increased income after program participation						
% of program participants reporting increased use of financial services						
<b>IR 1: Increased availability and accessibility of adolescent friendly services and opportunities.</b>						
% increase in the membership of child clubs	10	2015	0.22%	12	5507	

# of children/adolescents received social Protection service/reintegration/rehabilitation and recovery support							
					9903		
<b>IR 2: Improved quality of services and opportunities.</b>							
% of child clubs in program area meeting minimum quality benchmark	35	2011	98%	174	177	200	
# of ASST service providers offering quality services as defined by ASST quality checklist							
% of adolescents with meaningful participation in community decision making processes			44%	126	285		
<b>IR 3: Enhanced capacities, skills and knowledge of adolescents.</b>							
% of adolescents correctly responded the selected KAP related questions from integrated AD learning curricula			81%	29	36		
% of adolescents who listed at least three evidences of positive gender behaviors demonstrated during past 12 month period.			97.2%	35	36		
% of adolescents who can list at least 3 negative consequences of child marriage	10%	2012	97%	35	36	80%	
% of adolescents who listed at least three evidence of using life skills in their daily lives	30%	2013	94%	34	36	70%	

% of adolescents with improved knowledge, skills and attitudes in relevant pre-/ post-tests in financial literacy skills, employability skills, entrepreneurship skills, etc.)						
<b>IR 4: Strengthened social and policy environment.</b>						
# of local structures declared as CFLG/ Child Marriage Free zones during past 12 months				2		
% of functional W/MCPC, meeting QBM defined by local bodies			89%	25	28	
% of adolescents indicating expanded networks that can be leveraged to improve livelihoods						
# of child/adolescent related policies developed and enforced by local government bodies			3			
% increase in annual budget allocation to children/adolescents by local government bodies			85%	2109000	2486000	

## Livelihood

ID	INDICATOR_NAME	Begainning Baseline	Year	Base line 2018	Target 2018	Achievement 2018	IAPP Target
1	<b>Goal:</b> To improve the livelihoods of vulnerable families and their children contributes significant impact on children's education, health and nutrition						
2							
3	<b>Strategic Objective (SO):</b> Adoption of positive practices, participation and use of economic opportunities for household economic security.						
4	% of youth/vulnerable families who report increased in income	30	2013	79%	92.54%	89.64%	80
5	N: No. of youths/family who report increase income			158	186	225	
6	D: Total number of youths/families engaged in different IGAs	17	2011	200	201	251	200
7	% of families invested at least 30% of their additional income on children wellbeing			26%	73%	77.78%	
8	N: No. of youths/family who invest at least 30% of their income for children's wellbeing	66.67%	2015	41	135	175	
9	D: Total number of youths/families who report increase in income			158	186	225	
10	<b>Intermediate Result #1:</b> Increased availability and accessibility of youths and poor family friendly services and opportunities.						
11	Number of MFIs that are providing financial services to adolescents and youths	1	2013	1	1	0.01	6
12	% of vulnerable/youths/families accessing to financial services from financial institution (cooperatives and MFIs)	47%	2015	80%	85%	94%	
13	N: No. of trained youths/families who receive financial services from financial institutions			16	17	17	
14	D: Total no. of youths/families who are engaged in different IGAs			20	20	18	

15	No. of CEF established and operational			1	1	1	
16	Number of vulnerable children benefitted from CEF	10	2015	20	20	20	
17	% of poorest people access social protection schemes				D19/D20*100		
18	<b>N:</b> No. of people receiving GON provisioned Social Protection Schemes			0	0		
19	<b>D:</b> total no. of eligible people for GON provisioned Social protection schemes			0	0		
20	<b>Intermediate Result #2: Improved quality of services and opportunities for youths and</b>						
21	No. of youths/families received services from different livelihood service providers (government, MFIs, CCI, and relevant agencies)				D50+D51		
22	No. of LRP providing services to farmers' groups			19			
23	<b>Intermediate Result #3: Enhanced capacities, skills and knowledge of youths.</b>						
24	No. of youths/vulnerable families engaged in different IGAs			180	201	225	
25	Number of youths/families engaged in micro-enterprise (vocational skill based)			16	0		
26	Number of youths/families engaged in off-farm enterprises			22	17	17	
27	Number of youths engaged in on-farm enterprises			142	184	234	
28	Average annual HH income (NRs)			70200	81000	72350	
29	Number of youths/families engaged in IGA earned NRs. 80900 or more per year	75	2015( Tracked based on 72000)	42	100	107	
30	Number of families investing at least 30% of their income in children's education, health and nutrition	58	2015	41	135	175	
31	% families reporting round year food sufficiency			0			
32	<b>N:</b> Families reporting round the year food sufficiency			0			
33	<b>D:</b> Total no. of families engaged in different IGAs			0			

34	Average of number of months of household food self-sufficiency over targeted households						
35	<b>Intermediate Result #4: Strengthened social and policy environment.</b>				0		
36	Number of targeted Palikas allocating resources for youths/poor family	21	2015(VDCs)	3	3	3	
37	Number of MFIs adopted youth/poor family friendly policies			0			

### Case studies/publication

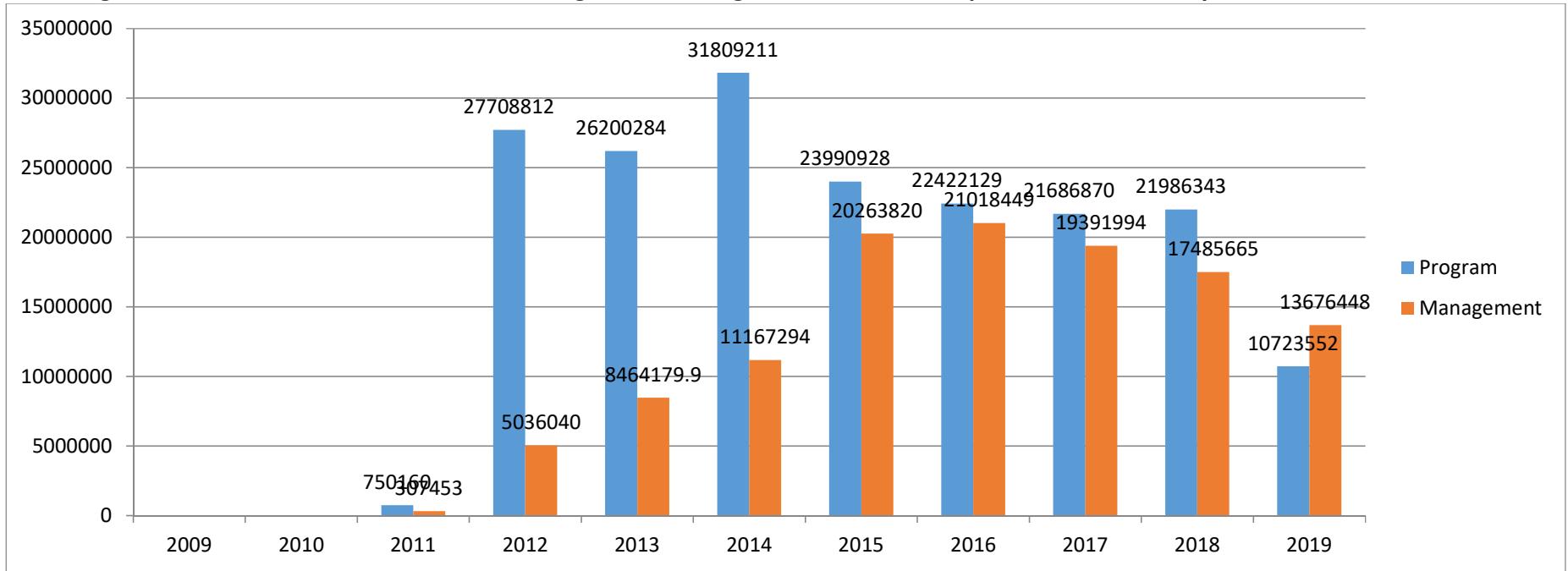
**Case stories are the real reflection of project either it could be successful stories or failure. It also the one of the major tools to ensure and analysis the project. It is also the asset of organization. Well KSSC collected the periodic case stories from the program interventions and submitted to Save the children. As similarly published the case stories book in 2016 with successful stories. here are the Some case stories that collected during project implementation.**



Case stories.rar

## ii. Budget (Planned)

To the goal attainment and utilization of budget according detail financial report, The summary was



## v. Photo with caption/newspaper cutting/appreciations etc.:



### शिवराज राजपत्र

#### शिवराज नगरपालिकाद्वारा प्रकाशित

खण्ड: २ संख्या: ११ मिति: २०७५।०६।०८  
भाग-२

शिवराज नगरकार्यपालिकाले बनाएको तल लेखिए बमोजिमको नीति सर्वसाधारणको जानकारीका लागि प्रकाशन गरिएको छ ।

बाल समूह गठन तथा सहजीकरण विदेशिका, २०७५

स्थानीय सरकार सञ्चालन ऐत, २०७४ को दफा १०२ से दिएको अधिकार प्रयोग नरी शिवराज नगरकार्यपालिकाले यो बाल समूह गठन तथा सहजीकरण विदेशिका जारी गरेको छ ।



### शिवराज राजपत्र

#### शिवराज नगरपालिकाद्वारा प्रकाशित

खण्ड: २ संख्या: १० मिति: २०७५।०६।०८  
भाग-२

शिवराज नगरकार्यपालिकाले बनाएको तल लेखिए बमोजिमको नीति सर्वसाधारणको जानकारीका लागि प्रकाशन गरिएको छ ।

बाल संरक्षण नीति, २०७५

स्थानीय सरकार सञ्चालन ऐत, २०७४ को दफा १०२ से दिएको अधिकार प्रयोग नरी शिवराज नगरकार्यपालिकाले यो बाल संरक्षण नीति, २०७५ जारी गरेको छ ।

Shivraj Municipality's Child protection policy and Child club mobilization guideline published in gazette with the technical support of KSSC.



A campaign against Child marriage

Street Drama shown by Child club member.

Commitment to challenge the child marriage.

बालमैत्री स्थानीय शासन वडा: शिवराज-९

चन्द्रीटा(कपलवत्तम), २६  
भट्टी विल्ला सम्बन्ध समिति  
करिंश्वरसुले विल्ला जग्नापल्ली  
वडा २, ३ विधिक विवाही  
गाविस्ताली वालमेत्री स्थानीय शासन  
वडा धोणापांच स्थीकृति प्रदान  
गेको ४ वालमेत्री स्थानीय शासन  
वडा धोणापांच विवाही विवरिं  
२०६५ अद्युत्तर समाजें उपलब्धी  
पूर्ण गेको साथ सुकृतक हासिल  
गरकाले वालमेत्री स्थानीय शासन  
वडा धोणापांच लागि जि.स.स.ले  
स्थीकृति प्रदान गेको हो ।

नेतृत्वको टोलीले वडामध्येत  
विभिन्न विल्लाले, स्थानीय लोकी,  
शौचालय लागात लालभेटी भए  
अनुभावको भनुभाव मंको दिए ।  
अनुभाव टोलीले स्थानीय अनुभाव  
तथा सम्बन्ध समिति, वाल संसाल,  
स्थानसँगीकारक समितिले देखा  
अटकिक्का समेत गरेको यस्तू  
सुकृत पूर्ण गेको ठार गरेको दिए ।  
अनुभाव टोलीमा विल्ला  
सम्बन्ध अधिकारी अग्रान्ती  
लालभिले, विल्ला जग्नापल्लीका  
नगरपालक नेत्राले अधिकारी

जिल्ला समन्वय समिति अनुबंध जिल्ला सारोग बालमंडी स्थानीय शासन जिल्ला समिति, विधायक कार्यालय र विधायक टोकोनाहारा गरीको अनुबंध र विधायक वडाले सम्मिलि उपलब्धी पूरा गरेको ठार गरे बालमंडी स्थानीय शासन वडा पोखरिको स्वीकृति पत्र प्राप्त गरेको बहासम्बन्ध प्रेम कल्पाले जानाउन दिए ।

जिल्ला जनस्वास्थ्य कार्यालयका प्रमुख योगेन्द्र भारत, महिला तथा बालविधायक कार्यालयका विपेन्द्र पन्थी, शिक्षाकान नगरपालिका प्रिया शासा प्रभु वृषभदेवु विकर्कार, कालिका स्थावरलम्बन समाजिक केन्द्रका कार्यकारी निर्देशक गणेन्द्र शर्मा राजल, कालिकाका संस्थान लम्पाल, लिलाका समन्वय समिति सदस्य मीठाराम राजा, कालिका

जिल्ला सभनव समिति संघोजक एवं जिल्ला स्तरीय बालमैत्री स्थानीय शासन जिल्ला समिति संघोजक नारायण प्रसाद छन्नलको कार्यक्रम प्रमुख अजय कुमार चौधरी, सुधार रम्पी लालायतको समाप्तिता रहेको विषय। टोलीले प्रकाश मार्ग, सरस्वती मार्ग, शिवाली आपारभूत

उत्तको टोलीले बडाभित रिभन विद्यालय, स्वाम्य चौकी, चौलालय लगायत बालमैत्री भए भएको अनुगमन गरेको विद्यो।

विजातव, शिकाही स्वास्थ्य चौकी, २४ पट्टे प्रतीत सेवा लगावत्को अवलोकन अनुपात प्रयोग कियो । गर्न सफल खड्द बालमैत्री स्वास्थ्य शासन बडा योगाङ्को अनिनाम व्यवस्था प्रयोग कराना । अपि बढाइँ पूरा लयार्थी पूरा भए बढायस्थ बढाकाले बताएका छन् व्यवस्था प्रयोग अनिनाम

अनुप्रयोगवाच  
वडा  
कालालयमा  
अपारिजत  
अनन्तराज्यालयमा बडाहारा चुक्कारुदू  
खकडाकले बालमैत्री स्थानीय शासन  
बाला पोषणालय लागि चिक्का रुपाली  
सालालिदू बालालयिका लक्षित  
कार्यक्रमालय प्रयोगितामा दिवे  
आएको अवधार गराए। पोच वर्षोमा  
प्रयोगप्रयोग बन्द ३, वटा सुकूप दुर्दृ  
प्रयोगालाई अनुप्रयोग दिए।  
पर्याप्त चुक्कारुदू थाए।  
आपारिजत इ गोत्रका  
दिन शिवायज नगरालिका वडा न.  
७ लो भलाकाला साथ बालमैत्री  
स्थानीय शासन वडा पोषणालय  
तथायामा जुटेको उपर्योग गरे।  
बालमैत्री स्थानीय शासन वडा  
पोषणालय लाई बरितेले त्वाही  
वडा उत्तमतिरिक्त मालाहाटा कीर्तन  
वडा उत्तमतिरिक्त गरी कीर्तन ३  
वडा सुकूप दुर्दृ दिएको अनुप्रयोग  
लोलैले अनुप्रयोग प्रयत्न ठार गे  
छ।

AIR

८ वैशाख २०७४, शुक्रवार | २१

बालविवाह अन्त्यका लागि  
युवाहरूको प्रतिबद्धता

वन्दैटा (कपिलवस्तु),  
३ वैशाख- युवा सचना केन्द्र  
बरकुलपुरकी अध्यक्ष समिक्षा बेल्वासे  
यांत्रिकेला आरहो गाउँ समुदायमा हुने  
गोरका बालविवाह जस्ता कुसंस्कारको  
विस्त्रिता उँचाइको छन्। गाउँउरमा  
अधिभावक र बासबालिकालाई

अधिमुखीकरण गर्नेमे प्राय दिन बिले यस्तै त्यही गीठल बाल संरक्षण गरेको उनी बताउँछन् । समिति, बाल सञ्जाल, स्थानीय

उनीजन्ते युवा सूचना केन्द्रमा आवद युवायुवती परि साधिक बरकुलपुर गाँवम (हाल युद्धभूमि नगरपालिका वडा न. १) लाई सन् २०१३ धित्र बालविवाह भुक्त बनाउन सार्वाधिक अधिकारान्मा जटेका विभिन्न संघसंस्थाका साथै कालिका स्वावलम्बन सामाजिक केन्द्र, सेभ दिल्लैन समेत बरकुलपुर गाँविसलाई बालविवाह भुक्त बनाउन अधिकाराई तिब्बता दिएको सामाजिक परिवासक रोपलाल खनालले बताए ।

<http://etahalka.com/archives/540>

<http://www.tharuwan.com/2017/11/120971/>

<http://etahalka.com/archives/540>

<http://www.news24nepal.tv/2017/11/18/199612#.WhF> CUoB 4g.facebook

<http://www.lightnepal.com/85880/>

## Appreciation Letter recognized from Local different stakeholders.



Previously studied classes of TECCD, Hanumannagar, Bijaynagar Rural Municipality.



Projected advocated to transform Transitional ECCD into permanent and constructed building cost sharing with Palika.



ECCD Innagurated by Bijaynagar Rural Municipality Chair Person and vice chair person.



Constructed child friendly ECCD building.

Villagers of sandipnagar bankasbasa were compelled to stored the river water and drink since 4 decade. It has successfully dripped the deep boring joint collaboration with Shivraj Municipality.



During School enrollment Campaign and The first 100% enrollment (5-12 years) declaration Program in Shivgadhi VDC, Kapilvastu.