

KALIKA SELF-RELIANCE SOCIAL CENTRE (KSSC)

Girls' Rights against Negative Traditions (GRANT)

Evaluation of the Program

Date

7/25/2021

The evaluation of the GRANT project, supported by Amplify Change (UK) and implemented by Kalika Self-reliance Social Centre (KSSC), Kaplivastu, Lumbini Province, Nepal, is so designed to ensure meaningful participation of all the key stakeholders and rights holders as far as practicable in the entire process of evaluation of GRANT project. The field study across Suddodhan rural municipality, Kapilvastu, Lumbini Province, carried out for empirical evidences of the activities implemented and the results, outcome, as well as milestones achieved (From July 16 to July 21, 2021) saw the involvement of the KSSC Board of Directors, Implementing Team, representatives from the local government, members of the CBO networks, Health facilities, non-Traditional allies and the community people. Led by an independent consultant who collated the observations and findings produced by all those involved over the course of evaluation, pieced them together to bring out the Evaluation Report and the draft was subsequently shared among all the key stakeholders and rights holders before giving it a final shape. So, the evaluation study was led by a Consultant though, acting as a facilitator, it was practically a joint exercise, hence collective ownership. Everyone having a stake had true and meaningful participation providing constructive inputs which make this Evaluation objective and impartial, "multiple observers observing one and the same object through different lenses".

Executive Summary

The Evaluation of GRANT program, supported by Amplify Change, UK, under 'Opportunity Grant' was originally meant to be a ONE-Year project focused on SRHR (Sexual & Reproductive Health Rights) targeting both the supply side (duty-bearers) and the demand side (rights holders) as well as the stake holders, aimed at bridging the SRHR gaps and knocking down the barriers hindering the youth & adolescents from exercising the SRH rights as provided in the Safe Motherhood & Reproductive health Rights Act 2018, and combating the evils of Child Marriage, rampant among *Muslim* and *Madhesi* communities, was implemented across 6 Wards of Suddodhan municipality, Kapilvastu district of Lumbini Province.

The rural municipality bordering Indian state of Uttar Pradesh has total area cover 91.69 km with a population pushing 50,000. The rural municipality has 6 Health Posts (basic health facility, one in each Ward) and 1 Community health unit. The rural municipality is home for different ethnic groups i.e. Tharu (indigenous tribe), Muslim, Madhesi (people of Indian origin), Pahadi, Dalit (lowest caste in Hindu caste hierarchy) and Brahmin/Chhetri. It is one of the backward municipalities of Lumbini Province, where Child Marriage and Gender discrimination are present at horrific level.

Hardly had the GRANT project taken off (February 2020) in this municipality and the pandemic of Covid-19 broke out on March 2020, a month later, that threw the program topsy-turvy, followed by months of crippling lockdown. And when the pandemic seemingly deflated after 2 months rekindling hope for normality, which saw the KSSC implementing team finding their feet only to be attacked by the Corona virus sending the organization's chairperson, program manager, administrative officer and few others bed ridden. That triggered panic wave, dealt a blow to the activities. And thus, the planned activities reportedly went ahead in fits and starts. The community, the stake holders, and the rights holders (beneficiaries), too went through the difficult time fraught with dangers, effectively constraining their engagements in activities, forcing them to seek safety of the home.

The unforeseen circumstances filled with anxiety, uncertainty, and apprehensions resulting from the fateful attack of corona virus and the fear-psychosis gripping the Team caused huge setback to the GRANT program implementation. The One-Year program with tightly-packed activities needed a 6-months non-cost extension, which was sought and granted.

Not only implementation of activities but also the Evaluation exercise was eclipsed by the pandemic Covid-19. The four days of field study (from July 17 to July 20) visiting the local government, health facility, CBO networks, non-traditional allies and community people, was fraught with problems as it inevitably called for focused group discussions, interactions, and interviews to gather relevant information and empirical evidences that required some sort of gathering and assembly which risked going harm's way.

Against all the odds, the Evaluation went ahead without any untoward incident. The Team was able to bring together all the stakeholders and beneficiaries for the purpose, though they joined in small numbers, less than expected. The information that the Evaluation Team and the Evaluation exercise was able to access and dig out over the span of 4 full days of field study in spite of difficult time and hostile circumstances told a lot about GRANT project, its stakeholders and beneficiaries, results, outcome, and milestones, changes the GRANT project brought about in the municipality, obstinate problems & challenges, hopes, perceptions, and expectations, issues & concerns as regards SRH rights and Child Marriage, social psyche, stigma, mental/psychological barriers, traditions & belief systems, cultural barriers, obstacles created by political interests, policies vis-à-vis enforcement, legislative measures (National Civil Code/ SRH Rights Act 2018) vis-à-vis protection mechanism in place, and so on.

This Evaluation Report has drawn on field study for its contents informed by KEY Findings, achievements/progress made as against the FIVE Amplify Change Indicators, major issues & concerns as regards SRH rights and Child Marriage observed and studied, administrative & financial procedures/arrangements as observed, support & coordination with various stakeholders (health posts/local government/traditional allies), the CBO network of Youth & Adolescents; their capacity in issue identification, building strategy around identified issues, advocacy, leading social movement for change, local resource mobilization, practical problems & challenges facing the local level CBO networks, risks and threats they live with etc.

This apart, the Evaluation Report also paints a picture of overall challenges, risks, and constraints around twin issues (i) SRH rights and (ii) Child marriage in the social, cultural and political context of the Suddodhan municipality where it was implemented, followed by conclusions & recommendations.

Since the GRANT project was a one-off, ONE-Year project for which the implementing Organization, Kalika Self-reliance Social Centre, didn't carry out a baseline survey as part of pre-intervention strategy, and hence, there is no benchmark (as point of reference) as such to statistically (data-based) measure the progress/achievements, nevertheless, there are FIVE Amplify Change indicators that was used to measure the changes against.

And so, this evaluation report will not quantify the progress/achievements on numerical scale, however, it will rely on quotes, stories, views, opinions, and stake holders as well as beneficiaries' impressions & perceptions to corroborate its findings.

METHODOLOGY, TIME, TRAVEL, TEAM, FIELD VISIT, CONSTRAINTS

1. METHODOLOGY

A review of the GRANT project narrative, a study of Agreement between Amplify Change and KSSC, and based on Amplify Change indicators, checklists were developed to collect information from all the 4 key stakeholders i.e. Local government, Health facility, non-Traditional allies and CBO Umbrella network (at municipality level) and community level networks (Ward level). This apart, the Evaluation exercise sought to collect stories from both the stake holders and rights holders and gives space to such stories in the evaluation report. The photographs and media cuttings/report are placed in Annex at the back of the report as evidences to corroborate the findings.

The METHODOLOGY employed over the course of evaluation of the GRANT project was as follows:

- Focused Group discussions
- Informal interactions
- Interviews
- Story-telling

II. TIME

A total of 10 working days was put into the Evaluation exercise. Two days were spent in reviewing the project narrative, agreement, Amplify Change indicators, and the planned Activities and developing checklists based on and informed by the relevant literatures for both the program evaluation and administrative and financial assessment. Four full days went into field study reaching out to all the key stakeholders and rights holders and putting heads together with them. This was excluded of the travel time. Four more days were spent on collecting and putting down the findings into a draft report, sharing it for discussion amongst evaluation participants, noting down their inputs, feedbacks and comments, before knocking it into final report. Altogether it took 10 working days to bring out the Evaluation report in this shape.

III. TRAVEL TIME

Two days were gone into travel from Kathmandu to Kapilvastu and back. The air travel from Kathmandu to Lumbini was fraught with danger as the airlines' bus at airport terminal ferrying the passengers to the aircraft for boarding saw the travelers packed like chicken in the coop. The aircraft too had no such arrangement as to observe safe distancing and taking kind of safety or precautionary measures. They operated at the peril of travelers. On return, the consultant refused to take risk of going harms' way and requested the KSSC management to arrange for a travel

from private car though the mountainous road was fraught with other type of hazards i.e. flood, landslides, roadblocks. On the whole, two days went in travel up and down.

IV. TEAM

The Evaluation Team composition followed GESI (Gender & Social Inclusion) principles. It was made inclusive and participatory in order to make the evaluation impartial and objective.

The TEAM composition was as follows:

- Team Leader (Overall Program Evaluator)
- Team member (Finance & Administration Evaluator)
- Team member (KSSC Board)
- Representative (Health Facility)
- Representative (Local Government)
- Representative (Adolescent & Youth CBO network)
- Representative (Traditional allies – Pundits/Maulanas)

Having a diverse, inclusive, and participatory Team gave way to disagreements and disputes over the finding subject to perceptions and perspectives. Everyone had a position and a perception different from the other. It was taken a positive and constructive way of looking at things; hence, the diversity was a welcome way.

V. FIELD VISIT

The Evaluation Team visited different stakeholders, their offices, while some stakeholders were met at isolated locations to avoid the risk/threats posed by Covid-19 pandemic, given the regular crowd of service seekers at the offices. The following venues, offices, and networks were visited:

- ✓ Kalika Self-reliance Social Centre (KSSC) Office at Taulihawa, Kapilvastu on July 17, 2021 to hold interactions with KSSC Board of Directors, senior staff and Implementing Team, (*pls. refer to pictures and names at the Annex*)
- ✓ A team of local government comprised of (Mayor/Vice-Mayor, Administrative Officer, Health Unit In-Charge, Education Unit In-Charge, Officer in-charge of children, women and old etc.) from Suddodhan rural municipality met and interacted with at Lumbini Garden resort (*pls. refer to pictures and names at the Annex*) on July 18, 2021
- ✓ Labani Health Post, Ward No 3, Suddodhan rural municipality to talk with HFOMC (Health Facility Operation, Management Committee), interact with Ekta Jagaran CBO network of Youth & Adolescents, talk to SRH Service Provider & Counselor at the Health Facility, and hold discussions with a group of traditional allies on July 19, 2021, (*pls. refer to pictures and names at the Annex Table 1*)

- ✓ Pataryia Health Post, Ward No. 1, Suddodhan rural municipality, to interact with Health Facility In-Charge, SRH Counselor and Service Provider, and the *Shaskta Kishori Sanjaal* (Empowered Adolescents' Network) CBO network. (*pls. refer to pictures and names at the Annex*)

VI. CONSTRAINTS

A lingering fear of picking Corona virus accidentally or unwittingly was source of constant unease as it was difficult to predict the mode of transmission. While this forced the Evaluation Team to tread with caution in the field (communities), the numbers of stake holders and rights holders too were present in small number blamed at the Covid threat. None of the participants including the evaluation Team were free and at ease psychologically, though they were all present in person to talk with the Team. Except for the threat of Corona, the evaluation exercise didn't suffer any other constraints.

KEY FINDINGS

Having met and interacted with various stake holders and rights holders at some length, the Evaluation TEAM was able to gather considerable amount of information (Best practices/challenges/prospects/current state of affairs/opportunities) related to SRH services and Child marriage across the Suddodhan rural municipality. An analytical narrative of the total information gathered indicator-wise and others will figure in different chapters under separate headings in this report, however, to give the readers a quick glimpse of the existing reality as regards SRH & Child marriage across the municipality, here is a list of them.

ON SEXUAL & REPRODUCTIVE SERVICES ACROSS THE RURAL MUNICIPALITY

- i. Only 2 out of 6 Health Posts (Basic Health Facilities) at Ward No 1 and Ward No 3 have well-equipped, separate Adolescent-friendly Corner (AFC) for providing SRH services (medication/counseling) where the services being provided by trained woman health providers. One other Health Facility at Ward No. 6 of the municipality too, providing the SRH services, however, it doesn't have the AFC nor is it well-equipped for the SRH services.
- ii. The SRH service and counseling providers in the AFC at the Health Facility meant to address the adolescents' sexual & reproductive needs are somewhat trained health professionals but they are not at all trained counselors. They admitted that the adolescent girls visit AFC at the facility with SRH-related problems, however, they seldom if ever come candid about it. Many a times, it is difficult to understand and pinpoint the problems they facing because they rather fight it down than share them. The hesitation and inhibition on the part of service seekers (adolescent girls) remains a hurdle in providing and accessing SRH services across the municipality.
- iii. Trust deficit is another hindrance preventing adolescents from seeking and enjoying SRH services provided by the Health facilities. The adolescents are still far from trusting the SRH service providers that they would maintain secrecy over the private and confidential information they shared with them related to their sexual problems. They live in constant fear what if the SRH service provider breached the trust and passed information to others.
- iv. Only 2 out of 6 Health Facilities are providing safe delivery services through their birthing centers. These 2 health facilities have THREE-BED pre and post delivery ward and well-equipped delivery cabin. Other Health Posts have no such facility forcing pregnant women to approach the aforesaid 2 Health Posts at Ward No 1 and 3 for accessing such services or to rush to one and only district hospital.
- v. None of the 6 Health Facilities provide Safe Abortion Services (SAS) across the Suddodhan rural municipality, although ***Rights to Safe Motherhood & Reproductive health Act 2018*** in its preamble says, a pregnant woman shall have right to get abortion performed. The Chapter IV of the Act clearly provides for (a) abortion of fetus up to 12 weeks with the consent of pregnant woman, (b) abortion of fetus up to 24 weeks with the opinion of the licensed doctor that there may be danger upon life of a pregnant woman,

- (c) abortion of fetus remained due to rape or incest, (d) abortion of fetus up to 28 weeks with the consent of woman suffering from HIV or other incurable disease, (e) abortion of fetus up to 28 weeks as per the opinion of a doctor that there is the condition of disability in the fetus.
- vi. The knowledge and awareness about the *Safe Motherhood and Reproductive Health Rights Act 2018* is appears to be quite poor among the service providers and even poorer amongst the service seekers, which means neither the duty-bearers feel the obligation to serve the citizens, nor do the SRH rights holders assert themselves for their SRH rights.
 - vii. It is learnt that in the past certain government owned health outlets (health posts/hospital) provided non-surgical or medical abortion in partnership with IPAS Nepal, an international organization, championing safe abortion in Nepal, however, the services became a thing of the past after their partnership expired. At least 2 Health facilities across the rural municipality have the infrastructure, man power, and physical facility to resume the non-surgical or medical abortion which, according to the Health Post In-Charge, will soon resume the non-surgical, medical abortion services. Having said that, an organization called Mary Strobe runs safe abortion clinic on and off but that is few and far between.
 - viii. The AFC at 2 of the Health Facilities and Birthing Centers are now a living reality in Suddodhan municipality that are attributed to KSSC and its partners' persistent effort to put these services in place. KSSC's collaborator FAIRMED Foundation (a Swiss NGO working in Kapilvastu) implementing Essential Health Services (EHP) whose one of the key objectives is to strengthen health facility supported equipment, training, etc. Local health providers appreciated Kalika Self-reliance social center for its coordinated efforts in making it possible.
 - ix. The Adolescents reported that the Covid -19 curtailed their access to SRH services and counseling. And it was not for any other reason but the school closure blamed at lockdown. They would sneak into the AFC at the health facility on their way to school or way back home evading eyes of the community people so as to avoid people raising eyebrows at their SRH seeking behavior and practices! According to them, people in their community perceive it wrong for an adolescent girl visiting health facility for SRH services, and doing so bring their 'character' in question. The school closure made it even more difficult because the parents wouldn't allow their daughters to visit health facility for SRH services for fear of someone beating drums about it and the community forming a bad opinion about their grown-up girl and that would bring shame on family. Elderly woman or mother would rather opt to visit the health posts taking their daughters' SRH cases to seek counseling and medication. Fear of stigmatization, negative rumors, gender discrimination appears to have roots deep in the rural community.
 - x. The adolescent girls' frequency in visiting AFC at Health Posts and seeking counseling and meditation has significantly increased compared to previous years, according to

health providers, however, their hesitations, inhibitions and qualm about visiting AFC for SRH services and counseling has not gone away.

- xi. According to the Health In-Charge of the Patariya Health Post at Ward No 1, last year alone about 1600 adolescent girls visited the AFC for SRH counseling and services which is a highly encouraging number, according to him. He credited the GRANT project, the CBO network of youth & adolescent, and the activities implemented over the period for the quantum rise in number of SRH service and counseling seekers.
- xii. According to the delivery service log at the Labani Health Post at Ward No. 3, some 55 to 60 deliveries on an average take place in the health facility in a month. Equal number or slightly higher numbers of deliveries take place at the Pataryia health post, Ward No 1. The Health Unit In-Charge of the Local Government claimed that delivery-at-home has gone down to zero across the municipality. As to the pregnancy prevention services, some limited types of contraception services are available at the health posts such as; condom, intrauterine device (IUD), contraceptive implant, diaphragm etc.
- xiii. Local Government (Municipality) has started allotting budget for the promotion of SRHR services and SRHR-related awareness activities which the Mayor of the municipality credited to the GRANT project and the implementing agency, KSSC. This year the municipality has allotted 500,000 rupees for the purpose.
- xiv. According to the municipal authorities, gender-based violence and sexual assault, rape, or other forms of mental and physical violence against adolescents has gone significantly down across the municipality. They didn't receive a single case in the Judicial Committee, a quasi-judicial body at the municipality, this year. They attributed it to the collective effort of the CBO network of adolescents, traditional allies, local government and the campaign & awareness activities implemented over the year.

ON CHILD MARRIAGE ACROSS THE SUDDODHAN RURAL MUNICIPALITY

- i. Of those that entered the local medical system or the health posts (accessing health facility) for the delivery services over the past one year, all pregnant women were above 20 Age, as shown by the statistics from delivery service Log at the health facilities. This could be taken as an indicator of the significant decline in Child Marriage across the municipality,
- ii. Local Government authorities claimed that *Maulanas* (Islamic priests) and *Pundits* (Hindu priests) are warned (issuing an edict) against solemnizing marriages prior to examining their birth certificates, a production of which is mandatory for bride and groom. The priests follow the edict and refuse to solemnize marriages of those that are below 20 Age, a legal age required for marrying.
- iii. Non-Traditional allies *Maulanas* (Islamic priests), however, didn't subscribe to the version of the local authorities. Half-a-dozen of them, who were part of the evaluation team, said that they are never a part of customary ritual nor the lengthy process that precedes solemnizing of marriages which takes place between families negotiating and

deciding marriages. They are called at the final hour to solemnize the marriages when the deal is clinched. They see no point in picking a quarrel overage at this point. However, they put down the name and age of the bride and groom in the Marriage Log, and they said, they have no record whatsoever of solemnizing child marriages that are illegal and under legally permitted age.

- iv. As to the *Pundits* (Hindu priests), they subscribed to the version of the local authorities, and said that they wouldn't solemnize any marriages before examining their birth certificates in order to avoid being on the wrong side of the law,
- v. One of the fallouts of social media is elopement of minor girls in the rural, backward, conservative communities. And the Suddodhan municipality is no exception. Absolutely no doubt about it that effective measures are put in place (both legislative measures and protective mechanism) as well as civil societies, Child Protection networks, traditional allies, and CBO networks of adolescents doing their part in fighting off the evils of Child Marriage in a rural municipality like Suddodhan with considerable success, but again, this elopement of school-going minors blamed at social media threatens to tear apart the gainsmade towards elimination of Child Marriage. For many a parent, elopement of minors provides perfect pretext to aid and abet the evil of Child Marriage. The adolescent activists of CBO network shared with the evaluation team the dilemma they face while advocating against child marriage when the community of parents ask them whether or not they would take the responsibility and pay for the damage if their daughters brought shame on family by eloping? They say, they have no answer and to the parents Child Marriage is a safe bet to avoid shame and embarrassment brought about by possible elopement of the minors.
- vi. The other risk the Activists of CBO network of adolescents face over the course of advocating Child Marriage is that when they come to know about a child marriage taking place in the community and they intercept it by informing the police, local government and other stakeholders, the corrupt authorities instead of taking action alert the wrongdoers by giving the names of the informers, or by giving their cell phone number which heightens the risk of reprisals.
- vii. Politics too, is an aider and abettor of the crime of Child Marriage. As politics knows no right and wrong, and if turning a blind eye to Child Marriage harvest more votes, and raise prospect of winning election, local politicians go out of way to save and protect the offenders of Child Marriage. But, such incidents are few and far between but not completely ruled out.
- viii. The crusaders of Child Marriage such as CBO activists, traditional allies (Maulana/Pundit), child protection networks and civil societies, have no two opinions about it that it is poverty that is at the root of Child Marriage, and it is critically important that we also work on strategy to address the issue of the impoverished families (the selected vulnerable families) and help them change their mindset and outlook, alongside the legislative measures, policy, campaign, advocacy and awareness activities. It would

be a good idea to give out small livelihood schemes (goat-raising, pig farming, poultry, vegetable farming or other small IG activities) for time being to handful of families living in dire poverty on condition that they send their daughters to school and they commit 'no' to Child Marriage by signing a bond.

- ix. The *Maunlanas* (Islamic priests) informed the Evaluation Team that they have started counseling to school-going children in the Madarsas (schools) once in a week on issues like food, sex, right behaviors, marriage etc. They were of opinion that from health perspectives child marriage is hazardous to health and that it is both morally and religiously wrong to marry at the early age since they are not mentally and physically prepared to live it. The children are also counseled on 'right age' for nuptials.
- x. All the stake holders including non-traditional allies, CBO network, KSSC activists, and local government admitted the fact that Covid-19 hampered their campaign against Child Marriage, curtailed their activities, and prevented their engagements. A lot more expected than they were able to do in raising awareness and spreading the negative sides of the Child Marriage to dissuade parents and the community from it. Activities focused on community of parents like street drama, plays, FM radio programs could be effective strategic activities to drive away the evils of child marriage. The Covid-19, however, prevented from carrying out such activities.

PROGRESS & ACHIEVEMENTS AGAINST AMPLIFY CHANGE INDICATORS & MILESTONES

OBSERVATION & FINDINGS (An analytical narrative)

MB 4.1 New Joint Advocacy Campaigns planned and implemented with other CSOs

From the Amplify Change Indicator above, it is clearly stated that Kalika Self-reliance Social Center (KSSC), Nepal-based partner, is required to carry out series of back to back advocacy and facilitate social movements led by the CBO networks of the Youth & Adolescents under the GRANT project at both local and provincial level. Authorities at local government and health facilities told the Evaluation Team that they regularly, at different intervals, held dialogues and interactions with KSSC over the SRHR and Child Marriage issues across the municipality and were inspired to take some strategic and policy level decisions at the initiation of the organization. They however put the blame on Covid-19 and the crippling lockdowns, mobility restrictions, lingering fear that put them at difficult situation in organizing and holding the dialogues and interactions to the degree and intensity that the seriousness of the issue warranted. And so, the advocacy works they carried out left lot to desire. They said, a lot more could have been done but for the Covid-19 pandemic.

Here are some important advocacy works that KSSC carried out over the period of 1 ½ years:

- i. KSSC in collaboration with Consortium Nepal, a network of Child Rights Organization, lobbied and advocated with the provincial government of Lumbini Province twice, in favor of drafting a 'Strategy' to combat Child Marriage in the Province and to draft a Child Participation 'Guidelines'
- ii. A total of six Advocacy events organized at the local government level which had participation, among others, of District Coordination Committee, Chief District Officer and the Superintendent of Police. An aggressive advocacy was carried out with important stakeholders during the 16 days activism against gender-based violence (GBV).
- iii. A Provincial Interaction Program focused on importance of child participation in formulating policies and their representation in subsequent mechanism, was organized at the local level. The Program was chaired by. Badri Subedi, Province Coordinator, and the program facilitation was done by KSSC Executive director Arjun Thapa, Provincial committee member. The chief guest of the Program was Hon Krishni Tharu, Deputy Speaker, Provincial Assembly, Lumbini Province. Other guests of the program were Hon. Dirga Narayan Pandey, Chairperson, Social Development Committee of Provincial Assembly, Hon. Dipa B.K provincial assembly member, Hon. Kamala Devi B.K provincial assembly member, Krishna Subedi, Advisor, Consortium Nepal, Kiran Thapa, President, Consortium Nepal and Seshmati Mallaha, children's representative.
- iv. An adolescent Ms. Shesmati Mallaha, 17, Vice-President of *Shasakta Kishori Sanjaal* (Empowered Adolescent Network), a Suddodhan rural municipality Ward No 1 based CBO network, at the encouragement and support from KSSC traveled all the way to Kathmandu (the capital of Nepal) to present a petition on Child issues on behalf of Consortium Nepal to Right Honorable Prime Minister of Nepal Mr. K P Sharma

Oli which she did on March 22, 2021. The petition on behalf of Child network asked the Prime Minister to ensure that the issues of children in Nepal figures prominently in the country's 10 years National Strategic action Plan being drafted by the Nepal government. She handed out the petition to the Prime Minister following a two-day national consultation workshop conducted in Kathmandu from 20 & 21 March, 2021. Altogether 103 children/adolescents from 60 districts participated in the workshop. The workshop was jointly organized by Consortium Nepal in collaboration with KSSC Nepal and various other organizations working in the field of children.

While series of advocacy works were carried out in fits and starts in spite of constraints and challenges posed by Covid- 19 as evidenced from the news coverage, images, reporting, and meeting with various stakeholders (*please see annex for photos and reporting*), although limited in scope and scale blamed at Covid-19, the issue-based social movements that were planned at local and provincial level, didn't go as envisaged and designed. They blamed it at Covid -19 escalation that prompted the local administration to issue prohibitory orders against assembly, gathering, campaigns and movements. And so it made organizing social movements by gathering people out of question. The Team was told that the KSSC had no choice but to go for a strategic shift in implementing activities that were designed to raise the issues associated with child marriage and SRHR to draw attention of the larger audience. They decided to make strategic use of social media and mass media to raise issues related to SRHR and Child Marriage, educate and spread awareness about them. In this way, the activities calling for issue-based social movements were dropped in favor of social media and mass media campaign. They claimed that they had more-or-less the same result or even more productive results by altering the mode of action, from social movement to social media and mass media based education and awareness activities. Here are some important events/episodes implemented through social media and mass media:

- i. A Youtube Series called "*Ashmita ka Prashnaharu*" (Ashmita's questions) was created and disseminated. It is all about an adolescent named Ashmita who grew up facing gender-discriminations at home, community, society, schools, and every places she went in the social order she was brought up. Plethora of questions keep crowding her head for being born a girl which was not by choice and yet she is put through unfair and unequal treatments for which she finds no justified reasons or convincing answers. Her questions cover a whole range of issues, from education, health, occupation, living, social and economic security, perceptions, ideas, concepts, gender, sex and many more. The episode begins with this character called Ashmita involving a soliloquy. She speaks aloud her questions for the viewers to see and hear. Experts from different walks of life addressed some of her questions.
- ii. A 25-30 minutes Radio Program *Kishori Sahabhagita* (Participation of Adolescents) about SRH rights was developed and broadcasted in local Awadhi dialect from Kapilvastu FM radio. The program had 15 episodes and was aired twice a week in the FM radio.
- iii. *Kachahari* (Street Drama) performed across all 6 Wards of the Suddodhan municipality on theme – SRH rights & Child marriage. Professional artists were hired to develop the drama and perform. The drama was so designed as to convey touching messages against traditional harmful practices as regards Child Marriage and SRH rights.

QUICK COMMENT

An evaluation of a given project/program is expected to paint a comprehensive picture dealing with all dimensions and aspects of it. For an evaluation exercise to be meaningful, realistic, and worthwhile, it is important that it takes stock of the result/achievements made over the year from the activities implemented, and moreover, the impact it made on both the supply side (service providing agencies) and the demand side (service seekers or rights holders) on the ground where the program was implemented alongside the activities, strategy, approach and so on.

Upon examining the result and the impact it made, and thus judging the KSSC works carried out under GRANT project (with twin objectives of Child Marriage and SRHR) from that perspective, it is found that it has both the bright side and not-so-bright side. There is no denying that Covid-19 shackled the organization by imposing lockdowns, mobility restrictions and ensuing fear putting lots of strain on its works. The brighter side is that the KSSC has deepened its roots and cemented its relationship with the health facilities entrenching itself as their most reliable/resourceful partner and thus, having great leverage and influence with them. The other brighter side is that at least 2 of the 6 health facilities have adequate infrastructure and offer institutionalized Adult Friendly SRHR services and delivery services through its three-bed birthing centers. Until a year ago, none of those services were available in the government-owned Ward-based health facilities. The other bright side is that the rural municipality, for the first time, allotted budget Rs. 500,000/ for SRHR promotion and services. Small in size though, it is a welcome initiative from the local government which sets a good precedent. It also speaks the fact about KSSC being successful in hammering home the message that SRHR is only too critical a health issue and that Child marriage is evil and they must put an end to it, which is positively taken by the local government. No record of a child mother delivering a baby from the delivery log at health facility and the non-traditional allies i.e. Maulanas (Islamic priests) and Pundits (Hindu priests) making an organized effort in preventing child marriage by refusing to solemnize underage marriages, too are the brighter side of the KSSC works. Besides, the AFC at the health facilities being run by a trained female health worker and the adolescent girls accessing it (although they face physical and psychological constraints) albeit in small numbers is a highly positive and encouraging beginning.

But again, there are not-so-brighter sides too. KSSC has not been successful this far in removing the 'trust deficit' or bridging the gulf of mutual trust between SRH service seekers and service providers. So long this crisis of confidence continues to persist in the health service sector, this would create barriers in accessing and enjoying services. The other non-so-brighter side is that though on supply side (health facility) there is this separate, well-equipped AFC, yet the hesitation, inhibition, and qualm about visiting the AFC and sharing one's SRHR related issues amongst the adolescent girls remains a bitter reality that poses greater challenge. The other not-so-brighter side is that the female health worker at AFC is not a trained counselor, and therefore, not skilled at digging out the SRHR-related problems the adolescent live with which they fight down or hesitate to share, or even motivating them to open up on their private problems.

Absence of counseling skills on the part of SRH provider at AFC leaves many a problem goes unsolved even though they visit and access AFC. The other not-so-bright side is that the stigmatization associated with seeking of SRH services by adolescents, and the negative perception of people finding wrong with the SRH seeker, and the parents discouraging their daughters from visiting AFC at the health facility fearing they might bring shame on family, are some of the barriers in promotion of SRH rights and services across the municipality. Finally, one more not-so-bright side of KSSC works is that in spite of the health facilities (at least 2 of them for now) have well-equipped birthing center and AFCs, they are not providing the non-surgical or medical abortion, although the ***Rights to Safe Motherhood & Reproductive health Act 2018*** in its preamble says, a pregnant woman shall have right to get abortion performed. This means it is legal and the Government of Nepal has obligation to make arrangements for the services to be available and accessible by all those that need it. The health facilities at Suddodhan rural municipality are well-equipped and well-placed to offer these services. *(Please refer to Annex for the photograph of Birthing centers & AFC at the health facility)*

MB 5.1 Partnerships established with non-traditional SRHR allies

The other Amplify Change indicator that the KSSC chose to work on was establishing partnership with non-traditional allies for the promotion and strengthening of SRHR and fighting Child Marriage across Suddodhan rural municipality. The non-traditional allies included groups like; religious leaders, faith groups, youth groups and media. The religious as well as faith groups (both Hindu and Islamic faith group leaders), and the Adolescent & Youth groups were visited and met by the Evaluation Team and held discussions and interactions with at some length in Ward No 3 of Suddodhan municipality.

All the activities within the scope of MB 5.1 Amplify Change indicator appear to have been community-based requiring gathering/assembly of people for workshops, interactions, seminars and so on. It is easily understandable that the 1st and 2nd wave of Covid -19 pandemic that hit mountainous Nepal (open border with India) severely seem to have greatly affected the nature of activities to be undertaken within the range of this indicator. Nevertheless, KSSC asserted that they implemented scores of activities in the face of and against the threat of Covid -19 within the scope of this indicator. Here is a list of the activities carried out:

- i. Workshops on Sexual & Reproductive Health Rights with the HFOMC (Health Facility Operation, Management Committee) involving key stakeholders i.e. non-traditional allies (Youth/Adolescent groups/Faith groups), health providers, in all the 6 Wards of the municipality,
- ii. Interaction workshops organized with Religious leaders and Faith group leaders. The health hazard of Child Marriage, its legal and social-economic fallouts, health cost (physical/mental health) etc. figured as key focus of attention in the workshops. The *Maulanas* (Islamic priests) and Pundits (Hindu priests) who play key role in solemnizing marriages in the community made a joint pledge and gave written commitment to prevent child marriage and fight in whatever way possible to put an end to it.
- iii. Capacity-building training was organized for the Youth/Adolescent groups, Faith groups, and Law-enforcing agencies towards combating Child Marriage and preventing gender-

based violence, particularly, violence against children/adolescents. The training was designed to create ‘champions’ and ‘change agents’ against social evils plaguing the community.

Minor rape victim accessed to judicial remedy

A 12 years old Tharu (aboriginal tribe) child from an impoverished family living in a roadside hovel in Ward No 1 of Suddodhan rural municipality, was lured into a solitary place during the lockdown and was raped by her neighbor from well-off family, next door, a month ago. Thanks to the capacity-building training, the incident was immediately brought to the notice of KSSC by the Youth Group, which otherwise would have gone hush hush or victims' family intimidated or bought off, and the KSSC helped the victim to file FIR taking recourse to law in pursuit of a judicial remedy and bringing the culprit to the book. After FIR, the girl was taken to OCMC (One stop crisis management) in the hospital. The police has issued arrest warrant against the perpetrator. The perpetrator is absconding. Enough noise was made about the case with media and other concerned including the national child rights council and Human rights commission. The girl's name and whereabouts is kept secret respecting her privacy.

- iv. Religious leaders and faith groups (*pundits, gurus, hakim, sokha, maulanas*) were empowered through capacity-building training to act as advocates and to carry out advocacy against child marriage, and use their influence to dissuade the community people from aiding and abetting Child Marriage.
- v. Youth Groups (Local clubs, CBOs, Mothers' groups) and FCHVs (Female Community Health Volunteers) were brought on board to work for the promotion and dissemination of sexual & reproductive health rights through interaction workshops and seminars.
- vi. Local government (Mayor, Vice-Mayor, Ward Chairpersons, members, secretaries, health unit In-charge), members of HFOMC (Health Facility Operation Management Committees), threw support behind the idea of drawing up plan and policies as regards ASRHR and the strategy to combat child marriage.
- vii. Local media and rights groups (women rights/child rights) were mobilized through different activities towards helping people realize their sexual and reproductive health rights and working for the promotion of the same.

QUICK COMMENT

Once again, it is appreciated that strategic activities designed and implemented in the difficult context and situation of the Covid-19 pandemic within the scope MB 5.1 indicator, but it, at the same time, is worthwhile to analyze results the activities yielded and the impact they made on target groups and communities. Here too, the Evaluation Team found both the bright side and not-so-bright side as regards the impact of the activities implemented over the year. One of the bright sides as to the impact is the inflows of SRH seekers (adolescents) in the health facility (as per the health log at the facility) which has significantly increased although ‘hesitations’ and

‘inhibitions’ in seeking SRH services amongst the adolescent girls causing huge constrain. The other bright side is that non-traditional allies (priests) are now under legal and moral pressure to refuse solemnizing underage marriages. They fear that Child Marriage being a criminal offence punishable by law would bring them on the wrong side of the law if they aided or abetted it. The other bright side is that the local government buying the idea of formulating anti-child marriage policies and drawing up strategy to combat it across the municipality.

But again, there is other side of the coin or the not-so-bright side. Effective, persistent effort is needed to reverse the negative trend of elopement of minors blamed at social media which if not addressed in time, is likely to fuel Child Marriage by creating a perfect pretext for the illiterate, old-fashioned community of parents who appear to be more hurt and humiliated by shame and embarrassment that elopements would bring on family, and to avoid it, they marry off their children at early age. The other not-so-bright side is that corrupt authorities, influential people, and local politicians appear to be the juggernaut that, driven by petty personal interests or political interests, could aid and abet child marriages. Although such cases are few and far between, and usually hushed up by buying off corrupt officials, lot more noises are to be made about them. The media and the CBO networks must beef up effort against such juggernauts.

I had no choice but to keep my mouth shut

Sheshmati Mallah 17, vice-president of Ward No 1 based CBO network, one who presented the petition to the Prime Minister on behalf of Consortium Nepal, a Child Rights National network, recently stumbled over an underage, unlawful marriage taking place at her own neighborhood against the will of the girl named Laxmi Yadav, under pressure from parents. Sheshmati took the matter in hand and barged into the chamber of the school principal (the school the girl went), and then went to see the Ward Chairperson (elected representative). She said, “Either of them listened to me patiently and sent me home assuring me that they would do the needful to stop it. In the evening, they called up my father at his cell phone to say that I was unnecessarily creating trouble by putting my feet in it. I should mind my own business and not interfere on other’s internal affairs.”

My father, having received the complaints against me from influential people, admonished me warning, “I must stop bothering my head about other’s affairs. Don’t we have enough problems of our own! And if I don’t change my ways, he would stop me from going to school”. “What options do I have other than to shut my mouth at the wrongs when responsible elders become a mute spectator and shut their eyes on evils taking place under their nose!, she lamented.

The other not-so-bright side about SRHR, in particular, as found in the Suddodhan rural municipality is that the mothers have this tendency to discourage their daughters or dissuade them from seeking SRH services at the AFC in the health facility. They would rather walk to the health facility by themselves on behalf of their daughters representing their problems related to sexual & reproductive health. They deny the adolescents' rights to decide about their own health. This negativity has to do with the social psyche, the mindset, and perception of the community people who see it 'wrong' for an adolescent to visit health facility and seek SRH services. If and when they are found visiting the health facility for SRH services, their 'character' come into question. This negative trend has to go away for good. Massive community and parents focused awareness activities needed to fight this negative trend off.

PL 2.1a. New national policy or law introduced or current national policy or law improved

Over the past 1 ½ years of GRANT program implementation, from the findings it appears that significant efforts are made by the KSSC to influence the policy making process by empowering and enabling the CBO network of Youth & Adolescents and creating space and scope for them to have their 'Say' in the process, both at local, provincial as well as national level. Here are some of the effort made and impact thereof:

- i. The Vice-President of *Shasakta Kishori Sanjaal* (Empowered Adolescent Network), Ms. Sheshmati Mallah, 17, from Ward No 1, Suddodhan rural municipality based CBO network of Youth & Adolescents, representing the Consortium of Child Rights, a national level child rights network, went to Kathmandu, attended a two-day National level Consultation Workshop organized in the capital March 20-21, and thereafter on March 22, 2021, was taken to Prime Minister's residence to present a petition containing the resolution of the two-days' workshop asking the top authority to incorporate them into the National Strategic Plan on Children being drafted by the Nepal Government. This undoubtedly is a landmark initiative towards combating Child Marriage.
(Please refer to annex for the photograph)
- ii. A Strategic ACTION PLAN is developed in collaboration with the Suddodhan rural municipality involving other important stakeholders on combating Child Marriage across the municipality. Both the owner, implementer, and enforcer of the Anti-child marriage strategic action plan is the local government which is Suddhodhan Municipality. KSSC provided its expertise, ideas, and technical inputs in drawing up the Action Plan. It has already gone into effect. (Refer to annex for a copy of the Action Plan)
- iii. All major stakeholders within the municipality at the end of a workshop passed a resolution and signed a declaration to free the municipality from the evil of Child Marriage, plaguing the community. The Declaration was signed by all major stakeholders including Non-traditional allies (religious priests/community leaders/ local government/law-enforcing agencies etc.) (Refer to annex for photograph of the Declaration)

- iv. The Municipality based CBO network of youth & adolescents has now gained access to the local government's annual planning and budgeting process. Since last year, the local government sees to it that the CBO network is invited to the Annual Planning & Budgeting and they put forth their issues & concerns. It was through this process the CBO network was able to influence the local government to set aside Rs, 200,000/ for SRH promotion in the year 2020. And in the year 2021, the budget for the SRHR has increased to 500,000/. Next year, they hope to pressure the local government to increase the budget further on SRHR.
- v. Another policy level change is that the member of the Adolescent groups is now invited in the HFOMC (Health Facility Management & Operation Committee) as an Invitee Member to attend the monthly meeting, and represent the issues & concerns of the Youth & Adolescents in the meeting. As per the Nepal government amended guideline, the adolescent Member secured meaningful participation in HFOMCs as management committee Member.

QUICK COMMENT

No much need to be said about the KSSC's initiatives in policy influencing, improving and changing, both at local, provincial and national level, over a short of period of 18 months eclipsed by the Covid-19 pandemic. They must be lauded for their effort. However, what must be said is that the Policies, Action Plan, or Strategies written with great fanfare and grandeur will mean anything only when they become the living reality and bring about the desired changes, or else they are as good as damp squib. So, the challenge is to see to it that the issues & concerns of the people that matters (as with the petition presented to Prime Minister on behalf of Consortium) are acknowledged and incorporated in the National Strategic Plan. Similarly, the Action Plan to combat Child Marriage at the local level, is enforced with political will and commitment. Getting the policies, strategies, action plans improved and changed is definitely an uphill battle as it takes strenuous effort but that alone doesn't ensure victory in the battle. It is only half the battle won. The other half is to do what it takes to see to it that they are implemented in letter and spirit and changes are felt and experienced by real people in the grassroots. In a country like Nepal where passing a Bill through parliament into law is not stirring a hornet's nest (many a lawmaker even never know what bill is passed) unless such Bills are politically sensitive, noisy, and politicians have their own axes to grind. A case in point is the ***Safe Motherhood and Reproductive Rights Act 2018*** is not a living reality even after 3 years. Not all health facilities have those services that are recognized as rights of the citizens. Health posts are not offering safe aborting services (surgical or non-surgical) nor do all health facilities provide safe delivery services. So, the litmus test of such policies, strategies and acts is their implementation.

MB 3.1a. Amplify Change grantees strengthen their own organizational capacity

Evaluating an organization's enhanced, strengthened capacity is always a tricky business, for the observation/finding is often subjective, and hence, untenable, questioned, debated, and even disputed. Objectively verifiable indicators used to determine the capacity of an organization with any degree of certainty could be grossly misleading. There may be cases where a given organization has all (policies/guidelines/strategies/system in place) that it takes to present itself as highly capable, professional organization, and yet, they may be not in character and spirit

what those indicators suggest. There could be psychological or personality factors, and to some extent, attitude, behaviors and practices of people at the organization that determines things like 'smartness' and 'efficiency', 'creativity' and 'innovation' etc.

In the case of KSSC (the Grantee), the Evaluation Team definitely examined the indicators of a well-capable, professional organization, such as; position papers, policies, strategies, tools, system, mechanism and so on, to help shape an opinion and arrive at somewhat fair conclusion, however, it also held interactions at length with the BoD and senior staff to explore the actual capacity that matters. To a question how the GRANT project contributed to strengthening and enhancement of their capacity, the KSSC BoD and senior staff had to say the following:

'The KSSC BoD and senior staff asserted that the FIVE laptop computers and ONE over-head projector purchased under GRANT project significantly enhanced their capability to work with certain degree of 'smartness' and 'efficiency'. They were literally hamstrung by lack of them. All old computers have gone dysfunctional or underperforming, a few gone beyond repair. Partners and donors seldom if ever allot funds for organizational support or interested in organizational strengthening, they only fund the program, and a non-profit, voluntary, organization like ours hardly can afford needed equipment on our own. Amplify Change supported us with much needed hardware which has boosted our performing ability. Now, we are at much better position to make use of the equipment in doing things like; fund-raising, reporting, documentation, communication, etc.'

'Although we had papers, policies, strategies to guide and govern the organization, they were old and increasingly outdated, or rather not robust enough to withstand and cope with the emerging challenges. The need to review and improve them was long due. It was the GRANT project that created the opportunity to 'revisit & review' all the documents of the organizations by organizing workshop and involving BoD and senior staff, and improving as well as amending them. Now, we have a revised and updated HRD policy, Finance & Administration Policy, Gender & Social Inclusion Policy, Strategy paper, Fraud & Conflict of Interest Policy, Whistle-blowing policy, Safeguarding Policy, and so on. The fresh & revised policies with involvement and participation of BOD and staff, which is made possible with support from Amplify Change, has helped the organizations run more effective, organized, and systematic.'

'The capacity-building training of BoD and Staff for organizational strengthening and the Safeguarding training (which was entirely a new concept for an organization like ours), a type of important activity, seldom if ever funded by other partners and donors, has without doubt enhanced the capacity of the BoD and Staff and given them a new perspective and infused them with zeal and energy. Training and refreshers like this go a long way in building the capacity, enhancing performance as well as increasing the delivery capacity of staff and BoD'.

'The other important contribution to organizational strengthening came from 'Organizational Assessment' workshop which had involvement and participation of all BoD members and senior

staff. The workshop divided the participants into various groups and assigned them the task of carrying out SWOT (Strength/Weakness/Opportunity/Threats) analyses of the organization, kind of soul-searching, or rather self-assessment, and paint as well as present an honest picture of the organization. This exercise was of tremendous help to the organization's health as everyone was freely allowed to express what they saw, felt, and experienced without fear or favor. Amplify Change supported us to carry out such exercise which honestly provided a much-needed fillip to the organization. It infused the staff with a sense of togetherness, enhanced ownership, revised zeal, and reawakened in them a sense of duty and responsibility towards the organization.'

'Finally, the Organization's capacity to carry out advocacy, policy debate, and opinion building on matters of SRHR and Child Marriage is incredibly gone up at least at the provincial level. We are recognized as one of the lead organization in the Lumbini Province on issues of SRHR and Child Marriage. The Provincial as well as local government routinely seek our expertise on issues of policy formulation and strategy building as regards SRHR and Child Marriage.'

QUICK COMMENT

Having talked to the group of BoD and the Project Implementing staff at some length on issues concerning the *modus operandi* of the organization, crisis management, networking, coordination with stakeholders, partners & alliances, problem shooting mechanism, fund-raising, documentation and dissemination, and so on, the Evaluation Team have found both the bright side and not-so-bright side as regards organizational capacity.

The bright sides are as follows:

- i. The Organization runs along GESI (gender & social inclusion) principles. It is governed by an apex-body known as Board of Directors (BoD) which has altogether 9 members – 6 male and 3 females. The females are in the lead positions. The Chairperson and General Secretary, the two influential positions are held by females. As to the senior staff, KSSC is currently implementing 3 projects (all on health theme) of which 2 projects are led by women as program managers.
- ii. The organization is run by young men and women, all locals, the field staff are largely picked from the community they serve.
- iii. KSSC owns its own office building with residential as well as canteen facilities, auditorium, which is used for limited local level resource generation to pay for core staff and organization's running cost.
- iv. Policy decisions are made following a democratic process by convening Board of Director's meeting with prior agenda set by the Executive Director in consultation with the Chairperson.
- v. All the organizational policies are strictly followed, no decisions taken by Board has ever run into conflict with the organization's policies endorsed by Annual General Meeting.

- vi. KSSC appears to have great influence with district-based Government service agencies such as; health, education, drinking water & sanitation, and strong, deep, and meaningful coordination with all the 10 local governments (municipalities) of Kapilvastu district. The KSSC has program coverage all over the Kapilvastu districts, and have supported health facility strengthening in all over the district. On coordination front, KSSC has strong merits.
- vii. As with partners, alliances and networking, KSSC has partners, alliances and networks at all levels i.e. local, provincial and national. They are rights groups, professional networks, federations and so on.
- viii. On matters like staff hiring, service hiring, goods purchase, they follow the process & decisions of the Sub-Committees set up by the BoD in accordance with the Organization's statute. They follow due process and are transparent.
- ix. They have pool of old, experienced staff whose roaster they maintain – staff good at advocacy, SRH, Child Rights, building social movements around issues and launching issue-based social movements, coordination and networking, and so on. For new projects/program, the organization gives priority to the old, experience hands, as far as they have the expertise and they meet the requirements.

The not-so-bright sides are as follows:

- i. The organization has poor fund-raising base and capacity. They blame it for lack of quality, skilled, and competent manpower to respond to emerging challenges in fund-raising and to find their feet in global competition. The organization can't afford to pay extra staff to do the job of fund raising. A highly competent human resource is costly. No donor or partners are interested in supporting the organization to build its fund-raising capacity and widen its fund-raising base. The organization somehow using its existing staff to put their limited expertise into exploring funding in spite of constraints and limitations for the job.
- ii. The organization has poor research capacity. The donors, partners usually prefer to carry out research by themselves or through their hired consultants keeping the local organization outside it which effectively deprive them from the much-needed skills and experiences of carrying out research independently. Amplify Change has been one such funding agency which created the opportunity for KSSC to conduct research on SRH & Post-Covid Mental health Study under GRANT project. Since the KSSC field staff and focal person were involved in data collection and processing, it was a new and enriching experience for local staff.

MB3.1b. Amplify Change grantees provide support to other CSOs to strengthen their organizational capacity

The Evaluation Team visited and interacted with couple of Community-based Organizations (CBOs) at Ward No. 1 and Ward No. 3 of the Suddodhan rural Municipality which had been

supported over the year by KSSC with the objective of strengthening their organizational capacity.

The Team talked to the KSSC, the Grantee, and to the CBOs for hours to get the picture of the extent of support provided and the organizational capacity of the CBO networks resulting from the CBO strengthening exercises initiated by the KSSC.

Here is what the TEAM found:

- i. The 6 CBOs of Youth & Adolescents at different 6 Wards of the municipality were previously a quickly assembled group of young boys and girls (approximately 30 members in a CBO) organized by some development agency with a sole purpose implementing its programs in the community. They were used as community level drivers of the program that the Agency was implementing in their community. The Agency had no such plan as organizing, strengthening, building their capacity, setting up some sort of office, and or registering them with the authorities for legitimacy, recognition and resource-tapping and so on. It was only after the GRANT project supported by Amplify Change went to their community with the objective of working on issues of SRHR and Child Marriage, the loose groups of adolescents started taking some shape as a result of various capacity-building training, statute drafting workshops, giving them a sense of purpose, mission, objectives, providing organizational development & management training, resource tapping and mobilization skill and other know-hows and so on etc. As a result, the CBOs now have an Umbrella network at the municipal level and 6 Ward level networks, all of them have their own single-room office, basic infrastructure, equipment, implementing small activities on their own by tapping and mobilizing small resources from the local government, hold monthly meetings, discuss issues related to Child Marriage and SRHR, run small/credit saving schemes, launch campaign against child marriage, function as watch groups against Child Marriages, implement awareness activities for the adolescents on SRHR etc. Their organizational statute is already drafted, and they would be legally registered and recognized as legitimate CBO, but for the Covid- 19 lockdowns. In a month, they are expected to be formally registered, according to the Mayor of the rural municipality.
- ii. All the CBOs are provided trainings on SRH rights and issues relevant and important to their community, proposal writing training to enable them put down small schemes on paper and approach local government for resource tapping, self-defense training to defend themselves against abusers and violators, leadership and organizational training,
- iii. CBO Need Assessment survey was conducted to identify their needs and prioritize them. A mental health survey was carried out amongst the adolescent's members of the CBO network in 2020 after the lockdown was lifted to find out mental issues, they suffered resulting from 3 months of lockdown.

Lockdown nipped Monica in the bud!

Ms. Monica Pandey 15, from Ward No. 4, Suddodhan rural municipality, was a brilliant student in Grade 10 coming from a better off family. She had a dream of going to medical college and becoming a doctor. Monica was smart not only academically but also in extra-curricular activities. She was also an active member of the Ward No 4 based Saraswati Adolescent network and actively involved in activities implemented by the network.

Her woes started with the lockdown slapped by the authorities just as the 1st wave of Corona pandemic hit Nepal crippling lives and living of people. That brought to halt all activities including her school and outside school, issues-based social activities occasionally implemented by her Adolescent network.

As she had to kill days, weeks and months in the confines of four walls of her home as there was nothing else, she could do against the prohibitory order from the authorities, a marriage proposal came her way which she rejected outright as she was barely 15. Everyone in the family backed the proposal except her who put her feet down against it. If only she had yielded to the will of her parents, brothers, sisters-in-law, she would have been spared the mental torture she was put through at the hands of the family.

She sought refuge from the constant pain inflicted on her mind from her sisters-in-law in particular, but she was perceived as an 'obdurate' and 'obstinate' girl, hence, none of the family members showed any sympathy with her. They even prevented her from crossing the threshold of her house. Since the school was closed and so was everything, Monica had no opportunity to ventilate her painful feelings and share with friends the excruciating torture she was out through in the household. The frequent torture, taunts, ill-treatments meted out to her by the family members grew more and more beyond her capacity to endure. She slipped into depression and had lost zest for life, lonely, withdrawn, glum, quiet, all by herself. None of the family members could see what was eating her inside. They never bothered to bring her off it. After few days, she decided to put end to her life and committed suicide. A flower that could give joy to the community and spread its fragrance was cruelly nipped in the bud.

- iv. The CBO network was facilitated through a workshop in drawing up their statute which they accomplished after a good amount debates and discussions on objectives and visions.

The statute is ready which provides the basis for registration of the CBO network with the local government which they hope to get done soon.

- v. The CBO network in all 6 Wards of the Suddodhan rural municipality are now equipped with basic infrastructure necessary for running their own offices independently i.e. computer, table, chairs, rack etc.
- vi. The adolescents' networks, their members and through them the community girls and women were supported with sanitary napkins, masks etc. during the lockdowns in the wake of Corona pandemic.
- vii. CBO networks are regularly supported by KSSC Community Empowerment Facilitators to help them conduct their regular meetings, setting agendas, minuting the issues discussed, developing actions plans, developing small proposals for funding, exploring resources to implement planned activities etc.
- viii. The CBO networks have been able to tap resources from the *palikas* (local government) and carry out awareness activities against harmful evil practices prevalent in society related to SRH and Child marriages.

Those hit hard know where it hurts

Sheshkala Pandey, 22, from Ward No 3 is recognized as local champion of sexual and reproductive health rights. At young age, she is an aggressive orator and firebrand speaker. She has a fire in her belly for SRH rights, and engage in fiery debate about it with anyone. What made her so obstinate and determined to SRH rights! To this question, her answer is, "those hit hard know where it hurts" Her cryptic reply has her pain hidden in it.

Her story runs like this. When she was a kid her elder sister named Mamata Pandey was married off at the age of 16. Mamata brought forth two daughters back to back in the subsequent years. It was not a natural delivery. They put her under knife and took the girls out by means of surgery. Since then, Mamata's woes began and she lives with these chronic uterine complications. Besides, the physical suffering, the psychological pain inflicted on her at tender age in the aftermath of her marriage, sowed the seed of negativity towards marriage, particularly Child Marriage, in Sheshkala Pandey. She made a resolve that she would not marry under duress come what may and would do so only when she thinks she is ready for it.

After that, she started organizing adolescent girls at her Ward No. 3 in the Suddodhan municipality and developed the organization into network. The network was able to mobilize Rs, 200,000 lakh from the local government which they spent in skill development of adolescent girls and support to education of poor, vulnerable girls. Recently, her network has entered into an agreement with UNFPA for Rs. 100,000/-. It was made possible by their mentoring organization, KalikaSelef-reliance Social Center (KSSC). KSSC helped the network in capacity-building, organizational development, organization registration, office support etc.

Ix. The CBOs are capable of identifying and prioritizing issues as regards SRHR and Child Marriages, develop activities around them, explore and tap small resources from different organizations and local government, and implement activities independently.

QUICK COMMENT

Again, the findings suggest both the bright side and not-so-bright side when we take a look at them at the output and impact level.

From what little the Evaluation Team was able to gather as a result of the interaction with the CBO network leaders and members, it appears that their networks have taken some shape of a community-based organization of youth & adolescents, and have gained recognition across the municipality as an organized body of adolescents working on SRH and Child marriage. The local government officials including the Mayor and vice-mayor corroborated this fact. The CBO networks more or less have what minimum it takes to function as a CBO – a office of their own, equipment like computer, furniture, and holding regular meetings and discussions, implementing awareness activities on their own, tracking, intercepting child marriages and tipping it off to the authorities, making organized effort to stop child marriages and spreading awareness on SRH rights, asserting those rights and services etc. They are somewhat capable (leaving lot to desire) of approaching different organizations including the local government for resources based on schemes and proposals on paper, able to identify and prioritize issues as regards SRHR and Child marriages, can debate and discuss about health hazard of Child marriages, the social and economic fallouts of it, SRH rights and why it is important to the reproductive health of women and girls etc.

Though they fledgling community-based CSOs, yet they demonstrate the potential and the prospects to become a strong, effective advocates of SRH rights and anti-child marriage crusaders at the local as well as provincial level, and grow into influential organizations across the municipality and the whole district.

While these are the bright side, there are few not-so-bright sides too. One of the not-so-bright sides is that no denying KSSC took good initiatives to interface the CBO network with the local government and the Health Facilities but the initiatives still leaves lot to desire. The SRH rights and Child Marriage are not issues endemic to the Suddodhan municipality alone, it is the national issue, and hence, they need to be advocated at the provincial as well as national level triggering policy debates, for which the CBOs network got to be networked with other district, province, and national level networks like; women rights groups, human rights groups, feminist organizations, different health groups, international organizations working in the health sectors, as well as other provincial and national level networks. This would help them share local issues at the national and provincial level forums, share their own experiences with others, enhance their clout and influence, broaden their recognition, and widen their prospects of mobilizing larger expertise and resources.

The other not-so-bright side is that the CBO networks will have problem in sustaining themselves if they operate within limited space and scope. They must keep growing or they are gone. Growing will mean pushing frontiers continuously. They need to intensify their activities, broaden their networks and engagements, widen their scope through continuous engagement in one or the other activities, and make enough noise to draw attention of the media and other groups. For this, they need action plan, strategy, resource, expertise, commitment, and dedication. KSSC must continue to help them grow by increasingly engaging them in advocacy, campaign, movements on issues related to SRHR and Child Rights. They sustain as long as they maintain their momentum. Once they slacken for whatever reason, they become out of sight and out of mind.

The other not-so-bright side is that the leaders of the CBO networks, with one or two exceptions, lack confidence that it takes to fight off evils associated with SRH rights and Child Marriage, the deep-rooted issues. One of reasons is their poor network base and therefore not enough support to count on or fall back on. Local politicians have their own axes to grind and corrupt officials are not much of help. Building their networks, partners, alliances, at all levels including their interfacing with media as well as exposure will help boost their confidence. This is a must. And KSSC should consider working along these lines.

ADMINISTRATIVE & FINANCIAL PROCEDURES

A. ADMINISTRATIVE ARRANGEMENT

KalikaSelf-reliance Social Centre (KSSC) has the elected Board of Directors (BoD) as the apex body to oversee all the projects/programs implemented by the organization. The elected BoD has a tenure of 2 years and the Chairperson can run for the office for 2 terms only. The Annual General Convention held in every two years elects the leader (chairperson) of the organization.

The Apex body has in place what they call PMU (Program monitoring Unit) comprised of Board of Directors that carries out the monitoring of the project/program implemented by the organization, facilitated by the Executive Director of the Organization. It is the job of the executive director who acts as secretary to the BoD to orient/brief the PMU about the project/programs and develop monitoring tool (checklists/indicators) for the PMU to carry out the monitoring as per the arrangement made in the project/program. There is an arrangement within the project/program to pay small allowance to the volunteers for the job.

The PMU carries out the monitoring and report its findings to the BoD, which, in turn, is handed down to the executive director for necessary action. The members of the PMU keep changing every time they carry out the monitoring so as to create opportunity for different members of the BoD to see the project/program through their own lenses.

As with the GRANT project supported by Amplify Change, the program had arrangement for 4 times monitoring over a year, which was duly carried out.

Now, as to the administering of the GRANT project, there is this bottom-up structure with a chain of oversight. There are THREE Community Empowerment Facilitators (CEFs), each one responsible for 2 Wards of the Suddodhan rural municipality. They are fulltime staff, paid from the project. The municipality has 6 Wards (elected administrative units). So, altogether 3 Facilitators together cover the whole of the municipality. Over them is the Program Manager who, besides implementing, overseeing, and monitoring the program on regular basis, carries out other responsibilities like reporting, documentation, coordination, organizing workshops, training, and problem-shooting. The Program Manager too is a full-time staff paid from the project.

Over the Program Manager is the Executive Director (ED) of the Organization who takes the periodic stock of every project/program on regular basis and who all the Program Managers report on program's progress, problems, challenges, constraints, and seek guidance and support as and when required. The Executive Director is paid from different projects in proportion to the TIME the ED allots to a given project/program. As to the GRANT project, the ED is overseeing it voluntarily.

There is also a Focal Person(semi-paid volunteer) for every project/program, who happens to be the member of the BoD, and whose job is to liaise between the BoD and Program/project, feed the BoD on program's progress on regular basis, coordinate with local governments, district-based line agencies, different stakeholders, development agencies, act as problem-shooter, facilitate the smooth implementation of activities, act as the spokesperson for the program in different forums, build linkages and coordination with other agencies etc.

And finally, there is the Finance Officer who looks after the financial matters of the project.
(Refer to annex for the organogram on Administrative arrangement)

B. FINANCE (Detailed Findings)

Profile of Project

Partner Organization	AMPLIFY CHANGE
Project Title	Girls' Rights against Negative Traditions (GRANT)
Location	Taulihawa, Kapilvastu, Province#5
Agreement Period	Planned for 1 year extended 6 months due to the Covid-19 pandemic

Fund Status

Particulars	Amount (NRS)
Funds Received	9955106.16
Less: Total Expenditure	9185995.55
Closing Fund Balance in Hand	769110.61

Cash & Bank

1.	Bank Details	Laxmi Bank Ltd. Kapilvastu-3, JamuwarTola,Taulihawa, Nepal.	A/C Name: Kalika Self- Reliance Social Center A/C No: 02211011820
2.	Signatory	Executive Director, Program Coordinator, Treasurer	Compulsory signature of Program Manager and any one of Executive Director and Treasurer.

- A. During our evaluation of disbursement, we found that there is regular practice of making the signature in the bank payment voucher by the cheque signatory.
- B. As per the provision of organization's financial administrative policy and Donors agreement Bank Reconciliation Statement (BRS) and internal audit was prepared and reviewed at the end of each 6 monthly-reporting cycle.
- C. During our physical verification of counterfoil of cheques, we found that; Blank cheques were never signed by the signatories.
- D. As per the provision of organization's financial administrative policy payment for amount exceeding more than NPR.1000000 should be made after the approval of Board of Directors (BOD), we noted that this policy has been followed.

Financial Policy

Observation

Every organization should revise its own internal policy and procedures at regular interval to reasonably ensure that:

- Programs achieve their intended results.
- Resources used are consistent with organization mission.
- Programs and resources are protected from waste, fraud, and mismanagement.
- Laws and regulations are followed.
- Reliable and timely information is obtained, maintained, reported and used for decision making.

Accounting

Observation

- A. We noted that there is practice of mentioning in the vouchers, the relevant budget head in which expenses are being charged.
- B. We noted that local accounting standard is followed to record transactions (i.e. Excel Sheet)

Advances

Observation

- A. We noted that advances were disbursed with approval of the approving authority i.e. (by the Program Coordinator).
- B. We noted advance payments were settled within a week after disbursement.
- C. It was noted, that fresh advance has been provided only after reconciling the old balances.

Disbursements

Observation

- A. We noted that in training/ workshop participant's transportation/other cost was paid on the basis of no. of days present in the attendance list.

Budget vs. Expenditure

Observation

- A. We noted that the budget was properly utilized and accounted as against approved budget.
- B. As per clause 2.6 of the partnership agreement between Donor and KSSC, we noted that in this case; cause of Covid-19 pandemic prior written consent was made and expenditure were incurred within approved budget line and reported to Donor.
- C. Strong budgetary control.
- D. The expenditure is incurred within the approved budget line.

Suggestions & Recommendations

- 1) Management should take initiation for revisiting its financial and administrative policies at regular interval.
- 2) Nature of expenses should be duly referred and should be charged under budget head where it has been allocated originally.
- 3) Every voucher should mention the relevant budget head in which it is being charged and same should be recommended by the program staffs.
- 4) Expenditure should be booked on the basis of supporting documents.

LINKAGES AND COORDINATION WITH MAJOR STAKEHOLDERS

Linkages and coordination with major stakeholders appear to be the strongest side of the KSSC. KSSC has excellent coordination and linkages with the THREE major stakeholders, (i) Health Facility, (ii) Local Government, (iii) Provincial Government, that gives it remarkable leverage and considerable influence with them. This could be seen as comparative advantage of the organization as opposed to the other district-based non-governmental organizations. This apart, the Organization also enjoys good recognition and coordination with different stakeholders at the provincial level. Besides, they too, have good influence with the media, a section of media is often mobilized to the community to cover the events and programs. (*Refer to local media coverage of events at the Annex*) The organization's recognition and influence with major stakeholders is a social capital that the CSOs and CBOs could bank on to accelerate their own growth and bolster their position.

Officials at the Health Facilities and Local Government are found quite upbeat about KSSC and more than willing to throw their weight behind KSSC and extend every cooperation and support needed in implementing various projects/programs across the municipality.

(Refer to the photos and list of officials from local government and health facility interacted with over the course of Evaluation)

MAJOR ISSUES & CONCERNS

From the overall observation and the information gathered over the course of 4 days of field study (*amid constraints and threats posed by Covid-19*) resulting from interactions with various stakeholders and rights holders including the KSSC Board of Directors and senior staff, the Evaluation Team arrived at some major ***Issues & Concerns*** as regards the GRANT Project implemented with the support of Amplify Change. Here is a list of them:

- I. Women and adolescents in the community at the rural municipality are yet to be fully aware of and exercise SRH rights as provided in ***Safe Motherhood and Reproductive Rights Act 2018*** although some great initiatives are taken in this direction,
- II. The awareness, realization, and obligation to recognize woman's reproductive health rights and serve them as rights holders on the part of health providers leaves lot to desire,
- III. No initiatives are taken by the health facilities to provide non-surgical or medical Safe Abortion Services (SAS), although this is one major component of the ***Safe Motherhood and Reproductive Rights Act 2018***. Chapter IV of the Act deals exclusively with SAS rights clearly putting it down in its preamble that every woman has right to safe abortion.
- IV. Although 2 Health Facilities have started providing Adolescent Friendly Services (AFS) by creating a separate Unit run by a trained health worker, yet since they lack psycho-counseling training, the health workers are hamstrung by poor counseling skill and know-how which is a roadblock to quality SRH services to the visiting adolescents,
- V. Child Marriages, soon to be a thing of past in the rural municipality, is likely to make a comeback with the incessant lockdowns which increases children/adolescents' growing preoccupation and obsession with the social media and that is blamed for the rising elopements of minors. The increasing trend of minors running away is feared to give a perfect pretext for the illiterate, old-fashioned parents to resort to child marriages as the right way to avoid shame and embarrassment of the family,
- VI. The fledgling CBO network of Adolescents need constant support in their growth, expansion, networking, capacity-building, issue identification and prioritization, campaign & movements, resource tapping and mobilization. They must keep up the momentum to stay afloat. Slackening in activities will mean sinking.
- VII. It is absolutely imperative that the CBO network keep pushing the frontiers by networking with district, province, and national level networks. Like the Consortium Nepal, the National Child Rights network, they must be networked with other similar national level organization for their recognition, influence, and resource,
- VIII. Local governments set aside paltry sum for the promotion of SRH rights and to fight Child Marriage. The budget allocation should see gradual increase to prove the commitment of the local government on twin issues of SRHR and Child Marriage,
- IX. The partnership, alliance, and collaboration with non-traditional allies *Maulanas* (Islamic priests) and Pundits (Hindu priests) as well as media, youth & adolescent groups/clubs

should be further deepened and expanded in promotion of SRHR and in combating Child Marriages, as the threat of Child Marriage making a comeback persist.

- X. It is absolutely necessary that the TRUST between Health Providers and Service Seekers is built and cemented. Either party should strive for it. KSSC paly the catalytic role towards it. If the trust deficit continues, it is feared that the SRH rights and services would be seriously impaired.

WAY FORWARD

Based on and informed by the observations and findings, the Evaluation Team recommends a Way Forward for the KSSC and its partners implementing projects/programs on SRHR and Child Marriage;

1. It is strongly advised that the KSSC design and implement programs/projects on issues like SRHR and Child Marriages in human-rights based approach and strategies. As with SRHR, ***the Safe Motherhood & Reproductive Rights Act 2018*** must set the stage for project/program implementation in a human-rights based approach. Similarly, the Child Rights Act and Child Rights Strategy must provide the foundation for launching anti-Child Marriage project/program,
2. It is suggested that KSSC work to promote non-surgical or medical safe abortion services (SAS) which is essential part of sexual & reproductive health rights of women and make these services available through community-based health outlets alongside other SRH services, as provided in the *Safe Motherhood & Reproductive Rights Act 2018*,
3. It is advised that KSSC design a lot more community and parents focused activities to aware, sensitize, and hammer home the message amongst community people about SRH rights and the evils of Child Marriage,
4. KSSC is advised to lobby and advocate with the local as well as provincial government for increased allotment of budget on promotion of SRHR and fighting the evils of Child Marriage,
5. KSSC is strongly advised to come up with innovative ideas and strategies to check and reverse the dangerous trend of elopements of minors which is feared to trigger child marriage in the community,
6. KSSC is suggested to tie in the issue of Child Marriage with small scale livelihood activities, targeting selected poor and vulnerable households since poverty remains one key factor in driving parents to Child Marriages,
7. KSSC is suggested to strengthen the fledgling CBO networks through constant support creating enabling atmosphere for them to regularly implement SRHR and Child Marriage related activities and chart strategy to network them with different networks at district, province, and national level,

8. KSSC is strongly advised to develop and implement parents-focused activities at community level strategically designed to influence and change their mindset, outlook, attitude, and perception as to accessing and availing SRHR services by adolescents at the health facility without any fear, qualm, or inhibitions.
9. KSSC is strongly advised to implement activities focusing health facility and the CBO network of adolescents aimed at creating TRUST between SRH service seekers and service providers. A trust deficit (about maintaining privacy and confidentiality) as it persists between the two create barriers which many an adolescent would find difficult to cross over,
10. It is suggested that KSSC continues to build and deepen alliance and partnerships with the non-traditional allies i.e. Maulanas, Pundits, Youth Clubs, Media etc. through activities designed to involve them in promotion of SRHR and combating Child Marriages.

Annex -1

Attendance List (KSSC Executive Board and Staffs)

Table 1

S.N.	Name	Position	Sex	Organization	Remarks
1	Anju Sharma	President	Female	KSSC	
2	Ramendra Singh Rawal	Vice-President	Male		
3	Bimala Kanhar	General Secretary	Female		
4	Mandeep Singh	Treasurer	Male		
5	Santaram Agrahari	Executive Member	Male		
6	Laxmi Karki	Executive Member	Female		
7	Arjun Thapa Magar	Executive Director	Male		
8	Shanta Paudel	Program Manager	Female		
9	Essamuddin Musalman	Admin/Finance Officer	Male		
10	Rajendra Karki	Office Asst.	Male		
11	Hemraj Tharu	Community Facilitator	Male		
12	Ram Milan Chaudhari	Community Facilitator	Male		
13	Prakash Dahal	Lead Evaluator	Male		
14	Sony Khadka	Asst. Evaluator	Female		

Attendance List

(Suddhodhan Rural Municipality Representatives)

S.N.	Name	Position	Sex	Organization	Remarks
1	Nisar Ahmad Khan	Mayor	Male	Suddhodhan Rural Municipality, Kapilvastu	
2	Sudha Devi Panday	Vice-Mayor	Female		
3	Krishna Prasad Gyawali	Chief Administration Officer	Male		
4	Ashafak Ahamed Khan	Health unit coordinator	Male		
5	Dhani Prasad Sharma	Education unit Coordinator	Male		
6	Radhika Khanal	Women, Children and Senior Citizen unit Coordinator	Female		
7	Santosh Kumar Sriwastav	Planning unit Coordinator	Male		
8	Ramendra Singh Rawal	Vice – Chairperson	Male	KSSC	
9	Mandeep Singh	Treasurer	Male		
10	Santram Agrahari	Executive Board Member	Male		
11	Ajay Kumar Chaudhari	Executive Board Member	Male		
12	Arjun Thapa Magar	Executive Director	Male		
13	Shanta Paudel	Program Manager	Female		
14	Prakash Kumar Dahal	Lead Evaluator	Male		
15	Sony Khadka	Asst. Evaluator	Female		

Attendance List

(Suddhodhan Rural Municipality Adolescent Network, HFOMC Faith Group Representatives)

S.N.	Name	Position	Sex	Organization	Remarks
1	Anju Sharma	President	Female	KSSC	
2	Ramendra Singh Rawal	Vice- President	Male	KSSC	
3	Mandeep Singh	Tresurer	Male	KSSC	
4	Bimala Kanhar	General Secretary	Female	KSSC	
5	Shanta Paudel	Program Manager	Female	KSSC	
6	Priya Sharma	President	Female	Ekta Adolescent Network	
7	Sunita Gupta	Member	Female	Ekta Adolescent Network	
8	Sandhya Harijan	Member	Female	Ekta Adolescent Network	
9	Bholenath Yadav	Member	Male	Ekta Adolescent Network	
10	Ram Prasad Chamar	Vice-President	Male	Ekta Adolescent Network	
11	Maulana Abdul Gaffar	Maulana (Muslim priest)	Male		
12	Abdul Haffez	Maulana (Muslim priest)	Male		
13	Devi Prasad Kavar	Sokha (Religious Guru)	Male		
14	Gangeshwor Panday	Pandit (Hindu priest)	Male		
15	Mohammad Ashif	Maulana (Muslim priest)	Male		
16	Seema Jaysawal	Staff	Male	Labani Health Facility	
17	Annarullah Musalman	Vice-President	Male	HFOMC – Labani Health Post	
18	Kusum Kori	Member	Female	HFOMC – Labani Health Post	
19	Shanta Paudel	Program Manager	Female	KSSC	
20	Prakash Kumar Dahal	Lead Evaluator	Male		
21	Sony Khadka	Asst. Evaluator	Female		

Attendance List

(Suddhodhan Rural Municipality Adolescent Network HFOMC, Faith Group Representatives)

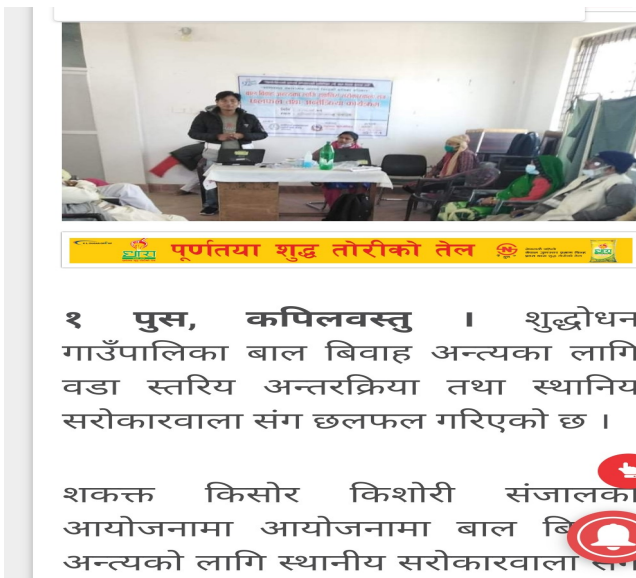
S.N.	Name	Position	Sex	Organization	Remarks
1	Ramendra Singh Rawal	Vice- President	Male	KSSC	
2	Arjun Thapa Magar	Executive Director	Male	KSSC	
3	Hemram Tharu	Community Facilitator	Male	KSSC	
4	Nathuram Tharu	Health Facility Chief	Male	Patariya Health Facility	
5	Radha Thapa	ANM	Female	Patariya Health Facility	
6	Kabita Tharu	President	Female	Sashakt Adolescent Network	
7	Sheshmati Mallah	Vice – President	Female		
8	Poonam Tharu	Member	Female		
9	Manisha Tharu	Member	Female		
10	Gita Kumari Tharu	Member	Female		
11	Prakash Dahal	Lead Evaluator	Male		
12	Sony Khadka	Asst. Evaluator	Female		

Annex -2

Some News Cuttings



Paper presentation on Violence against Gender in Kapilvastu



Interaction workshop with stakeholders on End Child Marriage in Suddhodhan Municipality



Adolescent are participating in 3 days self defense training

Annex

A petition submitting to Honorable Prime Minister of Nepal, Mr. KP Sharma Oli



K P Sharma Oli @kpsharmaoli · 3h

देशका विभिन्न क्षेत्रका भाइबहिनीहरुसँग बालबालिकासम्बन्धी १० वर्षे रणनीतिबारे अन्तर्क्रिया गर्न पाउँदा मलाई अत्यन्त खुसी लागेको छ। नवप्रतिभाहरुको संरक्षण र विकासमा नानीबाबूहरुका गहन सुझावहरु महत्वपूर्ण हुनेछन्। सम्पूर्ण भाइबहिनीहरुमा धेरैधेरै माया तथा शुभार्षिवाद व्यक्त गर्दछु।



Ms. Sheshmati Mallah presented a petition to Honorable Prime Minister of Nepal, Mr. K P Sharma Oli on Children issues and concerns.

Annex 4

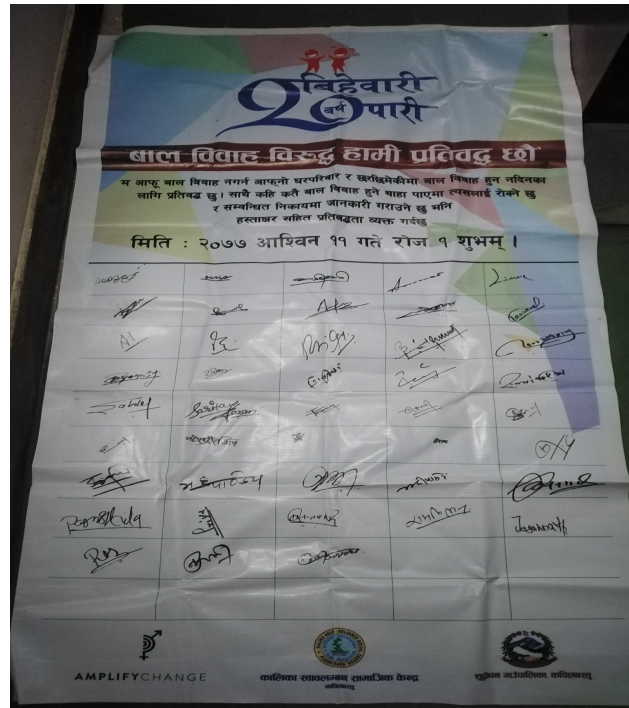
Glimpse of Project Activities



Adolescent Friendly Service Center at Patariya Health Post



Delivery Room at Patariya Health Post in Suddhodhan Rural Municipality Ward No. 1



Written Commitment Declaration signed by Nishar Ahmed Khan, Mayor of Suddhodhan Rural Municipality