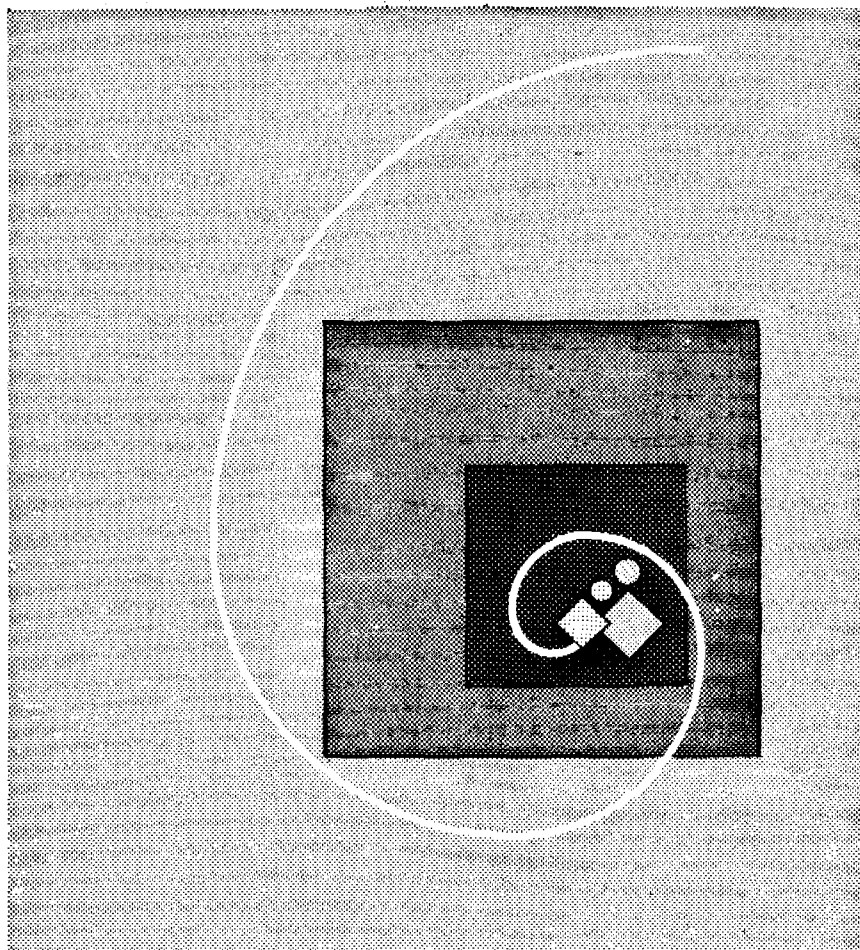


MASTER PLAN OF OPERATIONS

1992 - 1996



Country Programme of Cooperation
between
His Majesty's Government of Nepal
and the
United Nations Children's Fund - UNICEF

Kathmandu

OFFICE OF THE
SECRETARY GENERAL
UNITED NATIONS
NEW YORK

MASTER PLAN OF OPERATIONS
1992-1996
FOR THE
COUNTRY PROGRAMME OF COOPERATION
BETWEEN
HIS MAJESTY'S GOVERNMENT OF NEPAL
AND
THE UNITED NATIONS CHILDREN'S FUND (UNICEF)

Kathmandu

January 1992

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General

ADB	-	Asian Development Bank
CRC	-	Convention on the Rights of the Child
DDC	-	District Development Committee
FFL	-	Facts For Life
GR	-	General Resources
HMG/N	-	His Majesty's Government of Nepal
LDO	-	Local Development Officer
NCA	-	Nepal Children's Act, 1992
NGO	-	Non-Government Organisation
NPA	-	National Programme of Action
NPC	-	National Planning Commission
PSC	-	Project Support and Communication
SAARC	-	South Asian Association for Regional Cooperation
SF	-	Supplementary Funding/Funds
SSNCC	-	Social Services National Coordination Council
UC	-	Users' Committee
VDC	-	Village Development Committee

Health and Nutrition

AHW	-	Auxiliary Health Worker
ARI	-	Acute Respiratory Infection
ANM	-	Auxiliary Nurse Midwife
CDD	-	Control of Diarrhoeal Diseases
DDA	-	Department of Drug Administration
DMO	-	District Medical Officer
DON	-	Division of Nursing
DPHO	-	District Public Health Officer
FCHV	-	Female Community Health Volunteer
IDD	-	Iodine Deficiency Disorders
MOH	-	Ministry of Health
MCHW	-	Maternal and Child Health Worker
ORT	-	Oral Rehydration Therapy
PHD	-	Public Health Division
TBA	-	Traditional Birth Attendant
VHW	-	Village Health Worker

Basic and Primary Education

AES	-	Adult Education Section
DEI	-	District Education Inspector
ECEC	-	Early Child Education and Care
JEMC	-	Janak Educational Material Centre

MOEC	-	Ministry of Education & Culture
NFED	-	Non Formal Education Division
VRP	-	Village Readiness Programme
WCEFA	-	World Conference on Education for All

Community Water Supply and Sanitation with Women's Involvement

APC	-	American Peace Corps
AOM	-	Assistant Officer Monitoring and Evaluation
AOT	-	Assistant Officer Training
CSTU	-	Central Sanitation and Training Unit
CWSS	-	Community Water Supply and Sanitation
DDB	-	District Development Board
DE	-	District Engineer
DISVI	-	Disarmo e Sviluppo
DVS	-	Danish Volunteer Service
DWSO	-	District Water Supply Office
DWSS	-	Department of Water Supply and Sewerage
EASTAP	-	East Consult's Sanitation Action Programme
GFS	-	Gravity Flow Scheme
HP	-	Handpump
MHPP	-	Ministry of Housing and Physical Planning
MIT	-	Monitoring and Information Unit
MST	-	Maintenance and Sanitation Technician
NRCS	-	Nepal Red Cross Society
O/M	-	Operation and Maintenance
RT	-	Repair Technician
SC	-	Sanitation Coordinator
SO	-	Sanitation Officer
SP	-	Spring Protection
SS	-	Sanitation Supervisor
SWW	-	Sanitation Women Worker
VMSW	-	Village Maintenance and Sanitation Worker
VSO	-	Voluntary Service Overseas
WES	-	Water Supply and Environmental Sanitation
WMSW	-	Women Maintenance and Sanitation Worker
WSDU	-	Water Supply Development Unit
WSST	-	Water Supply and Sanitation Technician

Community Based Programme

ADB/N	-	Agricultural Development Bank/Nepal
BCP	-	Bhaktapur Craft Printers
CWW	-	Chief Women Worker
DCVI	-	Department of Cottage and Village Industries
DHUD	-	Department of Housing and Urban Development
DOF	-	Department of Forests

FRD	-	Forest Research Division
GO	-	Group Organiser
MLD	-	Ministry of Local Development
PCRW	-	Production Credit for Rural Women
RTC	-	Regional Training Centre
SFDP	-	Small Farmer Development Programme
SWRMMC	-	Solid Waste and Resource Mobilisation Management Centre
UBS	-	Urban Basic Services
WDD	-	Women Development Division
WDO	-	Women Development Officer
WGO	-	Woman Group Organiser
WW	-	Woman Worker

Advocacy and Communications

BNMT	-	Britain Nepal Medical Trust
DevEd	-	Development Education
MOC	-	Ministry of Communications
NEPAS	-	Nepal Paediatrics Association
NTV	-	Nepal Television
SCF	-	Save the Children Fund
UMN	-	United Mission to Nepal

PART - I

HMG/NEPAL

UNICEF

MASTER PLAN OF OPERATIONS

PREAMBLE

His Majesty's Government of Nepal, hereinafter referred to as HMG/N and the United Nations Children's Fund, hereinafter referred to as UNICEF:

- Being desirous of obtaining mutual agreement on a programme of cooperation for expanding and improving basic services for children and women in Nepal for the period January 1992 to December 1996, linked to HMG/Nepal's Eighth Five Year Plan as well as the first five years of the National Programme of Action (NPA) for Children and Development for the 1990s, and with particular reference to the inter-related programme components of this Plan of Operations and the responsibilities that shall be assumed by each of the parties hereto;
- Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

ARTICLE - I

BASIS OF RELATIONSHIP

The Basic Agreement mutually concluded between HMG and UNICEF and signed on 12 December 1960, provides the basis of the relationship between HMG and UNICEF, and this Master Plan of Operations shall be governed by that agreement.

ARTICLE - II

PREVIOUS HMG-UNICEF COOPERATION

The 1988-1992 cooperation between His Majesty's Government of Nepal and UNICEF has concentrated on supporting the delivery of basic services to children and women in primary health care and nutrition; education; community water supply and environmental sanitation; convergent services (SFDP, PCRW, Environment, UBS); and Communications.

A major development was the ratification by HMG/N on 19 August 1990 of the Convention on the Rights of the Child and the signing on 12 December 1990 of the Summit Declaration and Plan of Action for Children and Development for the 1990s. Similarly, His Majesty's Government acceded on 17 December 1990, to the Convention on Eliminating All Forms of Discrimination Against Women.

Health and Nutrition

From a very low base in 1985 of under 20% coverage for most antigens, the Ministry of Health reported at the end of 1990 considerable gains towards universal coverage with most antigens near or above 80 percent except for measles which was close to 70 percent. UNICEF also continued supporting the programme to control Iodine Deficiency Disorders (IDD) reaching 95 percent coverage of the 14-45 year age group in the 33 districts where iodine deficiency is endemic and achieving a significant drop in the incidence of cretinism. Limited support to Vitamin A intervention and action research has led to significant findings about the positive impact of Vitamin A on infant and child morbidity and mortality. The communications programme to build public awareness about ORS and salt-sugar solution has been very successful. That, together with support to local production of ORS seem to have had a significant impact on reducing mortality from dehydration associated with diarrhoea. In addition to the above,

UNICEF helped build the capability of the primary health care system through training of out-posted staff and provision of essential drugs. The adoption of the International Marketing Code on Breastmilk Substitutes was one of the important achievements under this programme.

Education

UNICEF has supported the review of the primary school learning objectives and curricula and the testing and development of new relevant and appropriate curricula which are now being used for the expansion of primary education. Important innovations pioneered under the Primary Education Project supported by the World Bank and UNICEF and the Education in Rural Development in Seti Zone, supported by UNDP/UNESCO and UNICEF have now become part of Nepal's Master Plan for Basic and Primary Education. These innovations include among others the successful use of school clusters and resource centres, the Cheli-beti alternative education programme for out of school girls, and low cost community based school construction. All of these innovative approaches are now part of Nepal's programme for nationwide expansion. UNICEF also supported the development of an adult literacy curriculum, materials, and training of trainers module to be used by NGOs. This has led to a significant pick up in the pace of adult literacy for which there is very high demand particularly among women who constitute 75% of the adult literacy participants.

Production Credit For Rural Women (PCRW) and Small Farmer Development Programme (SFDP)

These two programmes aimed at rural women and small farmer families below the poverty line are based on revolving credit and income generation supported by the convergence of services in basic health, literacy, water and sanitation. They have provided successful examples of community based initiatives supported by governmental and NGO action with good results in poverty alleviation and improvement of the conditions of life.

Water and Sanitation

Over 700,000 people benefitted from the UNICEF supported implementation of gravity-fed water supply schemes in the hills and installation of shallow-well handpump, in the Terai and 190,000 families installed sanitary latrines.

The cost-effective spring protection schemes will be expanded as well as the successful approach of women's involvement as sanitation promoters for hygiene and environmental sanitation.

ARTICLE - III

HIGHLIGHTS OF THE SITUATION ANALYSIS ON CHILDREN AND WOMEN IN NEPAL

Nepal is one of the poorest countries in the world. Except for a few professionals and businessmen, and perhaps some large farmers, everyone in Nepal is poor. Its GNP per capita, at \$180, reflects the relative wealth of Kathmandu, and recent estimates put the proportion of the national population living in absolute poverty nation-wide at 70%.¹ The infant mortality rate remains high at 107:1,000 and under five mortality rate is 165 per thousand live births; 65% of the adult population is illiterate with 82% female illiteracy. It is estimated that 50% of children under the age of 5 suffer from severe or moderate malnutrition. The maternal mortality rate is 850:100,000, one of the highest in the world.

Many of the poor are engaged in subsistence farming. A typical poor hill farming family consists of seven people and owns about half a hectare of land, which produces about enough to feed the family for three to six months of the year. Almost half of the crop will go in payment of rent to the landlord. During a substantial part of the year they will eat only one meal a day. The family must occasionally borrow from the landlord or money lenders to meet catastrophic circumstances (e.g. crop failure or when medical attention is required), and the debt service on such loans is often equal to their

¹ World Bank - Nepal: Relieving Poverty in a Resource Scarce Economy, 1990.

entire rice production. In such a family there is continuing malnutrition and illness, and it is almost a certainty that at least one child will die.²

Of every 1,000 children born in Nepal, seven will die on their first day of life; an additional 16 by the end of the first week; another 30 by the end of the first month and another 54 by the end of the first year. Around 70,000 deaths occur each year, 192 a day, predominantly of causes that are either preventable or mainly manageable. Another 62 children will die between the ages of 1 and 5 each day, leading to a total of 165 deaths for every 1,000 children in the country.

People in Nepal work very hard for the little income that they have, but 70% of production is of a subsistence nature and does not go through the cash economy. In this labour intensive subsistence environment, children provide an important source of labour from an early age. A child in the 6 to 9 year age group works about 3 hours a day, and 5-6 hours in the 10 to 14 year age group, with girls working about twice as many hours as boys.³ Women spend much more time than men on subsistence activities and domestic work, and the work burden of adult women exceeds that of adult men by about 25%.⁴ Sixteen percent of all human labour is devoted to fuel and fodder collection alone, not counting carrying of water. These chores are done by women and children in addition to farming and grazing. In many cases the family food supply is insufficient to meet the energy demands created by their labour - especially during the pre-harvest hungry months. This situation is exacerbated by the fact that most women in Nepal are either pregnant or nursing for much of their short lives. Although the law sets the minimum age of marriage at 16, studies suggest that 22% of girls are married by age 13 and 50% by age 16.⁵ Nepal is one of only three countries in the world where the life expectancy for women is lower than that for men.

Nepal's population, currently estimated at 18.46 million, is growing at a rate of 2.1% per annum. Ninety-three percent of the labour force is engaged in agriculture. Availability of new agricultural land is fast approaching saturation. At the current rate of population growth, there are little prospects of increasing per capita incomes, food availability will fall even below current standards and the economy will have to absorb some 300,000 new entrants in the labour force annually around the turn of the century. With these prospects, human suffering will increase, unless there is a dedicated intervention to reduce the impact of the worst aspects of poverty particularly on women and children.

Although urbanisation is proceeding at a rapid pace, the current urban population of Nepal is estimated at 10%. Fifty percent of the rural population live far from any road network. Given the daunting topography of the country, with high mountains and deep valleys, this poses a severe problem to the organisation and delivery of goods and services, and escalates costs.

Prospects for economic growth in the medium term lie in increasing agricultural productivity. Labour intensive agriculture could conceivably put half of the agricultural poor above the poverty level. But given the limited cultivable land base, agriculture alone cannot provide a solution to poverty in Nepal, and long term growth must be sought mostly through services and energy (particularly hydro-energy), and later on in industrial growth.⁶

Over seven successive national development plans, the Government has expanded a basic services network. For example, 66% of the urban population and 35% of the rural population have access to water supply and there are 617 health posts and 16,000 primary schools. But inadequate finance and shortages in supplies and staff put serious limitations on quality of services and necessary growth. These are compounded by weaknesses in organisation and management with the consequence that much of the activity at central level (Kathmandu) has had only a limited impact on the rural areas.

In 1990, Nepal underwent a revolution whereby the system of Government became responsible to the people in a multi-party democracy and the monarchy became constitutional. A new popular constitution is in place which guarantees the basic freedoms and a parliament has been elected for the first time. Massive popular energy has been liberated in the debate of previously undiscussed issues,

2 World Bank - Nepal Social Sector Strategy Review, 1989 page 3.

3 Work Burden of the Girl Child in Nepal, 1991 page 21-24.

4 World Bank - Nepal: Relieving Poverty in a Resource Scarce Economy, 1990 page 21

5 UNFPA Nepal - Population Policies and Programme, page 135. See also Status of the Girl Child in Nepal. RIDA 1991

6 World Bank- Nepal: Relieving Poverty in a Resource Scarce Economy, 1990.

formation of new associations and institutions, initiation of new activities, and demanding better conditions of life. In the midst of this open atmosphere of debate and new initiatives, preparations for the World Summit for Children made it possible to move forward swiftly with child advocacy in all possible fora, at the highest political levels, with Government, NGOs, professional associations, popular groups and the private sector. Children became an issue in Nepal's new democracy and human services such as health, education and water supply became symbolic of Government's responsibility to the people. It is in the midst of this atmosphere that the Convention on the Rights of the Child was ratified, the declaration of the World Summit for Children signed, a draft Children's Act was prepared and children found a place in the new Constitution of Nepal.

ARTICLE - IV

OBJECTIVES FOR THE 1990s

OBJECTIVES

Specific objectives for this Master Plan of Operations are based on the goals from the World Summit for Children Declaration and the 10 Year National Programme of Action for Children and Development for the 1990s. His Majesty's Government ratified the Convention on the Rights of the Child on 19 August 1990. The goals and objectives are in support of the survival, protection and development of all children in Nepal and achieving of the goals set forth in the Summit Declaration and Plan of Action signed by HMG on 12 December 1990.

The following are the Nepal Goals for Children and Development for the 1990s including the intermediate goals for 1996 and 1998.

(continued overleaf)

NEPAL GOALS FOR CHILDREN AND DEVELOPMENT FOR THE 1990s

Global Goals for 2000	1990 Situation in Nepal	Intermediate Goals		Nepal Goals for 2000
		1996	1998	
HEALTH				
Reduction of Infant Mortality Rate (IMR) by one-third or to 50 per 1,000 live births, whichever is less	107 per 1,000 live births	80	60	IMR: 107 to 50 per 1,000 live births
Reduction of Under-Five Mortality Rate (U5MR) by one-third or to 70 per 1,000 live births, whichever is less	165 per 1,000 live births	130	95	U5MR: 165 to 70 per 1,000 live births
Reduction of maternal mortality by one-half	850:100,000	725	600	400:100,000
Eradication of poliomyelitis	9,323 cases	11,122 cases to be prevented	11,952 cases to be prevented	Eradication of poliomyelitis
Elimination of neonatal tetanus by 1995	17,021 cases	20,776 cases to be prevented	21,676 cases to be prevented	Elimination of NNT by 1995
Reduction of measles deaths by 95 percent and reduction of measles cases by 90 percent by 1995	391,962 cases	467,510 cases to be prevented	486,935 cases to be prevented	To reduce measles mortality by 95% and morbidity by 90% by 1995
Maintenance of high levels of vaccination coverage, at least 90% of children under one	BCG: 90% DPT ₃ : 79% Polio ₃ : 78% Measles: 67%	95% 90% 90% 90%	95% 95% 95% 95%	To reduce vaccine preventable diseases and maintain high level of immunisation coverage in all communities (1)
Diarrhoea related deaths in <5 years old children to be decreased by 50%	45,000 deaths	15% 8,000 deaths to be prevented	35% 15,000 deaths to be prevented	Reduction by 55% 24,000 deaths to be prevented*
Knowledge about diarrhoeal diseases control and correct use of ORT	65% knowledge 2% correct use	90% 25%	90% 50%	100% knowledge 65% correct use
Reduction of <5 mortality due to ARI related causes by one-third	40,000 deaths	17% 6667 deaths to be prevented	25% 10,000 deaths to be prevented	Reduction by 1/2 20,000 deaths to be prevented**
NUTRITION				
Reduction of severe and moderate malnutrition among under-5 children by half	50%	44%	38%	25% (2)
Reduction of iron deficiency anaemia in women by one-third	78%	70%	55%	50%
Virtual elimination of Vitamin A deficiency and its consequences including blindness	2.1% (Bitot's Spots)	1.5%	0.5%	0.1%
Virtual elimination of IDD	40%	28%	9%	1%
EDUCATION				
Universal access to basic education	Net enrolment: Total: 64% Female: 31%	80% 65%	95% 85%	64% to 100% 31% to 100%
Completion of primary education by at least 80 percent of primary school age children	27%	55%	70%	27% to 70%+ (3)
Reduction of adult illiteracy rate to at least half with emphasis on female literacy	Illiteracy: Total: 65% Female: 82%	51% 67%	45% 55%	65% to 32% 82% to 41%

Global Goals for 2000	1990 Situation in Nepal	Intermediate Goals		Nepal Goals for 2000
		1996	1998	
WATER AND SANITATION				
Universal access to safe drinking water	Rural: 35% Urban: 66% Total: 37%	50% 75% 53%	65% 84% 67%	35% to 75% 66% to 90% 37% to 77% (4)
Universal access to sanitary means of excreta disposal	Rural: 3% Urban: 34% Total: 6%	12% 50% 16%	21% 67% 26%	3% to 25% 34% to 75% 6% to 31% (5)

* Total number of DD cases and the annual number of episodes per child.

** The population growth in <5 is assumed to be offset by reduction in the number of episodes per child per year.

Explanatory notes on changes in Nepal goals versus global goals:

- (1) For EPI, percentages are calculated on the basis of the population base estimated by the government for the under one age group. Using the population estimates of the United Nations Population Division the figures would be as follows:

BCG:	96%
DPT ₃ :	85%
OPV ₃ :	84%
Measles:	71%

- (2) For the nutrition goals, there is no overall national strategy to deal with PEM, the goal of reduction by 1/2 is roughly estimated on the basis of improvements in the general health situation particularly control of diarrhoeal diseases, ARI and immunisable diseases.
- (3) Initially, the Ministry of Education estimated that a goal of 60 percent completion would be realistic but decided to make the greater effort towards reaching the goal of 70 percent completion.
- (4) & (5) The Ministry of Housing and Physical Planning has further examined the summit goals and adjusted these taking into account past experience and resources required. With additional resources, higher levels of coverage could be achieved.

ARTICLE - V

COUNTRY PROGRAMME STRATEGIES

This Programme of Cooperation with His Majesty's Government of Nepal will use the following basic strategies in the five major interlinked programmes for Health and Nutrition; Basic Education; Community Water Supply and Sanitation; Community Based Programme; Advocacy and Communications and their related project activities as detailed in Part II (Chapter I to VI) of this Master Plan of Operations.

"FIRST CALL FOR CHILDREN"

In line with UNICEF's mandate, this HMG-UNICEF Country Programme puts children first and is in support of the full implementation of the ratified Convention on the Rights of the Child and is part of the HMG National Programme of Action for Children and Development for the 1990s.

UNICEF will advocate for inclusion of clear child policies, priorities, focus and adequate resource allocation into the Eight Five Year Plan of His Majesty's Government for the period 1992-1996 and beyond in support of achieving the goals for the 1990s.

ADVOCACY AND THE ARTICULATION OF DEMAND

In the midst of the new political atmosphere the Government is sensitive to the issues of critical poverty and massive human deprivation that exist in Nepal. The knowledge, attitudes and political will to take action on specific issues relating to children and women are articulated and advocated among a multitude of competing priorities. This programme will therefore look to supporting national entities at Governmental, Non-Governmental and community levels in articulating felt needs as these affect women and children. The broad based articulation of demand will need to be supported at the same time by advocacy for women and children at the political decision making levels with the aim of stimulating awareness, conviction, and mobilising political will to put children and women high on the agenda for action. A strategic two pronged approach is essential: sustained articulation of demand, together with advocacy at the levels where decisions on allocating resources and priorities are made.

An important beginning in that direction is already underway, but needs strengthening and follow-up. The Convention on the Rights of the Child has been ratified and a comprehensive Nepal Children's Act 1992, has been presented to Parliament. A 10 year National Programme of Action and perspective to implement the Plan of Action arising from the World Summit for Children has been finalised by the National Planning Commission. The Convention to Eliminate All Forms of Discrimination against Women has been acceded to, and the International Marketing Code on Breastmilk Substitutes has been adopted. A National Council for Child Development, headed by the Prime Minister is in the making, and a Forum of NGOs dedicated to promoting and monitoring the Convention on the Rights of the Child and the Nepal Children's Act (NCA) 1992, has been formed. All these were stimulated by and became possible in the open atmosphere of democracy and the firm belief of large segments of the population in their own empowerment. This critical asset can be counted upon to further promote issues of human development, particularly for children and women.

EMPOWERING FROM THE FAMILY UP

The experience of the last 3 decades demonstrates that it is not realistic to expect the central Government structures to provide all of the basic human services which are expected to reach the vast majority of the population down to village level. In spite of the plans and considerable activity by Sectoral Ministries, donors and NGOs in Kathmandu, what trickles down in basic services to villages with 90 percent of the population is indeed very little compared to the activity at Central level.

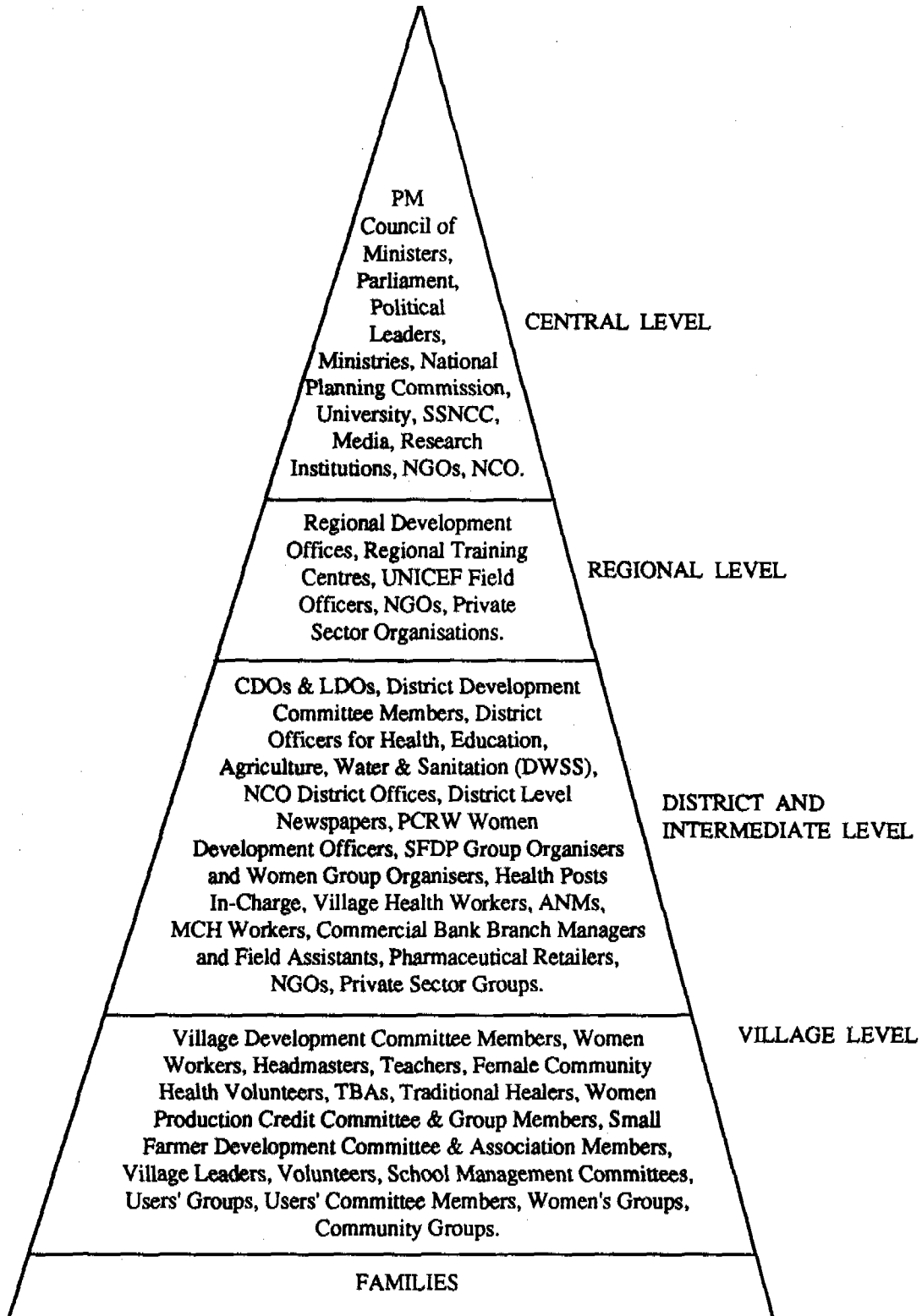
Thus for example, 90% of births are not supervised by a trained practitioner, and primary school cohort completion is not more than 27%. Too much is expected from the Central Government which need not be responsible for everything. Indeed, much more might be accomplished if there were a realistic assessment of who, in addition to the Government, might fulfill basic human services leaving the Government to provide the kind of support that it is best at doing and that others cannot provide. (For example a community can build a school, but the Government has to develop curricula and do teacher training).

The proposed strategy is to start planning closest to where the children are - with their families - and work up the line to identify what support is needed and who can provide it, complemented with what Central Ministries must do.

The point is to find out who has the comparative advantage of delivering or supporting services at each level. The complementarity of proceeding from the centre down, and from the families up, provides a kind of synergism that has been relatively weak so far. This Programme of Cooperation will endeavour to identify and mobilise the main and supporting actors and resources at each level. This strategy is based on government coordination and community organisation.

On the following page the Strategic Triangle is given: Empowering the Family:

**STRATEGIC TRIANGLE
EMPOWERING THE FAMILY**



FOCUSING ON CRITICAL POINTS

Since needs are many and everywhere, it is important to avoid the pitfall of trying to do a little bit of everything that is needed. Therefore UNICEF's cooperation with HMG will need to have a clear order of priorities and identify the critical points of leverage where concentrated focus of limited resources and energies will bring high benefits to children and women. The critical points of leverage have been identified during the process of programme formulation and the following are illustrative:

(i) **Development with a Human Face:**

In the resource scarce economy of Nepal, strong advocacy and technical support are needed so that (i) the human development area of investment receives high priority (ii) low cost/high yield interventions which are affordable and sustainable are identified, and (iii) donor inputs can be maximised in the human development area to avoid indebting future generations.

(ii) **The Monthly Village Contact:**

The national health structure is currently within reach of some 15% of the population, mostly in and around urban areas. People generally do not come to the health posts and 90% of births happen without any contact with a trained health practitioner.

The Village Health Worker (VHW), the Maternal and Child Health Worker (MCHW) and the Auxiliary Health Worker (AHW) operating in and out of the newly established sub-health post and supported and supervised by the Ilaka health post can cover several villages in a district, making contact at least once a month. This is progressively manageable and affordable, offering the majority of the population health services they have not had access to before including prenatal care, family planning counseling, post natal care, immunisation, nutritional care, growth monitoring, referral, supervision and support to the female Community Health Volunteer and TBA, and other basic health services, including supervised deliveries.

(iii) **Basic Education:**

Early Childhood Education and Care (Education + Health and Growth) is required and critical focus on the first three years of primary education which account for over 50% of primary age drop-outs. Education needs to be relevant to an intensive agricultural economy and basic coping skills. Communication and third channel information will be an important support to learning in all basic areas.

(iv) **Women and Girls:**

There can be no development without the full participation of women. Gender discrimination which starts at birth must be overcome, the cultural odds against women reduced, so that they can lead fulfilling as well as productive lives. In all aspects of the programme of cooperation the role of, and impact on, women and girls is given a high priority as a critical point of leverage.

(v) **Poverty Alleviation:**

The poverty cycle is a vicious one contributing to and in turn being impacted upon by poor health, malnutrition, illiteracy and low productivity. This country programme will pursue low cost measures that can put very poor families above the poverty line, and alleviate the worst aspects of poverty through a safety net for the ultra poor.

CROSS-SECTORAL LINKAGES

Nepal has already accepted the goals and Plan of Action of the World Summit for Children, and has ratified the Convention on the Rights of the Child but there is scope to generate more conviction, commitment and mobilisation of resources behind the stated goals. The National Programme of Action for Children for the 1990s, is a very significant move in that direction, particularly when its results find their way into the Eighth National Development Plan and its related national budget.

The range of the goals and targets brings out the potential for linkages and synergism among the various specific areas and sectors. The critical strategic points of focus cut across and relate to the areas where there are specific objectives arising from the World Summit, as illustrated in the table below.

Poverty Alleviation	Women	IEC	Case Management	Monthly Contact	
*	*	*		*	Girl Child
*	*	*	*	*	P & B Women
*	*	*	*	*	Child Spacing
*	*	*	*	*	Safe Motherhood
	*	*		*	EPI
				*	Measles
				*	Polio
	*			*	NN Tetanus
	*	*	*		CDD
	*	*	*		ARI
*	*				Water
*	*	*		*	Sanitation
*	*	*		*	Hygiene
*	*	*	*	*	Early Childhood
*	*	*			Basic Education
*	*	*		*	Literacy
*	*	*			Third Channel
*	*	*	*		P.E. Malnutrition
*	*	*	*		Low Birth Weight
*	*	*	*	*	Growth Promotion
*	*	*		*	Anaemia
	*	*		*	IDD
	*	*		*	Vitamin A
*	*	*	*		Breastfeeding
*	*	*			Food Security

BUILDING ON SUCCESSFUL EXPERIENCE

Building on What Exists and Universalise:

Over the last 3 decades of UNICEF involvement in Nepal, through seven successive national development plans, there is an accumulated wealth of experience that can be drawn on. Lessons from mistakes and successful experiences have been incorporated in the programme development through extensive programme reviews, evaluations and reviews of past cooperation. Innovations and new opportunities will also be pursued. The following successful projects and activities are incorporated into the Country Programme:

(i) UCI 1990:

Probably Nepal's most successful experience in the human development field. It demonstrated that despite weaknesses in infrastructure, and a daunting topography, national capacities can mount and implement a complicated and very ambitious project on a national scale. It shows that the ambitious goals from the World Summit for Children can be translated into the Nepalese context.

(ii) Non-formal Education:

The Education for Rural Development Project in the Far-West Seti Zone and the Basic Primary Education Project, though both of limited scope, explored, developed and demonstrated methods and approaches that are innovative and particularly successful. Singled out from these experiences are (a) the Resource Centres which provide guidance, support, motivation and supervision to clusters of schools and their teachers; (b) the Cheli Beti Programme which takes young out-of-school girls and, after intensive courses, re-integrates them in the school system; (c) low cost community based school construction; and (d) community involvement and motivation in education.

(iii) The Literacy Programme:

The Literacy Programme has succeeded in rendering illiterate women literate in a 6 month morning or evening course at a per capita cost under \$10. The learning package including curricula, materials, and trainers module was developed under a UNICEF assisted programme. This has become an off-the-shelf package that NGOs take and start their own literacy projects with Facts For Life also being used for post literacy. A Unicef assisted evaluation of the literacy programme in SFDP and PCRW in 1991, underscored that improvements are still possible. This activity has expanded considerably in recent years and provides the main instrument to reduce illiteracy by half by the end of the decade.

(iv) Vitamin A Intervention:

The three Vitamin A research projects with which UNICEF has been associated in various degrees have contributed significantly to the world body of knowledge on Vitamin A, and its re-discovery as a low cost, highly effective health intervention, particularly its dramatic effect on reducing infant mortality.

(v) Rural Water Supply

Water supply is in very high demand by communities. Frequently, communities participate in construction activity and set up village users' committees. The high demand and community organisation opportunity offer a major entry point for other services including literacy, poverty alleviation/revolving credit and community organisation for school, health and sanitation/hygiene. The relatively high per capita cost of providing water becomes more justified when the community is motivated and able to support other essential services.

CARRIER PROJECTS, OR VEHICLES ON WHICH A NUMBER OF BASIC SERVICES RIDE:

Perhaps arising also out of previous successful experiences is the strategy of using what may be called "Carrier Projects" as vehicles to carry a number of cross sectoral goals as an alternative to purely sectoral approaches. What the carrier projects have in common is that they are community based, are in high demand, and make very good entry points on which a number of basic services ride. The following are some illustrative examples:

Small Farmer Development Programme: Production Credit for Rural Women:

These are essentially poverty alleviation projects using small scale revolving credit similar to the Grameen Bank project in Bangladesh. They have proved fairly successful not just in augmenting family income but in raising families above the poverty line where they actually maintain themselves after credit is repaid. Apart from the intrinsic value of rising out of poverty, experience has shown that families which participate in these schemes are more likely to join literacy classes, have their children immunised, send their children to school and practice family planning.

Urban Basic Services:

Although 10% of Nepal's population currently live in urban towns, rapid urbanisation will bring this figure close to 20% by the end of the decade. Shanty towns and destitute street children are emerging, and there is considerable justification to take preventive action, early on, while these problems are amenable to management.

New urban settlers do not have the kind of community organisation or extended family support that they enjoyed in the villages, but neighbourhood associations are starting up, and municipalities are just becoming aware of the human needs in urban settlements as an important part of their responsibility. Poor health, malnutrition, out-of-school children, girl child deprivation and other aspects of poverty and children in especially difficult circumstances are sometimes even more acute in disorganised urban settlements. But services, if organised, are likely to be more cost effective per capita in view of the concentration of population, the absence of topographical and delivery problems and easier availability of service personnel.

ADVOCACY AND COMMUNICATIONS

Communications is a broad term that applies to every aspect of human endeavour. In the case of this programme of cooperation for children it is used to denote the use of mass media and informal community networks to make specific gains for children in support of the programme strategies:

Child Advocacy: Aimed at leaders and decision makers at central, regional and district as well as village levels.

Articulation of Demand: Especially at community level and to encourage interaction between the district and community.

Social Mobilisation: With NGOs, Public Organisations, Students, Scouts, Private Sector Organisations among others.

Programme Support Communications: Specifically to assess and promote knowledge, attitudes and practices relevant to the specific objectives for children in Nepal at the family and community levels and for those providing services to the people, particularly Government functionaries at district level. Without exception, the potential for reaching each of the specific objectives for children in the 1990s is enhanced when better communications between all levels involved is built into the programme.

CAPACITY BUILDING

Mapping and Microplanning

The success of the immunisation programme in Nepal is to a large extent due to applying mapping and microplanning techniques to locate eligible children and mothers and plan the delivery of services so that they are within reach of the remotest settlement.

The main ingredients for successful mapping and microplanning can be simply described as follows:

- (a) Identifying the child and mother
- (b) Locating them and their village on a map
- (c) Assessing the logistics of delivery from the village up
- (d) Team building/motivation
- (e) Communications

Mapping and microplanning will be applied in a number of areas where people need services in sectors including family planning, school age and out-of-school children, literacy, growth promotion, poverty alleviation, drinking water and sanitation, among others. The 1991 population census will make mapping and microplanning potentially much more accurate than it was before.

ARTICLE - VI

SUMMARY OF THE SECTORAL PROGRAMMES

HEALTH AND NUTRITION

The health plan seeks to empower families and community organisations with essential knowledge that allows families to care for themselves along the lines of Facts for Life. Front line supporters at the community level include the Community Health Volunteer and the TBA. Front line workers will be supported by the Village Health Workers operating out of the sub-health posts and providing the regular monthly village contact.

UNICEF will support national efforts with special focus on the health post level and below. The aim is to continue and expand immunisation coverage and to use the gains made by the outreach capacity and logistics of the immunisation programme to manage also diarrhoeal diseases and acute respiratory infections as well as safe motherhood. However, pneumonia, acute cases of diarrhoea and complicated deliveries will require case management at a location reasonably accessible to the community. Referral will be essentially to the health post but also to the obstetric services of district hospitals.

The basic health support system will need to be strengthened to provide essential back-up for these efforts particularly through training of health workers and ensuring essential drugs at the health post level and below. In collaborative action with UNFPA, UNICEF will support communications messages in family planning at the community level and UNFPA will strengthen Maternal and Child Health services at District hospitals.

These disease control measures will go a long way improving the nutritional status of children, and growth monitoring will be part of the regular monthly contact schedule. Three special initiatives in nutrition will be continued and expanded. These are the projects to control iodine deficiency, Vitamin A deficiency and maternal anaemia.

BASIC EDUCATION

Following successful work in curriculum revision at the primary level conducted under the previous programme of co-operation, UNICEF will now support textbook and materials development and production with a focus on the first three grades of primary education especially for reading, numbers and life skills. The aim is to make high quality learning materials available free of charge at the primary level, with an anticipated impact on reducing the number of drop outs.

At the non-formal level, the programme will support the increasing very high demand for adult literacy, particularly for women and the alternative education programme in out-of-school children, particularly girls (Cheli Beti). A beginning will also be made in community based Early Child Education and Care with the aim of going to scale during the programme period.

To support community education efforts, a "village readiness" programme will be developed to encourage parents to send their children to school and not drop out, and to get parents involved in other community education efforts.

COMMUNITY WATER SUPPLY AND SANITATION WITH WOMEN'S INVOLVEMENT

The main strategy of the new programme is to focus on low-cost technologies and areas of high population density. By doing so, the average per capita cost will be reduced from the current US \$16.9 (1988-92 programme) to planned US \$ 6.4. By focusing the programme, it is expected that some 2.5 million people will benefit from the programme mainly in the Central and Eastern Development Regions of Nepal. Other parts of Nepal will benefit from UNICEF support to SFDP and PCRW components of the Community Based Programme. Additionally, HMG is now taking the lead role in coordinating the various donors to complement their assistance.

The new programme will operate 4 different projects tied to geo-physical areas depending on technologies; (i) gravity flow in the hilly areas, (ii) spring protection in the hilly areas, (iii) shallow wells in the terai and (iv) deepwells in the boulder formations between the hills and the terai. Cross-sectoral assistance in the form of women's involvement, sanitation and training will be provided.

While the most cost effective technology is shallow wells in the terai (due to densely populated area), UNICEF assistance will be continued in the hills with gravity flow and spring protection as these areas have a higher degree of poverty. The programme will introduce two new technologies never before tried in Nepal: deep well with sturdy lift handpumps and simple spring protections. These technologies will open new means for HMG to increase the coverage rate and meet the national goals of 75% rural coverage by the year 2000.

The programme will be subject to continuous monitoring and evaluation. The monitoring will be conducted at site level by the women workers, at district level by district officers and UNICEF APOs and at central level by HMG and UNICEF Kathmandu-based staff. Evaluations will be at annual intervals relying mostly on locally available consultants.

The new programme will increase the population coverage from current 34% to 50% by 1996 in the Central and Eastern Development Regions. Besides HMG, Nepal Red Cross Society (NRCS) and WaterAid will be cooperating in the programme along with 5-6 international volunteer agencies and some 60 local NGOs.

COMMUNITY BASED PROGRAMME

The Community Based Programme will act as a carrier programme for UNICEF assisted sectoral programmes. This programme will significantly enhance the achievement of goals for children and development for the 1990s set by the World Summit for Children.

By 1996, over 1.5 million families living below the poverty level will directly benefit from the Community Based Programme. This programme will cover 1,200 Village Development Committees

countrywide, and will continue its focus on poverty alleviation through credit, self-help and the provision of integrated basic services. The programme will be implemented through the following programmes:

Small Farmer Development Programme (SFDP) and Production Credit for Rural Women (PCRW)

SFDP will directly reach 307,125 low-income subsistence families and will be instrumental in providing credit support to an additional 700,000 low income subsistence families by end 1996. The UNICEF-supported basic services activities of SFDP will provide a social safety net for small farmers and landless families currently living in absolute poverty. Participation of non-governmental organisations and local community institutions will be encouraged to enable SFDP to more effectively deliver the services of HMG's sectoral programmes aimed at achieving national and Summit goals.

SFDP will incorporate and expand poverty alleviation initiatives through income generation linking with skill development training for women, functional adult literacy and post literacy activities, safe drinking water and environmental sanitation, promotion of EPI and ORT coverage, breastfeeding, safe motherhood, kitchen gardening, household food security and family planning. Facts for Life, Wall Newspapers and other materials will be used to disseminate information through group mobilisation. Girl Child issues will also be addressed through these activities.

In the expansion of PCRW, emphasis will be placed on building capability among community institutions, credit building and group dynamics, developing self-help groups, needs assessment mechanisms and identifying and utilising local NGOs.

The PCRW network will be used as a vehicle to deliver the services of HMG's sectoral programmes for achieving goals set for children and development in the 1990s. The programme will empower women to undertake income generating activities, and access them to functional adult literacy classes for women and Cheli Beti programme for out-of-school girls, safe drinking water and environmental sanitation, promotion of CSD activities, means for safe motherhood, household food security, kitchen gardening and other community based activities identified by women as their basic needs.

Environment

The Environment Project aims at improving the living environment of over 100,000 low-income subsistence families at the household and community level, by addressing environmental degradation issues that have a direct bearing on children and women in rural and urban areas. Small farmers and women groups, users' committees and self-help groups will be utilised to assess community needs and identify crucial environmental issues.

The main components of the Environment Project are environmental education, environmental sanitation, population education, training for skill development and social mobilisation, creation of self-help groups, social forestry, appropriate technology and social mobilisation, with income generation being interlinked with these interventions.

Urban Basic Services

The Urban Basic Services strategy is to provide integrated basic services to children and women in urban areas, covering at least 300,000 urban poor in 15 municipalities by 1996. In 1992-1996, the UBS Programme will concentrate on increasing coverage, efficiency, sustainability and equality, towards a long-term strategy leading to full institutionalisation of the UBS Project by the year 2000. The multi-sectoral implementation approach of UBS will serve as a catalyst for the integrated implementation and monitoring of other UNICEF assisted national programmes. The community-based programmes will focus on the most disadvantaged areas of the towns, starting with 250 households in every municipality and reaching 50 percent of urban poor by the year 2000. The municipal UBS Executive Board will coordinate and ensure that all inputs required for the programme are effectively delivered, including activities which are the responsibility of external donor and government line agencies together with NGOs.

ADVOCACY AND COMMUNICATIONS

The main areas of action for the Advocacy and Communications Programme with country-wide coverage using available media are:

A. Advocacy for Children

i. Child Rights: Objectives:

- Enhance political and public awareness and mobilise practical support for implementing the UN Convention on the Rights of the Child (CRC) and the Nepal Children's Act, 1992
- Promote compliance with the norms of the CRC and with the Nepal Children's Act, 1992, and
- Promote effective monitoring mechanisms in government and the community for the observance of the Convention and the Nepal Children's Act, 1992.

ii. The Girl Child: Objectives:

- Raise the status of the girl child at national, community and household levels
- Create an awareness and understanding of the needs of girl children with special emphasis on the early childhood years and adolescence
- Promote the development of self-esteem and a positive self-image among girl children, and
- Raise the age at marriage to 18 years.

iii. Women in Development: Objectives:

- Promote an understanding of critical issues relating to women at the national, sub-national and household levels
- Promote policies and legislation to ensure equal legal rights for women, and
- Promote the development of self-esteem and a positive self-image among women.

iv. Children's Media: Objectives:

- Promote the development and production of high quality reading materials for children
- Increase quantity and improve quality of radio and television programmes for children, and
- Strengthen the capacity of media professionals to develop and produce materials and programmes for children.

v. Development Education: Objectives:

- Promote interaction between children from socially and economically advantaged backgrounds and those from disadvantaged groups with a view to creating mutual awareness, understanding and empathy, and
- Create an awareness and understanding of, and commitment to, development issues among school and college students from rural and urban areas.

B. Programme Communication

Objective: to provide Advocacy and Communication support in the following areas:

- i. Health - EPI, CDD, ARI, Safe Motherhood, Facts For Life
- ii. Nutrition - Low Birth Weight, IDD, Vitamin A, Iron deficiency Anaemia
- iii. Basic Education and Literacy
- iv. Sanitation and Water.

C. Alliances for Children

"Children First" - mobilising volunteer groups, public organisations, professional bodies, non-government organisations, external aid agencies.

INTERFACE WITH FAMILY PLANNING EFFORTS

Although there are no reliable figures on maternal mortality, the figure of 850 deaths per 100,000 has been generally accepted, but recent estimates are putting this figure much higher. Out of about 800,000 pregnancies per annum, 20% or 160,000, are considered high risk to the mother and child. However, only 10% of pregnant women have any contact with a trained health worker during pregnancy, birth or after delivery. There are still cases of women delivering by themselves without any assistance. Currently 7,000 or more women die each year during childbirth. Clearly, fewer pregnancies would lead to fewer maternal and child deaths.

To achieve a reduction by half in maternal deaths by the end of the decade, the current programme envisages a multi-faceted preventive approach through massive awareness building and health education along the lines of Facts For Life, acceleration of tetanus toxoid vaccination under the immunisation programme and a host of other measures affecting the well-being of women under health and non-health aspects of this country programme.

In the final analysis, however, the detection and referral of difficult pregnancies has to be done by Community Health Volunteers, Village Health Workers and Traditional Birth Attendants. Their training is largely supported by UNICEF and UNFPA covering aspects of safe motherhood and family planning among other basic health training. In case of complications, maternal deaths may be largely prevented only if there is within reach of the community, a reliable capacity for blood transfusions and caesarian section procedure. The District Hospital is the health facility which is closest to the village level that can have staffing and equipment and facilities to perform this function. UNFPA's country programme envisages support to the district hospitals for safe births and family planning services, and UNICEF will provide complementary support to strengthen MCH services at the district level.

Interface with family planning efforts is not limited to the health sector. Indeed curriculum and textbook development at the formal primary level and at the non-formal level will cover appropriate family planning education; the communications programme seeks effort to effectively raise the age of marriage to 18; and to disseminate the messages of Facts for Life relating to safe motherhood and family planning.

One of the more important contributions, however, will be at the level of strategic approach. It is hoped that the bottom up strategy articulated in this programme of cooperation will also be used by Governmental and non governmental agencies and other partners concerned with family planning.

ARTICLE - VII

PARTNERSHIPS AND ALLIANCES FOR CHILDREN

One of the main objectives of the HMG-UNICEF programme of cooperation will be to mobilise partnerships and alliances for children, particularly resources and capacities that compliment those of HMG and UNICEF. The National Programme of Action for Children for the 1990s provides a framework for this unique participation.

- (A) Among the Donor Community, the aim is to have more resources focused on human development, particularly children and women. Donors would include the World Bank, the Asian Development Bank, UNDP, WHO, UNFPA, WFP, USAID, DANIDA, FINNIDA, CIDA, JICA, GTZ and others with whom there is an on-going dialogue, and important elements of cooperation that could go much further for children.

- (B) International NGOs and National NGOs are particularly valuable allies for children because of their community orientation and their intimate knowledge of local conditions. Many of these have participated in and contributed to the World Summit for Children mobilisation in Nepal and subscribe to the Summit goals and National Programme of Action for the 1990s. In cooperating with NGOs, UNICEF will maintain coordination with the Social Services National Coordination Council (SSNCC).
- (C) The ten International Volunteer Agencies operating in Nepal will count among the most valuable allies. Voluntary Service Overseas, Peace Corps, UNV and UNV DDS, the German, Dutch, Danish, Japanese, Canadian and Korean Volunteers have skilled and highly motivated volunteers in many remote villages. Their ability to mobilise local resources, support simple community based programmes, and identify village level problems and solutions as only people with their vantage point can see them, provide an invaluable asset closely linked to the concept of empowerment from the family upwards.
- (D) Partnerships and Alliances for Children, more than providing finances and technical inputs, are part of a movement for children, an ethos of "First Call for Children". This movement has to pervade every aspect of society and be part of its very fabric. Towards that end, this programme will seek to make alliances for children also among the public organisations such as newly elected parliamentarians, the political parties with their elaborate networks, and the religious infrastructure with its wide following.

ARTICLE - VIII

ASSIGNMENT OF RESPONSIBILITIES

This Plan of Operations between His Majesty's Government of Nepal and UNICEF commits all participating counterpart Ministries, governmental agencies and NGOs to implement the activities as described in the Programme Chapters I to VI.

In collaboration with the Ministry of Finance, the National Planning Commission, within its responsibility for preparing and coordinating national plans, will provide guidance for general coordination, monitoring and evaluation.

Every year, the Ministry of Finance will call for, and convene, an Annual Review meeting involving representatives of the National Planning Commission, functional Ministries and other donors to jointly review the overall progress, performance, problems and shortcomings of the implementation of this Plan of Operations and agree on corrections. Implementing ministries and agencies may be requested to provide specific information, evaluative reports and analyses as well as studies on the situation of children and women to contribute towards the satisfactory implementation of this Plan of Operations as well as the Convention on the Rights of the Child.

The participating ministries, and other Governmental and Non-Governmental agencies involved, will be responsible for implementation and monitoring of activities included in this programme, and for evaluating the goals and objectives of the Plan of Operations and action plans. Specific responsibilities for administration and implementation of each programme component are indicated in the respective chapters in Part Two of this Plan of Operations.

UNICEF reserves the right to audit and evaluate assisted projects.

ARTICLE - IX

UNICEF COMMITMENTS

Subject to the availability of resources, UNICEF will provide, for use within this Country Programme of Cooperation with HMG, supplies, equipment, transport, cash grants, technical assistance, freight and supporting services for a value of US\$ 25 million from its general resources. In addition, UNICEF will seek a further amount of US\$ 40 million in supplementary funding.

This latter amount will have to be obtained through UNICEF's supplementary funding procedures and is considered unsecured at this time.

The two tables below give a summary of the proposed programme budget.

UNICEF GENERAL RESOURCES

(US\$ '000)

	1992	1993	1994	1995	1996	Total
Health and Nutrition	1,900	1,900	1,900	1,900	1,900	9,500
Education	1,400	1,400	1,400	1,400	1,400	7,000
Water and Sanitation	400	400	400	400	400	2,000
Community Based Programmes	450	450	450	450	450	2,250
Advocacy & Communication	300	300	300	300	300	1,500
Programme Support	550	550	550	550	550	2,750
Total	5,000	5,000	5,000	5,000	5,000	25,000

UNICEF SUPPLEMENTARY FUNDING

(US\$ '000)

	1992	1993	1994	1995	1996	Total
Health and Nutrition	2,400	2,400	2,400	2,400	2,400	12,000
Education	1,300	1,300	1,300	1,300	1,300	6,500
Water and Sanitation	2,800	2,800	2,800	2,800	2,800	14,000
Community Based Programme	1,400	1,400	1,400	1,400	1,400	7,000
Advocacy & Communication	100	100	100	100	100	500
Total	8,000	8,000	8,000	8,000	8,000	40,000

General resources are core funded projects approved for implementation by the 1992 Executive Board.

New Supplementary Funded Projects are projects approved by the 1992 Executive Board subject to availability of funds for which funds are still to be sought.

Supplies and equipment provided by UNICEF under this Plan of Operations shall remain UNICEF property until such time as a transfer of title to the Government takes place, usually at the time of arrival in the country unless otherwise indicated.

All supply and non-supply assistance provided by UNICEF shall be used in accordance with this Plan of Operations and its attachments. Any assistance remaining unused or used for other purposes shall revert to UNICEF.

ARTICLE - X

HMG/NEPAL COMMITMENTS

COMMITMENTS OF HMG

HMG shall provide all personnel, premises, supplies and funds necessary for the programmes under this Master Plan of Operations, except as provided by UNICEF or other agencies.

(Thousands of NRs.)

	1992	1993	1994	1995	1996	Total
Health & Nutrition	137,178	156,004	205,673	233,709	258,941	991,505
Education	1,012,800	1,067,600	1,131,100	1,187,800	1,232,300	5,631,600
Water Supply & Sanitation	71,336	68,163	69,234	69,294	68,094	346,121
Community Based Programme	605,857	732,104	865,062	1,092,403	1,140,546	4,435,972
Advocacy & Communication	10,750	10,750	10,750	10,750	10,750	53,750
Total	1,837,921	2,034,621	2,281,819	2,593,956	2,710,631	11,458,948

In accordance with Article VII of the Basic Agreement of 1960, HMG shall apply to UNICEF, its property, funds and assets, and to its officials, the provisions of the convention on the Privileges and Immunities of the United Nations. No taxes, fees, tolls or duties shall be levied on supplies and equipment, transport and materials which are furnished by UNICEF to be used under this Master Plan of Operations.

Annual Plans of action for all components shall be prepared each year jointly by HMG and UNICEF taking into consideration the status of implementation of programme activities and identifying constraints. These plans of action shall be reviewed at the joint HMG-UNICEF annual review meetings, and shall form the basis for determining the allocation of HMG and UNICEF funds to specific activities within the framework of this Master Plan of Operations.

UNICEF may maintain sub-offices in the country to support programme development, implementation and monitoring. With respect to supplies, equipment and cash assistance made available by UNICEF, HMG shall be responsible for their receipt, warehousing and accounting. UNICEF supplies shall be stored and accounted for separately unless otherwise agreed. This accounting procedure shall conform to the general accounting procedure for UNICEF supplies and shall provide the information required by UNICEF.

ARTICLE - XI

FINAL PROVISIONS

This Master Plan of Operations, comprising of Part I and Part II (Chapters I to VI), is construed to be the Country Programme of Cooperation between HMG/N and UNICEF for the period January 1992 till December 1996.

The general provisions of the Preamble and Article I to Article XI are applicable to each of the separate components in all the respective Parts I and II and its Chapters I to VI.

This Master Plan of Operations shall come into effect upon signature by the parties and, unless otherwise specified in various components of this Master Plan of Operations, shall remain in effect for a period of five years. This Master Plan of Operations shall supercede all previous Plans of Operations and Letters of Understanding or their addenda signed by UNICEF and the respective departments acting on behalf of HMG/N.

This Master Plan of Operations may be modified by mutual consent of the parties.

Upon termination of this Master Plan of Operations, any supplies and equipment furnished under ARTICLE IX, and to which UNICEF has retained title, shall be disposed of by UNICEF in accordance with established UNICEF procedures, in consultation and mutual agreement with HMG/N.

In witness whereof the undersigned, having been duly authorised, have signed this Master Plan of Operations.

Done in three copies in English at Kathmandu on 21. 8. 92

.....for His Majesty's Government of Nepal.



T.N. Pant

Mr. T.N. Pant
Secretary
Ministry of Finance

at Kathmandu on 21. 8. 92 for the United Nations Children's Fund



H. Hamam

Mr. H. Hamam
UNICEF Representative

PART - II

HMG/NEPAL

UNICEF

MASTER PLAN OF OPERATIONS

CHAPTER ONE

HEALTH AND NUTRITION SERVICES FOR CHILD SURVIVAL AND SAFE MOTHERHOOD

EXECUTIVE SUMMARY

1. Despite considerable improvements over the last two decades, the health status of the people in Nepal remains unacceptably low. These issues were brought to the fore in the recent parliamentary elections reflecting the importance the public attaches to improving health standards. The Government has expressed its full commitment to strengthening health delivery at the community level especially in relation to child survival, safe motherhood and family planning. The Government's commitment to Health For All by the year 2000 has been further invigorated by the health and nutrition goals arising from the World Summit for Children, and the Convention on the Rights of the Child. The Government has also ratified and passed into law the International Code on Breastmilk Substitutes.
2. With few exceptions and until a few years ago, the activities of the Ministry of Health had been mainly concentrated in Kathmandu and the main towns. Efforts to bring effective health delivery within reach of the majority of the rural population have not always been very successful, in part because the outlying (Ilaka) health posts are poorly staffed and generally lack essential drugs.
3. There have been some notable exceptions to this, particularly the Expanded Immunisation Programme, Diarrhoeal Disease Control, Iodine Deficiency Disorders, and more recently Vitamin A interventions. A common feature in these relative successes has been mobilisation of communities, NGOs and the non-formal sector together with co-ordination, guidance and essential support from the Ministry of Health. Cross-sectoral linkages and support in literacy, poverty alleviation projects and women focused programmes have also played an important role.
4. In accordance with the aforementioned commitments, the Ministry of Health, as endorsed by His Majesty's Government has recently promulgated a new National Health Policy. In this policy priority has been given to upgrading the health standard of the rural population through the Primary Health Care approach. The main emphasis of this policy is on Child Survival, Safe Motherhood and Family Planning. Within this overall effort, UNICEF's co-operation has been sought to support national efforts particularly in immunisation, diarrhoeal disease control, acute respiratory infections, safe motherhood, nutrition and supply of essential drugs.
5. The approach to be followed, builds on the successful experience of EPI and uses EPI, particularly the mapping and microplanning methodology, as a vehicle to expand and support a range of additional basic health measures.
6. The monthly periodic village contact for EPI will now be expanded to cover two or more contacts with the village every month by the Village Health Worker. This, coupled with case management of acute diarrhoea and pneumonia constitutes the main support for family and community health and related interventions.
7. In addition to strengthening and improving the health services rendered by the health post, the new policy calls for the establishment of a sub-health post in each Village Development Committee and the up-grading of one health post in each of the 205 electoral constituencies to Primary Health Care Centres, staffed by a physician and para-medical staff, during the next five years.

GOVERNMENT POLICY AND THE NATIONAL GOALS FOR THE YEAR 2000 OR EARLIER:

8. The Government policy is based on achieving Health for All by the year 2000 and the Goals for Children and Development for the 1990s:
 - (i) Reduction of Infant and Under-5 Mortality rates from the current levels of 107 and 165 to 50 and 70 per 1000 live births respectively by the year 2000.

- (ii) Reduction of the Maternal Mortality Rate from 850 to 600 maternal deaths per 100,000 live births by the end of 1996.
- (iii) Reduction of measles mortality by 95%, measles morbidity by 90% by the end of 1996. Reduction also of the incidence of other vaccine preventable diseases (pertussis, diphtheria, non-neonatal tetanus, and tuberculosis) by 1996.
- (iv) Reduction of deaths caused by diarrhoea in children under five years of age by 35% and the diarrhoeal incidence rate by 20% by the end of 1996.
- (v) Reduction of ARI-related under 5 mortality by one-third from the current level of 13.7 deaths per 1000 under 5 population to 9.1 by 1996.
- (vi) Elimination of neonatal tetanus by 1995 and eradication of poliomyelitis by 2000.
- (vii) Virtual elimination of Vitamin A deficiency and its consequences.
- (viii) Reduction of maternal iron deficiency anaemia by one-third of the 1990 levels and low birth weight to 10% of all births.
- (ix) Reduction of severe and moderate malnutrition among under-5 children by 2000 to one third of the current estimated level of 50 percent of children below five years of age along with the institutionalisation of growth promotion and its regular monitoring throughout the country.
- (x) Virtual elimination of Iodine Deficiency Disorders.
- (xi) Access for all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.
- (xii) Reduction of the Total Fertility Rate (TFR) from its present level of 5.8 to 4.0 by the year 2000.
- (xiii) Reduction of the population growth rate from its current level of 2.66 percent to less than 2 percent by the year 2000.

STRATEGY AND OBJECTIVES OF THE HMG-UNICEF COOPERATION

9. The strategy of co-operation with UNICEF is to empower families with the knowledge to look after their children's health and growth, and to mobilise community organisations to provide the essential non-technical support in health service delivery. Front line workers, Traditional Birth Attendants (TBAs), Female Community Health Volunteers (FCHVs) recognised and remunerated by the community, will provide the first level of health support to families. The Village Health Workers (VHWs), Maternal and Child Health Workers (MCHWs) and Auxiliary Health Workers (AHWs), working out of the sub health posts, will provide the first level of technical health services through their regular home visits and field clinics (monthly contact plus).

10. It is expected that the families and front line workers supported by the VHW, MCHW and AHW can handle most aspects of health at the village/community level if the health system can provide basic support in terms of training, supervision, essential drugs and referral. Most of this will be done by the sub-health post and Primary Health Centre, but the obstetrics/maternity service of district hospitals will also need the capacity to handle basic obstetric emergencies as well as family planning services that cannot be done at the lower levels.

11. The following objectives are set for the HMG/N-UNICEF Cooperation:

- (i) To maintain and increase the coverage for all vaccines to 90% by 1996.
- (ii) To reduce diarrhoea-related deaths of under 5 year olds by 35% by 1996.
- (iii) To achieve 90% use of case management among families of diarrhoeal disease cases as well as use of preventive measures.

- (iv) To reduce Under 5 Mortality due to ARI causes, particularly pneumonia, by one-third by 1996.
- (v) To reduce the severity of and complications resulting from ARI, the incidence of acute lower respiratory infections in children, and promote appropriate use of antibiotics and other drugs for rapid treatment of pneumonia at community level.
- (vi) To ensure that 75% of all pregnant women in 30 districts have access to and use of a female trained birth attendant (trained TBA, MCH Worker, ANM, nurse or physician) for prenatal, delivery and postpartum care leading to a reduced maternal mortality rate of 600 per 100,000 live births by 1996 and elimination of neonatal tetanus by 1995.
- (vii) To reduce maternal anaemia to 55% by the year 1996 ensuring iron folate distribution to 10% of all pregnant and breastfeeding mothers through the health post and 90% from a ward-based programme, as well as ensuring knowledge of iron deficiency anaemia among 33% of pregnant and breastfeeding mothers.
- (viii) To decrease incidence of low birth weight to 10% by improving the maternal nutritional status and reduction of smoking by women by 1996.
- (ix) To reduce protein-energy-malnutrition to 38% through case management of 10% of all moderate and severe cases of PEM, regular growth monitoring and improved prevention of malnutrition by 1996.
- (x) To reduce vitamin A deficiency to 0.5% by 1996 through the biannual distribution of high potency vitamin A capsules to 100% of all targeted children in high endemic districts and through increased knowledge of the importance of a vitamin A rich diet and identification of vitamin A rich foods in 33% of the targeted women.
- (xi) To treat 75% of all identified children suffering from vitamin A deficiency or presenting ocular signs and symptoms.
- (xii) To reduce iodine deficiency disorders to 9% by 1996 through the provision of iodised oil injections in 95% of children and women of childbearing age and ensuring knowledge of causes and effects of IDD in 50% of the population in targeted districts.

SPECIFIC OBJECTIVES

IMMUNISATION COVERAGE

12. To reach the objective of 90% coverage for all antigens by 1996, the following annual national targets have been set for all 75 Districts.

Annual Immunisation Coverage Targets by Antigen and Target Group

Antigen and Target Group	1992	1993	1994	1995	1996
BCG Infants (<1 Year)	92%	93%	94%	95%	95%
DPT3/OPV3 Infants (<1 Year)	80	82	86	88	90
Measles Infants (<1 Year)	70	75	80	85	90
TT2 Women 15-44 Years (Cumulative)	50	60	70	80	90

CONTROL OF DIARRHOEAL DISEASES

13. In line with the CDD objectives as stated above, the following national targets have been established:

Objectives of CDD Programme	From 1991	To 1996
% of population with access to ORS	60	90
% of mothers with knowledge of CDD	65	90
% of caretakers complying with ORS use	22	50
% with access to case management	2	25
% of mothers using ORT plus feeding during diarrhoeal episodes in children under 5	14	50

ACUTE RESPIRATORY INFECTIONS

14. Prevention of acute respiratory infections will be approached through the immunisation programme and health education.

15. Acute lower respiratory infections particularly pneumonia, still account for about 1/3 of under five deaths. Treatment requires urgent administration of antibiotics. Since it may take a few days to bring a child with pneumonia to a health post, it is essential in order to prevent child deaths that the appropriate antibiotics be reasonably within reach at community level. For this reason VHWs, MCHWs, AHWs and FCHVs will be trained in proper administration of antibiotics for ARI, and the best monitoring and supervision possible from the health post will be devoted to supporting this innovative and far-reaching life saving measure.

16. A limited amount of appropriate anti-biotics will be kept with the FCHV who will account to the VHW for their use and replenishment. Mothers, FCHVs and others will be trained in early recognition of pneumonia and the urgency of treatment and referral.

17. The following coverage and operational targets by year have been established for ARI:

Year	No. of districts	Population Under 5	Under 5 With Access	
			New Target	Cumulative Target
1992	10	431,000	249,000	643,000
1993	10	281,568	140,101	783,776
1994	10	217,291	96,043	879,819
1995	10	335,920	182,129	1,061,948
1996	10	508,723	311,270	1,373,218
Totals	50*	1,775,130	978,827	4,742,435

* The ARI programme is already operating in 30 districts (beginning in 1991).

18. In terms of pneumonia specifically, and according to existing information for the under five year old population, of all ARI cases, 20% is estimated to be severe pneumonia in infants under two months; 16% is severe pneumonia in children over two months and under five; 4% is very severe pneumonia; and 60% is due to acute respiratory infections which are not life-threatening.

19. The national ARI programme proposes the following case management targets during 1992 - 1996:

Year	No. of new districts	Total <5 pop. with ARI	No. infants under two months with severe pneumonia	No. of children 2m. - 5 yrs with severe pneumonia
1992	10	140,855	28,171	22,537
1993	10	92,041	18,408	14,727
1994	10	280,691	56,138	44,911
1995	10	222,888	44,578	35,662
1996	5	108,037	21,607	17,286

SAFE MOTHERHOOD COVERAGE

20. According to recent population projections, Nepal has approximately 4.4 million women of reproductive age (15-49 years), of whom 3.4 million are married. Annually, there are an estimated 800,000 pregnancies. Twenty percent or 160,000 pregnancies are estimated to be high risk and there is an estimated 15% pregnancy wastage rate.

21. MCH outreach clinics are already established in 55 districts under the FP/MCH Division of the Ministry of Health. UNICEF-assisted safe motherhood activities will focus on 30 of these 55 districts with the objective of reaching 75% of pregnant women of reproductive age in these districts. The mechanism for reaching this target needs to be further developed and elaborated in terms of manpower and resource requirements. It should be noted that the growth of MCH services will be planned on the basis of population density according to the 1991 census population figures of each District, Village Development Committee and Ward. For monitoring and evaluation of the effectiveness of this programme, as well as the other components, prior to the programme cycle a comprehensive district profile using micro-planning will be prepared.

22. The annual coverage targets for Safe Motherhood are:

Safe Motherhood Access and Coverage Targets by Year

Activity	1992	1993	1994	1995	1996
No. of dist.	6	12	18	24	30
Cumulative target women	42,000	84,000	126,000	168,000	210,000

NUTRITION

23. The following table provides the targets for the reduction of micro-nutrient deficiency rates. Below are given the coverage targets for the ward and health post nutrition programmes:

Targeted Micro-nutrient Deficiency Rates by Year

Micro-nutrient Deficiency	1996	2000
Malnutrition (1)	42	25
Vitamin A Deficiency (2)	1.5	0.1
IDD (3)	28	1
Maternal Anaemia (4)	70	52

- (1) National Nutrition Survey, 1975 (W/A, Gomez class).
 (2) Nepal Xerophthalmia Study, 1981 (Bitot's spots).
 (3) Impact Evaluation Study, 1985 (Goitre and cretinism).
 (4) JNSP Baseline Survey, 1986 (Hb < 12 gm/dl).

24. The annual coverage targets for the ward-based nutrition activities are:

Coverage/Activity	92	93	94	95	96	Total
No. of Districts	23	36	49	61	69	69
Population ('000s)	7530	12919	15630	18521	20501	
PEM Growth monitoring ('000s of Children)						
by CHV	72	245	445	704	974	2440
by VHW	7	25	44	70	97	243
Vitamin A Deficiency Prevention ('000s)						
under 1 year	24	83	105	237	328	822
1-10 years	93	318	577	1948	2696	5632
Postpartum mothers	24	83	105	237	328	822
Deworming Prior to Giving Vitamin A Capsule ('000s)						
No. of children	93	318	577	1948	2696	5632
Vitamin A Deficiency Treatment ('000s)						
No. of children	1.9	6.4	11.6	35.0	48.4	104
Prevention of Iron Deficiency Anaemia in Pregnant and breastfeeding Women ('000s)						
No. of Women	24	79	140	215	303	761

25. The annual coverage targets for the health post-based nutrition activities are:

Coverage/Activity	92	93	94	95	96	Total
No. of Districts	45	55	65	75	75	75
Population ('000s)	14,045	16,313	19,016	21,515	22,075	
PEM Growth Monitoring ('000s of children)						
No. of children	200	310	452	613	734	2309
PEM Treatment ('000s of children)						
No. of children	27	34	49	68	83	261
Vitamin A Deficiency Prevention ('000s)						
No. of children	259	401	585	794	950	2989
Deworming Prior to Giving Vitamin A Capsule ('000s)						
No. of children	259	401	585	794	950	2989
Vitamin A Deficiency Treatment ('000s)						
No. of children	4.1	6.4	9.4	12.7	15.2	47.8
Prevention of Iron Deficiency Anaemia in pregnant/breastfeeding Women ('000s)						
	66	100	142	188	219	715

ESSENTIAL DRUG COVERAGE

26. The supply of essential drugs to the health posts will potentially benefit more than 90 percent of the country's population. The drug information centre will benefit approximately 800 doctors and 4000

para-medical and pharmaceutical personnel and the general public in the rational use of drugs by means of using a variety of communication channels.

27. The Drug Information Centre is attached to the Department of Drug Administration. The Centre compiles necessary information to quality control imported and locally manufactured drugs; maintains information on drug retailers and wholesalers to license these institutions; produces and distributes literature on medicines to educate prescribers, produces and distributes information for the public and consumers and provides necessary information for periodic revisions of the national list of essential drugs, the national standard treatment list and the National Formulary.

SPECIFIC STRATEGIES

28. His Majesty's Government (HMG) of Nepal is committed to achieving HFA 2000, providing Basic Minimum Health and Nutrition for the population at large and attaining the goals set forth in the Declaration of the World Summit for Children and the National Programme of Action (NPA) for Children for the 1990s, as well as reducing the population growth rate to a level that can provide a quality life within the context of Nepal's economic means.

29. The main strategy adopted by HMG is to provide basic health and nutrition services at the family and community level.

30. At the forefront of this approach is the family, especially the mother who will be provided with basic knowledge necessary to tackle priority problems as mentioned above.

31. To support families and mothers, community organisations and institutions will be utilised. These organisations consist of mothers' groups, SFDP women's groups, PCRW women's groups, Water and Sanitation users' committees, local branches and chapters of social organisations, political parties, the NGOs and voluntary organisations, as well as the government institutions such as schools, school management committees, headmasters and teachers. Many of the community groups are linked to NGO networks or supported by government agencies.

32. At the community level also, the families and mothers will be supported by front line workers, who are predominantly female, and who are members and residents of the same communities. The most noted among them are Female Community Health Volunteers (FCHVs) and Traditional Birth Attendants (TBAs). Trained in basic child survival techniques, maternal health, nutrition, safe birthing and, supplied with very basic essential drugs and maternity kits, these front line workers constitute the level of the primary health care network and can respond to very immediate emergencies, allowing time to seek professional care.

33. The front line workers will receive basic training and will be supported and supervised by the health personnel attached to the sub-health posts and health posts, particularly the Village Health Workers. These out-reach personnel will also provide more sophisticated services, such as immunisation and will follow-up with the service recipients, such as for immunisation as well as with couples practicing temporary contraception.

34. Sub-health posts will be the first referral point, providing more advanced services and will be the sites for the training of front line workers. Essential drugs and equipment for the front line workers will be supplied by out-reach personnel from the health post and sub-health posts.

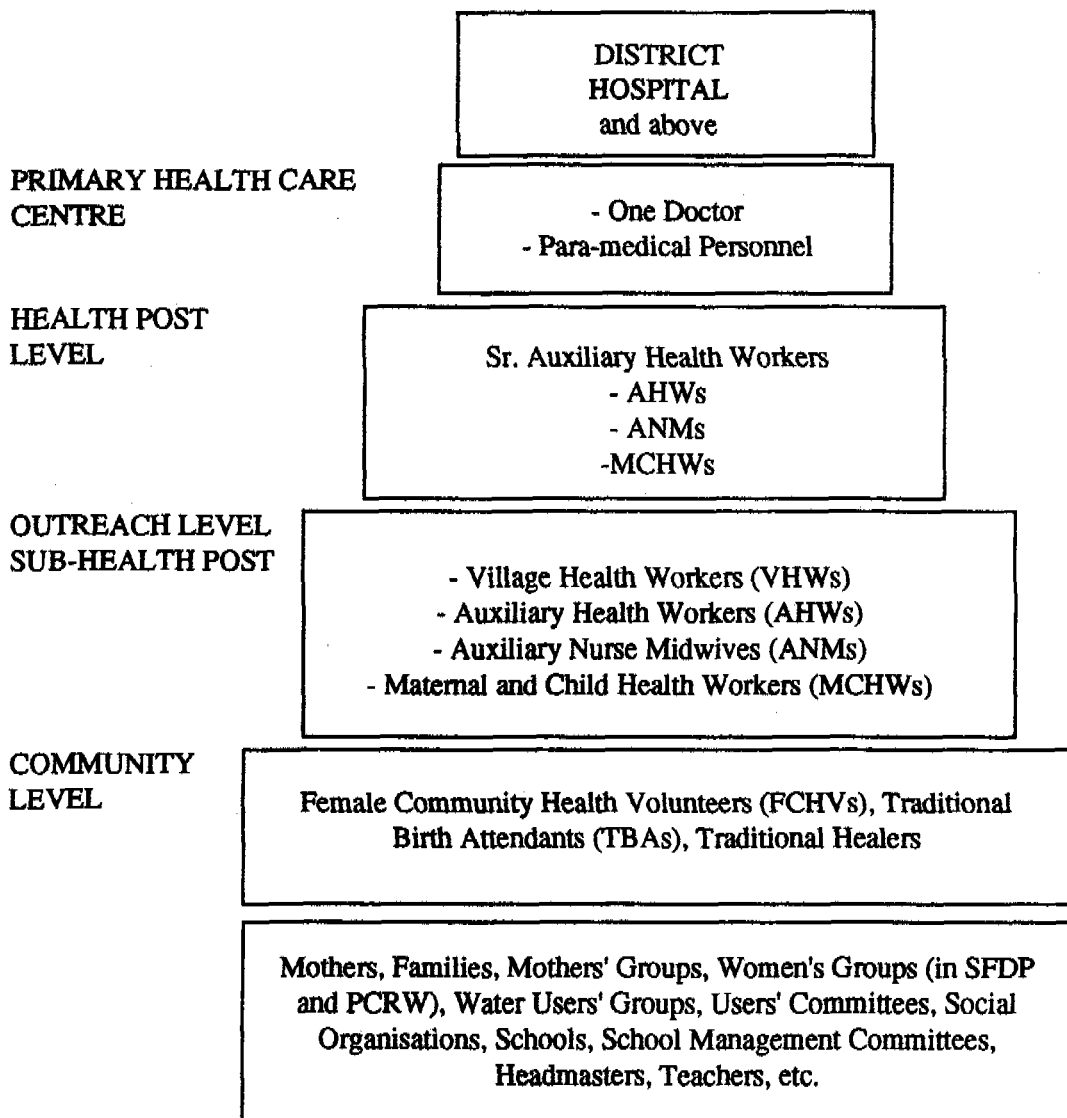
35. At present there is one Village Health Worker (VHW) for each Village Development Committee (VDC). This VHW, who has the responsibility to provide outreach services to all nine wards under each VDC, comes in contact with each ward at least once a month. Efforts will be directed towards maximising the benefits drawn from this monthly contact and will be augmented with the services of the MCHWs and AHWs operating in and from the newly established sub-health posts.

36. These monthly contacts are meant to provide immunisation services, help with diarrhoeal and ARI cases which need attention beyond what the mothers and FCHVs can provide, malaria control, family planning follow-up, nutrition services, supervision of front line workers (FCHV and TBA) and replenishment of their essential drugs supplies.

37. Given the need to attend to difficult pregnancies, in addition to the one obstetric bed which will be set up in the new Primary Health Care Centres, district hospitals will need to have the capacity for complicated deliveries, caesarian sections and safe blood transfusions. They will also need to have

dharamshalas, or maternity waiting homes for high risk cases which can come in early from remote areas and "wait" close to the hospital to ensure a safe delivery.

38. Each of the specific priority programmes will deploy this pyramid according to their particular needs. The following is a description of programme specific utilisation of this community based pyramid.



MAJOR AREAS OF INTERVENTION

39. By 1990, the Expanded Programme of Immunisation had achieved relatively high levels of vaccination coverage. Building on this foundation, during the decade of the 1990s, EPI will implement vaccine-preventable disease control and eventual elimination or eradication through active disease surveillance, outbreak investigation and control measures. This will primarily be done through strengthening sentinel sites, improving the capacity of the Division of Epidemiology, MOH and providing training on surveillance methods and outbreak investigations to district-based medical and para-medical staff. Vaccination coverage will be gradually increased through a series of innovative strategies:

- public demand for vaccination will be increased through enhanced social mobilisation;
- public access to vaccination will be increased in urban centres by offering immunisation at monthly vaccination outreach clinics in wards;
- missed opportunities for vaccination will be reduced by offering immunisation more frequently each week in hospitals and primary health centres, and eliminating false contra-indications to immunise;
- the high rate of drop-out between the BCG dose given soon after birth and the measles dose given at 9 months (currently 30%) will be reduced through intensified information-education-communication (IEC) efforts at the community level, utilising female Community Health Volunteers, Community Groups, NGOs and others.

The integration of EPI with other PHC components, especially MCH, will be completed in 1992 and long-term sustainability assured. During the plan period, the Ministry of Health will gradually assume greater financial responsibility for immunisation activities, including the provision of vaccines. It is envisaged that the Government's budgetary allocation will begin increasing significantly as of 1994.

40. The National Control of Diarrhoeal Disease Programme will increase coverage throughout the entire country with the primary focus on means to educate families, in particular caretakers of small children, using Facts for Life and other relevant information to prevent diarrhoea and to provide correct case management. The formal health structure will be strengthened through refresher training, supervision, and supply of ORS, as well as health education and mobilisation efforts targeted for trained FCHVs, TBAs, Production Credit for Rural Women, Small Farmer Development Programme, primary school teachers, mothers' groups, water-user committees, and UBS community organisers. Royal Drugs Limited and large field-based NGOs such as the Scouts, Family Planning Association of Nepal, Red Cross Society, and social marketing agencies such as Contraceptive Retail Sales, will be fully utilised in the distribution and promotion of ORT and ORS to complement and enhance HMG's efforts.

41. For a successful CDD programme, it is critical to have close coordination with other health programmes such as EPI, ARI, Nutrition and Maternal and Child Health to reduce the incidence of and fatalities related to diarrhoeal diseases, and strengthen linkages with other ministries, in particular DWSS/MHPP to implement sanitation-related activities. The strategy is to focus country-wide principally on Oral Rehydration Therapy while improving case management for bloody diarrhoea and nutritional care for persistent diarrhoea.

42. Acute Respiratory Infections: Timely diagnosis and treatment of ARI, especially pneumonia is the key to the reduction of ARI mortality. Standard case management is the primary strategy to achieve programme objectives. This includes early recognition of pneumonia by the mother, the FCHV or VHW and timely application of appropriate therapy. This may include administration of an appropriate mild anti-biotic as the child is being taken to the nearest referral facility. Standard case management of ARI requires the involvement of child caretakers and all levels of health care providers who will be trained following the WHO guidelines. Other strategic interventions include immunisation for measles, diphtheria, pertussis, and tuberculosis; and, measures which reduce malnutrition, low birth weight, exposure to cold and chilling in young infants, indoor smoke and use of tobacco.

43. Nutrition The primary focus of nutrition interventions will be on micro-nutrient deficiencies and resulting disorders: vitamin A deficiency, iodine deficiency disorders (IDD), iron deficiency anaemia. In the new health policy, where nutrition is part of the promotive health services, the promotion of

breastfeeding, growth monitoring and education and the extensive use of locally available resources to meet the daily requirements of children are the important components, in addition to the prevention and control of the three micronutrient disorders. The nutrition programme in the Ministry of Health addresses the problems of micro-nutrient deficiencies as most important, but will be less effective in reducing protein-energy-malnutrition (PEM). For this, a coordinated multisectoral approach is necessary, but is not present in Nepal. Different nutrition programme interventions can be found in the sectoral programmes of the Ministry of Education, the Ministry of Local Development (PCRW, UBS) and the ADB/N (SFDP). These interventions focus on nutrition education in all its aspects. Cooperation with the Ministry of Agriculture will continue to be sought, especially on food and consumption issues. Iodine deficiency disease (IDD) activities will be carried out through the Goitre and Cretinism Eradication Project (GCEP) and Salt Trading Corporation (STC). Seventeen new districts will be added to the GCEP programme. Important functions of GCEP and STC will be IDD public awareness creating through the training of GCEP supervisors, assistant supervisors and injectors. Extensive use of mass media and utilising the packaging salt as a vehicle for knowledge dissemination will also be used. The Salt Trading Corporation has developed a plan to ensure better iodated salt distribution including increased portage of iodated salt into remote areas, construction of more godowns and iodation plants, and improved packaging techniques. Biochemical laboratory capacity of both the GCEP and Salt Trading Corporation will be strengthened to improve monitoring of GCEP impact, iodation rate in remote areas, and IDD problems. Research will be carried out on salt handling and consumer preferences to improve targetting of salt utilisation messages, and on the socio-economic effects of the iodised oil injection programme.

44. Maternal health and basic natal care will be emphasised in this Plan of Operation with a special focus on empowerment of women with knowledge and support for healthy life styles. Basic and refresher training for FCHVs and TBAs will continue, and these front line workers will distribute/sell simple pharmaceutical and other health products such as a Safe Home Birth Kit. Through mothers' group meetings and home visits, trained TBAs and FCHVs will provide and discuss safe motherhood and maternal health information, including messages endorsed in Facts For Life and advocacy for sending "daughters" to school, while giving recognition to women who apply these messages as part of their every day lives. Health education efforts will focus on three fundamental points, namely assisting deliveries with clean hands, cutting the umbilical cord with clean instruments and giving birth on a clean surface. The contents of the present TBA kits and the Safe Home Birth Kits have been arranged with these three basic points in mind. The critical interventions for safe motherhood entail broad measures such as good nourishment for girls especially around the age of puberty, and delayed marriage. Focused critical interventions will include birth spacing, early detection of difficult pregnancies by the FCHV and VHW, safe birthing of normal pregnancies, and adequate obstetric referral care at the district hospital level.

45. Basic Health Delivery Support System: In order to provide health and nutrition services for mothers and children, the institutional infrastructure of the health system needs strengthening throughout the 1990s. The number and quality of health manpower need significant improvement with the numbers to be determined by the size of the constituency served and the content of continuing education based on job descriptions, expected service outcomes, and the ultimate national goals for child survival, safe motherhood and family planning.

46. Essential drugs have a major role in strengthening the primary health care network. By ensuring adequate supply of essential drugs to the health posts, with more basic items such as ORS, cotrimoxazole, contraceptives and dietary supplements at the community level through trained TBAs and FCHVs, not only will the basic pharmaceutical requirements of the people be met, but their confidence in and cooperation with the health care system will be enhanced. A system of community participation and financing, principally based on the supply and sale of basic essential drugs will be implemented in selected districts. Using microplanning at the health post level, the selection, procurement and distribution of drugs will be based on mortality, morbidity and population patterns.

47. Linkages with other sectors, Health sector efforts, reinforced by other sectors, organisations and institutions, will be further enhanced by the efforts in other sectors. These will include:

- (i) Maximise the enrolment of girls at least in primary schools, as well as increasing the coverage of female adult literacy programmes.
- (ii) Elaboration of nutrition aspects in the programme of the Ministry of Education, Ministry of Local Development and ADB/N. These have been established already during the JNSP period and need to be consolidated. The Ministry of Education and

Culture is including nutrition as a regular part of the curriculum, educational standards, teacher training and material development.

The nutrition component in the SFDP programme focusses on promoting increased consumption through increased production at the family land and nutrition education including kitchen gardening, weaning foods and maternal dietary habits.

The Ministry of Local Development will strengthen the nutrition education in the PCRW project as well as the monthly growth monitoring, promotion and kitchen gardening activities. The UBS activities under MLD will concentrate on kitchen gardening and proper weaning food habits. A more extensive description is given in the Education and Community Based Programme Chapters.

- (iii) Utilise multiple forms of mass media, NGOs, and development project staff to reach as many mothers, families and communities as possible with information aimed at reinforcing positive beliefs and practices and bringing about attitudinal and behavioural changes where necessary.

48. Against this background, in addition to the six major components of the Child Survival and Safe Motherhood strategy as detailed above, the following supportive activities, with particular emphasis on training, will continue or will be adopted for implementation during the 1990's.

- Training of VHWs, FCHVs, TBAs, AHWs and MCH Workers
- Training of Drug Retailers and Wholesalers
- Supply and Management of Essential Drugs
- Strengthening of the National Drug Information Centre
- Production and Distribution of Jeevan Jal/MCH Drugs Safe Home Birth Kits
- "Model Mother" Selection and Certification
- Promotion and Promulgation of the "Breastmilk Substitute Marketing Code" and "Act" and monitoring of its implementation
- Greater involvement of UNICEF and coordination with international and local NGOs.

ACTION PLAN AT SPECIFIC LEVELS

FAMILY LEVEL

49. Considering the limitations of the formal health infrastructure and the fact that health interventions and decisions are initially made within the family setting, and the personal behavior within the home environment have significant consequences for the health status of children and women, special emphasis will be placed in this Plan of Operations on the family, in particular mothers, pregnant women and other child caretakers.

50. Family members, specifically mothers, mothers-in-law, pregnant women and other child caretakers, will be provided Child Survival and Safe Motherhood messages as promoted in Facts For Life and other relevant IEC materials through health education sessions or during home visits with FCHVs, trained TBAs, VHWs and health post staff. The knowledge gained will empower family members to:

- (i) Immunise all children with BCG, DPT3, OPV3, measles vaccines and women of reproductive age with Tetanus Toxoid as per the EPI schedule and use a Safe Home Birth Kit or sterilise cord care equipment to cut the umbilical cord.
- (ii) Prevent diarrhoeal diseases through good personal hygiene practices and proper environmental sanitation in and around the home; understand the causes of diarrhoea; know about the importance of ORS and continued breastfeeding during diarrhoeal episodes and how to prepare, as well as use, ORS correctly; know how to feed children during and after diarrhoeal episodes; prevent and identify dehydration; and use ORT during episodes of diarrhoea.
- (iii) Immediately breastfeed newborns giving colostrum, exclusively breastfeed for the first four to six months of life, and continue breastfeeding for two years providing supplementary foods when the baby is four to six months old.

- (iv) Identify early detection signs of pneumonia and other ARIs; know where to seek appropriate therapy and the importance of giving increased fluids, increasing frequency of breastfeeding for infants, and continue feeding children ill with ARI; understand the importance of decreasing domestic smoke and relationship between ARI and smokey environments; know how to prepare a home mixture to soothe sore throats and relieve coughs in children.
- (v) Provide nutritious meals made with foods rich in micro-nutrients such as vitamin A, iron, protein, iodine and/or vitamin supplements; grow micro-nutrient-rich kitchen garden foods; identify some symptoms of malnutrition in children and pregnant women; be aware of where and when to take children for growth monitoring, food supplements and micronutrient deficiency treatment; make a practice of taking children for regular growth monitoring; provide pregnant women with more food, iron-rich foods, iron folate; frequent meals and understand the dangers associated with smoking during pregnancy.
- (vi) Reduce the dangers of childbearing, with all pregnant women seeking prenatal care, assistance during delivery, and postpartum care from a trained person; identify and seek help for high risk and danger signs in pregnancy, delivery and within 42 days following delivery.
- (vii) Space births at least two years apart, avoid pregnancies before the age of 18 and over 35, and limit the number of pregnancies to four;
- (viii) Enrol daughters in school and encourage daughters to complete at least 8 years of formal education;

COMMUNITY LEVEL

51. The community level health services, otherwise known as the ward or village level, will be provided by outreach workers attached to the sub-health posts, trained traditional practitioners and volunteers:

- Village Health Workers (VHWs)
- Maternal and Child Health Workers (MCHWs)
- Auxiliary Health Workers (AHWs)
- Female Community Health Volunteers (FCHVs)
- Trained Traditional Birth Attendants (TBAs)
- Traditional Healers (Dhamis and Jhankris)

Female Community Health Volunteer

52. One FCHV per 500 population, for a total of 40,000, selected by the mothers' groups, with essential remuneration provided by the community. Initial training will be provided by the Ministry of Health at the health post for 24 days and refresher training on an annual basis at the health post, and on a regular basis supported and supervised by VHWs, MCHWs and AHWs. The main functions of the FCHV will be to motivate families to incorporate and apply health messages from Facts For Life into daily practice, distribute a few basic essential drugs, provide simple treatment and first aid, and refer cases in need of further care to the VHW, MCHW and AHW, sub-health post or the health post. The following activities of the FCHV are specific to the Child Survival and Safe Motherhood interventions which UNICEF will also assist. The Female Community Health Volunteer will:

- conduct home visits within her own ward.
- actively identify the non-immunised and immunisation drop-outs and refer them to the VHW.
- inform the ward residents of the days scheduled for the VHW to visit their ward, including the immunisation schedule, and help gather pregnant women, mothers and children for the field clinic.

- assist the VHW in conducting the field clinic in her ward.
- assess child nutritional status by MUAC, assist in detection of vitamin A deficiency by nightblindness, identify anaemia in children (especially girls) and pregnant women and refer to the VHW for vitamin A capsule distribution or food supplementation.
- identify newly pregnant and breastfeeding women and refer them to the VHW and trained TBAs.
- distribute vegetable seed packets.
- provide iron and folic acid to pregnant and breastfeeding mothers.
- distribute pill refills and condoms, and refer to the VHW or sub-health post for other contraceptives.
- refer pneumonia cases to health post and sub-health post level and provide standard case management of pneumonia cases (once adequate supervision is in place).
- maintain a stock of Jeevan Jal and distribute as needed.
- conduct regular meetings with mothers' groups at least once a month during which she teaches health messages from her manual and from Facts For Life; motivate mothers for childspacing and using temporary or permanent methods of family planning; teach mothers how to prevent diarrhoea, prepare ORS, and care for children during and after diarrhoeal episodes; disseminate nutrition information, motivate for child immunisation, growth monitoring, prenatal care and TT immunisation; promote exclusive breastfeeding upto 4 to 6 months of age and promote proper weaning practices like use of locally prepared weaning foods.
- assist the VHW in collecting data for their ward including all pregnancies on women aged 15-49, all children under 5, pneumonia/ARI cases, diarrhoeal episodes, births and deaths (infant, child and maternal).
- participate in micro-planning exercises.

Traditional Birth Attendant

53. There will be one trained TBA per 1000 population (up from the previous target of one per three wards) for a total of 19,000 TBAs required nationally. TBAs are essentially remunerated by their clients. TBAs will be trained in both rural and urban areas in cooperation with NGOs. In urban areas, TBA training will also be conducted in cooperation with the UBS programme and NGOs. The national TBA training programme of the Ministry of Health includes a ten day initial training, a four day refresher training and four days of supervision meetings each year thereafter. Trained TBAs are provided a safe delivery kit.

Following their training, the TBAs will be able to:

- identify all pregnant women and report them to FCHV, VHW, MCHW or AHW.
- conduct monthly prenatal exams.
- identify and refer high risk cases, including anaemia.
- prepare and conduct safe and clean home deliveries and advise on proper prenatal and postnatal nutrition.
- provide multivitamins, iron and folic acid to pregnant and breastfeeding women.
- conduct postnatal visits within 24 hours of delivery and 2 times thereafter during the first week and refer complications to the sub-health post.
- motivate for TT immunisation for pregnant women and childhood immunisations.

- motivate for temporary and permanent methods of family planning, and refer to FCHV for pill refills and condoms.
- advise on breastfeeding, promoting immediate, exclusive and prolonged breastfeeding.
- motivate mothers to provide supplementary foods after 4-6 months and teach how to prepare such foods (like Sarbottam Pitho and other locally prepared weaning foods).
- teach mothers how to prepare and use ORS.
- refer first aid, diarrhoea and ARI cases to FCHV.
- promote and sell Safe Home Birth Kits.
- keep records on services provided to monitor neonatal and maternal mortality.
- participate in micro-planning exercises.

54. At each ward there are mothers' groups. These groups are inclusive of all pregnant women and mothers with under-5 year olds who reside in the ward. The Female Community Health Volunteer is selected from among the group and after training, provides health education to the group once a month on topics as described above. Where UBS, PCRW and SFDP exist, women involved in these programmes will be included in mothers' groups not only so that they can receive health education for their own families, but in the hope that they will be catalysts for the mothers in the group, encouraging them to become involved in income generating activities as well as in the family decision-making processes.

55. The trained TBAs' target group is a sub-group of the mothers' group, i.e. pregnant women and mothers with infants under one year. Trained TBAs will provide annually 6 courses (4 to 5 one-hour classes per course) with 10 women from this sub-group in each course to teach maternal and neonatal health messages from the TBA Training Flipchart and Facts For Life. Mothers-in-law will also be encouraged to attend. Topics covered are specifically related to what is taught in the TBA training. Classes given by FCHVs and trained TBAs will be developed to equip community women with information and knowledge so that they can make healthy decisions and take appropriate action with regard to their own and their children's health care.

56. In addition to mothers' groups, other community groups such as women's associations, women's water and sanitation groups, PCRW, SFDP and UBS will be major mobilisers of child survival and safe motherhood practices within the community.

57. To strengthen the role of mostly illiterate trained TBAs and FCHVs, improve their ability to collect data, and give them a better understanding of MCH matters, trained TBAs and FCHVs will be involved in functional literacy classes which will be conducted with the assistance of MoEC and NGOs. Literacy material will be developed to cover Child Survival and Safe Motherhood topics such as ARI and CDD, child spacing/family planning, immunisation, basic natal care, weaning and nutrition.

58. As has been done in other countries, the concept of the "model mother" will be incorporated into the community health programme. The "model mother" will have put into practice a select number of correct child and maternal health messages taught to her by the trained TBA and/or FCHV. She will receive a certificate recognising and promoting mothers whom other women can look up to and emulate. Selections will be made by trained TBAs, FCHVs, VHWs, MCHWs, AHWs as well as by the sub-health post staff and the health post staff.

Traditional Healers

59. Traditional healers (Dhamis and Jhankris) are often the first and/or only practitioners sought for child and maternal illnesses. To improve the chances of child and maternal survival, these practitioners will be trained including with support from NGOs and the private sector, in consultation with the Ministry of Health, to identify and refer cases of ARI, dehydration, and micronutrient disorders, prepare and use Jeevan Jal for diarrhoeal episodes, and make timely referrals for delivery complications.

Sub-Health Post staff

60. The VHW, MCHW and AHW will visit each ward at pre-determined days in the month according to a schedule prepared at the sub-health post to conduct a "field clinic" with assistance from the FCHV. The "field clinic" will provide the following services:

- immunisations for children and pregnant women.
- growth monitoring by weight-for-age.
- health and nutrition education on nutrition, CDD, ARI, immunisation.
- referral to the health post of cases of vitamin A deficiency, moderate and severe PEM, and anaemia.
- distribution of vitamin A capsules, iron folate, mebendazole for both preventive and therapeutic purposes.
- standard case management of pneumonia, diarrhoeal diseases, and administration of antibiotics where indicated.
- family planning information, distribution of pills and condoms, referrals for other methods.
- follow-up cases referred by the trained TBAs and FCHVs.

61. In addition to providing services during monthly visits to each ward, the VHW, MCHW and AHW will:

- resupply FCHVs with pills and condoms, iron folate tablets, antibiotics and Jeevan Jal, and trained TBAs with iron folate and Jeevan Jal.
- collect vital statistics and other relevant data from FCHVs and trained TBAs.

SUB-HEALTH POST LEVEL, VILLAGE DEVELOPMENT COMMITTEE (VDC)

62. At present, there are 5 to 10 VDCs in each Ilaka, being served by one health post. Under the new Health Policy one sub-health post (SHP) will be established in each Village Development Committee. Each SHP, which will be staffed by one Village Health Worker (VHW), one Maternal and Child Health Worker (MCHW) and one Auxiliary Health Worker (AHW), will be providing static and out-reach health and nutrition services to 9 wards. The SHP staff will travel from ward to ward conducting "field clinics" and collecting data as described above. While going from the sub-health post to the ward, the SHP staff will maintain the vaccine cold chain by carrying the vaccine carrier with frozen ice packs to the communities. These staff will carry the sterilising equipment with them to the community and sterilise needles and syringes in the field. During these visits, the VHW, MCHW and AHW meet with FCHVs and provide support, supplies and supervision of their activities. The scheduling of these visits will be done at the sub-health post as part of the yearly microplanning exercise.

63. At present the VHWs are predominantly (more than 90%) male. Emphasis will be placed on the recruitment and training of female VHWs to fill the new posts as well as to replace the VHWs who retire or leave the MOH service otherwise. Furthermore, all MCHWs will be female and efforts will be made to also recruit female AHWs.

64. Similarly, according to the existing schedules of the health posts, during each departure from the health post and visit to the communities, the VHWs provide only one type of service at a time, such as five days per month EPI, a few days per month FP/MCH, a few days malaria control etc. With the establishment of sub-health posts, efforts will be made to enable the VHWs, MCHWs, AHWs to provide and conduct more than one type of service during each visit. Ways to do this are through comprehensive, integrated PHC micro-planning and by sufficient number of peons to carry the bulky and heavy equipment which cannot be carried by the para-medics themselves for concurrent provision of PHC services.

HEALTH POST LEVEL

65. Each district has 9 Ilaka health posts and is staffed by a Health Assistant or Senior Auxiliary Health Worker (HP In-charge), Auxiliary Health Workers (AHW), Auxiliary Nurse Midwives (ANM) and/or Maternal and Child Health Worker (MCHW), Village Health Workers (VHWs) and support personnel. The health post provides static health services in all 75 districts. In 55 districts, there are also MCH outreach clinics being conducted from the health post by AHWs and ANMs.

66. At present, the health post (and MCH clinics) provide the first level of referral backup for villagers and FCHVs, trained TBAs, and VHWs. Referrals are made to the health post for: moderate and severe malnutrition such as PEM, anaemia, vitamin A deficiency; pregnancy, delivery and postpartum complications; diarrhoeal and dehydration cases; high risk pregnancies; more severe cases of ARI; depo-provera, IUD insertions, pills, condoms and permanent methods of family planning; and immunisations. With the establishment of the sub-health posts, this first level referral backup will be provided by the SHP and its staff, with the health post offering more sophisticated services.

67. In addition to VHWs who have already received EPI training and will continue to receive refresher training, other sub-health post and health post staff will be given EPI training to expand service accessibility. Similarly, all sub-health post and health post staff will receive training on diarrhoeal disease case management, PEM, and ARI case management, as well as on maternal health.

68. The health post functions as the most peripheral cold chain station with a static cold box which functions for five days without replenishment of icepacks. To strengthen the cold chain system and thus improve quality control, new sub-centres for remote areas will be established in sub-health posts.

69. Health post microplanning will be expanded to sub-health posts and will be conducted on an annual or bi-annual basis to strengthen overall management capacity at district and health post levels, and to use local information for overall planning at central level with effective information feedback.

70. At the health post and sub-health post, weaning food demonstrations with health education on consequences of feeding and eating habits will be held. Growth monitoring will be done regularly for children under 3 years of age. Referrals of mild and severe cases of protein energy malnutrition will be made to the Nutritious Food Programme, where available, for food supplementation. Distribution of vitamin A capsules, iron folate and mebendazole prior to vitamin A administration will also be available at the health post and sub-health post.

71. Trained TBAs are to come to the HP as a group twice a year and FCHVs trimesterly as part of their supervision and continuing education. A resupply of the Safe Home Birth Kit and essential drugs will be available at the health post.

72. The best health care provider at the health post and sub-health post for Safe Motherhood interventions, given the cultural environment, would be a female, either a woman as health post In-charge, ANM or MCH Worker. Without a women health worker at the health post, the capacity for safe motherhood interventions to be carried out at the health post and sub-health post may be hindered and self-limiting.

73. In order for the health post and sub-health post to function properly, not only are female health staff necessary, but basic MCH drugs and equipment are essential as well. Equipment needed includes: two midwifery kits, examination/delivery table, mackintosh, hanging and standing scales, blood pressure apparatus, stethoscope, fetoscope, hemoglobinometer, and urine analysis equipment.

74. Over 250 health posts already have an ORT corner, another 200 are planned for the next 5 years where there are adequate facilities (easy access to clean water). Along with the ORT corners, there will be relevant health education sessions provided for mothers and caretakers of sick children.

BASIC HEALTH DELIVERY SUPPORT SYSTEM

75. In order to achieve the goals and the targets set above and to create, sustain and operate an effective and efficient primary health care service, significant improvements in the quality and quantity

of the basic health delivery support system are required. This support system includes health manpower development, adequate supply of essential drugs, adequate provision of physical facilities and equipment at the health post and sub-health post level. It will also include the development of urban clinics in targeted cities as per the new health policy.

HUMAN RESOURCE DEVELOPMENT

76. The Ministry of Health (MOH) and Institute of Medicine (IOM) are responsible for the health manpower development in the country. But due to lack of proper coordination between these two, IOM being the health manpower producer, and MOH the recipient and producer of front-line workers such as VHWs, FCHVs, TBAs and traditional healers, available manpower is not fully utilised. There are shortages in certain categories and over-production in others. During this planned period, a long-term national health manpower development plan and policy will be developed and implemented. A committee will be formed from the IOM and the MOH to coordinate all issues of health manpower development.

77. Health manpower projections for Nepal will be calculated according to population distribution and geographical location. There will be different categories of integrated and non-integrated health posts with the numbers of technical staff ranging from six to fourteen at any one health post, plus volunteers working at the community level. With the addition of Primary Health Care Centres and sub-health posts the question of the additionally required health institutions will be taken care of. But equally important is the additional manpower requirement which need to be identified, planned for and developed.

78. Front-line workers, who play a key role in health delivery will be trained and activated so that Safe Motherhood and Child Survival messages and services reach the family level. The health professionals staffing health posts and responsible for health promotion in the field, work far from any academic institution without opportunities to upgrade their knowledge and skills. To enable health workers to update their knowledge and skills in: basic health measures such as oral rehydration therapy, immunisation, management of complicated deliveries, and nutritional deficiency disorders, they will be provided with refresher training and continuing education.

79. The following table indicates the projected number of additional technical manpower that will be needed at the health post and community levels:

Additional Health Post / Sub-Health Post Manpower Requirements:

Position	Additional Numbers Required
Health Post In-charge (HA/Sr.AHW)	258
Auxiliary Health Worker	3500
Auxiliary Nurse Midwife	284
Maternal & Child Health Workers (MCHWs)	3,500
Village Health Worker	750
FCHVs	16000
TBAs	10000
Healers*	25000

* Not based in the health institutions but recognised by the community.

The additional health manpower necessitated by the introduction of sub-health posts and the Primary Health Care Centers into the health network, with the exception of MCHWs, does not appear in the above table.

80. In the recruitment of the VHWs and AHWs, preference will be given to women. An additional 10,000 TBAs require training to meet the new target of one TBA per 1000 population, or 19,000 trained TBAs nationally. With a ratio of one FCHV per 500 population, the national target for FCHVs is 40,000. To date 24,000 have been trained and an additional 16,000 will require training. About 3500

MCHWs are required, of which 500 have already been trained. Twenty five thousand traditional healers identified by their community will receive training in the most basic and essential elements of EPI, CDD, ARI, maternal health and FP.

81. The training curricula for health personnel at the district level and below will be revised and developed in line with the functions they are expected to conduct.

82. The Public Health Division will continue to be responsible for the initial and refresher training for VHWs and FCHVs and their trainers, while the Division of Nursing will continue training and refreshing TBAs, MCHWs and their trainers, through the Regional Training Centers, (one in each development region). The District Public Health Offices (DPHOs), health posts and sub-health posts will be responsible for training the traditional healers.

83. The Institute of Medicine and the Ministry of Health will be responsible for the training of Health Assistants, AHWs and ANMs required for the health post and sub-health post level. The MOH jointly with IOM will provide refresher training and continuing education to some 4600 health workers of different categories working at the health post and sub-health post and district levels.

84. The following table indicates the numbers and categories of worker to receive refresher training:

Short Refresher Training to be Conducted by MOH

Category	1992	1993	1994	1995	1996
DPHO staff	360	360	360	360	360
HP staff	1500	1500	1500	1500	1500
VHWs	4000	4480	4960	5440	6040
FCHVs	24000	28000	31000	34000	37000
TBAs	9000	10400	12900	15400	17900
Central, Regional and District Officers	200	200	200	200	200

85. All the Regional Training Centers will be strengthened by providing trainers' training, training materials, training manuals and equipment. Curriculum and training materials for all basic and refresher training will be revised and updated periodically and as necessary.

86. Besides UNICEF, UN agencies such as UNFPA, WHO, and UNDP, bilateral organisations (USAID and JICA), international NGOs and the World Bank are or will be providing assistance to MOH and IOM in health manpower development.

87. UNICEF will provide assistance for the basic training of 8000 TBAs and refresher training to 4500. UNFPA, Redd Barna and WHO will continue to be involved for basic/refresher training of the rest of the TBAs required for the country. UNICEF will support basic and refresher training, supervision, and supply of a few basic items (Jeevan Jal, first aid medicines) to FCHVs in 15 districts in the Mid-West and Western Regions, while UNFPA and USAID provide support for the Central, Eastern and Far-Western Regions respectively. To keep trained TBAs and FCHVs active and capable of carrying out the activities outlined in this Plan of Operations, yearly refresher training will be provided. UNICEF will also provide support to IOM for its field education programme and curriculum development of different categories of medical students.

88. UNFPA has been supporting the basic training of VHWs. During this planned period, UNICEF jointly with UNFPA (and possibly the World Bank and others) will support basic and refresher training in all aspects of the VHWs, MCHWs and AHWs integrated role and their

supervision. Basic training will be provided for such health personnel at sub-centers and refresher training conducted for cold chain assistants of district cold stores. Surveillance and supervision components will be incorporated into the basic training and refresher training for mid-level managers and field workers.

89. At the district level, a District Nutrition Assistant will be designated and will provide training for health post and sub-health post staff, VHWs, MCHWs, AHWs and FCHVs to enable them to carry out nutrition activities at the ward, sub-health post and health post levels, as well as for the Primary Health Care Centre, district and regional hospital staff. Furthermore, they will organise yearly seminars in those districts involved in the intensification programme and together with the district statistician collect and analyse nutrition monitoring data and the district nutrition profile. MOH, together with its partners including UNICEF will provide training for health post and sub-health post staff, VHWs, MCHWs, AHWs and FCHVs to enable them to carry out ward, sub-health post and health post nutrition activities, as well as the Primary Health Care Centre, district and regional hospital staff.

90. Three courses on ARI will be organised for all staff responsible for the management and supervision of the ARI programme: 1) an ARI supervisory skills course, 2) case management for doctors, DPHO assistants, public health nurses and health post staff, and 3) case management for VHWs and FCHVs.

ESSENTIAL DRUGS

91. Without adequate supply of essential drugs and their rational use, it will not be possible to achieve primary health care. There are many essential components to be considered in this field: identification of essential drugs and their procurement, management and logistics (storage, inventory, transportation, timely distribution), availability, accessibility and affordability, systematic prescribing and rational use. Experience shows that people's participation including cost sharing is a must in the essential drugs programmes. Taking these into consideration, this programme will be divided into four main activities i.e.: (1) Supply (2) Drug administration (3) Production (4) Community financing and cost recovery

Supply

92. The Indent and Procurement Section (IPS) will be the single authority in the MOH to procure all essential drugs required for government health institutions, with distribution through the Regional Medical Stores. Annually, this section will prepare the lists of drugs (both volume and items) required for all health institutions based on the needs of each institution as determined by population size and morbidity/mortality patterns. A detailed distribution plan will be prepared with the medical stores prior to the actual ordering of the drugs. In addition to the government supplies, UNICEF will also provide essential drugs to 816 health posts / sub-health posts in a phased manner. Other donors such as UNFPA, WHO, UNDP, JICA, and USAID are also contributing to the supply of drugs.

93. IPS and the Regional Medical Stores (RMS) will be strengthened by recruiting the required manpower and providing the necessary training to the staff. Drug management training (selection, procurement, storage, distribution, use) will be continued and expanded to all staff of the Regional Medical Stores, DPHOs and Health Post In-charges. A systematic recordkeeping system will be initiated in all the Regional Medical Stores.

Drug administration

94. The Department of Drug Administration (DDA) is responsible for the implementation of the Drug Act. To date, the Drug Act has not been enforced thoroughly. Necessary legislation will be introduced to implement a generic system in drug prescribing and dispensing. A National Drug Policy has been drafted and will be revised, finalised and adopted. The DDA infrastructure will also be strengthened in terms of organisational expansion, manpower training and regional decentralisation.

95. The training of drug retailers, which has been very successful, will be continued and upgraded. Refresher courses will also be conducted. Training on the rational use and prescribing of essential drugs, in line with the National Essential Drug List and Standard Treatment Schedule, will be initiated for health post staff. The National Essential Drug List and Standard Treatment Schedule will be revised periodically working towards minimizing the number of essential drugs to the basics (less than 100). The training package, manual and handbook for trainees will be revised. Evaluation and impact studies on training will also be conducted.

Production

96. The government plans to manufacture 60% of essential drugs within the country by the year 2000, for which national drug and long term industrial policies will be required. Royal Drugs Ltd. has the capacity to produce most of the essential drugs providing the total number is decreased to basic essential drugs. At present, they are producing 57 types of essential drugs, which is expected to increase to 100 by the year 2000.

97. Royal Drugs Limited (RDL) has been and will continue to produce MCH drugs and ORS (Jeevan Jal). RDL, on their own, will continue to procure raw materials of acceptable quality and will package locally. Distribution of commercial Jeevan Jal will be expanded from urban and rural to more remote areas of the country.

98. Though social marketing institutions to a great extent are few in number, Contraceptive Retail Sales (CRS) will continue to use its expanding distribution network in the rural areas for the promotion and sale of Jeevan Jal and contraceptives. A social marketing research project will be conducted to develop a Safe Home Birth Kit which could then also be produced and distributed, possibly through CRS.

Community Financing and Cost Recovery

99. A community financing scheme along the lines of Bamako Initiative will be implemented initially in five districts and extended to 20 districts on a phase-wise basis during this 5-year period. This component of the essential drugs programme is designed to encourage maximum community involvement and self-reliance in health care by building a system of user-financing and cost recovery to replenish the essential drugs required at the health post / sub-health post and community level.

100. A high level task force has been formed under the chairmanship of the Secretary of Health to provide necessary guidance for implementation of this programme. A separate unit will be established at the central level within MOH to provide administrative and other programme support. Similar units will be established at the regional and district levels.

101. All health posts in the selected districts will be fully equipped with the appropriate stock of essential drugs, supplies and equipment required for one year for PHC, particularly those for maternal and child health. Health post and sub-health post staff will be provided with basic and refresher training in management, rational use and prescribing of drugs. The community financing will take place at the ilaka level. The ilaka committee at the health post level will be responsible for control of the fund and its uses.

102. The community financing will take place at all levels of health institutions, with the local community organisations assuming responsibility for control and use of the funds so generated. The preparatory work such as analysis of the situation of five districts, KAP study and analysis of existing drugs schemes have been completed. Based on the information available on the above studies a plan of action is being prepared for the implementation of the programme. This includes a detailed design of management processes, training of staff and volunteers, funds control and use, drugs and supply inventory schedule, etc.

103. Different functional committees at ward, VDC, ilaka and district levels will be formed. The members of these committees will be social workers, elders, teachers, NGO workers, members of women's groups, health workers (VHWs and FCHVs) and other community leaders. These committees will play a vital role in making people aware of health issues in PHC, encourage people to participate in health care programmes, and mobilise resources (both in kind and cash).

104. Supportive activities involving local NGOs, PCRW, UBS and SFDP such as literacy classes, income generating programmes and community projects (drinking water supply, environmental sanitation, child care and women's development) will further enhance the active role of these committees.

INFORMATION, EDUCATION, COMMUNICATION (IEC)

105. IEC activities will be maintained and re-enforced with application of communication strategies through mass media, in particular radio and other information channels of relevant Ministries, NGOs,

and UNICEF supported field projects. Special features on specific topics/messages will be developed for radio, cinema halls and newspapers.

106. So that FCHVs, trained TBAs and VHVs can provide health education at the family and ward level and health post staff can conduct health education sessions at the health post and outreach clinics, education material on ARI, CDD, immunisation, nutrition, basic natal care, family planning/childspacing, and need to be reviewed, revised and developed as needed. Existing materials which are still relevant will continue to be produced and new ones developed as needed. The following specific educational materials will be developed:

- A set of five posters on PEM, pregnancy and nutrition, vitamin A deficiency, anaemia, and breastfeeding.
- Literate and non-literate versions of the leaflets for the detection of anaemia, vitamin A deficiency and PEM for workers at the community, health post and district levels.
- Adult literacy material with messages about Child Survival and Safe Motherhood, which includes Family Planning.
- Teaching/training videos.
- Information sessions in towns and main villages to explain to community leaders about problems of pneumonia in children, services available and how the community can be involved in the ARI programme.
- Educational sessions for mothers and other caretakers at hospitals and health facilities conducted by staff.
- Nepali version of Facts for Life, flipcharts, pamphlets, leaflets, posters with appropriate messages to be used to train TBAs, FCHVs, and VHVs, as well as disseminating information to families and community groups.
- Special communication campaigns prior to and during ARI and diarrhoeal seasons and outbreaks of certain diseases such as measles.
- Certificates of recognition for "model mothers".

107. Social marketing agencies and NGOs are expected to be involved with the campaigns, orientation for retailers and pharmacists, and other educational activities.

SURVEILLANCE

108. The CDD programme will encourage all health posts and hospitals to send reports on diarrhoeal cases to the Epidemiology and Public Health Divisions (PHD). Additional training and follow-up from Regional Health Directorates and PHD will be conducted, particularly for selected sentinel sites. In view of previously poor responses from the field, it is felt that this is the best alternative at present. Health posts and districts identified will serve as important peripheral reporting facilities. If the Regional Health Directorates are not able to follow-up on these activities, the CDD/ARI Section in PHD will take the major responsibility for collecting and analysing data

109. Epidemiological disease surveillance will be given special emphasis, as an integrated activity with CDD/ARI, especially at the district level. Cases of vaccine-preventable, diarrhoeal and respiratory diseases in the community will be detected and notified by FCHVs and VHVs to health post staff who will alert DPHO staff. A district surveillance team will then act rapidly to investigate the outbreak, institute timely control measures in the community and notify the central level of the nature of the outbreak and control measures taken. Cases detected in hospitals will also be investigated and appropriate control measures instituted in the community of origin. Where feasible, faecal specimens will be collected from suspected poliomyelitis cases for laboratory confirmation through poliovirus isolation at the Virus Research Institute in Bangkok, Thailand.

110. A thorough mapping of nutritional problems in the country will be required. The nutrition programme will cooperate with the National Planning Commission to establish a Food and Nutrition

Policy and Surveillance Unit. This unit should work on the basis of a clearly defined food and nutrition policy.

111. Furthermore, the unit should operate as a forum advocating on nutrition problems and lobbying for the inclusion of nutrition aspects into government decisions.

MONITORING AND EVALUATION

112. The primary responsibility for monitoring the health and nutrition programmes described in these Plans of Operations lies with the Planning, Policy, Monitoring and Supervision Division (PPMSD), Ministry of Health. In addition to PPMSD, the concerned Divisions of the Ministry of Health, the Regional Health Directorates, District Public Health Offices and the Health Posts will also be responsible for monitoring implementation at their respective levels.

113. While the different programmes will undergo different periodic evaluations, compatible with their nature, using suitable criteria, the ultimate yardstick of effectiveness of these programmes will be the achievement of the specific objectives established for them in this document.

114. HMG is currently in the early stages of conducting a National Census. This will result in more reliable and accurate data, inter alia, on infant, child and maternal mortality. Furthermore, these data will become available upto the Ilaka level and can also be developed for lower levels.

115. As such these data will become very useful tool for evaluation purposes, as most of the existing data are old, out dated or extrapolations based on assumptions which may not necessarily be completely valid.

116. Evaluation and monitoring of EPI activities will be the responsibility of the EPI Division. The 4th EPI International Review will be jointly conducted by HMG, WHO, UNICEF and other agencies in 1995. Guidelines for case diagnosis, active case reporting system, procedure for field testing of vaccine efficacy, and outbreak control measures will be developed and used during outbreak investigations. Sero-conversion tests will be conducted to evaluate EPI programme effectiveness. An operations research project will be conducted to field test the use of Safety-jects (disposable, small, pre-filled syringes) for Tetanus Toxoid in one district. Neonatal tetanus surveys and polio surveys will be conducted in several districts. Cost-analysis of EPI operations will be carried out.

117. The evaluation of the impact of immunisation will henceforth be based on the epidemiological analysis of the reduction of vaccine-preventable disease morbidity and mortality, derived from surveillance information, which will be performed at the EPI Division. Sentinel site surveillance, which was useful during the 1980s to monitor trends, will be gradually phased out.

118. The UNICEF NECMIS computer software will be utilised to organise micro-planning activities, develop field supervision routines, monitor vaccine requirements, maintain cold chain and logistics inventory and carry out financial monitoring. The WHO CEIS computer software will continue to be utilised to monitor vaccination coverage by district. Periodically, a small number of standard vaccination coverage surveys will be performed at the district level to verify reported coverage.

119. Cold-chain performance will be monitored through the use of cold-chain monitoring devices such as the WHO Stop!Watch and others. In addition, vaccine efficacy will be calculated from measles outbreak investigation data. Since inadequate vaccine efficacy may be due to improper handling of vaccines through the cold chain, this may serve as an alternative cold-chain evaluation tool.

120. CDD supervision and monitoring will be undertaken by VHWs, health post staff, Regional Health Directorate staff, and the Public Health Division. The focus will be on ongoing or "continuing education/training." "Two-way" interpersonal communication and district level mapping and micro-planning will be used. Monitoring will assess progress, impact, mortality, morbidity, ORS and ORT use and awareness.

121. Overall responsibility for the ARI Programme supervision and monitoring will rest with the staff of the CDD/ARI Section of the Public Health Division and will be guided by mapping and micro-planning at the district level. Health posts and hospitals will continue to report cases of ARI among 1 to 4 year olds to the Division of Epidemiology and the CDD/ARI Section of the Public Health Division.

Specific data on pneumonia cases in young infants (0 to 2 months) who are treated or referred will be added to the present reporting system. Surveys on morbidity and treatment of ARI cases and KAP surveys will be conducted periodically.

122. Safe motherhood activities will be supervised and monitored by the four relevant divisions (Public Health, Nursing, EPI, and FP/MCH Divisions). Public Health Division will supervise the FCHV Programme; Nursing will supervise the TBA Training Programme; FP/MCH will supervise all MCH outreach clinics. During 1992-1993, Redd Barna will conduct a comprehensive evaluation of the TBA training programme. A social marketing research project will be conducted with the technical assistance of PATH (Programme for Appropriate Technology in Health) to develop and field test a Safe Home Birth Kit.

123. Supervision for nutrition activities is the responsibility of the Nutrition Section, Public Health Division. A schematic supervision schedule for all levels of supervision will be prepared and implemented. Development of adequate supervisory techniques, adherence to supervision schedules, use of a supervision checklist and delegation of authority to take action during supervision will be added to strengthen supervision capacity. A national survey to assess nutritional status of mothers and children, i.e. PEM, low birth weight, vitamin A deficiency, iron deficiency anaemia and IDD, will be conducted.

124. Monitoring of essential drugs activities will be undertaken by the Indent and Procurement Section, DDA, Regional and District Health Offices and Royal Drugs Ltd.

125. FRAMEWORK FOR MONITORING

Objectives	Indicators	Sources for Verification
1. EPI		
Reduction of EPI disease incidence (impact)	- Mortality and morbidity data	- EPI disease survey
Increase of effective coverage	- Vaccine efficacy	- Field test of vaccine efficacy
Increase of service utilisation	- Immunisation coverage	- Monthly coverage report and coverage survey
Increase of efficiency in field operations	- Cash flow/manpower training effectiveness/cold chain maintenance	- Field supervision/periodic review/international review
2. CDD		
Maternal knowledge	- % of mothers who can state the 3 rules of home case management	- Household Survey
Access to ORS	- Population with a regular supply of ORS available in their community	- Household survey confirmed by community investigation
Use of ORT plus feeding	- % of diarrhoeal cases receiving ORS or a recommended home fluid and continued feeding	- Household survey
Providers prescribing ORS	- Number of cases given ORS	- Household survey and health facility survey
3. ARI		
30% reduction of under 5 mortality due to ARI	- Disease and age-specific death rates	- Sample survey
Access to standard ARI case management	- Number and proportion of 0-4 years with access to first level health facilities providing ARI treatment	- MOH records

Reduction of inappropriate use of antibiotics and other drugs for treatment of ARI in children

- Number and proportion of ARI cases who receive unnecessary antibiotics at HPs and hospitals

- HP and hospital in records

Objectives	Indicators	Sources for Verification
4. Safe Motherhood		
<p>75% women ages 15-49 years having access to female trained birth attendant for prenatal, delivery and postpartum care</p> <p>Increased health-seeking behaviour and increased utilisation of services</p>	<ul style="list-style-type: none"> - Number of TBAs, FCHVs, MCHWs and their geographical distribution - Number and proportion of deliveries assisted by trained TBAs, ANMs and MCHWs or hospital staff - Number of women seeking prenatal delivery and postpartum care from trained TBAs or health post staff - Mothers practicing proper maternal and child health practices 	<ul style="list-style-type: none"> - Reports collected by DON, FP/MCH, PHD and census data - Surveys - Data collected by VHWs and HPs - Records at HPs - Surveys <p>Women identified by trained TBAs, MCHWs, ANMs, FCHVs as "model mothers"</p>
5. Nutrition		
Reduction of maternal iron deficiency anaemia to 55%	<ul style="list-style-type: none"> - Iron deficiency anaemia rate - Proportion of pregnant and breastfeeding mothers receiving iron folate tablets 	<ul style="list-style-type: none"> - Hospital data - Ward and H.P. data - Surveys
Reduction of LBW to 10%	<ul style="list-style-type: none"> - Low Birth Weight Rate 	<ul style="list-style-type: none"> - Hospital, ward and health post data
Reduction of PEM to 34%	<ul style="list-style-type: none"> - PEM Rate 	<ul style="list-style-type: none"> - Survey
Reduction of vitamin A deficiency to 0.5%	<ul style="list-style-type: none"> - Vitamin A deficiency rate - Number and proportion of targeted children receiving Vitamin A capsules - Number of children identified as having Vitamin A deficiency or presenting ocular signs being treated 	<ul style="list-style-type: none"> - H.P./Ward/hospital data - Survey
Reduction of IDD to 9%	<ul style="list-style-type: none"> - IDD rate - Number and proportion of children and women of reproductive age receiving iodised oil injections - Proportion of population having access to iodated salt 	<ul style="list-style-type: none"> - H.P./ward/hospital data - Epidemiological data - Survey - STC records

Objectives	Indicators	Sources for Verification
6. Health Manpower Development		
Continuing training	- Number of health workers trained	- Visit to education sessions by IOM/MOH - Surveys
Basic training	- Number of health workers trained	- Visit to training sessions by MOH - Surveys
7. Essential Drugs		
Provision of 100% of the required essential drugs at the HP level	- Availability, timeliness, quantity used - Cash collection from users - Replenishment of drugs	- Sample surveys, joint review - Bank balance - Stock in HP
Rational use of drugs	- Community awareness, existence and compliance with legislation and control mechanism, production and consumption patterns	- KAP surveys, annual reviews, progress report

126. IMPLEMENTATION SCHEDULE

1. <u>EPI</u>	1992	1993	1994	1995	1996
Microplanning	****	****	****	****	****
Cold chain repair/ replenishment	****	****	****	****	****
Integration of EPI into other PHC components	****	****	****	****	****
Refresher training	****	****	****	****	****
International review				****	
2. <u>CDD</u>	1992	1993	1994	1995	1996
Development, revision and production of training/ educational materials	****	****	****	****	****
Establishment of ORT corners	****	****	****	****	****
Distribution of Jeevan Jal	****	****	****	****	****
Training of primary school teachers and NGO staff	****	****	****	****	****
Mothers' groups education sessions	****	****	****	****	****
Development and use of mass media promotional messages on ORT/ORS	****		****		****
Surveys	****		****		

3. ARI	1992	1993	1994	1995	1996
Training doctors	****	****			
Training MOH field-based staff		****	****	****	****
Supply of ARI drugs to HPs	****	****	****	****	****
Prepare and adapt training/ educational materials	****	****			
Establish supervisory checklists		****			
National ARI promotional seminar, orientation of community leaders		****	****		
Conduct surveys for baseline data		****			
Mass communication on case management and antibiotic use				****	
4. Safe Motherhood	1992	1993	1994	1995	1996
FCHV and TBA training (basic and/or refresher) and supervision	****	****	****	****	****
Provision of basic MCH equipment and drugs at HP	****	****	****	****	****
Development and distribution of HP guidelines for supervision, health education and literacy material	****				
Assessment of MCHWs at HPs		****		****	
Health education classes for mothers' groups	****	****	****	****	****
Development of Home Birth Kits	****				
Production and distribution of Home Birth Kits		****	****	****	****
Surveys/Evaluation	****	****	****	****	
5. Nutrition	1992	1993	1994	1995	1996
HP based nutrition programme	****	****	****	****	****
Ward based nutrition programme	****	****	****	****	****
Training field workers	****	****	****	****	****
Nutrition education materials development and reproduction	****	****			
Breastfeeding campaign	****	****			
Ward programme survey		****			
Breastfeeding campaign survey			****		
Nutrition education (KAP) survey			****		
National Nutrition Survey IDD programme	****	****	****	****	****
6. Health Manpower Development	1992	1993	1994	1995	1996
Impact study of field education		****			
Curriculum development workshops	****	****			
Training materials development	****	****	****		
Selection of districts	****				
Basic training	****	****	****	****	
Refresher training	****	****	****	****	

6. Essential Drugs	1992	1993	1994	1995	1996
User financing essential drugs programme in selected districts	****	****	****	****	****
Production and distribution of essential drugs	****	****	****	****	****
Management training	****	****	****	****	****
Finalisation and adoption of national drugs policy	****				
Production and dissemination of information materials	****	****	****	****	****
Introduction of generic system	****	****	****	****	****
Production of essential drugs	****	****	****	****	****

MAPPING AND MICRO-PLANNING

127. As part of the efforts to achieve UCI 1990 a new experience was put to use, namely mapping and micro-planning. The idea behind this concept was that in order to boost coverage one had to identify the defaulters, the unreached and the "unreachable" and then reach them all. It was also necessary to determine quite accurately the manpower, financial and logistic requirements of such an operation. Subsequently, a training package for district level and below was prepared and a series of training were conducted for the concerned personnel at the district level in all 75 districts. The extremely successful experience with this approach and the results achieved in EPI, led the Ministry of Health and UNICEF to decide to expand this approach to all of the other programmes of the Ministry of Health. It was also decided that appropriate training will be offered from the centre to the health post level.

128. The initial stages of adaptation of the training package from EPI to the other programmes have now been completed. In the course of this programme cycle, with the initiation of MOH and the support from UNICEF, UNFPA and some of the other HMG partners this concept will be introduced throughout the entire PHC network and will become an integral part of programme implementation.

STRATEGIC PARTNERSHIPS

129. As indicated before, the present plan of operations has been developed along the lines of the national priorities and goals. Consequently, HMG and UNICEF in their endeavours for child survival, safe motherhood and family planning are joined by a multitude of multilateral and bilateral organisations.

130. The United States Agency for International Development (USAID) recently concluded its plan of cooperation with HMG. In it, USAID is committed to support HMG's programmes for Child Survival, Safe Motherhood and Family Planning. CDD, ARI, MCH, MCH/FP and elimination of vitamin A deficiency are the specific areas the cooperation will cover. Infrastructural support in the form of manpower development is also included.

131. The United Nations Fund for Population Activities (UNFPA), which also has developed its cooperation plan with HMG, will primarily focus on Safe Motherhood, Family Planning, Child Survival and Health Manpower Development. UNICEF and UNFPA, through their ongoing dialogue are making constructive efforts towards complementarity of their support for HMG programmes. This collaboration is highlighted by close collaboration in their respective support for safe motherhood and family planning.

132. The International Bank for Reconstruction and Development (IBRD) has finalised its plan of cooperation with HMG in the health and population sector. Like UNFPA, the World Bank is concentrating its support in Family Planning, infrastructure and Health Manpower Development.

133. The World Health Organisation (WHO) has finalised its plan of cooperation with HMG. The plan covers technical support for programmes which HMG and UNICEF have chosen for their cooperation.

134. The United Nations Development Programme (UNDP) is in the process of formulating its plan of cooperation with HMG. In line with UNDP's Human Development Initiative, this plan will contain components encompassing manpower development and strengthening planning capacity, inter alia, in the health sector.

135. It is noteworthy that all of the above plans, while taking note of the national and central needs of Nepal, place their primary emphasis on service delivery and improvements at the health post level and the community.

136. These efforts are also subscribed to by a number of international NGOs, in particular SCF (UK), Redd Barna and SCF (US), and by national NGOs, i.e. Nepal Netra Jyoti Sangh, Red Cross Society, Nepal Resource Centre for Primary Health Care, among others.

BUDGET FOR HEALTH AND NUTRITION

Budget for EPI 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	4,310	4,140	4,545	4,980	5,457	23,432
HMG	1,838	2,179	3,213	3,750	4,227	15,207
UNICEF	1,942	1,431	802	700	700	5,575
Others	530	530	530	530	530	2,650
(Secured)						
Others	-	-	-	-	-	-
(Non-Secured)						

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	1,942	1,431	802	700	700	5,575
General						
Resources	771	500	200	200	200	1,871
Supplementary						
Funding*	1,171	931	602	500	500	3,704

* Subject to availability of funds

Budget for CDD 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	973.0	880.0	850.0	850.0	860.0	4,413.0
HMG	131.4	144.2	162.0	172.0	186.1	795.7
UNICEF	141.0	200.0	190.0	200.0	180.0	911.0
Others	450.7	450.0	450.0	450.0	450.0	2,250.7
(Secured)						
Others	249.9	85.8	48.0	28.0	43.9	455.6
(Non-Secured)						

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	141.0	200.0	190.0	200.0	180.0	911.0
General Resources	-	100.0	100.0	100.0	80.0	380.0
Supplementary Funding*	141.0	100.0	90.0	100.0	100.0	531.0

* Subject to availability of funds

Budget for ARI 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	284.8	304.8	288.8	303.8	297.8	1,480.0
HMG	170.8	170.8	170.8	170.8	170.8	854.0
UNICEF	64.0	84.0	68.0	83.0	77.0	376.0
Others (Secured)	50.0	50.0	50.0	50.0	50.0	250.0
Others (Non-Secured)	-	-	-	-	-	-

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	64.0	84.0	68.0	83.0	77.0	376.0
General Resources	64.0	84.0	68.0	83.0	77.0	376.0
Supplementary Funding*	-	-	-	-	-	-

* Subject to availability of funds

Budget for Safe Motherhood 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	2,262.8	2,142.0	2,181.3	2,205.6	2,139.1	10,930.8
HMG	306.0	336.0	370.3	407.3	448.0	1,867.6
UNICEF	208.0	326.0	331.0	390.0	283.0	1,538.0
Others (Secured)	1,748.5	1,480.0	1,480.0	1,408.0	1,408.0	7,524.5
Others (Non-Secured)	0.3	0	0	0.3	0.1	0.7

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	208.0	326.0	331.0	390.0	283.0	1,538.0
General Resources	208.0	126.0	131.0	140.0	113.0	718.0
Supplementary Funding*	-	200.0	200.0	250.0	170.0	820.0

* Subject to availability of funds

Budget for Nutrition 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	1,604	1,703	2,966	3,389	2,911	12,573
HMG	52	88	147	205	245	737
UNICEF	1,094	1,204	1,841	1,834	1,800	7,773
Others (Secured)	78	78	78	78	78	390
Others (Non-Secured)	380	333	900	1,272	788	3,673

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	1,094	1,204	1,841	1,834	1,800	7,773
General Resources	420	600	800	800	800	3,420
Supplementary Funding*	674	604	1,041	1,034	1,000	4,353

* Subject to availability of funds

Budget for Human Resource Development 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	1,131	1,335	1,298	1,273	1,306	6,343
HMG	80	80	80	80	80	400
UNICEF	376	555	518	493	676	2,618
Others (Secured)	650	650	650	650	650	5,868
Others (Non-Secured)	25	50	50	50	100	175

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	376	555	518	493	676	2,618
General Resources	157	180	251	143	176	907
Supplementary Funding*	219	375	267	350	500	1,711

* Subject to availability of funds

Budget for Essential Drugs 1992-1996 (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	5,512*	4,508	4,616	4,648	4,880	24,164
HMG	612	630	640	650	665	3,197
UNICEF	475	500	550	600	584	2,709
Others (Secured)	250	250	250	250	250	1,250
Others (Non-Secured)	4,175	3,128	3,176	3,148	3,381	17,008

UNICEF Commitments (\$ '000)

Year	1992	1993	1994	1995	1996	Total
Source						
Total	475	500	550	600	584	2,709
General Resources	280	310	350	434	454	1,828
Supplementary Funding*	195	190	200	166	130	881

* Subject to availability of funds

**Summary of UNICEF Commitments (\$ '000)
By Component**

Year	1992	1993	1994	1995	1996	Total
Source						
EPI	1,942	1,431	802	700	700	5,575
CDD	141	200	190	200	180	911
ARI	64	84	68	83	77	376
Safe Motherhood	208	326	331	390	283	1,538
Nutrition	1,094	1,204	1,841	1,834	1,800	7,773
Health Manpower Dev.	376	555	518	493	676	2,618
Essential Drugs	475	500	550	600	584	2,709

**Summary of UNICEF Commitments (\$ '000)
By Source**

Year	1992	1993	1994	1995	1996	Total
Source						
General Resources	1,900	1,900	1,900	1,900	1,900	9,500
Supplementary Funding*	2,400	2,400	2,400	2,400	2,400	12,000
Total Funding*	4,300	4,300	4,300	4,300	4,300	21,500

* Subject to availability of supplementary funds

CHAPTER TWO

EDUCATION

EXECUTIVE SUMMARY

INTRODUCTION

1. UNICEF's assistance to education in Nepal for the period 1992-96 reflects a number of distinctive shifts in emphasis and policy. Drawing on the World Conference on Education For All guidelines, UNICEF proposes specifically to direct funds into cost-effective programmes in the areas of basic and primary education. Support for national programmes with long-term development significance rather than a number of small projects with limited geographic and economic impact is emphasized. The Ministry of Education and Culture's "Basic and Primary Education Master Plan" document has greatly influenced the direction of these proposals. The Basic Education programme of this Plan of Operations has four major components:

TEXTBOOK DEVELOPMENT AND PRODUCTION

2. The Ministry of Education and Culture of HMG Nepal has initiated several measures to improve the quality of primary education and bring the very high drop-out and repetition rates under control. Curriculum reform is one such measure with which UNICEF has been closely associated. Instructional materials, which have a direct impact on learning, is another. The HMG/N-UNICEF programme of cooperation will be to intensify work in key areas of the teaching of basic reading, numeracy and life skills through assisting the development of the process of design of materials, production and printing.

LITERACY

3. UNICEF is currently assisting the government of Nepal to make literacy accessible to all the population, especially girls and women who are only one third as likely to be literate as men. Various initiatives and efforts have encouraged increased school enrolment and attendance in depressed areas and among deprived groups; materials have been provided to ensure that literacy is acquired, retained and used. Although the demand for literacy in Nepal is high, particularly among women, the country does not have access to sufficient resources to meet this demand. The cost per capita of yielding one literate person has been kept under US\$ 10 and with increased numbers there will be further economies of scale. The objectives of the assistance are:

- a. to support initiatives which will rationalise the work of all agencies, government and non-government, in literacy work, thereby increasing the national capacity to design, produce, print and deliver appropriate reading books and related teaching aids.
- b. to support a range of initiatives, through both government and non-government agencies, which will bring basic education to disadvantaged areas, both rural and urban.
- c. to place special emphasis on the design and support of initiatives which will provide the benefits of literacy and basic education to girls and women, and especially to retrieve those who have dropped out of primary grades.

COMMUNITY BASED EARLY CHILDHOOD EDUCATION AND CARE

4. The obligation to protect a child's human right to develop to her full potential is the most fundamental reason to invest in a programme which enhances early childhood development. Also, early childhood education lays the foundation for successful transition to the often alien and difficult world of the formal schools. Transition to the demands of schooling can be especially difficult for children in isolated rural areas and for the urban poor.

5. Apart from the need to find viable solutions for early child care, the Ministry of Education and Culture views strengthening and expansion of pre-primary education as an important means of promoting several objectives. Pre-school education would:

- a. provide a much better alternative to having under-aged children in primary one;
- b. attract more children to get into the school system; and
- c. give children the benefits of a head start, leading to better achievement and a reduction in drop-out and repeater rates.

6. The Ministry of Education and Culture, Governmental and Non-Governmental Organisations will encourage rural and urban communities/villages to set up ECEC centres by providing an adequate facility, and a woman from the community to be trained. A community ECEC centre should accommodate up to 25 children ages 3-5. Parents will pay a fee per child going to the salary of the child care worker, materials and upkeep. Community organisations such as PCRW/SFDP credit groups, women's groups, water and sanitation users' groups, school committees, etc. should be encouraged to develop these centres.

7. The community child care worker will receive training in the ECEC programme and curriculum at a centre closest to the community, such as an EGWN Feeder Hostel or a Regional Training facility. Training would be about 14 days leading to certification.

8. Except for training and monitoring, the community ECEC centres should be self-supporting on the basis of payments per child. Some communities which for reasons of poverty cannot support such a programme may receive support on a declining/phase-out basis from MOEC or another Governmental Agency or NGOs. The plan will be to gradually expand ECEC centres to reach 500,000 children by 1996 and 1.5 million by the year 2000.

9. This programme seeks to lay a sound basis for expanding early childhood care and education services in the country whereby parents and communities are able to prepare children for learning and entry to school.

VILLAGE READINESS AND COMMUNITY SUPPORT

10. Apart from improvements in the relevance and quality of teaching, the perceptions and attitudes of families and the community have the most major influence on whether or not parents decide to send their children to school and encourage them to stay in school in spite of competing priorities forced by poverty. Major work in social communication is necessary to inform and build community understanding of what education means to their children, to the community and to national development. Parents must be able to prepare children for entry to school, make the transition from home to school routines and expectations, and be able to help them remain long enough to achieve worthwhile standards of basic education.

11. In order to involve the community in the process of education for all especially aimed at girls and out of school children, the concept of "village readiness" is being introduced. This implies that there is a receptive community prepared and open to initiate and sustain actions to bring about appropriate, flexible, basic education to the community. Therefore, a serious attempt has to be made to establish an effective communication network which will prepare young parents and community leaders for the task of:

- a. developing a positive attitude towards education for all children; building of community understanding and awareness;
- b. helping parents understand the many simple ways which even illiterate parents may use to prepare young children particularly girls for the process of education and the value of this process;
- c. helping children make the transition from home to school, to adjust to new demands to cope;
- d. understanding the appropriate relationship between parents, community and teachers.

BACKGROUND

12. Despite impressive quantitative growth in education over the last four decades, education still does not meet the basic needs of the people and does not provide the kind of support needed to strengthen the human resource base which is critical for national development.

13. Gross enrolment in primary 1 in 1989 stood at 62.7% and the drop out rate in the primary cycle is so high that only 27% complete through primary education. The enrollment of girls is lower than boys to start with and the drop-out rate for girls is considerably higher than it is for boys. The adult illiteracy rate is 64% (82% for women) and if this trend continues it is estimated that there will be some 10 million illiterates in Nepal by the year 2000 constituting a human tragedy and a drain on the national economy. The situation analysis of children and women in Nepal (1991) provides a more detailed description of issues in education.

14. Progress in addressing educational issues in the country benefitted from a number of significant stimuli which collectively had an important impact. The democratic changes in the country signalled a greater responsiveness to peoples' needs in quantitative and qualitative terms. Basic education was clearly one of their pressing needs as reflected in the new constitution of the country. This articulated demand found important support from the conclusions of the World Conference on Education for All (1990) and from the goals and Plan of Action arising from the World Summit for Children (1990).

15. Shortly, thereafter, the Ministry of Education and Culture set to develop a Master Plan for Basic and Primary Education 1991-2001. Although work on the Master Plan was financed by UNDP, it was a wholly indigenous exercise carried out by a team of highly respected Nepali professionals. The Master Plan, among other sources, drew heavily on the experience and innovative approaches developed under on-going projects, particularly the Primary Education Project supported by the World Bank/IDA and UNICEF, and the Education for Rural Development in SETI ZONE Project supported by UNDP/UNESCO and UNICEF. This Master Plan now provides the framework for national action in basic and primary education and for international support.

GENERAL GOALS FOR 2001

1. Universal access to basic education for all school age children, whether through formal or non-formal means.
2. Achievement of Basic Primary Education by 70% of the primary school-age group with emphasis on reducing the disparity between boys and girls.
3. Expansion of Early Child Care and Pre-primary Education.
4. Reduction of adult illiteracy in the 15-44 year age group to half its 1990 level with emphasis on female literacy.

SPECIFIC QUANTITATIVE OBJECTIVES

1. Formal

Primary School enrolment 2001

(i) <u>Ratio</u>	Gross *	Net
Total	107%	87%
Boys	114%	91%
Girls	100%	80%

(ii) In Numbers ('000)

	1990/91	1996/97	2000/01
Total enrolment	2,673	3,194	3,620
Boys	1,701	1,863	1,978
Girls	972	1,331	1,642

2. Non Formal ('000)

(i) Programmes for out-of-school children (8 - 14 years)

	1991/92	1996/97	2000/01
Total	61	132	195
Male	23	48	70
Female	38	84	125

(ii) Adult Education Programmes (15 - 44 years)

	1991/92	1996/97	2000/01
Total	225	339	468
Male	135	166	191
Female	90	173	277

(iii) Support for Expansion of Early Child Care and Pre-Primary Education (Ages 3 - 5)

	1991/92	1996/97	2000/01
Number of centres (estimated 20-25 children per centre)	5,400	21,000	33,600

* The Gross Enrolment Rate (GER) is calculated on the basis of school aged (6-10), underaged and overaged children enrolled in the primary grades (1-15).

QUALITATIVE OBJECTIVES

1. Increasing the quality of education through curricular improvements, improved instructional materials, training and management systems.
2. Increasing participation by NGOs and community organisations in national educational efforts, particularly literacy and early childhood care.
3. Providing wider coverage and more effective communications to strengthen community initiatives and support for basic education.

STRATEGIES

16. The best strategy to eliminate illiteracy is to establish a worthwhile functioning system of Basic Primary Education. Basic Education, in the first instance and most fundamentally, is seen as the acquisition of reading, writing and numbers skills, and in the second instance as the acquisition of life skills (or functional survival knowledge) as in health, family planning, nutrition, hygiene, environment, farming and income generation etc. Basic Primary Education is not only the foundation for other levels of education, but for a great number of today's children, it is the only education they will receive and therefore must be envisaged as the foundation for improving their social and economic well being.

17. However, despite the government's commitment to provide universal primary education, it will be many years before the formal system can reach all children. Therefore the strategies planned for the 1992-1996 period must also include substantial support for those non-government agencies providing worthwhile services in basic education, and seek to expand the outreach opportunities by finding new alliances and partnerships.

The following principles, therefore, guide the design of strategies:

- i. The need to strengthen those aspects of the formal system which will have the most significant impact, nationwide, on the rapid expansion of basic literacy, numeracy and life skills.
- ii. Promotion of education for girls with particular emphasis on reaching those who have no access to the formal school system and through non-formal programmes designed to "retrieve" those of school age who have dropped out of the formal system.
- iii. More concentrated focus on the community, using as many channels of communication as possible to raise the level of parental and community awareness and appreciation of the value of education. Communication emphasis would also aim to encourage community initiatives, and to support these initiatives where possible.
- iv. More attention to encouraging programmes of early childhood education which will help children develop positive attitudes towards learning and be able to make a successful transition from family and community environment into the more structured learning situation, whether provided by formal or non-formal means.
- v. Particular importance will be placed on opportunities for cross-sectoral cooperation and integration. Water, health, nutrition, family planning, sanitation and other community development activities provide excellent opportunities for integration with the non-formal educational activities foreseen in this programme. This is particularly true under the Small Farmer Development Programme, the Production Credit for Rural Women Project (PCRW), the Urban Basic Services Programme and others.

18. The Basic and Primary Education Master Plan deals with all aspects of the sub-sector in a comprehensive manner. Various interrelated components have been identified to ensure access, quality of education and attainment of the minimum levels of learning and to enhance the quality of education. These are the development of physical facilities and infrastructure, institutions and manpower, suitable curricular including materials, methods and assessment strategies, and a system of monitoring and measuring achievement both at the level of the individual learner and of the system as a whole.

19. The Master Plan also provides a framework for cooperation among various governmental agencies, NGOs, bilateral and multi-lateral organisations under the over-all coordination of the Ministry of Education and Culture. Complementary roles of various donor groups have been envisaged under this plan in an indicative manner, including possible roles of the World Bank, the Asian Development Bank, JICA, DANIDA, UNDP and other partners as well as UNICEF.

20. Within that context, three dominant principles guide the identification and selection of projects that would have the most meaningful impact given UNICEF's limited resources. The first is to bring the benefits of being able to read, write and cope with life skills confidently and competently to all school age children and as many adult women as possible.

21. The second is to support this by ensuring that access to basic education, formal and non-formal shall not be withheld for lack of adequate learning materials. The third is to back this up by informed and motivated NGO, and community involvement. Accordingly, the following projects areas were identified for UNICEF support:

1. Textbook Development and Production
2. Literacy: - Adult Literacy for women
 - Basic Education for out-of-school girls
3. Early Child Development.
4. Village Readiness and Community Support.

TEXTBOOK DEVELOPMENT AND PRODUCTION

BACKGROUND

22. The Ministry of Education and Culture has initiated several measures to improve the quality of primary education and bring the very high drop-out and repetition rates under control. Curriculum reform is one such measure with which UNICEF has been closely associated leading to the development of new curricula for the primary cycle under the previous programme of co-operation. Other measures include teacher-training and motivation, and the production of high quality textbooks and learning materials.

23. For many years, UNICEF has assisted the Ministry of Education to carry out a wide range of curriculum activities, including substantial supplies of paper for textbook production. The curriculum is the core of any educational programme. It defines the scope and sequence of learning activities, establishes the framework for textbook development, the methods of teaching, and consequently influences teacher training. Curriculum development should be a continuous process which integrates what is known from research on child development, the psychology of learning, social, environmental and other factors which influence learning. The curriculum cannot be static but should be adjusted constantly to reflect changing national needs and values. The concept and process of developing a curriculum for primary schools is different from that appropriate for the subject centred secondary grades. Primary curriculum must be flexible, able to be interpreted and adapted to the realities of children's lives. This is especially relevant in a situation where a country's population has ethnic diversity and problems of geographic isolation.

24. Within the framework of curriculum development, instructional materials have a consistent impact on learning. In a situation such as that of Nepal, with a large proportion of primary teachers either untrained or superficially trained, the instructional materials may be the most significant factor affecting learning. Therefore, the content of this material and its presentation are critical.

25. The programme of cooperation will narrow the scope of support to curriculum development to intensify the work in the key areas of basic reading, teaching, numeracy and life skills. The Master Plan document emphasises this as an area of urgent need. UNICEF will support these initiatives by assisting both the development of the processes of design of materials and the actual production and printing. The major components of the programme will be:

- i. to rationalise the work in reading and numeracy which is already being carried out in the country by both government and NGOs. This will involve providing opportunities for communication, sharing of experiences, compiling and evaluating of research which is already being carried out in Nepal, and the consolidating of working materials which have already been produced. This would lead to:
 - Identification of information and basic research still required.
 - Identification of methods which could carry out this work.
 - Institutionalisation of the process of developing reading and numeracy materials appropriate for grades 1, 2 and 3 in the formal schools.
 - Institutionalisation of the process of developing materials appropriate for the various activities noted in the section outlining the non-formal programme.
- ii. to design and test teaching methods which can best deliver the reading and numeracy materials to the learners. This section would be expanded to include organisational efficiency, different methods of organisation and management of both formal and non-formal programmes. There are implied implications for timetabling, work scheduling and organising more flexible primary schools and for preparing manuals and guidebooks appropriate for untrained or poorly trained teachers.
- iii. to design, test and produce essential teaching aids, especially series of teaching "charts" which would guide untrained teachers into more effective methods of teaching.
- iv. to establish training programmes and produce training guidebooks appropriate for:
 - primary (pre-service) teacher training
 - in-service training of teachers, headteachers
 - organisers, facilitators, supervisors.
- v. to write content and to prepare graphics and design for textbooks and materials leading to production and printing.
- vi. to integrate these components, teaching the skills of writing, language and vocabulary development and use of associated teaching aids and workbooks is required.
- vii. to structure the basic numeracy and the life skills components to follow the same basic pattern as developed for reading.

IMPORTANT IMPLICATIONS AND RESULTS

- (i) The development of more effective communication between the various agencies committed to literacy, numeracy and life skills to achieve better rationalisation of resources available within the country is implied.
- (ii) Formal and non-formal methods of organisation and delivery will be interlinked.
- (iii) The learning process which is common to all methods of delivery will be better understood.
- (iv) Substantial technical contribution will be needed in the areas of psychology of learning as specifically applied to reading, language and numeracy. Specialised analysis of the factors affecting successful learning in the context of Nepal will be required along with primary teacher training. Much of this expertise could well be available within Nepal.
- (v) The demand for substantial amounts of paper will continue, but the major proportion of this will be specifically channelled into the production requirements outlined above. However, some flexibility will be retained in order to assist with contingencies in the general area of primary curriculum development.
- (vi) Moreover, supporting the Government's policy to provide free textbooks to the whole primary cycle (grades 1 - 5) will provide a powerful incentive for parents to send their children to school and will go a long way in ensuring significant increases in enrolment and reduction in dropouts.

PROCEDURE

26. Within the overall plan of the Ministry of Education and Culture to implement curriculum dissemination, textbook and materials development, and textbook production, UNICEF will narrow the scope of its support principally to (a) focus on the first three primary grades which account for the highest dropout rates and (b) focus on reading, numerical and life skills in the subject matter. However this focus will not be interpreted rigidly and consideration could be given to providing support through grades 4 and 5.

27. The new primary curriculum will be implemented in schools with the following phasing:

- 91/92 - Development/production of materials for grade 1.
- Orientation in new curriculum and materials for grade I teachers and other education personnel.
- 92/93 - Implementation of grade 1 in schools.
- Development/production of materials for grade 2.
- Teacher orientation for grade 2.
- 93/94 - Implementation of grade 3 in schools.
- Development/production of materials for grade 3.
- Teacher orientation for grade 3.
- 94/95 - Implementation of grade 3 in schools.
- Development/production of materials for grade 4.
- Teacher orientation for grade 4.
- 95/96 - Implementation of grade 4 in schools.
- Development/production of materials for grade 5.
- Teacher orientation for grade 5.
- 96/97 - Implementation of grade 5 in schools.

28. The MOEC will strengthen the Curriculum Training Supervision Division (CTSDC) particularly through the establishment of a primary curriculum textbooks and materials publishing unit. Staffing and facilities will be upgraded to fulfill this new function adequately.

29. The specialists of the primary curriculum textbooks and materials unit will develop, design and test the new textbooks, materials and learning aids in line with the new curricula.

30. Guides for teachers and other educational personnel will also be developed. The unit will coordinate curriculum dissemination and training/orientation activities. The training/orientation will be organised by the Regional Training Centres and Mobile Training Teams/Resource Centres and RPs/Primary Supervisors.

31. The primary curriculum textbook, materials and publishing unit at CTSDC will collaborate with the Non-formal Education section of the Ministry of Education to develop the textbooks, materials and guides for the adult literacy programme, the post-literacy programme and the programme for out-of-school children.

32. Following the initial development, testing and revision of textbooks and learning materials for each grade, the quantitative targets for textbooks and materials production and distribution is estimated as follows:

Production of Sets of New Textbooks and Materials

(in '000 sets)

	Grade I	Grade II	Grade III	Grade IV	Grade V
1992/93	1119				
1993/94	1117	656			
1994/95	1108	687	537		
1995/96	1104	701	564	465	
1996/97	1045	758	596	506	427

For each textbook, it is planned that 25,000 teachers guides will be required.

33. According to the MOEC's Master Plan the projection of the quantitative target for textbook and material production under the normal scenario is calculated on a 41 percent drop-out in the first grade in 1993/94, 31 percent in 1996/97 and 20 percent by the year 2000. However, once the revised grade one textbook is introduced in 1993, it is expected that drop-out rates should decrease gradually in successive grades, thus ensuring the completion rate to 70 percent by the year 2000.

34. The MOEC will ensure that the primary textbook and materials publishing unit at CTSDC has the additional qualified expertise to provide technical guidance, supervision and quality control for text book production and distribution.

35. The MOEC will produce textbooks either at the JEMC or through other printers. JEMC will undertake all necessary measures to improve the quality and cost effectiveness of its products and operation. The studies conducted by the World Bank and UNICEF constitute essential guidance for initiating necessary improvements, including improvements at the printing plant facility.

36. In order to reduce wastage and ensure timely delivery of textbooks and other materials, the efficiency of the textbook distribution system will be improved and alternative transport mechanisms be investigated.

37. In addition to central production of textbooks and materials, local production of learning aids will be investigated through periodic meetings with teachers.

38. Cost saving measures such as sharing and re-use of textbooks will be investigated. The Ministry of Education will assess and evaluate the impact of the new textbooks and materials on education objectives.

BUDGET

39. The Government has estimated that the cost for curriculum renewal and textbook dissemination and production will come to approximately 620 million rupees in the next 5 years (1992-1996/97). Subject to programme progress and the availability of resources, UNICEF will provide limited support in the following areas:

(in US\$ '000)

- Basic Equipment and referral materials	76.8
- Curriculum renewal surveys, studies, workshops	39.4
- Textbook development, development of teachers Guides and dissemination materials	633.3
- Curriculum/textbook dissemination training	644.5
- Production and free distribution of Primary Textbooks/materials (including teachers guides) specific focus on grades 1 - 3.	4121.2
- Assessment and impact monitoring	33.3
- Project support/staff training	151.5
TOTAL	5700.0

LITERACY

BACKGROUND

40. The World Conference on Education for All (WCEFA) held in Thailand appealed to the World Community for cooperation and collective action at the local, national, regional and international levels by governmental as well as non-governmental agencies and committed individuals to promote basic skill acquisition by strengthening Primary Education and augmenting Adult Literacy Programmes in different

parts of the world. At this conference, the participating delegates set the following target as one of the six goals to be accomplished during this decade:

41. Reduction of the adult illiteracy rate of one-half of its 1990 level by the year 2000, with sufficient emphasis on female literacy to significantly reduce the current disparity between male and female illiteracy rates.

42. His Majesty's Government has already committed itself to the "Universalisation of Primary Education" by the year 2000.

43. As a follow-up of these two commitments, HMG has, in principle, adopted the following educational goals for the decade:

1. Universal Basic Education for all school-age children of the 1990 level with specific focus on reducing the male-female disparity ratio.
2. Reduction of adult literacy rate to at least half of the 1990 level with specific focus on reducing the male-female disparity ratio.
3. Increasing the quality of life education through curricular improvements, improved instructional materials, training and management systems.

44. Primary schools in Nepal still experience a high drop-out rate, especially in the first year. About 40% of the school age children never attend primary school. A majority of these are girls. While the rate of illiteracy has declined in recent years, the actual number of illiterates is increasing due to rapid population growth. At current rates of school enrolment, completion and taking population growth as a factor, it is projected that there will be 10 million illiterates in Nepal in the year 2000. Women are especially disadvantaged. In 1990, only 19 percent of women were estimated to be literate, whereas among men, it is 52 percent.

45. The Ministry of Education and Culture through its Adult Education Section and projects like Primary Education Project and Seti Projects and in collaboration with other government and non-governmental agencies has been implementing literacy classes for over three decades now.

46. The programmes for out-of-school children, particularly the Chelibeti programme for girls and the co-educational Shishkya Sadan, initially pioneered under the Seti Education for Rural Development Project and Primary Education Projects have proved to be very successful and are being expanded nationwide. Adult Literacy Programmes got off to a very slow start but accelerated dramatically in the aftermath of the democracy movement. Coverage jumped from an annual average of less than 50,000 to 100,000 in 1990 and an estimated 200,000 in 1991 with 75% of participants being women. Community demand for literacy is very high and community institutions and NGOs have rallied to make use of and benefit from Government support in this field. To fulfil the Jomtien and World Summit Goals, the growth of the Adult Education and out-of-school programmes must continue to accelerate and provide basic non-formal education successfully to at least 5 million people over the next 10 years.

47. At the same time, Nepal has undergone a political change that moves its citizens towards democratic rule. The new government must demonstrate to its citizens that service to the poorest-of-the-poor is a part of its overall commitment to development. The provision of child and adult literacy classes has proved to be a potent symbol of a government's interest in helping the poor.

48. The above elements of the current context argue for a much more expanded and ambitious literacy programme implemented with increased collaboration and coordination between other governmental agencies, NGOs, INGOs and donor agencies.

GOALS

49. HMG has adopted the following goals for the non-formal sector of education for the 1990s:

1. To make provisions for a systematic development of non-formal education as a sub-sector of the Basic and Primary Education system of the country.

2. To expand the outreach programme to the unserved and under-served population (both adults and out-of-school children) particularly girls, women and other disadvantaged groups and reduce the male-female and urban-rural disparity ratio.
3. To improve, through non-formal education programmes, the knowledge, attitudes and practices of the adult population specifically in the areas of health, nutrition, population, hygiene and sanitation, afforestation, environment, income generation (life skills) and community awareness.
4. To attain increased participatory and coordinated involvement of communities, NGOs and INGOs for the promotion of non-formal education.

TARGETS

50. Qualitative:

1. to institute a process of planned decision making on policy issues related to Non-Formal Education (NFE) development at the national level.
2. to raise the planning capacity and technical expertise of the proposed NFE Division of MOEC.
3. to raise the expertise and efficiency level of Regional and District Education Inspector's Offices to carry out micro-level planning exercises for the development and implementation of the programme.
4. to develop a sound institutional base for training, material development and evaluation.

51. Quantitative:

1. Adult to reduce the adult illiteracy rate to at least half of the 1990 level with specific focus on the 15 to 35 age group population and on reducing the male-female disparity ratio.
2. Out-of-School Children to provide primary and basic education comparable in quality with the main stream primary education to all children who for various reasons have not attended the primary school and/or have dropped out.
3. Post-literacy to produce post-literacy reading materials on areas of national concern such as health, population, nutrition, water and sanitation, income generation and environment and make them available to all neo-literates through post-literacy programmes and village/community Reading Centers.

to foster the development, preservation and production of social and cultural literature such as community newspapers, poetry, stories, songs and histories which support local post-literacy and community networking.

Projected annual targets from 1992-1996 (In '000)

Year	Adults (15-44 yrs)	Out-of-school children (8-14 yrs)	Total
1992	250	80	330
1993	275	90	365
1994	300	100	400
1995	325	110	435
1996	350	120	470
Total	1500	500	2000

STRATEGY

Programme Expansion

52. The following two kinds of programmes with illiterate adults and out-of-school children will be implemented:

1. Adults: (Age group 15 - 44 with focus on 15 - 35, particularly women)
 - (a) Regular adult education programme to be implemented in all districts of Nepal, in an intensive way beginning from a limited geographical area of the district, and gradually expanding to the rest over the decade.
 - (b) Literacy campaigns, to be implemented in some selected districts with much higher intensity, with the objective of eradicating illiteracy within a shorter span of time (3-5 years).
 - (c) Post-literacy programmes for neo-literates, through structured courses and/or village/community reading centers.
2. Out-of-School Children: (Age group 8-14)
 - (a) Regular out-of-school programmes year I and year II each of nine month's duration.
 - (b) Literacy campaign approach out-of-school programme of 9 month's duration.
3. Support of community initiatives and NGOs in non-formal education.

IMPLEMENTATION PROCEDURE

53. The District Education Inspector's (DEI) office will be responsible for implementing these programmes. This will include planning, selection of sites, appointment of staff, disbursement of district funds, arrangements for training, setting-up of a supervision mechanism, administration of tests etc. Each district will have a NFE unit. Each district will develop its own pool of trainers who will train literacy facilitators locally. Many literacy classes will be school-based. Each primary school will serve as a loci for literacy and post literacy action. The Headmaster with the help of the local school/education committee will recruit facilitators and mobilise participants. He/she will also be responsible for support and supervision of literacy activities based in the school. The Headmaster of a high school will work with the primary school Headmasters in his region bringing the facilitators and local supervisors together for regional meetings on a regular basis. At these meetings, problems and issues will be discussed and technical assistance provided.

54. The Adult Education Section (proposed to be converted to the NFE Division) will provide general policy, guidelines, funds, instructional materials and technical back-stop support to the DEI.

55. Both adult literacy and out-of-school child education programmes could also be project based and implemented through projects like the Primary Education Project and Seti Project, as well as literacy programmes run under different projects such as the Small Farmer Development Programme, Production Credit for Rural Women, Urban Basic Services and others. The strategy of enrolling maximum number of girls by running Chelibeti classes will be continued.

56. In the regular out-of-school programme, a two year study programme (Year I and Year II) of nine months duration each year will be developed. The two year programme will have a curriculum covering the level of knowledge and skills comparable to that of the formal primary education system, equivalent to basic literacy skills and life skills.

Development of Infrastructure/Institutional Support

57. In order to institute a process of planned decision making on policy issues and to raise the technical and administrative capacity at the central and district levels, the following measures will be taken:

- (i) Upgrading the current Adult Education Section to the status of NFE Division at MOEC responsible for executing the NFE policy set by the NFE Council and approved by HMG.
- (ii) Setting up a policy-making body, a National NFE Council, composed of HMG representatives, NFE experts from both GO and NGO sectors, responsible for the formulation of policies relating to NFE development and coordination of agencies involved in NFE activities.
- (iii) Establishing a NFE technical resource capacity with the responsibility of training, material development, research and evaluation. This unit will have the responsibility of preparing trainers at central and district levels, revising the existing instructional and training materials and developing new ones as the need arises, and carry out R & D activities.
- (iv) Setting up a NFE Unit at the district level. This Unit will be responsible for the implementation of all NFE activities in the district based on the general policy guidelines prepared by the NFE Council.
- (v) Setting up a Literacy Committee in each village where literacy programmes will be implemented incorporating members from the school management committee and the community.

BUDGET

58. Based on the targets set forth above, there will be a total of 1,500,000 adults and 500,000 out-of-school children who need to be made literate by 1996. The total cost for this at about US\$ 10 per participant will be US\$ 20,000,000. The projected breakdown of allocations to the programme, subject to progress and the availability of resources, is given in the following table:

Year	(in US\$ '000)				
	Est. Coverage	Est. Cost	Govt. (\$) 40%	NGOs & Other	UNICEF
1992	330	3,300	1,320	1,260	720
1993	365	3,650	1,460	1,278	912
1994	400	4,000	1,600	1,234	1,166
1995	435	4,350	1,740	1,334	1,276
1996	470	4,700	1,880	1,330	1,490
Total	2,000	20,000	8,000	6,436	5,564

Note: Out of the total estimated cost, His Majesty's Government will bear 40% of the programme cost and UNICEF, NGOs and others will share 60% of the programme costs as indicated in the table.

BREAKDOWN OF UNICEF ESTIMATED SUPPORT FOR NON-FORMAL EDUCATION

(in US\$ '000)

- Curriculum and material development	75
- Training of trainers module and guide	56
- Training of facilitators	2,093
- Material and textbook	2,245
- Monitoring and supervision	615
- Equipment and supplies	480
Total	5,564

COMMUNITY BASED EARLY CHILDHOOD EDUCATION AND CARE (ECEC)

BACKGROUND

59. A start in pre-school education and early child care has already been made in Nepal but on a scale far more limited than the need and demand. Pre-school education has been mostly limited to rather exclusive private schools in Kathmandu and rural home/community based child care initiatives have been very few, linked to specific projects such as the Small Farmer Development Programme and the Production Credit for Rural Women Project.

60. In rural areas where both men and women work in the fields, care of the young child is an important problem. This accounts to a great extent for the very large number of under-age children in grade I of primary school. Alternatively, as grandparents and mothers-in-law also work in the fields unless they are far too old, the care of young children is usually thrust upon the eldest available girl in the home, preventing her from going to school. In addition, children accidents, particularly severe burns and fractures leading to disability or death are common.

61. Apart from the need to find viable solutions for early child care, the Ministry of Education and Culture views strengthening and expansion of pre-primary education as an important means of promoting several objectives. Pre-school education would (a) provide a much better alternative to having under-age children in primary one (b) attract more children to get into the school system (c) give children the benefits of a head start leading to better achievement and a reduction in drop out and repeater rates.

62. Children benefiting from early childhood education and care also stand a better chance of benefiting from child survival measures such as food supplementation, growth monitoring, early detection of respiratory infection, treatment of diarrhoea, leading to significantly improved opportunities for normal growth and development.

63. The above considerations combined, present a very special opportunity for synergism impacting child survival, child protection and child development. Important as this opportunity is, it is equally important to approach this subject in a manner which is cost effective, affordable and sustainable.

64. The project seeks to lay a sound basis for expanding early childhood and education services in the country. The aim is to provide the school system, at the point of entry, with children who are healthy in body and mind.

STRATEGY

65. Communities that want to establish Early Child Care/Education Centres will provide most of the local requirements including the building, a locally selected and remunerated child care worker and costs of upkeep. The Ministry of Education, other Governmental offices, projects and NGOs will encourage and support the communities in their efforts. The Ministry of Education and Culture will provide overall support in terms of developing the curricula/programme of early education, developing non local learning materials, training of trainers, supervision and other support. It is not intended, however, that the Ministry of Education will undertake full responsibility for nationwide expansion of the programme. Such expansion is expected to be largely supported by the communities and NGOs.

PLAN OF ACTION

66. The Ministry of Education and Culture will set up a Section for the implementation of the Early Child Education and Care (ECEC) programme. The Section will work closely with other Ministries, development agencies and NGOs concerned with Early Childhood development. A National Board or committee may be set up to establish and coordinate policy in this field.

67. The Ministry of Education and Culture will develop in coordination with other line agencies concerned, the programme and curriculum of ECEC. Standards and conditions for ECEC centres will be specified in terms of objectives, operations, and level of performance. A detailed manual of standards and specifications will be produced as a guide to communities, NGOs and others.

68. The Ministry of Education and Culture will run ECECs on a limited scale but will encourage communities, NGOs and others in taking the initiative in establishing, financing and operating ECECs.
69. The Ministry of Education and Culture will develop the learning materials for ECEC and the training module for trainers, based on the programme/curricula. This training package will be offered to child care workers/volunteers working with communities, NGOs and others.
70. The Ministry of Education and Culture will mobilise expertise and resources for the production of non-local learning materials and provide these at cost or free of cost to the extent possible.
71. The Ministry of Education and Culture will provide supervision and technical guidance through its district education offices, checking for the adequacy and relevance of the programmes, manpower and material inputs, operation etc.
72. The Ministry of Education and Culture will conduct basic research and evaluations of the ECEC programme to make necessary adjustments/improvements. This will include assessment and improvement of diversified models of ECEC, particularly community and home based models and use the home and its cultural practices as a base for child development.
73. The Ministry of Education, Governmental and Non-Governmental Organisations will encourage rural and urban communities/villages to set up ECEC centres by providing an adequate place, and a woman from the community to be trained. A community ECEC centre should accommodate up to 25 children ages 3-5. Parents will pay a fee per child going to the salary of the child care worker, materials and upkeep. Such community organisation will be PCRW/SFDP groups, women's groups, water and sanitation groups, school committees etc.
74. The community child care worker will receive training in the ECEC programme and curriculum at a centre closest to the community, such as an EGWN Feeder Hostel or a Regional Training facility. Training would be about 14 days leading to certification.
75. In addition to providing early childhood stimulation, the ECEC programme will provide "well baby" care through the Community Health Volunteer (CHV). The child care worker will be trained to detect common health problems, do growth monitoring, and refer sick children to appropriate care. A food supplementation programme will be considered.
76. Except for training and monitoring, the community ECEC centres should be self-supporting on the basis of payments per child. Some communities which for reasons of poverty cannot support such a programme may receive support on a declining/phase-out basis from MOEC or another Governmental Agency or NGOs.
77. The plan will be to gradually expand ECEC centres to reach 500,000 children by 1996 and 1.5 million by the year 2000.
78. Since education in primary grades 1-3 is not rigorously academic, and since there is a dearth of women teachers at the primary level, ECEC workers, with additional training could be considered for teaching in grades 1 to 3, without necessarily being SLC pass, but based on their prior experience and record.

BUDGET

79. Estimated cost for ECEC

(in US\$ '000)

	MOEC Govt.	Other Govt.	NGOs/ Community	UNICEF	Others
- Pre-Primary Education Unit MOEC	151			30.0	
- Curriculum and Materials Development		30.3		333.0	
- Community/NGO Guide				15.0	
- Training of Trainers				3.0	
- Training of ECEC workers		90.9	60.6	243.0	61.0
- Production and distribution of materials		30.3	-	456.0	121.0
- Set-up costs of ECEC centres	1970	909.0	909.0		
- Remuneration of ECEC workers	3030	3030.0	3030.0		3030.0
TOTAL:	5151	4090.5	3999.5	1080.0	3212.0

VILLAGE READINESS AND COMMUNITY SUPPORT

80. One of the dilemmas facing the growth of basic education is that 40% of children especially girls are not enrolled by their parents in primary 1, and that about 70% of those who are enrolled are allowed to drop out before completing grade 5, with girls also accounting for most of the drop outs.

81. Apart from improvements in the relevance and quality of teaching, the perceptions and attitudes of families and the community have the most major influence on whether or not parents decide to send their children to school and encourage them to stay in school inspite of competing priorities forced by poverty. Schooling, in its current formal and non-formal aspects, is a western heritage, and in many situations, its benefits and demands are alien to the community. This is particularly true for families in isolated rural communities of mostly illiterate farmers. The question is how can these parents become part of, and contribute to the success of children in the community school? Major work in social communications is necessary to inform and build community understanding of what education means to their children, to the community, to national development. Parents must be able to prepare children for entry to school, make the transition from home to school routines and expectations, and be able to help them remain long enough to achieve worthwhile standards of basic education.

82. The third channel or all available instruments and channels of information, communication and social action will be explored to help convey essential knowledge and inform and educate people at the community level.

83. This points the direction towards a serious attempt to establish effective communication networks which will prepare young parents and community leaders for the task of:

- Developing a positive community attitude towards education for all children; building of community understanding and awareness.
- Helping parents understand the many simple ways which even illiterate parents may use to prepare young children particularly girls for the process of education and the value of this process.
- Helping children make the transition from home to school, to adjust to new demands, to cope.
- Understanding the appropriate relationship between parents, community and teachers.

84. There are many other important considerations which would lead towards a programme of educational communication which would create a more constructive link between community and the agents of education, formal or non-formal.

85. This introduces the concept of "village readiness"; - a receptive community which will initiate and sustain action to bring appropriate, flexible and basic education services into the community.

86. UNICEF will support the village readiness efforts of the Ministry of Education and others particularly through the development of software and linkage with relevant projects such as SFDP and PCRW.

87. The opposite side of the same problem is that in many villages, community demand for schools and basic education, and their readiness, is very high, but in the systematic planning of the Ministry of Education, that particular community will not have a school constructed by the Ministry for a few years to come. There are many examples where communities demand for education is so high that they are willing to put considerable resources into schooling for their children including constructing a school, providing accommodation and partial remuneration for a teacher and so on. But rarely are poor rural communities able to provide all the requirements of schooling by themselves. They will need the full technical backing and support of MOEC especially in terms of placing and training a teacher, providing guidance and supervision, assessment and examinations and other support. The Ministry of Education and Culture is often willing to provide such basic support as may be critical from its side, and some NGOs also support the community. Such efforts contribute significantly to school access particularly in communities/villages where there are no schools or educational learning facilities within reasonable walking distance. UNICEF will support community based initiatives in education particularly community sponsored construction of schools, where the community provides labour and local materials and UNICEF supports with basic non-local materials.

88. Careful monitoring of the innovative village readiness and community support activities will be undertaken to assess whether the approaches and strategies being tried out and adopted are having the desired impact. Case studies, participatory evaluations, and action research will also be carried out to support policy formulation and decision making.

BUDGET

89. Estimated cost for Village Readiness and Community Support

(in US\$ '000)

Year	1992	1993	1994	1995	1996	Total
Total	120	110	110	110	110	560

MONITORING AND EVALUATION

90. Systematic monitoring and evaluation will be critical for the successful implementation of the education programme. The primary responsibility for monitoring will be with the Ministry of Education and Culture supported by the other implementing agencies.

91. The monitoring and evaluation system to be installed will review education policies and guidelines; assess periodically programme and project implementation; review and update the national plans of action. The mechanism will allow monitoring and national plans of action. The mechanism will allow monitoring and evaluation activities to be coordinated at the national and regional/sub-regional levels and with all participating agencies.

92. Monitoring will focus on the collection and processing of data in order to develop an efficient and systematic information system for the education programme. The proposed Educational Management Information Service would provide the base for all monitoring activities. Periodic monitoring will be conducted on a quarterly basis and at the end of each year. Data and reports will be used by policy/decision makers and planners for advocacy purposes and for re-planning as appropriate.

93. Evaluation will be undertaken to determine the impact and results of planned activities in either qualitative, quantitative or financial aspects. The key issues to be addressed in evaluation are effectiveness, efficiency, relevance and impact. Both external and internal evaluators may carry out the evaluation of the education programme.

94. Internal evaluation can serve as important national capacity strengthening activities. By participating in evaluations, government officials will gain skills in evaluation and learn how the programmes can be enhanced. A combination of external evaluation can provide additional insight, greater technical expertise and be more objective in formulating recommendations. Research and policy studies will also be carried out to support policy and decision making.

Monitoring and Evaluation Networking

95. The Master Plan for Basic and Primary Education has proposed the creation of separate Monitoring and Evaluation Section within the Planning Division of the Ministry of Education and Culture. It is proposed that the section be equipped with trained staff in programme monitoring and evaluation techniques. The Manpower and Statistics Section of Ministry of Education and Culture will also be equipped with appropriately skilled and trained manpower to perform the important functions of making timely, relevant, reliable and accurate data available to determine whether the education programme is being effectively and efficiently implemented. Regional and District Education Inspectorates will also be strengthened in order to provide the much needed and supportive role in programme monitoring in the field especially at the school and community level.

97. FRAMEWORK FOR MONITORING

Objectives	Indicators	Sources for Verification
General		
1. Provide Universal Access to Basic and Primary Education	No. of children (girls/boys) enroled/attending schools; completion rates.	Sample school surveys; MOEC data. Mapping of schools. MOEC/UNICEF joint field visits. Field reviews. Progress reports.
2. Reduce Adult Literacy to half its 1990	No of beneficiaries enroled/attending programmes; and completion rates.	Studies on women's participation and completion rates.
	No. of women participating	No. and quality of textbooks produced. Training and workshops; Case studies. Impact evaluations.
Specific		
1. Textbook Development and Production		
To improve enrolment and attendance through better quality books and materials	Ratio of enrolment/attendance, dropout and completion. No of newly revised textbooks produced and distributed.	Monitoring of statistics at the Region/District levels through FO/Case studies.
To improve textbooks so as to include more relevant topics and life skills.	Ratio of textbooks forecast for a given year/compared to actual number distributed.	MOEC/JEMC Statistics. Assessment and evaluation studies. Study of textbook quality control. Field observations. Consultancy services. Trainings.
To improve the physical quality of textbooks and the production process.	Wastage rate in production and distribution system. Durability and quality of textbooks. No. of MT of paper saved	

Objectives	Indicators	Sources for Verification
<p>2. Literacy To increase literacy rates of children and adults through the formal and non-formal systems.</p>	<p>Percentage of female/male attendance and completion rates for children and adults. Relapse into illiteracy.</p> <p>no. of literacy classes. No. of literacy teachers/facilitators.</p> <p>No. of Cheli Beti classes</p>	<p>School/community surveys. Progress reports. Field observations. Assessment and evaluation studies.</p> <p>Monitoring of statistics at the Regional/District levels through FO/Case studies. District Education Inspectors' reports.</p>
<p>3. ECEC To facilitate in the setting up of community based ECEC centres.</p> <p>To assist in the development of ECEC curricula, learning materials and training modules for trainers/facilitators.</p>	<p>HMG policies and strategies.</p> <p>No. of ECEC established No. of children (girls/boys) attending. % of increased enrolment in Primary 1 and reduced dropout rate. Curricula specifying learning objectives; linking learning materials. Ensure that the materials are being developed, distributed and utilised.</p> <p>Development of training modules; no. of trainings conducted; no. of facilitators enroled. No. of NGO's participating.</p>	<p>Participatory workshops and observations; Field visits. Community surveys. Reports from community workshops and teachers. External evaluation services. Research findings. Workshops/Seminars. Field visits. Case studies.</p>
<p>4. Village Readiness To broaden knowledge, attitudes and practices about basic education at village/rural levels.</p> <p>To encourage active community participation in developing appropriate flexible basic education services.</p> <p>To promote the process and value of education at community level, particularly for girls' participation.</p>	<p>No. of people enroled/attending education programmes.</p> <p>Parents and communities' participation in school/education affairs and education committees.</p> <p>No. of schools constructed through community participation.</p>	<p>KAP studies. Field observation. Household sample surveys. Field visits. Regular monitoring. Participatory workshops.</p>

COMMITMENTS

UNICEF contribution

98. Subject to programme progress and the availability of resources it is estimated that UNICEF's share of implementing this programme will be as follows:

(in US\$ '000)

	1992	1993	1994	1995	1996	Total
General Resources	1400	1400	1400	1400	1400	7000
Supplementary Funds	1300	1300	1300	1300	1300	6500
Funded (S)	1278.1					
Unfunded (S)	5221.9					

The following is a breakdown of anticipated expenditures by activities:

(in US\$ '000)

Year		1992	1993	1994	1995	1996	Total
Textbook	G	810	720	544	494	280	2848
	S	740	598	500	500	500	2838
Literacy	G	360	420	576	686	900	2942
	S	360	492	590	590	590	2622
ECEC	G	100	140	160	100	100	600
	S	80	100	100	100	100	480
V.R & Com	S	120	110	110	110	110	560
prog Support	G	130	120	120	120	120	610
Total	G	1400	1400	1400	1400	1400	7000
	S	1300	1300	1300	1300	1300	6500

* G = General Resources

** S = Supplementary Funds

GOVERNMENT'S COMMITMENT

(US\$ in million)

	1992	1993	1994	1995	1996	Total
Primary Education	29.0	30.8	32.0	34.0	35.0	160.0
Literacy	1.8	1.9	2.0	2.2	2.5	10.4
Total	30.8	30.9	34.0	36.2	37.5	170.4

CHAPTER THREE

COMMUNITY WATER SUPPLY AND SANITATION WITH WOMEN'S INVOLVEMENT

EXECUTIVE SUMMARY

1. UNICEF has been assisting HMG with Community Water Supply and Sanitation since 1971 mainly in the hills but since 1982 also in the terai. Over the past 20 year of cooperation, at least 1.2 million rural inhabitants have been provided with access to improved water supplies and some of them with hygienic sanitary facilities. By 1990, the public sector programmes provided drinking water supply to an estimated 35 percent and sanitation to about 3 percent of the rural population.
2. The new programme covering the period 1992-96 will continue to address the diseases relating to poor sanitation that in turn affects the health and nutrition status of the entire Nepalese community.
3. Women and children spend much time and energy in fetching the minimum quantity of water required for domestic needs. By providing safe water closer to the home, time spent in fetching and carrying water and looking after sick children is reduced.
4. Within the framework of the National Programme of Action for the 1990s, this programme will focus attention on the children and women of the Central and Eastern Development Regions. HMG will continue to coordinate donors to seek adequate support to other parts of Nepal. Some 2.6 million rural inhabitants will be provided with improved water supply by 1996 increasing the current coverage rate from 35 percent to approximately 50 percent. The programme will build up the capacity to provide access to knowledge about sanitation totaling 1.6 million rural inhabitants by 1996 increasing the coverage from the current 3 percent to close to the national target of 12 percent.
5. The strategy to implement this programme is to continue the bottom-up approach involving the community. The procedures for community involvement, the framework for project design, construction, operation and maintenance have been formulated in a policy directive issued by MHPP in early 1991.
6. Involvement of women will commence at the planning and design stage. Sanitation Women Workers will play a key role in the programme who will focus their work on personal hygiene, domestic hygiene and environmental sanitation, to prevent faecal / oral transmission and other communicable diseases.
7. The first programme component of Gravity Flow schemes will continue to be implemented through MHPP and NGOs but concentrating on 22 hill districts. By 1996, 285 schemes will be constructed or rehabilitated providing safe water supply to approximately 285,000 people. At the same time, the women involvement component will provide access to health education to some 75,000 people.
8. The second programme component of Spring Protection is new. These schemes will be very cost effective and would help to cover large populations with small capital investments. Spring protection will be implemented in all 22 hill districts starting with 683 schemes the first year and then gradually increase the number of schemes to 1383 the last year of the programme period. In total, 6409 schemes will be constructed benefitting some 313,000 people. It is expected that the women involvement component will reach 63,000 people. While the main implementing agency is MHPP, it is anticipated that a number of NGOs can participate in this simple technology.
9. The third programme component of Shallow wells with low-lift or suction handpumps will be implemented in all 11 districts of the terai, following the same strategy as currently undertaken in the eastern terai. Manual drilling techniques are very cost effective (US\$ 4.1 per capita) and very suitable in the high density populated terai. By 1996, it is expected that 13,580 such wells will be drilled by MHPP and NGOs and equipped with suitable handpumps providing safe water supply to approximately

1,765,400 people. At the same time, it is anticipated that 1,412,320 people will get access to health education through the women involvement component.

10. The fourth programme component of mechanically drilled Deepwells with high lift handpumps is also new without prior experience in Nepal. A considerable training and capacity building programme will be undertaken to establish this new technology both within MHPP as well as the private sector. By 1996, 824 deepwells will be completed, providing safe water supply for approximately 165,000 people mainly in the foothill areas between the hills and the terai where manual drilling is impossible and gravity flow too expensive. Some 50,000 people are anticipated to benefit from the women involvement health education programme.

11. The fifth and final programme component of Project Support will be provided by posting two UNICEF assisted units within MHPP. These are the Water Supply Development Unit to strengthen national capacity, monitoring and technical development and the Central Sanitation and Training Unit to deal with sanitation policy developments, training, workshops and seminars.

INTRODUCTION

12. Diseases relating to poor sanitation affect the health and nutritional status of the whole community in Nepal. The most important are diarrhoeal diseases, parasitic worm infestations and infections of the skin, scalp and eye. Factors contributing to these diseases and their effect on health are many, but the most significant are the availability and quality of water, practices of personal and home hygiene and disposal of human excreta and refuse. Infants and children are particularly susceptible to diarrhoea and dehydration, accounting for 44% of the deaths in the under five age group, (about 45,000 per year) with one death per 386 diarrhoea cases in Nepal.

13. The traditional culture has its own perceptions of the cause and prevention of disease, which do not always correspond to modern scientific concepts. Thus, despite a high mortality and morbidity rate for the whole population, there is little motivation to change hygiene practices. Open defecation, often near water sources, is widely practiced, in both rural and urban areas. In order to improve the availability of water, many improved drinking water points have been provided over the last twenty years by His Majesty's Government with UNICEF assistance. This intervention alone did not bring about any significant health improvements among the beneficiaries. Prevailing practices for collection and storage of water for domestic use very often lead to contamination. Combining water supply construction with a strong sanitation education component is considered essential. Sanitation promotion through Water Supply and Sanitation Technicians (WSSTs) was introduced in 1981, which met with limited success. The reasons are linked to the tradition-bound culture: WSSTs are almost exclusively male, giving them limited access to women in an educative capacity. Women, however, are the main beneficiaries of water supply and sanitation programmes, being the water carriers, the caretakers of the family health and the teachers of hygiene practices.

14. Women and children particularly in the hills, spend much time and energy in fetching the minimum quantity of water required for domestic needs. By providing safe water closer to the home, time spent in fetching and carrying water and looking after sick children is reduced. These time savings can then be spent on other activities, including child care, literacy classes, income generating activities and so on.

15. The term "Sanitation" refers to the transfer of knowledge about personal, domestic and environmental hygiene, to effect changes in attitudes and practices, thus improving community health and well being. Safe excreta disposal is not seen as the only indicator of improved sanitation. Indicators of change in knowledge, behaviour and health will be monitored frequently during the community water supply and sanitation with women's involvement programme and after its completion.

16. Changes in habit and behaviour are brought about in most cases over a long period of time. As such it is necessary to provide health education to the rural population over a considerable period of time. Given the long time between site selection and arrival of construction materials (sometimes 12 months) and given that it takes sometimes one year to complete a scheme, adequate time is available to expose the beneficiaries of a scheme with repeated health education. Adequate facilities to practice such learning must also be made available in homes, schools and other institutions. It is essential to link the "Community Water Supply and Sanitation with Women's Involvement" programme with the other development programmes in the project area.

17. By 1990, the public sector programmes provided water supply to an estimated 34 percent and sanitation to about 3 percent of the rural population. However, there are a significant number of damaged or broken gravity flow schemes and handpumps due to lack of maintenance. The World Bank sector document quotes a figure as high as 92% of DWSS projects in a state of serious disrepair. In those improved schemes which are providing adequate service, some assumed beneficiaries still use their traditional sources such as ponds, streams because new water points are less conveniently located or provide water with unfamiliar colour, taste and odour.

18. Several problems and constraints had an adverse effect on the effective delivery of and the realising of the full benefit of improved water supply and sanitation: shortage of trained manpower at district level, insufficient health education to communities, hurdles in community participation, especially the involvement of women and lack of coordination among sectoral agencies. These constraints need remedial action.

19. This programme will focus attention on the children and women of the Central and Eastern Development Regions, within the framework of a National Programme. It will provide potable water to some 2.5 million rural inhabitants. It will build up the capacity to provide access to knowledge about sanitation to new water supply beneficiaries, totaling 1.6 million rural inhabitants by 1996. The programme will act as an entry point for many other activities. UNICEF assistance to the urban population will be covered by Urban Basic Services.

20. Integration is the crucial factor for a successful and sustainable water supply and sanitation programme. Therefore, the women's involvement activities will be integrated with rural water supply and sanitation programme under the jurisdiction of the Ministry of Housing and Physical Planning (MHPP) in the Department of Water Supply and Sewerage (DWSS).

GEOGRAPHIC COVERAGE AND TARGET POPULATION

21. During the 1988-92 period, the UNICEF/HMG CWSS programme covered some 43 districts in all five Development Regions. In this Plan of Operations period, UNICEF assistance will be concentrated in 33 districts (22 Hill and 11 Terai districts) in the Eastern and Central Development Regions. Continuation of support to operation and maintenance activities in Mid and Far West Regions and support to SFDP and PCRW project in the three regions is planned.

22. The criteria for the selection of this reduced geographical area are as follows:

- HMG preference for geographical division among external support agencies to have uniform criteria for implementation and higher population coverage and better coordination.
- Preference to districts with below average community water supply coverage and low per capita cost.
- Exclusion of districts covered by other external support agencies.
- To fully utilise the reduced UNICEF staff available during 1992-96.

23. The geographical areas covered by UNICEF assistance during this Plan of Operations 1992-96 are given in Figure 1.

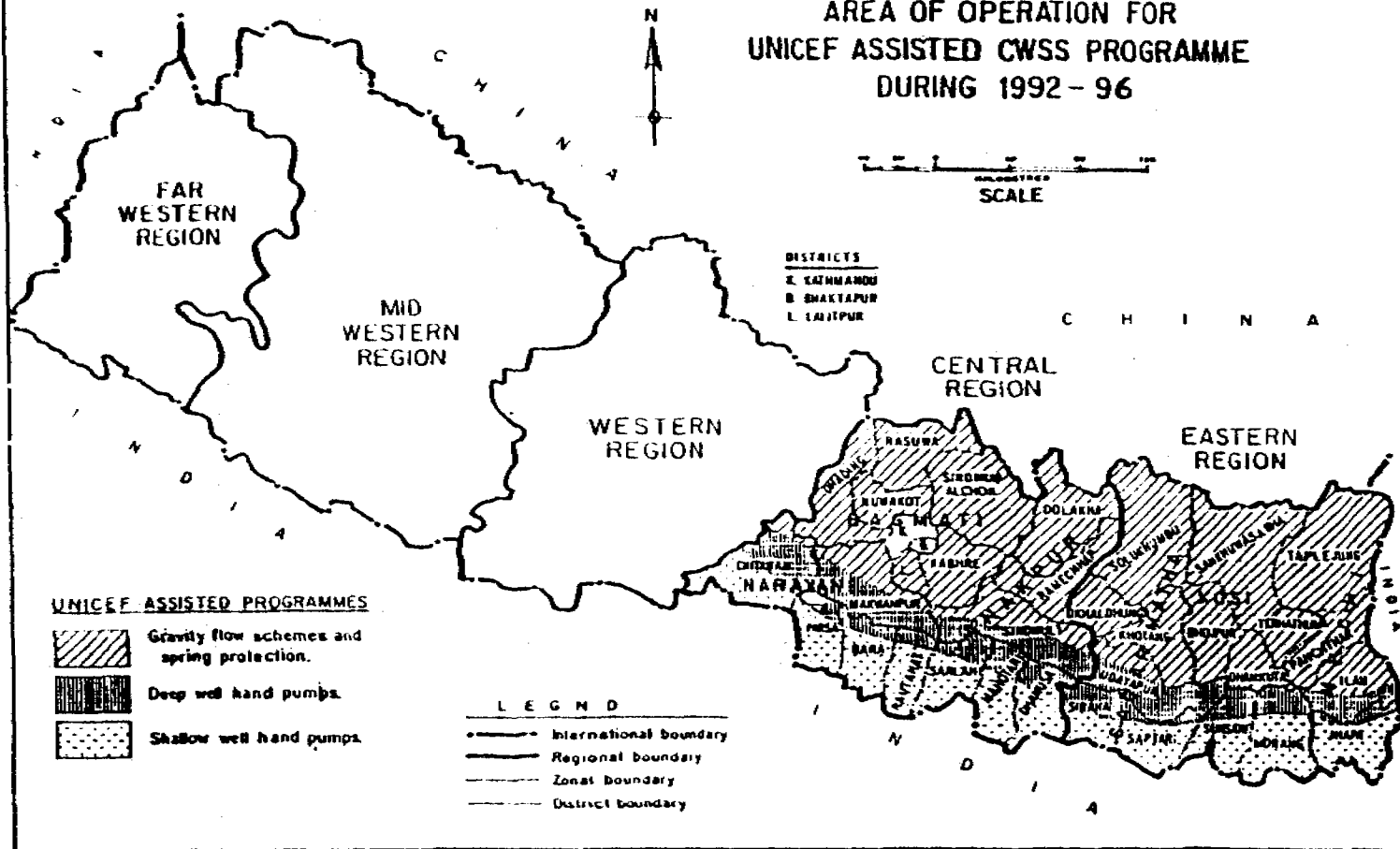
TARGET POPULATION

24. The UNICEF-HMG cooperation will concentrate on providing community water supply and sanitation with women's involvement activities, to the rural population of the Eastern and Central Development Regions of Nepal, in total 22 Hill districts and 11 Terai districts to reach a higher population coverage and impact. Those areas covered by other external support agencies are excluded, to have geographical concentration by each of the donors. The priority is to cooperate in districts where the per capita cost is low and population density is high. The target groups represent about 52 percent of the total population of Nepal.

NEPAL

Figure 1

AREA OF OPERATION FOR UNICEF ASSISTED CWSS PROGRAMME DURING 1992 - 96



Location of External Support Agencies working in on-going Rural Water Supply Projects in Mid, Far and Western Regions. (Situation Analysis mid-1991)

Far Western Region

- ADB - All 9 districts
- SNV - 2 remote districts
- SSNCC/WA - 1 district

Mid Western Region

- ADB - all 15 districts
- CIDA - 3 districts
- USAID - 5 districts
- JRCS/NRCS - 3 districts
- SNV - 5 remote districts
- SSNCC/WA - 1 district
- Gorkha Welfare - 2 districts

Western Region

- Helvetas - 10 districts
- FINNIDA - 6 districts
- JRCS/NRCS - 6 districts
- EEC - 2 districts
- LWS - 1 district
- Redd Barna - 1 district
- SCFIUSA - 1 district
- SSNCC/WA - 2 districts
- Gorkha Welfare - 1 district

25. Women, particularly mothers will be the specific target group to ensure maximum impact on community health. This will be done by promoting their active involvement in the community decision-making processes and providing them with knowledge about personal, domestic and environmental hygiene.

26. The programme will provide potable water to approximately 2.5 million people by 1996, increasing the coverage of water supply in the project area to just over 50 percent which is close to the target set by HMG as per para 28 below. Approximately 1.6 million people will by 1996, have received repeated sanitation education through the women's involvement component. It is anticipated that a large number of the project population will construct their own pit latrines. In the hill areas, simple pit latrines of locally available materials are appropriate. In the Terai area, cement lined pits are necessary because of the high water table. Subsidies for this cement will be made available for an estimated 26,950 of the poorest households of the Terai at the request of the beneficiaries.

NATIONAL GOALS AND OBJECTIVES

27. The Rural Water Supply programme has been implemented by HMG for about four decades with its resources. The programme has been expanded further from 1971 onwards through external support agencies. During the Drinking Water Supply and Sanitation Decade (1981-90), water supply got an impetus of rapid expansion and growth which is to be increased further in the nineties in line with the Declaration of the World Summit for Children, the Global Consultation on Water Supply and Sanitation and targets set for the year 2000.

28. HMG can continue the community water supply programme in a limited manner, even if external support were decreased. With the present pace of implementation through external support, the aim to cover 60 percent of the rural population with safe drinking water supply by 1996 is modest. To reach 20% coverage with sanitation facilities and knowledge about personal, domestic and environmental hygiene will require considerable efforts. To achieve the extended drinking water supply and sanitation targets to cover 100 percent coverage of the population with water supply will take many more years. Improved sanitation habits will take much longer. Therefore, it is imperative to emphasise the need to continue to enlarge and co-ordinate external support in future.

29. Based on the past experience of construction and maintenance of water supply and sanitation facilities, and on the Decade goals as set in the Declaration of the World Summit for Children, HMG has established the following national objectives for Community Water Supply and Sanitation:

- a. The provision of safe drinking water to 75% of the rural and 90% of the urban population by the year 2000.
- b. Extensive rehabilitation programme to rectify those schemes requiring major repair/rehabilitation.
- c. The strengthening of the community based operation and maintenance system for all the water supply systems in the country, by regular and periodic training to the Village Maintenance and Sanitation Workers (VMSWs) and Users' Committee Members (including at least two women members on each water Users' Committee).
- d. To encourage 25% of the rural and 75% of the urban households to build sanitation facilities by the year 2000, through the provision of sanitation education.

OVERALL AIMS OF HMG-UNICEF COOPERATION

30. The overall objectives of the programme are:

1. To ensure maximum impact on the community health through access to knowledge about personal, domestic and environmental hygiene, through the involvement of women.
2. To contribute to the reduction in the infant and child mortality and morbidity rates.
3. To reduce the incidence of diseases related to poor quality water through measures to prevent contamination at source and the promotion of safe handling and storage practices for potable water.
4. To provide sufficient quantities of safe water for personal hygiene and other domestic and environmental hygiene purposes.

5. To reduce the time and energy spent by mothers and young girls in fetching water over long distances.
6. To reduce the poor nutrition status and micro-nutrient deficiencies among children.

SPECIFIC OBJECTIVES

31. The specific objectives of the community water supply and sanitation with women's involvement programme are:

1. To increase reasonable access to adequate quantities of safe water supply for personal, domestic and environmental hygiene purposes from 35 percent to 50 percent of the rural population by 1996.
2. To increase the rural population's access to knowledge about personal, domestic and environmental hygiene and safe excreta disposal from about 3 percent to 12 percent by 1996.
3. To promote more active involvement of women in all stages of the planning and implementation of community water supply and sanitation with women's involvement and promote their involvement in other developmental activities.
4. To advocate behavioural changes in the collection, storage and use of water to prevent contamination and the spread of water-borne diseases. Women will be the target group, due to their special functions in the household.
5. To promote awareness among the rural population on the importance of personal, domestic and environmental hygiene, particularly among young women, mothers and primary school children to reduce the incidence of diarrhoea for under 5 year olds by 35% and the incidence of intestinal worm infestation and to reduce skin and eye infections by 25% in the project areas.
6. To strengthen the community based operation and maintenance system with active involvement of women in the Users' Committee and as VMSWs in gravity flow, spring protection, shallow and deepwell handpump schemes.
7. To provide water supply, latrines and sanitation education to approximately 2,200 schools and 700 health posts in villages and municipalities in the areas covered by the programme.
8. Technical support will be extended to other UNICEF assisted sectoral programmes such as UBS, PCRW, SFDP, Health, Nutrition and Basic Education throughout the country. Priority in providing water supply will be given by MHPP/DWSS to PCRW and SFDP assisted villages.
9. To strengthen the capacity of the Department of Water Supply and Sewerage (DWSS), Nepal Red Cross Society (NRCS), WaterAid and local Non-governmental Organisations (NGOs) to accelerate the pace of implementation, delivery of services, monitoring and evaluation of the programme.

PROGRAMME STRATEGY

The following strategy for implementation of the programme is based on the field experience gained over the last 20 years:

COMMUNITY WATER SUPPLY

32. In the hills, the procedures for community involvement, the framework for project design, construction, operation and preventive maintenance of gravity flow schemes have been formulated in the policy directives issued by MHPP in 1990 and amended in early 1991. Communities requiring improved water supply schemes, submit requests to the District Development Board. The District Development Board prioritises all such requests and forwards them to the District Water Supply Office.

A preliminary study of the projects is undertaken by the staff of the DWSO. A feasibility survey of the project will only be carried out after the formation of a users committee. This committee consists of 9 members including at least two women. Technical staff of the DWSOs will actively participate in the formation of the users committees. The responsibilities of the users committees are to assist with the feasibility study, settle disputes over access to the water source, mobilise community participation and actively participate in the construction of the project.

33. An Overseer and a WSST of the District Water Supply Office will visit the village and conduct a feasibility study. In the districts with the intensive Women Involvement Programme, the Sanitation Supervisor will accompany the survey team. The team will measure the discharge volume of proposed water sources, assess people's interest to provide voluntary labour, the involvement of women in the water users committee as tapstand volunteers, and their willingness to initiate community funds and take charge of operation and maintenance, etc. If feasible, the scheme will be included in the annual budget for implementation. A community based water supply scheme will be implemented after approval by the concerned authorities. After completion, the project will be handed over to the community for them to take responsibility for the operation and maintenance. The District Water Supply Office will provide regular technical support to the community in repairs whenever necessary. With this procedure, the community feels a sense of ownership towards the water supply project, resulting in better upkeep and maintenance.

34. In Eastern and Central terai regions, the population expansion (4.8%) is much faster than in the hills (1.8%). This is mostly due to migration and it is imperative that the programme meets this demand. The main principle in the implementation strategy in the terai areas will be intensive participation by the communities with sanitation women involvement programmes. The amended policy directive issued in early 1991 has devoted a clause on the tubewell programme. It includes the project selection, construction, village participation, operation and maintenance procedures, and other relevant areas.

35. Central level support will be provided by posting two UNICEF assisted units with their respective units. Each UNICEF staff member will be assigned with an HMG counterpart.

Water Supply Development Unit (WSDU) through strengthening national capacity, monitoring and technical development. It will also serve as a technical support unit to other UNICEF assisted programmes such as Urban Basic Services (UBS), Production Credit for Rural Women (PCRW) and Small Farmer Development Programme (SFDP). The WSDU will be composed of:

- A Unit Chief, who will have a background in hydro-geology and project management (PO)
- A civil engineer specialised in O&M policy (APO)
- A civil engineer specialised in water and sanitation material production and procurement as well as in store management (APO)
- An office assistant

The Central Sanitation and Training Unit (CSTU) attached to the Sanitation Unit and Central Human Resources Development Unit of DWSS will deal with policy development, training / workshops / seminars and exchange visits etc. Like WSDU, it will also serve as a technical support unit to other UNICEF assisted programmes such as UBS, PCRW and SFDP. The CSTU will be composed of:

- A Unit Chief, a post graduate in health education/social sciences (PO)
- A Training Coordinator, a sociologist with experience in WATSAN related training (APO/PO)
- A Women's Involvement Officer, a female sociologist or sanitary engineer with experience in rural sanitation (APO)

36. Expatriates from 5 voluntary organisations, namely SNV, APC, GVS, JOCV and VSO have been involved for some years in the HMG/UNICEF programme. This involvement will be continued as it brings substantial benefits to the programme. They will be placed with National HMG

Counterparts as Maintenance Coordinators, Sanitation Officers and Sanitation Coordinators at Regional or joint District level. They will be provided with clear job responsibilities and lines of support.

37. To complement the network of DWSOs, DWSS is planning to establish sub-offices at ilaka level. It is expected that this deployment of technical manpower will improve the efficiency in the construction, operation, maintenance, spare parts delivery and technical assistance support and improve the efficiency of gravity flow, spring protection, shallow and deep tubewell water supply schemes.

OPERATION AND MAINTENANCE

38. During the last two decades of the HMG/UNICEF CWSS and TTP programmes there has been progressive improvement in the community-based operation and maintenance systems. However, low priority is still attached to these components as compared to construction related activities.

39. The aspect of community-based operation and maintenance is highlighted in the Directives issued by MHPP which will be effective to all projects irrespective of the donor agency involved. Feasibility study, project agreement, hand-over, training of Village Maintenance Workers, support from the District Water Supply Office, and community funds are a few areas where community involvement has become mandatory in operation and maintenance.

40. The willingness of the community to take up responsibility for the scheme largely depends on the extent of their "real term" involvement in their project. The project will provide support to the Users' Committee by developing managerial, accounting, community mobilisation skills in its members. The project staff will train Village Maintenance and Sanitation Workers (VMSW), and Maintenance Volunteers in the Terai Tubewell Project to learn skills required for routine maintenance and motivational work. These people will be selected by the Users' Committee.

41. Maintenance and Sanitation Technicians (MSTs) will visit completed projects at least two times each year for mobilising the UC and providing the necessary support to the VMSW. The MST will prepare status reports of each project once every year to assess the operations of the scheme. Repair and support activities will be based on the primary information provided by the MST. Secondary information will be required for the Regional Offices and the Department in order to develop the vital support link required for operation and maintenance.

42. A Maintenance Unit will be based under the responsibility of the District Engineer in all of the District Offices. Each unit will consist of at least two MSTs, four Repair Technicians (RTs) one Maintenance Supervisor (MS), and a part-time Assistant Engineer (AE). The MSTs are not to be given the added responsibilities of undertaking repair as this is detrimental to their contributions in routine maintenance and support to the UCs. For an initial period, expatriate volunteers will be assigned as Maintenance Coordinators (MCs) covering three districts. The MCs will be withdrawn as district capacity increases and the regional support mechanism is strengthened. The Regional Office is to be staffed by a full time Assistant Engineer who will be required for support, monitoring and evaluation of the programme. The WSDU will work in close association with the Monitoring and Evaluation Unit and the Maintenance Unit of the Department.

43. Routine maintenance, cash or kind remuneration for VMSWs, unskilled labour and all local materials for repair work will be provided by the community. HMG will continue to support all project costs, skilled labour and transportation costs. UNICEF will contribute the necessary supplies required for projects requiring repair whilst promoting total transfer of the responsibility for this activity towards the users themselves. This process will also include motivating local businesses to manufacture the spare parts required.

44. Past attempts to create community funds have been arbitrary and solely dependent on initiatives taken by motivated project staff. The possibilities for mobilising community funds need to be explored. The community must be oriented to undertake fund raising activities and to collect regular contributions from its members through a flat rate charge set by the community. The women volunteers of the Sanitation and Women Involvement component will be trained to assist. The purpose of the fund should not be limited to the payment of the VMSW but to have access to subsistence funds for repair of the water system after five years of fund accumulation. The fund collection by the Users' Committee from the community will commence immediately after the project is found to be feasible.

45. The community is to be oriented for fund raising activities including regular consumer fund collection during the initial community meeting after assessment of feasibility of the project. Selections

of projects will also be prioritised according to the effort taken by the community to raise funds with the evidence of a bank statement provided by the community, along with other criteria specified in the Directives.

46. The community is to deposit the funds collected in the UC's account in any of the banks close to the project area with the assistance of the District Office. Statement of accounts will be required to be submitted for requesting any repair work. Repair work will be carried out provided that a certain percentage of the cost of assistance provided by the project is cumulatively deposited in the community account in addition to the regular monthly collection. The funds will only be utilised when the project is unable to give support and the community needs to buy spare parts from the open market. The District Office will be required to coordinate with the banks in order to monitor. The funds are to be utilised for total funding of repair works.

47. The District Offices will be provided with a buffer stock of essential spare parts to meet requirements for routine maintenance. The requirements for repair will only be supported after assessment. It is hoped that future "ilaka" posts will be able to meet the operation and maintenance requirement for both supplies and service delivery.

48. As operation and maintenance costs of installations are within the means of the community, the process of funds collection, and supplies delivery through the cooperative networks for projects with DWSS and through the District Nepal Red Cross Office for projects with NRCS will be continued.

49. Operation and Maintenance for Deep Tubewell Installations may be beyond the means of the community and hence a similar process as that for the gravity system is to be adopted.

50. The staffing requirement for TTP will be higher due to the larger amount of coverage expected. The existing cooperative network for access to delivery of spare parts is already at the "ilaka" level. In the coming years, the project will progressively work to bring the delivery of services closer by making spare parts available from each of the Village Development Committees. The spare parts will be procured utilising the funds collected by the UCs and supplied to the respective VDCs.

51. The women members of the community will be encouraged to actively participate in all operation and maintenance related activities. Women, wherever possible, will be encouraged to work in the capacity of VMSW or maintenance volunteer. The women volunteers and "sevikas" will assist in community fund raising activities.

SANITATION AND WOMEN'S INVOLVEMENT

52. The positive results from the women's involvement pilot projects in the hills and the female health educators in the terai has led to the realisation that the sanitation habits of a community do not significantly improve without the active participation of women. Sanitation Units will gradually be established in all District Water Supply Offices under the responsibility of the District Engineer (DE). The units are responsible for planning, implementing and following up for all Women Involvement and Sanitation activities. Within five years, the intensive sanitation and women's involvement component will be extended to cover all 11 districts in the Terai and continue in the ongoing 3 districts in the Hills. In each of the remaining districts one Sanitation Coordinator will be employed to initiate district sanitation co-ordination.

53. Each sanitation unit will comprise of one Sanitation Coordinator (SC), one Sanitation Supervisor (SS) and 2 pairs of Women Workers (WWs), for gravity flow systems and 1 SC, 1 SS, 5 pairs of WWs in the terai districts for shallow well handpumps. Expatriate volunteers will be deployed in the District Water Supply Office and gradually phased out after placement of national Sanitation Coordinators. Responsibilities will gradually be shifted, so that in the third year of this cycle the National SC will be fully responsible for the programme. The numbers of expatriate volunteers have been worked out on the basis of phasing out in this manner. While all the districts in the terai will have full-fledged sanitation units, only 3 districts in the hills will have a similar set-up by 1996. The remaining 19 districts will only have a sanitation coordinator employed and will be expected to carry out her work with the help of the WSSTs, overseers and local NGOs extensively assisted by the UNICEF APO for Sanitation. The staffing situation will be gradually increased starting with the existing structure from January 1992. Similarly, the Government will support 50% of the salary and allowances throughout the period. The 66 staff members of the Sanitation and Women's Involvement component will be fully assimilated into the government structure by the end of 1996.

54. To ensure coordination between the District and Central level, a Regional Sanitation Unit will be established for the Central and the Eastern Region and the Terai area. These units will comprise of 1 Sanitation Officer, 1 Assistant Officer for Training (AOT) and 1 Assistant Officer for Monitoring (AOM).

55. Involvement of women will commence at the planning and design stage and will be well coordinated with the construction, operation and maintenance of the water supply schemes. Women's views and recommendations will be taken into account regarding the selection of sources, the siting of tapstands and the organisation of the labour. In the hills, the water users of gravity-flow water supply schemes will select one young and active person, (preferably a woman), to be trained as the Village Maintenance and Sanitation Worker (VMSW). The water users of each of the water points provided by gravity flow and spring protection schemes, will select one woman sanitation and maintenance volunteer (Sevika). In the terai and boulder areas, the water users of each shallow-well or deep-well handpump will select two women sanitation and maintenance volunteers (Sevikas) for each handpump. Where female Community Health Volunteers (CHVs) and Traditional Birth Attendants (TBAs) are represented in the user groups, they will be given preference for selection as sevikas. The sevikas of each water project will form a sanitation committee. Two sevikas from all projects with less intensive approach will be trained by the District Sanitation Unit to disseminate knowledge to the community through the sanitation committee. Local NGOs and teachers will be trained and assimilated into the programme wherever possible. Efforts to broaden the base at the community level and selection of projects in coordination with other development activities in areas on sanitation/health education will be coordinated for districts with the less intensive approach.

56. At least two sevikas will be elected onto the water Users' Committee and will be encouraged to actively participate in organising community participation for construction and maintenance of the water supply scheme. These sevikas will receive training from one pair of SWWs, to provide them with knowledge about personal, domestic and environmental hygiene, to motivate them to improve their hygiene practices to enable them to transfer their knowledge to other water users and to motivate them to improve their hygiene habits as well as their self-esteem and to enable them to participate in the community decision making processes and other development activities.

57. Sanitation Women Workers play a key role in the programme. Their motivation and communication skills determine how successful the programme will be. Motivated women with class 8 to SLC pass will be able to fulfil this need after adequate training and some experience.

58. Sevika training will be provided on the following subjects necessary for the prevention of communicable diseases over a one week period followed by monthly meetings and household visits in a one year long intensive period immediately following the site selection.

- a. Personal hygiene / Domestic hygiene / Environmental sanitation
- b. Diarrhoeal diseases / ORT
- c. Immunization and other common communicable diseases.

A small sanitation kit and related materials will be provided during the sevikas training.

59. Education methods need to convey messages that are innovative and appropriate for non-literate women through different methods, media and channels.

60. Orientation Workshops and Seminars will be organised for district engineers and overseers to inform and familiarise them with the Sanitation and Women's Involvement Programme.

61. Follow-up on the programme is very important and will be done in the second year. The SWWs will return to the site several times during that second year for meetings, household visits, water point monitoring and household monitoring. A second four day training will be run for the sevikas, concentrating on subjects covered previously and water system and water-point caretaking, maintenance and communication skills. New subjects such as immunisation and family planning motivation, nutrition, kitchen gardening, and smokeless stove construction and use can be introduced where there is a demand.

62. Participatory monitoring by the SWW's and Sevikas at water points as well as at individual household level is required in order to provide information about progress in change of knowledge, practices and behaviour of the beneficiaries. Taken from the baseline, this provides important material for programme targeting and evaluation procedures and motivation to the people working on effecting these changes. Periodical water quality testing (chemical and bacteriological) on a random basis will be undertaken by the Sanitation Supervisor.

63. Sanitation Promotion Campaigns will be carried out by the WSSTs and SWWs in a joint effort. The campaigns last about 4 to 8 weeks and take place prior to construction. These promotional activities will make the community aware of the programme and of the villagers' roles and responsibilities. In the districts without SWWs, all necessary support will be given to the WSSTs to implement sanitation promotion activities.

64. Education provides the opportunity for collective thinking and is a perceived need of the community. The use of non-formal education packages as a vehicle for sanitation and health promotion has been used through the District Education Inspectorates in other areas of Nepal. On a pilot basis, the WSSTs / SWWs will monitor and follow-up the non-formal education and take regular classes on safe drinking water, sanitation and health. District Education Inspectorates should be informed of potential project sites as early as possible, to ensure that trained facilitators are available for the start of the construction period. Post-literacy packages will be taught by the same facilitators with the support of technicians / SWWs. If the programme is successful, it will be expanded to all districts in the Central and Eastern Regions.

65. Subsidies for latrines in the programme area will be limited to areas where a durable sanitary latrine cannot be constructed out of local materials. In the terai, where the high monsoon water table leads to soil collapse, cement ring pit linings are required. The current 50% subsidy will be reduced to 25% in order to cover the cost of cement only (about US\$ 10 per household) and reserved for the poorest households. Production of latrine units will be gradually increased from 250 units in the on-going districts to 750 to 1000 units by 1996 for the terai districts. This would amount to the production of a total of 26,950 units. Demand for latrines will be generated through sanitation education rather than financial incentives. Generally, in the hill districts, durable sanitary pit latrines can be made out of locally available wood, bamboo, rock and mud. In such areas, subsidies will not be provided. People will be encouraged to select their latrine types depending on culture, habit and affordability.

66. Strengthening the coordination capacity of the Local Development Officer (LDO) is required. In each district, a District Water and Sanitation Coordination Committee (DWSCC) will be formed, chaired by the LDO, supported by the DE and the Sanitation Coordinator and comprising of the Women Development Officer, District Education Officer, District Public Health Officer, District Housing and Physical Planning Officer, representatives from the other relevant Government offices and all relevant INGOs and NGOs. This committee will meet bi-monthly to share ideas and experiences relating to water and sanitation with women's involvement within the district. Through the sanitation coordinator, the most needy communities in the district can be identified and a consistent sanitation policy and procedure can be followed.

67. Sustainability of the HMG-UNICEF assisted programme is dependent on the beneficiaries. More follow-up is necessary to ensure that individuals motivated by their new found knowledge in personal, domestic and environmental hygiene continue to practice improved hygiene. Linkages with health, women's development and education are essential to ensure the desired and planned improvements in community health.

68. The communication and teaching materials for safe drinking water, environmental sanitation and health education will be produced in cooperation with the UNICEF PSC section, and will be distributed free of cost to HMG, INGOs and NGOs. Community Health Volunteers will be invited to attend sevika training and will be involved in the health education campaigns in project villages. The provision of safe domestic drinking water supply and sanitation facilities will achieve definite improvements in the general health and nutritional status of mothers and young girls. The responsibility for maintenance and monitoring health and nutritional improvements lies with the CHVs, VHWs, Health Posts and District Public Health Offices.

69. Approximately 2200 schools located within water supply scheme areas will be provided with water points and latrines. A member of the school staff is designated to ensure proper use and maintenance of the facilities. Staff are expected to provide regular sessions on personal, domestic and environmental hygiene, supported by the SWWs / WSSTs. Close cooperation is essential. Drinking

water, sanitation, and health teaching and educational materials will be provided for use by the school after the programme staff have left the project site. Whenever possible, primary schools in municipalities will be covered by the programme to sites identified by the Urban Basic Services Programme. Support will also be extended to volunteers and NGOs who submit a proposal and request from schools for the construction of school latrines.

70. Health Posts within the water supply scheme area will be provided with water points and latrines, i.e. approximately 710 units. Health posts in areas which have already received water supply schemes, will also be provided with latrines. Health post staff are expected to ensure proper use and maintenance of the facilities. Health post records will provide important baseline statistics on morbidity and mortality rates, including prevalence and severity of diseases relating to water and poor sanitation i.e. diarrhoea, worm infestations and infections of the skin and eyes. Health post staff will be invited to support sevika training. Close cooperation between health post staff and programme staff will be essential. Sanitation teaching materials will be provided for use by the Health post after the programme staff have left the site. Health post staff, Village Health Workers and Community Health Volunteers should identify particularly needy communities for water and sanitation programmes and provide the follow-up support to the sevikas after programme completion.

71. Women Development Officers' requests for water supply schemes will be given due consideration. In these sites the Women Development Associates will be expected to work alongside the Sanitation Women Workers. Exchange in ideas and work approaches will strengthen the women's involvement in the water supply and sanitation component of the Women's Development Office. Close cooperation between the Women Development Officer and her staff and the Sanitation Unit is essential. Sanitation and teaching materials will be provided on demand for use by the Women Development Officers.

72. Small Farmer Development Programme Office requests for Water Supply Schemes will be given due consideration. The field network, small farmers group promoter, Women Group Organisers, and Group Organisers of ADB-N/SFDP will be mobilised for project execution. Close cooperation between the MHPP/DWSS and ADB-N/SFDP field staff is essential, since DWSS will be the main implementing agency.

73. Non-governmental Organisations are generally flexible in their approaches to community development. Water supply is seen as an integral part of their community health programmes. NGOs like WaterAid, NRCS have also developed their own approaches to water, sanitation and health activities. A close cooperation aimed at sharing resources and pooling experience will lead to improvements in each programme alike. Locally initiated NGOs, established by motivated local people, request water supply programmes through SSNCC/WaterAid. A centrally located NGO will be able to respond to their needs. NRCS will concentrate its efforts in the Central terai. These NGOs will be major partners in this HMG/UNICEF programme.

74. As from 1992, UNICEF will be concentrating its cooperation with HMG in implementing the CWSS programme in the Central and Eastern Regions. However, since UNICEF will be providing technical support to PCRW and SFDP in the Mid/Far-Western, and Western Region, with Drinking Water and Sanitation as one of the priority activities, the DWSS/MHPP will provide technical support to the PCRW/SFDP programme villages in the Western, Mid and Far-Western Regions. From the Central level, WSDU and CSTU will extend technical assistance in training, developing implementation procedures etc., to these projects in the Western, Mid and Far-Western Regions. UNICEF financial assistance for Water and Sanitation projects in SFDP and PCRW areas in these three regions will be covered under the Community Based Programme. UNICEF will support phasing out activities for Mid, Far-West and Western Regions and continuation of operation and maintenance in Mid and Far-Western Regions throughout this PlanOps period.

75. Minimum support required at various levels to HMG is as follows:

COMMUNITY WATER SUPPLY

Activities :	Support to be given to :	Type of support :
At Community/Ward Level Initial consultation and discussion for programme planning; Community mobilisation; Programme Orientation; Training Construction Activities; Maintenance; introduction of micro-planning at ward level.	Community; Users' Committee Members; local Leaders; local NGOs; Maintenance Workers; Sevikas; Women Tapstand's Caretaker Group; Community Health Volunteers.	Programme orientation; technical, material and cash support; resource person (if needed), assistance to complete micro-planning questionnaire.
At Ilaka Level Establish Ilaka level unit to implement local level appropriate spring protection technology.	Ilaka level WSSTs Plumber in-charge, pair of SWW's.	Training on low-cost appropriate technology and women's involvement activities.
At District Level Planning and budgeting training/orientation workshop. Establishment of Maintenance Unit. Aggregation of micro-planning data from ward/community level.	District Engineers, SCs, SSs, Overseers, WSST's, SWW's, School teachers, Maintenance and Sanitation Technicians (MST's).	Programme policy guidelines; office equipment and furniture; technical and cash assistance; study and exchange visits; support through WSDU and CSTU.
At Regional/Central Level Planning and monitoring policy and programme development; Material procurement and distribution; Store management; Training and orientation.	Regional Director, Sanitation Officer, Asst. M+E Officer, Asst. Training Officer, Storekeeper, Maintenance Coordinator.	Technical support; resource allocation; establish inventory system; study tours; UNICEF policy guidelines; support through WSDU and CSTU.

SANITATION WITH WOMEN'S INVOLVEMENT

At Community/Ward Level Community mobilisation, sanitation, health and hygiene promotional activities; training; Follow-up activities; Introduction of micro-planning at ward level.	Community and Users Committee Members; Sevikas, Village Maintenance & Sanit. Workers, CHVs; local NGO-members, school teachers, Health Post staff and Village Health Workers.	Training/Orientation; exchange visits; training and education materials; resource persons (if needed); assistance to complete monitoring forms.
At Ilaka Level Orientation/training of health post staff.	Health Post staff.	Training/orientation on sanitation, health and hygiene; teaching materials; cash assistance.
At District Level Programme planning/budgeting, Training/Orientation Workshop; Establish sanitation unit; Aggregation of micro-planning data from ward/community level.	District Engineers, Overseers, WSSTs, Sanitation Supervisors/WWs/Women Sevikas, Sanitation Coordinators, School teachers, Women Development Officers.	Programme policy guidelines; resource person; cash assistance; education materials; exchange visits; study tours; support through WSDU and CSTU.
At Regional/Central Level Programme policy development; Budgeting/planning/monitoring; Workshop/Orientation; Establish Sanitation Unit.	Regional Director District Engineer Asst. Monitoring + Evaluation Officer, Asst. Trg. Officer, Asst. Project Officer - Sanitation.	Resource allocation; resource person; material support; study tours; support through WSDU and CSTU.

THE HMG/UNICEF PROGRAMME (1992-96)

ACTIVITIES TO BE PHASED OUT (Mid/Far and Western Regions)

76. The fiscal year 1991-92 of His Majesty's Government runs from mid-July 1991 to mid-July 1992. As such, the on-going CWSS activities of the year 1991-92 under the Plan of Operations 1988-92 will be carried out till mid-July 1992, while at the same time the new PlanOps 1992-96 will become effective from January 1992. As a result, some financial adjustments have to be made to allow the continuation of on-going activities till July 1992.

77. For the Eastern and the Central Regions, this will not have implications on the budgetary allocation, since UNICEF is continuing its support to DWSS in the implementation of the CWSS programme under the PlanOps 1992-96. The resources, particularly the cash assistance required for continuation of the on-going activities till mid-July 1992 will be covered by the budget allocated in this PlanOps 1992-96.

78. In the Mid and Far-Western and the Western Regions, UNICEF is phasing out from 1992 its cooperation with DWSS/MHPP and Nepal Red Cross Society (NRCS) in the implementation of the CWSS programme. It is expected that other donors such as ADB, FINNIDA, Helvetas and others will continue providing assistance to DWSS/MHPP in these three regions. Nevertheless, some budgetary allocations may be required still to allow the continuation of CWSS programme activities from the previous PlanOps 1988-92 till mid-July 1992. The cash assistance that will be required is mainly for meeting the cost of conducting training that have been planned to be conducted from January 1992 till July 1992, operational expenditures and salaries and allowances of national manpower.

79. Taking these facts into consideration, some additional financial input is proposed in this PlanOps for phasing out the CWSS programme with UNICEF support in the Mid and Far-Western and the Western Regions by July 1992.

80. The financial input required for phasing out the activities is shown below:

Region	UNICEF	HMG	NRCS	VILLAGE
Mid/Far Regions	238,000	194,000	-	45,000
Mid-Western (NRCS)*	500,000	-	179,000	75,000

* Project Proposal for Terai Rural Water Supply and Sanitation Project (Phase 1-B; August 1991-July 1992).

ACTIVITIES TO BE CONTINUED (Mid/Far-Western Regions)

81. All CWSS projects implemented by DWSS with UNICEF support are handed over to the communities. The benefitting communities are responsible for overall maintenance and operation of these completed water schemes. The new "Directives on Operation and Maintenance of Water Supply Projects" issued by MHPP provides guidelines on the maintenance and operation of completed water systems by the communities themselves. Until this directive becomes fully operational, a continuous support has to be provided to the communities for the maintenance activities which are beyond their capacity. This support will include the provision of spare parts, technical assistance and training of Users' Committee members and Village Maintenance Workers.

82. UNICEF will continue to provide assistance to DWSS/MHPP in the implementation of maintenance activities of these CWSS projects which have been constructed in the 13 districts of the Mid and Far-Western Regions with UNICEF support. UNICEF will supply essential spare parts for maintenance for the CWSS projects, provide support to CHRDU in conducting training of UC members, VMSWs and maintenance unit staff in the districts. Technical assistance to the maintenance programme in the Mid and Far-Western Region will be provided through the Water Sector Development Unit (WSDU) attached to DWSS.

83. In 13 districts in the Mid and Far Western Regions, District Maintenance Units will be established by DWSS/MHPP. Under the respective District Engineer, the unit will be headed by an expatriate volunteer as maintenance coordinator supported by an overseer, an RT and a MSTs. One engineer at each of the Regional Directorate Offices in the Mid Western and the Far Western Region will be given additional responsibility on maintenance programme. DWSS/MHPP will provide the salary and allowances of the overseers, RT and MSTs. DWSS will also provide the cash assistance needed by the communities to implement the maintenance and repair work of their projects.

84. Voluntary agencies will be invited to provide expatriate volunteers to work as Maintenance Coordinator in the 13 districts with CWSS projects in Mid and Far Western Regions. One expatriate volunteer will be assigned to look after the maintenance programme of two districts. The role of the expatriate volunteers will be to strengthen the district maintenance units by providing supervision, monitoring and on-the-job training of MSTs, RTs and Overseers until the unit is fully functional. One experienced expatriate volunteer will also be assigned to each of the Regional Directorate Offices to work as Maintenance Coordinator at Regional Level.

85. The financial input that will be required to continue the maintenance programme in the Mid and Far Western Regions is shown below (US\$ '000):

	1992			1993			1994			1995			1996		
	H	U	V	H	U	V	H	U	V	H	U	V	H	U	V
Maintenance activities	20	25	11	20	25	11	20	25	11	20	25	11	20	25	11

H = HMG
U = UNICEF
V = VILLAGE

GRAVITY FLOW SCHEMES IN THE HILLS

86. The programme of gravity flow schemes will continue to be implemented through MHPP/DWSS and NGOs, but concentrating on 22 hill districts of the Central and Eastern Regions, allowing the other external support agencies to concentrate their efforts on the Western, Mid Western and Far Western Regions.

87. The traditional gravity flow schemes will be reserved for areas without adequate water sources. Populations with polluted water sources nearby will be provided with spring protection schemes. Those VDCs where the water situation is most desperate will be given priority.

88. Intakes are the weakest components in the construction of gravity flow schemes. Even when fenced, most of the intakes do not adequately protect the water sources from surface run-off, giving rise to potential contamination. Improvements with infiltration galleries, underground dams or protection of springs by masonry covering will be undertaken in all new gravity flow schemes after suitable technical training to overseers and technicians. Research into improved methods of waste water disposal will be coordinated by the CSTU. Innovative facilities such as wash stands, shower places, cattle troughs and use of waste water for kitchen garden irrigation will be encouraged.

89. In the hills, simple pit-latrines constructed out of local materials are promoted. Modified simple pit latrines are popular, but their construction technique is more complex. A simple manual will be developed by CSTU to provide the community with a choice of appropriate designs. The current policy, promoting the use of locally available materials for the construction of household latrines will be maintained. Where people chose to construct a different type of latrine, construction advice will be provided.

90. Multi-block latrines will be constructed for schools and health posts in all the project villages by the community and the WSST's. For a school of 400, a latrine unit consisting of 4 blocks may be assumed adequate. Teachers and students will be mobilised to fully participate in the sanitation component and help to spread health education messages in their communities, through the activities of the WSSTs and SWWs. Similar latrines will be constructed in primary schools located at nearby municipalities.

91. District level maintenance units will look after all schemes, irrespective of the implementation agency or donor, UC members and VMSWs will be trained in operation, preventive maintenance and management. The central level APO O/M will provide support with the help of the various department units at central and regional level.

92. The district level sanitation units will promote sanitation in all schemes regardless of implementing agency or donor. Women involvement activities will be concentrated into those project areas which are most receptive. The APO sanitation will provide support from the regional level.

93. Research and development will be accorded high priority to develop low-cost substitutes to enable reduction in the per capita cost of water supply from the existing US\$ 37 to below \$ 30 at 1991 prices. Water quality monitoring will be carried out in a phased manner to ensure supply of safe drinking water and reduction of contamination at the household level.

IMPLEMENTATION STRATEGY

94. The strategy of implementation will continue to be based on the concept of community management. MHPP/DWSS has decentralised the responsibilities to the district water supply offices which are empowered to conduct field survey, design, estimation and construction operation and preventive maintenance, sanitation and women involvement on all gravity flow schemes, including those of CWSS.

95. Orientation and training in planning, management, communication, sanitation, women's involvement, monitoring and evaluation as well as in the technical aspects viz. survey, design, estimation, construction, operation and maintenance will be organised to develop necessary skills to increase capacity, effective project implementation and better maintenance. Outstanding personnel working in the programme will be encouraged with study grants for undertaking intermediate level and Bachelor's degree courses from UNICEF through CHRDU. Similarly, exchange visits, study tours and short term courses will be organised for the project staff, particularly SWWs, SSs, WSSTs, MSTs, etc. Financial assistance will be extended to the management information cell of DWSS to undertake surveys in the districts.

96. DWSS will be the major partner in the implementation of gravity flow schemes in all programme areas. The Social Services National Coordination Council (SSNCC) and WaterAid, will implement small gravity flow schemes using local NGOs and UNICEF finance. For this purpose, WaterAid has extended the services of a full time Engineer-Advisor to provide technical support to the local NGOs and monitor their work. Technical support will be given to SFDP/PCRW for the construction of water supply schemes in their project areas in order that they comply with the norms and standards approved by MHPP/DWSS.

ACTION PLAN

97. In each district an average of 2 new or rehabilitation schemes will be constructed each year. Two WSSTs and two SWWs (where available) will be assigned to each scheme while an overseer and Sanitation Supervisor will be responsible for two or more schemes. The DWSO will be fully responsible for the annual budget and the execution of the approved annual plan. The timely release of the funds for the work will rest with the DWSS Central Office.

98. Apart from the UNICEF assisted schemes, DWSS intends to implement gravity flow schemes funded by other ESAs such as World Bank and ADB. To meet the additional manpower requirements, UNICEF will provide training to overseers, WSSTs, SCs, SSs, SWWs, VMSWs, Sevikas and Users Committee Members. Through WSDU and CSTU, support may be extended to areas outside the programme area.

99. In the districts covered by the women's involvement component, SWWs will be assigned to each project village for one year. They will conduct health education to the project community on personal, domestic and environmental hygiene. In the follow-up phase, the SWWs will make periodical visits to continue the health education. It is expected that the behavioral changes measured by key sanitation indicators, and other women's development activities, will be the end product. Improvements in handling and storage of water will be observed by reductions in bacteriological contamination of the drinking water to within safe limits.

COVERAGE TARGETS AND IMPLEMENTATION SCHEDULE (Gravity Flow)

(Fiscal Years)

Activity:	1992	1993	1994	1995	1996	Total
<u>1. HUMAN RESOURCE DEVELOPMENT *</u>						
Women Volunteers	156	156	156	156	156	780
Women Workers	12	0	0	0	0	12
Sanitation Supervisors	3	0	0	0	0	3
Sanitation Coordinators	0	8	5	5	4	22
Sanitation Officers	2	0	0	0	0	2
Asst. M+E Officers	2	0	0	0	0	2
Asst. Training Officers	2	0	0	0	0	2
Village Maintenance Workers	60	57	57	57	54	285
UC Chairpersons/Members	360	342	342	342	324	1710
Water Supply+Sanitation Technicians	88	22	22	0	0	132
Maintenance Technicians	28	16	0	0	0	44
Overseers Workshop	44	0	0	0	0	44
Storekeepers Workshop	0	25	0	0	0	25
Accountants Workshop	0	30	0	0	0	30
DE/AE Workshop	44	0	0	0	0	44
Teachers and Local NGOs	76	76	76	76	76	380
<u>2. GRAVITY FLOW SCHEMES</u>						
New Schemes MHPP/DWSS	44	44	44	44	41	217
New Schemes WaterAid	8	8	8	8	8	40
Rehab. Schemes MHPP	8	5	5	5	5	28
No. of beneficiaries	60,000	57,000	57,000	57,000	54,000	285,000
Phasing out Mid/Far West ***	N/A	N/A	N/A	N/A	N/A	N/A
<u>3. OPERATION AND MAINTENANCE</u>						
Major repairs	28	28	51	51	60	218
Minor repairs	56	56	102	103	121	438
Continuation Mid/Far Reg.**	132	132	132	132	132	660
No. of beneficiaries	N/A	N/A	N/A	N/A	N/A	N/A
<u>4. WOMEN'S INVOLVEMENT (3 Districts Intensive; 19 Districts Less Intensive)</u>						
Beneficiaries with access to health education ****	15,600	15,000	15,000	15,000	14,400	75,000
Household Latrines*****	N/A	N/A	N/A	N/A	N/A	N/A
Institutional Sanitation Primary Schools	52	52	52	52	52	260
Health Posts	29	29	30	30	30	148
Water Quality Bacteriological Testing	150	200	250	300	350	1,250
Tapstand Inspection	150	200	900	2,169	2,984	6,403
Household Monitoring	685	685	685	685	685	3,425
*	Excluding Refresher Training		N/A	Not applicable		
**	Continuation of community based O&M to approximately 220 schemes and training					
***	Phasing out in the Mid/Far Western and Western Development Regions.					
****	Only access to health education from the sanitation and health education component of the programme.					
*****	Entirely demand driven using local materials and no subsidy.					

SPRING PROTECTION IN THE HILLS

100. The traditional "Kuwas", from which rural households throughout the hills and mountains fetch their domestic water are mainly springs. Their open nature leads to contamination. Protection of traditional springs can be done at a fraction of the cost of constructing a gravity flow water supply scheme. In addition, their recurring maintenance and repair requirements are simple and replacement spares are virtually never required. The spring protection consists of a concrete/masonry wall fitted with a water outlet, with the top of this structure closed by a concrete slab and the spring area is thus protected from contamination and erosion. The surroundings of the spring will require some protection.

IMPLEMENTATION STRATEGY

101. Spring protection schemes will provide safe water but the women and young girls still have to walk the same distance to fetch water. As the standard of living improves over the coming years, better service can be provided by implementing gravity flow schemes wherever feasible. These spring protection will still serve the rural population as an auxiliary water supply. These schemes will be very cost effective and would help to cover large populations with small capital investment. The community can maintain these simple structures with little outside assistance.

102. The involvement of women from the planning stage of these schemes is essential for the success and acceptability of these units to the beneficiaries. A female VMSW will be selected for each spring protection scheme. These VMSW's will receive training on maintaining the spring and on personal, domestic and environmental sanitation. This will ensure that all beneficiaries gain access to knowledge about sanitation, including the safe handling and storage of drinking water. Improved practices can be expected gradually with effective health education over a long period. Female WSSTs will be encouraged.

ACTION PLAN

103. Specially designated WSSTs will be in-charge of organising and directing the work of communities to construct 10 to 20 spring protection works each year. Each unit will serve about 8-9 households, with a population of 50 persons. Users group will be formed for each spring protection unit. This group will be chaired by the VMSC. The group should take responsibility for planning, constructing, operating and maintaining the unit.

104. The spring protection works will be executed in all of the districts in each of the Central and Eastern Regions at first near ongoing gravity schemes, and the implementation will be expanded gradually to cover more larger areas. Initially, efforts will be required to develop the capacity of the ilaka and District level technical staff in this new and innovative technology. On-the-job training for the technicians, overseers, and VMSWs will be provided to enhance the local capacity to construct, use and maintain these simple water supply systems.

105(a). Simplicity of design makes it highly suitable for the less-technical local NGOs to implement. Providing greater availability of safe water is the rationale behind the increased support to all the local NGOs. UNICEF will actively explore ways to extend cooperation to other NGOs such as NRCS, EASTAP, DISVI, SCF (USA) and local NGOs. The flexibility of such organisations permit experimentation with such innovative technologies and approaches maximising the delivery of service to small and scattered communities. NGOs will be encouraged to collaborate with the Government and UNICEF to undertake the spring protection along with sanitation education as one complete package. The SSNCC/WaterAid will be the focal organisations to organise, direct and monitor the activities of the local NGOs.

105(b). To expand coverage of spring protections as has been formulated, it is necessary for NGOs, village groups, other sector programmes to coordinate and cooperate along with DWSS such that the regular constraints of budget release and low level of supervision due to limited manpower is minimised. The programme will strengthen skills of local "mistris" that are coordinated through users' committees, local NGOs and other sector programmes.

COVERAGE TARGETS AND IMPLEMENTATION SCHEDULE (Spring Protection)

(Fiscal Years)

Activity:	1992	1993	1994	1995	1996	Total
<u>1. HUMAN RESOURCE DEVELOPMENT *</u>						
VMSWV Training	662	1,334	1,336	1,582	1,335	6,249
Women Volunteer Training	1,324	2,668	2,672	3,164	2,670	12,498
UCC's Training	683	1,358	1,366	1,619	1,383	6,409
Local Mistris	140	333	334	395	334	1536
WSSTs Training	66	22	-	-	-	88
Teachers / local NGOs / Other sector programmes / Local Leaders	66	133	134	138	134	625
<u>2. SPRING PROTECTION</u>						
No. of Spring Protection (MHPP)	662	1,334	1,336	1,582	1,335	6,249
No. of Spring Protection (WA)	21	24	30	37	48	160
No. of beneficiaries	33,121	66,724	66,830	79,137	66,798	312,610
<u>3. OPERATION AND MAINTENANCE</u>						
Major Repair	-	-	50	100	100	250
Minor Repair	-	100	150	200	200	650
No. of beneficiaries	N/A	N/A	N/A	N/A	N/A	N/A
<u>4. WOMEN'S INVOLVEMENT</u>						
Population benefitted by access to health education **	6,624	13,345	13,366	15,827	13,360	62,522
Household Latrines ***	N/A	N/A	N/A	N/A	N/A	N/A
Institutional Latrines						
Primary Schools	12	24	48	96	200	380
Health Posts	10	10	10	10	10	50
Water Quality Testing						
Bacteriological Testing	50	60	75	90	100	375
Source Inspection	15	18	22	26	30	111

* excluding refresher training.

** only access to health education from the sanitation and health education component of the programme

*** entirely demand driven with local materials used and no subsidy.

N/A not applicable

SHALLOW WELL HANDPUMPS IN THE TERAJ

106. The traditional shallow tubewells fitted with suction or low-lift handpumps will continue to be implemented in most of the terai plains. It is estimated that more than 60 percent coverage can be achieved among the rural terai population using this simple and cost effective technology. Manual drilling techniques such as sludger, hammer or jetting methods are used to drill 2 inch diameter tubewells to depths ranging between 20 to 90 meters. These tubewells are fitted with the improved version of the Nepal No.6 suction handpump. Certain improvements in this programme, for example in platform design, the disposal of waste water, low-lift direct action handpumps where the static water level has dropped below the suction limit, and careful siting of latrine units will be introduced.

107. Sanitation activities have been pursued vigorously with the active involvement of one pair of SWW in the VDC community. Partially subsidised cement-ring twin-pit direct pour-flush latrines have been promoted in the terai region to meet the demand from householders. Sanitation and Women's Involvement activities will be expanded in line with the tubewell handpump programme. NRCS implemented its health activities with male and female village health leaders assigned to each VDC. Lessons from these varied approaches will be combined to form a uniform procedure of staffing patterns, functions and activities for the shallow tubewell programme.

IMPLEMENTATION STRATEGY

108. The main principle of the implementation strategy will be intensive participation from the beneficiaries and a programme driven by demand from the communities. The DDB selects the ilaka with the poorest water situation in the district for the tubewell programme which DWSS/NRCS will then proceed to cover fully. Once complete, the DDB will propose a neighboring ilaka for the programme. In this way, the area of a district with community water supply coverage will gradually expand to cover the most needy parts of the district by the year 1996. This concentrated approach is expected to facilitate sanitation, women's involvement, monitoring, management and supervision of well construction and avoid unnecessary movement of the drilling crews.

109. Women will be involved in the selection of tubewell locations, representation in users' committees as sanitation volunteers (sevikas) and whenever possible will be encouraged to participate as handpump caretakers. Their involvement will be ensured by the SWWs, who are also responsible for providing users committees, sevikas, and other beneficiaries with knowledge about personal, domestic and environmental hygiene. They will undertake household monitoring activities and platform inspection, in order to assess the impact of the project.

110. Sanitation and women's involvement activities will expand directly with the tubewell installation, to reach 5 pairs of SWWs, one SS and one SC at each district. An expatriate volunteer/development associate will assist while the national SC establishes herself. The sanitation promotion will create a demand for latrines. As the high monsoon water table destabilises the soil to the extent that cement strengthened pit linings are required, the programme will subsidise the cement for latrine construction, for those households least able to afford latrines. A quarter of the terai population are landless. For their benefit considerable research must be done on suitable community latrines.

111. At Regional level, UNICEF's APO-sanitation and DWSS's Asst. Monitoring and Evaluation Officer and Asst. Training Officer will provide support to sanitation and women's involvement activities in the districts. Community based operation and preventive maintenance systems developed in the previous years will be strengthened with ilaka level handpump mechanics and mobile repair teams and the selection of women handpump caretakers. The handpump will be further improved through continued research and development and the new dimension of a durable low-lift direct action PVC handpump will be introduced.

112. All the primary schools and health posts in the project villages in these 11 Terai districts will be provided with handpumps, multi-block sanitary latrines and users training. Whenever possible, primary school latrines in municipalities nearby project sites will be included. Members of staff should be allocated to maintain the function and use of these facilities.

ACTION PLAN

113. The capacity of local contractors to drill shallow tubewells has developed well over the last few years using the following methods:

Sludger method: is widely adopted for wells upto 90m deep, but fails when gravel or stones are present in the soil. While tubewells are usually 1/2" in diameter, 4" and 6" diameter wells can also be drilled to more modest depths.

Hammer Method: can penetrate gravelly and stony layers 10-20 metres deep. Wells of 2" to 4" diameter can be drilled. Drilling is sometimes started in a pit excavated to the water table, in order to limit the boring depth.

Jetting Method: uses a ring to jet water down the boring pipe to perform the drilling action to depths of 90 metres. It is not widely used.

COVERAGE TARGETS AND IMPLEMENTATION SCHEDULE (Shallow Well Handpumps)

(Fiscal Years)

Activity:	1992	1993	1994	1995	1996	Total
<u>1. HUMAN RESOURCE DEVELOPMENT *</u>						
VDC Chairmen	43	43	43	43	43	215
Users' Committee Chairmen	1,736	2,743	3,099	2,825	2,877	13,280
Water Supply Technicians	44	10	10	0	0	64
Handpump Mechanics	40	0	0	0	0	40
Overseers	16	0	0	0	0	16
DE/AEs	16	0	0	0	0	16
Women Volunteers (sevikas)	3,472	5,486	6,198	5,650	5,754	26,560
Women Caretakers	1,736	2,743	3,099	2,825	2,877	13,280
Women Workers	18	26	16	10	10	80
Sanitation Supervisors	3	5	0	0	0	8
Sanitation Coordinators	0	3	2	2	1	8
Asst. Monit. Eval. Officers	2	0	0	0	0	2
Asst. Training Officers	2	0	0	0	0	2
Sanitation Officers	2	0	0	0	0	2
Storekeepers	8	0	0	0	0	8
<u>2. SHALLOW WELL HANDPUMPS</u>						
Drilling & Instal. of HP (MHPP)	1,142	1,837	2,151	1,829	1,827	8,786
Drilling & Instal. of HP (NRCS)	450	750	750	750	750	3,450
Drilling & Instal. of HP (WA)	144	156	198	246	300	1,044
Phasing out (NRCS) **	300					300
Beneficiaries	264,680	356,590	402,870	367,250	374,010	1,765,400
<u>3. OPERATION AND MAINTENANCE</u>						
Major Repairs	150	230	230	230	150	1,070
Minor Repairs	428	428	428	428	428	2,140
No. of beneficiaries	N/A	N/A	N/A	N/A	N/A	N/A
<u>4. WOMEN'S INVOLVEMENT (Intensive approach)</u>						
Beneficiaries with access						
to health education ***	211,744	285,272	322,296	293,800	299,208	1,412,320
Household Latrines ****	2,100	3,350	4,750	7,000	9,750	26,950
Institutional Latrines Primary Schools	280	280	280	280	280	1,400
Health Posts	70	70	70	70	70	350
Water Quality Chemical Testing	350	350	350	350	350	1,750
Bacteriological Testing	880	880	880	880	880	4,400
Platform Inspection	1,500	1,500	1,500	1,500	1,500	7,500
Household Monitoring	900	2,200	3,000	3,500	4,000	13,600

* excluding refresher training

** Phasing out activities in Banke and Bardia Districts with NRCS.

*** only access to health education from the sanitation and health education component of the programme.

**** including a subsidy of approx. US\$ 10 per household as materials for below-ground structure not locally available. (Phasing out with NRCS in Banke and Bardia Districts; 600 units in 1992).

N/A Not applicable

114. Local NGOs will execute about 1044 shallow well handpumps with the technical support and monitoring of SSNCC/WaterAid. UNICEF will provide necessary financial support on a 50:50 basis and technical support, provided that their tubewell handpump programmes are well perceived, developed and completed. NGO programmes are generally oriented towards community development activities including education in personal, domestic and environmental hygiene education and training. Their activities in the Eastern and Central Regions will be integrated with the overall shallow well handpump programme in the Terai area.

115. In the last few years, the number of shallow well handpumps has increased considerably in each district. By the year 1996, each district may have around 3000 to 4000 shallow well handpumps constructed by various agencies. This large number of handpumps needs a tight operation and maintenance system with efficient back-up by management. Two women handpump sevikas will be appointed and trained for each handpump from the user group. Necessary spare parts are sold through cooperatives or Red Cross Committees in the villages. It is proposed to assign one or two handpump mechanics for each of the ilakas in all the terai districts of the Eastern and Central Regions. These mechanics will be provided with a set of hand tools and a bicycle to visit the handpumps periodically and rectify the minor repairs. The day-to-day operation and preventive maintenance will be the responsibility of the sevikas. They will be provided with a small sanitation and maintenance kit. By introducing a sturdy handpump through intensive research and development, it is anticipated that the day-to-day as well as periodical maintenance requirements will be reduced.

116. Intensive research and development will be undertaken at the field level in cooperation with other External Support Agencies (ESAs) and other UNICEF Water Supply and Environmental Sanitation (WES) colleagues in the South Asia Region to improve the handpumps. Chemical, physical and bacteriological quality of tubewell and consumer drinking water will be monitored on a selective basis by the district level SSs. Where the iron content in handpump water is high, simple iron removal plants will be constructed with community involvement. Hydro-geological studies will be conducted to determine the possibility of extracting iron free water from greater depths. Research must be directed into methods of draining and re-using waste water from the tubewells.

117. The shallow well handpump component of the programme will be monitored at District, Regional and Central level. Regional monitoring and evaluation units will be established in all the 5 Regions with financial and technical assistance from UNICEF. The MITS unit at central level will be strengthened to process the increased volume of data received from the field. The status reports of the monitoring and information units will be utilised for the planning and management of the handpump programme.

DEEPWELL HANDPUMP IN THE TERAJ

118. Along the foothills of the terai area, the water table is very deep and the normal suction pumps or low lift pumps are not effective. The problem is exacerbated by the boulder formations encountered at depths varying between 20-150 feet where manual drilling is not feasible. In these areas, tubewells can be drilled with mechanical drilling machines with down-the-hole hammer arrangements fitted with special equipment such as the "ODEX" or similar systems. Such drilling machines have been successfully deployed in the adjoining areas in India. Where deep tubewells are drilled, they have to be fitted with medium or deep lift handpumps depending upon the level of the static water table. It is planned that each pump can serve at least 150 people. According to the WHO Status Report (1990), the population in the boulder area along the foot hills constitutes 25% of the total terai population and will be about 1.76 million by 1996. With 2 HMG/UNICEF drilling rigs and private sector involvement it is proposed that 600 deep tubewells will be drilled. During the mid-term review, consideration will be given to increase the quantum of drilling with the private sector to cover an even larger population, provided standards are being met and the necessary funds are available.

COVERAGE TARGETS AND IMPLEMENTATION SCHEDULE (Deepwell Handpumps)

Activity:	1992	1993	1994	1995	1996	Total
<u>1. HUMAN RESOURCES DEVELOPMENT *</u>						
Users' Committee Chairpersons	74	135	140	185	190	724
Truck+Jeep Drivers	3	0	0	0	0	3
Handpump Mechanics	4	0	0	0	0	4
Rig Helpers	5	0	0	0	0	5
Rig Mechanics	2	0	0	0	0	2
Asst. Drillers	2	0	0	0	0	2
Drilling Engineers	2	0	0	0	0	2
DE/AEs	2	0	0	0	0	2
Women Volunteers/Caretakers	148	270	280	370	380	1,448
Teachers and local NGOs	8	8	8	8	8	40
<u>2. DEEPWELL HANDPUMP</u>						
Instal. of Handpumps (MHPP)	60	120	120	160	160	620
Handdug wells (WaterAid)	14	15	20	25	30	104
Phasing-out (NRCS) **	100					100
Beneficiaries	34,800	27,000	28,000	37,000	38,000	164,800
<u>3. OPERATION AND MAINTENANCE</u>						
Major Repair	0	6	22	38	54	120
Minor Repair	0	14	45	71	110	240
No. of beneficiaries	N/A	N/A	N/A	N/A	N/A	N/A
<u>4. WOMEN'S INVOLVEMENT (less intensive)</u>						
No. of beneficiaries with						
access to health education ***	10,440	8,100	8,400	11,100	11,400	49,440
Household Latrines ****	N/A	N/A	N/A	N/A	N/A	N/A
Latrines for Primary schools	15	20	30	40	60	165
Latrines for Health posts	18	36	36	36	36	162
Water Quality Testing: Chemical	15	25	25	30	30	125
Bacteriological	60	120	120	160	160	620
Platform inspection	60	120	120	160	160	620

* excluding refresher training.

** Installation of deepwell handpumps in Banke and Bardia Districts with NRCS.

*** only access to health education from the sanitation and health education component of the programme.

**** including a subsidy of approximately US\$ 10 per household as material for below ground structure not locally available.

N/A not applicable.

119. During 1991/92 the UNICEF/NRCS pilot project implemented in Banke and Bardia districts will provide information on the most suitable technology for drilling of deep tubewells with air rotary rigs and appropriate designs of lift handpumps (such as India Mark III or Afridev). Standardisation will be made on these recommendations.

120. UNICEF will extend technical support for operation and maintenance of these drilling rigs. This technology is being introduced for the first time in the country and will be supported by extensive

on the job training at all levels. Sanitation and Women's involvement activities will be promoted at all stages of planning, implementation and maintenance.

IMPLEMENTATION STRATEGY

121. The deep tubewell drilling component will be implemented in cooperation with DWSS/MHPP in the Eastern and Central Regions. Private enterprises will be encouraged to develop their capacity in deep tubewell drilling and part of the drilling programme will be implemented by them. A balanced public and private sector drilling capacity will be developed in the country to meet the large demand anticipated by deep tubewells for domestic, irrigation and industrial water supply purposes.

122. Extensive training will be organised for the drilling teams in various aspects of the drilling technology, management and monitoring of the drilling programme. This will be further supported by study tours, on-the-job training with the rig manufacturer and materials management. The drilling technology and handpumps will be further developed to reduce the load on maintenance.

123. The community, particularly women will be involved in the site selection for the tubewells. A users committee will be formed from the beneficiaries group, chaired by the sevikas to organise the community contribution of locally available materials and labour for platform construction and provide assistance in the transportation of the rig through the fields by cutting the bunds, etc when there is no approach to the village. The community will also contribute Rs. 2000 towards the construction cost of the deepwell handpump system.

124. Simultaneously, the capacity of DWSS and the community will be developed through orientation and training for the proper operation and preventive maintenance of the deepwell handpumps. A community based operation and maintenance system will be established in all the districts based on the experience gained in other programmes. At least two female handpump sevikas will be appointed by the beneficiaries for each deep tubewell. These Sevikas will be given adequate training on maintenance and health education through the district based SS and SC. They will then be expected to maintain the tubewell and ensure access to knowledge about personal, domestic and environmental hygiene of the other users of that tubewell. The tubewell users will contribute money towards the maintenance costs of the handpump. Ilaka-based handpump mechanics and repair teams will assist with more complicated repairs and spare parts will be sold through cooperatives in the villages.

125. The deepwell handpump component will be monitored at District, Regional and Central levels. Regional monitoring and evaluation units will be established in all 5 Regions with technical assistance from UNICEF. The existing MITS Unit will be strengthened to process the increased volume of data received from the field, the status reports of the monitoring and information units will be utilised for the planning and management of the handpump programme. At Regional level, the APO Sanitation and the DWSS Regional Sanitation Unit will provide support to the district level sanitation units.

ACTION PLAN

126. The deep tubewell drilling programme is currently (1991) being implemented in Banke and Bardia districts of the Mid-Western Region in cooperation with NRCS. Since the down-the-hole hammer drill rigs suitable for drilling in boulder formations are not available in the country, the initial drilling of 100 tubewells will be undertaken by an external contractor from a SAARC Country. During this trial drilling, local capacity of the public as well as private sector will be developed through on-the-job training.

127. Prior to drilling, detailed hydro-geological and geophysical investigations will be undertaken to determine the sub-surface hydro-geological conditions of the area. The study teams will recommend the type of drilling machine and method of drilling to be used, parameters of the various aquifers, the depth of tubewells and the occurrence of the boulder formation with its depth and thickness. Based on the recommendations, the deep tubewell construction will be implemented. One expatriate volunteer hydro-geologist/geophysicist per drilling team will provide additional technical assistance. While conducting the geophysical investigations, the experts will also train local hydro-geologists/geophysicists of DWSS and encourage the private sector.

128. The deep tubewell programme will be implemented partly by DWSS with UNICEF assistance and partly through the private sector. DWSS experience to-date shows that without adequate stringent

control, contractors produce poor quality preparatory and construction works. Nevertheless, strong private sector involvement can provide significant increases in the rate of provision of water sector services. While engaging the private sector for construction of deep tubewells, strict rules for the pre-qualification of contractors will be drawn up. Provision for quick termination of the contracts if the progress or quality of the work does not meet the specified schedules and standards will be included in the terms of the contract.

129. In 1992/93 and 1993/94, the targets for deep tubewells will be modest, with emphasis on building up the capacity of DWSS. Targets will be increased gradually to accomplish the required coverage of beneficiaries once the private sector joins the operations. Yet, only 600 deepwells fitted with a sturdy lift handpump are planned for completion during the 5 year programme. This target may be exceeded.

130. Two drilling rigs will be supplied to DWSS/MHPP. The required staff (Drilling Engineer-1, Hydro-geologist-1, Driller-1, Asst. Driller-1, Helpers-2, Drivers-1.5 per drill rig) will be provided by DWSS at their cost. The operational costs for fuel, oil and lubricants (FOL) and repairs of the drill rig and support vehicles would be met by local partners while spare parts for the drilling rig which are not available locally will be provided through UNICEF.

131. The procurement of the casing pipe required for the drilling of tubewells will be the responsibility of UNICEF while the materials available locally will be contributed by the community/local counterpart. Handpumps, GI pipe/PVC pipe and cement will be provided by UNICEF, bricks and other high value locally available materials and installation costs will be the responsibility of DWSS. Locally available material such as sand (when it is available nearby) and free unskilled/skilled labour will be contributed by the community.

132. The cost with the private contractors for drilling deep tubewells will be borne by DWSS/UNICEF on a 50:50 basis. However, the casing pipe, GI pipe, handpumps and cement will be provided by UNICEF. DWSS will take over responsibility for the operation and maintenance of drilling rigs beyond 1996.

133. Extensive research and development will be undertaken at the field level in co-operation with other ESA's and UNICEF WES colleagues in the Region. Chemical, physical and bacteriological quality of tubewell and consumer drinking water will be monitored on a selective basis by the district level SS. Where the iron content in handpump water is high, simple iron removal plants may have to be constructed and operated. Research must be directed into methods of training and re-using waste water from tubewells. Community latrines research should also be initiated for the substantial proportion of landless people.

MONITORING, EVALUATION AND PROGRAMME SUPPORT COMMUNICATION

134. Careful monitoring will improve knowledge about the performance of the programme at field, administration and management levels. This will help to focus attention towards achieving the national goals set by HMG, on access to safe drinking water and access to sanitation facilities.

135. Monitoring will be developed in the following four areas; input, output, end-use and impact on project population. The responsibility for monitoring will rest with MHPP/DWSS, but supported by all other implementing agencies. This monitoring will include number of systems installed and in operation, as well as coverage rates.

136. The MITS unit of DWSS made substantial progress in collecting data about systems throughout the country and processing and storing the information during the 1980s. This database will be further supported by WSDU of UNICEF to consolidate the database with regular collection of data for storage and dissemination to the various agencies involved. Such systematic monitoring would lead to better assessment of programme performance and help the planning of future programmes on a realistic basis. This country-wide monitoring system will feed into the global monitoring scheme under the supervision of WHO in Geneva. Expatriate volunteer involvement may be required to strengthen the MITS unit further.

137. Field level information collection and feedback will be carried out by the site supervisors on the material inputs and hardware outputs. Project staff will collect information regarding the availability,

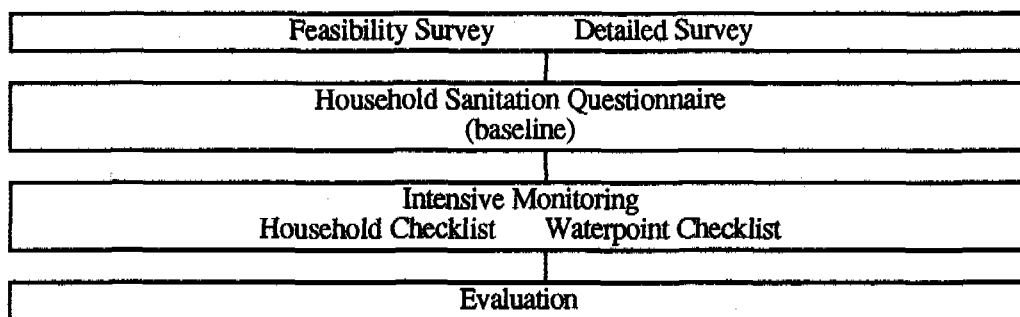
use, functioning of the facilities and change in patterns, attitudes and practices towards personal, domestic and environmental hygiene as well as savings in time and energy spent in collecting water.

138. At central level, quarterly reviews will be held between UNICEF/DWSS/NRCS/SSNCC/WaterAid and other agencies involved to assess the progress on implementation, identify problems and agree on solutions. This will help in improving the progress by solving field level problems. In addition, annual reviews as well as mid-term reviews will take place.

139. Support for monitoring and evaluation activities of NGOs active in the programme areas, will be extended to strengthen their management capacity through a clearer understanding of the linkages, costs and effects involved in their own interventions.

140. Efforts to integrate MITS with the maintenance programme will be undertaken. In order to activate all existing database, compilation of all maintenance status reports conducted annually by MSTs will be undertaken by the District Maintenance Unit in each of the districts in formats appropriate for data processing in Central/Regional computers. An active flow is required for both the maintenance and monitoring aspects of the programme. MITS formats and software will be revised to serve both purposes.

141. Participatory monitoring of the women involvement programme will be linked to the water supply and sanitation programme at all levels as follows:



The intensive monitoring checklists provide scores indicating the level of sanitation awareness and waterpoint maintenance. The higher the scores, the better the sanitation or maintenance practice. Scores should improve with the length of time the sanitation staff spend at project site, and the effectiveness of their advocacy. The use of such practice will improve the standard of programme evaluation, for participants, field workers and managers alike.

142. FRAMEWORK FOR MONITORING

General Objectives	Indicators	Sources for Verification
Reduction in the time and energy spent by women and young girls for collecting water.	Use of time saved in collecting water for income generating activities and educational activities.	Evaluation on the impact of the programme using an external agency/university.
Reduction in the high incidence of mortality and morbidity attributed to water and sanitation related diseases.	Report on patients of health posts affected by water borne and hygiene related diseases.	Evaluation on the impact of the programme using an external agency.
Sustained behavioural change in hygiene habits and practices. Use of ORT and child immunisation.	Availability of safe water for domestic use; reduced contamination of drinking water in homes, number of women familiar with ORT/Immunisation.	Field level reports from supervisors/women workers overseers; health post records; comprehensive evaluation of project.
Specific Objectives		
Construction of 285 GFS and 6409 spring protections; health education activities resulting in construction of sanitary latrines.	Systems completed; and in proper use; coverage; change in hygiene habits and proper upkeep and use of sanitary facilities	Field reports from maintenance technicians/supervisors/women workers Mid-term evaluation of the project.
Installations of 13,580 shallow well handpumps, 720 deepwell handpumps, 104 hand-dug wells providing adequate quantities of safe drinking water.	Number of shallow and deepwell HPs in use; coverage; upkeep of platforms and related drainage, chemical and bacteriological water quality.	Platform inspection forms completed by SWW's and WSST's. Verified by SS and Overseers. Water quality testing by Sanitation Supervisors.
Women's involvement	Participation of women at UC meetings, activities of female VMSWs	Household monitoring by school verified by SS, SC and Regional Sanitation Unit.
Ensure that water supply systems are operational; reduced contamination of drinking water, sanitary use of latrines.	Number of HP/GFS/Spring protection in operation and use; improve sanitary habits + practices including number of sanitary latrines.	Inspection checklists by WSSTs/SWWs/Platform inspection + household monitoring reports. Water quality monitoring by SS. Evaluation of the project using an external agency. Water quality testing by Sanitation Supervisors
Orientation and training of the staff at various levels of DWSS/NRCS and other NGOs.	Number of persons trained; rate of implementation, quality of construction; O/M support; Women's involvement	Progress reports on training; field reports on construction, maintenance and women's involvement.

143. Programme Support Communication: Extensive support will be provided for strengthening programme communication. While promotion of safe collection, storage and use of water will prevail, a new dimension of sanitation communication will have to be developed. On a national level, policy makers, planners and administrators need to be made aware of the importance of personal, domestic and environmental hygiene. At the district level, means of raising motivation among field workers and administrators will have to be identified. At the site and household level, increased efforts will be devoted to provide the users of water supply and sanitation activities with critical information and knowledge. Funds for these activities will be provided through the Human Resource Development Plan of this Plan of Operation.

COMMITMENTS

COMMUNITY

144. For all water supply schemes, the community will be committed to take over the operation and preventive maintenance, contribute all unskilled labour for excavation work, provide necessary local materials (e.g. stone, gravel, sand when available) and transportation to the site. For each project, Users' Committees (UC) will be established from the beneficiaries which will be responsible for operation and preventive maintenance. In gravity feed projects the UC will appoint a VMSW, who will receive a stipend in cash and kind paid by the project community. Involvement of women in the decision making process will commence by encouraging at least two female members to actively participate in the UC. Women will be involved in the selection of tapstand sites and will be encouraged to become VMSWs. In addition, each water point will be represented by one female sevika who, after adequate training, is responsible for providing the rest of the users group with knowledge about personal, domestic and environmental hygiene. Sevikas should preferably be married women with children. They should have good proven communication skills. She should be chosen and appointed by the beneficiaries she represents. As volunteers they will not receive a financial remuneration for their efforts, but will be provided with a small "sanitation and maintenance kit".

145. In the case of spring protection sevikas, they will also be the VMSWs. In this capacity they will receive a small stipend and a maintenance fund from the beneficiaries as well as a repair kit in order to undertake the necessary work.

146. For the shallow and deepwell handpumps in the terai area, the beneficiary communities are expected to contribute unskilled labour during the construction of tubewells and installation of handpumps which includes cutting of bushes and bunds to provide access by drilling rigs to the sites. Sand and gravel needed for the platform construction will be provided by the beneficiary community. Each community must deposit Rs. 250 for each of the shallow well handpumps and Rs. 2000 for each of the deepwell handpumps. They will also donate a small plot of land for the placement of the handpump platform to make it public property.

147. If possible, pairs of sevikas as VMSWs / handpump caretakers can be responsible for the preventive maintenance and for minor repairs and will receive a small stipend for their work. The Users' Committee will establish a maintenance fund for the purchase of handpump spare parts. Again, active participation of women in the Users Committee is expected. Purchase of household latrines will be borne by individual households at the prevailing rate.

148. Assistance from local groups and non-governmental organisations will be sought for clean-up campaigns, health education and women's development. The community will take care of the completed schemes from the implementing agency and form a small maintenance fund for the purchase of spares and tools for the repair works and for the wages of the sevikas, VMSWs, sweepers and FCHVs.

149. The contributions from the communities through voluntary labour, cash and materials are as follows:

Spring protection	: Rs. 50.0 per capita
Gravity flow schemes	: Rs. 115.0 per capita
Shallow well handpumps	: Rs. 17.6 per capita
Deepwell handpump	: Rs. 55.0 per capita
Household latrine (Terai)	: Rs. 147.0 per capita
Household latrine (Hills)	: Rs. 73.5 per capita

Contributions expected from the Communities are as follows:

(in NRs.'000)

Project Component	1992	1993	1994	1995	1996	Total
1. Gravity Flow Schemes	6884	6540	6540	6540	6196	32700
2. Spring Protection	1119	2225	2238	2652	2266	15418
3. Shallow well handpump	4569	6150	6948	6455	6450	30568
4. Deep well handpump	1689	1481	1536	2029	2117	8852
5. Household latrine terai	1323	2111	2993	4410	6142	2520
6. Household latrine hills	1350	1350	1350	1350	1350	6750
7. Operation & Maintenance	987	1155	2121	2625	3045	9933
8. Phasing-out MFW, Western	2772	0	0	0	0	2772
9. Continued Activities MFW	462	462	462	462	462	2310
Total	23,638	21,474	24,188	26,523	28,028	123,851

HMG

150. MHPP/DWSS will provide the required technical and administrative manpower, office and storage space at Regional, District and Ilaka level and operation and administrative costs. Wherever UNICEF has been requested to construct buildings, MHPP/DWSS will provide the land. The cost of material transportation from the Regional stores and Field Offices to the road head, storage at and portering from the roadhead to the project site will be the responsibility of MHPP/DWSS. The cost of sand (when it has to be brought from long distances), wood and skilled labour for construction work will be borne by DWSS/MHPP.

151. In the shallow well handpump component, MHPP/DWSS will provide all labour contract costs for the construction of tubewells, installation of handpumps and construction of platforms. In the deep well handpump component, the salary and allowances of drilling crew, administrative and operational, (fuel, oil and lubricants) costs will be the responsibility of MHPP/DWSS. While engaging private sector contractors for deep tubewell drilling, the cost will be shared at 50-50 between UNICEF/MHPP.

152. A maintenance unit will be established in each Regional Office under the supervision of an Assistant Engineer and at each District Office under the supervision of a Senior Overseer. Two maintenance and sanitation technicians, two repair technicians for every district under maintenance will be assigned at the district/ilaka sub-offices.

153. The salaries and allowances of the District and Regional Sanitation Units will be the joint responsibility of UNICEF/DWSS and the former's support will be gradually phased out. In 1992 UNICEF will pay 36% and HMG 64% of the salaries. In 1993 UNICEF 52% and HMG 49%, in 1994 UNICEF 54% and HMG 46% in 1995 UNICEF 50% HMG 50% and finally in 1996 UNICEF 48% and HMG 52% for staff requirement in the intensive women involvement programme (this should apply only to those districts that recruit new staff for the sanitation units). The DWSSO will execute the work as stated under the action plan.

154. All required posts will be created every year as per the manpower requirement chart and personnel selected as per HMG rules irrespective of whether the salaries/allowances are payable by HMG or UNICEF in order not to differentiate among project staff and to make the process of gradual transfer of staff who by then have been trained and have worked for the programme for a considerable time.

155. A summary of the HMG annual commitment is as follows:

(in NRs. '000)

Project Component	1992	1993	1994	1995	1996	Total
a. Capital Cost						
1. Gravity flow schemes	27401	24898	24931	24931	23864	126025
2. Spring protection	2533	5168	5158	6094	5090	24043
3. Shallow tubewell	7875	12663	14797	12587	12575	60497
4. Deepwell handpump	13274	11017	9135	8618	8665	50709
5. Phasing out M/F/W Region	7997	0	0	0	0	7997
Sub-total:	59080	53746	54021	52230	50194	269271
b. Admin and O&M Cost						
6. Training	907	1344	1344	1344	1344	6283
7. Women's Involvement	395	722	857	1138	1302	4414
8. Programme support	8198	8198	8198	8198	8198	40992
9. R&D, WQ, M&E	0	932	932	937	937	3738
10. Operation & Maintenance	1297	2381	3042	4607	5279	16606
11. Continued activ. MFW	840	840	840	840	840	4200
12. Remaining 48 WWs, 19 SCs	-	-	-	-	1209	1209
Sub-total	11637	14417	15213	17064	19109	77440
Grand Total	70,717	68,163	69,234	69,294	69,303	346,711

Nepal Red Cross Society (NRCS)

156. NRCS, with financial assistance from the Japan Red Cross Society (JRCS) will be responsible for the implementation of shallow well handpumps in the 3 terai districts of the Central Region. The NRCS will provide supervisory and administrative staff, operation and administrative costs, office and storage space and training plus a health programme. The women's involvement and sanitation components of the NRCS water and health programme may be reviewed in the light of experience in the national context. At minimum, they will cover the water projects with the same intensity of activities as the DWSS/UNICEF programme.

157. For the shallow tubewells, NRCS will bear all labour contract costs and provide materials for platform construction (except cement). The bilateral cooperation in the deepwell installation will be limited to one year after which the NRCS will be expected to continue operation and maintenance activities. It is also hoped that future agreements can be reached in areas of spring protection in the hills.

158. Regional and District stores with required space for storage of materials will be provided by NRCS. A summary of NRCS's annual commitment for the various activities are as follows:

(in NRs.'000)

Project Component	1992	1993	1994	1995	1996	Total
1. Shallow well handpump	3150	5166	5166	5166	5166	23814
2. Training (human resources)	403	403	403	403	404	2016
4. Operation & Maintenance	336	336	336	336	336	1680
5. WI (Sanitation)	218	218	218	219	219	1092
6. Phasing-out Mid-West	7518	0.0	0.0	0.0	0.0	7518
7. Continuation Mid-West	168	168	168	168	168	840
Total	11,793	6,291	6,291	6,292	6,293	36,960

SSNCC/WATERAID

159. SSNCC/WaterAid will be responsible for the implementation of gravity flow schemes, spring protection and shallow well handpumps with health education and sanitation programme, preferably in the Eastern and Central Regions. The cost of the projects will be shared between SSNCC/WaterAid and UNICEF on a 50:50 basis. These organisations will provide supervisory and administrative staff, operation and administrative costs, office and storage space and training and hygiene education costs in the project villages. In the hills, cost of skilled labour for construction works, transportation of materials from the field office/Regional stores to the road head, from road head to project site and cost of sand and wood will be arranged by SSNCC/WaterAid. For the shallow well handpumps, all labour costs and provision of materials for platform construction will be born by SSNCC/WaterAid in co-operation with the community. Women involvement with water, health education and sanitation components of the WaterAid programme will be reviewed in the light of national experience. At a minimum, they will cover their water projects with the same level of intensity for the community sanitation and health education activities as the HMG/UNICEF assisted programme.

160. SSNCC/WaterAid will play the lead role in co-ordinating national and international NGOs involved in the water supply and sanitation sector, under the umbrella of SSNCC. WaterAid will also support the development of user-friendly "latrine guidelines" and simple manuals for use by village level workers to provide householders with all the information required to choose the most appropriate latrine for them in their circumstances and give them the know-how to be able to construct, use and maintain the latrines themselves.

161. The commitment of SSNCC/WATERAID is summarised below:

(NRs.'000)

Activity	1992	1993	1994	1995	1996	Total
1. Gravity flow schemes	3259	3259	3259	3259	3260	16296
2. Spring Protection	155	176	223	269	353	1176
3. Shallow well handpump	1088	1180	1499	1861	2268	7869
4. Hand dug wells	151	151	151	151	152	756
5. Women's Involvement	520	521	521	521	521	2604
6. Programme support	1226	1226	1226	1227	1227	6132
7. Operation & Maintenance	604	605	605	605	605	3024
Total	7003	7118	7484	7893	8386	37884

MANPOWER REQUIREMENT

COMMUNITY WATER SUPPLY AND SANITATION - CWSS (HILLS)

	Existing Staff	1992/93	1993/94	1994/95	1995/96	1996/97	Additional Staff Required by 1996/97
TOTAL STAFF REQUIRED							
No. of Districts covered	14	22	22	22	22	22	
Assistant Engineers	14	22	22	22	22	22	8
<u>Gravity Feed</u>							
Overseers	14	55	55	66	66	66	52
WSSTs	88	117	146	176	176	176	88
Sanitation Coordinators (National - high-intensive)	0	0	3	3	3	3	3
Sanitation Coordinators (National - less-intensive)	0	0	5	10	15	19	19
Sanitation Supervisors	3	3	3	3	3	3	Nil
Sanit. Women Workers	12	12	12	12	12	12	Nil
<u>O & M</u>							
Overseers	Nil	14	18	22	22	22	22
MSTs	14	30	36	44	44	44	30
Repair Technicians	14	60	72	88	88	88	74
<u>Spring Protection</u>							
No. of Districts covered	Nil	22	22	22	22	22	N/A
Overseers	Nil	22	22	22	22	22	22
WSSTs	Nil	66	66	88	88	88	88
<u>Regional Office</u>							
Sanitation Officers	Nil	2	2	2	2	2	2
Asst. M+E Officers	Nil	2	2	2	2	2	2
Training Officers	Nil	2	2	2	2	2	2
O & M Officers	Nil	2	2	2	2	2	2

COMMUNITY WATER SUPPLY AND SANITATION - CWSS (TERAI)

	Existing 1992/93 Staff	1993/94	1994/95	1995/96	1996/97	Additional Staff Required by 1996/97
TOTAL STAFF REQUIRED						
<u>Shallow-well</u>						
No. of Districts covered	3	8	8	8	8	
Asst. Engineers	8	8	8	8	8	Nil
Overseers	16	16	16	16	16	Nil
Tubewell Technicians	24	44	54	64	64	40
Sanitation Coordinators	Nil	3	8	8	8	8
Sanitation Supervisors	3	8	8	8	8	5
Sanit. Women Workers	18	44	60	70	80	62
<u>O & M</u>						
Overseers	Nil	8	8	8	8	8
Handpump	Nil	24	24	24	24	24
<u>Deepwell</u>						
No. of Districts covered	Nil	2	2	2	2	
Drilling Engineers	Nil	2	2	2	2	2
Drillers	Nil	2	2	2	2	2
Asst. Drillers	Nil	2	2	2	2	2
Rig Mechanics	Nil	2	2	2	2	2
Rig Helpers	Nil	5	5	5	5	5
Truck & Jeep Drivers	Nil	3	3	3	3	3
<u>O & M</u>						
Handpump Mechanics	Nil	4	4	4	4	4

Other INGOs

162. The cooperation with other INGOs such as SCF (USA), DISVI (ENPHO), will be formulated with a specific memorandum of understanding and project documents. They will provide technical and administrative staff, costs of office, storage space, operation and administration for their own staff. Specific agreements for each of the project components will be entered into with the concerned parties i.e. SSNCC/INGOs/UNICEF.

Voluntary Agencies

163. Voluntary agencies such as SNV, APC, VSO, JOCV, GVS, DVS will be invited to provide the required expatriate volunteers or Development Associates for the programme. Support will also be extended for construction of school latrines and protection of springs, after submission of a proposal and request letter from the respective schools and communities. Job descriptions and terms of reference will be prepared for them jointly by HMG/UNICEF. The sending Agency and MHPP/DWSS are to initiate the request for an expatriate volunteer. The expatriate volunteers/Development Associates required for the different activities in the Districts and Regions are summarised below:

Category of volunteer	1992		1993		1994		1995		1996	
	*Reg.	*Dist.	Reg.	Dist.	Reg.	Dist.	Reg.	Dist.	Reg.	Dist.
Operation & Maintenance.	-	11	-	11	-	6	-	6	-	3
Sanitation (WI) (high intensity)	-	6	-	11	-	11	-	5	-	0
Sanitation (WI) (low intensity)	-	5	-	10	-	10	-	9	-	4
Hydro-geologists/ geophysicists	2	-	2	-	2	-	2	-	2	-
Sub-Total	2	22	2	32	2	27	2	20	2	7

	1992		1993		1994		1995		1996	
	Reg.	Dist.	Reg.	Dist.	Reg.	Dist.	Reg.	Dist.	Reg.	Dist.
Far-West	1	4	1	4	1	2	1	2	1	2
Mid-West	1	3	1	3	1	2	1	2	1	2
Sub-Total	2	7	2	7	2	4	2	4	2	4
Total	4	29	4	39	4	31	4	24	4	11
Total (year wise)	33		43		35		28		15	

Financial Forecast (NRs.'000)

	1992	1993	1994	1995	1996	Total
O&M	1400	1400	840	840	630	5110
Sanitation with Women's Involvement	770	1470	1470	980	280	4970
Deepwell	140	140	140	140	140	700
	2,310	3,010	2,450	1,960	1,050	10,780

*Reg. = Regional *Dist.= District

UNICEF COMMITMENTS

164. Throughout the programme, UNICEF will provide administrative and technical assistance with staff members comprising of 6 Projects Officers, 8 Assistant Project Officers and 5 Programme/Office Assistants to be based in UNICEF and DWSS (WSDU and CSTU) offices.

165. For the gravity flow components, UNICEF will supply all construction materials (HDP and GI pipes, fittings, cement, tools and other materials) except those provided by the community; transportation of materials to field office stores; engineering supplies and equipments vehicles, technical assistance; training expenses and sanitation with women involvement and hygiene promotion materials, equipment and study grants. Short term consultants may be provided to assist in establishing and conducting the training programme; allowances (TA&DA) of MSTs, SCs, SSs, SWWs as well as salaries for the latter three categories will be shared with DWSS and phased out gradually as per para 142. Sanitation kits will be provided to the tapstand volunteers and maintenance kits to the VHSWs by UNICEF.

166. For the spring protection component, UNICEF will supply all construction materials except those local materials provided by the community. Transportation of materials to field office stores; engineering supplies and equipment; technical assistance; training expenses, sanitation and hygiene promotion material and equipment and study grants; short-term consultant for conducting baseline monitoring and evaluation studies and conducting the training programme.

167. For the shallow well handpump component, UNICEF will provide all construction materials (steel and PVC/GI suction pipe, well screens, sand traps, handpumps and accessories, cement for handpump platform, latrine construction tools and equipment, all training expenses, sevika handpump maintenance kits; women's involvement and hygiene promotion material and equipment; vehicles for supervision, monitoring and mobile maintenance teams.

168. For the deepwell handpump component, UNICEF will supply 2 drilling rigs to DWSS with all accessories, spare parts for the drill rigs; all construction materials (Steel/GI and PVC pipes, well screens, sand-traps, handpumps with all accessories; cement for platforms and latrine construction tools and equipment) all training expenses, technical assistance; caretaker tool kits; vehicles for supervision, monitoring and mobile handpump maintenance teams; sanitation with women's involvement and hygiene promotion materials and equipment; costs for deep tubewell drilling with private contractors will be shared between UNICEF/HMG at a 50:50 ratio. Tools and equipment required for the spare parts stores; short term consultant (drilling engineer) to train the local drilling crew will be supported by UNICEF as and when required. Sevika sanitation and handpump maintenance kits will be provided by UNICEF to handpump caretakers.

169. For the women's involvement and hygiene promotion components, UNICEF will provide assistance to the Central Sanitation Training Unit, develop educational materials and equipment for use at all levels. A portable bacteriological water quality testing kit with solar recharging unit will be provided for each district Sanitation Unit. Terai districts will be provided with additional chemical testing kits as required. Regional Sanitation Units will be provided with sufficient fittings, projectors, screens, generators and solar recharging units will be available for each district sanitation unit.

170. For the management information unit, UNICEF will provide necessary computers with accessories to establish five regional monitoring units and software for monitoring; allowances for annual status survey; training expenses; motorcycles; short term consultants (monitoring and evaluation as and when required) and manpower support with expatriate volunteers.

171. For the Central Human Resources Development Unit (CHRDU), UNICEF will provide the technical assistance; software to develop training modules; vehicles (pick-up / motorcycles); cash assistance for the preparation of trainer's training manuals; training expenses; short-term consultants to develop training programmes and to evaluate the training, cost of resource persons; technical and financial assistance to establish regional training units and water and sanitation educational and training materials.

172. In order to strengthen local NGOs, UNICEF will set aside unprogrammed funds to be utilised as per the decisions of each annual review.

173. Besides supplies and construction materials such as HDP, PVC and GI pipes, fittings, cement, tools, pumps, computers, water testing kits, projectors, screens, generators, resistivity meters and others materials, UNICEF will also provide 4-wheel drive vehicles (4 nos.) for DWSS Kathmandu, CHRDU Kathmandu, Central Regional Directorate and Eastern Regional Directorate; trucks (2 nos.) to the Central and Eastern Regional Directorates, motorcycles (39 nos.) for 33 districts in the Central and Eastern Regions, 2 for the Central and Eastern Regional Directorates, 4 for DWSS monitoring units in Kathmandu, Dhankuta and Biratnagar. UNICEF will also provide drilling rigs (two units), air compressors (two units) and 8 trucks for the deepwell drilling handpump programme.

174. UNICEF's annual commitment from general resources and supplementary funding is summarised below and detailed on the following pages.

	(in US\$ '000)					
	1992	1993	1994	1995	1996	Total
General Resources	400	400	400	400	400	2,000
Supplementary Funds Available	1,994	404	0	0	0	2,398
	2,394	804	400	400	400	4,398

175. In addition, UNICEF will seek the following amounts in supplementary funding to continue and extend support to the sector, subject to the availability of supplementary funding:

	1992	1993	1994	1995	1996	Total
Supplementary Funds to be sought	806	2,396	2,800	2,800	2,800	11,602

HMG - UNICEF WES PLAN OF ACTION (1992-1996)

Details of Financial Commitments for the Period: January 1992 - December 1996

ACTIVITY		Expected Outputs / Beneficiaries	COMMITMENTS IN '000 US \$ 1990 (US \$ 1 = NRs. 42)								Per capita investment (US \$)	
			Community Participation	HMG	UNICEF			NRCS	SSNCC	OTHERS		Grand Total
					GR	SF	Sub-Total					
CENTRAL LEVEL	Programme Support	N/A		356	550	250	800	180	146		1482	N/A
	CSTU	N/A		310	725	275	1000				1310	N/A
	WSDU	N/A		310	725	275	1000				1310	N/A
	Sub-Total	N/A		976	2000	800	2800	180	146		4102	N/A
PROJECT LEVEL	Gravity Flow	285,000	779	3001	-	4236	4236		388		8404	29.5
	Spring Protection	312,650	250	573	-	751	751		28		1602	5.1
	Shallow Well Handpump	1,765,400	728	1441	-	4352	4352	567	188		7276	4.1
	Deep Well Handpump	184,800	216	1207	-	1588	1588		83	16	3110	18.9
	Operation and Maintenance	N/A	237	396	-	472	472	40	72	122	1339	N/A
	Human Resource Development	29,200		150	-	397	397	48			595	N/A
	Women's Involvement Sanitation	1,599,282	565	133	-	381	381	26	248	118	1471	0.9
	Research and Development	N/A		24	-	40	40	-	-	-	64	N/A
	Water Quality Testing			25	-	40	40	-	-	-	65	N/A
	Monitoring & Evaluation			40	-	40	40	-	-	-	80	N/A
	Support to NGOs	N/A			-	40	40	-	-	-	40	N/A
	Sub-Total			2775	6990		12337	12337	681	1007	256	24046
Total	2,527,850		2775	7966	2000	13137	15137	861	1153	256	26148	11.1
MID & FAR WESTERN REGIONS	Phasing Out M & FW	N/A	120	191	-	738	738	179	-	-	1228	N/A
	O & M Mid & Far West	N/A	55	100	-	125	125	20	-	-	300	N/A
	Sub-Total		175	291	0	863	863	199	-	-	1528	N/A
	GRAND TOTAL			2950	8257	2000	14000	16000	1060	1153	256	29676
	Percentage		10%	28%	12%	88%	54%	3%	4%	1%	100%	

UNICEF Commitment

(Calendar Years)

(US \$ '000)

Project Component	F/Source	1992			1993			1994			1995			1996			Total		
		GR	SF	Total	GR	SF	Total	GR	SF	Total	GR	SF	Total	GR	SF	Total	GR	SF	Total
PROGRAMME SUPPORT		400	100	500	400	200	600	400	200	600	400	200	600	400	200	600	2000	900	2900
	Sub-Total	400	100	500	400	200	600	400	200	600	400	200	600	400	200	600	2000	900	2900
GRAVITY FLOW SCHEMES																			
Human Resource Development		0	11.3	11.3	0	23.5	23.5	0	17.6	17.6	0	23.5	23.5	0	23.5	23.5	0	99.4	99.4
Supplies and equipment		0	887.5	887.5	0	838	838	0	839	839	0	839	839	0	807.2	807.2	0	4210.7	4210.7
Operation and Maintenance		0	30.7	30.7	0	30.8	30.8	0	54.4	54.4	0.0	54.4	54.4	0.0	62.9	62.9	0.0	233.2	233.2
Women's Involvement		0	1.5	1.5	0	7.0	7.0	0	9.0	9.0	0.0	10.8	10.8	0.0	11.2	11.2	0.0	39.5	39.5
	Sub-Total	0	931	931	0	899.3	899.3	0	920.0	920.0	0.0	927.7	927.7	0.0	904.8	904.8	0.0	4582.8	4582.8
SPRING PROTECTION																			
Human Resource Development		0	8.1	8.1	0	23.5	23.5	0	17.6	17.6	0.0	23.5	23.5	0.0	23.5	23.5	0.0	96.2	96.2
Supplies and equipment		0	80	80	0	159.0	159.0	0	160.0	160.0	0.0	189.6	189.6	0.0	162.0	162.0	0.0	750.6	750.6
Operation and Maintenance		0	0.7	0.7	0	3.1	3.1	0	16.3	16.3	0.0	29.4	29.4	0.0	29.4	29.4	0.0	78.9	78.9
Women's Involvement		0	0	0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Sub-Total	0	88.8	88.8	0	185.6	185.6	0	193.9	193.9	0.0	242.5	242.5	0.0	214.9	214.9	0.0	925.7	925.7
SHALLOW WELL HANDPUMPS																			
Human Resource Development		0	7.3	7.3	0	23.5	23.5	0	17.6	17.6	0.0	23.5	23.5	0.0	23.5	23.5	0.0	95.4	95.4
Supplies and equipment		0	544.2	544.2	0	899.0	899.0	0	1015.5	1015.5	0.0	926.0	926.0	0.0	943.0	943.0	0.0	4327.7	4327.7
Operation and Maintenance		0	15.4	15.4	0	15.5	15.5	0	15.5	15.5	0.0	15.5	15.5	0.0	15.5	15.5	0.0	77.4	77.4
Women's Involvement & Latrine subsidy		0	25.1	25.1	0	50.2	50.2	0	68.8	68.8	0.0	92.3	92.3	0.0	105.2	105.2	0.0	341.6	341.6
	Sub-Total	0	592.0	592.0	0	988.2	988.2	0	1117.4	1117.4	0.0	1057.3	1057.3	0.0	1087.2	1087.2	0.0	4842.1	4842.1
DEEPWELL HANDPUMPS																			
Human Resource Development		0	17.5	17.5	0	23.6	23.6	0	17.6	17.6	0.0	23.5	23.5	0.0	23.6	23.6	0.0	105.8	105.8
Supplies and equipment		0	307.0	307.0	0	433.1	433.1	0	271.0	271.0	0.0	259.0	259.0	0.0	268.0	268.0	0.0	1538.1	1538.1
Operation and Maintenance		0	0.7	0.7	0	5.2	5.2	0	15.1	15.1	0.0	25.0	25.0	0.0	36.5	36.5	0.0	82.5	82.5
Women's Involvement		0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Sub-Total	0	325.2	325.2	0	461.9	461.9	0	333.7	333.7	0.0	307.5	307.5	0.0	328.1	328.1	0.0	1726.4	1726.4
RESEARCH AND DEVELOPMENT		0	0.0	0.0	0.0	10.0	10.0	0	10.0	10.0	0.0	10.0	10.0	0.0	10.0	10.0	0.0	40.0	40.0
WATER QUALITY MONITORING		0	0.0	0.0	0.0	10.0	10.0	0	10.0	10.0	0.0	10.0	10.0	0.0	10.0	10.0	0.0	40.0	40.0
MONITORING AND EVALUATION		0	0.0	0.0	0.0	10.0	10.0	0	10.0	10.0	0.0	10.0	10.0	0.0	10.0	10.0	0.0	40.0	40.0
SUPPORT TO NGOs		0	0.0	0.0	0.0	10.0	10.0	0	10.0	10.0	0.0	10.0	10.0	0.0	10.0	10.0	0.0	40.0	40.0
	Sub-Total	0	0.0	0.0	0	40.0	40.0	0	40.0	40.0	0.0	40.0	40.0	0.0	40.0	40.0	0.0	160.0	160.0
TOTAL		400	2037.0	2437.0	400	2775.0	3175.0	400	2775.0	3175.0	400.0	2775.0	3175.0	400.0	2775.0	3175.0	2000.0	13137.0	15137.0
PHASING OUT MID & FAR WESTERN REGIONS		0	738.0	738.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	738.0	738.0
O & M MID & FAR WESTERN REGIONS		0	25.0	25.0	0	25.0	25.0	0	25.0	25.0	0.0	25.0	25.0	0.0	25.0	25.0	0.0	125.0	125.0
	Sub-Total	0	763.0	763.0	0	25.0	25.0	0	25.0	25.0	0.0	25.0	25.0	0.0	25.0	25.0	0.0	863.0	863.0
GRAND TOTAL		400	2800.0	3200.0	400	2800.0	3200.0	400	2800.0	3200.0	400.0	2800.0	3200.0	400.0	2800.0	3200.0	2000.0	14000.0	16000.0

SF - Supplementary Funds

GR - General Resources

CHAPTER FOUR

COMMUNITY BASED PROGRAMME

SUMMARY

1. Over 40 percent of the population of Nepal is estimated to live below the level of absolute poverty (HMG 1987). According to the World Bank (1990), 71 percent of the population of Nepal lives below the poverty line with a per capita annual income of US\$ 150 or less. Poverty is a phenomenon which is pre-dominant in rural areas, and becoming increasingly evident in urban towns. The policies of His Majesty's Government of Nepal give priority to expand and intensify poverty reduction efforts along with the provision of basic services to poor families.
2. The Community Based Programme will facilitate integration and convergence of basic services through poverty alleviation projects for families especially to children and women of both rural and urban areas living below the poverty level and subsequently expand their scope and coverage nationwide.
3. This programme facilitates planning from the village up, and decentralised community development through identification, implementation and monitoring processes of the programmes through the formation of credit and non-credit groups, Users' Committees and NGOs at the Village Development Committee level to reach subsistence families, especially children and women.
4. Along with the reduction in poverty, the approach of this programme will be to provide a social safety net for the families who are living in absolute poverty as well as socially deprived people ensuring an improvement in their livelihood and living environment through promotion of self-help activities backed up by the provision of integrated basic services.
5. Above all, the Community Based Programme will act as a carrier programme for the UNICEF assisted sectoral programmes in Health, Nutrition, Education, Safe Drinking Water and Environmental Sanitation with woman's involvement to reach subsistence families, with pre-dominant focus on women's participation. It is envisaged that this programme will enhance significantly the achievement of goals for children in the 1990s arising from the World Summit for Children.

COVERAGE

6. The direct beneficiaries of the Community Based Programme will be over 1.5 million families living below the poverty level by 1996. The area coverage of this programme will be 1,200 Village Development Committees including 15 municipalities in 75 districts.

PROGRAMME STRUCTURE

7. The following Projects will be supported under the Community Based Programme:
 1. Small Farmer Development Programme
 2. Production Credit for Rural Women Project
 3. Environment
 4. Urban Basic Services
 5. Community Development through Paper Production and Greeting Cards.

8. SFDP, PCRW and UBS are implemented in different geographical areas focussing on different target populations so that the coverage of the Community Based Programme can be increased. However, the approaches, strategies and the project activities of these projects will be made complementary to each other.

SUMMARY OF UNICEF COMMITMENTS FOR THE COMMUNITY BASED PROGRAMME: 1992-1996

US\$ '000

PROJECTS	1992			1993			1994			1995			1996			Total		
	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T
SFDP*	180	500	680	180	450	630	180	480	660	180	590	770	180	585	745	900	2285	3485
PCRW	130	425	555	130	450	580	130	475	605	130	385	515	130	400	530	650	2135	2785
Environment	40	250	290	40	250	290	40	200	240	40	200	240	40	200	240	200	1100	1300
UBS	100	225	325	100	250	350	100	245	345	100	225	325	100	235	335	500	1180	1680
Total	450	1400	1850	450	1400	1850	450	400	1850	450	1400	1850	450	1400	1850	2250	7000	9250

* This includes the budgetary support of the Community Development through Paper Production and Greeting Cards Project.

GR: General Resources

SF: Supplementary Funds: Subject to the availability of supplementary funding.

**COMMUNITY BASED PROGRAMME:1992-1996
EXPECTED IMPACT OF THE PROGRAMME ON SUMMIT GOALS**

	PCRW	SFDP	ENVIRONMENT	UBS	CDPPGC
Girl Child	4	4	4	4	4
P & L Women	3	3		4	3
Child Spacing	3	3	3	4	3
Safe Motherhood	3	3		4	3
EPI	5	5	5	5	4
Measles	5	5	5	5	4
Polio	5	5	5	5	4
N N Tetanus	5	5	5	5	4
CDD	5	5	5	5	4
ARI	2	3	4	5	3
Water	4	4	4	4	4
Sanitation	3	3	4	4	3
Hygiene	3	3	4	4	3
Early Childhood	4	2		4	3
Basic Education	3	2		4	3
Literacy	5	5	4	4	4
Third Channel	5	5		4	4
P.E. Malnutrition	3	3	3	4	3
Low Birth Weight	3	3		4	3
Growth Promotion	3	2		4	2
Anaemia	3	2		4	2
Vitamin A	3	4	3	4	3
Breastfeeding	4	4		4	4
Food Security	4	4	4	3	3

Note: Scale in numerical terms 0 to 5
0 = No Impact and 5 = Very High Impact

SMALL FARMER DEVELOPMENT PROGRAMME

EXECUTIVE SUMMARY AND REVIEW OF PAST PERFORMANCE

1. The Small Farmer Development Programme (SFDP) which was initiated in 1975 is a major national poverty alleviation programme executed by the Agricultural Development Bank of Nepal (ADB). This programme organises small farmers/groups at village level as an approach and process to integrate development services for the rural poor. SFDP's main objective is to augment the overall well-being of the small farmers by providing them basic inputs such as credit, technology and skill training. The social and community development activities i.e. health, education, nutrition and family planning are integral parts of this programme.

2. SFDP currently operates 440 sub-project offices (SPOs) in 75 districts providing services to more than 122,239 small farmer families living in 580 Village Development Committees (VDCs). These rural beneficiaries have an annual per capita income of less than Rs. 1200 or approx. US\$ 29.

3. The development and expansion of the programme was enabled through the financial and technical support of the Asian Development Bank (ADB) and the International Fund for Agricultural Development (IFAD). Since 1981, UNICEF has been supporting basic service activities including skill training with the group formation, functional literacy, drinking water and environmental sanitation, improvement of primary school buildings, promotion of kitchen gardening, child survival and development activities and appropriate technologies.

4. Low-income women are sensitised on their high value and potential inspite of poverty and perceived low social status. This process of confidence building through women's groups formation subsequently facilitates credit group formation combined with other social and community development activities identified by themselves.

5. The following are the major achievements of SFDP:

- The SFDP network is effective in reaching the poorest of the poor and facilitates the convergence and integration of services of the government line agencies and NGOs for their benefit.
- Formation of 13,033 male and 2,482 female credit groups with 5 to 10 members whose per capita income is below Rs. 1,200 * (US\$ 29) per annum.
- Provision of credit facilities up to Rs. 30,000 to these small farmers for undertaking income generating activities on a group collateral basis.
- Low-income women are encouraged to participate in the programme by ensuring that at least 25 percent of the small farmer group members are women.
- The process of group dynamics and the provision of credit act as entry points to sensitise small farmers on poverty, child survival, development and protection issues and initiates programme interventions in addressing these issues.
- The Sub-Project Office established to implement SFDP, is managed by a Group Organiser (GO) and 2 to 4 other support staff depending on the population coverage and volume of credit flow. Moreover, Women Group Organisers (WGOs) are also assigned to some potential sites to initiate women focussed credit and social development programmes.
- Using group mobilisation, the GOs and WGOs facilitate effective integration of credit with community development services from the line agencies at the group and community level to directly benefit small farmer families.

* Note: ADBN is in the process of changing the definition of small farmer by raising the per capita income level of small farmers from Rs. 1200 to Rs. 2511 (US\$ 60) per annum for inclusion of small farmers in the SFDP.

GENERAL OBJECTIVES

6. The following are the general objectives of the SFDP:
1. As part of the national poverty alleviation initiative, the long-term goal of the Small Farmer Development Programme is to improve the overall quality of life of all small farmer families benefiting children and women, living below the poverty line in all 75 districts of the country.
 2. To raise the income of 75 percent of the small farmer and landless families living below the poverty line in 675 Sub-Project Offices administered directly by ADBN and supported by NGOs, local institutions and community groups.
 3. To provide basic services to low-income families particularly to benefit children and women.
 4. To increase knowledge and skills among small farmers, specially among the rural women on child survival, protection and development issues.
 5. To increase knowledge and marketable skills among small farmers especially among women to enhance their income and productivity.
 6. To promote self reliance among organised groups and to enable women to play an active role in the community and family development decision making processes.
 7. To reduce the daily workload and drudgery of rural women and girl children.
 8. To facilitate its field network and group activities in converging services of the sectoral programmes such as, Health, Family Planning, Nutrition, Education, Drinking Water and Sanitation and NGOs for the benefit of children and women of the subsistence families so that sustainable child survival, development and protection can be achieved.

SPECIFIC OBJECTIVES

7. The sectoral specific objectives for health, family planning, nutrition, education and drinking water supply and environmental sanitation which are to be implemented through the Small Farmer Development Programme are reflected in the respective sectoral programmes. However, with the sectoral support and input, SFDP will achieve by end 1996 the following specific objectives in all SFDP sites:

1. The coverage of the six vaccines against preventable childhood killer diseases will be increased to 90 percent and sustained at this level with BCG at 95%.
2. All mothers of the SFDP sites will have full knowledge on the preparation of ORT and ORS and will be able to apply ORT and ORS when their children have diarrhoea.
3. All women in the 15 to 45 age group will receive a minimum of two doses of tetanus toxoid vaccine in all SFDP sites.
4. At least 50 percent of families will have knowledge about family planning.
5. 50 percent of pregnancies and or deliveries will be attended by a trained health worker (i.e., trained TBA, MCH worker or ANMs).
6. The literacy rate among small farmers in the project sites will be increased to at least 70 percent by 1996 with particular emphasis on women and girls.

COVERAGE AND BENEFICIARIES

8. Approximately 307,125 low-income subsistence families with a per capita annual income below Rs, 2,511 (US\$ 60) will be reached directly by SFDP through the ADBN's Sub-Project Offices and furthermore, it is envisaged that SFDP will be instrumental in providing credit support to an additional 700,000 low income subsistence families through the networks of the local promoters, Group Leaders and the NGOs by end 1996. For this SFDP will be expanded to 675 sites in 75 districts by 1996.

PROGRAMME STRATEGY

9. The organisation of small farmers at the Village Development Committee (VDC) level will be strengthened to undertake socio- economic activities. For this, the small farmer groups working at ward level or within a cluster of households will be organised into inter-group informal associations. These inter-groups will be federated into a Small Farmer Development Committee at the VDC level for the initiation of income generating and other basic service activities in a sustainable manner.

10. ADBN will strengthen the group formation process, leadership development, group dynamics and inter-group formation. In addition, the small farmer group members will be encouraged to select a local volunteer called Promoter from each ward of a Village Development Committee (VDC) to work with the small farmer inter-groups and liaise between the small farmer groups and the SPO of SFDP. The small farmer groups will mobilise the group savings to provide a nominal cash incentive to the Promoters.

11. Participation of non-governmental organisations and local community institutions in the execution of SFDP will be encouraged. These organisations will participate in the identification of the target population, group formation, needs assessment and bringing in the localised support services for SFDP at community and family levels.

12. A time-bound phasing-out plan of SFDP from one area to another and a plan to develop new areas will be devised as an integral part of the yearly plan of action. In this process, SPOs established during the early phases will be gradually managed by the small farmers' own associations through the use of the local promoters and the youth workers employed by the SPO. Credit for the small farmers will continue to be disbursed through the ADBN field network.

13. SFDP will facilitate the integration of services of the government line agencies at the community level to effectively deliver basic services to subsistence families through mobilising the National Coordination committee of SFDP at the central level, District Coordination Committees at the district level and credit groups at the SPO level.

14. The basic service activities of SFDP supported by UNICEF will provide a social safety net for the small farmers and landless families who are living in absolute poverty. This will gradually build confidence of these families undertaking group and income generating activities.

15. These efforts will facilitate lateral expansion of the Small Farmer Development Programme within each site and within the District. This approach also will reduce the service delivery costs of SFDP in the long run and will provide sustainability to SFDP.

16. The GOs, WGOs, youth workers and Promoters will facilitate the small farmer groups and the small farmer families at the community level to identify their basic needs and aspirations and subsequently address them with the mobilisation of local resources.

17. The potential of the SFDP/ADBN delivery network will be used as a vehicle to deliver more effectively the services from the sectoral programmes of HMG aimed at achieving the goals for children and development for the 1990s.

SMALL FARMER DEVELOPMENT PROGRAMME

COVERAGE AND BENEFICIARIES WITH YEARLY BREAKDOWN: 1992-1996

Fiscal Year	Area Coverage			Number of Small Farmer Groups (Cumulative)			Beneficiaries of Credit Programme (Cumulative)			Beneficiaries of Social & Community Development Programme		
	No. of Districts	No. of VDCs	SPOs	Male	Female	Total	Male	Female	Total	Male	Female	Total#
1992	75	654	499	15993	3488	19481	127944	27904	155848	75000	50000	125000
1993	75	734	539	19525	4682	24207	156200	37456	193656	85000	60000	145000
1994	75	814	579	23057	5876	28933	184456	47008	231464	100000	70000	170000
1995	75	854	619	25581	7070	32651	204648	56560	261208	120000	80000	200000
1996	75	966	675	30125	8266	38391	241000	66125	307125	230000	130000	360000
Total	75	966	675	30125	8266	38391	241000	66125	307125	610000	390000	100000

#	i)	Number of beneficiaries directly through SPOs:	307,125
	ii)	Number of beneficiaries through promoters and small farmer groups at VDC level:	307,125
	iii)	Number of beneficiaries through NGOs and local organisations:	<u>385,750</u>
		Total Beneficiaries	1,000,000

Note: VDC: Village Development Committee
SPOs: Sub-Project Offices

SMALL FARMER DEVELOPMENT PROGRAMME

PHYSICAL TARGETS - IMPLEMENTATION SCHEDULE: 1992 - 1996

S.No		1992	1993	1994	1995	1996	Total
1.	Number of credit groups to be formed (Cumulative)						
	Male	15993	19525	23057	25581	30125	30125
	Female	3488	4682	5876	7070	8266	8266
	Total	19481	24207	28933	32651	38391	38391
2.	Number of group members (Cumulative)						
	Male	127944	156200	184456	204648	241000	241000
	Female	27904	37456	47008	56560	66125	66125
	Total	155848	193656	231464	261208	307125	307125
3.	Amount of credit disbursement (Cumulative)	512200	617000	739100	960000	1000800	1000800
4.	Female Literacy:						
	Number of Classes	1200	1500	1800	2100	2400	9000
	Beneficiaries	36000	45000	54000	63000	72000	270000
5.	Drinking Water Schemes:						
	Gravity Flow	12	14	18	18	18	80
	Tube Well	90	108	126	144	144	612
6.	Sanitation:						
	Latrines	700	918	1350	1476	1536	5980
7.	Training on:						
	Community Health and Nutrition Activities #	3000	4000	5500	7000	8200	27700
8.	Training:						
	- Skill Development on Income Generating Activities - Women Group Members	500	800	1000	1500	2000	5800
	- Social / Community Development - Women Group Members	3000	4000	5000	6000	8000	26000
	- Group Leaders and Promoters	500	650	750	830	1000	3730
	- Staff Development	100	150	250	300	500	1300
9.	Workshops and Seminars and Review Meetings	10	10	10	10	10	50

SMALL FARMER OF DEVELOPMENT PROGRAMME

HMG COMMITMENTS: 1992 - 1996

Rs. in '000

S.No		1992	1993	1994	1995	1996	Total
1	Amount of credit disbursement (Banks)	512,200	617,000	739,100	960,000	1,00,800	3,829,100
2	Female Literacy	200	250	300	350	400	1,500
3	Drinking Water and Sanitation	350	430	520	725	780	2,805
4	Community Health, Nutrition	150	150	200	250	300	1,050
5.	Other Community Development Activities	175	210	245	280	315	1,225
6.	Training						
	- Skill Development Income Generating	200	250	300	200	300	1250
	- Social/Community Development Activities	100	150	200	200	200	850
	- Group Leaders and Promoters Training	300	350	300	400	500	1,850
	- Staff Development	400	450	400	500	500	2,250
7.	Institutional Building*	15,000	16,000	17,300	18,500	20,200	87,00
8.	Monitoring and Evaluation	200	300	400	500	500	1,900
		529,830	636,240	759,970	982,705	1,025,720	3,934,465

* This includes the salaries, allowances and administrative costs of SPOs/ADBN.

SMALL FARMER DEVELOPMENT PROGRAMME

UNICEF COMMITMENTS: 1992-1996

US \$ '000

Project Component	1992			1993			1994			1995			1996			Total		
	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T
Female Literacy	-	200	200	-	200	200	-	200	200	-	200	200	-	200	200	-	1000	1000
Drinking Water Supply & Sanitation	-	185	185	-	150	150	-	180	180	-	275	275	-	230	230	-	1040	1040
Community Health & Nutrition	10	-	10	10	-	10	10	-	10	10	-	10	10	-	10	50	-	50
Training																		
- Skill Development on Income Generation	-	50	50		50	50		50	50		50	50		50	50		250	250
- Social & Community Development	-	25	25		20	20		20	20		25	25		25	25		115	115
- Staff Development (Training of GOs, WGOs Promoters/ Youth Workers/ Group Leaders)	-	40	40		30	30		30	30		40	40		40	40		180	180
Workshop / Seminar & Review Meetings	15	-	15	15	-	15	15	-	15	15	-	15	20	-	20	80	-	80
Communication & Information	15	-	15	15	-	15	15	-	15	15	-	15	15	-	15	75	-	75
Institution Building	40	-	40	40	-	40	40	-	40	50	-	50	50	-	50	220	-	220
Monitoring & Evaluation	10	-	10	10	-	10	15	-	15	15	-	15	15	-	15	65	-	65
Supplies & Equipment	60	-	60	60	-	60	55	-	55	45	-	45	40	-	40	260	-	260
Programme Support	30	-	30	30	-	30	30	-	30	30	-	30	30	-	30	150	-	150
Total	180	500	680	180	450	630	180	480	660	180	590	770	180	565	745	900	2585	3485

Note: SF: Supplementary Funds; Subject to the availability of supplementary funding.

PROGRAMME COMPONENTS

INCOME GENERATING ACTIVITIES

18. The diversified provision of credit has enabled small farmer groups to initiate various income generating activities of their choice. Marketable skill development and training of the small farmers will continue to be a major component in support of the income generating activities.

19. A small farmer can take a loan amounting up to Rs. 30,000 at a time on a group collateral basis. The current rate of interest ranges from 15 to 20 percent per annum depending on the activity and duration of the loans. The repayment rate among women groups is above 80 percent. SFDP/ADBN plans to intensify and expand income generating activities which can yield a high amount of profit in the short run. The women's participation will be further encouraged for income generating activities.

20. Marketing a problem for the non-agro-based and cottage industry products will be further examined. Services of line agencies and NGOs will be sought to improve the quality as well as quantity of products and marketing outlets for the small farmers wherever possible. Efforts will be made to develop entrepreneurship among SFDP beneficiaries.

21. Since the major credit flow is for livestock and to minimise the risk of indebtedness from the death of livestock, the livestock insurance scheme will be expanded. The current premium rate is 10 percent per annum of the total amount of credit taken. Out of the 10 percent, 5 percent is subsidised by the government and 5 percent is borne by the farmers.

TRAINING

Beneficiary Level

22. Marketable skill and knowledge upgrading training for the small farmer families specially for women will be expanded along with income generating activities. Efforts will be made to improve the relevance and effectiveness of these training activities. For this, the existing institutional arrangements will be improved by providing support to all the ADBN's training institutes. Participation of non-governmental organisations will be encouraged to undertake beneficiary level training.

23. Small farmers will be trained in livestock care and management, agriculture, vegetable production, small scale cottage industries, marketing of products and entrepreneurship development. The technical support for these activities will be obtained from the technical departments of HMG and specialised agencies.

24. Small farmer group leaders and members will be trained in group formation, group dynamics and leadership development so that groups can be self-reliant and can be mobilised to undertake income generating activities and facilitate convergence of support services from the government, NGOs and other local institutions.

Staff Development

25. ADBN field staff and in particular the Group Organisers, Women Group Organisers, trainers of the Central Training Institutes and Regional Training Centres together with selected staff of the controlling Offices of ADBN who are directly involved in SFDP will be trained in needs assessment methodologies, group sensitisation, formation and group dynamics process, implementation and monitoring of SFDP activities. The training facilities of ADBN, other government line agencies and the potential of national and international NGOs will be utilised for these purposes.

26. The Promoters and group leaders will be trained to undertake the responsibilities of target group identification, household surveys, group formation, needs assessment and identify and facilitate the integration of support services of the line agencies, non-governmental organisations and mobilisation of communities for income generating and other social development activities.

COMMUNITY DEVELOPMENT ACTIVITIES

Literacy

27. The evaluation study conducted on the Literacy Programme in SFDP and PCRW indicated that literacy is one of the most popular activities among the small farmer families. The average participation of women in the literacy centre is 75.5 percent. Fifty percent of the participants achieved full literacy skills. Literacy has been effective in bringing about positive changes in attitudes towards sanitation, personal hygiene, developmental activities and community participation and above all has enhanced income of the small farmers.

28. Considering the relevance and effectiveness of the functional literacy programme, this activity will be further intensified and expanded with the improved literacy materials in all the SFDP areas as a part of the National Literacy Programme with the training, supervision, monitoring and material support of the Ministry of Education and Culture. Family Planning education will be included in the functional literacy programme. A time-bound plan on the literacy component will be developed for each SFDP site.

29. ADBN field staff will encourage and facilitate the participation of the small farmers, especially women and girls in the literacy programme. Credit group members will participate and mobilise the villagers in the implementation of literacy and the post-literacy activities. NGOs' support will also be sought in order to implement and monitor literacy activities at the community level.

Safe Drinking Water and Environmental Sanitation

30. Safe drinking water supply is always in very high demand as a priority need in all SFDP sites. In 1988-1992, ADBN created a technical unit for implementation of drinking water supply and sanitation Projects. Water Aid, an international NGO provided one Engineer-Advisor to the SFDP Division of ADBN. In order to address these needs of the SFDP sites Water Aid will continue to provide technical support to ADBN/SFDP for the implementation of safe drinking water systems in SFDP areas through the network of a local NGO where the technical support of DWSS/MHPP will not be available. UNICEF will provide supplies and equipment and other costs required for the installation of such projects.

31. During 1992-1996, the DWSS/MHPP will give priority to requests from the SFDP sites while selecting sites for the installation of drinking water supply projects in the Eastern and Central Development Regions where DWSS/MHPP will implement drinking water supply projects with UNICEF's assistance. For such projects DWSS/MHPP will provide all supplies and equipment, the costs of the skilled workers, and transportation costs of the materials. DWSS/MHPP will provide all support, technical as well as material, for the maintenance and rehabilitation of the completed projects within the policy framework established by them.

32. In the Western, Mid-Western and Far-Western Development Regions where UNICEF will have no support in the Drinking Water Programme, DWSS/MHPP will provide all the technical support including the training of technicians and maintenance workers in the implementation of drinking water supply projects in SFDP sites. UNICEF will provide supplies and equipment and other costs required for the installation of drinking water and sanitation projects. These water and sanitation projects will follow the same protocols of community participation and women's involvement used for other UNICEF assisted projects of MHPP.

33. ADBN/SFDP will provide support to MHPP for the collection of requests for drinking water supply schemes from the communities, formation of the users' committees, selection of maintenance workers to be paid by the community and the mobilisation of small farmer groups for the construction and maintenance of the drinking water supply projects.

34. To address the poor sanitary conditions among the small farm families, sanitation and personal hygiene education and promotion of low-cost latrines linking up with the installation of drinking water supply projects will be intensified and expanded with a major emphasis on women's participation. For this, the Department of Water Supply and Sewerage of MHPP will provide all the technical support such as training of front line workers of SFDP/ADB, in giving sanitation and personal hygiene education to the small farmers and promoters, production of education materials on environmental

sanitation, and the designs for latrines. MHPP/DWSS will use the SFDP field network and approach in the implementation of the environmental sanitation activities. Credit facilities will be provided to selected small farmer families to produce and purchase latrine sets. The national policies and strategies adopted by HMG will be followed in the implementation of environmental sanitation activities in SFDP.

Health and Nutrition Activities

35. Further improvements are required to achieve and sustain 90 percent immunisation coverage in all villages. Better coordination between SFDP field staff and Health Post staff, Village Health Workers and Female Community Health Volunteers in mobilising communities, follow-up and monitoring of all immunisation activities as well as follow-up on drop-outs particularly after the first and second dose of DPT will be maintained.

36. The ORT has been intensively promoted in all SFDP sites including the home-made solution. To intensify and improve the effectiveness of ORT and immunisation promotion, better understanding between the field staff of SFDP, Community Health Volunteers, Village Health Workers and Health Post staff at the Village Development Committee level will be maintained. At the district level, better coordination will be maintained between the District Public Health Office (DPHO) and the branch offices of ADBN. At the central level, the concerned Divisions of the Ministry of Health and ADBN will have frequent dialogues to ensure effectiveness and monitor this coordination.

37. Home gardening supported by the supply twice a year of vegetable seeds to all participating families will be promoted. The intra-family food distribution and consumption and extra food for pregnant and lactating women as well as for the girl child in the 8 to 14 age group supporting her second growth spurt, will be particularly promoted. These topics will be taught to both the male and female group promoters and group organisers. Especially on the topic of weaning practice an extensive promotion of Sarbottam Pitho and other locally prepared weaning foods will be included.

38. Since large scale food grain production is not a small farmer activity, attention will be given to activities at community and family levels that will enhance conservation and better distribution of the food that is produced and available. Wastage by rodents, fungi and other hazards is mainly due to poor storage techniques. Farmers will be trained on better food storage techniques. The promotion and installation of community grain reserves at the SFDP group-level will be investigated and implemented where suitable.

39. The technical and programme support of the Nutrition Section of the Ministry of Health; the Central Food Research Laboratory of the Ministry of Agriculture and the Adult Education Section of the Ministry of Education and Culture will be obtained to implement these activities.

Other Community Development Activities

40. Support will be provided to the small farmer families to implement community-based development activities related to their basic needs. In addition, support will be provided for improving the physical facilities including small-scale drinking water supply and sanitary facilities in selected primary schools, construction of community centres which will also be used for organising adult literacy and post literacy activities, training and orientation, group meetings, social ceremonies as well as community shops for basic commodities. In addition, construction of small scale irrigation canals and drainage systems will be undertaken. Efforts will be made to establish a community self-help fund from the voluntary contribution of the people in the communities so that these funds can be used to share in some of the costs of these activities.

COMMUNICATIONS, INFORMATION AND SOCIAL MOBILISATION

41. Social mobilisation activities in SFDP will be further improved and intensified to attain a high degree of community participation and to integrate the Convention on the Rights of the Child with poverty alleviation activities. In this process, ADBN, with the support of government line agencies and UNICEF will develop communication and information materials on SFDP, CSD and the Convention on the Rights of the Child and will facilitate to disseminate them among the small farmer families.

42. Communication and training strategies will be developed to sensitise and create awareness among the small farmer families on the gender bias treatment to girl children in the socialisation process. Post-literacy activities will also be utilised for these purposes and particularly to promote enrolment in primary schools.

43. The production and distribution of the Wall Newspaper as a regular monthly rural newspaper will be expanded to reach all SFDP sites. Information contained in "Facts for Life" will be disseminated, to the small farmer families through the Wall Newspaper. The local NGOs' participation in the production and distribution of the Wall Newspaper within SFDP and other potential areas as a tool to disseminate information as post-literacy material will be explored. This has also been reflected and incorporated in the activities under the Advocacy and Communication Chapter of the this Plan of Operations.

44. Short term consultants and other technical support will be provided to assist the SFDP Division the Agricultural Credit Training Institute and the Regional Training Centres of ADBN in devising communication and information strategies, in the development, production and distribution of materials.

INSTITUTIONAL BUILDING

45. ADBN will bear all the administrative and personnel costs of SPOs, controlling offices and central office. However, ADBN will require additional staff support to plan, provide logistic and technical inputs to the small farmer groups. To focus more support on women and children, recruitment of special staff and motivation through training is essential. UNICEF will provide support to ADBN/SFDP for strengthening these activities. In addition, UNICEF will provide supplies and equipment, including 2 vehicles and 10 motorcycles for the use by ADBN's Field Offices to SFDP activities. In addition, UNICEF will share the cost with ADBN and other donors in improving the capacity of ACTI and RTCs so that they can deliver qualitative training to the beneficiaries and ADBN field staff.

COOPERATION WITH THE GOVERNMENT LINE AGENCIES AND NGOs

46. The government line agencies are actually providing services under their community development annual action plan to SFDP. ADBN will coordinate its annual plan with the central planning mechanism of these ministries to synchronise the demand of the small farmers with responses and inputs from these agencies. To further enhance these efforts, ADBN will activate the Central Coordination Committee and District Coordination Committee of SFDP in which all relevant line agencies participate. The participation of NGOs will be encouraged to identify small farmers; to form credit groups; to assess their needs and for the implementation and monitoring of SFDP activities.

COOPERATION WITH OTHER DONOR AGENCIES

47. Coordination with the Asian Development Bank, the International Fund for Agricultural Development, the German Technical Cooperation and USAID and other potential donors will be maintained to avoid duplication and subsequent support from each donor will be made complementary to the other.

MONITORING AND EVALUATION

48. Critical indicators will be identified to regularly assess and monitor the effectiveness and qualitative impact of SFDP at the family level with specific emphasis on children, girl children and women. An evaluation study on the impact, cost effectiveness and sustainability of SFDP will be conducted in 1994.

49. District and regional level review meetings or workshops will be conducted once in every four months and a programme planning meeting once a year. These meetings will be participated in by the line agencies, NGOs, ADBN staff and UNICEF's regionally based Field Officers. At the central level, review meetings will be organised at least twice a year between ADBN and UNICEF staff to assess the performance of SFDP. Furthermore, progress and status of utilisation of assistance provided by UNICEF to SFDP will be reported to UNICEF annually.

50. UNICEF's regionally based Field Officers will monitor SFDP at the region and district levels through their regular field visits. They will assist ADBN Field Offices in the preparation of the annual programmes of SFDP. Furthermore, they will ensure that convergence of services of the government line agencies and NGOs have actually taken place at the SFDP site level. They will also respond to the immediate needs of SFDP in their regions.

51. FRAMEWORK FOR MONITORING AND EVALUATION OF ACTIVITIES IN SFDP

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in small farmers income	- Regular monitoring through field visits by the field staff of SFDP/ADB and UNICEF - Evaluation studies - Case studies	ADB/UNICEF ADB/UNICEF ADB/UNICEF
Number of credit groups formed	- Progress report of SFDP sites - Field visits	ADB/UNICEF
Increase in literacy rates especially female literacy rate	- Regular monitoring by SFDP/MOEC/UNICEF - Evaluation studies	ADB/MOEC/UNICEF ADB/UNICEF
Child deaths per year in the 0 to 36 months age group	- Regular monitoring - Case studies	ADB/HP/DPHO/UNICEF Local Consulting Firms
Coverage of EPI	- Coverage survey - Regular monitoring	- ADB/MOH/UNICEF
Coverage of T.T 15 to 45 age group women	- Regular monitoring	- ADB/MOH/UNICEF
Number of families who have access to working piped/tubewell drinking water facilities	- Field visits of SFDP/UNICEF staff - Regular monitoring by SFDP	ADB/MHPP/DWSS/MOH
Number of families who have installed and use latrines	- Field visits of SFDP, DWSS/UNICEF staff - Regular monitoring by SFDP	ADB/MHPP/DWSS/ UNICEF

COMMUNITY'S CONTRIBUTION

52. The participation and contribution of the small farmers are high in the planning and implementation of SFDP. In the installation of drinking water supply projects, construction of community centres and other construction oriented community development projects, the small farmer groups will provide voluntary labour, locally available basic materials and funds. Small farmers will provide physical facilities and other support required for the implementation of the adult literacy classes, EPI clinics and other community development activities. Efforts will be made through the group mobilisation process to achieve high degree of women's participation especially in income generating, CSD, literacy and sanitation promotion activities. In addition, the group leaders with the support of SPOs and the promoters will monitor the effectiveness of the ongoing SFDP activities through their monthly group meetings and regular supervision of the group activities.

SUMMARY OF UNICEF COMMITMENTS: 1992-1996

53. The following commitments will be made from UNICEF's resources subject to the availability of supplementary funds:

in US\$ '000

	1992	1993	1994	1995	1996	Total
General Resources	180	180	180	180	180	900
Supplementary Funds Available	253	150	49	-	-	452
Supplementary Funds to be sought	247	300	431	590	565	2133
Total	680	630	660	770	745	3485

PRODUCTION CREDIT FOR RURAL WOMEN PROJECT

EXECUTIVE SUMMARY

1. In 1982, His Majesty's Government and UNICEF jointly initiated the PCRW Project to alleviate poverty and improve the overall quality of life of the low income and socially disadvantaged rural women with a per capita income of below Rs. 2,511 (US\$ 72) per annum. PCRW is implemented by the Women Development Division of the Ministry of Local Development and assists these women in making small scale credit from commercial banks available for agriculture production, livestock, cottage industries and the provision of services under the Priority Sector Credit Scheme of His Majesty's Government (HMG). The credit component has been effectively linked with literacy, community development, family planning, child care, survival, development and protection activities.

2. The main features of the PCRW Project are:

- On the basis of the economic survey conducted by commercial banks, Nepal Bank Ltd, Rastriya Banijya Bank and others and a social survey of the households conducted by the Women Development Officers, Women Workers of the Women Development Division, the target population for the PCRW is identified.
- Community based needs assessment methodology /approach has been adopted in order to identify the needs and aspirations of the low income rural women.
- Women credit groups comprising of 4 to 6 members from socio-economically homogeneous groups are formed. The group members select their own group leaders. Group dynamics and leadership development are the key elements which make the groups functional in undertaking effectively the income generating, women, community, child survival, development and protection activities.
- The commercial banks provide credit without collateral but on the group guarantee basis to the women identified as the target group under the Priority Sector Credit Scheme upto Rs. 30,000 for undertaking income generating activities on livestock, goat raising, agriculture, horticulture, cottage industries and the services sectors.
- Women Development Officers (WDOs) and Women Workers (WWs) of the Women Development Division work as facilitators to bring in the services and inputs of the government line agencies to meet the needs and aspirations of the poor women and the communities.

REVIEW OF PAST PERFORMANCE

3. The Tripartite Review and the Impact Evaluation of 1989 revealed that PCRW has been able to achieve the following major objectives:

- Some significant increases in both income and asset creation among rural women were found as a result of PCRW. PCRW has been able to provide crucial support to the income generating projects for rural women, linking them with the Priority Sector Credit Scheme Bank and the two commercial banks and the services of the government line agencies.
- PCRW has succeeded in advocating for the integration of rural women in the process of national development.
- The WDD has developed a coherent structure and a cadre of well trained, highly motivated staff delivering services to rural women and their families.

- PCRW has produced qualitative changes in the lives of the rural poor especially among women. Families display confidence, enthusiasm and discuss problems affecting them and search solutions. Women are no longer shy about expressing their needs and aspirations. In other words, the project has been successful in empowering women. In addition, this project has been able to change the focus from welfare to development.

OVERALL GOAL

4. The long-term goal of the Production Credit for Rural Women (PCRW) Project is to effect an improvement in the overall quality of life of over 215,858 low income families especially of the women and children living below the poverty line in 44 districts.

GENERAL OBJECTIVES

5. Following are the general objectives:

1. To increase the knowledge and skills of rural women in child survival, protection and development issues and activate them towards greater participation in all aspects of women development and to assist them to take a more active role in the decision-making processes.
2. To increase the income level of 215,858 families to over Rs. 2,511 (US\$ 80) per capita per year.
3. To increase the literacy rate of women in 44 PCRW areas to 70 percent by 1996.
4. To reduce the drudgery and workload of rural women to enable them to participate in income generating activities.
5. To promote self-reliance among women's groups in identifying their basic needs, and implement and monitor projects to address these needs.

SPECIFIC OBJECTIVES

6. Specific sectoral objectives relating to health, nutrition, education, drinking water supply and environmental sanitation, for implementation through the Production Credit for Rural Women Project are reflected in the respective sectoral programmes. With the sectoral inputs, PCRW aims to achieve the following specific objectives by end 1996:

1. The coverage of the six vaccines against preventable childhood killer diseases will be increased to 90 percent and to be sustained at this level with BCG at 95 percent coverage.
2. All women in the 15 to 45 age group will receive a minimum of two doses of tetanus toxoid vaccine in all the PCRW sites.
3. Fifty percent of pregnancies and or deliveries will be attended by a trained health worker (i.e., trained TBAs, MCH workers and ANMs).
4. All mothers in the PCRW sites will be given full knowledge on the preparation of ORT and ORS and will be ensured that they apply this knowledge when their children have diarrhoea.

COVERAGE AND BENEFICIARIES

7. Over 215,858 low-income families with an annual per capita income of less than Rs. 2,511 (US\$ 60) will be reached directly by the Production Credit for Rural Women Project in 44 districts by 1996. A major expansion of PCRW activities will take place in all 24 on-going districts reaching 40 percent of women (representing 132,653 families living below the poverty level). Additional PCRW

activities will be started and subsequently expanded in the 20 new districts which will include 20 percent women (representing 83,205 families living below the poverty level) by end 1996.

SITE SELECTION CRITERIA

8. The following criteria will be adopted in selecting the new PCRW sites and for expanding the coverage in the ongoing PCRW sites:

- Areas where the Intensive Banking Programme i.e. the Priority Sector Credit Scheme is being implemented by the commercial banks and the services of the Agricultural Development Bank of Nepal and other banking institutions are available.
- Areas where the services of the sectoral line agencies of the government are available and where potential for their expansion exists.
- Areas where the majority of the poor and disadvantaged women live.
- Areas where no SFDP of ADBN and Integrated Rural Development Programmes have been implemented.
- Districts which have been selected by the Ministry of Housing and Physical Planning for the implementation of Drinking Water Supply and Sanitation Programmes during the 1992-1996 period with UNICEF's assistance.
- Districts selected by the Ministry of Health for the implementation of the female Community Health Volunteer; Primary Health Care and Safe Motherhood Programmes.
- Districts selected by the Ministry of Education and Culture and NGOs for Basic Education and Literacy Programmes.

PCRW DISTRICTS WITH YEARLY COVERAGE PLAN

<u>Ongoing PCRW Districts *</u>	<u>Year/Phase</u>	<u>Percentage of Coverage</u>
24 Districts/Sites	1992/93	20
	1993/94	30
	1994/95	40

<u>New PCRW Districts**</u>	<u>Year</u>	<u>Percentage of Coverage</u>
10 Districts (new)	1992/93	5
10 Districts (new)	1993/94	5
10 (on-going 2nd year)	1994/95	10
10 (on-going 2nd year)		10
10 (on-going 3rd year)	1995/96	15
10 (on-going 3rd year)		15
10 (on-going 4th year)	1996/97	20
10 (on-going 4th year)		20

* List of Ongoing PCRW Districts

- | | |
|--------------------|------------------|
| 1. Ilam | 2. Jhapa |
| 3. Morang | 4. Sunsari |
| 5. Udayapur | 6. Dolakha |
| 7. Sarlahi | 8. Dhading |
| 9. Kavre | 10. Kathmandu |
| 11. Makwanpur | 12. Bara |
| 13. Sindhupalchowk | 14. Tanahun |
| 15. Syangja | 16. Kanchanpur |
| 17. Lamjung | 18. Nawalaparasi |
| 19. Kapilvastu | 20. Rupandehi |
| 21. Palpa | 22. Kailali |
| 23. Doti | 24. Surkhet |

** List of New PCRW Districts

- | <u>1992/93</u> | <u>1993/94</u> |
|-------------------|----------------------|
| 1. Sankhuwashabha | 1. Rasuwa |
| 2. Terhthum | 2. Nuwakot |
| 3. Bhojpur | 3. Okhaldhunga |
| 4. Saptari | 4. Solukhumbu |
| 5. Siraha | 5. Khotang |
| 6. Chitwan | 6. Dhanusa |
| 7. Banke | 7. Bardiya |
| 8. Dhankuta | 8. Bhaktapur |
| 9. Lalitpur | 9. Panchthar |
| 10. Kaski | 10. Taplejung/Parbat |

PROGRAMME STRATEGY

9. PCRW will adopt the following programme implementation strategies:

- Women's groups will be expanded in all PCRW areas.
- PCRW aims to give priority to the families, especially women who are living in a state of absolute poverty. The women's group formation process will provide an entry point to initiate income generating and social development activities.
- The basic services component of PCRW will provide a safety net to improve the livelihood of children and women who are living below the absolute poverty level and subsequently build their confidence in participating in the group and income generating activities.
- The group dynamics process will be encouraged and promoted and leadership development training will be provided to the women's group leaders so that they can mobilise the participation of women's groups and communities in the selection, implementation and monitoring of income generating as well as other community development activities.
- A female promoter (volunteer) will be selected in each ward where PCRW activities have been initiated. These promoters will be trained to enable them to undertake the role and responsibilities of the women workers at the PCRW sites. These promoters will receive incentives from the group savings and community self-help development fund.
- The support services of line agencies such as the Ministry of Agriculture (the Department of Horticulture and the Department of Livestock) and others will be mobilised for the implementation of farm-based activities. Efforts will be made to include women in on-going programmes of the government line agencies.
- Field and district-based staff of line agencies of the government and local NGOs will be involved in the planning, implementation and monitoring of income generating, social and community development activities. Participation of the international NGOs will be promoted to mobilise locally available resources and services.
- Attention will be paid to build the capability of village institutions to expand and manage their various activities, group building, and fund raising. Developing self-help groups will be emphasised.
- A detailed time-bound phasing-out plan of the PCRW Project from established areas over a period of three years, and initiate PCRW activities in the new areas will be devised while preparing annual plans of action to enable rapid lateral expansion within the districts.
- The services of the commercial banks involved in the priority sector credit scheme including the services of the Agricultural Development Bank of Nepal will be improved and expanded in a more institutionalised manner. In addition, revolving funds will be created at the community level to initiate income-generating activities in areas where bank services are not available.
- Women's groups will be made self-reliant in managing economic production activities through mobilisation of group savings, creation and mobilisation of community-based revolving funds, entrepreneurship development and women's cooperatives.
- The Women Development Division has adopted planning from the village up and the decentralised implementation approach in all PCRW Project activities. WDOs and WVs will use micro-planning to identify community needs and local resources.
- The potential of the PCRW and WDD network will be used as a vehicle to deliver the services of the sectoral programmes of HMG aimed at achieving the goals for children and development for the 1990s.

PROGRAMME COMPONENTS

Income Generating Activities

10. The income generating activities will be expanded in PCRW sites with the support of the commercial banks, ADBN, mobilising group savings and creating revolving funds from the support of donors at the community level.

11. Livestock loans still form the bulk (over 73%) of the credit disbursed. The feasibility of future livestock management and care activities will be examined and efforts will be made to upgrade basic livestock management and care skills at the village level and to ensure improved inputs and technical assistance. Furthermore, the livestock insurance scheme which has been launched in 22 PCRW sites by the Credit Guarantee Cooperation will be rapidly expanded in all PCRW sites.

Training

Village Level Training

12. Women group members including leaders will be trained in sensitising women beneficiaries on poverty, women and girl child issues, group dynamics, leadership skills and needs assessment methodology. Group leaders will be trained in planning, implementation and monitoring of the small scale community-based projects which are related to their basic needs. Skill development training for the beneficiaries will be expanded and intensified along with the expansion of income-generating and community development activities in all PCRW areas.

13. Emphasis will be placed on improving the quality of skills and knowledge upgrading training in the farm-based and off-farm activities, immunisation, ORT promotion, family planning, sanitation and personal hygiene for low-income women. The content for training courses will be prepared following an assessment of the needs of the beneficiaries by the Women Development Officers, Supervisors, Chief Women Workers, field-based bank staff and the staff of the training centres.

14. Women Training Centres of MLD, Regional Training Centres of ADBN and the services of line agencies and local NGOs will be utilised in providing training to women.

Staff Development Training

15. Given the challenge of lateral expansion of PCRW activities within the 24 districts and the subsequent expansion in 20 new districts during the 1992-1996 period, WDD now faces tremendous training requirements for the rapidly expanding central and field staff. In this process forty-four WDOs will be given pre-service, in-service and refresher training on project management, planning, implementation, monitoring and supervision of the PCRW Project. Needs assessment methodology, bottom-up planning and micro-planning will be the main components of their training.

16. As the WDOs begin the move to the district headquarters, orientation sessions will be held to introduce the strategies and components of the PCRW Project and to clarify the role of the WDO and her relationship to the other district level offices and NGOs.

17. The staff development training will be conducted by the Women Training Centres of MLD in collaboration with the WDD Training Unit.

Orientation Annual Planning and Team Formation Workshops

18. Annual Planning workshops will be carried out in each of the five development regions to review the performance of ongoing PCRW activities and prepare plans of action with the budget allocation for the new fiscal year. Regional Directors of MLD, WDOs, LDOs, Regional Bank Managers and branch Bank Managers, representatives of district line agencies, staff of WDD, Rastra Banks, commercial banks, ADBN and UNICEF Field Officers and other staff of UNICEF will participate in these workshops.

19. The team formation workshops will be organised annually at the regional level in order to give team orientation to the staff of the government line agencies and banking institutions based at the region

and district levels, and NGOs as well as WDOs, Supervisors, CWWs, WWs on the different aspects of the PCRW Project. This workshop provides a good opportunity to the participants to have a better understanding of each others' role and subsequently to develop better cooperation in the implementation and monitoring of PCRW activities at the field level.

Early Child Care Activities

20. Home-based programmes and child care centres are in operation in all the PCRW sites. Experience shows that those children who joined primary schools after attending these child care centres do better at school. Hence, efforts will be made to make a concerted plan for the operation of home-based and community-based child care centres in an effective manner by providing effective training to the teachers, sevikas, mothers, supervisors and mobilising the people for community participation by way of contribution on a regular basis to make both home-based and community-based child care centres self-sustained at the end of this programme cycle. The support from UNICEF will be gradually phased out. The institutional capacity of the Women Training Centre of MLD will be strengthened to conduct training for teachers and sevikas.

21. Linkages will be developed between the Ministry of Education and Culture, the Women Development Division and Women Training Centres of the Ministry of Local Development to develop training curricula for field workers, teachers and sevikas of the child care centres and home-based centres.

Female Literacy

22. Given the effectiveness of literacy training as an entry point for group formation, income-generating and community-based child survival and development as well as other community development activities the functional literacy programme will be expanded in all PCRW areas. Literacy training will be provided to all women in all PCRW areas irrespective of their income level and social status within the framework of the National Literacy Programme, so that 70 percent literacy in all PCRW areas can be achieved by 1996.

23. As recommended in the 1990 evaluation study of the SFDP and PCRW literacy programmes, with the support of MOEC attempt will be made to develop more relevant literacy and post literacy materials for rural women by adding more functional information on livestock, poultry, agriculture, cash crops, entrepreneurship, functional information on health, nutrition and environmental issues and community based development activities. "Facts for Life" will be adopted as an integral component of the functional literacy training, the post-literacy and other training, educational and information activities.

24. Chelibeti classes will be expanded in all PCRW sites to address the education needs of the girl child within the framework of the National Education Programme.

Safe Drinking Water Supply and Environmental Sanitation

25. Since the inception of the PCRW Project, safe drinking water projects have always emerged as a priority need among the rural women because they encounter the drudgery of carrying drinking water usually from long distances and often the quality of water is poor. In many cases, drinking water project installations have played a catalytic role and are an entry points to form credit groups to start income generating and community development activities. The community participation, especially among women is very high in the construction of drinking water schemes.

26. As recommended by the 1989 PCRW Impact Evaluation and the Tripartite Review reports safe drinking water system will be expanded with the support of the Ministry of Housing and Physical Planning, Department of Water Supply and Sewerage. While selecting drinking water project sites, MHPP/DWSS will give priority to the PCRW sites especially for UNICEF assisted drinking water supply projects in the Central and Eastern Development Regions.

27. MLD/WDD will adopt the procedure of MHPP/DWSS in selecting sites for the construction, maintenance, operation and rehabilitation policies of MHPP/DWSS for the drinking water supply schemes. All funds, supplies and equipment required for the installation of water supply schemes i.e.: gravity flow in the hills and tubewells in the terai areas will be provided by MHPP/DWSS with

UNICEF's support. Moreover MLD/WDD and UNICEF will also try to obtain the support of local NGOs in the implementation of drinking water supply projects in the PCRW areas.

28. Sanitation is still not perceived as a priority by women. Therefore, efforts will be made to intensify the promotion of personal hygiene and sanitation education, low-cost self-sustaining sanitation activities linked with drinking water projects in all PCRW areas.

29. The support of MHPP/DWSS and NGOs will be obtained to implement sanitation activities in all PCRW areas. The National policies and procedures formulated by MHPP/DWSS for the Sanitation Programme will be adopted. Subsidy will be provided for purchasing cement and other materials for the construction of low cost and appropriate latrines.

Health, Nutrition, Food Security and Population Education

Health

30. The community health programme including population education being implemented in PCRW since 1985 has proven to be effective among the rural women in the PCRW Project sites. Thus, the community health programme will be expanded focussing on the child survival, safe motherhood and family planning by training more community health volunteers and women workers linking with the Primary Health Care system of the Ministry of Health. The role of WWs and the female Community Health Volunteers is to facilitate and reinforce the PHC system in the delivery of primary health care services to children and women.

31. Immunisation, promotion of ORT and other child survival, development and protection activities will be expanded and intensified in all PCRW sites through the mobilisation of the Community Health Volunteers, women groups with the support of VHWs and health posts.

Nutrition and Food Security

32. The nutrition programme includes home gardening, vegetable seed distribution, fruit tree plantation and cultivation and growth monitoring and nutrition education. Promotion for the consumption of green leafy vegetables, information on child feeding practices will be provided through nutrition education training. The support of the Department of Agriculture, Department of Horticulture and Nutrition Section of the Ministry of Health will be obtained for the implementation of these activities.

33. Women will be given technical know-how and information on food grain and seed preservation and storage. Low-cost appropriate technologies will be promoted and implemented based on the area specific requirements. For this, the technical as well as programme support of the Food Laboratory of the Department of Agriculture will be obtained. The Food Laboratory will also be tapped for knowledge on locally preparable weaning foods (Sarbotam Pitho) and their promotion.

Population Education

34. Population education and family welfare activities have been initiated in PCRW with the support of UNFPA since 1989. This programme aims to create awareness and appreciation of population and family planning issues among the WDD field workers and beneficiaries and bring in behavioral change to curtail the population growth rate. UNICEF will collaborate with UNFPA for expanding their support in these efforts. CWWs, WWs and Community Health Leaders will mobilise the women groups for this. The VHWs and CHVs will provide technical support to women groups for the expansion of safe motherhood and family planning education in all PCRW sites.

Other Community Development Activities

35. Support will be provided to low-income women groups for the implementation of small scale community-based development activities identified by them relating to their basic needs. As such, support will be provided to the women groups for improving the physical facilities of the schools, including the provision of construction of community centres which will be used for literacy, other training and group activities, small scale irrigation canals and drainage systems with the community's support.

Communications, Information and Social Mobilisation

36. Social mobilisation has been one of the major activities of PCRW/WDD to improve the effectiveness of the income generating, community development, training and child survival and development activities. Thus, the technical capacity of WDD will be strengthened to assess and subsequently develop a communication strategy and information materials required to support various components of PCRW. Information and messages contained in "Facts for Life" will also be incorporated.

37. The UNICEF Communication and Information Section will provide technical support to improve and strengthen the capacity of the Communication Unit of WDD. UNICEF will provide short-term consultants to train WDD staff in communication and information.

COOPERATION WITH NON-GOVERNMENTAL ORGANISATIONS

38. The majority of local NGOs in Nepal are urban and semi-urban oriented. However, some of these NGOs have potential for growth and expansion. Efforts will be made to utilise the potential of some of the rural based NGOs to identify the needs of low-income women and to enable delivery of services to these women's groups.

COOPERATION WITH OTHER DONOR AGENCIES

39. Since 1988, IFAD has been assisting 24 UNICEF assisted PCRW districts with the provision of credit support. In 11 districts, IFAD has been assisting both credit and community development activities of PCRW. The support of USAID, FAO, EEC, CIDA and the Government of the Netherlands, and UNFPA have enabled the expansion of the PCRW Project in an additional 25 districts reaching a total 49 out of 75 districts. The Asian Development Bank (ADB) is also exploring the potential for supporting PCRW.

40. Efforts will be made to improve coordination among donors so that donor support can complement and mutually reinforce in facilitating expansion of PCRW into new areas. MLD will organise regularly a meeting of donors who are assisting PCRW. Donors will be encouraged to exchange information on the PCRW activities assisted by them and on their programme and project preparation exercises in support of PCRW.

INSTITUTIONAL BUILDING

Women Development Division

41. As a result of expansion of PCRW and WDD it has become important to continue strengthening WDD at the central level in terms of its ability to communicate with and respond to WDD field staff. Moreover WDD is to integrate rural women in all aspects of development and is responsible for making policy decisions benefiting women, seeking linkages and coordination with other line agencies whose services are required at the community level. In order to achieve this, WDD has expanded its functions, established implementing mechanisms at different levels by getting the support of various line agencies. To ensure their participation in PCRW efforts, coordination committees have been formed at the district and central levels.

42. Partial support will be provided to WDD for programme management, short term assistance for extension workers' salaries, consultants, short period training and study tours for WDD field staff and women farmers. In addition, supplies, equipment and a limited number of vehicles and motorcycles will be provided to WDD/MLD for effectively implementing and monitoring the project activities.

43. When fully staffed, WDD personnel at the district level will comprise of one WDO, one supervisor, one to three CWWs, six to nine WWs and one sub-accountant. UNICEF will support the initial establishment of WDOs' offices at district headquarters and partial support for the expansion of the PCRW site. Since Chief Women Workers will eventually be left as the site in-charge after the movement of the WDO's to the district headquarters, UNICEF will support their skill development training as required.

44. The training capacity of 5 training centres of the Ministry of Local Development will be strengthened by providing reorientation and trainers' training to their staff and other support services so that these training institutes can implement and monitor beneficiary as well as staff development training.

Banks

45. The two commercial banks; Nepal Bank Ltd. and Rastriya Baniyya Bank are required to make a specified portion of their loan funds available to low-income families, many of whom would have no access to credit except through the group guarantee mandated by the Priority Sector Credit Scheme. Links with commercial banks will continue, and with the help of ADBN, efforts will be made to diversify the sources of credit. Efforts will be made to obtain extensive support of ADBN in the expansion of the credit programmes of PCRW. Since 1989, IFAD credit support has also facilitated these efforts.

Volunteer Agencies

46. The experience of PCRW suggests that the use of WDO/Volunteer teams (volunteers with specified technical skills) at the village level is valuable during the difficult start-up period but not necessary after the initial 2 year period. Thus, the use of volunteers from the Netherlands Development Organisation (SNV), UK Voluntary Services Overseas (VSO), German Volunteer Service and other organisations will be continued for starter activities as well as defined technical support in the 1992-1996 period both at the central and field levels.

MONITORING AND EVALUATION

47. The existing monitoring system of WDD needs to be upgraded and strengthened in order to cope with the programme needs as the PCRW project expands its coverage. The monitoring system should be able to ensure the effectiveness of PCRW inputs. For this, the PCRW site and district level monitoring systems need to be improved. WDOs and Supervisors, who will be transferred to the district headquarters will be monitoring the programme activities in their respective district sites through monthly visits.

48. Selected indicators relating to poverty, literacy skills, CSD, environment, sanitation, food security and nutrition will be devised to assess and regularly monitor the effectiveness of PCRW on low income families. These indicators will also be applied in the evaluation of the qualitative impact of PCRW on children and women.

49. UNICEF's four regionally based Field Officers will regularly monitor through field visits and participation in the regional and district level review and annual planning meetings.

MONITORING AND EVALUATION OF ACTIVITIES IN PCRW

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in women's income	- Regular monitoring through field visits by the field staff of WDD, Commercial Banks and UNICEF - Evaluation studies - Case studies	WDD/ UNICEF, Commercial Banks, ADBN and Nepal Rastra Bank WDD/UNICEF "
Increase in the literacy rate especially female literacy rate	- Regular monitoring by WDD/MOEC/UNICEF - Evaluation studies	WDD/UNICEF MOEC WDD/UNICEF
Number of child deaths per year in the 0 to 36 months age group.	- Regular monitoring - Case studies	WDD/UNICEF HP/DPHO Local Consulting Firms
Coverage of EPI	- Coverage survey Monthly reports from HP.	MOH/WDD/UNICEF
Coverage of T.T. 15 to 45 age group women	- Monthly reports from HP.	MOH/WDD/UNICEF
Number of families who have access to functioning piped/ tubewell drinking water facilities	- Field visits of WDD/UNICEF staff - Regular monitoring by WDD	WDD/MLD/MHPP/DWSS/ UNICEF "
Number of families who have installed and use latrines	- Field visits of WDD/UNICEF staff - Regular monitoring by WDD - Participatory evaluations.	WDD/MHPP/UNICEF

COMMUNITY CONTRIBUTION

50. Community participation, especially women's participation is very high in the planning and implementation of the PCRW activities at the community level. Like in the construction of drinking water supply projects, construction of school buildings and child care centres which are usually initiated by women group members, the community provides voluntary labour. In PCRW sites, women actively participate in organising literacy classes by arranging physical facilities and other support.

51. Women groups will create group savings and community self-development funds to provide partial support to the income generating and community development activities.

SUMMARY OF UNICEF'S COMMITMENTS

	<u>US\$ '000</u>					
	1992	1993	1994	1995	1996	Total
General Resources	130	130	130	130	130	650
Supplementary Funds Available	380	-	-	-	-	380
Supplementary Funds to be sought*	45	450	475	385	400	1755
Total	555	580	605	515	530	2785

* Subject to the availability of supplementary funding

PRODUCTION CREDIT FOR RURAL WOMEN

PHYSICAL TARGETS - IMPLEMENTATION SCHEDULE: 1992 - 1996

S.N		1992	1993	1994	1995	1996	Total
1.	Number of credit groups to be formed	8,278	12,417	12,417	8,278	-	41,390
2.	Number of group members	41,392	62,085	62,084	41,389	-	206,950
3.	Amount of credit disbursement (in thousand NRs)	34,000	44,000	44,000	44,000	44,000	210,000
4.	Female Literacy Classes	510	660	660	660	660	3150
5.	Drinking Water Project						
	Gravity flow schemes	15	13	16	13	7	64*
	Tubewells	70	70	70	70	70	350
6.	Low cost latrines	250	250	250	250	250	1,250
7.	Early Child Care Activities						
	Child Care Centres (Cumulative)	68	88	98	108	108	
	Home-based Centres (Cumulative)	150	200	250	250	250	
8.	Community Health Leaders to be trained (Cumulative)	216	306	396	495	500	
9.	Training:						
	- Skill Development on Income Generating Activities - Women Group Members	2,000	3,000	3,000	2,000	1,000	11,000
	- Social/Community Development - Women Group Members	2,000	3,000	3,000	2,000	1,000	11,000
	- Group Leaders and Promoters	350	400	400	300	300	1750
	- Staff Development (Unit)	15	15	15	15	15	75

* Drinking Water Projects which are over 3 km in length.

PRODUCTION CREDIT FOR RURAL WOMEN

HMG COMMITMENTS: 1992-1996

Rs. in '000

S.No.		1992	1993	1994	1995	1996	Total
1	Amount of credit disbursement (Banks)	34,000	44,000	44,000	44,000	44,000	210,000
2	Female Literacy	574	742	742	742	742	3542
3.	Drinking Water and Sanitation	1500	1300	1600	1300	700	6400
4.	Early Child Care Activities	260	160	165	100	-	685
5.	Training						
	Skill Development, Income Generating, Social and Community Development Activities.	816	2484	3726	3264	2040	12330
	Staff Development	30	60	90	120	150	450
6.	Institutional Building*	25000	30000	30000	30000	30000	145000
	Total	62180	78746	80323	79526	77632	378407

* Operations/recurrent costs of PCRW site offices, WDOs District Offices, WDD Central Offices including salaries, allowances and TA/DA.

PRODUCTION CREDIT FOR RURAL WOMEN

UNICEF COMMITMENTS: 1992-1996

US \$ '000

	Project Component	1992			1993			1994			1995			1996			Total		
		CR	SF	T	CR	SF	T	CR	SF	T	CR	SF	T	CR	SF	T	CR	SF	T
1.	Female Literacy	-	50	50	-	65	65	-	65	65	-	65	65	-	65	65	-	310	310
2.	Drinking Water & Sanitation	-	90	90	-	90	90	-	90	90	-	90	90	-	90	90	-	450	450
3.	Early Child Care Centres Home-Based Centres	-	25	25	-	20	20	20	20	-	10	10	-	10	10	-	85	85	
		-	15	15	-	10	10	10	10	-	5	5	-	5	5	-	45	45	
4.	Community Health Programme	-	15	15	-	25	25	-	20	20	-	25	25	-	25	25	-	110	110
5.	Other Community Development Activities	-	55	55	-	55	55	-	60	60	-	50	50	-	60	60	-	280	280
6.	Training	-	90	90	-	90	90	-	90	90	-	70	70	-	90	90	-	430	430
	- Income Generation	-	40	40	-	40	40	-	40	40	-	30	30	-	30	30	-	180	180
	- Social/Community Development	-	25	25	-	25	25	-	25	25	-	20	20	-	25	25	-	120	120
	- Group Leaders and Promoters	16		16	20		20	20		20	10		10	10		10	76		76
7.	Workshop and Seminar/ Review Meetings	8	-	8	10	-	10	10	-	10	10	-	10	10	-	10	48	-	48
8.	Communication	8	-	8	10	-	10	10	-	10	10	-	10	10	-	10	48	-	48
9.	Monitoring and Evaluation	8	-	8	10	-	10	10	-	10	10	-	10	10	-	10	48	-	48
10.	Revolving Fund for Community Development and Income Generating Activities	20	-	20	20	-	20	30	-	30	30	-	30	30	-	30	160	-	160
11.	Programme Support	50	-	50	50	-	50	50	-	50	60	-	60	60	-	60	270	-	270
12.	Supplies & Equipment	20	20	40	10	30	40	-	55	55	-	20	20	-	-	-	-	125	125
Total		130	425	555	130	450	580	130	475	605	130	385	515	130	400	530	650	2135	2785

Note: SF: Supplementary Funds: Subject to the availability of supplementary funding.

ENVIRONMENT PROJECT

EXECUTIVE SUMMARY

1. The rapid deterioration of the environment and stagnant economic growth in Nepal are obviously affecting most severely the poorest families, particularly their children and women. These problems have led to deprivation of the today's children and robs the coming generation of their full potential of survival and development.
2. The environmental degradation issues of Nepal are related to mismanagement of the natural resources base. The environmental degradation has been further compounded by the rapid growth of population at the rate 2.6 per annum followed by increase of poverty.
3. The rapid depletion of the forest resource has led to scarcity of firewood and fodder, gradually drying up of the drinking water sources, has subsequently increased the work burden of women and girls in collecting firewood, fodder including drinking water from long distances. Furthermore, this has increased the problems of landslides, soil erosion and has had an adverse effect on the ecological balance and creation of environmental pollution. This has direct adverse impact on the quality of life of subsistence families. Loss of soil fertility has put not only pressure on land expansion for agriculture at the cost of forest and grazing lands but also contributes to the desertification process.
4. The hydro-power network is limited to the urban areas. The high per unit production cost of the hydro-power has limited the potential of application of the hydro-power by poor rural families as an alternative source of energy both for household use and to enhance their productivity and income.
5. The percentage of economically active children has more than doubled in the last three decades. The work burden of a girl child is heavier than that of a boy child at all poverty levels. It is estimated that the total work burden for rural women amounts to 10.8 hours per day.
6. The Seventh Plan (1985-90) of HMG aimed for the inclusion of more environmental programmes with environment impact assessment mandatory for all major development activities. Similarly, the Forestry Sector Master Plan of HMG has attempted to develop a long term national programme for the conservation and development of forest resources and promoted ecological balance through people's participation.
7. The National Conservation Strategy devised by HMG in 1988, includes conservation action including integration between environment and development, reduction of the level of environmental pollution, encouraging people's participation, in watershed management, facilitates incorporation of environment in development planning, and introduces environmental education, manpower training, and encourages the involvement of NGOs. The National Planning Commission, the Ministry of Education and Culture and IUCN are in the process of formulating an Environmental Education Programm.
8. The Constitution of Nepal 1990 has included environmental protection under the directive principles and policies of the state.
9. There is a need for a concerted, multi-sectoral and community-based national effort to reverse the trend of environmental degradation. Effort has been made in the Environment Project to improve the household environment of the low-income subsistence families which contributes to the survival, development and protection of children of today and the coming generations adopting community based and multi-sectoral development approach in the formulation and implementation of activities with children and women's participation. Through this approach, this project attempts to advocate and subsequently achieve a sustainable human development with a focus on "Environment" with a Human Face.
10. For this, the low income families will be made aware of the increasing trend of environmental degradation which is adversely affecting them and subsequently encourage and mobilise them in order to organise themselves into self-help cohesive groups for undertaking low cost, small-scale community-based and supported activities which will help to prevent environmental degradation at the community

level and contribute to making their household and local environment conducive for the survival and development of children and women.

PERFORMANCE OF THE ENVIRONMENT PROJECT IN 1990-1991

11. In 1990-1992, UNICEF has attempted to assist His Majesty's Government of Nepal and other organisations in addressing environmental concerns through the existing programme structure. With this the Environment Project has been launched in 15 Small Farmer Development Programme Sites (SFDP) of the Agricultural Development Bank of Nepal and 15 sites of the Production Credit for Rural Women (PCRW) project of the Women Development Division of the Ministry of Local Development in 21 districts. SFDP and PCRW programmes have demonstrated their strong commitment and ability to respond to the urgent needs of low-income and disadvantaged poor communities to address environmental degradation and household income generation through a series of appropriate and community-based environmental interventions.

12. These interventions have developed awareness and skill, increased participation in the environment and community development efforts, helped strengthen local initiatives, innovations and community organisations. Over the last 20 months, a cadre of 166 local volunteer promoters have been formed, about 3200 women and group members were trained to undertake small nursery development, 3000 households were engaged in agro-forestry plantations, 560 households have installed improved cookstoves and 400 sanitary latrines were constructed in the initial 20 months of this project. Although the coverage of this project is still limited at this stage, the project has responded positively to an urgent need in poor communities to address environmental issues and is now being proposed for further expansion.

OBJECTIVES

13. The objectives of the Environment Project are:

1. To improve the living environment of subsistence families at the household and community levels by preventing and alleviating environmental degradation which has adverse effects on the quality of life of children and women of poor families.
2. To raise awareness among subsistence families, especially women of rural and urban areas about environmental degradation issues and mobilise their participation in addressing these problems in a sustainable way.
3. To improve the household environment of subsistence families which will promote survival, development and protection of children.
4. To promote alternative sources of energy for household use, devise and apply technological interventions which reduce the work burden of women and girl children and raise income and food productivity of subsistence families.
5. To facilitate the convergence and integration of services from the government line agencies and NGOs to alleviate environmental degradation linking up with poverty reduction activities.

COVERAGE AND BENEFICIARIES

14. 100,000 families who are living below the poverty level will be reached by the Environment Project with a coverage of 300 Village Development Committees by 1996.

15. Considering the magnitude of the environmental problems and issues that directly concern the survival of subsistence families, the coverage of the UNICEF assisted ongoing Environment Project has to be rapidly expanded within and outside the SFDP and PCRW programme areas.

PROGRAMME STRATEGY

16. The environmental activities will be an integral part of the sectoral programmes assisted by UNICEF. As such, the programme delivery structures of the programmes especially SFDP, PCRW and UBS will be used as channels for the implementation of the Environment Project activities at community level.

17. Through a process of needs assessment, the communities will identify the environmental degradation issues which have been adversely affecting the living conditions of poor families at the household and community levels where the SFDP and PCRW programme structures are available. In areas where the field networks of these programmes do not exist Users' Committees will be formed in the Village Development Committees and these committees will be utilised to assess community needs.

18. The income generating activities which will contribute to improving the household and local environment will be emphasised.

19. A multi-sectoral approach and Planning from the community up and a decentralised process will be adopted through the mobilisation of credit groups and Users' Committees in the implementation of the Environment Project.

20. Income generating activities, Female Literacy, Drinking Water Supply and Sanitation, Family planning and credit group formation will be adopted as main entry points to initiate environmental programme interventions at the community level.

21. The socio-economic surveys of the household will be conducted to identify the target population in the areas selected for the Environment Project.

22. The process of group dynamics and the sensitisation of women groups, small farmer groups, Users' Committee members, teachers, parents and children will facilitate the efforts to effectively implement the community-based Environment Project activities in a more sustainable way.

23. The use of promoters i.e., selected volunteers from the community, at the ward and group level at one promoter per ward, will be undertaken in all the Environment Project sites.

24. The following criteria will be used to select sites and the beneficiary population of the Environment Project:

- a. Areas where there is evidence of or potential for environmental degradation.
- b. Areas with a high population density and a heavy concentration of poor families.
- c. Areas with a potential and scope to involve local NGOs.
- d. Areas where SFDP, PCRW and Intensive Banking and other poverty alleviation programmes are in operation and will be in operation in future and the potential of service delivery networks of the sectoral programmes or the government line agencies exist.
- e. Areas where CHV and UNICEF assisted Drinking Water Supply and Environmental Sanitation Programme the literacy and the post-literacy activities will be implemented.

25. The policy statements of the National Conservation Strategy of HMG will also be used as guidelines for the implementation of this project.

PROGRAMME COMPONENTS

Environmental Education

26. UNICEF will support curriculum dissemination and textbook development with environment education, both through formal and non-formal means. Activities like tree planting, school tree nursery establishment, essay and poster competitions to create environmental awareness will be organised under the extra-curricular activities. The Ministry of Education and Culture will take the lead role in initiating these activities.

27. The functional adult literacy and chelibeti classes and the post-literacy activities will be used to provide education on the environment. The Adult Education Section of MOEC and cooperating NGOs will play a lead role in the implementation of these activities.

28. The policy framework and materials will be developed by MOEC. The IUCN Environment Education material will also be used as guidelines for the implementation of the Environment Education activities.

Environmental Sanitation

29. To address the critical problems of unsafe and insufficient drinking water, the lack of safe means of human waste disposal and inadequate personal and household hygiene including poor food handling practices, the project activities will focus on improving the household sanitation conditions through the promotion of environmental sanitation education, access to safe drinking water, sanitation facilities such as installation and use of improved household latrines and improved smokeless fuel saving stoves. DWSS/MHPP, ADBN and WDD/MLD will jointly support and implement these activities undertaken by the communities. The environmental sanitation activities will be implemented within the policy framework of the National Sanitation Programme assisted by UNICEF, with particular focus on women's involvement.

Population Education

30. In SFDP and especially in PCRW, population education activities have already been implemented in selected sites with the support of UNFPA and there is a positive response from the participants in this activity. Thus, efforts will be made to impart and disseminate information on birth spacing and family planning for both men and women through orientation, training and social mobilisation at the group and community levels using the SFDP, PCRW, school and literacy teachers networks of MOEC and the primary health care network of the Ministry of Health. In addition, literacy and post-literacy activities will also be used as one of the channels for disseminating information on population issues.

31. Close collaboration will be maintained with UNFPA and the projects on Family Planning and MCH assisted by UNFPA and UNICEF and others for the implementation of population education activities.

Training

32. The focus of the training and orientation activities will be on the marginalised small farmers, women, local leaders, group leaders of SFDP and PCRW, the local school Management Committee members, Users' Committee members and the Village Development Committee members to sensitise them on the issues of their household environment and how these problems affect their survival and especially the survival and development of children and women. Moreover, the other component of the training of beneficiaries will be to develop the local leadership skills, group dynamics, self-help groups and raise their confidence in undertaking family and community-based activities, first to make their household environment conducive for the survival and development of their children and women and subsequently to improve the local environment which effects the community as a whole.

33. Small farmers, socio-economically disadvantaged women groups and local leaders will be given skill development and knowledge upgrading training on income generating activities, to raise fast growing fuelwood, fodder and fruit trees, application of appropriate technologies which will reduce the work burden of women and girl child.

34. The Group Organisers and Women Group Organisers of SFDP, Women Development Officers, Chief Women Workers and Women Workers of PCRW, school teachers and promoters will be sensitised and subsequently trained them in helping communities to identify environmental degradation issues using the needs assessment methodology for the implementation, monitoring and supervision of Environment Project activities. In addition, these frontline workers will be trained in mobilising NGOs, establishing linkages between the field networks of the government line agencies and conducting household surveys.

35. For this, the regionally based five training centres of ADBN, Women Training Centres of MLD, and training support of NGOs will be used. The Nepal Forum of Environmental Journalists, the

Centre for Rural Technology and the Research Centre for Applied Science and Technology will also assist in developing training materials for them.

36. The workshops of the beneficiaries using a participatory approach will be organised at the Environment Project sites to review and discuss the problems and issues and devise solutions to these problems together with the community.

Social Forestry

37. Community-based small scale social forestry activities will be designed to enable the rural communities to fulfil the basic needs of fuelwood and fodder. The social forestry activities will also encourage forest-based small scale enterprises to motivate community participation through income generation.

38. The families who own land will be encouraged to plant fast growing fuelwood, fodder and fruit trees on their farm land and around their houses. Communities will be encouraged to protect and preserve the public land and protection of water catchment areas by initiating afforestation activities. SFDP, PCRW, the Field Offices of the Department of Forest of the Ministry of Forest and Environment will provide fuelwood, fodder and fruit tree saplings, support for fencing the public land and other technical support required, to the families for undertaking these activities. In addition, tree plantation will be promoted in school compounds, along trails, irrigation canals, river banks and water sources and in landslide-prone areas by involving local communities. This project will support the lease-hold forestry schemes and farm forestry activities.

Appropriate Technologies

39. The low-cost and appropriate technologies which have direct bearing on reducing the work burden of women and girl child and enhance food productivity and supportive to the income generating activities will be promoted. In addition, technologies related to energy generation supportive to the environment both at the household as well as community levels such as improved household cooking stoves, multi-purpose water mills and bio-gas will be promoted. Subsidy along with credit from ADBN and commercial banks will be provided to the beneficiaries in the promotion of appropriate technologies.

40. Support will be provided to regional based Appropriate Technology Units (ATUs) of ADBN, Gobar Gas Company, private organisations such as the Centre for Rural Technology, and RECAST to carry out development, testing and demonstrations of the appropriate technologies related to the protection and conservation of the Environment.

Communications and Social Mobilisation

41. Communications and social mobilisation strategies for the Environment Project will be developed in collaboration with the WDD/MLD, ADBN, MOEC, NGOs and local media organisations. Communications and information materials such as radio programmes and video to support the activities of the Environment Project will be developed by ADBN, WDD/MLD and NGOs.

42. Support will be provided to the Nepal Forum of Environmental Journalists and other NGOs for developing communication and information materials such as Wall Newspaper and other information kits on the environment and their distribution in the urban and rural areas. UNICEF will provide limited assistance in providing short term training to staff of WDD/MLD, ADBN and MOEC on the development and production of the communications and information material on the environment and population and sustainable development issues.

INSTITUTIONAL BUILDING

43. Strengthening of the institutional capacity of the executing agencies of the government such as ADBN, MLD/WDD and MOEC, and other government line agencies and local NGOs is crucial for effectively supporting activities at the community and family levels. Thus, support will be provided to these government line agencies and NGOs to improve their capacity in effectively planning, implementing, monitoring and supporting the Environment Project activities.

44. Support will be provided to expand the promoters scheme in all the project sites.

COOPERATION WITH NGOs AND LOCAL ORGANISATIONS

45. A number of local NGOs such as the Nepal Forum of Environmental Journalists, the Centre for Rural Technology, ECCA and Women in Environment have already initiated various activities in raising awareness on the environmental degradation issues. The potential of these NGOs will be explored for the implementation and monitoring of the Environment Project activities in collaboration with the line agencies such as WDD/MLD, ADBN and MOEC.

46. The NGOs and government line agencies will be encouraged to interact frequently through workshops, seminars, and meetings so that a better understanding and cooperation can be maintained between them in the implementation of the Environment Project. In addition, technical and programme support of the Environment Division of the Department of Watershed Management and Soil Conservation, the International Centre for Integrated Mountain Development (ICIMOD), IUCN, UNDP/UNEP and UNFPA will be sought in the implementation of various activities of the Environment Project which are of interest to these organisations and to the project.

MONITORING AND EVALUATION

47. The existing monitoring systems of the concerned government line agencies such as ADBN, WDD/MLD, MOEC and NGOs will be reviewed and adjusted to the needs of the Environment Project.

48. The consolidated field progress reports quarterly generated by the Environment site offices and the concerned district offices will be reviewed at the central level and subsequently follow-up action will be taken by the concerned agencies.

49. Selected critical indicators will be devised for using the assessment, monitoring and evaluation of the project's qualitative impact on the intended target beneficiaries. Case studies and action research will be conducted on the different aspects of the Environment Project. The findings of these studies and research will be used in revising and making adjustments in the ongoing approaches and devising new approaches and strategies for planning, implementation and monitoring of the Environment Project. In 1994, an evaluation study will be conducted to assess the impact of this project.

50. Annual Planning, Periodical review workshops and seminars will be organised by ADBN, WDD/MLD and MOEC with UNICEF assistance at the field and at the central level to review the progress, achievements, constraints and issues of the Environment Project and to initiate follow-up action.

51. UNICEF's regionally based Field Officers will regularly monitor the implementation of the Environment Project. They will facilitate cooperation between ADBN, WDD/MLD, MOEC and potential NGOs in the implementation of the Environment Project activities in their regions.

MONITORING AND EVALUATION OF ENVIRONMENT ACTIVITIES

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in the level of awareness of low income subsistence families on environmental degradation issues which are adversely affecting them	- Evaluation study	WDD, MOEC, UNICEF
Number of fuelwood, fodder and fruit tree plantations on private and public land	- Regular monitoring through field visits by the ADBN, WDD, MOEC staff	ADBN, WDD, MOEC, UNICEF Field Officers
Number of fruit tree nurseries established with community efforts	- Regular monitoring	ADBN, WDD, MOEC
Number of improved household cooking stoves, bio-gas, Multi-purpose watermills and other appropriate technologies installed and used	- Regular monitoring	ADBN, WDD, UNICEF Field Officers
Number of forestry activities initiated to protect water sources	- Regular monitoring	ADBN, WDD, MHPP/WDSS
Number of people who have knowledge on family planning	- Survey/Case Studies	ADBN, WDD, Ministry of Health
Number of drinking water projects installed and functioning	- Regular monitoring	ADBN, WDD, MHPP and UNICEF Field Officers
Number of low cost household and school latrines installed and used	- Regular monitoring	ADBN, WDD, MOEC, and UNICEF Field Officers

SUMMARY OF COMMITMENTS: ENVIRONMENT PROJECT 1992-1996

COMMUNITY'S CONTRIBUTION

52. Communities will mobilise locally available resources through creation of village self development funds and group saving to share in the project costs. In addition, the community will provide voluntary labour in the implementation of the construction oriented project activities.

UNICEF'S COMMITMENTS:

53. The following commitments will be made from UNICEF's resources:

US\$ in '000

	1992	1993	1994	1995	1996	Total
General Resources	40	40	40	40	40	200
Supplementary Funds to be sought *	60	250	200	200	200	910
Supplementary Funds Available (GI)	190	-	-	-	-	190
Total	290	290	240	240	240	1,300

* Subject to the availability of supplementary funding.

HMG'S COMMITMENTS:

54. The following commitments are earmarked from HMG:

Rs. in '000

Activity	1992	1993	1994	1995	1996	Total
1. Social Forestry	700	1050	1050	525	175	3500*
2. Technological Interventions	450	900	1350	1463	1462	5625*
3. Salaries and Allowances	700	720	740	750	770	12805
Grand Total	1850	2670	3140	2738	2407	12805

* These amounts include the credit component of ADBN and the commercial banks to support the income generating activities

ENVIRONMENT

COVERAGE AND BENEFICIARIES: 1992-1996

Activity	Unit	1992	1993	1994	1995	1996	Total
1. Number of Village Development Committees to be directly covered	Cumulative	100	150	200	250	300	
2. Skill development, training/ orientation, Environmental Education; Population Education	Household	24000	24000	24000	24000	24000	120000
3. Social Forestry (Fuelwood; fodder and fruit tree nurseries; tree plantation; protection of water sources; soil conservation; wasteland utilisation)	Household	10000	15000	15000	7500	2500	50000
4. Environmental sanitation	Household	5000	10000	10000	10000	5000	40000
5. Technological Interventions (Stoves; water mills; bio-gas and other appropriate technologies)	Household	1000	2000	3000	3500	3000	12500

* Note: This does not include the beneficiaries who will be indirectly benefited by the activities such as Population Education, Poverty Reduction and Communication and Information Activities.

ENVIRONMENT

PHYSICAL TARGETS - IMPLEMENTATION SCHEDULE: 1992 - 1996

Activity		1992	1993	1994	1995	1996	Total
1. Social Forestry (Protection of water source, Conservation of soil, Utilisation of wasteland, Development of Fuelwood, Fodder and Fruit tree nurseries and plantation of trees)	No. of sites	200	300	300	150	50	1000
2. Environmental Sanitation (Sanitation Education and Latrine installation)	Unit	500	10000	10000	10000	5000	40000
3. Technological Interventions (Appropriate Technologies: Stoves, water mills, bio-gas, food storage etc.)	Unit	200	400	600	650	650	2500
4. Training of Beneficiaries (Skill development, Environment Education, Population Education Orientation)	No	200	200	200	200	200	1000
5. Manpower Development							
i) Promoters/Local Volunteers Training	No	20	30	40	34	-	124
ii) Staff Training	No	10	10	10	10	5	45
iii) Review Workshops/ Seminars	No	6	6	6	6	6	30

ENVIRONMENT

UNICEF COMMITMENTS: 1992 - 1996

US \$ '000

S. N.	Activity	1992			1993			1994			1995			1996			Total		
		GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T	GR	SF	T
1.	Income Generation Activities	-	20	20	-	20	20	-	15	15	-	15	15	-	15	15	-	85	85
2.	Environmental Sanitation	-	30	30	-	30	30	-	30	30	-	30	30	-	30	30	-	150	150
3.	Technological Interventions	-	30	30	-	30	30	-	30	30	-	35	35	-	35	35	-	160	160
4.	Training Beneficiaries	-	60	60	-	60	60	-	50	50	-	50	50	-	50	50	-	270	270
5.	Manpower Development Promoters/Local Volunteers Staff Training & Review Workshops	3	-	3	3	-	3	3	-	3	3	-	3	-	-	-	12	-	12
		7	-	7	7	-	7	7	-	7	7	-	7	10	-	10	38	-	38
6.	Social Forestry	-	40	40	-	50	50	-	40	40	-	40	40	-	50	50	-	220	220
7.	Communication, Development & Production of Education Materials	10	30	40	10	30	40	10	10	20	10	10	20	10	10	20	50	90	140
8.	Monitoring & Evaluation	10	-	10	10	-	10	10	-	10	10	-	10	10	-	10	50	-	50
9.	Programme Support	10	20	30	10	15	25	10	10	20	10	10	20	10	20	30	50	75	125
10.	Supplies & Equipment	-	20	20	-	15	15	-	15	15	-	10	10	-	-	-	-	60	60
	Total	40	230	290	40	250	290	40	200	240	40	200	240	40	200	240	200	1100	1300

Note: SF: Supplementary Funds; Subject to the availability of supplementary funding.

URBAN BASIC SERVICES

EXECUTIVE SUMMARY

1. Nepal's urban population, estimated at 1.7 million in 1991, is increasing at a rate of 7.4% annually, more than three times the overall national average. At the current pace, the urban population is expected to almost double by the year 2000.
2. Urban expansion in the 33 municipalities has not been accompanied by a similar expansion in basic services. Problems which were previously unknown to Nepal have emerged, including congestion, air pollution, deteriorating housing conditions, child labour exploitation, drug abuse and lack of sanitary facilities. This situation is imposing a heavy demand on existing urban institutions for more appropriate, innovative and focused responses, particularly for the urban poor. Given the limited scope for making rural life more attractive in the short-term, problems associated with rural-urban migration and urbanisation will increase in the future. In the process, the urban poor, constituting at present over 42% of the urban population according to the World Bank, or about 700,000 continue to suffer.
3. In the national context, the high population growth rate and limited absorptive capacity of rural areas means that the tempo of urbanisation, which is the highest in South Asia, will continue and possibly increase in the future. In addition, towns and cities will receive a large number of unskilled surplus labour, increasing at the rate of 300,000 per annum.
4. Notwithstanding the certainty of future problems, HMG is not in a position to implement large-scale urban improvements. A study conducted by the Management Support for Urban Development Project in 32 municipalities shows that at 1987 rates NRs.14,172 million will be required to provide basic infrastructure to all the towns, indicating a wide gap between available resources and needs. Responses are called for that are not capital intensive, that mobilise communities and their resources, and that utilise the high density of the urban setting for cost-effective delivery of urban basic services, particularly to the poor.
5. The urban poor tend to have larger families than the non-poor, earn less than one-half the income, spend more than they earn, live in more crowded situations, and have less access to sanitary facilities, education and safe water supply.
6. The poor derive their income primarily from daily wages, small family enterprises or as labourers in the informal sector which employs 32% of the economically active urban population. The poor of all ages, especially girls and women, work longer hours than the non-poor.
7. Urban planning in Nepal is primarily the responsibility of two ministries. The Ministry of Local Development's (MLD) Urban Development Division (UDD) is responsible for the coordination of programmes related to local government bodies. The Ministry of Housing and Physical Planning (MHPP) and its related agencies, i.e. the Department of Housing and Urban Development (DHUD), the Solid Waste Management and Resource Mobilisation Centre (SWMRMC) and the Nepal Water Supply Corporation (NWSC), is responsible for overall planning of the urban environment.
8. Altogether, eleven of HMG's twenty-two ministries have responsibilities for the supply and management of social and physical services in urban areas.
9. Many international agencies as well as non-governmental organisations (NGOs) are involved in the urban sector in Nepal. Most major programmes tend to concentrate on capacity- and infrastructure-building, both at central and municipal levels.
10. Although efforts are being made towards improving town management, few programmes address the needs of the urban poor, in particular, the needs of children and women living in low-income urban areas, by involving them directly.
11. HMG and UNICEF by utilising the unique opportunities provided in the urban setting will continue to base their involvement on a preventive approach, using the convergence and integration of services with community participation at all levels and cooperating with NGOs, bilateral and multilateral agencies. In addition, the programme will advocate for the realignment of policies and budgets to address the needs of the poor.

GOVERNMENT POLICY AND PROGRAMME FRAMEWORK

12. The Municipal Act 2047 (1990) and the directives in the Seventh Five Year Plan on urbanisation and habitation provide the institutional framework within which development in the municipalities takes place. The Constitution 2047, and the National Programme of Action for the implementation of the World Summit Declaration for the Survival, Protection and Development of Children provides for deliberate actions in favour of the underprivileged, especially children and women.

GOALS AND OBJECTIVES

13. Due to its cross-sectoral nature, the programme aims to achieve the sectoral National Goals for Children and Development in the 1990s, as stated in the World Summit Declaration for the Survival, Protection and Development of Children, in all urban communities reached by this programme.

14. Programme goals include:

- to strengthen community development processes;
- to enhance the capacity of the municipalities to upgrade the living environment of poor urban areas;
- to create awareness on conditions affecting poor urban families, particularly children and women, to adjust existing policies, implementation strategies and budget allocations to address their needs.

15. **General Objectives**

1. through advocacy, to achieve sustainable urban development policies and implementation strategies that focus on poor urban families, particularly children and women;
2. to accelerate the convergence of urban policies and integration of programmes at all levels, through improved coordination among all ministries, line agencies, municipal bodies, donors and NGOs;
3. to improve the delivery of quality urban basic services to reach at least 75% of the urban poor families by the year 2000 AD, with an intermediary goal of 500,000 by end 1996;
4. to support community-based urban environment and social improvement initiatives by providing advocacy, financial, technical and management support;
5. to build capacity at central, municipal and community levels through training and awareness-creation.

16. **Specific Objectives**

Specific objectives and goals covering other programmes in this Master Plan of Operations will also apply to UBS.

Programme activities will aim for increased coverage and utilisation, specifically:

Housing and Environment

- to improve access to safe drinking water in poor urban areas;
- to improve personal and environmental hygiene through small-scale community-based actions, such as solid waste management, improvement of walkways and drainage and installation and utilisation of household latrines.

Health and Nutrition

- to improve maternal and child health service delivery and access, with emphasis on family planning and basic health interventions;
- to provide basic health education to the community through a variety of approaches including the dissemination of Facts for Life messages, and nutrition education with an emphasis on improving weaning practices.
- To improve food diversity and food security at the household level through the promotion of kitchen gardening.
- To increase the nutritional status of children by organising the distribution of food through child care centres, schools and urban clinics.

Education

- to improve coverage of basic education and literacy, especially for girls and women;
- to expand opportunities for early childhood development activities, both at home and in community centres

Income Generation

- to develop income-generating skills, especially for women, supported by the development of credit schemes such as community revolving funds, access to banking facilities and to the town development fund.

Training

- to impart community leadership skills at all relevant levels;
- to assist in capacity-building at central and municipal levels through training about UBS and how to focus resource allocations to reach the urban poor.

Capacity-Building

- to support the creation of a municipal-level database consisting of information collected by the communities and other surveys and assessments, to provide an annual disaggregated update on the situation of the urban poor;
- to use the database to annually assess the UBS and other related programmes, and to assist HMG and municipalities to more effectively focus their efforts and resources towards environmental improvements in poor urban areas.

Communications

- to use various communication channels to accelerate programme implementation, through awareness creation at all levels.

Advocacy

- to ensure the protection of children's and women's rights;
- to eliminate gender disparities and to improve conditions for the girl child;
- to obtain the passage of non-discriminatory legislation;
- to increase policy-makers' attention to squatter settlements, the urban homeless and to children in especially difficult circumstances (CEDC), leading to action programmes.

PROGRAMME COVERAGE

17. This programme will cover fifteen municipalities. By the end of 1992, activities in the initial five Municipalities (Dhangadi, Nepalganj, Pokhara, Biratnagar and Lalitpur) will be fully operational, and the programme will have been extended to an additional five (Kathmandu, Janakpur, Hetauda, Birgunj and Dharan). By the end of 1993, the programme will be extended to the remaining five Municipalities.

Number of Settlements	Development Region	Annual Projected Growth Rate (%)	Projected Total Population 1992	Projected Total Population 2002
1 - Kathmandu*	Central	4.00	374,727	561,125
2 - Bhaktapur	Central	3.00	65,721	84,123
3 - Lalitpur	Central	4.00	118,322	175,297
4 - Janakpur	Central	7.00	87,549	159,606
5 - Hetauda	Central	7.00	72,330	109,158
6 - Birgunj	Central	8.00	156,011	313,594
7 - Bharatpur	Central	6.00	51,511	88,413
8 - Biratnagar	Eastern	6.00	199,200	332,315
9 - Rajbiraj	Eastern	5.00	43,718	67,958
10 - Dharan	Eastern	5.00	86,571	141,018
11 - Pokhara	Western	6.00	94,990	158,470
12 - Tansen	Western	3.00	25,970	34,903
13 - Birendranagar	Mid West	5.00	28,141	46,641
14 - Nepalgunj	Mid West	6.00	57,428	102,851
15 - Dhangadhi	Far West	6.00	38,994	69,836
Total			1,501,186	2,445,308
Total Urban Poor**			630,498	1,027,029
75 % Urban Poor			472,873	770,271

Source: MHPP, DHUD and MSUD. Urban Infrastructure Service Delivery in Nepal - Towards a Model Framework; April 1990.

* Including Kirtipur and squatter settlements in Kathmandu valley.

** About 42% according to the World Bank definition of income level below US\$114/person/year.

18. The criteria for the selection of the above Municipalities included:

- high growth rate during the last three years;
- high concentration of urban poor;
- populations over 15,000 in 1990;
- economic importance.

IMPLEMENTATION STRATEGY

19. The UBS strategy of integration of basic services at the community and family levels with a specific focus on children and women, community participation, and cost-effectiveness approaches, as well as sustainability of all supported activities are preconditions for all activities supported by the programme.

20. In 1992-97, the programme will concentrate on increasing coverage, efficiency, sustainability and quality. This phase will be the second of a long-term strategy leading to full institutionalisation of the UBS programme by the year 2000, in line with HMG's poverty alleviation policies.

21. The implementation strategy of the UBS programme at municipal level continues to have two main approaches: multi-sectoral and community-based.

22. **The multi-sectoral** approach will cover all poor areas within the municipality and serve as a catalyst for the integrated implementation and monitoring of other assisted national programmes. One example is the provision of educational materials, water supply and sanitation to all needy primary schools in the municipality.

23. **The community-based** programmes will focus only on the most disadvantaged wards or pocket areas of the towns, starting with 250 households in every municipality for the first year and rapidly expanding to reach 75% of the urban poor by the year 2000.

24. The selection of areas for implementation will be made by the Municipal UBS Executive Board (see 45). To ensure effective implementation and sustainability, UBS relies on continuous and permanent community participation at all stages of the project, from planning through implementation, monitoring and evaluation. Selected activities will serve as entry points and will vary according to the community's needs.

25. Data collection by the community will ensure its participation in determining and prioritising needs, identifying its own resources and other needed inputs to meet those needs, as well as in preparation of their own Plans of Action, and the monitoring and evaluation, of the programme outputs.

26. The selection criteria for the inclusion of a ward into the programme will be based on the existence of at least four of the following indicators:

- infant and child mortality rates above the national urban average;
- low literacy and school enrolment rates in women and children;
- population from amongst the poorest and most disadvantaged socio-economic group, as defined locally;
- poor nutritional status of children;
- lack of access to an adequate drinking water supply;
- poor environmental sanitation;
- presence of children in especially difficult circumstances;
- high population density and poor quality housing.

27. The municipal UBS Executive Board will coordinate and ensure that all inputs required by the programme are effectively delivered, including activities which are the responsibility of line ministries, together with external donor agencies and NGOs.

28. Linkages with national and international agencies and with other donors will be strengthened, including those with the UN family, German Technical Cooperation, Redd Barna, Training in Area Upgrading and Slum Rehabilitation TASK Project (NORAD/NTH), Save The Children Fund (UK) (especially through professional support from its Urban Child Unit), Voluntary Services Overseas (VSO), Urban Development Through Local Efforts (UDLE) and others. In addition, the cooperation of local and national NGOs, such as the Scouts, Lions, Jaycees, NGO Forum, Youth Groups and *Guthi* will be sought.

29. United Mission to Nepal (UMN), the US Peace Corps and VSO are expected to provide technical support for the project at municipal and community levels, in order to build local capacity and thus accelerate quality programme delivery (see 58).

30. The district offices of the DHUD, through their district engineers, will coordinate with NWSC and DWSS and other MHPP agencies to facilitate the implementation of activities including improving access to safe drinking water, improving environmental sanitation, promoting home improvements, area planning, in-service training of staff and micro-environmental improvements.

31. The MHPP's responsibilities will also include those associated with the implementation of activities for Kathmandu squatter settlements and the Kirtipur urban area.

32. The Ministry of Health, represented by the District Public Health Officer, will be responsible for coordinating and assisting the UBS Executive Board in all health-related activities at municipal and ward levels, including the development of a network of urban maternal and child health clinics in the programme areas. As the Ministry of Health has recently promulgated a new national health policy, the details of the service delivery network will be developed. However, it should be noted that provision of PHC services in the urban slums, has been specifically mentioned in this policy and therefore, what

remains to be defined is the modality of the provision of these services. The Ministry will also be responsible for disseminating health messages of Facts For Life, and training NGOs and other local clubs to assist in monitoring the health aspects of the programme.

33. The Ministry of Education and Culture, through its District Education Inspectors, will assist the UBS Executive Board in the development and implementation of programmes related to formal and non-formal approaches to basic education and literacy, early childhood development activities, and support and training on Facts for Life messages.

34. The Ministry of Labour and Social Welfare will assist in the development and implementation of plans, studies and strategies related to urban children, in particular female children and children in especially difficult circumstances.

35. The Ministry of Labour and Social Welfare will also be responsible for creating awareness and formulating legislation on issues related to the Convention on the Rights of the Child and the UN Convention on Eliminating All Forms of Discrimination Against Women. Thus, issues such as elimination of gender disparities and women's property rights will be taken up.

36. The MLD, through the Executive Secretary of each municipality, will assist and support activities pertaining to provision of municipal resources and support for the programme; training in community leadership skills, particularly for women; the development of income-generating skills supported by credit schemes; and training at all levels, including those conducted by the Local and Urban Development Training Centre in Pokhara.

37. The Ministry of Land Reform and Management will review and realign policies on land ownership issues as they relate to the urban poor and squatters.

38. At central level, in addition to the support provided to the municipalities as stated above, all ministries will be involved in assisting the focal ministry in the development of policies that address and protect the needs and the rights of the poor, such as access to affordable land and tenure rights; eliminating gender disparities and improving the life of the girl child; strengthening linkages with ministries, donor and other agencies; preparing improved plans for municipal development; creating a database and reading centres at the municipal level; conducting surveys and assessments on the urban poor; compiling data as part of a rolling situation analysis on the urban poor; training for all the activities stated above, as and where necessary.

39. IEC materials produced from other line agencies and UNICEF on issues covered by the specific objectives of this programme will be used to the fullest extent possible. Whenever necessary, additional materials will be produced.

ORGANISATIONAL STRUCTURE

40. At community level, a UBS Environment Improvement Committee will be formed under a ward representative to deal with the identification, planning, implementation and monitoring of programme activities.

41. Although all beneficiaries will be committee members, a group of selected volunteers will conduct its day-to-day business. The core committee will consist of a chairperson, a treasurer, a secretary and three other members. At least one-half should be women. Core members will be elected every two years.

42. The committee will implement the programme at ward level according to UBS operational guidelines prepared by MLD and UNICEF for the previous plan of operations. To execute localised activities other local-level committees may be formed.

43. Community organisers (COs) will prove the link between the communities and the municipalities. Each municipality will have at least one male and one female CO, who initially will serve as the secretaries of the community committees. They will be based in the municipality, but will always be in close contact with the communities.

44. UMN staff, US Peace Corps Volunteers and VSO volunteers will provide technical support for capacity-building at the ward level (see 57 and 58).

45. At the municipal level, a Municipal UBS Executive Board will be formed, under the Chairmanship of the Mayor. The Board will include the chiefs of the related district agencies i.e., Public Health, Education, Water and Sanitation, Solid Waste Resource Mobilisation, DHUD, and other relevant agencies, the Executive Secretary (who will be the secretary of the Board), section chiefs of the municipality, members of the UBS Environment Improvement Committees, COs, UMN, Peace Corps, VSO, UNICEF Field Officer, and anyone else that the Board deems necessary. Until local elections are held, and local representatives elected, the Executive Secretary will also assume the Chairmanship's functions.

46. The Board will be responsible for beneficiary selection, approval of plans and budget allocations, programme coordination, overall monitoring and programme guidance, provision of technical support, etc. The Board will report to the Steering Committee (see 48) on matters concerning the annual programme, financial status policy support and overall progress. This Board will meet at least once every four months, or whenever necessary. Municipal support for the programme will also cover provision of facilities for the database, library and UBS staff.

47. At the central level, an inter-agency Steering Committee will be formed under the chairmanship of the focal ministry. The members of this Steering Committee will have decision-making powers, and will be of a senior level. This committee will meet at least every quarter, with the first meeting to be held within the first three months of the Nepalese fiscal year. The Secretariat and Chairperson of this committee will be defined by MLD.

48. The Steering Committee will be formed by representatives of the MHPP and its agencies; MLD (Women's Development and Urban Development Divisions); Ministry of Finance; Ministry of Health and its agencies; Ministry of Education and Culture and its agencies; Ministry of Labour and Social Welfare; Ministry of Land Management and Reform; UNICEF; UMN; Peace Corps; UNFPA; and WFP.

49. The specific functions of the Steering Committee will be to examine strategies in the context of effectiveness, efficiency, impact and institutionalisation; to ensure coverage aims are met; to coordinate policy and programme implementation at the central level; to mobilise resources; to approve the overall annual programme on the basis of proven local support; to evolve guidelines, and approve rules and procedures related to the management of the programme; and to develop a long-term perspective on poverty alleviation in the context of urban development. In addition, the Steering Committee will also have to bring the programme in line with directives enacted from the new Municipal Act, and the 8th Five Year Plan.

50. One unit will be set up to deal with specific areas of the programme; at the MHPP under the DHUD. This unit will be headed by a coordinator.

51. In line with the responsibilities allocated by HMG to the two ministries, the DHUD unit will deal with environmental issues (water and sanitation, home improvements, squatter areas, etc.) and overall policy and support to local government capacity building. The Unit in UDD will be concerned with coordination, monitoring and implementation issues with the municipalities. Both units will liaise directly with the municipalities and the UBS Steering Committee.

SUPPORTING AGENCIES AND THEIR SPECIFIC FUNCTIONS

The functional role of the line agencies as far as programme implementation and support for the municipalities is concerned will be as follows:

52. Ministry of Housing and Physical Planning:

- policy coordination among its agencies;
- integration within broader urban policies;
- technical manpower support for planning, engineering, research, training and community development activities;
- programme monitoring and evaluation;
- elaboration of studies on the situation of the urban poor and finalisation of the annual rolling programme policy formulation document;
- auditing (planning, management and fiscal);

- revision of UBS's implementation guidelines.

53. Ministry of Local Development:

- institutional focal point;
- overall policy coordination;
- mobilisation of the municipalities to support the programme;
- enlisting local agencies' support for poverty alleviation programmes;
- assisting in the expansion of PCRW strategic approaches to cover urban poor women with credit schemes.
- revision UBS implementation guidelines.

54. Ministry of Health and Ministry of Education:

- designating a programme coordinating unit within each ministry;
- providing policy formulation support;
- inclusion of UBS sectoral programme components in annual programmes;
- directing concerned divisions and sections to implement its components in conjunction with the overall programme;
- collecting the necessary baseline data and conducting studies to provide direction in sectoral strategy formulation;
- conducting training programmes on issues pertaining to their programmes.

55. Ministry of Land Management and Reform:

- providing policy support and operational inputs on matters related to regularisation of land titles to the poor;
- policy articulation specifically addressing issues related to the urban poor.

56. Ministry of Labour and Social Welfare:

- facilitating the mobilisation of international and national NGOs affiliated with the Social Services National Coordination Council;
- providing leadership in the implementation of the social aspects of the programme;
- providing policy formulation support;
- directing the implementation of programme components relating to child welfare and women's skills training;
- promoting the enforcement of legislation related to child labour and children in especially difficult circumstances;
- coordinating the implementation and monitoring of the Convention on the Rights of the Child and the UN Convention on Eliminating all Forms of Discrimination against Women;
- providing a focal point for implementation of policies to improve the status of the girl child and children in especially difficult circumstances.

57. Functional Role of Other Participating Agencies:

- secondment of personnel;
- direct implementation of certain programme components;
- research on relevant issues.

58. Organisations presently involved in participating through one or more of these modalities include UMN and Peace Corps. Secondments may include provision of a technical person to:

- one or more municipalities to accelerate the process of community- mobilisation and the integration of the UBS programme into the municipality's operations;
- one or more UBS-targeted municipalities to assist the community with the self-survey and assessments and the creation of a database and reference library on urban issues.

59. Each secondment will be adapted, to specific needs and opportunities and will normally be limited to two to three years, by which time this role would have been absorbed by the municipalities.

60. Direct operation of programme components will be for the purpose of accelerating coverage through partnerships with one or more municipalities. Each partnership will be adapted to specific needs and opportunities, will be evaluated every year and normally be limited to a three to five year period.

61. Researchers and Research Institutions will be used for short-and long-term studies on relevant issues, in order to accelerate development of the knowledge base and research capacity of the UBS programme, other national institutes and participating agencies. These studies should assist and ultimately lead the Steering Committee in the formulation of policies that address the needs of the poor and accelerate programme delivery. Prior approval will be obtained by the focal Ministry or the Ministries concerned for the studies. Extensive support will be provided by the line Ministries in this function.

MONITORING AND EVALUATION

62. The guidelines to operationalise the UBS Programme contain a chapter on monitoring and evaluation, which is a continual process in UBS involving:

- the community, through self surveys and meetings;
- Community Organisers, through reports;
- the Municipality, reporting quarterly on achievements through the Board;
- the Steering Committee and line agencies through field visits, regular reporting, community meetings, surveys, rolling situation analysis, etc.;
- local NGOs through reports.

63. The annual and mid-term review meetings will also serve to assess and reorient programme policies and activities.

64. FRAMEWORK FOR MONITORING AND EVALUATION OF UBS ACTIVITIES

OBJECTIVE	INDICATORS	MEANS OF VERIFICATION
GENERAL		
To facilitate the utilisation of diverse programme initiatives (both by UNICEF and others) which may be grouped under the UBS programme.	Comparison of coverage and utilisation of UBS in intervention vs. non-intervention towns.	Community self-survey; programme evaluation reports. Rolling situation analysis
ADVOCACY		
To increase awareness on the Rights of the Child; Convention on the Elimination of all Forms of Discrimination against Women; the Girl Child; CEDC Better knowledge of the situation of the urban poor.	Changes in legislation. Changes in attitude towards these concerns. Access to health services by urban poor Establishment of a database. HMG's line agencies willness to invest in UBS activities. Actions taken that address these issues	Rolling situation analysis. Rolling situation analysis.
HOUSING AND ENVIRONMENT		
To improve access to sanitation, safe drinking water and solid waste disposal to 500,000 urban poor.	% safe drinking water systems installed or upgraded, in working condition and maintained; and number of families benefitting. Number of latrines installed and number of families benefitting. Number of families with knowledge and use of Facts For Life messages. % of houses with some form of waste and water disposal systems. Environmental improvements in the programme areas	Rapid appraisal studies Community self-survey; annual reports; field visits; Department of Water Supply and Sewerage, NWSC, and Solid Waste Management reports; rolling situation analysis. Interviews.
EDUCATION		
Increase in literacy rates of women and girls	% of literacy classes conducted and number of beneficiaries. Literacy skill retention rate. Number of <i>Cheli-beti</i> classes conducted and number of girls participating. % female school attendance.	Community self-surveys; annual reports and plans; field trips; District Education Inspector reports; rolling situation analysis.
Promotion of early childhood facilities for the children of the urban poor.	Number of child care centres operating and number of children attending. Number of teachers trained in early childhood techniques.	Community self-surveys; annual reports and plans; field trips; District Education Officer reports.

OBJECTIVE**INDICATORS****MEANS OF VERIFICATION****HEALTH AND NUTRITION**

To improve health and nutrition status, and access to health knowledge as well as on family planning and AIDS to 630,000 urban poor.

% children fully immunised.
% families knowing and using one or more of Facts For Life messages, i.e. ORS, CDD, breastfeeding and weaning; etc.
% Infant and maternal mortality rates.
% families practicing family planning.
% Malnutrition rates.
Number of Urban clinics established, functioning and coverage/outreach capacity
% of families with kitchen gardens or that have access to nutritious foods

Community self-surveys; annual reports and plans; field visits; District Public Health Officer reports; line agency reports.

COMMUNITY PARTICIPATION

To increase the capacity of the community to undertake community-based actions.

Number of training courses conducted (and number of people participating) on leadership skills;
Degree of participation in community development activities;
Community ability to organise, plan, execute, monitor and maintain projects by themselves, as well as involvement in participatory surveys/evaluations.

Community self-survey; annual reports; field trips; line agencies' reports.
Interviews.

COMMUNICATIONS

To raise awareness on issues related to the specific objectives of the programme;

Knowledge at community and municipal level on programmatic and community development issues;
Appropriateness/effectiveness of communication channels.

Community self-survey; COs' reports; field visits by municipal staff.
Interviews

65. **IMPLEMENTING SCHEDULE**

ACTIVITIES	1992	1993	1994	1995	1996
-Formation of Steering Committee	--				
-Orientation Session UBS	--	--	--	--	--
-Meeting Steering Committee	--	--	--	--	--
-Meeting Municipal Officials	--	--	--	--	--
-Training Municipal Officials + UMN PCV	--	--	--	--	--
-Launching programme					
Phase I - 5 Towns *	--				
Phase II - 5 Towns **	--	--			
-Squatter Settlements	--	--			
-Selection New COs	--	--	--	--	--
-Training New COs	--	--	--	--	--
-Training Survey Team	--	--	--	--	--
-Baseline Survey	--	--			
-Review Community Needs	--	--	--	--	--
-Develop Plans of Action	--	--	--	--	--
-Municipal Board Approval of Plans of Action	--	--	--	--	--
-Central Board Approval of Plans of Action	--	--	--	--	--
-Disbursement of Funds		--	--	--	--
-Creation of Database and Library	--	--	--	--	--
-Implementation ***	--	--	--	--	--
-Monitoring	--	--	--	--	--
-Evaluation	--	--	--	--	--
-Field Visits	--	--	--	--	--
-Study Tours	--	--	--	--	--
-Annual Review Meeting	--	--	--	--	--
-Mid-Term Review			--		
-Evaluation/Strategy Auditing				--	--

* Kathmandu, Janakpur, Hetauda, Birgunj and Dharan

** Bhaktapur, Bharatpur, Rajbiraj, Tansen and Birendranagar

*** As the programme will be municipality-specific, it is not possible at this stage to provide a breakdown per activity.

COMMITMENTS:

66. **HMG commitment:** the extent and utilisation of HMG's contribution will be developed every year but should not be less than approximately 15% of the total cost. Support will be provided for coordination, administrative costs, institutional support, etc. Specific government agency commitments include:

Ministry of Local Development

Establishment of the unit at UDD, executive secretaries salaries, and other administrative costs connected with the annual support provided to the programme.

Ministry of Housing and Physical Planning

Establishment of the unit at DHUD, its administrative running costs and any other costs related to its support at municipal level. Sectoral programme contributions will be calculated annually.

Ministry of Health

Costs and supplies connected with the delivery of the national programme to the municipalities and to the management support provided at municipality and ward levels to the programme. The Ministry will provide running costs for the urban clinics to be established in the programme areas. Sectoral programme contributions will be calculated annually.

Ministry of Education

Cost and supplies connected with the delivery of the national programme to the municipality and any other expenses related to the assistance provided by the District Education Inspectors to the programme. Sectoral programme contributions will be calculated annually.

Ministry of Labour and Social Welfare

Staffing and other administrative costs related to the assistance provided to the programme. Sectoral programme contributions will be calculated annually.

Ministry of Land Reform

Staffing and other costs related to the assistance provided to the programme.

67. **Municipal commitment:** the municipal contribution will be defined every year but should not be less than approximately 15% of the total programme costs. Similarly, technical know-how, coordination and other administrative costs such as the salaries of the COs, stationery, etc., will be covered by the municipal budget. The COs salaries will be paid through a cost-sharing arrangement basis. In year one, (1992) the UNICEF contribution will be 80% with a decrease on the contribution of 20% every year. The municipalities will take over the proportional payment up to the fourth year when it will take full responsibility for this programme input. The municipalities will also provide facilities for a database library and COs office.

68. **Community commitment:** communities will provide inputs equivalent to approximately 20% of the cost of community-based programmes. This contribution will consist mainly of locally-available materials and labour.

69. **UNICEF commitment:** UNICEF will cover materials and educational costs, training, audio-visual supplies and materials, institutional support, etc., up to approximately 50% of the total programme cost.

70. Detailed Breakdown of Commitments (in US\$ '000s)

HMG Commitments

Programmes	1992	1993	1994	1995	1996	Total
Community-based	59	69	118	118	118	482
Sectoral	13	14	25	25	25	102
Institutional Support	13	14	25	25	25	102
Total HMG/N	85	97	168	168	168	686

Ministries	1992	1993	1994	1995	1996	Total
MLD	18	19	34	34	34	139
MHPP	35	38	66	66	66	271
MOH	8	10	17	17	17	69
MOEC	8	10	17	17	17	69
MLSW	8	10	17	17	17	69
Land Reform	8	10	17	17	17	69
Total HMG/N	85	97	168	168	168	686

Municipal Commitments

Programmes	1992	1993	1994	1995	1996	Total
Community-based	59	69	118	118	118	482
Sectoral	13	14	25	25	25	102
Institutional Support	13	14	25	25	25	102
Total Municipality	85	97	168	168	168	686

Community Commitments

Programmes	1992	1993	1994	1995	1996	Total
Community-based	112	140	224	224	224	924
Total Community	112	140	224	224	224	924

UMN, Peace Corps Commitments

Programmes	1992	1993	1994	1995	1996	Total
Technical Assistance (No. of Staff)	105 (3)	175 (5)	210 (6)	210 (6)	175 (5)	875
Total UMN and Peace Corps	105	175	210	210	175	875

UNICEF Commitments

	1992	1993	1994	1995	1996	Total
General Resources	100	100	100	100	100	500
Supplementary Funding	225	250	245	225	235	1,180
Total UNICEF	325	350	345	325	335	1,680
Grand Total All Commitments	712	859	1,115	1,095	1,070	4,851

PLAN OF ACTION FOR 1992

1. The UBS Steering Committee will be formed and regular meetings held, in order to ensure inter-agency coordination and guidance for the programme.
2. Municipal-level committees will be organised and meet regularly to monitor programme activities.
3. Activities will be implemented in the additional five towns selected for the 1992 programme namely Kathmandu, Janakpur, Hetauda, Birgunj and Dharan as well as activities will be continued in the original five towns of Lalitpur, Biratnagar, Pokhara, Nepalgunj and Dhangadhi.
4. Training courses will be carried out for Steering Committee members, municipal officials, community organisers, and community leaders.
5. Community-level committees will be formed and activities will have begun in all 10 towns.
6. COs, UMN staff, Peace Corps Volunteers and VSOs will be selected, trained and actively involved in programme activities.
7. Baseline surveys will be completed, and other data collection activities related to the establishment of a database will begin in the 10 targeted towns.
8. Action research will be initiated.
9. Line ministries will assist in the implementation of programme components in the new cycle. For example, the Ministry of Health will establish new urban clinics in all 10 towns.
10. Existing programme guidelines will be revised and made operational.
11. All programme systems for implementation, monitoring and evaluation will be put in place and training and briefing sessions conducted on its utilisation.

The Impact of UBS on Summit Goals

	Advocacy	Housing and Environment	Health and Nutrition	Income generation Poverty/A llev.	Education	Training	Capacity Building	Communi-cation
Girl Child	x			x			x	x
P & L Women			x	x				
Child Spacing			x	x				
Safe Motherhood	x		x	x		x	x	x
EPI			x					x
Measles			x					
Polio			x					x
NN Tetanus			x					x
CDD			x					
ARI			x					x
Water		x		x			x	x
Sanitation		x		x		x	x	x
Hygiene		x		x		x		x
Early Childhood	x			x	x			x
Basic Education				x	x	x	x	
Literacy				x	x			
Third Channel				x			x	x
P.E. Malnutrition			x	x				x
Low Birth Weight			x	x				x
Growth Promotion			x	x				x
Anaemia			x	x				x
IDD			x					x
Vitamin A			x					x
Breastfeeding			x					x
Child Rights	x			x		x	x	x
Women Rights	x			x		x	x	x
CEDC	x			x			x	x

COMMUNITY DEVELOPMENT THROUGH PAPER PRODUCTION AND GREETING CARDS

EXECUTIVE SUMMARY

1. The Community Development through the Paper Production and Greeting Cards Project (CDPPGC) was founded on the basis of a proposal by the UNICEF 1980 Executive Board to encourage the production of UNICEF greeting cards in developing countries. This proposal was further expanded by the Government of Nepal (HMG/N), which together with UNICEF-Nepal developed a programme to use greeting card production as a strategy for community development. The programme is based on two of Nepal's most important and traditional craft industries: paper-making and block printing.
2. Prior to the establishment of this programme in 1982, paper-making and block printing activities had suffered a sharp decline. In part, this was due to changing markets, the loss of heavy imports to Tibet and competition from Indian machine-made paper. Even more importantly, however, families had begun abandoning these crafts as a result of dwindling economic incentives, inefficient production methods, inadequate marketing techniques, poor management skills and the exploitative practices of middlemen.
3. The (CDPPGC) aimed to help communities find solutions to these problems and revive paper-making and block-printing activities, both to improve living standards for low- income families in poor urban and remote rural areas, and to provide an economic base for community development.
4. Families in areas where the traditional shrub for paper- making, lokta, live were thus helped to revive their skills in cutting and processing the shrub and producing an attractive paper from it. At the same time, the programme worked to conserve lokta-growing areas.
5. The formation of a Printing Unit at Bhaktapur Craft Printers (BCP) in Bhaktapur for the printing and finishing of greeting cards, paper recycling and development of other paper products provides a structure for the purchase of paper, employment generation and effectively introducing community development activities in an urban setting. BCP profits are used to carry out community improvements determined in consultation with programme beneficiaries and other community members. These community projects aim especially to improve the quality of life of children and women.
6. The previous plans of operations were concerned with establishing programme objectives and mechanisms. This plan is primarily aimed at consolidating previous achievements, expanding programme outreach and activities, diversifying the product base, and strengthening the capacity for delivery of community development activities, at the same time placing special emphasis on its institutionalisation.
7. The original objectives, together with those stated for the implementing body, the Small Farmer Development Programme (SFDP) of the Agriculture Development Bank of Nepal (ADB/N), form the basis on which the programme will be developed. Income generation will continue to be used as the entry point for community development activities.

NATIONAL GOALS AND OBJECTIVES

8. This programme conforms to, and was developed around, HMG/N established policy guidelines for poverty alleviation.
9. The recently promulgated Constitution of Nepal 1991 and the ratification by HMG/N of the Convention on the Rights of the Child and on the Elimination of all Forms of Discrimination Against Women provide new opportunities within the framework of this programme.

GOALS AND OBJECTIVES

Objectives of HMG/UNICEF Cooperation

10. HMG/N and UNICEF cooperation is aimed at the integration of the social and economic aspects of development and shares in the commitment to providing basic services to rural and urban poor families. This programme focuses heavily on HMG/N's poverty alleviation and basic needs policies, with the objective of promoting women's participation in income-generating activities as a vehicle for the identification, implementation and support of community-driven services for children, particularly girls.

11. **General Objectives:**

Due to its multi-sectoral nature, the programme will reinforce the goals established by sectorial programmes in this Master Plan of Operations (MPO), but specifically will aim to:

1. improve the quality of life for programme beneficiaries and others in the targeted communities, especially children and women;
2. strengthen the delivery of community development activities and promote community self-help in the targeted areas, focusing primarily on the needs of children and women.
3. raise the income of poor families in the project areas.
4. increase the capacity of the institutions and communities concerned.

12. **Specific Objectives:**

In line with HMG/N policies, the framework provided by the World Summit For Children Plan of Action and the other National Sectoral Goals, the specific objectives of this programme include:

1. to increase programme coverage from four to eleven districts by end 1996.
2. to measurably increase the income of a total of 9,000 small farmer families in these districts;
3. to generate about US\$500,000 to be used for over 300 community development activities, reaching 22,000 families;
4. to raise awareness on development issues and strategies, particularly those pertaining to children and women, and to promote a spirit of self-help and community participation at all levels of programme delivery;
5. to increase community knowledge and skills through training and the development of environmental-friendly appropriate technologies.
6. to develop strategies to institutionalise the programme to enable implementation on a national scale.
7. to strengthen the convergence of services from all the line agencies involved in the programme and ensure the active participation of NGOs and other concerned agencies.

PROGRAMME COVERAGE (1992-96)

13. Taking into account the achievements of the previous Plan of Operations, the following targets have been established for 1992-96:

Coverage per year	1992	1993	1994	1995	1996
1. PROGRAMME ACTIVITIES					
<u>RURAL AREAS</u>					
Districts Covered*	4	6	8	10	10
<u>No. of Village Committees:</u>					
Lokta Cutting	26	32	38	44	52
Paper Making	8	10	13	16	22
TOTAL	34	42	51	60	74
<u>Group Formation:</u>					
Lokta Cutting	125	150	160	180	215
Paper Making	112	120	130	150	160
TOTAL	237	270	290	330	375
<u>Production:</u>					
Total Lokta Cutting (in metric tonnes)	135	150	165	200	245
Total Hand-made Paper (in '000 sheets)	1,000	1,200	1,400	1,700	2,100
<u>Training (persons):</u>					
Lokta Cutting	25	25	25	35	40
Paper Making	80	80	80	100	100
TOTAL	105	105	105	135	140
BCP Field Office	1	2	2	3	3
<u>URBAN AREAS</u>					
District covered	1	1	1	1	1
<u>No. of Production Units:</u>					
Paper products unit	1	1	1	1	1
Paper recycling unit	1	1	1	1	1
<u>Production:</u>					
Greeting Cards (Pieces in '000)	1,760	1,920	2,080	2,240	2,240
Other Paper Products (Sets in '000)	50	70	90	120	160
Recycled Paper (Sheets in '000)	100	300	500	700	1,000
<u>Training:</u>					
Production & Mgmt.	10	10	10	10	10
Paper Recycling	5	5	5	10	10
TOTAL	15	15	15	20	20

* Existing Districts: Parbat, Myagdi, Baglung and Bhaktapur
Proposed Expansion: Panchthar, Taplejung, Terhathum, Bhojpur, Sankhuwasbha, Kaski and Lamjung.

2. BENEFICIARIES OF COMMUNITY DEVELOPMENT ACTIVITIES

Activities	1992	1993	1994	1995	1996
<u>RURAL AREAS</u>					
Lokta Cutters	2,220	2,665	2,840	3,500	4,065
Paper Makers	2,005	2,205	2,445	3,200	3,320
Lokta and Paper Transportation	450	530	610	690	770
BCP Field Office	25	30	35	40	45
Community Development Support	250	300	350	400	450
Total	4,950	5,730	6,280	7,830	8,650
<u>URBAN AREAS</u>					
BCP Bhaktapur Community Development Support	160	185	210	231	260
Total	210	245	280	310	350
<u>Direct Beneficiaries:</u>					
Employment Generated (in Number of families)	5,160	5,975	6,560	8,140	9,000
<u>Indirect Beneficiaries:</u> (Number of families)					
Rural Areas	7,455	8,630	9,470	11,755	13,000
Urban Areas	5,160	5,975	6,560	8,140	9,000
TOTAL	12,615	14,605	16,030	19,895	22,000

3. COMMUNITY DEVELOPMENT

<u>Community Development Activities (in US\$ '000)</u>					
Rural Areas	54.0	63.8	75.0	90.0	108.7
Urban Areas	18.0	21.2	25.0	30.0	36.3
	72.0	85.0	100.0	120.0	145.0

4. SECTORAL DISTRIBUTION OF COMMUNITY DEVELOPMENT ACTIVITIES

Amount in US\$

ACTIVITIES	1992	1993	1994	1995	1996
<u>Drinking Water (40%)</u>					
Amount	28,800	34,000	40,000	48,000	58,000
(Number)	(11)	(13)	(14)	(17)	(19)
<u>Health & Sanitation (25%)</u>					
Amount	18,000	21,250	25,000	30,000	36,250
(Number)	(22)	(27)	(34)	(39)	(43)
<u>Education (10%)</u>					
Amount	7,200	8,500	10,000	12,000	14,500
(Number)	(25)	(30)	(35)	(40)	(45)
<u>Training & Income Generating Activities (8%)</u>					
Amount	5,760	6,800	8,000	9,600	11,600
(Number)	(100)	(110)	(120)	(130)	(140)
<u>Forestry (5%)</u>					
Amount	3,600	4,250	5,000	6,000	7,250
(Number)	(6)	(8)	(10)	(12)	(14)
<u>Institution-Building and Research (5%)</u>					
Amount	3,600	4,250	5,000	6,000	7,250
(Number)	(2)	(5)	(6)	(7)	(8)
<u>Others (7%)</u>					
Amount	5,040	5,950	7,000	8,400	10,150
(Number)	(10)	(13)	(16)	(18)	(21)
TOTAL					
Amount	72,000	85,000	100,000	120,000	145,000
(Number)	(176)	(206)	(235)	(263)	(290)

Approximate figures based on previous years planning

PROGRAMME STRATEGY

14. The programme strategy depends on close cooperation and involvement of the communities at all stages of programme development and implementation. Special emphasis will be placed on enhancing the sustainability of the programme, keeping in view the long-term strategy of going to scale by the year 2000.

15. The programme will widen its coverage by expanding its activities to cover five additional rural paper-making districts in the Western Region, and will also extend activities in the urban area of Bhaktapur, including the expansion of the paper recycling unit.

16. The scope of the programme will be further extended to the Terai and Inner Hills through the experimental utilisation of other fibres, such as sawai grass and banana leaves. Special care to adopt appropriate technologies and to guard against adverse environmental impacts due to increased demand for these fibres will be taken.

17. Cooperation with the Department of Forest (DoF) and its related agencies will be strengthened in order to guarantee a continual supply of raw materials and to closely monitor the environmental impact and sustainability of the programme. The lokta (a shrub used as raw material for paper in the Eastern Region) management plan is currently under review by the Department of Forest and will be based on a strategy of a ten-year crop rotation cycle. Research on lokta and crop inventories will be conducted.

18. Close collaboration will also be maintained with the Department of Cottage and Village Industries (DCVI) for the provision of training and research on alternative paper-making fibres for different areas. The ability to use other fibres will enable programme activities to extend to parts of the country that cannot grow lokta.

19. Due to the complexity of the programme activities, three levels of operational management have been adopted:

20. In rural areas, the programme will operate under the ADB Zonal Office network of SFDP offices headed by a Group Organiser (GO).

21. The GOs will assist small farmers, lokta cutters and paper-makers in the formation of groups, loan distribution, development of annual community development micro-plans and their implementation. They will also assist in enlisting community participation and ensuring that the users' groups which are essential to programme sustainability are established. The micro-plans will be reviewed at the annual Zonal Workshop attended by line agencies and farmers. The planned activities will finally be approved by BCP's Executive Committee and this will constitute the annual community development plan for that fiscal year.

22. At zonal level, a coordinating committee will operate under the chairmanship of the ADB/N Manager at each Zonal Headquarters, in order to ensure cooperation and convergence of services from all the line agencies involved. The committee will be comprised of representatives from the District Forest Office, DCVI, small farmers and ADB/N District Office. The representative of small farmers' groups and involved local NGOs could also be co-opted. The BCP field officer in-charge will act as secretary of the coordination committee.

23. Implementation of the zonal plans will be the overall responsibility of the ADB/N zonal office, SFDP GOs and small farmer functional groups, supported by Bhaktapur Craft Printers.

24. At central level, BCP will be the executing agency for the programme, through BCP's Executive Committee. This committee will be comprised of representatives from ADB/N, SFDP, DoF, DCVI, UNICEF, BCP and farmers' groups.

25. In order to support the expansion of the programme and ensure that all links in the development chain are strongly maintained, the BCP Executive Committee will be responsible for :

- Close collaboration with ADB/N on all field activities;
- Elaboration of overall plans, programmes and policies, incorporating and approving micro-level plans.
- Implementation of programme activities in urban areas.

26. As part of the process of institutionalisation, BCP and the farmers', paper-making and lokta-cutting groups will apply for, and presumably be granted, recognition as NGOs during this plan of operations.

27. Apart from the costs related to the expansion of the programme, BCP is financially self-supporting.

INSTITUTIONAL SUPPORT

28. In the three rural districts where this programme has already been launched, ADB/N, through its SFDP office, will continue to be responsible for the implementation of activities, including group formation, lokta permit distribution, loan disbursement, identification and implementation of community development activities and zonal level coordination. SFDP will also organise small farmers' functional groups to ensure their effective participation in programme activities. These groups will be responsible for the maintenance and sustainability of programme activities.

29. The SFDP office will be assisted by the BCP field office in sorting and accounting for paper and basic materials, such as caustic soda, paper purchase, transportation, and the supervision of community development activities.

30. The overall coordination of all field activities is the responsibility of the ADB/N Office at Zonal Headquarters, which will report directly to ADB/N-SFDP Central Office. This office will be supported by BCP's Field Office, which will act as the secretariat for the programme.

31. In urban areas of Bhaktapur District, BCP will provide the institutional focus for the programme. Its activities will cover paper-making and recycling, production of greeting cards and various decorative paper products, support for all field activities, training, development and implementation of community development activities and overall coordination.

32. The DoF will approve a ten-year lokta permit, as per its revised Lokta Management Plan, and through its District offices provide lokta cutting permits to participating farmers and control illegal lokta usage. The Department will also assist in the establishment and conservation of lokta, tree and fuelwood plantations, and in other forestry-related matters.

33. At central level, the Forest Research Department (FRD) and Forest Research Project (FRP) of the DoF will provide all necessary support for lokta research, nursery development and appropriate lokta-related technology. The Forest Survey Section will provide technical support for conducting lokta inventory studies as required.

34. The DCVI will provide traditional paper-making training to 80 new paper-makers every year in rural areas. It will also provide support in exploring the use of alternative fibres as raw material for paper-making and training facilities in the project sites. In urban areas, DCVI will provide training to 45 trainees and 2 trainers in paper recycling techniques.

35. Other agencies and NGOs, especially those that have a long and recognised community development experience, such as the Scouts, Jaycees, Bal Mandir, the Association for the Welfare of

the Mentally Retarded and Community Health Centre, will be invited to help implement the community development projects envisioned in the programme.

36. Similarly, organisations such as the Trade Promotion Centre, Export Services Centre and Federation of Chambers of Commerce and Industry, will assist the programme in its promotional activities.

MONITORING AND EVALUATION

37. The programme will be subject to periodic reviews and evaluations, in accordance with the policies and procedures established by BCP's Executive Committee. Monitoring will continue throughout the duration of the MPO and evaluation methods will be reviewed annually.

38. In addition, quarterly review meetings and annual workshops will be conducted jointly by ADB/N, BCP and UNICEF to assess the problems and achievements of the programme and discuss policy issues. They will be assisted by the DoF and DCVI.

39. Continuous monitoring of market demand, paper-making and BCP's production capacity will be maintained not only to streamline activities, but also to guarantee optimum returns to small farmers and production workers, and a consequent contribution to the economic development of the country.

40. UNICEF will provide support to BCP for strengthening existing monitoring and evaluation systems. Impact evaluation studies will also be conducted in 1992 and 1994-95, and case studies will be undertaken every year. A mid-term review will assess the programme as a whole and determine further courses of action. A study at the end of the MPO period will be undertaken which will help to determine the extent of future UNICEF involvement.

Objectives	Indicators	Verification
Improve the quality of life for low-income families with emphasis on children and women.	Number of drinking water supply systems provided, upgraded, maintained and in good working condition. No. of latrines constructed and used. No. of women attending literacy classes. No. of child care centres established. No. of families utilising Facts for Life messages.	Community surveys, progress reports.
Raise the income of poor families in targeted areas.	Increased family income from paper-making and related activities.	Participatory impact evaluation studies and progress reports.
Increase in employment and access to direct and indirect benefits provided by the community development projects and related activities.	Higher employment rates. Assessment of indirect benefits on: * Status of women; * Women's participation; * Status of girl child.	Participatory impact evaluation studies and progress reports.

Objectives	Indicators	Verification
Produce recycled paper and other products on a large scale	Quantity of paper recycled. No. of new outlets established. Profit generated by recycled paper production.	Progress reports and case studies.
Promote a spirit of self-help and community participation	Degree of community participation in development activities. Number of basic community improvements carried out. Impact of relevant economic, social and community development activities.	Progress reports and case studies.
Conservation of lokta resources and afforestation.	Adoption of lokta management plan. No. of nurseries and plantations established and maintained by the programme. Improved production capacity. Reduction of wastage.	Lokta inventory, field visits and case studies.
Promotion of appropriate technology.	No. of appropriate technologies used to increase production and reduce wastage of natural resources.	Lokta inventory studies, field visits and case studies.

COMMITMENTS:

ADB/N. SFDP

41. ADB/N commitments will cover both the flow of institutional credit and credit management support for the programme through SFDPs and the ADB/N office network in different parts of the country.

42. ADB/N and SFDP inputs for programme implementation are:

In NRs '000

Year	1992	1993	1994	1995	1996
Investment	7154	9331	12427	17802	24252
Administrative Expenses	688	946	1978	2408	3311
Total	8342	10277	14405	20210	27563

B.C.P.

43. BCP will allocate 40% of its net profit for community development activities in rural (75% of total) and urban (25%) areas. BCP will also establish offices to assist SFDP.

44. BCP will meet part of the institutional costs of the farmers' organisations. This support, however, will be gradually phased out by the end of this project period.

45. BCP will provide a revolving fund for paper procurement to ADB/N for disbursement of loans to paper-makers.

COMMUNITY

46. In cases where community development projects involve physical improvements, the community is expected to contribute at least 20% of the total cost in labour. The communities will establish functional users' groups which will be responsible for the implementation and maintenance of the inputs provided. These groups will also identify the community development activities to be implemented and ensure that they are cost-effective.

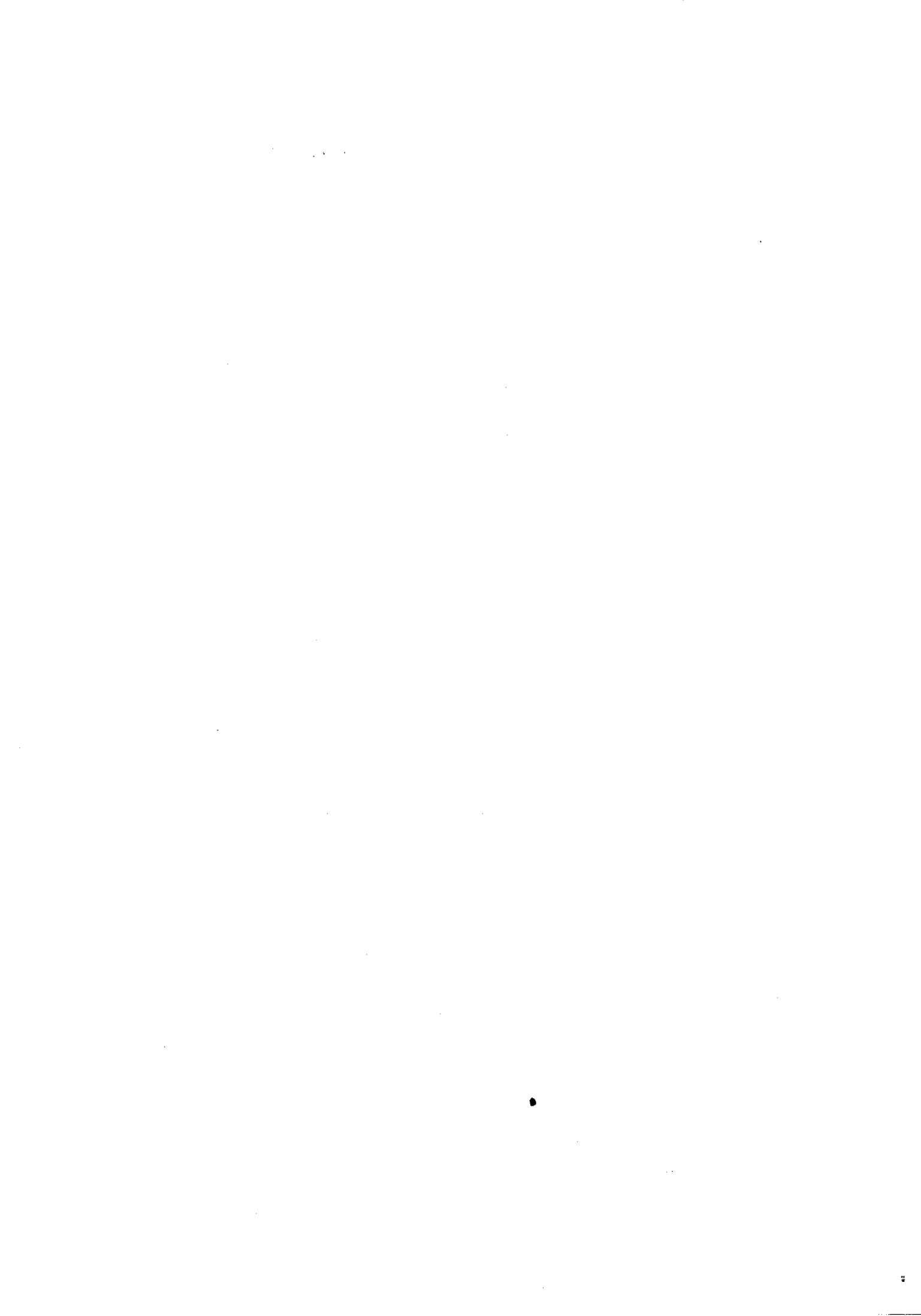
UNICEF

47. UNICEF will cover costs related to training, product development, equipment such as for printing and a vehicle, marketing studies and programme expansion.

48. UNICEF inputs will be as follows (US\$ '000):

Items	1992	1993	1994	1995	1996
General Resources	20	10	10	7	7
Supplementary funding	15	15	15	15	7
TOTAL	35	25	25	22	14
Expansion/Equipment	10	7	7	6	—
Training/Institution Building/Studies	15	8	8	6	14
Product Development	10	10	10	10	—

UNICEF's budgetary provisions for support to this project have been included under the budget of the Small Farmer Development Programme.



CHAPTER FIVE

ADVOCACY AND COMMUNICATION

INTRODUCTION

1. This Plan of Operations recognises, through all its chapters, the enabling role of communication as the essential means to break the isolation of communities and individuals from the process of social change. In practical terms, this concern finds expression broadly at two levels:

- i. Influencing the social as well as policy environment in support of basic social and human development with focused attention to the problems and needs of children and women.
- ii. Preparing the ground for and assisting the progress of participatory development programmes with particular emphasis on the "Goals for Children and Development in the 1990s".

By definition, both these communication efforts, summarised in this plan, are interlinked and aim at change - first in the minds of people and then in their capacity to manage their own lives and also to contribute to the common good.

2. Based on an analysis of the prevailing social situation and building on the experience of joint efforts in recent years, HMG and UNICEF will be guided, through this continuing cooperation, by the following basic principles:

Communication has to maintain consistent focus simultaneously at the national/policy level and at the community/action level

Communication for development is necessarily two-way and consists as much of listening to people as communicating to them

Communication activities have to precede, accompany and expand with the enlarging coverage of programmes, as they move from project to national scale.

OVERVIEW OF PAST COOPERATION: 1988 - 1992

3. During the period 1988-1992, HMG, national and international NGOs and UNICEF have worked together on various projects in advocacy and communication related to children. A national communication campaign on oral rehydration led to over two-thirds of the population becoming aware of the salt-sugar solution for diarrhoea management. A similar campaign was launched with success to promote EPI in 1990.

4. Social mobilisation activities jointly with political leaders, the media, NGOs, professional bodies and others have served to bring children's issues into sharper relief. During the World Summit for Children, the National Planning Commission, all social sector Ministries, national and international NGOs, donors and the media rallied around the common cause of children. Existing laws have been reviewed to assess how far they are responsive to children's needs, against the legal standard set by the UN Convention on the Rights of the Child, which was ratified by Nepal in August 1990. The Ministry of Communications has established an Advisory Group for Child Welfare. The mass media are increasingly highlighting issues related to child development and publishing agencies have started producing reading materials for children. Communication-related experimentation, research and advocacy are leading to more positive images of girls, women, and people with disabilities in the mass media.

5. At the National level, there is a growing awareness that the health, well-being and development of children are critical to national development. All these mark but a beginning. Awareness has to strengthen and lead to practice. Legal norms have to be applied in practice with the help of an informed and vigilant neighbourhood community. Government agencies have to work together, among themselves and with the

community towards common goals. Social, human and child development is not only the basis, but also the very purpose of economic and national development. In all this, communication has to play its crucial, sensitive, unremitting role.

6. APPRAISAL OF PRESENT SITUATION

The current situation in the field of development communication indicates the following:

1. There is a certain lack of coordination among sponsoring agencies. Advocacy and communication efforts are ad hoc and fragmented. Activities are often duplicated and messages on the same subject are frequently inconsistent and, at times, confusing.

2. A shortage of skills and resources is apparent for planning, implementing, monitoring and evaluating advocacy efforts and communication strategies.

3. There is a shortage of reference and support materials required for advocacy, communication and training, and a dearth of professional expertise and resources required for the production of relevant materials. Consequently, advocacy and communication activities on development in general and children's and women's issues in particular, tend to be weak.

4. Information is inadequate on existing credible communication channels, opinion leaders and organised groups at the sub-district and community levels. As a result, advocacy and media efforts concentrate mainly at the Central level and at district headquarters and often do not reach rural communities and households.

5. Behavioural research and data on the knowledge, attitudes and practices of communities with regard to priority development issues are scarce. Monitoring, formative evaluation and impact evaluation studies are clearly inadequate.

7. GOALS AND OBJECTIVES

1. Strengthen awareness, on a national scale, of the situation of children and women and promote feasible social responses to their needs

2. Assist in organising, informing and activating local communities, prominently including women's groups, in the context of the programmes in this Plan of Operations

3. Promote a process of social development and within it, a creative interface between government functionaries and the local community, with voluntary and other non-government agencies mediating the interaction

4. Assist and accelerate progress towards the "Goals for Children and Development in the 1990s" specifically through the programmes in this Plan of Operations

5. Spread the knowledge and promote the application of the standards set by the UN Conventions on (a) the Rights of the Child and (b) the Elimination of All Forms of Discrimination Against Women

6. Stimulate self-help action at the community level, and articulation of demand for support services, consistent with child and women's rights in line with national plans.

8. STRATEGIES

Assuming a total population of around 19 million, there are approximately 3 million families in Nepal. The aim of this Plan of Operation is to reach a large majority of these households, using the following strategies:

1. Multi-media, multi-channel approach: All communication media and channels, ranging from inter-personal communication to the electronic media, will be used in a complementary and mutually supportive manner, at various levels - national, district, sub-district and community.

2. Community Organisation: Community groups, especially of women, will be identified and assisted to organise, inform and activate themselves as key partners for creating awareness preparatory to programmatic action.

3. Disparity reduction: Special attention through focused communication will be given to gender and geographical discrimination, to the neglected needs of girls and women and to remote and poverty-stricken population groups and regions.

4. National capacity: Expertise and institutions within the country will be identified and supported to help build professional capacity in advocacy, focused on issues relevant to children and women.

9. IMPLEMENTATION PROCESS

The process of implementation of activities in Advocacy and Communication is integral in itself and in relation to the various programmes in this Plan of Operations which it supports. It is, therefore, designed in a flexible mould and would broadly follow the pattern shown in the table below:

<u>LEVEL</u>	<u>PRINCIPAL PARTNERS</u>	<u>METHOD</u>
Village/Ward	Organised community groups with a special focus on women's groups: PCRW/SFDP credit groups, Water Users' Committees, Mothers' Groups etc. Village Development Committees (VDCs) Teachers Retired Gurkha Soldiers Women's Group Organisers Women Dev. Officers Women Workers	Identification through various sectors and NGOs Group orientation and information dissemination at Ward level using community level data Leadership training Study tours and exchange visits to other villages/wards
District and Regional level	Chief District Officers Local Development Officers District Education Officers NGOs Local Clubs Municipal Exec. Boards DPHOs/DMOs Regional Directors	Group orientation and sensitisation at Regional level using district level data and analyses Inter-sectoral child advocacy projects in selected districts
National Level	Political Leaders Parliamentarians Administrators Policy Makers Media Professionals Donor Agencies International NGOs Local NGOs Professional bodies Social clubs	Special presentations during parliament sessions Regular orientation at Administrative Staff College and through National Planning Commission Orientation and training Co-production Strengthening capacity for child advocacy Bi-annual orientation Strengthening of capacity for child advocacy

10. AREAS OF ACTION:

A. Advocacy for Children

- Projects: 1. Child Rights
2. The Girl Child
3. Women in Development
4. Children's Media
5. Development Education

B. Programme Communication

- Projects: 1. Health - EPI, CDD, ARI, Safe Motherhood, Facts for Life
2. Nutrition - Low birth weight, IDD, Vitamin A
3. Basic Education and Literacy
4. Sanitation and Water

C. Alliances for Children

- Project: "Children First" - mobilising volunteer groups, public organisations, professional bodies, non-government organisations, external aid agencies

11. ADVOCACY FOR CHILDREN

1. Project: CHILD RIGHTS

Objectives:

Enhance political and public awareness and mobilise practical support for implementing the UN Convention on the Rights of the Child (CRC) and the Nepal Children's Act, 1992

Promote compliance with the norms of the CRC and the Children's Act, 1992, and

Promote effective monitoring mechanisms in government and the community for the observance of the Convention.

Activities

Partners

Review of existing legislation pertaining to children with special emphasis on the girl child

Ministry of Law and Justice
Law Reform Commission, NGOs

Research studies on child labour, illegal trafficking of girls and the situation of children with disabilities

Ministries of Labour and Social Welfare, Health, Education and Culture, Tribhuvan University

Development and production of information and advocacy materials (video, audio, print)

Ministry of Communication, T.V. Radio, Press, Nepal Children's Organisation

Orientation and sensitisation of Govt. and UN staff and NGOs on the provisions of the Convention

National Planning Commission
SCF, Redd Barna

Activities

Orientation and mobilisation of political leadership (PM, Cabinet, Parliamentarians)

Information and education campaigns for school age children, youth and influential groups

Identification and training of NGOs for the creation of national and sub-national level "Child Watch" groups to monitor CRC activities.

Training of government and UN staff, NGOs and media at national and sub-national levels for planning and implementing awareness campaigns on CRC and the Children's Act, 1992.

Partners

National Planning Commission, SSNCC

Ministries of Communication and Education, TV, Radio, Tribhuvan University, SSNCC

Redd Barna, SCF, national NGOs

National Planning Commission, Administrative Staff College, NGOs

2. Project : THE GIRL CHILD

Objectives :

Raise the status of the girl child at national, community and household levels

Create an awareness and understanding of the needs of girl children with special emphasis on the early childhood years and adolescence

Promote the development of self-esteem and a positive self-image among girl children, and

Raise age at marriage to 18 years.

Activities

Compilation, analysis and dissemination of gender specific data and ethnographic information on child rearing and socialisation practices in Nepal

Review and analysis of the visibility and images of girls and women in school text books, popular fiction, advertising and the media

Development and production of training materials on gender sensitisation and the special needs of girls

Identification and training of core groups of animators from NGOs and government departments at the central, district and community levels

Orientation of administrators at national, regional and district levels

Partners

Ministry of Labour and Social Welfare, Tribhuvan University, Centre for Nepal and Asian Studies, UNFPA, United Mission to Nepal (UMN), Redd Barna

Ministries of Education and Communication, NGOs, Women's Development Division (WDD), UNFPA, UMN

Ministries of Education and Communication, NGOs, Women's Development Division (WDD), UNFPA, UMN

Ministry of Labour and Social Welfare, UNFPA, FAO, United Mission to Nepal, Redd Barna, SFDP, PCRW

Admn. Staff College, Regional Training Centres

Activities

Sensitisation and training of project managers, NGO staff, village health workers, water user's committees, WDOs, women's groups, VDCs, schools teachers

Orientation and sensitisation of media professionals

Production of media prototypes to create positive images and new role models for girls and document the situation of girls in especially difficult circumstances (illegal trafficking of girls, etc.)

Orientation and sensitisation in schools and colleges (students and teachers)

Work with Ministry of Law and Justice and parliamentarians for effective application of the legal age at marriage (not before 16 and preferably at 18 years)

Launch multi-media, multi-channel communication campaigns to raise awareness regarding the dangers of early marriage and the abuse and exploitation of girls and young women

Partners

Sectoral departments, NGOs, Agricultural Development Bank, UNFPA, WDD, SFDP, PCRW, MOEC

Ministry of Communication, NGOs

Media, NGOs

Ministry of Education, NGOs

Law Reform Commission, Jurists, NGOs, UNFPA

Ministries of Health and Education, UNFPA, Family Planning Association of Nepal, Media, bilateral aid agencies

3. Project: WOMEN IN DEVELOPMENT

Objectives:

Promote an understanding of critical issues relating to women at the national, sub-national and household levels

Promote policies and legislations to ensure equal legal rights for women, and

Promote the development of self-esteem and a positive self-image among women.

Activities

Compilation and analysis of information on the status of women in Nepal

Review of images of women in the media and in school and university text books

Review and analysis of existing legislations pertaining to women

Development and production of training materials and methods on gender sensitisation

Training of master trainers at national, regional and district levels

Orientation and sensitisation of media professionals

Orientation and mobilisation of jurists, parliamentarians, policy makers

Orientation, sensitisation and mobilisation of school and university students and teachers

Production of media prototypes containing positive images and new role models for women

Partners

Ministry of Labour and Social Welfare, UNFPA, Redd Barna

Ministries of Education and Communication, NGOs

Law Reform Commission, NGOs

NGOs

Ministry of Labour and Social Welfare, UNFPA, FAO, Women's Development Division, NGOs

Ministry of Communication, NGOs

National Planning Commission, Law Reform Commission, NGOs

Ministry of Education
NGOs

Media,
NGOs

4. Project: CHILDREN'S MEDIA

Objectives:

Promote the development and production of high quality reading materials for children

Increase the quantity and improve the quality of radio and television programmes for children, and

Strengthen the capacity of media professionals to develop and produce materials and programmes for children.

Activities

Orientation and training of children's writers, illustrators and graphic designers

Orientation and training of script writers and producers of television and radio programmes for children

Co-production and field testing of programmes and materials

Field visits by journalists and other media professionals

Partners

Ministry of Education, Tribhuvan University, CTSDC, Redd Barna, Gorkhapatra Sansthan (Press)

Ministries of Communication, and Education, bi-lateral aid agencies

Television, Radio, CTSDC

Sectoral departments, Media

Activities

Assessment and upgrading of technical facilities in media organisations and NGOs (including provision of audio-visual supplies and professional equipment - including video equipment)

Partners

Ministry of Communication, bi-lateral aid agencies (e.g. JICA), NTV, Nepal Radio, Gorkha-patra Sansthan (Press), NGOs

5. Project: DEVELOPMENT EDUCATION

Objectives:

Promote interaction between children from socially and economically advantaged backgrounds and those from disadvantaged groups with a view to creating mutual awareness, understanding and empathy, and

Create an awareness and understanding of, and commitment to, development issues among school and college students from rural and urban areas.

Activities

Compilation of information and materials on development education (DevEd) and design of DevEd strategy

Partners

Ministry of Education, UNICEF National Committees, NGOs (SCF, Redd Barna), Social Clubs (Rotary Jaycees, Scouts)

Development and production of multi-media DevEd kit

Ministry of Education, UNICEF National Committees, NGOs

Rural-urban child-to-child exchange visits

Ministry of Education, District Education Offices, Local Development Offices

Orientation and training of school and college teachers and media professionals

Ministry of Education, Media

Inter-school and inter-college debate on child development

Ministries of Education and Communication, Media

Child-to-child exchange programmes between Nepal and selected industrialised countries

UNICEF National Committees

Production of DevEd materials by children from Nepal and from industrialised countries

Ministry of Education
UNICEF National Committees

12. PROGRAMME COMMUNICATION

1. Objectives:

The broad objectives for strengthening programme communication are related to the pursuit of the "Goals for Children and Development in the 1990s" and would, therefore, be similar for every programme sector. The relative emphases among the objectives, however, may vary from one project to another depending on the special requirements and stage of evolution of individual projects. Thus, while one project may require emphasis on advocacy for policy review, another may need to focus on awareness creation at the community level. What follows is a recapitulation in summary, of the various communication components that are built into each programme chapter of the Plan of Operations. These communication activities are closely inter-related, often overlapping in relation to the same population group, and will be implemented flexibly and in a coordinated

manner. While they remain integral to each programme, they will be so promoted as to contribute to inter-programme and inter-goal linkages which are essential for progress in terms of "human indicators".

Objectives for the community and household levels:

Provide universal access to critical information and knowledge regarding priority human development issues

Promote an awareness and understanding of development issues in order to articulate demand for, and participation in, the delivery of appropriate services, and

Provide families with the essential knowledge and skills required to improve the health and well-being of their children.

Objectives for district and sub-district levels:

Identify means for raising levels of motivation among field level workers and advocate for appropriate action

Identify and promote innovative training methods and materials to help improve the quality of training, and

Mobilise district level administrators to support and monitor appropriate resource allocation for projects.

Objectives for the national level - policy makers, planners and administrators:

Advocate and support clearer policy formulation, appropriate resource allocation and planned approaches to strengthen and accelerate programme implementation.

Specific objectives and activities:

Specific objectives and activities for individual projects will be based on programme goals in each sector and the needs of each project. Details are included in the relevant programme chapters of this document and are summarised below:

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>EPI</u>	Increase level of coverage to 95% for all antigens in all districts Promote 5 doses of tetanus toxoid for all females 15-44 years	Public education	Mass media campaigns Orientation and mobilisation of village/ward level groups	EPI Division Field based NGOs Media organisations

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>CDD</u>	Promote handwashing, continued feeding, fluids at first sign of diarrhoea, seeking timely help, correct mixing and use of ORS	Social marketing campaign	Mass media campaign Orientation of retailers and pharmacists Child-to-child activities in schools	Public Health Division SFDP/PCRW NGOs MOEC
	Promote use of sanitary latrines in urban areas	Ward level communication campaign	Orientation and training of organised groups at ward level e.g. Ghuti	MHPP/MLD GTZ/SWMRC
<u>ARI</u>	Reduction of domestic smoke (improved ventilation; smokeless stoves)	Social mobilisation at community level	Orientation and training of women's groups at village and ilaka levels	Public Health Division WDD MHPP ADB/N
	Reduction of smoking especially among women	Public education Lobbying for ban on advertisement of tobacco on govt. owned media	Public awareness campaign Advocacy at policy level	Nepal Cancer Society NEPAS NGOs Media
<u>Safe Motherhood</u>	Create awareness regarding: - child spacing - high risk pregnancies - need for extra food and rest during pregnancy	Awareness creation at community level	Orientation and training of women's groups Creation of "Women's Watch" groups	Division of Nursing Redd Barna WDD BNMT UMN SCF
	Prevention and detection of iron deficiency anaemia			
	Promote use of sterile disposable delivery kits			
	Raise age at marriage of girls to 18 years	Public education regarding dangers of early pregnancy	Mass media campaigns Orientation of village level groups (women and men)	NEPAS NMA Physicians for Social Responsibility Women's NGOs MOEC

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>Safe Motherhood (contd.)</u>			Orientation of village development committees	
		Advocacy for application of legal age of marriage of girls at 18 years	Special orientation sessions for national and sub-national level politicians, policy makers, administrators	Law Ministry Legal Bodies (Nepal Law Society, Nepal Bar Assoc.)
<u>Facts For Life</u>	Wide dissemination of Facts For Life messages especially at household level	Use of FFL as reference material and basis for developing communication messages	Mass distribution of FFL through sectoral projects and NGOs Inclusion of key messages in school curricula Mobilisation of NGOs	HLMC MOEC MOH Media NGOs
		Use of mass media for wide dissemination of FFL messages	Media orientation and training workshops Co-productions	
<u>IDD</u>	Raise additional funds for project	Advocacy with donor community	Documentation of project Special fund raising activities	MOH UNICEF PFO UNICEF NatComs
	Promote use of iodised salt	Social marketing campaign	Mass media campaign Orientation of retailers and wholesalers Awareness campaigns in schools in goitre endemic districts	Salt Trading Corporation MOH MOEC

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>Vitamin A</u>	Create awareness regarding need for a national level Vitamin A programme	Advocacy with policy makers and planners	Dissemination of results of ongoing experimental projects and regional and international research Special orientation sessions	FAO WDD NNJS MOEC ADB/N MOH
	Promote cultivation and consumption of red, yellow and green leafy vegetables	Social marketing campaign	Mass media campaign Orientation and training of farmers' groups, women's groups Special education sessions in schools	
<u>Low Birth Weight</u>	Reduction of smoking among women	Public education campaigns	KAP research Mass media campaigns	WHO NEPAS NMA Nepal Cancer Society
	Promote banning of advertisement of tobacco on government owned media	Creation of pressure groups	Exchange visits to successful social mobilisation projects in region	
		Advocacy at policy level	Special orientation sessions for policy makers, politicians	Ministries of Communication, Law and Finance
	Promote early stimulation of children 0-2 years	Awareness creation among technocrats, medical professionals, academicians	Documentation of successful projects in region Study tours ECD training workshops	Tribhuvan University WDD MOH MOEC

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>Low Birth Weight (contd.)</u>	Promote breast feeding of infants	Advocacy for legislation to discourage advertisement or promotion of breastmilk substitute formulas	Create pressure groups at national and sub-national levels	NEPAS NMA Ministries of Law and Communication Physicians for Social Responsibility
		Discourage sale and distribution of breastmilk substitutes unless medically necessary	Selective use of media at point of sale and in paediatric wards	
<u>Basic Education and Literacy</u>	Promote enrolment and retention of girls at primary level	Social marketing campaign	KAP research Mass media campaign	MOEC WDD ADB/N JICA World Bank Nepal Women's Assoc.
	Promote female literacy	Social mobilisation at community level	Orientation of women's groups, teachers, village development committees	
	Assist in sustaining literacy skills among children and women	Provide supplementary reading materials for neo-literates	Production and distribution of materials	MOEC NGOs Publishers Writers
	Assist in raising additional funds for primary education and literacy	Compile and share information on successful projects	Document adult literacy programme, SETI, PEP	MOEC NGOs UNDP UNESCO World Bank
		Advocate for special attention to remote and mountainous areas	Document situation of children in inaccessible areas	

<u>Project</u>	<u>Objectives</u>	<u>Sub-project</u>	<u>Key activities</u>	<u>Partners</u>
<u>Basic Education and Literacy (contd.)</u>	Promote understanding of ECD at community level	Selected media inputs	Development and production of materials	MOEC WDD ADB/N Seto Gurans
	Promote integration of children with disabilities	Information dissemination at community level	Orientation of organised groups at village level	College of Home Economics SSNCC TDH
<u>Sanitation and Water</u>	Promote safe collection, storage and use of water	Public education	KAP research Mass media campaigns	MHPP ADB/N WDS CDD/ARI Division NGOs MOEC
	Promote personal domestic and environmental hygiene		Orientation and mobilisation of water users' committees, women's groups	
	Promote use of sanitary latrines in urban areas	Ward level communication campaign	Mobilisation of school children Orientation and training of organised groups	MHPP/MLD GTZ/SWMRMC

2. For Programme Communication, This Plan of Operations will support the sectoral Ministries in the following areas:

To design and conduct research studies to assess knowledge, attitudes and practices (KAP) within communities and among field level workers

To design, implement, monitor and evaluate mass communication campaigns to disseminate critical information and skills required for the health and well-being of children. The campaigns will utilise all available media and communication channels ranging from the mass media to inter-personal contact

To develop, produce, field test and distribute standardised, consistent and mutually reinforcing communication and training materials

To mobilise and train organised groups at the community level to act as agents of change for child survival and development (CSD)

To mobilise school teachers and students and create universal access to CSD related information through the strengthening and expansion of child-to-child and child-to-adult activities

To design, develop and conduct special programmes and activities for improving the status and increasing levels of motivation among field level workers. This would include creating mechanisms for networking such as periodic meetings and newsletters, specially targeted media programmes, and sensitisation training for supervisory and managerial staff, and

To document selected projects to be used for advocacy and as models or prototypes for other geographical areas. To organise exchange visits between different communities and project areas.

3. Partners:

The sectoral ministries and departments will constitute the principal partners for all programme support communication activities. Other UN and bi-lateral aid agencies, national and international NGOs, voluntary groups and media organisations will also form the core group for joint action.

Regular consultation will be used to determine priority themes and information will be standardised to ensure consistency with government policy. Specific messages, audiences and techniques will be determined through the use of KAP research data and experience gained from previous communication projects. Field level workers of NGO projects will be trained as animators and master trainers for identifying, orienting and mobilising community level groups.

13. ALLIANCES FOR CHILDREN

Project: CHILDREN FIRST

Objectives:

Create awareness and sensitisation regarding the critical need to focus resources on human development, in order to achieve the Goals for Children and Development in the 1990s, as articulated in the Plan of Action of the World Summit for Children, and

Identify and mobilise partners for advocacy and action.

<u>Activities</u>	<u>Partners</u>
Identification of priority themes, compilation of information and development of source materials using Situation Analysis document as base.	Ministry of Communication, Social Sector Ministries, National Planning Commission, SSNCC
Documentation of situation of children and women in remote and inaccessible areas.	Social sector Ministries, Media professionals, NGOs
Identification, orientation and mobilisation of critical partners: donors, NGOs, volunteer groups, public organisations, parliamentarians, political parties, religious leaders	National Planning Commission, other UN agencies, SSNCC
Development and production of multi-media advocacy materials (video, audio, photo-exhibits, slide-tape, printed materials etc.)	Sectoral Ministries, NGOs, Media professionals
Identification and training of "advocacy teams" at national, regional, district and community levels. 1-2 person each from the Planning Commission, selected social sector ministries and NGOs, UN agencies, Regional Training Centres, Local Development Offices, Village Development Councils.	National Planning Commission, NGOs, volunteer groups, district level functionaries
Special orientation sessions for Parliament, Admn. Staff College, Media Organisations, NGO forums, schools, colleges, special clubs	Ministry of Education, National Planning Commission, SSNCC

Activities

Field visits for donors, political leaders and media professionals to development project sites

Mass communication campaigns and public debate on selected child advocacy themes

Partners

Sectoral Departments, Nepal Press Institute

Ministry of Communication, Media, NGOs

14. MONITORING AND EVALUATION

Systematic monitoring techniques will be built into each communication programme to detect strengths, flaws and omissions and to suggest appropriate mid-course changes. Monitoring will focus on:

- Production and distribution systems for media and materials
- Adherence to work schedules and budgets, and
- Interim tracking of audience levels of knowledge, acceptance and practice.

Monitoring activities will include:

- Tracking of communication materials at special check points such as schools, health posts, etc.
- Broadcast monitoring at source and through spot checks with audiences
- Collection and analysis of audience response and regular feedback from field workers at organised meetings and during discussion
- Observations during field visits, and
- Monthly reports of activities.

Evaluation will aim at determining whether the objectives of the programme were actually attained. It will also reflect upon how the programme worked, for what groups of people, and in what circumstances. Three types of evaluation will be used: formative, outcome and impact.

Formative evaluation, including pretesting, will be designed to assess the strengths and weaknesses of materials or campaign strategies before implementation. It will permit necessary revisions before full effort goes forward.

Outcome evaluation will be used to obtain descriptive data on communication projects and to document short-term results. The information collected will include (a) knowledge and attitude changes (b) expressed intentions of the target audiences (c) short-term or intermediate behaviour shifts, and (d) policies initiated or other institutional changes made.

Impact evaluation will focus on long-range results of the programme and changes in the status or well-being of children and women. Information obtained will include (a) changes in the social status, morbidity and mortality of children and women, and (b) long-term maintenance of desired behaviour.

Evaluation techniques will comprise (a) focus group discussions (b) individual in-depth interviews (c) assessment of knowledge gain, and (d) studies of public behaviour and change in the social, economic, health, nutritional and educational status especially of children and women.

Monitoring activities will be mainly carried out by the concerned sectoral departments, NGOs, UNICEF field offices and district and community level workers. Programme evaluation will be assigned to agencies and organisations, notably Tribhuvan University, independent research agencies and the Nepal Press Institute. Additional regional resources will be tapped on a selective basis, as and when necessary.

15. GOVERNMENT AND NGO COMMITMENT

Government and NGO commitment will be predominantly in terms of software production, distribution/transmission costs, and staff and technical maintenance costs. The annual expenditure on these items is calculated at approximately US\$ 283,000 making a total of US\$ 1,415,000 over the period 1992-1996.

16. UNICEF COMMITMENT

Communication support for various programmes in this Plan of Operations is provided for in the budget of the respective programmes and forms approximately five per cent of the funding allocation for each programme.

In addition, the funding allocation for child advocacy and communication is as follows, subject to annual review of progress:

(in US\$ '000)

	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>Total</u>
General Resources	300	300	300	300	300	1,500
Supplementary Funding *	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>500</u>
TOTAL	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>2,000</u>

* Subject to availability of supplementary funding.

CHAPTER SIX

PLANNING, MONITORING, EVALUATION AND CAPACITY BUILDING

PLANNING

1. Despite Seven National Development Plans and substantial donor support, the impact of existing programmes for human development in Nepal, including those for children and women, has been rather weak on the whole, although there are a few successful activities as referred to earlier. It is clear that master planning from the central level has not, so far, succeeded in serving the majority and it is necessary to explore viable alternative and complementary approaches to top-down planning.
2. Two important strategic approaches were described earlier. The first, "Development with a Human Face" described the increasing share of the national budget toward priority social sectors. The second, "Empowering from the Family Up", described starting with families and finding out who can support families at the community level, and what support they need, and so on up the line until the central ministries (see diagram on following page). That way, central plans will have a better chance of being meaningful and reaching communities. Planning from the top down and from the bottom up are complementary to each other.
3. The National Planning Commission and the Ministry of Finance are the Government's primary planning arm for cooperation with UNICEF, the operational technical planning being done by task forces mainly from the sectoral ministries. Nevertheless, it is unlikely that the programme of cooperation, or the Eighth National Development Plan will be largely based on a community participation approach, but sensitisation and a beginning needs to be made. The participation of families, front line workers, and district level workers in planning what they themselves believe they need will hopefully gain momentum during the next period of programme implementation. This kind of participatory planning will require nurturing and support during this period of cooperation.
4. National and international NGOs are essential actors in delivery of basic and human services, and need also to participate in planning. Important steps have already taken place to obtain inputs and contributions from NGOs towards planning for Nepal's children in general, as a follow-up to the Summit's National Programme of Action and for the UNICEF assisted country programme.
5. Planning for children and women and the achieving of Goals for Children and Development for the 1990s will require a concerted effort for human resource development and capacity building, especially at the district, sub-district and community level. This component has been dealt with in the sectoral programmes and there is further scope to strengthen planning and monitoring capacities at all relevant levels.
6. Concerns about strategic coherence of national planning for children and women are alleviated to some extent because both the Government and NGOs have subscribed to the Goals for Children for the 1990s arising from the World Summit. These agreed common objectives will, to a great extent, provide a common direction to strategic planning. Indeed, strategic planning for children will be considerably strengthened when the National Council for Child Development comes into effect.

7. Strategic planning has to be in line with the Eighth National Development Plan to ensure that concerns and issues relating to children are reflected in policies, directives, programme formulation and subsequent adequate budgetary allocations to child specific programmes in the priority social sectors.

8. In the programme planning and monitoring process, the District Offices of the line ministries are the intermediaries between the Village Development Committee and the Regional and Central Level organisations of the sectoral ministries. The responsibilities of the District Development Committee and the District Offices of the line ministries will become effective once the Decentralisation Act as part of the local development provisions will be promulgated and the Eighth National Development Plan will be implemented starting mid-1992.

9. The District Offices of the line ministries and the District Development Committees have direct access to the Village Development Committees and Users' Committees. This access is critical for planning, implementation and monitoring of community based services to reach children and women, families and communities.

10. In this Plan of Operations 1992-1996, the community-based approach has been adopted as the main strategy in planning and implementation of programme activities. In this process, the Users' Committees based at the ward level of the Village Development Committee will identify the needs and aspirations of the families and communities, and mobilise them to plan and implement programme activities. The Users' Committees are the focal point to mobilise community participation and resources and will monitor the effectiveness of programme activities for feedback to the Village Development Committee.

11. The District Level Offices of the different sectoral line ministries develop long term District Development Plans and annual programmes with Plans of Action. The role of the District Development Committee is to coordinate and consolidate these efforts of the ministries and generate support to implement and monitor these programmes.

12. Efforts need to be made to assess how effective basic services reach children, women and communities and to make these linkages more effective and meaningful in needs assessment planning, implementation and monitoring of programmes for children at the community and family level.

13. To enhance these efforts, the social planning, monitoring and evaluation skills of the district and sub-district based manpower of the government line ministries and NGOs should be upgraded and used. This Programme of Cooperation will support sectoral line ministries and the Ministry of Local Development in training manpower, including training on micro-planning. Technical and other support will be provided to facilitate the efforts of the District Development Committees and line ministries and NGOs in the preparation of the District Profile on children and women.

MONITORING

14. There is very little experience with monitoring in general in Nepal, and except for anecdotal studies and evaluations mostly in conjunction with donor funding, there is no systematic capacity for monitoring changes in the situation of children in the country. The best example has been in relation to the national immunisation programme with its record keeping and verification surveys. This experience demonstrates what is possible, particularly through mapping and micro-planning.

15. Monitoring will necessarily need to support strategic planners at the central level and efforts from families and communities upwards, in support of programme and project implementation. As in planning, a complementary dual approach for monitoring is necessary, one of national scope from the top down, and one, fairly decentralised and responsive to rapid assessment, from the community level upwards. The beginning which has been made, in the development of indicators for monitoring the objectives and goals for children in the 1990s, will be very useful in promoting and setting up relevant monitoring systems in Nepal as an integral part of programmes. The list of goals and sensitive indicators is given in Annexure I. Annexure II provides an overview of the sectoral framework of monitoring.

16. The National Council for Child Development, with the National Planning Commission as its Secretariat, will provide an overall umbrella for child monitoring. Monitoring capacities of relevant sectoral ministries and their regional, district and sub-district organisations will need to be addressed and strengthened.

17. The mapping and microplanning methodology, referred to earlier, offers the most successful approach to planning, implementation and monitoring, enabling collection and aggregation of data for purposes of national level monitoring. It is of critical importance to retain the successful EPI experience whereby monitoring at ground level not only provides information, but is an instrument of stimulation and motivation of the staff concerned as they work towards relevant and well understood objectives.

18. In line with decentralised local development planning and monitoring, a participatory approach will be encouraged to monitor programmes for child survival, protection and development at the district and community levels.

19. Community leaders in the users' committees, wards, Village Development Committees and at the district level will play a key role in mobilising the members of the District Development Committees and the offices of the sectoral line ministries and local NGOs to monitor ongoing CSD programmes. They will assess their effectiveness through review meetings, field visits, community meetings and consultations. Support will be provided to the government line ministries and NGOs in developing modalities and methods for these participatory monitoring systems.

20. In this process, the strengths, weaknesses, and advantages of the ongoing monitoring system of the government line ministries and NGOs will be assessed with a specific focus on monitoring for children promoting, through this process, the concept of village level monitoring.

21. Disaggregated critical indicators in basic education (enrolment of girls and completion rates; adult and female literacy); health (immunisation coverage; IMR; U5MR; MMR); nutrition (PEM; severe and moderate malnutrition); drinking water supply and sanitation (number of systems; number of latrines installed; number of systems operating; latrines used, etc.) have been identified and can be adopted among others, to monitor the effectiveness of ongoing programmes at District and Village Development Committee levels by District Development Committees, district-based line ministries and NGOs.

22. The regional structure of the government has a vital role especially in planning, supervision and monitoring of activities under development plans and programmes at the regional level. It is essential to strengthen the capacity of the Regional Offices to further improve their capacity in planning and monitoring of regional level activities as well as efforts initiated at district and community level.

23. This programme proposes to support the development of national monitoring mechanisms to strengthen the full implementation of the Convention on the Rights of the Child as well as in support of the compilation of the Annual Report that HMG/Nepal is to present to the International Commission on

the Convention on the Rights of the Child. Similarly, UNICEF will support the development of monitoring mechanisms for the implementation of the Convention on Eliminating All Forms of Discrimination Against Women. At the non-government level, it is proposed to set up an independent monitoring capacity for specific follow-up on the implementation of the Convention on the Rights of the Child, as well as to monitor progress towards Goals for Children for the 1990s. It is expected that the Nepal Children's Act, based on the Convention on the Rights of the Child, may be promulgated in the course of 1992. Support for the implementation and monitoring mechanisms for the Children's Act may be provided through the Nepal Law Reform Commission; the Ministry of Law and Justice and Parliamentary Affairs, the Ministry of Labour and Social Welfare, SSNCC, NGOs and the Nepal Children's Organisation.

24. This Programme of Cooperation will pursue the development of joint monitoring systems through the Child Alliance group of organisations in Nepal comprising of SCF (UK); SCF (USA); Redd Barna; Action Aid; Plan International; UMN; Nepal Children's Organisation; and the NGO Forum and the Child Rights Programme group of 16 Nepali NGOs and their respective networks. This monitoring system will particularly concentrate on the implementation of the Convention on the Rights of the Child, and the constraints and opportunities inherent within each community on achieving the goals for the 1990s stated in the Ten Year National Programme of Action.

25. This Programme of Cooperation will pursue alternative approaches to monitoring, particularly with regard to promoting village level monitoring. With the proposed re-creation of the national development service whereby university students spend several months of their final post-graduate study year in a village, this opens up an opportunity for dialogue and follow-up with the University authorities on assisting students to understand community conditions and the need of monitoring.

26. Similarly, it is proposed to support a limited number of "independent" in-depth studies to assess conditions affecting children and women and how these can be addressed, providing valuable feedback to be used in the planning, implementation and monitoring processes. These could be undertaken by the University or other research organisations with the capacity to provide feedback into these national processes.

27. This Programme will support the implementation of community based monitoring activities initially in one small area per region, promoting monitoring by the community to encourage increased interaction between district level officials and the community in support of achieving the goals for the 1990s through government coordination of services and community organisation.

Support for Monitoring

28. Sectoral Programmes in this Master Plan of Operations have elaborated on programme monitoring and have selected relevant indicators to be monitored. The development of monitoring processes in the programme sectors with the respective Ministries will be supported.

29. Support will be provided to monitor the 7 major goals and the 22 supportive goals for the 1990s with emphasis on:

- Infant and Under 5 mortality rates
- Maternal mortality rate
- Severe and moderate malnutrition
- Access to safe drinking water

- Access to sanitation
- Access to basic education, particularly for the girl child, and completion rates
- Access to literacy, with emphasis on literacy for women
- Access to information on family planning; hygiene; Facts For Life
- Protection for children.

30. This Programme of Cooperation will support, together with the National Planning Commission and the Central Bureau of Statistics, the development of concise systems to utilise and incorporate data into national, regional, district and sub-district planning processes as appropriate, with particular emphasis on data collection based on sentinel sites, selective studies, field visits and reports for its analysis and feedback.

31. On a selective basis, support will be provided for the development of monitoring systems to monitor the implementation of the Convention; the National Programme of Action for the 1990s; national policies for children and budgetary allocations; availability of resources to achieve goals; percentages allocated to human development; cost effectiveness of interventions, among others and, as appropriate at the national, regional, district, sub-district and community levels, for coverage, service and impact indicators with gender disaggregation when applicable and desirable. Support provided could include assistance to the National Council for Child Development; the central and regional offices of the National Planning Commission; the Central Bureau of Statistics; the District Offices of the Ministries; the elected District Development and Village Development Committees; users' groups, and NGOs. The assistance may comprise of training and orientation, field visits, data processing, in-country experience exchange, inter-country study visits, seminars and workshops.

EVALUATIONS

32. In the 1988-1992 Programme of Cooperation, UNICEF has supported a number of evaluations and studies i.e. an EPI Review in 1990; an evaluation of IDD interventions and effects; a compilation and assessment of nutrition studies undertaken in Nepal over the period 1975-1990; KAP studies for essential drugs and community financing; an evaluation of the literacy programme in SFDP and PCRW; an impact evaluation and tripartite review of the PCRW project; an evaluation of the *Nun-Chini-Pani* ORS campaign; and a study on communication patterns in Nepal, among others.

33. In addition UNICEF, together with the National Planning Commission, published the 1991 Situation Analysis on Children and Women in Nepal.

34. The findings of these evaluations and studies have been incorporated in the respective reviews, programme strategies as well as in the formulation of this Programme of Cooperation.

35. To facilitate the process of analysis and assimilation of findings into programme formulation, UNICEF published a compendium of UNICEF assisted studies for the period 1983-1991, providing an analysis and review of major findings from 27 relevant studies and evaluations.

36. In this Programme of Cooperation 1992-1996, research and evaluation will be supported on conditions affecting children and women, KAP studies, and assessments of programme implementation and impact. Participatory evaluations at community level will also be promoted and supported. Sectoral programmes have indicated planned evaluations in the various chapters, and the purpose of some of these evaluations will also be to assess the cross-sectoral impact of UNICEF and government input.

37. As an integral part of this Programme of Cooperation, each sector will organise annual programme reviews to assess and evaluate the past year's performance and plan for the following year's implementation, resulting in the formulation of annual project plans of action. These reviews will be held each year with the participation of Ministries and Departments, other agencies and NGOs as required, and will be reflected in the Annual Report.

38. Similarly, the Ministry of Finance and the National Planning Commission will convene with the counterpart Ministries and UNICEF, and others as required, a Mid-Term Review in October 1994 to assess the overall performance of the Programme of Cooperation and to formulate recommendations for future programme development and project activities.

39. Support for Planning, Monitoring, Evaluation and Capacity Building has been earmarked under the respective Sectoral Project Support allocations as well as under Programme Support of this Plan of Operations.

40. The following tentative list indicates the evaluation proposed to be undertaken during the period of this Plan of Operations. Baseline surveys and assessments will precede the evaluations. The new technologies being introduced in the community water supply programme will need to be assessed. The training components in most UNICEF supported activities will be specifically assessed for relevance, efficiency, cost, utilisation and impact. The annual review programme will determine whether other evaluations need to be undertaken in Health and Nutrition; Community Water Supply; Advocacy and Communications.

Programme to be evaluated	Timing of planned evaluation	Institutions involved
Health 1. EPI 2. Essential Drugs	International EPI Evaluation 1994	MOH; USAID; WHO; CDC; NGOs; UNICEF
	Community Self-Financing for Essential Drugs; KAP 1992 and 1993.	MOH; NGOs; IOM; Nepal Research Organisation; WHO; UNICEF
Education 1. Textbook Production 2. Literacy 3. ECEC 4. Village Readiness and Community Support	1993	MOEC; CTSDC; UNICEF; JEMC; University; CERID; NGOs
	1993-95	MOEC; DAE; NGOs;
	1993-94-95	MOEC; University; CERID; NGOs; UNICEF
	1993-94-95	MOEC; NGOs; Communities (School Management Committees); UNICEF
Sanitation Sanitation with W's I	1993	MHPP; NGOs; Communities; UNICEF; Nepal Research Organisation
Community Based Programme Impact Evaluation for 1. SFDP 2. Environment 3. UBS	1993	MLD; ADB/N; MOF; UNICEF; Nepal Research Organisation; NGOs; Communities (Farmers' and Women's Credit Groups)
	1993	
	1994	MLD; MHPP; Municipalities; UMN; Peace Corps; Other NGOs; Communities; UNICEF.

SECTORAL FRAMEWORKS FOR MONITORING

1. MONITORING HEALTH AND NUTRITION ACTIVITIES

Objectives	Indicators	Sources for Verification
1. EPI		
Reduction of EPI disease incidence (impact)	- Mortality and morbidity data	- EPI disease survey
Increase of effective coverage	- Vaccine efficacy	- Field test of vaccine efficacy
Increase of service utilisation	- Immunisation coverage	- Monthly coverage report and coverage survey
Increase of efficiency in field operations	- Cash flow/manpower training effectiveness/cold chain maintenance	- Field supervision/periodic review/international review
2. CDD		
Maternal knowledge	- % of mothers who can state the 3 rules of home case management	- Household Survey
Access to ORS	- Population with a regular supply of ORS available in their community	- Household survey confirmed by community investigation
Use of ORT plus feeding	- % of diarrhoeal cases receiving ORS or a recommended home fluid and continued feeding	- Household survey
Providers prescribing ORS	- Number of cases given ORS	- Household survey and health facility survey
3. ARI		
30% reduction of under 5 mortality due to ARI	- Disease and age-specific death rates	- Sample survey
Access to standard ARI case management	- Number and proportion of 0-4 years with access to first level health facilities providing ARI treatment	- MOH records
Reduction of inappropriate use of antibiotics and other drugs for treatment of ARI in children	- Number and proportion of ARI cases who receive unnecessary antibiotics at HPs and hospitals	- HP and hospital in records
4. Safe Motherhood		
75% women ages 15-49 years having access to female trained birth attendant for prenatal, delivery and postpartum care	- Number of TBAs, FCHVs, MCHWs and their geographical distribution	- Reports collected by DON, FP/MCH, PHD and census data
Increased health-seeking behaviour and increased utilisation of services	- Number and proportion of deliveries assisted by trained TBAs, ANMs and MCHWs or hospital staff	- Surveys
	- Number of women seeking prenatal delivery and postpartum care from trained TBAs or health post staff	- Data collected by VHWs and HPs
	- Mothers practicing proper maternal and child health practices	- Records at HPs
		- Surveys
		Women identified by trained TBAs, MCHWs, ANMs, FCHVs as "model mothers"

Objectives	Indicators	Sources for Verification
5. Nutrition		
Reduction of maternal iron deficiency anaemia to 55%	- Iron deficiency anaemia rate - Proportion of pregnant and breastfeeding mothers receiving iron folate tablets	- Hospital data - Ward and H.P. data - Surveys
Reduction of LBW to 10%	- Low Birth Weight Rate	- Hospital, ward and health post data
Reduction of PEM to 34%	- PEM Rate	- Survey
Reduction of vitamin A deficiency to 0.5%	- Vitamin A deficiency rate - Number and proportion of targeted children receiving Vitamin A capsules - Number of children identified as having Vitamin A deficiency or presenting ocular signs being treated	- H.P./Ward/hospital data - Survey
Reduction of IDD to 9%	- IDD rate - Number and proportion of children and women of reproductive age receiving iodised oil injections - Proportion of population having access to iodated salt	- H.P./ward/hospital data - Epidemiological data - Survey - STC records
6. Health Manpower Development		
Continuing training	- Number of health workers trained	- Visit to education sessions by IOM/MOH - Surveys
Basic training	- Number of health workers trained	- Visit to training sessions by MOH - Surveys
7. Essential Drugs		
Provision of 100% of the required essential drugs at the HP level	- Availability, timeliness, quantity used - Cash collection from users - Replenishment of drugs	- Sample surveys, joint review - Bank balance - Stock in HP
Rational use of drugs	- Community awareness, existence and compliance with legislation and control mechanism, production and consumption patterns	- KAP surveys, annual reviews, progress report

2. MONITORING EDUCATION ACTIVITIES

Objectives	Indicators	Sources for Verification
General		
1. Provide Universal Access to Basic and Primary Education	No. of children (girls/boys) enroled/attending schools; completion rates.	Sample school surveys; MOEC data. Mapping of schools. MOEC/UNICEF joint field visits. Field reviews. Progress reports.
2. Reduce Adult Literacy to half its 1990	No of beneficiaries enroled/ attending programmes; and completion rates.	Studies on women's participation and completion rates.
	No. of women participating	No. and quality of textbooks produced. Training and workshops; Case studies. Impact evaluations.
Specific		
1. Textbook Development and Production		
To improve enrolment and attendance through better quality books and materials	Ratio of enrolment/attendance, dropout and completion. No of newly revised textbooks produced and distributed.	Monitoring of statistics at the Region/District levels through FO/Case studies.
To improve textbooks so as to include more relevant topics and life skills.	Ratio of textbooks forecast for a given year/compared to actual number distributed.	MOEC/JEMC Statistics. Assessment and evaluation studies. Study of textbook quality control. Field observations. Consultancy services. Trainings.
To improve the physical quality of textbooks and the production process.	Wastage rate in production and distribution system. Durability and quality of textbooks. No. of MT of paper saved	
2. Literacy		
To increase literacy rates of children and adults through the formal and non-formal systems.	Percentage of female/male attendance and completion rates fro children and adults. Relapse into illiteracy. no. of literacy classes. No. of literacy teachers/facilitators. No. of Cheli Beti classes	School/community surveys. Progress reports. Field observations. Assessment and evaluation studies. Monitoring of statistics at the Regional/District levels through FO/Case studies. District Education Inspectors' reports.

3. ECEC

To facilitate in the setting up of community based ECEC centres.	HMG policies and strategies.	Participatory workshops and observations; Field visits.
To assist in the development of ECEC curricula, learning materials and training modules for trainers/facilitators.	No. of ECEC established No. of children (girls/boys) attending. % of increased enrolment in Primary 1 and reduced dropout rate. Curricula specifying learning outcomes; linking learning objectives to learning materials. Ensure that the materials are being developed, distributed and utilised.	Community surveys. Reports from community workshops and teachers. External evaluation services. Research findings. Workshops/Seminars. Field visits. Case studies.

Development of training modules; no. of trainings conducted; no. of facilitators enroled. No. of NGO's participating.

4. Village Readiness

To broaden knowledge, attitudes and practices about basic education at village/rural levels.	No. of people enroled/attending education programmes.	KAP studies. Field observation. Household sample surveys.
To encourage active community participation in developing appropriate flexible basic education services.	Parents and communities' participation in school/education affairs and education committees.	Field visits. Regular monitoring. Participatory workshops.
To promote the process and value of education at community level, particularly for girls' participation.	No. of schools constructed through community participation.	

3. MONITORING DRINKING WATER SUPPLY AND SANITATION ACTIVITIES

General Objectives	Indicators	Sources for Verification
Reduction in the time and energy spent by women and young girls for collecting water.	Use of time saved in collecting water for income generating activities and educational activities.	Evaluation on the impact of the programme using an external agency/university.
Reduction in the high incidence of mortality and morbidity attributed to water and sanitation related diseases.	Report on patients of health posts affected by water borne and hygiene related diseases.	Evaluation on the impact of the programme using an external agency.
Sustained behavioural change in hygiene habits and practices. Use of ORT and child immunisation.	Availability of safe water for domestic use; reduced contamination of drinking water in homes, number of women familiar with ORT/Immunisation.	Field level reports from supervisors/women workers overseers; health post records; comprehensive evaluation of project.
<p>Specific Objectives Construction of 285 GFS and 6409 spring protections; health education activities resulting in construction of sanitary latrines. Installations of 13,580 shallow well handpumps, 720 deepwell handpumps, 104 hand-dug wells providing adequate quantities of safe drinking water. Women's involvement</p>	<p>Systems completed; and in proper use; coverage; change in hygiene habits and proper upkeep and use of sanitary facilities Number of shallow and deepwell HPs in use; coverage; upkeep of platforms and related drainage, chemical and bacteriological water quality. Participation of women at UC meetings, activities of female VMSWs</p>	<p>Field reports from maintenance technicians/supervisors/women workers Mid-term evaluation of the project. Platform inspection forms completed by SWW's and WSST's. Verified by SS and Overseers. Water quality testing by Sanitation Supervisors. Household monitoring by school verified by SS, SC and Regional Sanitation Unit.</p>
Ensure that water supply systems are operational; reduced contamination of drinking water, sanitary use of latrines.	Number of HP/GFS/Spring protection in operation and use; improve sanitary habits + practices including number of sanitary latrines.	Inspection checklists by WSSTs/SWWs/Platform inspection + household monitoring reports. Water quality monitoring by SS. Evaluation of the project using an external agency. Water quality testing by Sanitation Supervisors
Orientation and training of the staff at various levels of DWSS/NRCS and other NGOs.	Number of persons trained; rate of implementation, quality of construction; O/M support; Women's involvement	Progress reports on training; field reports on construction, maintenance and women's involvement.

4. MONITORING COMMUNITY BASED PROGRAMME

MONITORING ACTIVITIES IN SFDP

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in small farmers income	- Regular monitoring through field visits by the field staff of SFDP/ADB and UNICEF - Evaluation studies - Case studies	ADB/UNICEF ADB/UNICEF ADB/UNICEF
Number of credit groups formed	- Progress report of SFDP sites - Field visits	ADB/UNICEF
Increase in literacy rates especially female literacy rate	- Regular monitoring by SFDP/MOEC/UNICEF - Evaluation studies	ADB/MOEC/UNICEF ADB/UNICEF
Child deaths per year in the 0 to 36 months age group	- Regular monitoring - Case studies	ADB/HP/DPHO/UNICEF Local Consulting Firms - ADB/MOH/UNICEF
Coverage of EPI	- Coverage survey - Regular monitoring	
Coverage of T.T 15 to 45 age group women	- Regular monitoring	- ADB/MOH/UNICEF
Number of families who have access to working piped/tubewell drinking water facilities	- Field visits of SFDP/UNICEF staff - Regular monitoring by SFDP	ADB/MHPP/DWSS/MOH
Number of families who have installed and use latrines	- Field visits of SFDP, DWSS/UNICEF staff - Regular monitoring by SFDP	ADB/MHPP/DWSS/UNICEF

MONITORING ACTIVITIES IN PCRW

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in women's income	- Regular monitoring through field visits by the field staff of WDD, Commercial Banks and UNICEF - Evaluation studies - Case studies	WDD/ UNICEF, Commercial Banks, ADB and Nepal Rastra Bank WDD/UNICEF "
Increase in the literacy rate especially female literacy rate	- Regular monitoring by WDD/MOEC/UNICEF - Evaluation studies	WDD/UNICEF MOEC WDD/UNICEF
Number of child deaths per year in the 0 to 36 months age group.	- Regular monitoring - Case studies	WDD/UNICEF HP/DPHO Local Consulting Firms
Coverage of EPI	- Coverage survey Monthly reports from HP.	MOH/WDD/UNICEF
Coverage of T.T. 15 to 45 age group women	- Monthly reports from HP.	MOH/WDD/UNICEF

Selected Indicators	Methodologies of Verification	Responsible Institutions
Number of families who have installed and use latrines	- Field visits of WDD/UNICEF staff - Regular monitoring by WDD - Participatory evaluations.	WDD/MHPP/UNICEF

MONITORING ENVIRONMENT ACTIVITIES

Selected Indicators	Methodologies of Verification	Responsible Institutions
Increase in the level of awareness of low income subsistence families on environmental degradation issues which are adversely affecting them	- Evaluation study	WDD, MOEC, UNICEF
Number of fuelwood, fodder and fruit tree plantations on private and public land	- Regular monitoring through field visits by the ADBN, WDD, MOEC staff	ADBN, WDD, MOEC, UNICEF Field Officers
Number of fruit tree nurseries established with community efforts	- Regular monitoring	ADBN, WDD, MOEC
Number of improved household cooking stoves, bio-gas, Multi-purpose watermills and other appropriate technologies installed and used	- Regular monitoring	ADBN, WDD, UNICEF Field Officers
Number of forestry activities initiated to protect water sources	- Regular monitoring	ADBN, WDD, MHPP/WDSS
Number of people who have knowledge on family planning	- Survey/Case Studies	ADBN, WDD, Ministry of Health
Number of drinking water projects installed and functioning	- Regular monitoring	ADBN, WDD, MHPP and UNICEF Field Officers
Number of low cost household and school latrines installed and used	- Regular monitoring	ADBN, WDD, MOEC, and UNICEF Field Officers

MONITORING UBS ACTIVITIES

OBJECTIVE	INDICATORS	MEANS OF VERIFICATION
<p>GENERAL To facilitate the utilisation of diverse programme initiatives (both by UNICEF and others) which may be grouped under the UBS programme.</p>	<p>Comparison of coverage and utilisation of UBS in intervention vs. non-intervention towns.</p>	<p>Community self-survey; programme evaluation reports. Rolling situation analysis</p>
<p>ADVOCACY To increase awareness on the Rights of the Child; Convention on the Elimination of all Forms of Discrimination against Women; the Girl Child; CEDC Better knowledge of the situation of the urban poor.</p>	<p>Changes in legislation. Changes in attitude towards these concerns. Access to health services by urban poor</p> <p>Establishment of a database. HMG's line agencies willness to invest in UBS activities. Actions taken that address these issues</p>	<p>Rolling situation analysis.</p> <p>Rolling situation analysis.</p>
<p>HOUSING AND ENVIRONMENT To improve access to sanitation, safe drinking water and solid waste disposal to 500,000 urban poor.</p>	<p>% safe drinking water systems installed or upgraded, in working condition and maintained; and number of families benefitting. Number of latrines installed and number of families benefitting. Number of families with knowledge and use of Facts For Life messages. % of houses with some form of waste and water disposal systems. Environmental improvements in the programme areas</p>	<p>Rapid appraisal studies Community self-survey; annual reports; field visits; Department of Water Supply and Sewerage, NWSC, and Solid Waste Management reports; rolling situation analysis. Interviews.</p>
<p>EDUCATION Increase in literacy rates of women and girls</p>	<p>% of literacy classes conducted and number of beneficiaries. Literacy skill retention rate. Number of <i>Cheli-beti</i> classes conducted and number of girls participating. % female school attendance.</p>	<p>Community self-surveys; annual reports and plans; field trips; District Education Inspector reports; rolling situation analysis.</p>
<p>Promotion of early childhood facilities for the children of the urban poor.</p>	<p>Number of child care centres operating and number of children attending. Number of teachers trained in early childhood techniques.</p>	<p>Community self-surveys; annual reports and plans; field trips; District Education Officer reports.</p>

OBJECTIVE**INDICATORS****MEANS OF VERIFICATION****HEALTH AND NUTRITION**

To improve health and nutrition status, and access to health knowledge as well as on family planning and AIDS to 630,000 urban poor.

% children fully immunised.
 % families knowing and using one or more of Facts For Life messages, i.e. ORS, CDD, breastfeeding and weaning; etc.
 % Infant and maternal mortality rates.
 % families practicing family planning.
 % Malnutrition rates.
 Number of Urban clinics established, functioning and coverage/outreach capacity
 % of families with kitchen gardens or that have access to nutritious foods

Community self-surveys; annual reports and plans; field visits; District Public Health Officer reports; line agency reports.

COMMUNITY PARTICIPATION

To increase the capacity of the community to undertake community-based actions.

Number of training courses conducted (and number of people participating) on leadership skills;
 Degree of participation in community development activities;
 Community ability to organise, plan, execute, monitor and maintain projects by themselves, as well as involvement in participatory surveys/evaluations.

Community self-survey; annual reports; field trips; line agencies' reports.
 Interviews.

COMMUNICATIONS

To raise awareness on issues related to the specific objectives of the programme;

Knowledge at community and municipal level on programmatic and community development issues;
 Appropriateness/effectiveness of communication channels.

Community self-survey; COs' reports; field visits by municipal staff.
 Interviews

MONITORING ACTIVITIES IN COMMUNITY DEVELOPMENT THROUGH PAPER PRODUCTION AND GREETING CARDS

Objectives	Indicators	Verification
Improve the quality of life for low-income families with emphasis on children and women.	Number of drinking water supply systems provided, upgraded, maintained and in good working condition. No. of latrines constructed and used. No. of women attending literacy classes. No. of child care centres established. No. of families utilising Facts for Life messages.	Community surveys, progress reports.
Raise the income of poor families in targeted areas.	Increased family income from paper-making and related activities.	Participatory impact evaluation studies and progress reports.
Increase in employment and access to direct and indirect benefits provided by the community development projects and related activities.	Higher employment rates. Assessment of indirect benefits on: * Status of women; * Women's participation; * Status of girl child.	Participatory impact evaluation studies and progress reports.
Produce recycled paper and other products on a large scale	Quantity of paper recycled. No. of new outlets established. Profit generated by recycled paper production.	Progress reports and case studies.
Promote a spirit of self-help and community participation	Degree of community participation in development activities. Number of basic community improvements carried out. Impact of relevant economic, social and community development activities.	Progress reports and case studies.
Conservation of lokta resources and afforestation.	Adoption of lokta management plan. No. of nurseries and plantations established and maintained by the programme. Improved production capacity. Reduction of wastage.	Lokta inventory, field visits and case studies.
Promotion of appropriate technology.	No. of appropriate technologies used to increase production and reduce wastage of natural resources.	Lokta inventory studies, field visits and case studies.

**MONITORING GOALS FOR
CHILD SURVIVAL, PROTECTION AND DEVELOPMENT**

	Current Situation	1996 Goal	Sensitive Indicators	Methodology	Agencies Involved
1	HEALTH IMR 107:1,000	60 per 1,000 live births	<ul style="list-style-type: none"> - Mortality and Morbidity data - Immunisation coverage 90% + and sustained - CDD/ARI coverage & knowledge at family level - Breastfeeding 	<ul style="list-style-type: none"> - EPI Survey - CDD/ARI Review - Sentinel Sites 	MOH; WHO; USAID; UNICEF; other Donors
2	USMR 165:1,000	130 per 1,000 live births	<ul style="list-style-type: none"> - Immunisation coverage - CDD/ARI coverage & knowledge at family level - Breastfeeding - Weaning knowledge 	<ul style="list-style-type: none"> - EPI Survey - CDD/ARI Review - Sentinel Sites - Household Surveys 	MOH; WHO; USAID; UNICEF; other Donors
3	MMR 850: 100,000	725 :100,000	<ul style="list-style-type: none"> - % of maternal deaths - % of supervised deliveries - knowledge on difficult pregnancies 	<ul style="list-style-type: none"> - Health Post and hospital records - Studies - Sentinel Sites - VHW records 	MOH; UNFPA; UNICEF; Redd Barna; and other NGOs
4	Polio 3 Coverage: 84%	Towards global eradication of polio by 2000	<ul style="list-style-type: none"> - Polio 3 coverage 90%+ and sustained - 11,110 cases to be prevented 	<ul style="list-style-type: none"> - EPI Survey - Sentinel Sites - Annual review 	MOH; WHO; USAID; UNICEF; NGOs
5	Neonatal Tetanus 17,000 cases/year	1996 Goal: Eliminating NNT by 1996;	<ul style="list-style-type: none"> - TT coverage 90%+ - % of women receiving 5 doses for life-time protection - 20,000 cases to be prevented each year 	<ul style="list-style-type: none"> - EPI Survey - Sentinel Sites - Annual review 	MHO; WHO; UNFPA; USAID; UNICEF; NGOs
6	Measles: 391,962 cases/year	1996 Goal: Reduction of measles deaths by 95% and reduction of measles cases by 95% by 1996	<ul style="list-style-type: none"> - EPI coverage 90% + - Reduction in drop-outs 	<ul style="list-style-type: none"> - EPI Survey - Sentinel Sites - Annual review 	MHO; WHO; USAID; UNICEF; NGOs
7	Diarrhoea related deaths in <5: 45,000 death/year	To achieve reduction of at least 15%	<ul style="list-style-type: none"> - Disease and age specific death rates - 8,000 deaths to be prevented each year 	<ul style="list-style-type: none"> - Sample surveys - Hospital data - Epidemiological data 	MOH; IOM; UNICEF; NGOs
8	Knowledge about Diarrhoeal Diseases and correct use of ORT 65% knowledge 2% correct use	90% knowledge 25% correct use	<ul style="list-style-type: none"> - Correct ORT use rate - Correct ORS use and prevention rate - Increased fluid intake - Breastfeeding exclusive upto 4 to 6 months - Continued feeding during diarrhoea episode 	<ul style="list-style-type: none"> - Household case surveys - Studies - CDD Review 	MOH; WHO; IOM; UNICEF; NGOs
9	ARI related deaths : 40,000 deaths/year	To achieve reduction of at least 17%	<ul style="list-style-type: none"> - Disease and age-specific death rates - Number and proportion of 0-4 years with access to first level health facilities providing ARI treatment - 6670 deaths to be prevented each year 	<ul style="list-style-type: none"> - Sample surveys - Hospitals/HP records. - Annual review 	MOH; NGOs; WHO; UNICEF

	Current Situation	1996 Goal	Sensitive Indicators	Methodology	Agencies Involved
10.	NUTRITION: 50% of children <5 suffer from severe and moderate malnutrition	Reduction to 44%	- Weight for age - PEM rate	- Sample Surveys - Annual review	MOH; MOEC; MOA; MLD; NGOs; UNICEF
11.	Iron deficiency anaemia: 78%	Reduction to 70%	- Iron deficiency anaemia rate - % of pregnant and breastfeeding mothers receiving iron folate tablets	- Hospital data - Ward and HP data - Surveys	MOH; UNICEF
12.	Vitamin A deficiency: 2.1 % (Biot's Spots)	Reduction to 1.5%	- Vitamin A deficiency rate - No. of children receiving Vitamin A capsules	- HP/Ward and Hospital data - Vitamin A Projects' reports	MOH, USAID; NNJS; UNICEF; Vitamin A, Research Projects
13.	Iodine Deficiency Disorders 40%	Reduction to 28%	- IDD rate - % of children and women receiving iodised oil injections	- HP/Ward/Hospital/data - Epidemiological data - Surveys; STC records	MOH; STC; UNICEF;
14.	EDUCATION: Primary Education: Total Net enrolment: 64% Female enrolment: 31% Completion: 27%	Total Net enrolment: 80% Female enrolment: 65% Completion: 55%	- Parents attitude - Attendance - Number of children and girl children in school and completing 5 year cycle	- KAP - Annual review - Field observations - Sample surveys	MOEC; University; DEI; UNICEF; NGOs; other Donors
15.	Literacy: Total illiterate: 65% Total female illiterate: 82%	Total illiterate: 51% Total female illiterate: 67%	- Number of participants - Number of female participants completing and passing literacy test	- Sample Surveys - Assessments - Field reports	MOEC; University; DEI; UNICEF; NGOs; other Donors
16.	DRINKING WATER: Rural Coverage: 35% Urban Coverage: 66% Total Coverage: 37%	Rural Coverage: 50% Urban Coverage: 75% Total Coverage: 53%	- Number of systems installed - Number of systems working - Water quality	- Monthly progress reports - Periodic surveys - Water quality surveys - Annual review	MHPP; DWSS; MITS; NGOs; UNICEF
17.	SANITATION: Rural Coverage: 3% Urban Coverage: 34% Total Coverage: 6%	Rural Coverage: 12% Urban Coverage: 50% Total Coverage: 16%	- Number of latrines installed - Number of latrines used and maintained - KAP	- Monthly progress reports - Household surveys - Annual review - KAP - Epidemiology studies	MHPP; DWSS; MITS;
18.	PROTECTION: Increased protection for children	1992 Goal: Promulgation of Children's Act (1992) by mid-1992 1990s Goal: Implementation and monitoring of CRC and Children's Act	- Official publication - Implementation - Expansion of legal provisions and publication	- Studies - Surveys; - Observations - Annual review - Annual report to International Commission on CRC	Ministry of Law and Justice; Ministry of Labour and Social Welfare; NGOs; UNICEF; Communities.