



ADRA
NEPAL

adventist development and relief agency

Annual Report

2005

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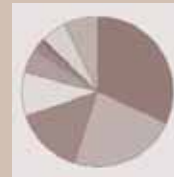
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Vision

Contributing to the Millennium Development Goals, ADRA Nepal's competent and motivated employees are committed to assisting communities through integrated, quality programming in the areas of reproductive health and non-formal education. ADRA Nepal makes it a priority to support the development of efficient and effective local capacity through learning and partnerships with government and civil society at all levels.

Principles

1. ADRA Nepal works for poverty and vulnerability reduction as well as sustainable development.
2. ADRA Nepal has a commitment to equity and diversity of people both within our organisation and among those we work with, in terms of age, caste, class, ethnicity, gender and religion.
3. ADRA Nepal honestly represents and respects the interests of the members of civil society we work with and encourages their active participation in the development, implementation and evaluation of our programmes.
4. ADRA Nepal is accountable to stakeholders, including programme beneficiaries, for the effectiveness and efficiency with which we use the resources we mobilize and they are able to openly express their rights, choices and concerns.
5. ADRA Nepal is transparent to all stakeholders about who we are, how we raise and use our resources, how we maintain records, and how we make decisions that affect all rights-holders or beneficiaries in our work.
6. ADRA Nepal is performance oriented to achieve the best results possible based on targets and achievements agreed with those we work for/with and those we mobilize resources from.
7. ADRA Nepal engages in mutual learning and sharing with implementing and funding partners to ensure benefits are maximized for true individual, cultural and organisational development and sustainability.
8. ADRA Nepal works through long-term partnerships to assist partner organisations to develop their capabilities to improve programme implementation and the sustainability of their programmes.
9. ADRA Nepal coordinates with donors, government and partners to ensure support provided to partners is well-planned and used efficiently so that resources are not duplicated, unneeded or misdirected.
10. ADRA Nepal is conflict sensitive, maintaining impartiality and doing no harm in implementation of all activities.

Strategic Objectives

Strategic Objective 1 - People and Policy

- ADRA Nepal has strong human resources management systems including updated policies that contribute to organisational development.

Strategic Objective 2 - Planning and Evaluation

- ADRA Nepal has a strong and functional planning and evaluation unit which works to promote donor relations, conduct evaluations, share learning and plan new projects.

Strategic Objective 3 - Sustainable Programme

- ADRA Nepal improves the quality of life for marginalised and underprivileged people by developing need-based, integrated programmes together with communities.

Strategic Objective 4 - Organisation Structure

- ADRA Nepal has a decentralised organisation structure that provides the most efficient way of administering its development activities.

Strategic Objective 5 - Gender Mainstreaming

- ADRA Nepal provides equal opportunities for men and women at all levels.

Strategic Objective 6 - Strong Partnerships

- ADRA Nepal implements development effectively with diverse partners by using a functional partnership model.

Hope

Empowering Women

The Nepal Women's Poverty Alleviation Project is a European Union (EU) and ADRA UK funded programme conducted through ADRA Nepal, in partnership with the Backward Society Education (BASE) in Banke and Dang Districts, and with New Young Star Club in Bara District. It aims to provide literacy, saving credit management training and overall empowerment to disadvantaged women in ADRA's project areas.

Chandra Devi, is one such disadvantaged woman. Yet, coming from a so-called low caste ethnic group has not hindered Chandra Devi in her recent development. With her home in Kalaiya Municipal in Bara District, Chandra Devi has completed a basic level literacy course and is currently taking a post level literacy programme under the Nepal Women's Poverty Alleviation Project. In addition she has now been sworn in as the Woman Ward Member for Kalaiya Municipality Ward No. 2.

Fully committed to working for women's rights and social justice, Chandra Devi is proposing activities including the improvement of drinking water supplies and sanitation, increased income generating and education opportunities, as well as a campaign against the dowry system. At the same time she wants to continue her studies up to self-learning level and to take vocational/livelihood training for her economic growth.

Without the woman's literacy class, Chandra Devi doubts she would have had the leadership capacity or the courage to participate in the election. Now she has the will and ability to make positive changes in her community and is an inspiration to her classmates and a true example of the success of our project.



In Nepal very few marriages and births are registered. That fact in itself brings complications in later life such as exclusion from immunisation campaigns for children, difficulties registering at school, and problems over land ownership rights. ADRA Nepal works towards reducing vulnerability and poverty, regardless of caste, ethnicity, religion or gender and so builds these elements into each and every project. Participants in our Basic Literacy Level classes learn not only how to read and write but become aware of their basic legal rights. Take for example Tara. Tara lives in Nijgadh, Bara District with her husband and two children. After joining our literacy class she realised the importance of registering her marriage and birth of her children with the local authorities and has now done so.

Millenium Development Goal 3

Promote gender equality and empower women

Healing

Extending Family Planning Services

Currently Nepal still has a high level of unmet needs relating to family planning at a community level, with very limited access for many communities. As this is mostly due to a shortage of trained service providers, ADRA Nepal has partnered with USAID, the European Union, ADRA International, the Ministry of Health and the National Health Training Centre (NHTC) to support the decentralization of family planning (FP) training.

With ADRA having a background of being a significant role player in Nepal with regards to family planning training, this partnership will ensure that access to family planning training for government staff increases. For more than a decade ADRA's FP training site at Banepa in Kavre District has provided different skills based family planning training to government staff, such as No-Scalpel Vasectomy (NSV), Minilap, Norplant and Inter-Uterine Contraceptive Device (IUCD). Now, building on that experience, the Eastern Region Family Planning Project (funded by USAID) is supporting to establish a fourth national Family Planning Training Site at Koshi Zonal Hospital, Biratnagar.

The project team has invested time in building a



relationship with the hospital management committee and other stakeholders to upgrade this hospital as a family planning training site. A term of reference has been developed which outlines the various roles and responsibilities of stakeholders of the training site. In addition, the trainers and the team have been working towards supporting the hospital to upgrade their sporadic surgical family planning services to a regular, year-round service. Since establishment of the site ADRA has successfully completed two trainings on IUCD, two on Norplant and one on Minilap.

During December a trained doctor assigned from ADRA Nepal was able to assist the hospital team during a surgical family planning camp provided at the hospital. With assistance from ADRA International, donations of surgical instruments and equipment have ensured the hospital has what it needs to give regular family planning services and carry out family planning trainings. In addition, two family planning doctors and three staff nurses have been posted to Koshi Zonal Hospital to provide training to all health workers in the Eastern Region (16 districts) of Nepal. Thus, through this project, the hospital has been able not only to provide family planning training but also to provide high quality regular family planning services.

Millenium Development Goal 5

Improve maternal health

ADRA Nepal's Programmes and Projects 2005

Project Name	Donors	Implementing Partners	Total Project Budget	Estimated Beneficiaries	Project Duration	Implementation Districts
Community Strengthening Programme						
Women's Poverty Alleviation Project	EC, ADRA UK, ADRA Australia	BASE, New Young Star Club	€750,000	5,500 women and their households	Jun 04 - May 07	Kavre, Bara, Banke and Dang
Sustainable Development Through Integrated Agriculture Programme	CIDA Canada, ADRA Canada	Farmers' Clubs	CAN\$217,000	8,000 households	Mar 04 - Mar 06	Kavre
Netherlands Literacy	Uniting Churches of the Netherlands, ADRA Netherlands	Livelihood Forestry Project and NICOS	€90,000	2,100 women and their households	Jan 04 - Dec 06	Kavre and Rupandehi
United for Education	ADRA International, Private Donations	Public Schools, Community Improvement Forum (CIF), Rotary Club	US\$25,000	450 students	On-going	Kavre, Kathmandu, Rupandehi and Lalitpur
Community Health Services Programme						
Community Empowerment Through Strengthening of Sub-health Post Support Committee Project	CIDA Canada	District Health Office, Kavre	CAN\$89,760	56,388 people	Jul 03 - Jun 06	Kavre
Nepal Youth Voluntary Counselling Testing Linkage and Referral Project	PACT/REACH, ADRA International	Association of Medical Doctors (AMDA) Nepal, Nepal Red Cross Society (NRCS)	US\$359,221	1,100 VCT testing	15 Jan 03 - Aug 05	Kavre and Jhapa
Youth Reproductive Health Education Project	Rotary Germany, Rotary Kathmandu Mid Town	Rotary Club of Mid Town Kathmandu, Rotary Club of Makawanpur	US\$69,961	50,000 youths and adults	Jul 03 - Sep 05	Kavre and Makwanpur
Community Dental Health and Care Project	Help International, Rotary Australia	ADRA, Local Schools, Clubs	US\$31,617	6,977 patients	May 03 - Apr 05	Kavre, Kaski, Makawanpur and Rupandehi



 ADRA's working districts



Project Name	Donors	Implementing Partners	Total Project Budget	Estimated Beneficiaries	Project Duration	Implementation Districts
Community Health Services Programme						
Cleft Lip and Palate Project Surgery Programme	SK Foundation	Ganesh Foundation, Ishan Children Hospital, AMDA Nepal	US\$50,000	222 patients	Jun 04 - May 05	Jhapa, Kavre, Sarlahi, Siraha, Dhading, Lalitpur, Makwanpur, Sindhupalchok, Bhaktapur, Dang, Terhathum, Morang, Sunsari, Saptari, Kailali, Taplejung, Ilam, Rautahat, Lamjung, Nuwakot, Sindhuli, Dhanusa, Parsa, Ramechhap, Saptari, Banke, Rukum, Nawalparasi, Bara, Okhaldhunga, Mahhotari, Bardiya and Tanahu
Nepal Family Health Programme / Family Planning Training	USAID funded Nepal Family Health Programme (NFHP)	Ministry of Health, National Health Training Centre (NHTC), District Health Offices	US\$90,036	34 family planning service providers	Jul 02 - 11 Dec 06	Kavre, Makwanpur, Sunsari, Jhapa, Manang, Chitwan, Rautahat, Bhojpur, Mustang and Saptari
Mobile Health Outreach Partnership Project	ADRA UK	Local NGOs and CBOs	£46,060	30,000 people	Jul 04 - Feb 06	Kavre, Kapilvastu, Dhading, Kathmandu, Lalitpur, Bhaktapur and Makawanpur
Mobile Reproductive Health Outreach Services	UNFPA	District Health Offices and Local NGOs at Districts	US\$59,867	8,000 people including women, men, children and individuals from poor rural communities to directly benefit from the mobile health outreach service	17 Oct - 31 Dec 05	Dadeldhura, Banke, Dang and Kapilvastu
Safe Motherhood Programme						
Safe Motherhood Innovation Project	European Commission, ADRA Germany, ADRA New Zealand, Government of New Zealand	Britain Nepal Medical Trust (BNMT)	€1, 800,000	268,684 women, 960,000 family members and 296 government staff trained	1 Mar 04 - 28 Feb 07	Dhankuta, Terhathum, Taplejung, Ilam, Khotang and Sankhuwasabha
Family Planning Programme						
Eastern Region Family Planning Expansion Project	USAID, European Commission	Nepal Red Cross Society (NRCS)	US\$3,335,336	598,507 community members and 948 government staff trained	1 Oct 04 - 30 Sep 09	Training based in Morang and other activities in Dhankuta, Terhathum, Sankhuwasabha, Okhaldhunga, Panchthar and Udayapur

Healing

Saving Lives

The Safe Motherhood Innovation Project (SMIP) has been working in six districts in the Eastern Region of Nepal in partnership with the Britain Nepal Medical Trust (BMNT) and in close collaboration with the district health offices and regional health directorates. This project is funded by the European Union (EU), ADRA Germany and ADRA New Zealand, and aims to reduce maternal mortality and morbidity due to pregnancy related complications by increasing the number of pregnant women attended by skilled and equipped birth attendants.



When the Safe Motherhood Innovation Project (SMIP) started working in Terhathum District untrained medical staff were providing services in one labour room and a four-bedded maternity ward. The condition of the labour room was terrible with sporadic water and electricity, and a rusty delivery table. The conditions in the maternity ward were similar with rusty beds, filthy walls and a damaged floor. There was no toilet or access to drinking water for patients or their visitors. Community members

reported that the unsatisfactory conditions in the hospital discouraged pregnant women and their families from accessing services. Even service

providers told project staff that "It is safer for the patients to deliver their babies at home rather than in this hospital."

Considered to be the first referral centre for maternal health services according to the Nepal Government's delivery services guidelines, data from the last three years highlights distressing facts about this hospital. Despite 14 percent of pregnant women in the district attending the hospital for antenatal care, only an average of two



percent of the total number of pregnant women choose to have their



One of the tangible results of the intervention at Terhathum Hospital is the change in infection prevention practices as summarised below:

Infection Prevention Practices Before the Project

1. No use of chlorine for disinfection
2. Hospital waste disposed of unsafely
3. One towel used by all staff
4. No utility gloves used by support staff
5. Single container for all waste
6. Single wrapper for sterilized equipment
7. Delay in sterilization of equipment after use
8. No containers available for disposing of sharps after use

Infection Prevention Practices After the Project

1. Chlorine used everyday for disinfection
2. Hospital waste burned routinely
3. A personal towel is used by each staff member
4. Utility gloves and mask used by hospital support staff
5. Separate containers for waste disposal
6. Use of double wrapper for sterilized equipment
7. Instruments disinfected immediately after use
8. Puncture proof containers available for disposing sharps after use

Hope

Improving Livelihoods

Millenium Development Goal 4

Reduce child mortality

babies delivered here. Hardly surprising given the prevailing conditions.

Over the past twelve months the SMIP team has worked hard in Terhathum to address conditions and to encourage the community to use the maternity services provided at the hospital. The project, in collaboration with the Hospital Development Committee and the District Reproductive Health Coordination Committee, has achieved several points. Firstly, the hospital staff have received training in obstetric care and infection prevention. Secondly, basic renovations have been carried out, and finally, essential equipment for the labour room and the maternity ward have been installed.

The staff report great changes, particularly that they personally feel more confident to assist deliveries in the hospital. Additionally, Terhathum District Hospital is now able to offer 24 hour basic Emergency Obstetric Care (BEOC), which the community welcomes and accepts. Evidence of this is in the number of women utilizing these obstetric services, which has increased by more than 50% in the last 12 months.

One of ADRA Nepal's strategic objectives is to improve the quality of life for marginalised and underprivileged people by developing need-based, integrated



programmes together with communities. One example of this is the case of Tara. After years of fighting to support her family after the death of her husband, Tara was able to participate in an ADRA implemented CIDA and ADRA Canada funded Programme which has changed her life. In 2004, Tara was identified by the Sub Health Support

Millenimum Development Goal 1

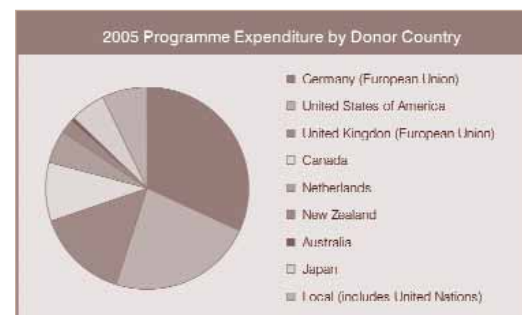
Eradicate extreme poverty and hunger

Committee of Malpi VDC, Kavre District as someone who would greatly benefit from the kitchen garden training being organised for female farmers. Today she prepares organic fertilizers herself and cultivates seasonal and off-seasonal vegetables that provide her children with the vitamins, iron and other nutrients they need for a healthy life. In addition by selling surplus vegetables in the local market, she earns money, some of which she uses to pay her daughters' school fees.



2005 Financial Summary

Income	NPR	EURO	USD
Donor Income Cash	12,86,66,910	€1,413,922	\$1,812,210
Donor Income In-Kind	88,10,958	€96,824	\$124,098
Other Income Cash	36,23,217	€39,816	\$51,031
Total Income 2005	14,11,01,085	€1,550,562	\$1,987,339



Expenditure	NPR	EURO	USD
Direct Programme Expenditure	11,97,87,295	€1,316,344	\$1,687,145
In-Kind Programme Contribution	88,10,958	€96,824	\$124,098
Programme Support Expenditure	1,25,02,832	€137,394	\$176,096
Total Expenditure 2005	14,11,01,085	€1,550,562	\$1,987,339



Direct Programme Expenditure (including In-Kind Contribution) %	91.1 %
Programme Support Expenditure %	8.9 %



ADRA Nepal's Partners

Donor Partners

ADRA Australia
ADRA Canada
ADRA Germany
ADRA International
ADRA Japan
ADRA Netherlands
ADRA New Zealand
ADRA United Kingdom
Canadian International Development Agency (CIDA)
European Union (EU)
GEMS Foundation
HELP International
John Snow Research and Training Institute (JSI)
New Zealand's International Aid & Development Agency (NZAID)
PACT International
Rotary International (Australia, Germany, USA)
Seventh-day Adventist Church
SK Foundation
Sydney Adventist Hospital (SAH), Australia
Tashi Palkhiel Australian Dental Health Team
The Australian Government's Overseas Aid Programme (AusAID)
The Global Ministries of the Uniting Churches in the Netherlands (UCN)
United Nations Population Fund (UNFPA)
United States Agency for International Development (USAID)

Implementing Partners

Asian Medical Doctors' Association - Nepal (AMDA Nepal)
Backward Society Education (BASE)
Britain Nepal Medical Trust (BNMT)
Nepal Red Cross Society (NRCS)
New Young Star Club (NYSC)
Rotary Club of Dhulikhel
Scheer Memorial Hospital (SMH)

Government Partners

Ministry of Health & Population
Ministry of Education & Sports
Ministry of Agriculture
Ministry of Women, Children & Social Welfare
District Health Office: Kavre, Terhathum, Taplejung, Okhaldhunga, Illam, Dhankuta, Udayapur, Sankhuwasabha, Morang, Panchthar, Khotang
District Education Office: Kavre, Rupandehi, Banke, Dang, Bara
District Agriculture Office: Kavre, Rupandehi, Banke, Dang, Bara
District Development Committee: All project districts
Social Welfare Council: Kathmandu

Network Partners

Adolescent Sexual Health Sub-committee (ASHC)
Association of International Non-Government Organizations (AIN)
Disaster Preparedness Network (DPNet)
District Reproductive Health Co-ordination Committee (DRHCC)
Heart Foundation - Banepa
Nepal Network for Cancer Treatment & Research (NNCTR)
Safe Motherhood Federation
Safe Motherhood Sub-committee

Banking Partners

Machhapuchchhre Bank
Nepal Investment Bank
Standard Chartered Bank

adventist development and relief agency

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