Friends of Volunteers Initiative Nepal | Strategic Plan 2013-2022

Vision

To achieve literate, educated, empowered and self-sustainable communities in Nepal with access to basic health and sanitation facilities.

Mission

Poverty is a complex phenomenon; its causes and symptoms are complex and there is no one-fits-all solution. Education alone isn't enough, healthcare alone will not create positive lasting change nor will the sole support of women's and children's programs.

Our mission is to empower marginalized communities by co-creating healthy, self-sustainable communities where people have access to adequate sanitation, health care, education and economic opportunity. We focus on women and children through enhanced educational programs and community training to promote equality, economic well-being and basic human rights.

After successful implementation and when the communities are able to run the initiatives on their own, we will remove our active presence and move on to a new community to repeat our activities anew; thus, empowering communities. One by one.

Values

- Respect
    - We respect the dignity of all people
    - We are dedicated to the marginalized / disadvantaged / socially excluded people in the community
    - We do not favor any religion or political parties
- Empowerment
    - We strive to empower local communities by including them from the start of the development. Together we create and agree on a plan of action for the various development activities. We want the locals to be the drivers of change.
- Sustainability and Self-reliance
    - We work towards keeping the projects that we initiate running after we remove our active presence in the community.
    - The proverb used to be “Give a man a fish and you’ll feed him for a day. Teach him how to fish and you’ll feed him for a lifetime”. We “Teach a man to think of new ways to fish!”

The Context of Our Organization

We are located in the Netherlands and currently consist of 4 part-time unpaid volunteers who run the day-to-day activities.

These involve but are not limited to:

- Communication and development of empowerment programs regarding our development projects in Okhaldhunga, Eastern Nepal with our Nepalese partner VIN.
- Networking with potential partners for our projects in Nepal.
- Communication with our partner ISD (International School Dusseldorf) with which we are doing several awareness projects for students 12-18 year-olds about general conditions in Nepal, our programs in Nepal and preparation for a field trip to Nepal.
- Communication with the Dutch chapter of IFMSA who will start directing medical volunteers for our health post and other health and sanitation activities in Nepal.
- Promotion of our projects among our social networks
- Maintenance of our website, general inquiries and keeping up our social media interaction.
- Financial support of Michael Tamang's Children's Home: Compassion for Nepal, located in Lalitpur, Kathmandu, and act as communication link between sponsors and the children.
- Fundraising activities for our development projects in Nepal.

Goals and Strategies

Strategic clarity:

➔ Who are we ultimately trying to serve?

- Marginalized people (typically women and children) in rural areas in Nepal → with a specific focus on 3 VDC's[1] (Taluwa , Bhadaure and Thulachhap) in the district of Okhaldhunga, Eastern Nepal. The total population of these three VDCs was 11,063 inhabitants (3998 women, 3850 men, 3215 children) at the time of the survey (Apr-Jul 2012). The first activities will be conducted in Taluwa, then Thulachap and last Bhadaure.

➔ What are the specific outcomes for which we want to be held accountable?

- Increased access to quality health services, hygiene and basic sanitation
- Increase in literacy
- Increase in financial wealth
- Improved levels of education
- Facilitation of child development
- Protection of women's and children's rights.

➔ What activities must we undertake to achieve concrete, measurable results?

[1] VDC = Village Development Committee is the lower administrative part of its local development ministry

- educate women on women's rights, life skills (e.g. communication, stress management, time management and decision making)
- literacy classes
- Conduct hygiene and sanitation training for everyone in the community
- Set up health post, make sure people consult the health post
- Co-fund toilets, make sure people use the toilets, teacher trainings
- Conduct income generation programs (agricultural and non-agricultural)
  - ➔ How do our specific portfolio of programs and services lead to change?
- Access to basic health care and sanitation improves the health condition of the community. Less illness will encourage better learning abilities and the learning environment will be improved.
- The empowerment programs will lead to gender equality and boost mutual respect which is beneficial for the whole community so that ideas and initiatives can prosper. Educated and empowered people will make changes happen and will be able to lift themselves out of poverty.
- Income generation programs will have a direct and instant effect on the livelihood of the families and aim to entice young people to stay rather than migrating to Kathmandu or even other countries.

Nepal and Okhaldhunga

Nepal is one of the poorest and least developed countries in the world, with an HDI[2] rank of 157 (out of 187) and widespread discrimination and inequality. Around 30 million people live in Nepal; 80% in rural surroundings, 20% in cities.

There are 15 administrative zones in Nepal, divided into 75 districts, of which Okhaldhunga, in the Eastern part of the country, is one. In Okhaldhunga there are 57 VDCs (village development committees – the lowest form of government in Nepal) and these are again split up into wards. There are 9 wards per VDC).

The Maoist insurgency between 1996-2006 left the Western part of Nepal especially vulnerable and as a result this region has received the most international support and attention. However, the Eastern part remains underprivileged. Villages mainly consist of socially marginalized and economically deprived communities. Considerable numbers of people are illiterate. Almost 90% of the people are involved in agriculture but lack technical skills and do not earn enough to secure their livelihood. Women are especially vulnerable; they lack skills to earn money and often their legal and human rights are not observed.

The 3 VDCs we have chosen to focus on are the poorest and least developed in Okhaldhunga.

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[2] HDI = Human Development Index: a composite statistic used as an index to rank countries by level of "human development". The statistic is composed from statistics for Life Expectancy, Education, and GDP collected at the national level. A **list of all countries by Human Development Index** as included in a United Nations Development Programme's Human Development Report (released on 2 November 2011, compiled on the basis of estimates for 2011).

OUR GOALS

Described below are our 3 main focus areas categorized as goals each with their own strategies and sub strategies (i.e. funding strategy (–what will it cost and how will we raise the funds to pay for this?); operations strategy (– what tools, equipment, programs, methods, people are required? Will we have to learn new things, buy things, change things?); people strategy (– who will be involved and how does it relate to their interests?); and communications strategy (– who will we communicate with, what and when?)

The overall approach for all focus areas is a staggered roll-out of the 3 components ECD, Health and Women's Empowerment:

	VDC / COMPONENT								
YEAR	Taluwa			Thulachap			Bhadaure		
1	ECD								
2	ECD	Health	Women	ECD					
3	ECD	Health	Women	ECD	Health	Women	ECD		
4	ECD	Health	Women	ECD	Health	Women	ECD	Health	Women
5	Phase-Out	Health	Women	ECD	Health	Women	ECD	Health	Women
6	Phase-Out	Phase-out	Phase-out	Phase-Out	Health	Women	ECD	Health	Women
7		Phase-out	Phase-out	Phase-Out	Phase-out	Phase-out	Phase-Out	Health	Women
8					Phase-out	Phase-out	Phase-Out	Phase-out	Phase-out
9								Phase-out	Phase-out
10									

The phase-out period will consist of thorough exit surveys to determine whether or not the communities are empowered and self-sustainable.

Goal #1 – Early Childhood Development[3]

We want to improve the social environment of the children in our target communities in Okhaldhunga, to facilitate child development and protect children's rights. Getting children to school is a vital first step, and consequently to ensure that the children continue to attend class. Next come the improved quality of the education as well as creating a child friendly learning environment. The not-for-profit organization "Partners in Sustainable Learning"[4] (PiSL) has designed an ECD curriculum based on Montessori principles[5].

Objective criteria: To improve the social environment of the children of target communities

Equip all learning centers with flooring, cushions and furniture

[3] A study to support the further development of Nepal's national policy for early childhood can be found here..

[4] http://www.partnersinsustainablelearning.org/

[5] Montessori education is characterized by an emphasis on independence, freedom within limits, and respect for a child's natural psychological development, as well as technological advancements in society. *Source:http://en.wikipedia.org*

To implement programs for the holistic development of the children and ensuring child rights

Teach all ECD teachers and ECD teacher assistants the ECD curriculum

To support the children to build up their capacities for their own development with maximum focus on their participation

To encourage and assist the children of target communities to undertake community level activities

Success Indicator: ECD teachers are able to execute the curriculum with minimum support from FoVIN/VIN

95%-100% 3-5 year-olds are enrolled and attending ECD class on a regularly basis. (Currently 18% (Thulachap) to 42% (Bhadaure) to 46% (Taluwa) of all 3-5 year olds are enrolled in primary school.)

Establish Children's Clubs in each of the 9 wards which run extra-curricular programs.

All ECD's have been equipped with basic furniture

Cost indication:

The first year of implementation will cost around €14,500 and will decrease by approx. 20% for year 2 and another 20% for year 3 after which costs are expected to stabilize. This includes furnishing the 11 class rooms, training of ECD teachers and assistant teachers and outreach campaigns for the parents to raise awareness of the importance of early childhood development. It includes local VIN staff who will facilitate various follow-up meetings, training on local resource development, health and hygiene training for teachers, 4 x ECD teachers' salaries, financial incentive for existing ECD teachers and a reward for the best ECD. The 2nd and 3rd year will show similar costs as we will expand this into the other 2 VDCs. In addition, running costs will be added, but these have not yet been determined.

Funding strategy: FoVIN Fundraising, VIN volunteers' contribution, ISD contribution, PiSL will also donate € 3,900. Also, although not guaranteed, the local government is likely to pay the teachers' salary after proven program success.

Strategies

Here is what FoVIN (in collaboration with local partner VIN) is going to do to meet this goal:

Strategy #1: Hiring of teachers + ECD teacher training (approx. €4500 [per ECD year 1])

- Funding strategy: [see above]
- Operations strategy: Curriculum will be provided by PiSL and training will be carried out by both PiSL and VIN.

- People strategy: The founder of PiSL herself, Diann Grimm, will be involved in the implementation of the ECD. She will travel to OKH twice in 2013 supported by VIN staff. Obviously the children and their parents will be involved and they are encouraged to be actively engaged and involved in their children's education. We will also do a small training in health and hygiene for the teachers.
- Communication strategy: The trainings will be communicated and mobilized through our permanent staff in Okhaldhunga.

Strategy #2: Parent orientation workshops / Parent-Teacher Committee (€700 [per ECD year 1])

- Funding strategy: [see above]
- Operations strategy: Parents will be informed about the importance of ECD and personal hygiene. Subsequently parent-teacher committees will be formed to facilitate a good dialogue between parents and teachers.
- People strategy: Parents and teachers will be involved in meetings every two months to discuss the state of affairs. This will create ownership and dialogue in the local community.
- Communication strategy: A VIN staff member will aid the selection process of forming this Parent-Teacher Committee.

Strategy #3: Furnish ECDs (approx. €2000 per ECD)

- Funding strategy: [see above]
- Operations strategy: We will purchase the furniture locally (in Nepal).
- People strategy: Local parents/volunteers will help install the furniture.
- Communication strategy: VIN has already announced the class rooms will be refurnished.

Strategy #4: Regularly monitoring and follow-up training after 6 months

- Funding strategy: [see above]
- Operations strategy: Every 2 months we will facilitate follow-up trainings to make sure that the programs are going as anticipated.
- People strategy: Local VIN staff, the parent-teacher committee as well as the parents of ECD children will be involved.
- Communication strategy: This will be communicated on various occasions; at the training, at the awareness / parent outreach program and at the formation of the parent-teacher committee.

Goal #2 – Improve Basic Health Condition of Community People

Access to basic health care in rural Nepal is hard to come by. Often the distance to basic facilities is more than one hour by foot (which can complicate matters depending on the condition of the sick person) and in many cases these basic health (sub-)posts can do little to alleviate the patient's complaints. In addition to this, many rural Nepali people are often unwilling to go to the hospital and other contemporary health services due to orthodox and superstitious beliefs as well as other conservative cultural influences; they resort to a spiritual kind of help ("witch

doctor") and unfortunately many times this has fatal consequences. FoVIN/VIN attempts to educate these people while making sure that the integration of new practices does not completely disrupt the ancient culture of the people, but becomes a supplement to existing practices.

Objective criteria:	To find out common health problems and associated risk factors in the community
	To control transmittable and non-transmittable diseases in the community
	To increase all community people's access to quality health services at community level
	To increase all community people access to hygiene and sanitation facilities
	To raise awareness all community people on major communicable and non- communicable diseases, hygiene & sanitation
	To develop personal hygiene habits among school children
	To provide training on basic health and first aid to different groups from target communities (e.g. teachers, women, …)
Success Indicator:	Set up a health post (with doctor available)
	All households have access to toilets (Total to be built: 858 = 50%)
	Installing waste containers in all villages and encourage usage and management
	All school children know the importance of basic personal hygiene (tooth brushing, hand washing, washing and toilet protocol)
	All women's groups have received health and sanitation training (incl. communicable and non-communicable diseases, hygiene, female-related issues such as breast cancer, uterine prolapse, and more)
	Youth, men and women have been informed about sexually transmitted diseases and drug abuse.
	Teachers know first aid and all schools have first aid kits
	Decrease in occurrence of communicable diseases. (Current 110 in Taluwa (4%), 251 in Thulachap (6%) Bhadaure 105 (2%))

Cost indication:

The costs for implementing basic health programs in one VDC (over a period of 3 years) are approx. € 50,000; i.e. hiring medical staff (and paying their salaries), conduct training, perform mobile health consultations, toilet construction, conduct health camps at schools, etc. This excludes the building of a health post. After 3 years, the annual running costs will be approx. €10-12,000 (medical staff/ health-post inventory such as basic medicine and equipment).

Fundraising strategy: FoVIN Fundraising, VIN volunteers' contribution, ISD contribution and donations. Although not guaranteed, the local government is likely to pay for the running of the health post incl. staff. (This is based on the case of our previous implementation in Jitpurphedi). Eventually, the ideal situation would be free health care or health care for a nominal fee that everyone would be able to afford.

Strategies

Here is what FoVIN (in collaboration with local partner VIN) is going to do to meet this goal:

Strategy #1: Co-fund toilets for every household in all 3 VDCs

- Funding strategy: FoVIN/VIN will co-fund 60% of the toilet costs according to the funding strategy mentioned above. The recipient of the toilet will fund the remaining 40% and will also provide the required man power. A toilet costs approx. € 480 to build.
- Operations strategy: The recipients will provide man power and tools, FoVIN/VIN will provide the building materials (cement, squat pan, etc).
- People strategy: Initially, we will train the local people how to build toilets and will oversee the construction. However, after 7-10 times, the local people are able to support and supervise each other constructing the toilets.
- Communication strategy: This will be announced at local meetings in the various wards by our permanent staff in OKH.

Strategy #2: Conduct health and sanitation training (for all community members)

- Funding strategy: [see above]
- Operations strategy: We already have training material from our pilot project in Jitpurphedi. We will provide soap, toothbrushes and toothpaste for ECD children.
- People strategy: We will need 2 local staff to be trained and conduct the trainings, stationery and training materials. However, to make this sustainable and lasting, we will train local paramedics/nurses and eventually hire a doctor to conduct the trainings and do the necessary follow-up's.
- Communication strategy: The trainings will be communicated and mobilized through our permanent staff in Okhaldhunga.

Strategy #3: Equip schools with first aid kit and provide first aid training to teachers

- Funding strategy: [see above]

- Operations strategy: We will conduct the trainings school by school for the staff. It will both lecture style as well as interactive learning sessions with 'pretend'-scenarios and hands-on practice.
- People strategy: A doctor (or other qualified person) will conduct the training. We will either hire someone from the local area or the doctor who's employed by VIN will conduct the training. The VIN doctor already has experience in running these trainings from our previous development area (Jitpurphedi).
- Communication strategy: The trainings will be communicated and organized through our permanent staff in Okhaldhunga.

Strategy #4: Set up health-post (Costs TBC)

The nearest hospital is at least 6 hrs walk and the current medical facilities available are poor and not staffed by a doctor who can diagnose diseases/infections. At the moment, there are 1 sub-health post manned by a 'paramedic' – meaning someone who has had only 18 months medical training. (It's less training than a qualified nurse.) The health post would serve all 3 VDCs.

- Funding strategy: [see above]
- Operations strategy: We will need to find either an existing building or build a new one. This will be decided at a later stage with the agreement of the local community/government. It is crucial that a majority of the funding for this initiative is available; otherwise the full effect of implementing this kind of institution will not be achieved.
- People strategy: We will need to hire a doctor and a nurse.
- Communication strategy: This will be an ongoing topic at community meetings with FoVIN/VIN and Taluwa/Thulachap/Bhadaure communities.

Goal #3 – Promote Gender Equality and Empower Women

By improving women's quality of life and that of her family, the community at large will benefit. We have successfully set up a women's cooperative in Jitpurphedi – about 45min. outside Kathmandu – and we would like to encourage the women in Okhaldhunga to replicate this model as it has shown large benefits for the well-being of the women in Jitpurphedi in terms of building up savings and increased income. Other issues in Okhaldhunga is the poor knowledge of basic health and sanitation, not to mention the knowledge on specific problems related to women, such as uterine prolapse, breast cancer, etc. But also learning about stress management, self-esteem, conflict management, negotiation skills and other life skills play an important part in achieving an improved quality of life.

Objective criteria: To educate women on women's rights, life skills and health & sanitation

To involve all women from target communities in a women's cooperative and microcredit initiative

	To conduct income generation programs
Success Indicator:	Women's groups to be formed where there were none
	Increase women's contribution to family income by 30 percent
	Literacy rate of women above 55% (Current literacy rate for women is approx. 48%) This means 100 women becoming literate.

Cost indication:

The cost to train women in various subjects (but not limited to income generation programs both agricultural and non-agricultural, life skills, female health issues, literacy) will be approx. €6,000 per year for 1 VDC over a period of 3-4 years. Our partner in Nepal has the in-house knowledge to conduct most trainings, except the income generation programs for which we need to hire an external consultant. The costs per individual training dependents on the amount of trainings and the agricultural income generation training tend to be much more expensive than life skills trainings. The cost has been based on our previous experience in Jitpurphedi.

Fundraising strategy: Fundraising, VIN volunteers' contribution, ISD contribution, donations.

Strategies

Here is what FoVIN (in collaboration with local partner VIN) is going to do to meet this goal:

Strategy #1: Women's legal rights training

Particularly those from the so-called 'lower' castes face difficulties; and women and girls are doubly disadvantaged because of the added burden of living in a deeply patriarchal society. This component is an important step in empowering women.

- Funding strategy: [See above]
- Operations strategy: We have the in-house knowledge (our partner in Nepal) to conduct the training from our previous project area. One trainer will conduct this for the women in all 9 wards of Taluwa, 9 wards of Bhadaure, and 9 wards of Thulachap.
- People strategy: Our partner in Nepal will conduct these trainings.
- Communication strategy: Our local program coordinator will communicate with the women with regards to place and time.

Strategy #2: Income generation program

As soon as the woman contributes to the financial income of the family, she will gain more respect from the male part of the family. Also, a woman will re-invest 90% of their income in their families and communities, compared to men who reinvest only 30% to 40% of their income. [6] This strategy will, thus, be beneficial for the whole community.

- Funding strategy: [See above]

[6] http://www.oecd.org/social/gender-development/42310124.pdf

- Operations strategy: We will arrange both agricultural as well as non-agricultural income generation programs for which will hire a specialist to conduct the trainings. Dependent on the training we will need different kinds of material.
- People strategy: We will hire external specialists to conduct the trainings.
- Communication strategy: Our local program coordinator will communicate with the women with regards to place and time.

Strategy #3: Life skills training

Education is the most effective tool of empowerment. Together with VIN and international volunteers, we have conducted several literacy and life skill trainings whose goal is to make these women more self-aware, more confident, and more empowered.

- Funding strategy: [See above]
- Operations strategy: For the women in Taluwa, Bhadaure and Thulachap we will facilitate the following trainings but not limited to; domestic violence, communication, creative thinking, time management, emotion management, stress management, child abuse. We will have all training material from our previous project area Jitpurphedi.
- People strategy: The women will be trained by one of our partner's staff – most likely the women's empowerment program manager (potentially together with an international volunteer.)
- Communication strategy: Our local program coordinator will communicate with the women concerning place and time.

Strategy #4: Literacy Training

VIN will ask a literate family member / neighbor to teach the woman. It will be a one-to-one training (max. one-to-two) which is estimated to have a higher success rate than the traditional class room trainings which women often can't attend regularly due to household responsibilities. This form of training provides flexibility and will at the same time train a family member to become a teacher/educator/trainer. The trainer will be given a monetary incentive if his/her student succeeds in becoming literate, and so there will be a test at the end to determine whether or not literacy has been achieved. VIN will train the trainers and provide the material.

- Funding strategy: [See above]
- Operations strategy: Our local partner will train the trainers so they are equipped to perform the role of a teacher. We will also provide the lesson material.
- People strategy: We will reward literate villagers who would be interested in teaching their female family members.
- Communication strategy: The opportunities will be made public by our local program coordinator at meetings in the various villages.

Strategy #5: Conduct female health training for all women

- Funding strategy: [See above]
- Operations strategy: This training overlap with our Goal #2
- . We will need 1 nurse/ doctor to conduct the trainings, stationary and training materials. We already have training material from our pilot project in Jitpurphedi.

- People strategy: We have the in-house knowledge (with our partner organization in Nepal) However, to make this sustainable and lasting, we will train local paramedics/nurses and eventually hire a doctor to conduct the trainings and do the necessary follow-up.
- Communication strategy: The trainings will be communicated and coordinated by our permanent staff in Okhaldhunga.

Friends of VIN

Amsterdam, June, 2013