Good Neighbors International (GNI) is an international, non-governmental, and humanitarian organization established in 1991. The organization is working in 39 countries around the world through 211 community development projects (CDP) and benefiting approximately 16.8 million people, including 9.6 million children. GNI is headquartered in Seoul, South Korea and has fund-raising offices in the USA, Korea, and Japan. GNI also has an International Cooperation Office in Geneva, Switzerland.

GNI has been working in Nepal since 2002 with the objective of improving lives of poor people, especially children through education, income generating activities, health, water, sanitation and hygiene (WASH) services, child protection, disaster risk reduction, advocacy and network building. Currently, GNI Nepal is implementing its activities in 20 districts.

Good Neighbors International exists to make the world a place without hunger where people live together in harmony. GNI respects the human rights of the people suffering from poverty, disasters, and oppression, helps them to achieve self-reliance, and enables them to rebuild their hope.
GOAL
2016 - 2020

ENABLING ENVIRONMENT CREATED FOR CHILDREN AND COMMUNITY THROUGH EDUCATION, HEALTH, LIVELIHOOD, AND CHILD PROTECTION PROGRAMS

SECTOR WISE OUTCOMES

- Expanded opportunities to children for getting quality education
- Improved health status of children, families, and communities
- Increased household income of communities through institutional development and creation of employment and income generation opportunities
- Strengthened child protection system at local level to promote child protection and child rights
Working Districts

- Saemaul Zero Hunger Communities Project
- Menstrual Hygiene Management Project
- EU Support to the Competitiveness of Quality Coffee in Nepal
- Smart Classroom Project
- Gorkha Reconstruction Project
- Health System Recovery Project
- Employment Generation and Value Chain Development Project
- Annex Projects
- Pilot Projects
Children are in constant interaction with their environment— family, school, and community. The interplay of these environmental components determines their overall development. GNI Nepal upholds this ‘ecological perspective’ and champions a child-centered community development model that focuses on nurturance and holistic growth of the children. GNI Nepal supports children, their families and communities to foster their sense of dignity and enable their holistic development.
GNI Nepal practices one-to-one sponsorship service. The sponsorship program links the poorest of the poor children from disadvantaged, indigenous, and marginalized communities to sponsors. Sponsored children receive direct support for their education and health services.

**Main Components**

**Annual Child Letter (ACL):** ACL is a letter written every year by a child to his/her sponsor to establish the relation and strengthen bond between them.

**Annual Progress Report (APR):** APR is a report that provides insight about the growth, changes, and development of the sponsored child during a year.

**Gift Money:** Apart from regular sponsorship amount, sponsors also prefer to send gift money for celebration of the child's birthday or festivals.

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* Project Agreement 2016-20 with Social Welfare Council
FACTS AND FIGURES

Child protection is a major concern in Nepal, specifically, child marriage, child labour, and trafficking.

Child Marriage -

Nepal Population Census 2011 shows that around 51% of females and 37% of males are married before the age of 18 and, as a result, Nepal is among the top 10 countries with the highest prevalence of child marriage in the world. Nepal Demographic and Health Survey 2011 reveals that only 14% of married women aged 15-19 use contraceptives and 17% of women become mother before age twenty. Girls who marry before eighteen years are also more likely to experience domestic violence.

Child Labor -

1.60 million children, or almost 51 percent of all working children, fall into the category of child labor (Nepal Labour Force Survey 2008). It is estimated that almost 90% of the child laborers are working in the agricultural sector. They primarily work in their own family farms.

In Nepal, children are subjected to worst forms of child labor in carpet industries, brick kilns, sweat shops, hotels, transportation sector, etc. where children may work up to 16 hours a day, seven days a week.

Child Trafficking -

Around 5,000-15,000 women and girls are trafficked every year from Nepal to India and other countries to work as forced labourers and commercial sex workers. Child trafficking in Nepal primarily takes the form of cross-border, international, and internal trafficking.
GNI NEPAL’S INTERVENTION STRATEGY

GNI Nepal affirms child protection as, “Processes, measures and mechanisms adopted or applied to protect children from all forms of violence, exploitation, abuses and provide a favorable environment for their physical, mental, spiritual, moral, and social development”. GNI Nepal has adopted a right based approach to child protection that aims at strengthening local mechanisms to reduce child labor, child marriage, child trafficking and protecting them from all forms of abuse and exploitation.

Child protection mechanism strengthened at the local levels to protect children from all forms of exploitation and abuse

Awareness of children raised and they are capable of claiming their rights
Official figures show that children enrolled in the first grade with early childhood development experience has reached 54%; literacy 66%; and the net enrolment rate (NER) at the primary level is 95.3%. The ratio of girls and boys having basic education (grade 1-8) has just reached parity, and the NER in the basic and secondary (grade 9-12) levels stand at 87% and 31% respectively. The gross enrolment rate (GER) in higher education is 13%.

Despite these improvements, there are some major problems in the education sector. These include high dropout and repetition rates at all levels of education; low pass rates; inadequate access to education among children from the poor and marginalized communities; weak management of teachers; low-quality education in community (public) schools; ineffective regulation of private schools; and lack of clear policy framework for higher education. Quality of education is another concern that needs to be addressed by the government of Nepal and development partners.\footnote{An approach paper to the thirteenth Plan (FY 2013-2015/16), National Planning Commission (NPC)} NER of students in primary level has increased significantly in Nepal which is highly encouraging for all concerned actors.
GNI NEPAL’S INTERVENTION STRATEGY

GNI has been working in Nepal for more than a decade for improving the quality of education. GNI Nepal's education components and activities aim at improving equitable access, school management and quality of education. GNI’s education activities are designed based on nationally approved standards on Early Childhood Education and Development (ECED) facilities (priority of SSDP), access and equity (priority of SSRP and SSDP), efficiency in the system (SSDP theme) as well as GNI's educational goal.

Education Program is designed to enhance access to and quality of education and, strengthen school management system. Education related activities help to improve net enrolment rate, gross enrolment rate, increase attendance rate, decrease dropout rate and improve learning achievement of students. Major activities of education component are as follows: quality ECED operation, stationery and school uniform support, child-friendly infrastructure construction, library establishment, computer lab and science lab establishment, professional development training for the teachers, early grade reading, strengthening and sensitizing school management committee and parent-teachers association that are implemented in the targeted communities and schools.
Nepal is still an agrarian country where majority of the people live in rural areas. Agriculture sector remains the most important sector of the economy and is employing over 75% of the population and accounts for 33% of the GDP. However, the incidence and severity of poverty is twice in rural areas compared to urban areas (Human Development Report, 2014) which is largely due to poor agricultural economy. The fact that 41% of the population consume less than the minimum dietary requirements is a cause for alarm.¹

Rural people who are reliant on agriculture only have seen very little changes in their poor economic status. Small-scale animal husbandry is practiced throughout the country; however the quality of the products is poor, and dairy and meats produced are not sufficient for the families. The agriculture sector has not received sufficient government attention and investment. Income is low and highly volatile, and job creation rate is also slow and low. It is increasingly becoming clear that rural households cannot rely on agriculture as only means of living, improving livelihood, and reducing poverty.

¹ An approach paper to the thirteenth Plan (FY 2013-2015/16), National Planning Commission (NPC)
GNI NEPAL’S INTERVENTION STRATEGY

Poverty reduction and alleviation remain central to GNI Nepal’s livelihood component. GNI Nepal has been implementing income generation and promotion activities by mobilizing local resources through community-based social enterprises to enhance the food security of the communities.

• **Institutional Development Program**– It fosters economic growth in the community and builds the spirit of cooperation. The objective of promoting cooperative establishment is to develop business service providers at the local level so that financial and non-financial services are available in the community for income generation.

• **Micro-enterprise Development Program**– It generates employment and income utilizing locally available resources. It aims to help low-income families to become entrepreneurs, promote the development of their enterprises, and create a strong partnership between marketing actors of micro-enterprise products/services and local service delivery institutions.

• **Livelihood Support Program**– It enhances food security of small-scale farmers and ultra-poor families by diversifying their sources of income.
In Nepal, the life expectancy at birth is 69.6 years only, with adult mortality rate at 159 for females and 192 for males per 1,000 populations. Infant mortality rate is 32.2 and under-five mortality rate is 39.7 per 1,000 live births. Likewise, maternal mortality ratio is 190 per 100,000 live births. Only 14% of married women aged 15-19 use contraceptives and 17% of women become mother before age 20 (Nepal Demographic and Health Survey 2011). And, health expenditure is only 6% of the GDP. A low budget allocation is one of the reasons for severely understaffed and undersupplied health facilities contributing to the poor health status of the people in rural areas of Nepal.

One of the national goals is to achieve universal access to basic drinking water and sanitation by 2017. Currently, those rates stand at 85% and 62% respectively. Progress in this sector is satisfactory, but certain groups and geographical areas are lagging behind.¹ Open defecation, for example, is a public health issue affecting the poor and can lead to a vicious cycle of diseases in a community as well as high child morbidity. While sanitation coverage in Nepal has improved with the declaration of many ODF areas, sustaining behavior change related to sanitation such as regular toilet use still remains a challenge.

¹ An approach paper to the thirteenth Plan (FY 2013-2015/16), National Planning Commission (NPC)
GNI NEPAL’S INTERVENTION STRATEGY

The primary goal of the health component is to support and strengthen the local health system for providing quality health services to target beneficiaries. GNI’s health and WASH activities are designed to support the improvement of health status of the children and communities by providing medical services, raising awareness of prevention of diseases, sanitation and hygiene, and providing nutrition to children.

Major activities of health and WASH component are as follows: conduct health education campaigns/trainings and health check-up, construct/renovate and equip health facilities, strengthen capacity of health workers, improve condition of drinking water and sanitation in the schools and communities, develop and disseminate information, education and communication (IEC)/behavior change communication (BCC) materials for raising awareness of health and WASH.
ADVOCACY: GNI Nepal organizes campaigns against the prevailing social ills/discriminations and specific issues in the communities for building awareness and empowers girls, boys, women, and men so that they act as effective agents of change in their communities. Evidence building and empowerment are the top priorities in advocacy efforts of GNI Nepal.

DISASTER RISK REDUCTION (DRR): GNI Nepal integrates disaster mitigation, preparedness, response and recovery into all phases of its project to reduce the post-disaster loss of life and property. GNI Nepal organizes campaigns and events to raise awareness of DRR and Disaster Preparedness and Response Plan (DPRP) in working areas. In case of an emergency or natural disaster in its project districts or other areas, GNI Nepal mobilizes its resources immediately for responding to the humanitarian crisis.

ENVIRONMENTAL MANAGEMENT: GNI Nepal makes sure that all of its projects are environmentally viable by maximizing the use of indigenous knowledge, reducing excess use of external inorganic inputs, increasing range of production, and using a combination of traditional and modern technologies.

GENDER: GNI Nepal aims to reduce gender inequalities existing in the social, cultural, and economic fabric of the communities by creating an enabling environment for girls and women. GNI Nepal's approaches for promoting gender equality include incorporating gender issues during assessments, planning, and implementation of activities; encouraging women to participate in the planning and implementation processes in all social and development activities concerning them and their community.

PARTNERSHIP AND NETWORK BUILDING: At the central level, GNI Nepal partners with concerned ministries of the Government of Nepal and different line agencies working in same thematic areas for addressing the needs of working areas and sustainability of its projects. GNI Nepal encourages local communities to establish Community Development Committees (CDC) and Project Management Committees (PMC) and involves them in every stage of its projects.
GNI Nepal's child-centered community development project primarily focuses on children and their families for uplifting their livelihood.

GNI Nepal implements its projects through local level implementing partners abiding by national laws, regulations, and standards. GNI Nepal seeks active partnership with non-governmental and community-based organizations, enhances their capacity and supports them to expand their services and coverage.

For engaging communities in all operational processes and maintaining the quality of outputs, GNI Nepal forms PMC(s) in each working district and CDC(s) in each working municipality/VDC. Members of CDC are selected from mothers group, youth club, cooperative, farmers group, parents group, health club, youth club, child club, etc.

GNI Nepal has a presence down to the grassroots for providing guidance/technical feedback and ensuring financial management. Grassroots presence contributes greatly towards ensuring compliance and effective program implementation.

Twice a year, GNI Nepal organizes Central Project Advisory Committee (CPAC) and District Project Advisory Committee (DPAC) meetings which, as per the Government standards, review the progress of the activities/projects.

GNI Nepal carries out monitoring and evaluation regularly. Monitoring mechanisms are in place at the community, district, and national levels. Participation of community members and partners is encouraged at all levels of monitoring.
GNI NEPAL PUTS CHILDREN (INDIVIDUALS UNDER THE AGE OF 18) AT THE CENTER OF ALL OF ITS ACTIVITIES. GNI NEPAL STRIVES TO WORK FOR THE PEOPLE OF NEPAL, ESPECIALLY THE MOST MARGINALIZED, DEPRIVED, AND HARDEST TO REACH CHILDREN ALONG WITH THEIR FAMILIES AND COMMUNITIES.

**Target Beneficiaries**

- **Primary Beneficiaries**
  - Poorest of the poor children

- **Secondary Beneficiaries**
  - Parents of poorest of the poor children, and disadvantaged, marginalized and rural communities

- **Tertiary Beneficiaries**
  - Cooperatives, mothers groups, farmer groups, self-help groups, school management committees (SMC), parent teachers associations (PTA), child clubs, youth clubs, health facility operation and management committees (HFOMC), village child protection committees (VCPC), village water sanitation and hygiene coordination committees (V-WASH-CC), and female child health volunteers (FCHV)
**EXIT STRATEGY**

**COMMUNITY OWNERSHIP** - GNI Nepal prioritizes bringing people together and supporting them to: identify the existing problems and needs in their community; enhance their knowledge, skills, confidence and capacity; and engage in decision making processes. GNI Nepal gradually empowers people so that they become capable of improving the quality of their lives. Through regular participation, community members gradually take action to address existing inequalities in power and participation, deal with the issues of their community, improve the coordination with the local government, and increase their involvement in community development.

**GOVERNMENT OWNERSHIP** - GNI Nepal ensures complementarity of its activities with national priorities, regularly submits its annual and five year plans to the relevant government bodies and obtains their endorsement. GNI Nepal collaborates with governmental and non-governmental actors at all levels of its activity implementation respecting their roles and responsibilities. The organization also works closely with local bodies (district-level authorities and VDCs) and builds their capacity.

**PHASE-OUT PLAN** - Under its Sponsorship Program, GNI Nepal is considering no child intake in the VDCs where it has more than 10 years of intervention. Therefore, the size of activities may gradually decrease and GNI Nepal's interventions will, probably, phase out from those VDCs in the coming years.
For GNI Nepal, sustainability is to assist communities to envision and materialize their long-term development goals, and inspire them for mobilizing local and external resources in the absence of GNI Nepal to continue their development efforts.

GNI Nepal enhances the capacity of local institutions such as community development committees, cooperatives, child clubs and youth clubs, mother groups and IG groups by training them on leadership development, project management and gradually empowering them to take ownership for sustainability of their projects.

GNI Nepal makes sure that the projects are environmentally viable through promoting the use of effective and efficient traditional and modern technologies, local environment friendly practices, organic fertilizers, and increment of range of production.
The April 25th Earthquake hit the people of Nepal very hard. Three of GNI Nepal's project districts: Gorkha, Kathmandu, and Lalitpur were badly affected. Gorkha being the epicenter suffered the most. GNI Nepal's emergency response was also mostly concentrated in five VDCs; Aruarbang, Finam, Lapu, Manbu and Thumi of the Gorkha District. The organization provided shelter, non-food items (NFI), education, health care and WASH services, protection, food security and economic recovery support to the earthquake survivors.

As a continuation of its relief and recovery work, GNI Nepal provided support for reconstructing 42 drinking water schemes for which more than 300,000 meters of high density polythene pipe was laid. All of the schemes have been successfully reconstructed and are functioning well. Additionally, GNI Nepal has provided support for reconstructing one building each for health facilities destroyed in Lapu, Thumi, Manbu VDCs and Gorkha Municipality Ward No. 12-13 (Finam). GNI Nepal has initiated reconstruction of eight permanent child-disabled-and-gender friendly school buildings and five outreach clinics buildings in Gorkha Municipality Ward No. 12-13 (Finam), Aruarwang, Thumi, Lapu and Manbu VDCs.
Nuwakot is one of the 14 worst affected districts by the earthquake that struck on 25th April 2015. Health facilities were destroyed in the earthquake and communities are still suffering due to lack of health, WASH, adolescent sexual and reproductive health (ASRH), and psychosocial support services.

Health System Recovery Project, Nuwakot, is a joint effort of Korean International Co-operation Agency (KOICA) and GNI Nepal. This is a three years (2016-2018) project with the goal of improving the health status and psycho-social wellbeing of community members through post-disaster recovery and is in line with Ministry of Health’s (MoH) Health Sector Recovery Plan. It covers 10 earthquake affected VDCs; Charghare, Ratmate, Duipipal, Belkot, Suryamati, Okharpauwa, Panchakanya, Thaprek, Likhu and Ghyangphedi in Nuwakot District and will benefit around 50,000 community members.

HSRP, Nuwakot aims at supporting 10 health posts and a district hospital with required medical equipment and medicines, and capacity development of the health workforce with an emphasis on improving the maternal and child health (MCH) and adolescent sexual and reproductive health (ASRH) services. Selected schools and communities will be sensitized on psycho-social issues and receive psycho-social support.

**Annex Project**

Health System Recovery Project, Nuwakot

**Health equipment support**

- bed and mattress
- Intravenous and screen stand
- stretcher
- wheel chair
- rack
- trolley

**Awareness raising through different trainings**

**Adolescent friendly health services**

Psychosocial Training
Saemaul Zero Hunger Communities (SZHC) Project Phase I was a USD 3 million project implemented from 2012-2015 in Ladagada and Pokhari VDCs of Doti District in Far-Western Region of Nepal. It aimed at improving the overall living standard of the rural poor. SZHC Phase II is a scale-up of the SZHC Phase I and has the overall goal of strengthening food and nutrition security through promoting sustainable livelihoods, rural asset building, and community capacity enhancement.

SZHC Phase II is a two-year project and has a total budget of USD 2.48 million. It will continue to ensure sustainability of Phase I results in the previous two project VDCs and expand into five additional VDCs viz. Ganjari, Sanagau, Khirsain, Gaihragaun and Kadamadaun. The project integrates the best development practices from:

1. Korea’s SaemaulUndong Rural Development Model,
2. World Food Programme’s experience with Cash and Vouchers (C&V) programming to create assets (Cash for Assets) and improve livelihoods through skill-based training (Cash for Training), and
3. Good Neighbors International’s Community Development Projects.