



HEALTH, NUTRITION, AND POPULATION GLOBAL PRACTICE
AND SOCIAL, URBAN, RURAL, AND RESILIENCE GLOBAL PRACTICE

QUALITATIVE STUDY OF “SUNLAUL HAZAR DIN” COMMUNITY ACTION FOR NUTRITION PROJECT NEPAL

Kaori Oshima, Monica Biradavolu, Chhitij Bashyal, and Manav Bhattarai

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EXECUTIVE SUMMARY

Malnutrition remains a serious development challenge in Nepal. The country still has an alarmingly high rate of child malnutrition with 35.8% of children under five being stunted, 9.7% being wasted and 27.0% being underweight (*Nepal Demographic and Health Survey: Key Indicators*, 2016).¹ Reduction in malnutrition is important for curbing disease and mortality and ensuring proper cognitive development to enhance economic productivity. The increasing body of evidence points to the importance of intervening within the “golden 1,000 days,” a period between conception and the age of two that is considered a “critical window of opportunity” to tackle the key risk factors of malnutrition that hamper a child’s long-term physical and cognitive development. A range of individual-level factors (such as chronic energy deficiency, poor hygienic practices, early marriage/pregnancy, poor infant and child feeding practices, etc.) and community-level factors (availability of nutritious food, poor access to safe drinking water, poor sanitation and hygiene, etc.) are associated with an increased risk for malnutrition.

Launched in 2012, *the Sunaula Hazar Din (SHD)—Community Action for Nutrition Project* is the first project in Nepal that employs an innovative community-driven rapid results approach (RRA) to tackle both individual- and community-level factors and improve knowledge, attitudes and practices for improving nutritional outcomes. The project’s social mobilization and subsequent participatory subproject implementation cycle is called “Rapid Results for Nutrition Initiative (RRNI),” where each ward in a selected Village Development Committee (VDC) will commit to a series of nutrition relevant goals, each to be met within a 100-day period. A ‘coach’ (local facilitator) is assigned to each VDC to facilitate community-level teams created under the project (called “RRNI teams”) in achieving their respective goals.

Given that the SHD is one of the first initiatives in Nepal and in the world to implement the RRA to address malnutrition on a large scale, i.e., across 15 districts of the country, the implementation team and other stakeholders recognized the importance of conducting a rigorous evaluation of the SHD. In this context, this in-depth

¹ *Nepal Demographic and Health Survey 2016, Key Indicators Report*. USAID, New ERA and Ministry of Health. April 2017.

qualitative study complements an ongoing quantitative, randomized controlled trial impact evaluation, to better understand the process and local dynamics of the project implementation, especially at the community level, with particular focus on gender and social inclusion perspectives (e.g., inclusion of low caste and other minority groups). While promising, the project's RRNI cycle and steps have been complex and challenging, offering valuable insights on how community-based nutrition-focused programs can be implemented more effectively.

In fact, the project faced multiple implementation constraints causing significant delays in the program's preparation and rollout. An earlier review found multiple reasons, including: mismatch between the RRA model and slow implementation mechanism of the government structure; lack of common understanding and communication among implementation actors in central, district and local levels; low implementation capacity; lack of incentives for busy local government officials to actively participate in the project; and impact of the earthquake in 2015 and the economic blockade at the India-Nepal border.

The objective of the study is, therefore, to promote a better understanding of implementation and outcomes of the approach, considering such constraints and their possible influence in community-driven projects, thereby providing design and implementation lessons and evidence to practitioners and policy makers of the SHD and similar development programs. Based on key findings, the study also seeks to identify emerging lessons for other stakeholders working on addressing malnutrition in Nepal to consider, in order to stimulate future dialogue.

The qualitative study employed three methods for data collection: (a) key informant interviews (KIIs) with district officials, VDC officials, Ward Citizens Forum chairpersons, coaches, and RRNI team members; (b) focus group discussions (FGDs) with beneficiaries; and (c) observations of project environment or outcomes. Both KIIs and FGDs were conducted using a common research guide framework, consisting of five sections corresponding to specific stages of the RRNI project cycle: (1) RRNI team selection and internal team dynamics (including social inclusion aspects); (2) selection of focus area and goal

setting for the 100-day project; (3) implementation of 100-day project including challenges faced and the solutions devised; (4) outcomes and sustainability of changes; and (5) lessons learned. The study was conducted in six out of the fifteen SHD project intervention districts, and three different RRNI subprojects from each of the six districts were selected jointly with the Government. A non-probabilistic, purposive sampling was done to enable comparison of projects across various variables: (a) ecological topography (Hills and Terai), (b) three different project clusters (15 projects were divided into 3 clusters of 5 districts, and each was implemented with support from a different NGO), (c) five different most common focus areas, and (d) both moderate and high performance projects. All qualitative data were transcribed in English and coded for rigorous analysis.

While good practices and outcomes were observed in some wards, the data overall revealed multiple challenges that the SHD participating wards faced. It provides a good base to understand whether the 100-day rapid results approach was effective in the given context, and whether the community-driven model was adequately supported by the project to achieve its development objective.

» *Selection of community-based team members.* When the initial ward citizen's forum failed to gather many participants or provide sufficient orientation on the project in an inclusive and transparent manner, a small group of individuals dominated the decision-making step, and the subsequent procedures were also controlled only by them. When such a capture happened at the beginning of the cycle, it was hard to reverse, and other community members did not have a sense of ownership or being included until the end. For the community's decision-making process to be effective, it is critical to have a clear set of rules and requirements, and to widely and clearly communicate them up front. For example, the minimum number of participants, or clear voting procedures that must be followed—and the decision would be considered invalid unless those conditions were met—would be useful. In some cases, although not fully “community-driven,” resource allocation and results of the RRNI project were positively received by the community when a small group of members developed a clear work

plan and budget, and implemented the subproject accordingly.

- » *Forming the RRNI team.* Requiring nine members to form the project-specific RRNI team which would be dissolved after each 100-day cycle was a serious challenge for the ward members, especially in areas with a spread out population where ward members were already overstretched due to other such programs and their daily work. In many sample wards, members were “selected” without even being informed (hence without agreement), resulting in confusion and inefficiency. This indicates that in the designing phase, the SHD project did not sufficiently assess the feasibility and effectiveness of the RRNI team model in the target areas. A mapping exercise of existing local platforms and community groups, as well as consultations with target populations, would be helpful to confirm the design efficiency, and when implementing a similar activity, to identify stronger synergies and partnerships to be built around the RRNI team.
- » *Selection and implementation of community-driven subprojects (focus area and goals)* were affected by a range of factors—such as budget, cultural norms, geographical constraints, expected visibility of outputs in 100 days, and targeted or broader benefit sharing. A more customized facilitation for the geographically and culturally diverse communities and provision of technical knowledge, by building capability of facilitators or encouraging greater collaboration with local resource agencies and people, would help to strengthen this process.
- » *Targeting or broader benefit sharing.* Targeting and identifying beneficiaries was a contentious process, often fraught with confusion and skepticism from stakeholders and nonselected groups, primarily due to inadequate provision and adherence to inclusion and exclusion criteria for selection, men controlling the decision-making process, and low transparency on how beneficiaries were selected. When disputes arose, teams resorted to universal targeting rather than selectively targeting the key beneficiaries—the golden 1,000-day women. The data from this study cannot conclude whether the targeted or universal approach is better. The data is conclusive, however, that regardless of strategy

used, developing a clear work plan and managing the budget and the community’s expectations are both critical in successful project performance.

- » *Inclusion of women* was often done only in form, not in function, since requirements to have women in teams met with challenges such as cultural norms, time constraint with household chores, and threats felt and resistance by men. Even when women wished to actively participate, men dominated or controlled the decision-making and implementation processes. It may be worth considering, when forming or working with an existing women-only small group or separate meetings, to identify bottlenecks and ways to resolve them, while strengthening awareness raising and support from a wider community (both men and women) including through other existing platforms or groups.
- » *Inclusion of minorities* was often hampered by limited demand for participation among the minorities, often because of lack of understanding on why their participation was important, and inadequate guidelines and mechanisms from projects to increase inclusion. For sustainability, it would be useful to more actively involve different levels of the local authority in related data gathering and awareness raising. In collaboration, the project can provide incentives, such as rewarding a community that was most inclusive in each VDC. If there are traditionally excluded groups, or if the group members are not used to speaking up at a general meeting, separate meetings can be organized to ensure their voices are heard.
- » *Strong leadership and effective facilitation* was critical for proper project orientation and communication to the community, expectation management, conflict resolution, transparent communication regarding the definition of target beneficiaries, and organizing locally geared awareness raising activities such as road dramas. This requires greater investment in building skills and capacity of facilitators and team leaders. The 100-day timeframe of the RRNI model could not keep pace with and invest in the need for customized and continued capacity building. Rewarding good performers would also be an effective way to keep motivating these individuals, and to positively stimulate others to improve.

The coach was spending more time for the project activities (he was a resident of the VDC), and was also able to effectively involve the local authority. Similarly, the implementation arrangement needs to be built on diverse geographical factors including the number of households in a ward, because those factors are also notably affecting the project outcomes.

- » *The local government* was given a critical role in proposal approval and disbursement, the process that was the primary bottleneck, causing delays in projects and subduing the initial momentum of the teams. While communities seemed frustrated with local agencies' delays and low engagement during implementation, the latter pointed to limited adherence of teams to government financial policies, their own existing workload and other systemic challenges for their inabilities. Securing local government's buy-in and active participation from the onset of the project by providing extensive orientation and training, and assigning clear roles to play with associated incentives based on the existing systems, is critical to build trust by communities.
- » *Focus area specific lessons.* The data revealed both opportunities and challenges faced by RRNI teams that were specific to the focus area they selected. There are important lessons to learn from the examples for future implementation efforts, particularly to improve intended nutritional behaviors or outcomes by involving communities. A point that was confirmed across the sample wards was that when the tangible outputs were combined with related training and proper awareness raising on their behaviors (e.g., demonstrations on how to use a constructed latrine, or to wash hands using

the tools provided by the project), people were motivated and able to start new practices, and the changes were considered as sustainable. As a few good examples indicate, it is worth developing more entertaining ways to raise awareness by involving community members, combined with efforts to prepare a set of experts' guidance and good practices on key focus areas that are ready for sharing, especially with an emphasis on behavioral changes.

The key findings of the in-depth qualitative analysis offer important implications for the community-based rapid results approach to address malnutrition. The study findings suggest a need for practitioners and policy makers to more closely assess different players and modalities operating in Nepal, and to consolidate and/or partner with these programs by providing roles, incentives, and training that are aligned with the country's governance system. Addressing malnutrition in a sustainable manner needs the entire community—men, women, minority groups, and local leaders and authorities—to raise awareness on the importance and concrete ways of improving knowledge and behavior, and on meaningfully including women in decision-making and implementation processes.

Although SHD faced multiple implementation challenges, a point to note about its design is that there was an effort to have the demand-driven steps be embedded in the local governance structures. Considering the country's shift toward federalism and more authority to be given to the newly formed local bodies (at the level of a cluster of VDCs), lessons from SHD may provide some food for thought to any new nutrition programs designed either by government or development partners with a community-led approach.

CHAPTER ONE

INTRODUCTION

BACKGROUND AND RATIONALE

Nepal has an alarmingly high rate of child malnutrition with 35.8% of children under five being stunted, 9.7% being wasted and 27.0% being underweight (*Nepal Demographic and Health Survey, Key Indicators Report*, 2016).² Although there is a declining trend compared to the rates 5 years ago, these rates are still exceedingly high. For example, the percentage of stunting children under five is the third highest among 11 countries in the South-East Asia region, estimated in 2015,³ after Timor-Leste and India, and followed by Indonesia, Bangladesh, and Myanmar. The economic costs of malnutrition are very high—an estimated 2–3% of GDP (US\$250 to 375 million) is lost every year in Nepal due to vitamin and mineral deficiencies alone. Improving nutrition contributes to productivity, economic development, and poverty reduction by reducing disease and mortality, improving physical work capacity, cognitive development, and school performance. However, the window of opportunity for improving nutrition is small—it is called the “First 1,000 days,” from the first day of pregnancy through the first two years of life. The damage to physical growth, brain development, and human capital formation that occurs during this period due to inadequate nutrition is extensive and largely irreversible. The main focus in Nepal on improving nutrition, therefore, is to accelerate the reduction of child malnutrition, and interventions must focus on the risk factors that influence nutritional outcomes during this critical period.

To reduce child malnutrition, policies and programs have focused on addressing individual as well as community-level behaviors or characteristics that are known to be associated with higher risks for malnutrition. Such individual-level factors include, for example, early marriage and pregnancy, chronic energy deficiency and anemia, excessive physical workloads, indoor air pollution and smoking, poor hygienic practices, and related frequent episodes of illnesses such as diarrhea. Infant and young child

² *Nepal Demographic and Health Survey 2016, Key Indicators Report*. USAID, New ERA and Ministry of Health. April 2017.

³ World Health Organization 2016. Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia region: 2016–2025. The data come from the countries: Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste.

care practices, such as low levels of early initiation of breastfeeding, delays in health care seeking behavior, and low utilization levels of zinc with oral rehydration solution (ORS) to treat diarrhea can also lead to malnutrition. Community-wide features, such as the limited availability of an appropriate variety of food products, poor access to safe drinking water, poor hygiene and sanitation practices, and low attainment of education among girls, are often perpetuated by cultural beliefs and practices.

Launched in 2012, *the Sunaula Hazar Din (SHD)—Community Action for Nutrition Project* is the first project in Nepal and in the region that seeks to improve attitudes and practices known to improve nutritional outcomes of women and young children through an innovative community-driven rapid results approach. It seeks to specifically address challenges at both individual and community levels, using a “rapid results approach” (RRA) where communities are motivated to achieve a self-selected goal in 100-day cycles, with support from facilitators, called “coaches.” Communities under the SHD choose the goals related to improved nutrition that best suit their particular setting, formulate budgets and detailed work plans to achieve these goals, and are provided grants to implement these activities. It has the potential to catalyze behavioral changes that can last and, therefore, to strengthen nutrition security and actions in Nepal.

While promising, the SHD project implementation process has been complex and challenging, offering valuable insights on how community-based nutrition-focused programs can be implemented more effectively. Given that the SHD is one of the first initiatives in Nepal and in the world to implement the RRA to address malnutrition on a large scale, i.e., across 15 districts of the country, from the onset, the implementation team and other stakeholders have recognized the importance of conducting a rigorous evaluation and relevant studies of SHD’s experiences and achievements. This important study is a quantitative impact evaluation employing randomized controlled trials to measure the impact in nutrition outcomes.⁴ To comple-

ment the quantitative evaluation, it was agreed that an in-depth qualitative study would be conducted to better understand the process and local dynamics of the implementation of the innovative community-driven Rapid Results Approach. In zooming into activities and functions of community-based teams and stakeholders, the qualitative study pays special attention to gender and social inclusion perspectives (e.g., low caste and other minority groups), as well as to five most commonly selected focus areas on nutrition.

STUDY OBJECTIVE

The objective of the study is to promote a better understanding of implementation and outcomes of the community-driven rapid results approach under the SHD project. By examining the implementation steps and social and political dynamics at the community level in detail, it seeks to provide design and implementation lessons and evidence to practitioners and policy makers of the SHD and similar development programs. Given that the SHD project closed in June 2017, based on key findings, the study also seeks to identify emerging lessons for other stakeholders working on addressing malnutrition in Nepal to consider, in order to stimulate future dialogue. The study therefore does not intend to “evaluate” the project’s implementation or final outcomes—it instead seeks to unpack perceptions and experiences of the SHD’s community-level stakeholders, and to help better understand why and how any observed changes identified by the quantitative evaluation may have occurred. By providing in-depth understanding of the SHD’s rapid results approach, the study will also complement another ongoing study focusing on the project-level operational and governance modalities used in various nutrition programs by other development partners in Nepal.⁵

⁴ It is being conducted by the Development Impact Evaluation (DIME) team of the World Bank, and the results are expected to be available by December 2017.

⁵ Forthcoming. Manav Bhattarai, Chhitij Bashyal and Abeyah A. Al-Omair. “Operational Strategy to Address Malnutrition in Nepal.” World Bank.

CHAPTER TWO

SUNAULA HAZAR DIN PROJECT DESIGN AND IMPLEMENTATION CHALLENGES

THE SUNAULA HAZAR DIN PROJECT

The Community Action for Nutrition Initiative Project—locally known as “Sunaula Hazar Din (SHD)” —was a five-year program launched by the Government of Nepal in 2012. It was implemented by the Ministry of Federal Affairs and Local Development (MOFALD) across 15 districts (out of 75 districts) which were selected based on population, stunting levels, poverty levels and absence of overlapping interventions by other partners. Within the selected districts, SHD targeted 25% of the most disadvantaged Village Development Committees (VDCs), in total approximately 1,100 VDCs. The project sought to improve practices that contribute to reduced undernutrition of women of reproductive age and children under the age of two. “Sunaula Hazar Din,” or in English “Golden first 1,000 days,” refers to the period between conception and 24 months of age, when children are most vulnerable to malnutrition. By improving knowledge, attitude and practices among 1,000-days women, adolescent women, and children, the project in the long run would address the key risk factors for child malnutrition and create demand for nutrition related services and products. The theory of change of the SHD project is described in Annex 1.

COMMUNITY-DRIVEN RAPID RESULTS APPROACH

To improve knowledge, attitudes and practices critical for nutritional outcomes, the SHD project employed an innovative community-driven rapid results approach (RRA).⁶ “Community-driven,” because in this approach, participating communities plan, select, and implement a nutrition-related goal, with support provided from the

⁶ See “Improving Nutrition in Communities through behavior change: the Sunaula Hazar Din Program in Nepal”: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/01/07/000469252_20150107164957/Rendered/PDF/935310BRI0Box300CBB010.14.140FINAL.pdf

facilitators hired by the project. The premise is that when motivated and adequately supported, communities are able to identify their needs and resources (for this project, on nutrition), make decisions on specific goals to address those needs and formulate plans to help achieve the goals. Communities are supported through small grants (maximum US\$ 3,000) to implement their self-selected activities. Furthermore, the SHD is unique because the community-driven process from planning to implementation would be done in 100 days. This is why it is called “Rapid Results Approach”—which is a results-focused learning process aimed at jump-starting major change efforts and enhancing implementation capacity. It tackles large-scale medium- and long-term change efforts through a series of small-scale, results producing and momentum building initiatives.⁷ The approach creates motivation and confidence by defining goals and monitoring results in short periods and mobilizing communities to act and coordinate. While this particular approach was new to Nepal, there is a strong track record in Nepal of community-driven development.⁸

The project’s social mobilization and subsequent participatory subproject implementation cycle is called “Rapid Results for Nutrition Initiative (RRNI),” where each ward in a selected VDC commits to a series of nutrition relevant goals, each to be met within a 100-day period. A ‘coach’ (local facilitator) is assigned to each VDC (therefore, wards in one VDC will have the same person as their “coach”) to facilitate community-level teams created under the project (called “RRNI teams”) in achieving their respective goals. The role of the coaches is not to provide expert opinions or participate in making decisions for the community, but to help RRNI teams and other community members complete the entire RRNI cycle and achieve the intended goal.

⁷ Sylvester, Obong’o (2012) “Rapid Results Approach/Initiative. Institutionalization of Results Based Management in Kenya Public Service” Mimeo. Commonwealth Association for Public Administration and Management.

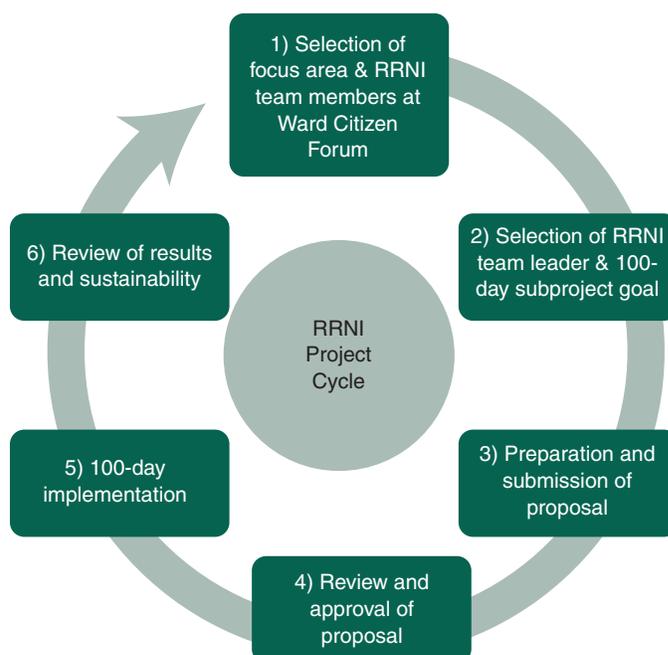
⁸ For instance, Manandhar et al. (2004) found, in “Effect of a participatory intervention with women’s groups on birth outcomes in Nepal: cluster-randomised controlled trial,” that birth outcomes in a poor rural population improved greatly through a low cost, potentially sustainable and scalable, participatory intervention with women’s groups. <http://www.who.int/rpc/meetings/LancetManandhar.pdf>

STEPS OF THE RAPID RESULTS FOR NUTRITION INITIATIVE CYCLE

Each 100-day “RRNI” cycle follows six key steps as described below and in Figure 1:

1. **Selection of ‘focus area’ and RRNI team members:** The first step involves a coach conducting a workshop with a Ward Citizen Forum (WCF). The WCF is a ward-level body with 20–25 members representing various socio-economic, ethnic, religious and age groups of the ward. The WCF identifies needs of the ward in nutrition improvement and selects an appropriate “Focus Area” to address that need. There are 15 Focus Areas pre-identified by the SHD project, and the WCF members select one focus area for the particular 100-day cycle. The WCF, with guidance from the coach, also selects nine people from the ward to form the “RRNI team.”
2. **Selection of RRNI team leader and 100-day project goal:** The second step is a meeting among the RRNI team members to develop a goal (i.e., activity) within the selected Focus Area,

FIGURE 1. KEY STEPS IN THE 100-DAY RAPID RESULTS NUTRITION INITIATIVE (RRNI) CYCLE



to be achieved during the 100-day RRNI cycle. For example, if the WCF had selected a focus area of “improved handwashing,” then the RRNI team would decide what kind of concrete activities they would work on in order to achieve better handwashing practice in 100 days. They would also select a RRNI team leader to coordinate team members and activities.

3. Preparation and submission of proposal:

Once a particular goal/activity is chosen, the RRNI team develops a detailed 100-day work plan to help achieve that goal, along with the budget required to execute the plan.

4. Review and approval of the proposal:

The submitted work plan and budgets are reviewed and then approved by the local government—by a Village Development Committee (VDC) for projects less than \$1,000 and by a District Development Committee (DDC) for projects between US\$1,000 and US\$3,000, and the necessary funds are released to the communities.

5. 100-day implementation:

Communities start to execute their plan and achieve their goal within 100 days. Implementation is divided into the first 50 days and second 50 days, separated by a mid-term review to assess the progress, celebrate successes so far and make necessary course corrections.

6. Review of results and sustainability:

Finally, after this 100-day cycle, the community organizes a ‘sustainability review’ to assess the achievements, celebrate successes and plan for sustainability of the practices. The coach (and sometimes an outside monitor) also assess whether or not the goal has been achieved. If the community has been unsuccessful, it can apply for another cycle to try to achieve the same goal or another one. If the community has been successful, it can next apply for two goals at once.

internal review conducted in March 2015 (World Bank 2015b),⁹ and underwent restructuring in June 2015, to address recurring challenges. To better understand and dig deeper on experiences of the unique community-driven rapid results approach at the community level, it is important to understand what kind of overall implementation challenges existed at the project level that affect one’s understanding on incidences and outcomes at the community level:

» *Mismatch between the rapid results model and the slow implementation mechanism.* There were delays involving proposal approval and grant disbursement through local government systems, which created confusion and frustration among the project implementers (i.e., project management units and coaches) and beneficiaries (i.e., RRNI teams and target community members). It also delayed in many communities the completion of the RRNI cycle, which hindered the rapid results model to fully realize its essence of building a momentum for action through “enthusiasm” by celebrating achievements in 100 days. Due to such inefficiencies, only one cycle could be completed as opposed to envisioned three cycles per year. Proposals for the first 100-days cycle began to get approved only in the third quarter of the fiscal year, with implementation happening mostly in the last quarter.

» *Lack of common understanding and communication among various implementing actors created further challenges.* Effective project implementation depended on collaboration between government officials at district and VDC levels and national service provider (NSP) staff, such as district supervisors and coaches (facilitators). NSPs are local non-governmental organizations (NGOs) contracted by the project to provide project implementation and facilitation support, including provision of coaches and district supervisors. There were three NSPs covering the entire SHD project districts. The NSP complained about and tried to work around the slow bureaucratic process, whereas the local governments felt they were bypassed by the project, reducing the level of government ownership at local levels.

PROJECT IMPLEMENTATION CHALLENGES

When the project began across 15 districts, it faced a range of implementation challenges, as noted in an

⁹“Sunaula Hazar Din—Mid-term Review,” 2015.

- » *Low implementation capacity further hampered the implementation process.* The poor qualification of coaches and supervisors hired by the NSP; inadequate human resources in the project team, particularly for monitoring and evaluation; and financial management and district-level coordination created difficulties in timely processing of proposals.
- » *Limited incentives, in the midst of other responsibilities, discouraged key government stakeholders from actively supporting the project.* Project coordinators, district focal persons, steering committees, VDC secretaries and local development officers were already overstretched with other responsibilities for various projects, causing a challenge as they were the key actors in reviewing and approving RRNI team's work plans, and for processing the fund disbursement.
- » *The above-mentioned implementation challenges were exacerbated by two events:* (a) a massive earthquake that hit Nepal in April 2015 which not only damaged some of the tangible and intangible outputs that the SHD project had achieved to date but also displaced or disoriented the communities and beneficiaries and (b) an almost five month unofficial political blockade at the Nepal-India border with ongoing Terai unrest following promulgation of the constitution in September 2015 which greatly impacted project implementation in Terai districts.

In response to these challenges, the project was restructured in June 2015, in order to improve its efficiency (along with an added component on provision of nutrition

supplements in earthquake affected districts). Several changes to institutional arrangements were proposed to increase the overall effectiveness of project management, and to increase the efficiency and quality of the RRNI cycle (World Bank 2015a):

- » *Reallocating responsibilities,* with the VDC's role focused on approving the proposals (previously a VDC could approve proposals only up to US\$1,000 and a DDC had to approve those between US\$1,000 and 3,000), whereas the DDC's role focused on supervision and monitoring of all RRNI projects. The VDCs also had to make recommendations for proposals between US\$1,000 to US\$3,000. The VDC was also responsible for ensuring a 60-day turnaround between proposal submission and disbursement of funds.
- » *Expanding capacity of both government and NSP implementers,* by adding coaches (2 per VDC) and supervisors (2 per district)—however, while the project successfully added district supervisors and program assistants in each district, the number of coaches was never increased. The contracts of two NSPs (out of three) were discontinued due to poor performance and for making late payments to coaches, often by more than 6 months. Coaches and NSP supervisors were provided with booster retraining sessions, and DDC and VDC officials were provided with reorientation sessions on the project approach, targets and implementation modalities.

CHAPTER THREE

STUDY METHODOLOGY

SITE SELECTION

The study was conducted in 6 out of the 15 SHD project intervention districts, namely Sunsari, Udayapur, Sindhuli, Dhanusa, Sarlahi and Makawanpur (see Figure 2). Across each of the six districts, three different RRNI subprojects were selected jointly with the Government (Ministry of Federal Affairs and Local Development) SHD project implementation team based on the following criteria:

- a. “Hill” or “Terai”—ecological belts/terrain:** The sampled project districts were to be representative of two ecological belts in Nepal (i.e., Hill and Terai), where different topographical and other social characteristics exist, which could have strong implications on how communities work together on a community-driven rapid results approach, and how household and social dynamics operate in the process. In general, communities in Terai (flat plains of the south) are more densely populated and have easier access to roads and markets compared to the hills—which could affect, for example, frequency of meetings among key stakeholders or procurement of materials to achieve a specific goal.
- b. Project implementation clusters (representation of 3 NSPs):** Under the project, 15 SHD intervention districts were divided into 3 clusters, consisting of 5 districts each, supported by a separate “national service provider (NSP),” namely a partner nongovernmental organization which followed a common implementation framework established by the project. To avoid bias caused by only analyzing communities facilitated by a specific NSP, the sampled districts had to be representative of 3 project implementation clusters (i.e., all three NSPs).
- c. Selected focus areas:** To allow comparison and a more in-depth analysis, the sample projects were chosen from the five most popular focus areas selected by the beneficiary communities (out of the 15 focus areas eligible under the project) across 15 project intervention districts—though the implementation modality (RRNI cycle steps) were common across different focus areas. The five selected focus areas were: end open defecation, increase animal protein

FIGURE 2. THE SAMPLE DISTRICTS OF THE QUALITATIVE STUDY



The boundaries and names shown and the designations used on this map do not imply official endorsement and authors do not warrant the map or its features are either spatially or temporally accurate or fit for a particular use.

consumption, appropriate handwashing, use of clean and safe water, and reduce indoor smoke.

d. Impact of earthquake: To focus on the intended community-driven RRA steps and differences in outcomes across the sample RRNI teams and wards, the study avoided those districts or VDCs that were heavily affected by the earthquake in April 2015. This was due to the concern that respondents might only end up talking about the earthquake and its impact on the project, rather than social dynamics and other political economy factors.

e. 100-day project performance and features: In order to compare, as much as possible, outcomes of different project performance and features across samples, three sample RRNI

subprojects in each of the six districts were chosen, paying attention to the following performances:

- » Exemplary achievements in certain focus areas or activities;
- » Examples of successful and unsuccessful RRNI team management and community leadership as noted by the project implementation team;
- » Examples of successful and unsuccessful behavioral change through 100-day initiatives as noted by the project implementation team;
- » Examples of successful and unsuccessful approaches in conflict resolution; government agency coordination; financial management; procurement and transparency in the community; etc. (if any); and
- » Continuation and sustainability of initiatives long after cycle completion (if any).

TABLE 1. STUDY DISTRICTS, WARDS, AND DEMOGRAPHIC INFORMATION

Cluster No.	Ecological Belt	District	Ward	Demographic Information			
				No. of Households	Population of Female	Population of Male	Total Population
1	Terai	Sunsari	A	52	128	142	270
			B	429	1,022	835	1,857
			C	342	1,205	1,033	2,238
	Hill	Udayapur	A	56	154	124	278
			B	41	109	114	223
			C	39	100	95	195
2	Terai	Dhanusa	A	96	272	255	527
			B	186	474	544	1,018
			C	135	335	404	739
	Terai	Sarlahi	A	241	738	789	1,527
			B	161	475	496	971
			C	59	183	187	370
3	Hill	Sindhuli	A	145	400	389	789
			B	86	247	223	470
			C	43	104	93	197
	Hill	Makawanpur	A	307	952	925	1,877
			B	53	160	154	314
			C	119	344	321	665

Source: Field Implementation Record and Nepal Census (2011).

Using these criteria, 18 study sites (which are at the ward level) across 16 VDCs were identified (see Table 1). The number of study sites was equal across the two ecological belts of Hill and Terai, and each of the selected districts consisted of three sites. The five most popular focus areas were selected out of the total of fifteen focus areas. The number of samples taken in each of the five focus areas corresponded to the actual number of projects in those five focus areas across all project intervention districts, and the final list included the following focus areas (and their respective sample sizes):

1. End open defecation (6 sites)
2. Increase animal protein consumption (4 sites)
3. Appropriate handwashing (4 sites)
4. Use of clean and safe water (3 sites)
5. Reduce indoor smoke (1 site)

STUDY POPULATION

The study captured perspectives and experiences of six types of key stakeholders who were directly associated with implementation of 100-day RRNI projects. The description of six study group populations and qualitative methods used are presented in detail below, and total: 6 DDC officials; 16 VDC officials; 16 coaches; 18 Ward Citizen Forum chairs; 72 RRNI team members; and 36 beneficiaries.

1. **DDC officials** with direct engagement in the RRNI process, particularly in proposal review, approval, disbursement approval, monitoring and evaluation, and coordination. Key informant interviews were conducted with 1 DDC official in each of the 6 sampled districts.

2. **VDC official** with direct engagement in RRNI process, particularly in proposal review, approval, disbursement approval, monitoring and evaluation, and coordination. Key informant interviews were conducted with 1 VDC official in each of the 16 sampled VDCs.
3. **RRNI coach** responsible for facilitating RRNI teams during all steps of the project cycle. The coaches were recruited by the National Service Provider (NSP) from the same VDC where the project was to be operated, or from a neighboring VDC when such eligible candidates were not available in the VDC. Key informant interviews were conducted with 1 coach in each of the 16 sampled VDCs.
4. **Ward Citizen Forum (WCF) chairperson** engaged in RRNI focus area selection and RRNI team selection, proposal review, implementation support and project monitoring. Key informant interviews were conducted with 1 WCF chairperson in each of the 18 sampled projects.
5. **RRNI team members** were usually 9 in each ward/RRNI team, responsible for implementation and leading communities to achieve the 100-day goals. Key informant interviews were conducted with 3–4 RRNI team members of each of the 18 sampled projects.
6. **Beneficiaries** of respective 100-day projects in the communities (who were not RRNI team members). Two separate focus groups for men and women were conducted in each of the 18 sampled wards. Focus groups with women consisted of project main target beneficiaries, such as mothers, pregnant women and adolescents. Focus groups with men consisted of either male beneficiaries (such as in the case of ‘end open defecation’ projects that sought to improve community-dependent factors not reliant on one gender) or men who had facilitative roles in improving nutritional outcomes (such as in the case of ‘increasing consumption of protein among pregnant and lactating women’ projects that benefit from active facilitation by male members of the household and community).

In addition to considerations for gender sensitivities in selecting focus group members, the study also sought to

ensure representation of people from various disadvantaged groups, which included Dalits, Janajatis, and Madhesis. Socioeconomic status of these groups reported that the Hill and Terai Dalits had the highest poverty levels (42 percent), followed by Terai Middle caste (29 percent), and Hill and Terai Janajatis (26–28 percent),¹⁰ all of which generated further differences in terms of how effectively and inclusively community teams worked toward achieving their goals. Janajatis, for instance, have their own distinct traditional, social and cultural identity, which makes some of them prone to being endangered or marginalized in the society. Likewise, the caste system, which categorizes people into hierarchical groups based on division of labor, roles and functions, has discriminated economically, politically and culturally against “lower” castes such as Dalits through “untouchable” and caste-based practices across both Hills and Terai. Madhesis, or people of Madhesi origin, have been discriminated primarily on regional identity and language.¹¹

STUDY INSTRUMENTS

The qualitative study employed three methods for data collection: (a) key informant interviews (KIIs); (b) focus group discussions (FGDs); and (c) observations. As discussed above, KIIs were conducted with district officials, VDC officials, WCF chairpersons, coaches and RRNI team members, whereas FGDs were conducted with only beneficiaries. Observations of project environment or outcomes were recorded by field researchers at project sites during their visit to the study sites to help identify pertinent topics to probe and discuss during FGDs and interviews.

Both KIIs and FGD were conducted using a common research guide framework, consisting of five sections corresponding to specific stages of the RRNI project cycle (see Figure 1), and lessons learned. Such internal consistency across all instruments allowed for exploring a range

¹⁰ NPC/CBS. 2013. Nepal Thematic Report on Food Security and Nutrition. Supported by: WFP, WB, Ausaid, and UNICEF. Kathmandu, Nepal.

¹¹ Asian Development Bank. 2010 “Overview of Gender Equality and Social Inclusion in Nepal.” <https://www.adb.org/sites/default/files/institutional-document/32237/cga-nep-2010.pdf>

of perspectives and experiences of various stakeholders around one particular issue or process covered in that specific section. The description of each section is provided in detail below:

1. **Section 1: RRNI team selection and internal team dynamics:** To understand the level of knowledge and experience of stakeholders in the first critical step of the RRNI cycle, namely, RRNI team formation and collaborative working process, the questions sought to explore the level of social inclusion in teams (i.e., representation and nature of participation of women, Dalits, religious minorities), the process of selecting team members, roles and responsibilities of each team member, and so on.
2. **Section 2: Selection of focus area and goal setting for 100-day project:** The section explored the process and factors that influenced focus area and goal selection.
3. **Section 3: Implementation of the 100-day project:** The questions in this section focused on the challenges faced, and the solutions devised, with regards to team dynamics, financial management, community mobilization, and interaction between and among various stakeholders such as government officials, coaches, beneficiaries, etc.
4. **Section 4: Outcomes and sustainability of changes:** This section asked about observed changes, unexpected changes, and sustainability of such changes, especially related to changes in behavior or practices for improving nutritional outcomes.
5. **Section 5: Lessons learned:** The last set of questions collected recommendations for programmatic improvement in enhancing the quality of implementation.

DATA COLLECTION PROCEDURE AND ANALYSIS

The World Bank research team partnered with a local research firm to assist in qualitative data collection. After obtaining an ethical clearance from the Nepal Health Research Council, data collection and analysis took the following procedures:

1. **Training** was provided to field supervisors and researchers by a World Bank team and the local research firm, including orientation on the SHD project and its objectives, qualitative methods, and study instruments, together with extensive hands-on practical sessions both in the classroom and in the field before final deployment;
2. **Study instrument standardization** was done through a field testing of a draft research guide (for focus group discussions, interviews, etc.) developed by the World Bank research team. The ability of field researchers was also assessed;
3. **Full-scale field data collection** was conducted after verifying that all field researchers had mastered the necessary skills and knowledge for conducting high quality data collection. With coordination support from Ministry officials, six teams, each comprised of 2 field researchers and 1 field supervisor, were deployed simultaneously across 6 districts;
4. **Quality assurance and data management was made on a continuous basis** by the local research firm, field supervisors, and the World Bank team. Each field researcher produced detailed observation notes explaining the challenges in data collection, general features of the community and projects and any other salient observations to help understand the data. Field researchers were responsible for preparing handwritten transcripts from an audio record in Nepali, which were later translated into English and submitted for analysis by the World Bank research team; and
5. **Data analysis** was conducted using NVivo 11. A coding scheme was prepared with codes and sub-codes based on the sections of the interview guides and the key research questions. Codes were added if new themes emerged from the data. To manage the large volume of data, the analysis occurred in a two-step process. First, the data from each of the five selected focus areas was written up in mini analyses on the key research questions, and on themes that emerged organically from the data. Then, the mini analyses were collated into one report that constituted the findings presented in Chapter 4.

CHAPTER FOUR

KEY FINDINGS

A. ON THE SUNAULA HAZAR DIN RAPID RESULTS NUTRITION INITIATIVE (RRNI) CYCLE

a. RRNI TEAM SELECTION AND REPRESENTATIVENESS

The first step in the RRNI cycle was the selection of a nine-member RRNI team by the members of the Ward Citizen Forum, at a meeting organized and moderated by the SHD coach.¹² The composition of the RRNI team was intended to reflect the ethnic, gender, caste, class, and occupational diversity of the ward, and the RRNI team was tasked with implementing the SHD project.

The data show that there are four different ways that the RRNI team selection process unfolded on the ground, with varying implications for the implementation rollout. The four pathways are derived after analyzing data on the following questions: What was the team selection process? Who participated in the team selection meeting? What criteria were used for member selection? If the respondent did not personally participate during selection, were they aware of the selection process and criteria? Was the team representative of the caste, class, religion, gender, and occupational composition of the village? What were the roles and responsibilities of the team members?

The pathways are outlined below, with illustrative examples. To provide a fuller picture, each pathway follows the data from team selection to implementation rollout.

The *first* pathway represents the majority of the wards in the sample, where the team selection process proceeded as planned. The Ward Citizen Forum (WCF) was involved in the selection of the RRNI team, the RRNI team members were aware of their specific roles, and an effort was made to include both genders and the various caste, ethnicities, and occupational groups in the wards. Even though beneficiaries were unlikely

¹² See pages 4–5 for detailed steps on the RRNI cycle.

to know the details of the team selection process or criteria, they were likely to be aware of the RRNI team’s work plan and goals.

The illustrative example contrasts two wards, both of which followed the prescribed guidelines for RRNI team selection. Both wards are in the Hills, and with accessibility issues that challenged implementation processes, both chose the focus area of “Increasing Animal Protein,” both chose the same goal of establishing community chicken coops and distributing eggs, and both faced budget delays. However, the beneficiaries in one ward were satisfied with the project’s achievements, and disappointed in the other. It is useful to explore the reasons to understand how, even though the team selection process was similar in both cases, differences in implementation approaches led to differences in implementation outcomes.

The remaining three pathways described below occurred in a handful of cases each. They are included here to allow lessons to emerge on the full range of possible pathways of RRNI team selection processes.

The **second** pathway for RRNI team selection process and subsequent implementation rollout was one of “elite capture”: a handful of local powerful people controlled the entire project, leaving little room for community-driven selection processes. Two out of eighteen wards in the study—both in the Terai region of Nepal—fit into this category. Some RRNI team members interviewed were themselves unaware of the selection process and criteria, and had none to very little involvement in the implementation. The beneficiaries interviewed in focus groups also knew little about who was on the RRNI team, or the selection criteria, or about other project decisions. The project was not community driven, and project benefits, distributed in a scattershot manner, were considered of little value by the beneficiaries who felt that the funds were seized by a few powerful people.

The **third** pathway presents evidence of some elements of elite capture. Only one ward in the sample—in the Terai region—fits into this category. There was a lack of transparency in the selection of RRNI team members, and after selection, decision-making power was restricted in the hands of only a few, sidelining the remaining

members of the nine-member team. However, unlike the pathway of elite capture, the powerful did not usurp all the resources, but channeled some effectively to intended beneficiaries. Even though not community led, this scenario still resulted in community benefits. This pathway is referred to as “benign capture.”

The **fourth** pathway is specific to the Hill wards in the sample. Four wards in the sample fit into this category. Some of these wards, thinly populated to begin with, were further diminished numerically due to migration for work of male members of the households. It was difficult to find enough people who were interested to participate as RRNI team members. The RRNI team members said in interviews that they were reluctant to become members as they did not have the time to volunteer. The specific challenges this presented for implementation rollout were considered. This pathway is referred to as “population density issues.” We included this in the report because of its implication for future implementation efforts in Nepal’s Hill districts.

Pathway 1: According to Plan—Involvement of WCF and Attempt at Achieving Representation, with Varying Results for Project Beneficiaries

Most wards in the sample followed the protocol of involving the Ward Citizens Forum (WCF) and using the WCF meeting as the platform through which to introduce the SHD project, explain its objectives and modalities, select RRNI team members and select a focus area and a goal. Respondents also stated that attempts were made to include women and ensure representation from various castes, ethnicities, occupations, and religious groups. Some respondents also stated, although others challenged it, that political parties were not represented because that is not a criterion that was used for selection.

This process did not ensure that the beneficiary community was equally aware about the selection processes; in fact, it was rare for either male or female participants in beneficiary focus groups to know much about the details of how the RRNI team was selected, and sometimes to even be aware of who exactly was on the RRNI team.

Having a community-led process of team selection did not always ensure favorable implementation outcomes. Box 1 contrasts two wards in two different Hill districts that chose “increase consumption of animal protein” as their focus area, decided to raise chickens and distribute eggs to households with pregnant women and children below the age of two, and faced implementation challenges with budget delays. However, beneficiaries of only one ward were positive about the project. The reasons for the difference are considered.

Budget delays are a known factor in Nepal. The contrasting cases in Box 1 highlight what it takes for projects to overcome this commonplace challenge. It required the ability of private citizens to fund project activities until the money could be released. When another ward tried a

more inclusive approach that required ward residents to contribute to the project, it did not work. It is worth considering whether the community would have been more accepting of the approach taken by Ward B if the RRNI team and the SHD project had anticipated the challenge of budget delays, and planned to manage community expectations differently.

Pathway 2: Elite Capture—Beneficiaries Viewed the Project as Not Beneficial

In the cases that fit under Pathway 2, the entire project—from the selection of the RRNI team, the focus area, the goal, and the work plan, to budget and implementation—was controlled by a handful of locals, who became RRNI team members. There was no functioning RRNI team in

BOX 1. PATHWAY 1—RRNI TEAM SELECTION PROCESS COMMUNITY-LED & RRNI TEAM REPRESENTATIVE OF WARD POPULATION

Wards A and B are Hill wards. Both wards followed the RRNI team selection process guideline, involving the WCF and forming a team representative of the constituents of the ward.

Ward A, with 307 households and 1,877 residents was almost twice as large as Ward B, with 145 households and 789 residents. Ward A first targeted 75 households, later raising this number to 120. Ward B targeted 40 households. Both wards reported significant implementation challenges due to the difficult terrain, including administrative challenges of opening a bank account that took one full day to walk to, the problems of transporting materials for building the hen coops and bringing the chickens and feed, as well as distribution challenges which required beneficiaries to walk for hours to collect the eggs.

“We had to go to Hetauda to open a bank account . . . there were other banks that are more accessible, but it was not allowed. To reach Hetauda, we first have to walk 6–7 hours to Lothar and then another 2 hours to reach Hetauda . . . you have to return the next day . . .” [Coach, Ward A]

“Even though we built the hen coops in the middle of the ward, the ward is big, and for some people who live uphill, it can take 1.5 hours, or even 2 hours if you walk slowly, to come to collect the eggs. Then they have to walk for even longer to go back uphill.” [Coach, Ward B]

Both wards also reported significant implementation delays. However, the two wards diverged in overall project performance. Ward A—despite being the larger ward with a greater target population—received positive reviews from beneficiaries, whereas Ward B beneficiaries said that after some time, the number of people who collected eggs dwindled considerably.

There is one key difference that is important for community-based projects to consider, related to how the two wards handled budget delays. Ward A relied on the RRNI team members taking personal loans and being repaid once project funds were deposited into their bank accounts. In Ward B, the beneficiaries were required to pay Rs 10 a week to receive the eggs, later raised to Rs 50, which was justified as necessary to help tide over the financial difficulties of maintaining the hen coop while there were delays in project disbursement, and a means of ensuring sustainability of the project. Beneficiaries refused to pay.

“. . . we first decided to distribute the egg without any charge. If we had continued like that, it would have been better . . . the coach said that if we collected money, it would be much easier to sustain the program for a longer duration. . . . so we decided to collect ten rupees every week and again later it was increased to 50 rupees. The [beneficiaries] didn’t agree with the increment and so we decided to end the program . . .” [RRNI team member]

A female focus group participant from Ward B said, “in the end, only 3 or 4 were left who took the eggs.” This is not to suggest that how they dealt with budget delays is the only difference between the two wards. However, the two wards did take different approaches to overcome this obstacle, and there are lessons to be learned from this for future project implementation.

BOX 2A. PATHWAY 2—ELITE CAPTURE

Ward C, in the Terai region, has 52 households and 270 residents. The ward chose “Reduce Indoor Smoke” as their focus area, and the goal was to distribute smokeless stoves. However, respondents were unable to articulate a clear work plan on how beneficiaries were selected.

RRNI team members were unaware about why they were selected:

“I did not even know about my selection. The Team leader selected me and only she knows the reason.”

“I am unknown about who selected me . . . If we had gathered I would have known, but they selected me secretly . . . I was not present during the selection period, I was busy with my own work.”

Respondents representing various constituencies in the village spoke openly about elite capture:

“Nobody knew about SHD. . . . Only after a long time we came to know about its purpose. People who were of higher class and of higher power were in the team.” [RRNI team member]

“In the stove distribution project, even though I am the coordinator [of WCF], they did not tell me anything, nor did I participate in any of the programs. I am unknown about who the coach selected.” [WCF member]

“. . . everything was done by 2–4 individuals who formed a group and did the work.” [Male focus group respondent]

The consequence of elite capture was that a handful of powerful individuals, and their relatives, received a disproportionate share of project benefits. These powerful few gave small monetary incentives to entice the non-powerful RRNI team members to work on their behalf, promises which were not kept and that resulted in further social disruption. The villagers viewed the distributed goods as having little value.

“. . . the funds and goods that were received from SHD such as for filter, stove . . . was given to the relatives of the coach and some other powerful people . . . their relatives were always there. If others had to be given, then they tried to do it in the least expensive way possible . . . they took any remaining money.” [Male focus group respondent]

“At first they said they would give 300 rupees as allowance for a day but they did not give even 200 rupees. We worked very hard for 10 days but they did not give us any money . . . We collected bricks and soil for the construction of the stove. The money had come in the committee but they did not give us. Instead they divided it among themselves. . . . They gave only 200 rupees after much quarrels and fights . . .” [RRNI team member]

“They gave stoves to everyone, and they also had said they would give pipe which emits smoke outside. But they never gave us pipes. They just made stove of mud, how will the smoke go out? Even now, the smoke does not go out.” [Female focus group respondent]

There was change in awareness on the adverse effects of smoke on health, although respondents did not articulate this in terms of effects specifically of the SHD project. Respondents did not think the project was sustainable because the goods distributed were outmoded.

“Who will use this stove, when all the houses want to use [LPG] gas for cooking?” [Female focus group respondent]

the manner envisaged by the project. The coach colluded with, or was already part of, the local elite. The issue of representativeness of the RRNI team became moot, and the ward residents did not perceive the benefits that they received as being of any value.

Elite capture is well documented and well understood in development projects. The examples above highlight the need for continued vigilance to prevent misuse of resources and social disruption. On the other hand, interestingly, Pathway 3 below provides a countervailing

example, where elements of elite capture were present, but did not result in the beneficiaries giving negative reviews about the project.

Pathway 3: Benign Capture—
Some Elements of Elite Capture,
but Ultimately Villagers Benefitted

There were elements of non-transparency and lack of representativeness of the RRNI team as described in Pathway 2. However, there were crucial differences that

BOX 2B. PATHWAY 2—ELITE CAPTURE

Ward D, also in the Terai region, was the largest ward (by population) in the sample, with 342 households and 2,238 residents. The ward chose Open Defecation Free (ODF). This was a Muslim-majority ward.

There was no community buy-in when SHD was launched, and the WCF was unaware of the team selection process. Two or three RRNI team members were in complete control of the project, while others were “in name only.” Unlike the case of Ward A above, the coach, being new, was not part of the powerful. The coach was hired in a rush, was not given training, and had to learn on the job.

The work plan was to construct 20 toilets, but respondents were unsure on what basis the 20 were selected. There were arguments and fights about receiving project benefits, including physical fights. In the end, it is unclear whether the stated plan was conducted systematically. Beneficiaries felt that those who raised their voices in objection got more benefits, and it was not the neediest who ultimately benefitted the most. None of the focus group respondents thought that the desired results were achieved.

“... 15 lakhs were allocated for our whole VDC... When we surveyed all 9 wards, in total no more than 7–8 lakhs worth of work has been done, that is what we felt. This is because some households only received 4 rings, and those who raised voices got 5 and those who forced more got 6, those who didn't speak at all got 3... there was no differentiation between rich and poor... the neediest didn't get...” [Male focus group respondents]

BOX 3. PATHWAY 3—BENIGN CAPTURE

Ward E, in the Terai region, has 135 households and 739 residents. The ward chose ODF as their focus area and built toilets. Like Pathway 2, the selection process was done by the coach in a non-transparent manner, there was lack of representation on the team, and the implementation was in the hands of a few powerful people.

“No meeting was called to select the team... Suddenly, the coach arrived in the WCF meeting and told us that she had a program named SHD and she needed to select people from different wards. She selected all 9 members... There was no rule and regulation for selection...” [RRNI team leader]

“I was not present during the meeting; I was out of the village. When I returned, they had already written my name...” [RRNI team member]

Furthermore, three respondents—all RRNI members—said they were members “in name only,” and others more powerful than them made key decisions.

We didn't attend every meeting as we were not called during important ones. I heard that meetings were held only with three or four important people.”

“They only used to ask me to sign the documents. I rarely attended the meetings. I don't know much.”

“I was a member in name only. They never gave me any responsibility.”

On whether all castes were represented, respondents thought that certain castes had been left out, and named the castes that they felt should have been included.

“... some people who should have been on the team were left out. There were people from Bheriyar and Dhanuk caste in the team. We have other castes in our ward, however they were not present during the WCF meeting... if they had informed us earlier, we would have included Hajam and Sharma. We thought that it would be easy to work if people from all the caste were included, they would rightly speak for themselves bring their problems and perspectives. I think Sharma and Hajam were left.” [RRNI team leader]

“... if Lohar caste was added, it would have been better.” [RRNI team member]

“We didn't include Sahus, I feel bad about it. If we had included them, it would have been better.” [WCF member]

However, unlike in Pathway 2, the elite in this case developed a clear work plan, listed targeted households, and convinced ward residents about the rationale for the targets when complaints of being left out arose among non-beneficiaries. The RRNI completed the work outlined in their work plan. The coach (and the handful involved in the project) were not viewed as only working for theirs, and their relatives', personal benefit.

(continued)

BOX 3. Continued

The project targeted 23 households that were in a weak financial position, and had pregnant women and/or children under the age of two years. They were provided 3 rings and a seat, with the expectation that the households would themselves construct a door, walls and a roof. Those not included as beneficiaries protested, but were told that they had the financial capability to build on their own.

“At the individual level as an RRNI member, we were all facing the same problem, so we decided to go in a group and explained to ward residents that pregnant women, those families who had children less than two years old, and those who could not afford, are the focus of this program and they will be helped. We explained our priorities and suggested to them to build a toilet by themselves as they are financially capable. Villagers were convinced.”
[RRNI team member]

While some community members perceived that more toilets could have been constructed with the available funds, there was general agreement across all respondents—both in interviews and focus groups—that the project had brought changes in knowledge (about the benefits of not defecating in the open), as well as changes in practice (fewer people are openly defecating and people have started to use soap and water as well). There have also been unexpected changes:

“I did not expect that the non-beneficiaries would also make toilets. I had thought that if the project would make toilets, they would destroy them, but instead they began to make their own. They had a conservative thought that toilets were made in the cities, and villages do not need them. But now I can see this has changed. People have learned that it is good to build a toilet and it is for their daughters’ and daughters-in-laws’ safety and the health of their children. I never expected this would happen.” [RRNI team member]

ultimately led to different project outcomes. Beneficiaries expressed satisfaction with the project.

It is instructive to consider the difference between elite capture and benign capture. Both pathways had elements of the project being controlled by a handful of powerful individuals, with beneficiaries wondering about misuse of funds. There was distribution of goods and materials in both (mud stoves in one case, and rings/seats for latrines in the other). The difference is that there was a clearly articulated work plan that was followed in the pathway of benign capture, and the community was aware of the rationale behind it. Even though the project was not community led, there was community buy-in, which resulted in outcomes that were viewed positively by project recipients.

Pathway 4: Population Density Issues—Community Reluctant to Participate in Hills Due to Inaccessibility and Migration

Four Hill wards in the sample, all thinly populated, reported the challenge of finding enough members to form RRNI teams. The hilly terrain, combined with a lack of roads, means that activities that take hours to complete in other regions in Nepal take days in the hills. People walk

long distances for daily chores, and hesitate to add to their burden by undertaking volunteer work on development projects. Furthermore, many residents migrate for work, leaving behind an even more diminished population, and the residents that remain are overworked.

However, it would be incorrect to conclude that all Hills are the same. Some wards in the Hills are accessible by road, even though unpaved, where a vehicle can be used, whereas other wards in the Hill district can only be reached on foot. Better connected wards did not face the issue of community reluctance to participate in project work. Thus, although there were 9 wards in the sample that were in the Hills, only 4 wards presented this challenge. The observation notes of the research team about accessibility of two wards, both in the Hills are contrasted.

“Most of the wards in the VDC were accessible by roads, though unpaved, and [the VDC] also has basic facilities of electricity, communication etc.” [Observation note of research team in Sindhuli district]

“To reach the District Headquarters from this village takes two days. However, to return to the village takes 5 days. To go from Ward No. 4 to Ward No. 5 in this VDC takes 5 hours by walk . . . there is no scope to use any vehicle. . . .” [Observation note of research team in Udayapur district]

BOX 4. PATHWAY 4—POPULATION DENSITY ISSUES

Ward F is the smallest ward (by population) in the sample—with 39 households and 159 residents. It is difficult to find enough people to participate in development programs.

“It’s a bit difficult to work in the village. There are many committees. When the people are told that they should stay and work, they say they don’t have time.” [Coach]

RRNI team members in this ward were uninformed about their selection into the teams.

“I don’t know who was there during the team formation. I stayed at home. My children, i.e., sons and daughter went there in the gathering and wrote down my name . . . I didn’t go for the training because once, when I had been there, and they just said ‘hurry up, you need to sign’ and so I did. . . .” [RRNI team member]

“I came to know that I am an RRNI Team member today only.” [RRNI team member]

Ward members who had reluctantly given their names as members found that they had to personally incur financial costs for SHD project work, which resulted in reinforcing their belief that such projects were not for the benefit of the villagers, but only meant to enrich the more powerful VDC and DDC officials.

To complete a piece of work for the SHD project, three RRNI members went to the district headquarters, a return trip that took several days. They were given 3,000 rupees each from the project for their lodging, transport, food, etc. The work kept getting delayed because the DDC administrators were not available, and they were forced to stay for 15 days. They ran out of their allocated money and had to pay out-of-pocket. Such experiences added to the frustration and anger felt by the villagers.

“Such projects are only a playground for DDC and VDC officials to make money in the name of development by fooling locals . . .”

The following quote is illustrative on the reluctance of community members to show enthusiasm for projects:

“There were only 4 people present during the WCF gathering for the first time. We had informed villagers about the meeting but they didn’t attend.” [RRNI team member]

“In our remote village, there are many hills and people have to walk around a hill to reach each other’s house. So, the main problem was the absence of the people of the community.” [RRNI team member]

Box 4 highlights that inaccessibility issues are a huge challenge, and if not paid attention to, can result in both misuse of resources, and the building up of resentment and suspicion toward development projects in the local population.

b. SELECTION OF FOCUS AREA

After the RRNI team was selected, the next step in the cycle was the selection of a focus area out of a menu of 15 possible focus areas. The data show that the focus area

selection was generally demand driven, in part because the community thought that all 15 focus areas were relevant. Respondents explained that the choice of focus areas was narrowed down by the visibility of project outputs within the 100-day timeframe of the project, the available budget, and cultural norms.

Focus area selection was generally demand driven

Across wards, respondents from all categories—RRNI team members, male and female beneficiaries, VDC/ward level functionaries—generally thought that the chosen focus area was needed in the community. In one case, when the DDC disagreed with the selected focus area, the community advocated for its need:

“We have 15 different working areas. Those 15 areas were explained to the group and suggestions came that priority should be given to free open defecation in our VDC, but this decision was not supported by the DDC. So, the people of the RRNI team went up to the DDC and insisted that this was the most needed focus area.” [Coach]

Selection of focus area based on visibility of project outputs in 100 days

The ability to show visible project outcomes in 100 days determined choice of focus area. As a DDC official stated, “a 100-days approach is good. There is a need for small projects that give quick returns.” For example, one ward chose handwashing over increasing consumption of animal protein. The reason given was that the animal protein project required a lot of effort to build hen coops and buy and rear chickens. It was not possible to buy hens that were ready to lay eggs from Day 1 of the project. Or, projects ended up buying hens that were old enough that they could potentially give eggs as soon as the project started, but there was always the worry that these older hens would die soon.

“As I see it, consuming eggs is an invisible type of outcome. In hundred days, the outcomes must be shown. Hens can’t be found that have just started laying eggs; they are not sold often. You need to invest a lot of effort to bring the hens to that stage and we only have 100 days. Projects would end up with only those hens which have nearly come to the age of losing the capacity to lay eggs. We bring them and keep them, after laying eggs for two–three months, they would stop laying; they would die.”
[Coach]

The RRNI team member in the same ward reasoned that the community could more easily feed eggs themselves to pregnant women and children, and it was better to use the funds for the handwashing project, with visible outcomes and ability to spread the benefits universally (more on universal vs. targeted benefits in the next section).

“We thought that this hand washing project would be the best. We can see the outcomes soon. We could choose the egg distribution program, but we thought that we could feed the eggs to the pregnant women and children on our own. We thought that this project would be useful for everybody.” [RRNI team member]

Respondents who selected “Increasing Animal Protein” as their focus area felt that the project should have lasted for 2–3 years, not 100 days.

“These types of programs should run for 2–4 years instead of 100 days.” [Focus group participant]

Selection of focus area based on budget

One ward rejected ODF because they thought the budget was too little to construct toilets. Another ward elected to distribute smokeless stoves because the budget was perceived to be appropriate for this activity.

Selection of focus area based on cultural norms

While more data is needed to validate this claim, one DDC respondent claimed that *Madhesi* communities in the Terai region were not accustomed to rearing chickens, and only Muslim communities in the Terai raise hens for eggs.

c. SELECTION OF GOAL

After narrowing down 1 of a 15 possible focus areas, the next step for the RRNI team was to select a goal and develop a work plan to achieve the goal. In the Hills, teams selected goals based on whether the goal could be achieved given the difficulty of transportation of materials in the hilly terrain. Another critical issue was whether the targeted groups should cover a more narrowly defined nutrition-related population (e.g., pregnant women and children below 5 years of age), or include marginalized populations as a whole regardless of age or gender. The selection was made based also on the 100-day timeframe that was specific to the rapid results approach. The voices of people therefore show the importance of making sure the project design fits well in the context and strengthens, not hinders, demand-driven investments.

Selection of goal based on terrain

Table 2 shows the differences in selected goals within the same focus area.

TABLE 2. FOCUS AREAS AND SELECTED GOALS IN OUR SAMPLE

Focus Area	Selected Goal	Number of Wards
Animal protein	Raise chickens and distribute eggs	3
	Distribute eggs and milk bought from the market	1
Handwashing	Distribute drums to store water	2
	Distribute buckets and soap	2

Four wards chose “increasing consumption of animal protein” as their focus area. Three—all in the Hills—chose to rear the chickens themselves and distribute the eggs that were laid. This activity was labor-, skill-, and cost-intensive. The fourth ward—in the Terai belt—opted to distribute eggs and milk bought from the market. One possible explanation for this is that the Hill wards did not have the option to choose the easier route of buying and selling eggs, because these wards are inaccessible, making it a challenge to reach the nearest market. It is a hardship to procure large quantities of milk and eggs for distribution. Similarly, the two wards that selected the distribution of buckets and soaps initially considered the option of procuring 200-litre drums used for storing water. The large drums are more useful than the smaller buckets, and the ability to store large quantities of water increases the likelihood that the project would lead to sustainable hand-washing practices. However, the wards finally decided against it because the cost of transporting the large drums uphill was cost prohibitive.

Nutrition-focused targeting vs. targeting more broadly

In selecting goals, several RRNI teams discussed whether to target households that had “thousand days mothers” (pregnant women and children under the age of 2 years), or spread the benefits more broadly to the economically disadvantaged, regardless of their “thousand days” status. A VDC-level respondent expressed the dilemma:

“SHD was for pregnant women and children below 5 years . . . there was an agreement between the DDC and VDC for this. But how much support would this provide to the very poor people? That is why we decided there should be ODF for the whole VDC, toilets should be given to households that don’t have them, and there should be improvement in health for all.”

Or, as stated by an RRNI member:

“. . . targeting makes it difficult to run programs, and brings disputes between people.”

Another concurred that the broader targeting creates less social conflict:

“The people say we didn’t get anything; they will break the heads [of those who say they should not get benefits] with sticks and ask, “how come we are not getting it?” Thinking of this, we decided that all should be provided the benefits.”

The decision on broader targets sometimes went well, and other times did not. Consider the case of two wards in the same VDC, under the same coach, that decided to target all economically disadvantaged. The VDC decided that every ward would implement Open Defecation Free (ODF) and construct toilets for those who could not afford it, and only provide materials (but not assist in the construction) to those who were financially secure. The SHD project funds would be used so that the VDC would be able to declare itself “Open Defecation Free.” However, one ward was twice the size of the other, in terms of total population. Also, the larger ward had a larger number of marginalized community members. After drawing up a list of the economically disadvantaged households, the smaller ward concluded that it needed to build 22 toilets, and the larger one 27. However, after community members who were not included as beneficiaries resisted this plan, the totals were altered: the smaller ward decided to build 27 instead of 22, but the jump in the larger ward was severe—from 27 to 144. In the end, the budget proved sufficient for the smaller ward, the beneficiaries were satisfied, and the RRNI team and community members felt energized by their accomplishment. Comparatively, the larger ward did not have a sufficient budget to meet everybody’s expectations, and there was confusion about who should be included. The coach explained it thus:

“[The larger ward] . . . had more population. There were also more Dalits and more marginalized. . . . Other RRNI teams had less population so the funds were sufficient, but the available funds did nothing in [the larger ward]. It was difficult to maintain the program. It was very difficult to provide everything to everyone. It was also difficult for them [RRNI team members] to make a decision on who should get toilets.” [Coach]

The case above reflects the need to make budgets available according to population size of the different wards, and the failure of the larger ward to manage beneficiary selection.

Another ward worked its rationale backwards after deciding that they wanted to choose a focus area that would allow them to provide benefits for all residents. They decided that in order to target everybody within the available budget, they must choose handwashing.

“We decided to distribute drums and cement to all the houses. We didn’t leave any one behind. There are some rich people, some poor, some upper caste and some lower caste, but we did not differentiate.” [RRNI team member]

Unsurprisingly, this approach caused less social disruption:

“The program didn’t separate—this is higher group; this is lower! It has given us equally. We are satisfied. Everyone got it equally.” [Male focus group participant]

However, some RRNI teams tried another approach, deciding to use both criteria and target the economically disadvantaged “golden thousand days mothers.” Some decided to target in the first phase, and make it broader in the second phase of the project. When the community resisted the beneficiaries’ list and demanded inclusion, successful RRNI teams anticipated the problem and resolved it through careful engagement and reasoning (for more details, see subsection D on leadership of coaches.)

The data from this study cannot conclude whether one approach is better than the other. The data is conclusive, however, that regardless of strategy used, managing the budget and the community’s expectations are both critical in successful project performance.

Selection of goal based on “100-days” timeframe

Presented above is an example above of how a ward rejected the focus area of “increasing animal protein consumption” because of the need to show visible outcomes in 100 days. In another ward that selected this focus area, the rapid results approach influenced their selection of a goal. This ward considered rearing buffaloes or goats for their milk production, but determined that raising a calf (which was cheaper than buying a full-grown animal) would take too long to show results within the project’s 100-days cycle.

“Regarding the animals, there was no option because of the 100-days project except to bring the egg laying chickens.” [DDC respondent]

Example of demand-driven goal selection

After a ward selected handwashing as their focus area, the RRNI team selected the goal of distributing 200-litre drums in which to store water. In addition, they wanted to distribute buckets and soaps, but they changed the goal after receiving community feedback:

“We had planned to provide materials like buckets, towels and soaps but the community people said that they wanted cement instead to build a platform, and they will buy buckets and soaps by themselves.” [RRNI team member]

B. INCLUSION OF WOMEN

Every ward in the sample included women on RRNI teams. Yet, gender inclusion was not a simple task. Unequal gender norms that prevent women from occupying public roles resulted in low interest among women to participate. SHD projects felt pressured to include women to fulfill the requirements outlined in project documents. Women were coerced to join, but even if they showed an inclination to participate, their voices were not heard, and they were not given decision-making power. This was even the case where the RRNI team leader was a woman. Projects paid attention to form and appearance, but missed striving for gender equality in substance and content.

When asked whether women were included in RRNI teams, respondents across all wards and all respondent types answered overwhelmingly in the affirmative. Indeed, all 18 wards in the sample included women in their RRNI teams, and 12 out of 18 RRNI teams in our sample had a female RRNI team leader. However, the participation of women in project implementation followed the rules on paper, rather than the spirit, of the project’s objectives. Several issues arose regarding the inclusion and participation of women.

Difficult to include women

Respondents who participated in team selection processes (e.g., coach, Ward Citizen Forum representative, etc.) expressed difficulty in persuading women to be on teams. Women declined because unequal gender norms presented roadblocks: women's time was consumed with household work, families prevented women from participating in the public domain, and women's involvement outside the home was viewed as a threat by male household members.

“Women’s involvement was compulsory. . . . In our societies, girls are not allowed to work outside especially among the Mandals and Bheriyars . . . we had explained and suggested the names of Mandals. . . .” [Ward citizen forum representative, Terai district, ODF project]

“In comparison to females, more males were involved in the teams . . . there is a huge discrimination between males and females still in our society. The men can openly attend meetings and do whatever they wish, but females are compelled to look after the cattle and children. They are not given the opportunity to show their talent.” [Coach, Hill district, animal protein project]

“Making women leaders is quite challenging as illiterate men start to feel threatened. They start to quarrel and it ends up breaking up families. Literacy projects should be initiated at the same time as development work. It helps to at least have literate people in the group. It is more difficult to work with illiterate people and on top of that illiterate women.” [Coach, Hill district, handwashing project]

While finding women to include on teams was challenging everywhere, there was an added concern reported in one ward in our sample that had a largely Muslim population. Not only were families reluctant to let women step outside the home, an additional issue was that of citizenship. Muslim women do not necessarily have a “citizenship card,” which was noted by the coach as a prerequisite for becoming an RRNI team member since this card is essential to holding a bank account.

“Most of them are Muslims in the ward. They were not given the permission to go outside and work. . . .” [VDC respondent, Terai district, ODF project]

“In our Muslim community, females are not allowed to leave their house. Family members don’t show interest in letting them take adult literacy classes. They say, “Why should women study? Why should they go outside?” They have concerns that the women will become clever. Most of the women in this VDC who are Muslim do not have citizenship. People think that if citizenship is obtained, women will ask for their rights and run away. However, to be in the RRNI team, citizenship number is required. Without citizenship, it is hard to have bank account.” [Coach, Terai district, ODF project]

Women forced to be on RRNI teams

Women were coerced to be on RRNI teams, presumably to follow project guidelines on RRNI team composition. However, after joining, women either willingly chose not to participate because they were uninterested, or their participation was not actively sought. As one respondent put it, women were members “in name only.”

“I was not interested [in RRNI membership]. I declined many times but they forced me. After they approached me many times, I agreed . . . I am in the team because the program was for the welfare of the villagers. . . . I have household chores but they said that it would be enough if I could manage only one hour. I did not have to do any work. We didn’t attend every meeting as we were not called. . . .” [Female RRNI team member, Hill district, animal protein project]

“I don’t know what my role was, I had to write my name that’s all, I went to write my name that also for one time only. After that I didn’t go. Others used to go . . .” [Female RRNI team member, Hill district, handwashing project]

Women do not overcome gender roles when included

Even when they attended meetings, women followed traditional gender roles.

“There were many males and rich people so we didn’t talk in front of them.” [Female RRNI team member, Terai district, ODF project]

Even when women were enthusiastic about participation, men controlled the implementation processes

Some women who were included on RRNI teams were enthusiastic about participating, and knowledgeable about nutrition issues. Yet, their voices were not heard and they were not involved in decision-making processes.

“I have a wish that by working with educated people I can learn something which would be good for me. I can keep records, for example, of the materials that were used in construction. Further I raised my voice and said to the team, “Only you will do the whole work, let us do some of the work so that we can also learn and do something for our locality . . .” [Female RRNI team member, Terai district, ODF project]

“They [male coach and male RRNI team leader] behaved as if they didn’t want to tell us though we wanted to know more. We don’t know how much fund was received and how much was spent. They themselves did everything. They purchased solar but we don’t even know how much they spent on it. To tell you you the truth, they have not provided us with the information they had to . . . I withdrew 25 thousand and another female RRNI member withdrew 22 thousand, and we just gave the money to Team Leader sir and Secretary sir.” [Female RRNI team member, Hill district, animal protein project]

“Personally, I felt that women were not given the chance to get involved in any programs like the men were.” [Ward Citizen Forum representative, Terai district, ODF project]

How gender affects implementation processes

Respondents mentioned that having female RRNI team members sometimes sped up the implementation process, whereas in other cases, women’s circumstances reduced efficiency. A coach mentioned in an interview that women’s lack of access to their own means of transportation increased the work completion time.

“The wards which had more female members took a little more time for the work completion. Females took more time since they had no vehicles to reach markets.” [Coach, Terai district, clean water project]

However, another respondent mentioned that having female members can be advantageous—since women’s lines are shorter in banks, the monetary transactions at banks can be completed faster.

How gendered beneficiary selection affects perception of projects

The wards in the sample that chose “Increasing Animal Protein” identified beneficiaries selectively (rather than universally) to only include those households with pregnant women and children under the age of two. One effect of this was that these projects came to be viewed through a gender lens as villagers perceived the project to be a “women’s project,” not one that affected all ward residents equally.

Inclusion of women leaders does not result in women’s greater voice

In another ward where the RRNI team was headed by a woman, the team leader did not ensure that other female members were given equal responsibilities. Having a female leader did not increase the chance that the other women on the team got an opportunity for their voices to be heard.

C. INCLUSION OF MINORITIES

Projects tried to compose RRNI teams that reflected the caste distribution in their villages and an effort was made to include lower castes. However, inclusion of Dalit and religious minorities was complicated. Minority groups were reluctant to participate. At the same time, majority groups did not attempt (or were not trained) to understand the deeper reasons why minorities might not want to engage with project personnel or powerful groups in villages, and took as unproblematic the reasons that minority groups give for lack of participation.

Like the issue of the inclusion of women, when asked in interviews whether RRNI team composition was representative of all castes and religions in the village, most respondents across wards said that RRNI teams were diverse and there was equal representation of all. The one exception was the ward described in Box 3 where

respondents gave clear indication that more caste groups should have been included on the RRNI team.

However, when probed further, respondents made statements that contradicted their earlier assertions of inclusion. These statements were related to minority groups, and the minority status was derived from a combination of being a minority numerically, or because of their lower caste status, or belonging to a religion different from the majority Hindu religion. Instances of such exclusion did not predominate in the data; in fact, several Dalit group members who participated in RRNI teams were active participants. However, it is instructive to learn from the occasions where minority exclusion emerged in the data, and to unpack how respondents rationalized exclusion.

Difficult to work with minority groups

In one ward in the Terai district, the coach explained that most RRNI team members were from the Mandal caste because 90% of the ward residents belonged to this caste. The coach (somewhat improbably) asserted that “*Even though there are Muslims from Ward Number 1, they live in Ward Number 2. There are no Muslims in Ward Number 1.*” Consequently, Muslims were excluded from the RRNI team. A more likely explanation for the exclusion was provided in an interview in the same ward with an RRNI team member, who said that collaborative work is difficult when different groups are brought together.

“Only those people who follow Hindu religion were included. They said it would be difficult to work with people from other religions.” [RRNI team member, Terai district, ODF project]

Minority groups may be invisible

Minority groups might not consider their exclusion to be exceptional, nor are they actively and purposively included by the majority. For example, no other respondent mentioned Christians in one ward, but the coach said that while there were no Christians on the RRNI team, this was not a problem because the minority group had not expressed their lack of representation. The coach did not think it was necessary to actively pursue their inclusion, and rationalized that since the group did not complain, there was no problem.

“There are those who follow Christianity but it has not affected much. They have not said that their religion was not represented.” [Coach, Hill district, handwashing project]

Minority groups may distance themselves

In selecting RRNI team members, several wards tried to actively include minority groups, especially Dalits. They explained to Dalits that projects required them to be included. However, once minority groups refused to participate, the majority considered this to be unproblematic. Respondents rationalized the refusal of minority groups in terms of the minority groups’ lack of interest in the project. No respondent thought of the issue as resulting from historical exclusion or that it required extra effort on the part of the majority group to help overcome the structural barriers to participation.

“We have B.K. [lower caste group] also here but they are not interested to participate. They refused . . . even when we told them we have to include them in the team, they refused.” [RRNI team member, Hill district, handwashing project]

“There are 10–15 Dalit households. When we told them that we have to include them, they did not come to the meeting. It was during the month of Asad and Shrawan. They had a lot of work to do, they have their own problems . . . maybe those are the reasons why they didn’t want to be included.” [RRNI team member, Hill district, handwashing project]

D. LEADERSHIP

a. COACHES

Leadership emerged as critical to projects that performed better. SHD coaches with strong leadership skills, a clear idea of project objectives, and local knowledge on managing government systems guided communities to overcome obstacles, and work together toward desired outcomes. A case study of one ward in Terai district that benefitted from the leadership of the coach, and was able to achieve results despite alleged corruption, resistance from the DDC and VDC officials, and budget delays is useful to consider.

It was necessary that coaches be trained well. A DDC respondent highlighted the importance of training, and how the training for coaches could be improved:

“The first thing is that the coach should have is local knowledge about how to work in a VDC. . . . The coach should have the knowledge about our financial sources and systems, and the working process . . . There were foreign trainers to train the coaches but our coaches here did not have ability to understand what they said. Coaches went to the village and did their work but I am still not sure the level at which they functioned. This program could have been more effective but because of these types of factors it was not as effective as it could have been.” [DDC respondent]

Case study of a ward that benefitted from the leadership of the coach

The coach of one ward in our sample was universally praised and credited with what the ward achieved in their ODF project.¹³ A range of respondents—from RRNI team members to ward representatives to beneficiaries—had positive reviews of the project, and were satisfied with what had been accomplished. A WCF respondent said:

“We did what our coach guided us to do. Without our coach, nothing could have been accomplished. We can’t really take the credit as the coach told us what to do and what not to do.” [WCF respondent]

Similarly, focus group participants also praised the coach:

“He was very good . . . he never scolded anyone . . . but always checked on things in a timely fashion . . . Everyone in the ward is happy. They praise the coach for the work he did . . .” [Female FG participants]

The research team expressed the same opinions in their observation note:

“The coach appeared to be the role model for the district. His efforts were praised by even DDC officials and the community people. We could see neat and clean toilets which are being used

by all members of family including men and women. The coach from his own initiation and collaboration with other NGO was successful in helping every household build toilets. Community members were well sensitized on the use of toilets and they made contributions and maintained the toilets. The community were happy with the project.” [Observation note]

Work accomplished despite alleged corruption and resistance at DDC and VDC levels and budget delays

The coach’s work is especially noteworthy because results were achieved despite allegations of corrupt practice at the DDC and VDC, and objections raised by the DDC on the selected focus area.

“Both DDC and VDC used to say that they will do our work only if we give them some money.” [RRNI team member]

The coach played a critical leadership role in all the components that enhanced project performance: developing a clear work plan, ensuring community buy-in, placing an emphasis on awareness raising in addition to the construction of toilets, drawing up a clearly defined beneficiary list that was communicated in a transparent process to ward residents, mobilizing the citizenry who participated in the project, and involving VDC officials. Each is discussed below.

Work plan

The coach led the RRNI team in developing a strong work plan, which involved constructing toilets in 30 households. The remaining households were provided with some materials and/or were asked to pay for the received materials (e.g., one FG respondent said that she had to pay NPR 2,500 for the seat). The overall goal was to ensure that every household had a toilet so that the ward could be declared an “Open Defecation Free” zone.

SHD project sought community buy-in

When the project was introduced into the community, the coach ensured that the prescribed steps were followed, i.e., going through the WCF, involving the DDC and VDC officials, and forming an RRNI team that was representative. In both in-depth interviews and focus groups,

¹³This is not to suggest that this was the only ward in our sample where respondents were satisfied with the work of the coach. We have selected to highlight this particular ward because the coach was universally praised across all data points, and focusing on one case allows us to provide a more in-depth analysis.

respondents opined that the coach ensured that the RRNI team members included different castes, occupations, education levels and genders, and the overall perception was that the team represented the needs of the community. The one exception was that the women on the RRNI team did not feel included in the decision making, and expressed dissatisfaction at not being given any responsibilities, even though they had the interest and were part of the implementing team.

Awareness raising emphasized

When asked about the criteria for the selection of RRNI team members, respondents said that they selected those who were active and would not hesitate to go door to door to spread word about the project, and raise awareness on toilet use. The coach suggested the use of street plays to change people's perceptions on open defecation and its relationship to ill health.

“... the road drama regarding this project was very much effective as it immediately changed the thoughts of the people and everybody wholeheartedly took part in the project.” [RRNI team member]

Beneficiaries clearly defined

Beneficiary selection emerged as a problematic issue in the data from several wards, where community members expressed dissatisfaction for not being selected to receive project benefits, or not being aware of why they were not selected. In the case of this ward, there was initial confusion on how to distribute resources, as revealed in an interview with an RRNI team member:

“There was confusion on how to provide funds as there were the people with high, moderate and low economic status.”

However, the issue was satisfactorily resolved through dialogue and transparency.

“The Yadav community is more here. Then there are Telis, followed by Mahattos and Kalwaar. The Yadavs said they should also get [project benefits]. The other community people said that they are only 1–2 households of their community, so they should also get. We said, let's all sit together and decide to give to those who are more poor. If there is Rs 100 and there are

thousand people, then we cannot distribute to all. If there is Rs 100 and 100 people, then we will distribute one rupee to each person, and it will be finished after buying just one chocolate. So let us give more to those who are needy.” [Coach]

At the end, there was overall satisfaction that the project targeted the neediest:

“Only the needy ones were given [materials and labor for toilet construction] ... the poor were not discriminated against ... we felt this was good ...” [Female FG participant]

Citizen effort

Ward members were mobilized to build toilets, and took pride in their hard work.

“We did a lot of hard work. We made the cement paste with our own bare hands and built the toilet. Everyone got their hands injured. But we were successful.” [RRNI team member]

There was recognition that the SHD kick started a larger movement among citizens to build toilets in the ward, under the encouragement of the coach.

“Government started the process and citizens made it possible. If the government hadn't put effort, and if the coach was not there to encourage, it was not possible for citizens to make it possible.” [FG participant]

Two other factors, besides the coach's leadership efforts, were significant in successful implementation. First, the coach was a resident of the ward, and second, the VDC played an active role in promoting the project's completion.

Coach is a resident of this ward

The coach is a 32-year old male, who resides in this ward. This is important because the coach can dedicate time to the project instead of spending time traveling for work.

Incentives to complete toilet construction work by engaging VDC officials

The VDC encouraged the different wards and RRNI teams to complete the work by announcing that the fastest team/ward would receive a reward of Rs 5,000.

“We had a scheme for the team that would finish the work the fastest, which was won by Ward No. 4’s team. In my opinion too they were the most active group. They finished the work ahead of time and were awarded Rs 5,000. This also motivated other teams to work faster.” [VDC respondent]

A strong coach, together with an active VDC, a dedicated RRNI team, and a mobilized citizenry, ensured that there were both visible and unexpected changes in the village.

Changes seen in cleaner environment and health outcomes

Respondents spoke about visible changes in their village—less open defecation leading to better health and a cleaner environment. One respondent attributed his understanding of the link between proper toilet use and health to the SHD project:

“Before this program was put forward to us, we didn’t know that the construction of proper toilets and use of soap and water for cleaning hands could prevent the occurrence of diseases.” [WCF]

Unexpected change: the fact that toilets could be constructed at all

The unexpected change mentioned most often was the wonderment that any change occurred at all. The coach himself seemed amazed that such a project could accomplish results in the Terai belt, presumably because accomplishing community-driven projects, which requires significant participation and commitment among local groups, is particularly hard in the plains region in Nepal.

“We had never thought that this VDC—which is in Madesh—would ever be free from open defecation but it stood to be the second best VDC in the district. This was the most unexpected change.” [Coach]

Better marriage prospects because having toilets is a prestige issue

Another unexpected change mentioned by male FGD participants was an improvement in marriage prospects of the residents of this VDC, because villages with toilet facilities have greater prestige.

“. . . in our Terai, the ones who have toilets are considered as people with prestige . . . people envy those villages with toilets . . . so this has caused improvement in marriage . . . the girls of Saptari and Siraha [outer Terai districts] are getting married in our village too . . . this is a good achievement . . .” [Male FG participants]

Changes will continue

Respondents were confident that these changes were sustainable since the construction of toilets went together with behavior change. Once habits change, or new habits are formed among the young, they are likely to be sustained. This example highlights how a coach’s leadership can guide RRNI teams to work together, help communities understand and accept the project’s objectives, and bring change.

b. RAPID RESULTS FOR NUTRITION INITIATIVE TEAM LEADERS

Projects benefitted when the selected RRNI Team Leader displayed leadership skills, in some cases working alongside a skilled coach, and at other times, compensating for the absence of a strong coach.

Careful choice and work plans made by the RRNI leadership to optimize the outcome

Projects benefitted when RRNI team leaders considered the various options thoughtfully, and guided their teams to desired outcomes. Let us consider the case of a ward that selected handwashing as their focus area. Projects that selected handwashing opted either to distribute drums, or distribute buckets and soaps. An RRNI team leader explained why a decision was made to distribute 200-litre drums (200-litre drums have twenty times the capacity of the average household bucket). He argued that drums had more capacity and could be covered, which increased the likelihood that they would be used for the intended purpose and would create sustainable handwashing practices.

“Initially we decided to distribute buckets for washing hands but we realized that there would not be any covering for the bucket. And it would be very dirty to use that water. This distribution of bucket was cancelled. There are many family members in a house, on average 6 people living together. Then the water in the bucket would not be sufficient for them. 12 to 15 buckets will

also not be sufficient. Carrying buckets repeatedly for each use may be difficult, people may discontinue using it, and they may again follow their previous bad habits and not maintain personal hygiene. We thought that drum distribution would be the best way for the hand washing project since it can hold enough water. We can fit the tap in the end and can be used for many days. We get covers for the drum also which will keep the water clean and safe and can be used numerous times. If the water is made safer for use by using covers, it can be used in the future for personal use, even for drinking if scarcity occurs. If the area near the drum is kept clean, then it will make the environment clean and there will be no spread of disease.”

Furthermore, before the distribution of drums, villagers were given training on proper handwashing by RRNI team members, and when drums were distributed, people were told about their proper use.

“If we had told them SHD is a program which has come with an aim of distributing drums, they would not have used it properly. They may have used for other purposes and our program would not have been successful. We personally went to every house and told them that drums are for washing hands not for other purposes. We made them understand that we had to fill water in the drum, keep soap beside it and wash hands with clean water in a proper manner. Now if you go and observe, outside every house you will see a blue drum.”

Residents were also given half a sack of cement to construct a platform near the drum to place washed utensils on, since residents did not practice hygienic ways of storing utensils.

Risk of “free-riding” by other members while the RRNI leader takes on a greater share of the responsibility

In one Hill ward they selected Animal Protein as their focus area, and decided to grow chickens themselves to distribute eggs to beneficiaries. The team decided that the chicken coop would be placed in the team leader’s house and other RRNI members would assist and take turns in caring for the hens. However, the members did not contribute their share of work, and the bulk of the labor- and time-intensive job of rearing the chickens fell

on the singular shoulders of the team leader (and the team leader was a woman).

“During the meeting, everyone agreed to take turns to look after the chickens. But it didn’t go as per the discussion. I used to look after the chickens, feed them, clean their utensils, give medicine, manage their shed and even bring feed from the market. I had to do it all alone. Nobody from team came for help. They used to participate only during the time of eggs distribution. [RRNI team leader, Hill region, animal protein]

The coach also commented on the work burden of the team leader:

“Once the feed was bought, it was delivered to a central point in the vehicle. From there, she [RRNI team leader in whose land the hen coop was built] had to carry it herself [on her back]. An insect called khajuro bit her so much on the way that she had to take bed rest for days. She worked very hard for the program. I felt guilty sometimes seeing what all she has done for the village and the problems she faced.” [Coach, Hill region, animal protein]

While free-ride could occur in any team, this particular case with the female leader also indicated a risk of the pattern of the “second shift”¹⁴ that gender scholars write about. When the project was perceived as a women’s project, and when women volunteer to work on development project particularly on leadership roles, it means that women would enter the “workforce” (which is not perceived as their “traditional” role) and, in effect, work two shifts: one at work and the second at home.

E. LOCAL GOVERNMENT

Local government officials played a crucial role in SHD projects. From the perspective of the community, the chief complaint was budget delays, which sometimes resulted in RRNI team members having to provide personal funds for project expenses. Respondents also mentioned cases of corrupt officials. When local officials were positively involved in project implementation, the community

¹⁴ Hochschild, Arlie, and Anne Machung. *The second shift: Working families and the revolution at home*. Penguin, 2012.

expressed satisfaction and the projects moved forward well. From the perspective of the local officials, they were not provided with sufficient orientation on SHD projects, and community members were not trained well in how to work within existing government systems.

Budget delays are the chief complaint

Budget delays resulted in the need for RRNI team members to provide personal funds for project expenses, in the project ending sooner than originally planned, in raising suspicions among community members that the project was going to cheat people, in spending the majority of implementation time period on awareness raising, and in dampening the motivation of coaches to work on the project's behalf.

“The main challenge for the program was delay in release of budget. The RRNI members were forced to buy feeds for the hens on their own expense.” [WCF respondent, Hill region, animal protein]

“They passed only 30% of the budget in the first phase. I provided the project a loan of Rs 40,000.” [RRNI team leader, Hill region, animal protein]

“Due to insufficient budget, they were unable to feed the hens and they finished the project in 60–65 days only.” [VDC official, Hill region, animal protein]

“During the first 50 days, only 20% budget was provided but expenditure was 80%. It was difficult to convince families that toilet construction would happen . . . Even though the DDC and VDC supported us in finding a trainer, estimating the budget, and buying materials, no one could support with the timely release of the budget. I can understand the system issues with budget release but there are delays at the district level itself for no obvious reason. This creates difficulty in working with the community. They start to think that these are the kinds of programs that are notorious in cheating people and building false expectations.” [Coach, Terai region, ODF]

“If salary is not provided in time, the enthusiasm is also lost. We can work under pressure but would not come from our heart. Even if I receive salary every quarter that would be good for me. I am tired of going to DDC for NPR. 10,000. NPR. 10,000 is not sufficient even for the bus fare. I need to go, work, eat, sleep and return. I need to go to the VDC 5 times in a month . . . I did not receive salary for last 10 month. I have informed the

DDC but I don't think anyone would take action. I have also shown my dissatisfaction to them and threatened to leave the job but it's my loss at the end of the day. I am having a tough time as a coach.” [Coach, Terai region, ODF]

One respondent laid the blame on the unsuccessful completion of the SHD project solely on the shoulders of the local government officials, claiming that the wards had done everything per the plan but the district officials in remote regions of the Hills did not work for the welfare of the citizens.

“The leaders of the district level have no intentions to work for the benefits of the people living in remote areas like this. The fault was of the DDC and VDC for the program being unsuccessful. The WCF formed RRNI teams. The teams have collected data on the needs of the community and prepared and presented the proposals in the DDC for addressing those needs but the files have been pending since one and half years. I have felt that the programs have been delayed because of non-response of the VDC and DDC to the proposals presented for addressing the identified problems in the community . . . There is a challenge in interacting with the LDO, focal person and even the senior officials of the VDC. We present the proposal and present it to coach who again presents it to the VDC. There is a certain time interval in which the VDC sends it to the district. As the VDC increases this interval and doesn't submit our proposal on time, the response gets delayed. It's difficult for the coach too . . . I don't find the RRNI team responsible for all the delays . . . We built cages; we raised hens; yet, this could not be successful . . . Our RRNI team informed me time and again that they were facing difficulty in raising the hens and asked why the budget had been delayed; why they could not operate bank account from the banks that were accessible to them. They had mentioned that it would have been easier for them to work if these had been done.” [WCF, Hill region, animal protein]

Local government officials demand bribes to move projects forward

Respondents shared that local officials can be corrupt and refuse to work unless they are paid bribes.

“Sometimes we need to feed them with money. You know, bribe! Yes, we need to bribe them.” [RRNI team member, Hill region, handwashing]

“ . . . we had to go and take the signatures of the government officials and we had to visit again and again . . . Even if we could meet, they had to be bribed . . . it was hard . . . [RRNI team member, Hill region, animal protein]

“Both DDC and VDC used to say that they will do our work only if we give them some money.” [RRNI team member, Terai region, ODF]

“We didn’t agree to provide bribe to the officials. But, if we did not give them, they had said that they would not do our work. So, as we had to keep our work in mind ahead, so we somehow had to bribe them . . . I do not remember the amount given . . . That is known by our brother . . . he had said that it is not a big sum. As the work was completed, so I did not want to ask on the issue . . .” [RRNI team member, Hill region, handwashing]

DDC and VDC officials on their part complained that the RRNI teams were not well trained on how to work within the existing government financial systems. For example, if a certain amount was deducted at source as part of a government rule, RRNI teams and ward residents thought that the amount was being deducted due to corruption.

“They don’t have knowledge about how to arrange the bills, they don’t know about PAN and VAT. They don’t know what bill is used and in which bill how much is deducted. They think the secretary might take benefits [bribes]. They don’t know about the system. It’s very difficult to work.” [VDC Secretary, Hill region, animal protein]

Not enough involvement by local government
The most consistent recommendation offered by respondents of all categories was that local government officials at the VDC and DDC levels should be more involved in projects, especially to monitor the work of projects.

“VDC representative didn’t come to monitor the work. If they had come to monitor, it would have been easier for me.” [RRNI team leader, Hill region, animal protein]

“ . . . there was not much contribution from the VDC level. To my knowledge, the VDC has never sent anyone for monitoring . . . DDC level respondents have visited, but not the VDC.” [WCF, Hill region, animal protein]

“There should be more monitoring by local government . . .” [FG participants, Hill region, handwashing]

“We didn’t see the involvement of DDC officials at all. As I said earlier DDC should come for supervision. All the materials come through DDC and if the DDC does not work properly, we don’t get anything. The responsibility of training has been given to District Public Health Officer (DPHO) but people from district public health department never come. Since the Public Health officials showed no interest, we had to ask the health post workers to provide the training. We got the notice about the training to be given by the district public health officials and the training was for women. We gathered them for training next day no one came from the district. They did not send anyone. We had to plead people from the health post to come. There should be more active involvement of the DDC, after seeing the activeness of district and district development, district public health should be able to maintain itself.” [WCF, Terai region, indoor smoke]

One respondent explained that the VDC Secretary lived in the district center, which was at a distance from the ward, and this created coordination problems and a resultant lack of involvement and delays.

“The Food and Nutrition Committee must decide on the budget proposal of the RRNI team. Their weakness is being unable to arrange meetings on time. The secretary of the VDC itself is the coordinator of the nutrition committee. The VDC secretary lives in the [District HQ] and the other members of the committee live here in the village. That is why the process is taking so long . . .” [WCF, Hill region, animal protein]

When local government officials were actively involved and conducted monitoring visits, ward residents involved in the project were very appreciative. Note that three RRNI team members from the same VDC appreciated the help received from the VDC official.

“The secretary from our VDC helped us very much. He helped us to contact the place where we could get the drum. He managed the people to bring the drums to the village and supported us in every problem. He advised us about the management and implementation of the projects. Due to his help, we were able to perform well for the first time otherwise it would have been tough for us.” [RRNI team leader, Hill region, handwashing]

“The Secretary of the VDC went himself to every house of ward number 1. That was so very useful to us. The political leaders also went along with them to the whole VDC. After seeing the work, they corrected the wrong ones and encouraged the people. They taught us to do the work in this way and that way. They improved our working process.” [RRNI team leader, Hill region, handwashing]

“The people from VDC used to monitor. And we were happy about that.” [RRNI team member, Hill region, handwashing]

Interested and involved VDC officials had a good understanding, and realistic expectations of what the SHD project could accomplish and how it could push the VDC’s development agenda forward. For one VDC respondent, the SHD was akin to a “booster shot” for the community. The project raised awareness on health and gave an impetus to the VDC to implement actionable tasks with the available funds. However, they felt the project could not go on forever, and in this sense, it was not sustainable. However, by being given a kick start, the project could have long-lasting impact.

“The program put forward by Sunaula Hazaar Din is a great program which has gained a lot of success and has provided opportunity for the village people to learn something new. Some people had criticized the concept as they think that for the village to be economically well and healthy, there must always be construction work going on. Some call it throwing sand into a lake. But no, this isn’t something that the program will keep on doing for years but something to start a better future. The initiatives put forward by Sunaula Hazaar Din may not be a sustainable one, it isn’t supposed to be. It was just a step to make people aware about their health and take control over it. The program has gained a huge success . . . [VDC respondent, Terai region, ODF project]

Local government policies are inconvenient
Some local government policies were obstacles to the implementation.

“There were challenges due to the policy of the DDC and VDC. They kept on calling us to [District HQ] to open the bank account and we kept on following them though it took us three days!” [WCF respondent, Hill region, animal protein]

“The rates that the district had for transportation of goods was not sufficient for our Hills. It costs more to bring materials to our remote ward, but the DDC would not allow it.” [RRNI team member, Hill region, handwashing]

Not sufficient orientation provided to local government on SHD projects

Local government officials were not clear on project objectives, and sometimes paid more attention to reaching the end goal without paying attention to the process.

“In the beginning of the project DDC was not clear and the VDC was also not clear about how the project should be done. We were not informed about how we should run the project so we were only focused to finish the project as soon as possible and there was no prior planning. If anything needed to be done urgently there used to be difficulties.” [VDC respondent, Hill region, animal protein]

F. CHALLENGES AND OPPORTUNITIES IN IMPLEMENTATION BY FOCUS AREA

The data revealed both opportunities and challenges faced by RRNI teams that were specific to the focus area they selected. There are important lessons to learn from the examples below for future implementation efforts, particularly to improve intended nutritional behaviors or outcomes by involving communities.

CONSUMPTION OF ANIMAL PROTEIN

The challenges faced in interventions to increase consumption of animal protein ranged from effective beneficiary targeting to technical capability constraints in carrying out activities as described in detail below:

Difficult to ensure that only target populations are beneficiaries

Even though the eggs were distributed to women who fell in the category of “1,000-day mothers,” sometimes the receiver of the eggs shared with other household members who did not fall into the target population. For example, in one ward the targeted women were given a weekly

quota of eggs so that they could consume one a day, but as the quote below shows, the entire household ate the eggs, and the weekly quota was all consumed in one day.

“In some of the cases, the whole family prepared the eggs and consumed them together finishing all on the same day.” [RRNI team member]

Or, ward residents would fudge their pregnancy status to receive the benefits.

“Some people who were not pregnant also claimed that they were.” [RRNI team member]

Residents who were just above the cut-off mark to be a target beneficiary resisted their exclusion.

“The women who had children who had crossed two years . . . they also asked for eggs which created problems.” [RRNI team member]

When the excluded protested, one RRNI team felt that they had no option but to give eggs to them.

“We estimated 75 beneficiaries but during distribution, there were more than 100. After that it became nearly double. Those who were left out from the beneficiary demanded for the eggs from the beginning as their name was not in the list. Team members told that the eggs were already distributed and they wouldn’t get it . . . Every time new people were added. There was no other option than including their names as they were from our own community.” [RRNI team members]

No training given on how to raise chickens
Wards that decided to build hen coops and raise chickens themselves said that they would have benefitted from prior training on the procedures. Lack of training resulted in the hens dying or not giving sufficient eggs.

“Not all, but one or two of the hens died as well. We had not received training regarding poultry farming so we had no idea about the way and amount of feed the hens had to be given and how they had to be raised. We asked the coach. He also didn’t have any idea. He had not raised any chickens before, nor had he received training. We asked the people who were experienced in poultry farming, we also learned that the hens should also be given vitamins from time to time. We had no information about

that. It was felt that training on techniques of poultry farming was required.” [RRNI team member]

“It was difficult while constructing the hencoops. There was a plan of using tin. The training was given before the building of the hen coops. We were not told that tin is not good. The tin produces too much heat to the hens and so it was decided that we should buy wood.” [RRNI team member]

The above mentioned challenges point to the need (a) to consider household and community-level dynamics in benefit sharing and (b) to provide capacity-building programs to carry out interventions. Aside from the challenges, the study found some success in sustaining behavior change and continued adoption and expansion of poultry farming in communities as described below:

Behavior change in communities

While respondents stated that behavior change of egg consumption was more likely among financially better-off households, nevertheless, the program successfully induced change among some individuals.

“Around 18–20% of the households out of 65 [beneficiary households] have started raising hens, consuming eggs and feeding the children. They have developed a clear understanding that they can also gain benefits from the hens they rear themselves. They have been encouraged because they have witnessed the changes themselves . . .” [RRNI team member, Hill district, animal protein]

“I have seen a daughter-in-law near my house . . . she used to feed eggs to her child during the implementation of the SHD program. Later, even after this program got completed, I have seen her buying eggs from the mobile market.” [RRNI team member, Hill district, animal protein]

Increase in poultry farming in the community

“I have already given an example of such change. I have seen it in one of the houses downhill. He has started rearing 16 or 17 chickens. The pregnant woman in that house will deliver the baby after three or four months. He started this being inspired by this program. This way, the changes have been there. I had not expected these changes would be there. They will give continuity to the changes because other people will get inspired similarly. The people will start poultry farming for their benefits.

Other people will buy from them knowing that its consumption is necessary.” [WCF representative, Hill district, animal protein]

ENDING OPEN DEFECACTION

The study found that a campaign approach of declaring a village an open defecation free zone seemed to support the behavior change, which reinforced or sustained the community’s pride in staying clean. Some communities, interestingly, took drastic measures, such as policing, enforcing sanctions, denying government services and certificates, and even fining individuals and households that did not comply.

Behavior change in communities

“Yes, there have been lots of changes after the building of toilets . . . the main change is in the habits . . . we feel ashamed to defecate in the open . . .” [Female focus group participant, Terai district, ODF]

Pride in community due to improved cleanliness

“When I went to another village that was a little bit dirty, I described my village and invited them to visit our village and learn from it.” [Male focus group participant, Ward 4]

Sanctions against villagers to ensure toilet construction and toilet use

Wards that chose ODF wanted the SHD project to make the entire VDC “open defecation free.” Project funds were utilized to build toilets for some households, but the funds were not sufficient to cover everybody. Those not covered by project funds were required to construct on their own, or were given some materials but had to provide the rest on their own. When ward residents did not agree to build toilets, more extreme measures were taken.

In one ward, the police were called in, and residents were threatened with other sanctions, such as being barred from completing any work that needed VDC approval, or not being allowed to send their family members to work overseas.

“We forced everyone to build toilets. For those who didn’t follow our suggestion, we took help from the police administration. The illiterate people used to fight. They were not ready to build toilets. They were not ready to understand us specially some old aged women. Therefore, we had to call for help from the police administration. In our ward, Ward 4, people were stable so it was not difficult. Other wards had a bigger problem.” [RRNI team member]

“They [ward residents] were threatened. If they did not build the toilets, their children would not be taught to read and write, they would not be able to complete their VDC works and they would not be able to go foreign countries to work. After threatening, they built the toilets with their own money. We helped only the poor ones.” [RRNI team member]

Two female focus group respondents corroborated these findings:

Person 4: “Now, we have toilet license, so our works through VDC is easily done.”

Person 2: “They wouldn’t even make Birth Certificates for our children if we hadn’t built toilets.”

In another ward, village residents were told that if they built toilets, they would receive other benefits, such as getting a citizenship card or a passport.

“They told us that they would help us in making citizenship and passport. [FG participant]

Fines of NPR 5,000 were imposed for not using toilets. Villagers were told that children of ‘offenders’ would be barred from getting admission into school. Those who had completed the toilet work in their homes were given a ‘red card’. Without the red card, villagers were unable to complete any official work, e.g., birth registration, marriage registration, farm registration, etc. Loudspeakers were used to broadcast messages to encourage toilet use, but also to let people know what would happen if they failed to comply. The police were recruited into the effort as well:

“We told the police that if someone goes outside of the house [to defecate], then catch him and take him. There should be a fine of Rs 5,000 . . . take him to the prison and beat him so that

no one goes outside due to fear and threat of arrest. Now what more can we do than this? We cannot take the stick into our own hands...” [RRNI team member]

HANDWASHING AND USING CLEAN WATER

The study found that interventions in handwashing and using clean water helped promote behavior change in communities successfully, which resulted in improved perception about development programs and an overall increase in the capability of community members engaged in implementation.

Behavior change in communities

“Earlier, before this hand washing project, if we washed our hands with soap, our elders would say, “what a show off”! Now everybody understands the importance.” [Female FG participant, Hill district, handwashing project]

Behavior change in communities for using clean water

“Everyone was happy to get filters. There is an increased awareness in drinking clean water. Even if filter breaks, they will go and buy new ones rather than drink dirty water.” [RRNI team member, Terai district, clean water]

Showing the promise of development programs

In the wards that successfully completed the handwashing project, the projects boosted the promise of development programs in general.

“. . . no one thought that they would distribute drums . . . We did not have hope that these programs would do anything. But when we saw them come, entering each village, entering each ward, entering each house, we felt, Yes, this organization will do something . . . They did it. That was unexpected.” [Female focus group participants, Hill region, handwashing]

Increased community management skills; increased community-driven demands for health, not just for physical infrastructure projects

“. . . other than changes seen immediately after the project of improved handwashing, using toilets, what I have observed is that the capacity to manage the program has been increased in communities. Secondly, there is effectiveness in the demands . . . not only drainage, water and roads are the demands . . . the things that are required in our daily social life and in health, have also come under demands or things that should also be demanded . . . ” [DDC representative, Hill region, handwashing]

CHAPTER FIVE

EMERGING LESSONS AND CONCLUSION

While good practices and outcomes were observed in some wards, our data overall revealed multiple challenges that the SHD participating wards faced. It provides a good base to understand whether the 100-day rapid results approach was effective in the given context, and whether the community-driven model was adequately supported by the project to achieve its development objective. This section summarizes emerging lessons learned from the data analysis, and offers concluding remarks.

Summary of emerging lessons from the key findings

Selection of community-based team members. When the initial ward citizen’s forum failed to gather a large number of participants, or provide sufficient orientation on the project in an inclusive and transparent manner, a small group of individuals dominated the decision-making step, and the subsequent procedures were also controlled only by them. When such a capture happened at the beginning of the cycle, it was hard to be reversed, and other community members did not have a sense of ownership or being included until the end. For the community’s decision-making process to be effective, it is critical to have a clear set of rules and requirements, and to widely and clearly communicate them up front. For example, the minimum number of participants, or clear voting procedures that must be followed—and the decision would be considered invalid unless those conditions were met—would be useful. In some cases, although not fully “community driven,” resource allocation and results of the RRNI project were positively received by the community when a small group of members developed a clear work plan and budget, and implemented the subproject accordingly.

Forming the RRNI team. Requiring nine members to form the project-specific RRNI team which would be dissolved after each 100-day cycle was a serious challenge for the ward members, especially in areas with a spread-out population where ward members were already overstretched due to other such programs and their daily work. In many sample wards, members were “selected” without even being informed (hence without agreement), resulting in confusion and inefficiency. It indicates that in the designing phase, the SHD project did not sufficiently assess the feasibility and effectiveness of the RRNI team model in the target areas. A mapping exercise of

existing local platforms and community groups, as well as consultations with target populations, would be helpful to confirm the design efficiency, and even when implementing the same activity, to identify stronger synergies and partnerships to be built around the RRNI team.

Selection and implementation of a community-driven subproject (focus area and goals).¹⁵ The selection of focus areas and goals were naturally affected by a range of factors, such as budget, cultural norms, geographical constraints, expected visibility of outputs in 100 days, and targeted or universal benefit sharing. In this decision-making process, however, the local stakeholders seemed to be consistent in reporting that the SHD did not provide much customized facilitation for the geographically and culturally diverse communities it covered. While some communities demonstrated capacity to improve their plans and activities to better fit their need in the course of the RRNI cycle, lack of enough provision of customized guidance seemed to create challenges to certain communities in optimizing their demand (need) and supply (intervention). In SHD, community-level needs and assets diagnostics were to be done by the RRNI team through facilitative support, but coaches were not sufficiently trained either. The limitation with technical knowledge was also observed during the implementation. For example, an RRNI team struggled with how to raise hens and some hens died, as no one around them including the coach had relevant experience. For community-driven investments to be efficient and effective in achieving intended goals, and even more so to achieve local ownership and sustainability of knowledge, attitude, and practices in the long run, continued and customized training and capacity building as well as support from experts are essential. Therefore, facilitators need to be trained and encouraged to connect the community with relevant local resource people. SHD's 100-day timeframe did not have the scope to provide extensive training or capacity building—especially in the remote areas where

¹⁵According to the midline impact evaluation by DIME, 92% of the households interviewed believed that the focus area implemented in their community was the best choice for their community, 76% of households reported they have directly benefitted from the project, and 90% reported that their community has benefitted from the project. However, it is worth looking in depth whether the communities' decision on the focus area and the goal was an optimal choice to address malnutrition of the target populations.

providing such training would logically need more time and investment.

Targeting or broader benefit sharing. One of the most contentious and conflict-prone steps in SHD was how beneficiaries were selected. Decisions on who should benefit was left to the community without clear guidance from the project, which caused confusion and doubts in different stakeholders—rather than allowing positive “flexibility”—and made the process receptive to capture and to the influence by local governments who sometimes had other incentives. While the SHD's main target beneficiaries were the golden 1,000-day women, many of the sample RRNI teams selected activities to benefit the entire community in order to avoid disputes. It was even more challenging to ensure that the target women benefit from the project, when decisions and implementation were controlled by male members. Frustration was exacerbated when transparency or information sharing was missing regarding how the team reached the final decision on beneficiaries. The data from this study cannot conclude whether the targeted or universal approach was better. The data is conclusive, however, that regardless of strategy used, developing a clear work plan and managing the budget and the community's expectations are both critical in successful project performance.

Inclusion of women. While every ward in our sample included women on RRNI teams as required by the project, their participation was only in form, rather than in substance. Reasons ranged from cultural norms, time constraint with the household chores, to threats felt and resistance by men. When forced to be on the team, women were either uninterested, or their participation was not actively sought. Even when women showed an inclination to actively participate, men dominated or controlled the decision-making and implementation processes. When women did take a leading role, working for the project also meant that they were adding extra work and responsibility on their shoulders because the members (especially male) still assumed that women would keep their full responsibility at home. If the project wants to ensure that the voice of the target 1,000-day women would be meaningfully reflected in the processes and outcomes of the project, it may be worth considering to form or work with an existing women-only small group or have separate

meetings to identify the bottlenecks and ways to resolve them, while strengthening awareness raising and support from a wider community (both men and women) including through other existing platforms or groups.

Inclusion of minorities. Often, though not always, minority groups were reluctant to participate, while majority groups did not attempt or were not trained to understand the deeper reasons why minorities might not want to engage with project personnel or RRNI processes. There is, however, an opportunity for improving people's awareness on why inclusion of minorities is important. There are cases, as observed in a sample ward, where community members regretted that they could not include people from a certain caste in the initial discussion. More opportunities for inclusion of diverse group members may have taken place if the project had initially set up and implemented clearer guidelines and mechanisms. For sustainability, it would be useful to more actively involve different levels of the local authority in related data gathering and awareness raising. In collaboration, the project can provide incentives such as rewarding a community that was most inclusive in each VDC. If there are traditionally excluded groups, or, if the group members are not used to speaking up at a general meeting, separate meetings can be organized to ensure their voices are heard. In either case, initial inclusion of these minority groups takes time, and the project needs to be ready for that by design.

Leadership and effective facilitation. A case study of the coach who demonstrated universally praised leadership in a usually socially fragmented Terai ward was probably an ideal scenario the SHD project envisioned. It proved that good leadership was able to accomplish the following activities: clear orientation and communication of the project to the entire community; expectation management and complaints handling in a timely manner; transparent communication regarding the definition of target beneficiaries; and locally geared awareness raising activities such as road dramas. As a consequence, community members collaborated well to accomplish the project ahead of time with a strong sense of ownership, and was awarded by the VDC. It confirmed the importance of building skills and capacity of facilitators and community members, and the SHD could have invested more

in this area. The coach was spending more time for the project activities (he was resident of the ward), and was also able to effectively involve the local authority. As the voices of several coaches indicated, the implementation arrangement needs to be built on diverse geographical factors, including the number of households in a ward, because those factors are also notably affecting the project outcomes. The 100-day timeframe of the RRNI model could not keep pace with and invest in the need for customized and continued capacity building. Rewarding good performers would also be an effective way to keep motivating these individuals, and to positively stimulate others to improve.

Conflict resolution. The sample wards show that the community groups do have capabilities to address local-level issues, though it takes time and good leadership. When a community was able to identify and address challenges during the implementation phase, subproject outcomes turned out to be positive, and sometimes even created positive externalities. For example, in a ward where better-off community members had initially been unhappy that only the poor members were given support to construct a latrine, after having been explained by the RRNI team about the rationale, these better-off members started to construct latrines with their own money. Overall, it appears that conflict resolution was left to each community's capacity and experience, without a clear policy at the project level. Traditional mechanisms and platforms to resolve local conflicts—such as the WCF and in some cases engagement of community leaders and political party representatives, along with VDC and DDC officials, should be incorporated in the project design as much as possible. Such existing complaint handling mechanisms can be examined up front, and relevant information and awareness such as on how to report complaints need to be communicated across the entire community.

Local government. The primary bottlenecks faced by the SHD communities in terms of the implementation flow were at proposal approval and budget disbursement phases by the DDC officials. Systemic challenges like these increased frustration and subdued the initial momentum of community groups to achieve their goals. In addition to the local government's workload and willingness to be supportive, the data indicated that the SHD was not designed

to build a systematic, meaningful partnership with the local government (both VDC and DDC levels) through its implementation. Local governments complained that they felt bypassed and the communities were not trained on basic procedures (e.g., financial management), causing troubles with their government requirement. On the other hand, communities were frustrated or disappointed that local governments were not engaged, rarely showed up, or rather hindered implementation. Local development projects that require close collaboration between local government and communities have both a risk of severely damaging, or an opportunity of significantly improving, the trust and relationship with each other. Securing local government's buy-in and active participation from the onset of the project by providing extensive orientation and training, and assigning clear roles to play with associated incentives based on the existing systems, is critical to build trust with communities.

Focus area specific lessons. The data revealed both opportunities and challenges faced by RRNI teams that were specific to the focus area they selected. There are important lessons to learn from the examples for future implementation efforts, particularly to improve intended nutritional behaviors or outcomes by involving communities. A point that was confirmed across the sample wards was that when the tangible outputs were combined with related training and proper awareness raising on their behaviors (e.g., demonstrations on how to use a constructed latrine, or to wash hands using the tools provided by the project), people were motivated and able to start new practices, and the changes were considered as sustainable. As a few good examples indicate, it is worth developing more entertaining ways to raise awareness by involving community members, combined with efforts to prepare a set of experts' guidance and good practices on key focus areas that are ready for sharing, especially with an emphasis on behavioral changes.

Concluding remarks

The key findings of the in-depth qualitative analysis offered important implications for the community-based rapid results approach to address malnutrition. Despite its design that had linkages with the local governance structure, such as the fund flow and proposal review and

approval processes, the Rapid Results 100-day model in SHD has been overall implemented in isolation without investing in strengthening capacity of and linkages with other existing platforms, including the local government and technical experts. Relying almost exclusively on available capacity and willingness of the community or coaches to take the activities forward made it challenging to optimize the community-driven investment. It is also worth noting, however, that there were still promising cases and practices observed at the community level that were able to actually improve knowledge and practice of the target population. Good practices were born in an environment where there were strong buy-in, transparency, and well-developed plans, combined with local leadership. These findings suggest a need for practitioners and policy makers to more closely assess different players and modalities operating in Nepal, and to consolidate and/or partner with these programs by providing roles, incentives, and training that are aligned with the country's governance system. Addressing malnutrition in a sustainable manner needs the entire community—men, women, minority groups, and local leaders and authorities—to raise awareness on the importance and concrete ways of improving knowledge and behavior, and on meaningfully including women in decision-making and implementation processes.

As the SHD closed in June 2017, it is critical for the SHD team and other stakeholders in the government to discuss the findings and lessons with practitioners and policy makers of relevant programs, so that follow-up activities or improved design for those programs can be considered. There are a dozen government and donor-funded programs to address malnutrition in Nepal,¹⁶ as well as programs on related key sectors such as rural water and sanitation (including ODF), and food security and entrepreneurship support for women.¹⁷ Many of these programs have been using community-based

¹⁶ See a complementary study "Operational Strategy for addressing malnutrition in Nepal" that reviews the political economy, institutional structures, and implementation arrangements currently in place in Nepal to address malnutrition, including the programs supported by the WB, USAID, UNICEF, etc. (forthcoming), World Bank.

¹⁷ For example, there are pilot activities such as "Women's Enterprising Initiatives to Ensure Community Food and Nutrition Security in Upland Nuwakot" that can provide insights.

approaches,¹⁸ and therefore, there are common risks and opportunities to learn from each other, including on gender, social inclusion and mobilization, capacity building, and nutrition-specific aspects. It is also important to review existing community-based platforms beyond nutrition-focused programs, and to identify synergies and entry points for nutrition activities that can be integrated and leveraged by local-level institutions that are consisting of, or at least close to, the target population.

Although SHD faced multiple implementation challenges, due mainly to lack of adequate capacity building,

fiduciary mechanisms and flexible timeframes, a point to note about its design is that there was an effort to have the demand-driven steps be embedded in the local governance structures, such as the use of WCF, and local governments' involvement in proposal approval and funds disbursement. Considering the country's shift toward federalism and more authority to be given to the newly formed local bodies (at the level of a cluster of VDCs), lessons from SHD may provide some food for thought to any new nutrition programs designed either by government or development partners with a community-led approach.

¹⁸To name a few, a program to provide special grants to VDCs to establish a female community health volunteer fund; or Community-Led Total Sanitation program on ODF and other sanitation activities.

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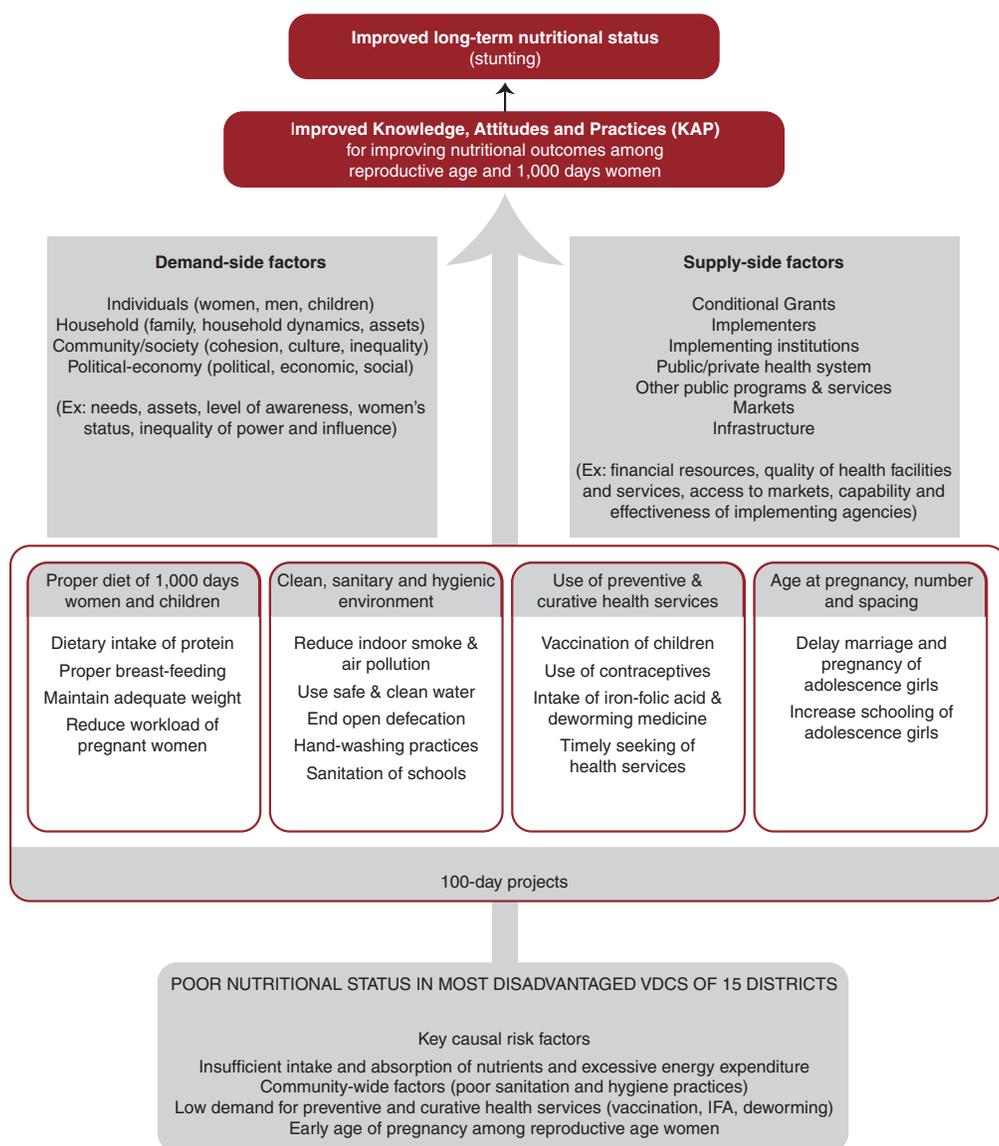


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ANNEX 1

THEORY OF CHANGE OF THE SHD PROJECT

The theory of change of the SHD project is illustrated in the diagram below.



HEALTH, NUTRITION, AND POPULATION GLOBAL PRACTICE
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