We are delighted to introduce this year’s annual review of our work and achievements in 2011/12.

Kidasha has been through a period of significant change, after a difficult period with a dip in funding during a challenging economic environment. We are now in a more secure position, with two major grants, a three year strategy, a new name and a restructured fundraising department. We are looking to the future with renewed energy and passion for our work in Nepal.

Among the changes we made was a new more cohesive approach to our work within two integrated programmes ‘Best Start’ and ‘New Start’, both of which are explained in more detail on the following pages.

We also sadly saw the departure of our founder, Douglas, who has moved on to new challenges after 15 years building this great organisation from scratch. Despite his departure our vision and mission remain the same and Kidasha will continue to build on the solid foundations he has left, moving forward with the same determination to improve the opportunities and life chances of the vulnerable children and young people in Nepal. We thank him for all that he achieved with such determination and commitment over so many years and wish him every success for the future.

We would like to take this opportunity to personally thank all those who have supported our work, including our donors, the Government of Nepal and our staff and partners, for their commitment to our cause and belief in the difference we can make together.

We very much look forward to the year ahead and appreciate your ongoing support.
Nepal

- Nepal is ranked 157 out of 187 listed countries on the UN’s Human Development Index and is the second lowest ranked Asian country
- 1 in 4 live below the poverty line
- In some areas where Kidasha works 90% of children have been born without any medical help and 38% will not complete primary education
- Amongst the poorest 20% of the population, deaths among under 5s are almost double the national average
- 65% of children who die within their first year do so in the first 28 days of their short lives
- 34% of 5-14 year olds are involved in child labour

Who We Are

Kidasha is a UK-registered charity dedicated to improving equality of opportunity for children in Western Nepal.

Our mission is to enable socially and economically excluded children to fulfill their potential by improving their wellbeing, supporting their development and reducing the impact of discrimination and social injustice.

What We Do

We improve access to health and education for mothers and children and protection and support for children who live or work on the street.

Our work benefits Nepal’s poorest and most socially excluded:

- Children and mothers living in isolated rural communities
- Children and mothers living in urban slums
- Children living outside of parental care, including street and working children
- Child victims of sexual abuse and exploitation

Where We Work

We work in the western development region of Nepal, one of five development regions.

Kaski (pop. 492,098):
- Rapid rural to urban migration is resulting in increasing urban slum populations and children living or working on the street

Gorkha (pop. 271,061):
- The most remote and inaccessible area in which we work, where there are limited government services and a strong prevalence of unsafe traditional practices

Lamjung (pop. 167,724):
- The majority of the population are from marginalised ethnic groups

Rupandehi (pop. 880,196):
- A densely populated district which has been disproportionately affected by ongoing political and social instability

Kapilvastu (pop. 571,936):
- The poorest of 16 districts in the western development region, with limited infrastructure, and affected by ongoing political and social instability

Kidasha

Nepal Demographic and Health Survey 2011
World Health Organisation (WHO), 2012
Government of Nepal, 2008
National Census Report 2011, Government of Nepal
Our Approach
We work in partnership with local communities, NGOs and the Nepali government, providing financial, technical and capacity building support in areas such as:

Social Mobilisation - engaging communities to increase awareness and demand for services such as healthcare and primary education

Advocacy - supporting local communities to address the rights of excluded children, families and communities

Local Capacity Building - sharing skills, knowledge and experience to empower local organisations, children, their families and communities to address issues themselves

Local Service Strengthening - working to increase the effectiveness, quality and accountability of existing services by identifying gaps, creating demand and providing technical support

Service Development and Support - supporting the development of services in situations where communities are beyond the reach of mainstream provision

Our Programmes
Our work is divided into two programmes: ‘Best Start’ and ‘New Start’. Each takes a different approach, reflected in the variations in beneficiary numbers between the two programmes:

• Best Start interventions address key issues and problems affecting marginalised communities and populations

• New Start interventions target the individual child working to address their complex needs

The following pages talk further about the programmes and our achievements within each.

Going Forward
During 2012, we developed a new three-year strategy, which will address issues of gender, caste and disability within each of the following key strategic objectives:

1. To increase the number of excluded children with access to primary education, healthcare and social support

2. To reach the most excluded children with interventions to support improved physical and emotional wellbeing and development

3. To increase participation of excluded children, families and communities in local decision-making

During 2011/12 our work reached more than 65,000 children, young people and mothers

London Team
From left to right: Melody, Juspal, Sasha, Janice

Nepal Team
From left to right: Sachin, Hitman, Andrew (also based in the UK), Hridaya, Janice (also based in the UK), Raju, Basanta, Bidit, Jeremy, Shanti, Ishwar, Kriti, Umesh, Pradip.
Kidasha works with children and mothers from conception to early childhood, to improve health, wellbeing and development of children and increase the likelihood of them living in a secure family environment and progressing into fulltime education.

We Work With:
- Child Welfare Scheme Nepal
- Practical Help Achieving Self Empowerment (PHASE Nepal)
- NAMUNA
- Government of Nepal
- Seto Gurans Kapilvastu

Our Impact:
During the financial year 2011/12 Best Start projects reached over 62,000 poor and marginalised children and families, with 29,996 directly benefiting from health services.

We Focus On:
- Maternal, new born and child health
- Nutrition, hygiene and sanitation
- Early childhood development
- Parenting capacity
- Primary healthcare

Working With The Government:
- We contributed our experience in urban health to national policy and strategy development
- We worked with the local government to expand our remote healthcare initiative
- The government provides refresher training for all Early Childhood Development centres
- Each month our urban healthcare and safe motherhood projects receive drugs and materials

Kidasha’s technical support benefits the Nepal based organisations that we work with, by supporting innovation and implementing tried and tested solutions.

For example, in Asha’s Clinic all children now undergo a basic triage assessment as soon as they arrive to identify and prioritise those that require urgent attention. Coloured consultation sheets are used throughout the service, relating to emergency, priority and non-priority.

In addition to being clinically effective, triage also sends a powerful message of social equity – that children are seen on the basis of clinical need and not on their caste, gender or wealth. This is very important when attempting to reach poor and marginalised communities who have often had bad experiences of healthcare.

Whilst triage is a common system in many countries, it is not yet a routine feature in most Nepali health services and our approach is influencing healthcare’s development in other settings.

“This system of giving sicker patients priority is unique I’m sure. It is very reassuring for mothers like us.”

Two mothers at Asha Clinic
Chhewang has given birth to four sons and three daughters, although one son and one daughter died in infancy.

“I have never been interested in having lots of children, having so many has been extremely difficult for me with several complications. But childbirth is my obligation as a woman.

A Mother’s Group was established in my community. They educated us about many health topics and one of them was family planning. I had no idea that you could choose when to have a child.”

After talking with the health staff, Chhewang decided to use contraceptive injections. It was very hard.

“I decided not to tell my husband. After some months he found out and was extremely angry with me. He eventually agreed [to talk to PHASE] and when he came back told me that he understood and I could continue to have the injection. I am so glad PHASE staff supported me.”

Less than 1 in 4 women in poor communities in Western Nepal have skilled medical care at the delivery of their baby.

“What we did:
Our three year pilot project using Women’s Groups brought immediate and long-lasting improvements to women and infants in the poorest and most socially excluded areas of Rupandehi district.

“How it’s helped:
Over the pilot, working with 7,500 women, we almost doubled access to antenatal care—from 47% to 80% and more than trebled the proportion of babies delivered at a health facility—from 12% to 43%.

What we did:
Our partner provided antenatal and post natal care via clinic, mobile clinic and outreach services in urban areas.

“How it’s helped:
The services have been used 10,447 times by 3,566 individual beneficiaries.

25% of urban populations are poor, the majority living in slums with poor facilities and little government primary healthcare.

“What we did:
We delivered high-quality primary healthcare to poor and marginalised communities in Kaski and Lamjung districts, focusing on maternal, reproductive and child health.

“How it’s helped:
These primary healthcare services were used 56,984 times in FY 2011/12:
• 18,917 direct beneficiaries
• 32,158 indirect beneficiaries

In Northern Gorkha healthcare is inaccessible for most, leaving women and children vulnerable to illness and avoidable death.

“What we did:
We regeneratanged government health services and systems making vital primary and maternal health services available and effective in Northern Gorkha.

“How it’s helped:
All health facilities in seven remote areas have been open for at least 75% of working days with 15,079 patient visits.

Pre-school children lack stimulation and development because they are often left unattended while their parents work

“What we did:
Our Early Childhood Development (ECD) scheme enabled children to access improved services designed to stimulate and support their development in pre-school years, placing them in a stronger position to benefit and learn once entering school.

“How it’s helped:
• Children attended school more frequently
• 1386 children enrolled in ECD centres
• 91% of children passed Grade 1 of primary school
• 954 parents received parenting skills
Our New Start programme supports interventions to reintegrate and rehabilitate children and young people who have become (or are at high risk of becoming) excluded from a secure family environment.

Our Interventions:
- Provide immediate support and services to children through drop-in centres, shelters, outreach and community work
- Protect children and young people from abuse and exploitation
- Facilitate the reintegration of children and young people into their families, wider society and formal education
- Reduce vulnerability of families at high risk and help prevent family breakdown

We Work With:
- Child Welfare Scheme Nepal
- Pokhara Chamber of Commerce and Industry (PCCI)
- Shakti Samuha
- Sathi Nepal
- Star Children
- School for Deaf

Our Impact:
During the financial year 2011/12 New Start projects directly reached 2,393 children and young people in highly vulnerable situations. Working with over 300 families we also benefited a further 1,000 children.

Our Approach:
We work with our partners to improve child welfare and protection by training frontline staff and strengthening systems.

By promoting collaboration between organisations, we increase effectiveness and efficiency of services and influence local and national policy for the benefit of the most vulnerable children.

Ramesh (now 15), lived in a slum area of the city with his family. His step-father was an alcoholic and began to beat him so he ran away from home.

While living on the street Ramesh began to smoke and regularly use glue. He became a frequent victim of sexual abuse from older street children.

Ramesh was identified by an outreach worker of one of our partners who gradually motivated him to visit the centre. There he became involved in different activities and was a bank manager of the Children’s Development Khajana (bank).

Ramesh was supported to return to his family and has been there for a year, working with his brother to provide income for the family. He is in regular contact with his social worker.

He said “it was because of my social worker that I was able to return home. If I hadn’t had this support I would still be on the street, sniffing glue and in trouble.”

Working In Collaboration:
- The projects we support are key to achieving the Nepal government’s programme for Child Friendly Local Governance in Pokhara
- We’ve provided basic training on case management to district child rights officers from five districts and representatives from eight urban municipalities
- Our research has contributed to increased understanding of street-involved and working children in Pokhara. Key findings have been incorporated in a collaborative research commissioned by UNICEF Nepal
- We increased our partners’ engagement with local government agencies involved in child protection and advised on complex cases
“My mother and father died when I was 17. A woman took me to her house to work for Rs.1500 (£10) per month.
When the wife went away, the husband (who I called father) forced me to have sex with him. He did this repeatedly. When I told his wife they both started to treat me badly. At times they would lock me with their dog in his cage at night.

I have been in Shakti Samuha’s emergency shelter for about three weeks. I like it here because I can stay, I have friends and we get the opportunity to study. I want to complete my education and go on to train.”

Lali, Shakti Samuha Staff Member

Child labour, abuse and exploitation is the socially accepted norm within many families and communities

WHAT WE DID:
• We engaged community members to identify and intervene in child labour
• We established child clubs to raise a voice against abuse and exploitation
• We supported a shelter for girl victims of sexual abuse and exploitation, where victims can be admitted and action can be taken against perpetrators —the first of its kind in Nepal. The chairperson of this organisation received the ‘2011 Hero Acting to End Modern Day Slavery’ award from the US Department of State.

Many children run away from home to escape abusive and dysfunctional families or are forced to work to survive

WHAT WE DID:
• We provided protective shelter to 134 street children and victims of sexual abuse and/or exploitation
• We provided primary healthcare services and health education to 1,210 children and young people
• We reintegrated 141 street and working children with their families
• We strengthened and supported 339 families of street, working and at risk children

Many of the children forced to work often receive little or no reward

WHAT WE DID:
• We worked with our partner PCCI to ensure children can fight for their rights
• One beneficiary who had been working as a child domestic worker was awarded almost £1,500 compensation from her employer who had not provided her with a salary for a number of years

Many children are unable to access education and development opportunities and so remain trapped in a cycle of poverty and exclusion

WHAT WE DID:
• We supported 460 children back into formal schooling
• We provided non-formal education to 1,114 street and working children
• We supported 231 young people with vocational, on-the-job or business training
• We supported 90 young people into sustainable employment or business
• We supported banking services including money management classes for 592 children and young people through the Children’s Development Khajana; a bank run by street and working children
Financial Overview

Income

- Activities for generating income, misc and investment: 7%
- Donations and grants: 93%

£811,793

Expenditure

- Governance: 10%
- Fundraising: 12%
- Charitable expenditure - Best Start: 3%
- Charitable expenditure - New Start: 35%
- Charitable expenditure - Unspecified: 40%

£659,770

Our Donors

Our work simply wouldn’t be possible without the incredible generosity of our supporters. We’d like to say a big thank you to each individual who has supported Kidasha over the last year. Whether you have scaled a peak, run a marathon, made a regular donation or attended a fundraising event, every bit has helped us to reach more children and young people.

Thank you for your continued support.

A special thanks to the following Trust, Institutional and Corporate funders:

- Arora Hotel Ltd
- BIG Lottery Fund
- British & Foreign School Society
- Bryanston School
- Comic Relief
- Countess Moira Foundation
- CWSHK
- Etihad Airways
- Hearts & Hands for Africa
- Hrothgar
- La Federation Nationale des Eclairurs et Eclaireuses du Luxembourg
- Leeds University RAG
- Lindsay Cooper
- Maidstone Grammar School
- Rice Fund
- Rowland Family Foundation
- Sofronie Foundation
- Stream Metaalopleidingen
- The Allan and Nesta Ferguson Charitable Trust
- The Beatrice Laing Trust
- The Bryan Guinness Trust
- The Lisa & Victor Nemeroff Foundation
- The Rhododendrum Trust
- The Taurus Foundation
- The Wallace Curzon Charitable Trust
- The Windfall Trust
- W. E. Hines Foundation

Trekking the Annapurna Range:

Correna and a friend were determined to trek the Himalayas after they fell in love with Nepal during a previous visit. Together with three friends they organised a 24 day trek of the Annapurna Range and raised £750 for Kidasha’s work.

“We heard of the great work of Kidasha and particularly liked the fact that they have wide-ranging programmes. Some of us asked for donations as Christmas presents and friends, family and work colleagues were very generous. We experienced some extreme highs and lows along the way (physically, mentally and emotionally). The scenery was literally breathtaking at times, with variation from rocky snowscapes to lush forests of rhododendrons. The people we met were welcoming, warm and hospitable, taking pleasure in our happiness, appreciation of their country and of course the food!”
## Our future

### New Start:

**Increased scale of work with street and working children:**
Our existing work with street and working children will be expanded, following the award of a new four year grant from Comic Relief, to reach more than 3,000 children and young people and to reduce the extent of child labour in Pokhara city.

**Prevention in slum areas:**
We will be working to improve and increase our work with families in and around Pokhara to prevent more children ending up on the street, as well as supporting improved retention of children reintegrated with their families.

**Strengthening child protection systems:**
We will be researching ways to improve the reaction and response to child abuse and exploitation among local government agencies and other organisations so that we can better support our partners to take action against child abuse and exploitation and reduce impunity.

### Best Start:

**Safer motherhood:**
With recent three year funding from BIG Lottery Fund we will make pregnancy and childbirth safer for 110,000 women and 10,000 babies per year in Rupandehi.

We aim to extend the scope of this work with new interventions designed to improve the wellbeing and development of babies and infants, with a particular focus on nutrition, hygiene and sanitation.

We will also be seeking funding to replicate our work in Rupandehi to neighbouring Kapilvastu.

**Early childhood development:**
We’ll increase parent’s knowledge and skills to ensure the most poor and disadvantaged children can achieve their potential and benefit from primary education.

**Urban health:**
We are currently developing projects that focus on core issues underpinning health and wellbeing in urban communities.

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### How you can help

Sujan has been living on the street for more than a year. He doesn’t know how old he is. Vulnerable like his peers he needs support for his immediate protection as well as help and guidance for a better future.

There are thousands of children just like Sujan who need our help. With your support we can ensure that Sujan and his peers don’t go unnoticed.

Setting up a monthly direct debit is one of the best ways to support us, as it allows us to plan for the future. Whether it’s £5 or £50, each donation will go a long way.

To find out about setting up a regular donation or other ways you can support us please get in touch. Here are some ideas:

- Organise an event such as a bake sale, coffee morning, dinner or quiz
- Sign up to a challenge event or do something daring and get sponsored
- Involve your workplace, school or university
- Give in celebration of an occasion
- Give in memory of a loved one

### Where Your Money Could Go

<table>
<thead>
<tr>
<th>Amount</th>
<th>Best Start</th>
<th>New Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1</td>
<td>provides oral re-hydration solution for 40 children with diarrhoea</td>
<td>provides a safe place to sleep and a nutritious meal for 7 street children</td>
</tr>
<tr>
<td>£50</td>
<td>provides 25 children with an Early Years Education teacher for a month</td>
<td>provides business training for 2 street or working children</td>
</tr>
<tr>
<td>£100</td>
<td>provides primary healthcare for 10 children for a year</td>
<td>pays the salary of a social worker to support 80 children for a month</td>
</tr>
<tr>
<td>£300</td>
<td>pays the salary of a doctor for a month, treating over 700 children</td>
<td>provides emergency shelter and protection for a girl victim of abuse for 2 months</td>
</tr>
<tr>
<td>£500</td>
<td>buys 2 lifesaving rickshaw ambulances</td>
<td>supports 6 street children to reintegrate with their families</td>
</tr>
<tr>
<td>£1,000</td>
<td>pays the yearly salary of a midwife working in slum districts</td>
<td>provides complete educational support for 10 children for a year</td>
</tr>
</tbody>
</table>
Kidasha has offices in the UK and Nepal. The small London team provides overall governance, management and fundraising support. Our Pokhara office houses our programme staff.

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