



Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Empowering a New Generation of Adolescent Girls with Education (ENGAGE)

2. Country or countries where the practice is implemented *

Nepal

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

VSO Nepal is the lead recipient of FCDO for ENGAGE, Handicap International is the consortium partner that leads the disability inclusion part. DEC Nepal, PRERANA and DYC Parsa are the implementing partners.

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Girls with disabilities , Peer to Peer mentoring, marginalised girls, climate change, volunteering , Nepal, out of schools marginalised girls, coaching and mentoring , distance teaching and learning

6. What makes it a best practice? *

Empowering a New Generation of Adolescent Girls with Education in Nepal (ENGAGE) ENGAGE started its implementation from August 2018 in Nepal in partnership with a consortium partner Handicap International and three implementing partners at districts. This project aims to benefit 2525 marginalized girls with and without disability through education, livelihood support conducting NFE, skills trainings, counselling, regular follow up and rigorous application of Personalized Social Support (PSS) approach. Above mentioned best practices like peer mentoring, one to one coaching, Distance Teaching and Learning (DTL) have improved the literacy & numeracy skills of the primary actors that has further resulted at good learning achievement (midline survey). Similarly, volunteer council, GIEN champions have been identifying the barriers hindering the girl's education, disability inclusion, women empowerment and breaking the stereotypes. Besides, gender-sensitive teaching learning practices have created safe space for learning and ensured the inclusive environment for all regardless of gender, caste, ethnicity, geographic reason, disability, gender identity etc. Ultimate results are noted as the improved self-efficacy, confidence amongst the primary actors.

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? *

Most marginalized girls with and without disabilities were found as the most affected population to which ENGAGE has defined as primary actors and aimed at ensuring their dignified life. According to the pre-baseline survey these primary actors were facing multiple challenges like, Child Early and Forced Marriage, bad perception against the people with disabilities etc. These perceptions, stereotypes, and harmful social norms and practices have limited the girl's (including children with disability) accessibility in different services available locally like education, health, livelihood etc.

To address these barriers, project adapted Non Formal Education(NFE), peer mentoring, one to one coaching (DTL during the Covid Pandemic) etc and rigorously used the PSS approach mobilizing the PSS officers, community volunteers (Big sisters), National and international volunteers etc. With the application of these approaches and the intervention, project has been able to enrol 1070 marginalized girls (including children with visual and hearing impairment and intellectual disability) into the formal school. Similarly, 888 primary actors (including parents/caregivers of children with severe and profound disability) into livelihood initiatives. Girls who were enrolled into formal schools are continuously studying in the schools and those who perused livelihood initiatives are expanding their business and started making incomes.

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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- NFE (using braille and sign language as required), schools' enrolment, TEVT trainings, teachers' trainings, GBV, safeguarding, PFA training to community volunteers and primary actors, GIEN and volunteer council formation and operationalization, livelihood start up support, educational and learning materials supports, parental education, assistive devices support, technical support, home modification, School WASH support, supports to develop IE policies, SIP and database mgmt. at local government level, MHM, AYSRH related interventions (like reusable sanitary pad making) screening of functional limitation using WGQs etc are the main activities included in ENGAGE.

- These activities were started from the early August 2018 and being continued. Project has finalized the project implementation districts like Sarlahi, Parsa and Banke where the project is being implemented.

- Consortium partners, three implementing partners in collaboration with the local government and other civil society organizations are the key implementing partners. GIEN and volunteers' council are reinforcing local government and duty bearers to undertake their responsibilities.

- 4.993 million GBP is the total resource required to deliver these activities (FCDO funding – 4,568,803.00 GBP, match fund- 424,992.00 GBP).

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? *

- Project schools' teachers are well equipped with the relevant knowledge and skills that are being used in daily teaching and learning process that has promoted disability inclusive environment. Further, project has supported to develop IE policies at local government level and SIP at school's level that are well reviewed and implemented and created enabling environment to all the students regardless of gender, disability, caste, ethnicity etc.

- Learning Skills has been significantly improved of direct beneficiaries. The improvement in learning was contributed by the bridge classes that the project had conducted for the OOS girls. The bridge classes have been found to be highly effective in terms of improving the literacy of the project beneficiary girls (Baseline - 41.98 score to Midline 83.51 score).

- Similarly, numeracy skills has also been significantly improved from 16.22 to 19.97 score. The study found that most of the girls had successfully transitioned through the transition pathways as envisioned by the project. Of those girls who were in the learning cohort, 97.4% had successfully transitioned into either formal school or non-formal education. A fairly lower percentage of girls reported to have been involved in household chores and doing nothing at the moment. Similarly, for the older girls who were also in the learning cohort, 85.8% had successfully transitioned to either learning or vocational training. Large proportion (41.5%) of those having successful transition had been to formal education followed by vocational training (24%)

Has an assessment of the practice been carried out? If yes, what were the results?

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

- Communities' perception towards the children with disability including the harmful social norms are the major barriers as the community people did not have idea about how to behave for. Community realization of addressing the harmful social norms to bring transformation are the key triggering factors.

- Existing harmful social norms like CEFM, perception regarding child gender, disability, girl's education were the limiting as well as triggering factors for the right to education and livelihoods, which has now been transformed as girls with and without disability have enabling environment at schools.

- Lack of awareness and knowledge amongst the local government regarding inclusive education policies and practices as well as their realization of its need is another triggering factor.

- Project has been able to establish CRM at schools and are now well functional that has improved the access and retention of the children in the schools. Similarly, learning achievement of the primary actors as well as the continuation of the livelihood initiatives are really going well on which peer mentoring, community, national and international volunteers' mobilization have played an essential role. Further, GIEN formed in the leadership of CEHRD-MoEST have been playing supplementary roles in bringing these changes.

11. Conclusions (250 words)

Please describe why may this intervention be considered a "best practice".

What recommendations can be made for those intending to adopt the documented "best practice" or how can it help people working on the same issue(s)? *

- Peer mentoring, one to one coaching, GIEN & volunteer council formation and operationalization are the proven models applied by VSO Nepal under ENGAGE. These approaches and the models have been breaking the stereotypes, perceptions and addressing the harmful social norms as a result, girls belonging to the marginal families have increased access to services available locally like, education, health, livelihoods etc. Further, lobby advocacy actions are the key instruments in bringing changes at system level like establishing municipal assessment centre, developing, and endorsing IE policies etc.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the "best practice" for those who may be interested in knowing how the results benefited the beneficiary group/s. *

<https://girlseducationchallenge.org/media/hyqblxdy/engage-IngB-baseline-evaluation.pdf>

<https://girlseducationchallenge.org/media/kpqf43as/engage-IngB-midline-evaluation.pdf>

<https://www.vsointernational.org/our-work/inclusive-education/empowering-a-new-generation-of-adolescent-girls-education>