ADRA Nepal

Sanepa, Lalitpur

Final Report

On

Need Assessment

Dang and Salyan District

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ACKNOWLEDGEMENT

This Report of Need Assessment is the outcome of the survey/study in Dang and Salyan districts carried out by the Integrated Development Consultant (IDC) Pvt. Ltd. Kathmandu (referred as firm/consultant) as per agreement between ADRA Nepal, Country Office and IDC on 27th November 2009 to find out actual need of the core and moderate poor population and to recommend ADRA to design project on the basis of actual findings.

The firms feel privilege to undertake the Need Assessment study/survey and extend high appreciative and sincere thanks to ADRA Nepal for trusting the firm to carry out the Assessment study.

We would like to extend our special and sincere thanks to Mrs. Bidya Mahat (Program Director), Mr. Ashok Shrestha of ADRA Nepal, Country Office, for facilitation, support and coordination of this need assessment study. Similarly special and sincere thanks to Mr. Deependra Sharma (Regional Managar, Mid Western Region) and Mr. Suraj Acharya for providing support, feedback and facilitation.

We want to provide heartfelt gratitude to Mr. Arun Koirala (Team Leader), Mr. Ghanashyam Khatiwada, Mr. Nub Raj Bhandari, and Mr. Sachit Krishna Shrestha (Team Member) whose top knowledge and hard work could success this Need Assessment study. Thanks also go to the Assessment Advisor (Resource Person) Mr. Ramesh Paudel for his priceless support, Management and Coordination. Similarly Mr. Biplab Adhikari, Resource Person (RP) from Dang, our special and sincere thanks goes hereby.

We are grateful to the personnel of both (Dang and Salyan) district level line agencies (as mentioned on annex). All the personnel of KIIs are highly appreciable whose support and important information and suggestions could success this Need Assessment study.

Our heartfelt thanks also go to the community people, Focus Group Discussion personnel, KII personnel Rampur VDC Dang and Jaymire VDC of Salyan for providing valuable information, support and time to our assessment-team in the field

Finally we extend our heartfelt thanks to all the ADRA Staffs for their support and feedbacks for the report.

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EXECUTIVE SUMMARY

Integrated Development Consultant (IDC) Pvt. Ltd., Kathmandu (IDC) was established in the year 1995 with the objective of providing consulting services of professional experienced experts in the diverse field of engineering, architecture, research study, urban and rural development planning, Trainings, Need Assessment, Survey (BasEline/Endline), Market Survey, Need Assessment Survey, Impact Study, Feasibility Study, Master Plan Preparation, Monitoring and Evaluation etc.

The Adventist Development and Relief Agency (ADRA) is a global network of independent humanitarian organisations established in 1984 by the Seventh-day Adventist Church for the specific purpose of providing individual and community development and disaster relief. ADRA established an office and began programme activities in Nepal in 1987. ADRA, Nepal is serving Nepalese community in five thematic areas such as health (especially in reproductive health), economic development, formal and non formal education, good governance and emergency management.

ADRA Nepal was seeking an organization for consultancy work to conduct a need assessment of some communities to design the project in integrated model; IDC had submitted a proposal to conduct need assessment survey after the districts were finalized from two serial meetings with ADRA namely Dang district (represents Terrain region) and Salyan district (represents hilly region). On the basis of agreement signed by the IDC and ADRA on November 27, 2009 , IDC conducted different activities at the selected agreed districts by qualified expert team. Study team first conducted bi-lateral meeting with stakeholders (government and non-government Officials, intellectuals, women etc.) at district headquarters, to assess the situation of the concern districts on the mentioned areas, some of the information (both primary and secondary data) collected. During the process VDCs (Rampur VDC in Dang and Kubinde in Salyan districts) to be assed were identified. With the same process at the VDC level two clusters of each VDCs viz. Rampur and Surke Dangi in Rampur VDC and Jyamire and Jaitpani in Kubinde VDC identified from where the assessment team collected both qualitative and quantitative information through various activities identified.

After analysis of the information collected, following are found the major issues and possible recommendations to address the issues.

Health:

There is no significant differences of health problems seen in Terrain district and hilly district where women and children are particularly suffering more from the health problems mainly due to lack of awareness and unhealthy activities of the community people. People of some wards are not in access with services provided by the health institution mainly due to inappropriate location of health facilities and no out reach clinics. There is no community participation in health facility management and operation activities and people have no believe on quality health services provided by the health facilities because most of the time no presence of qualified health service providers and non availability of drugs. Many EDPs are lacking the strengthening part of the community health facilities and there are limited activities on technical assistance at district and peripheral level. Monitoring and supervision part is weak. No any BCC activities at community level were memorized by the community people. Frontline volunteer (FCHV) are also found not encouraged and no any in-kind of support to FCHV either from community or from the government. Indigenous medicines are not encouraged.

To address above problems DPHO and EDP to be ensured that health care services are accessible to all by making health services available at each level of the health care system, particularly at household and community level through outreach clinics. Poor health facilities to be renovated and

ensured the supplies and all facilities are available as per level and services to be provided by the health facilities. Capacities of Community Level Health Care Providers to be strengthen through trainings and support with other skills needed and equipments and facilities. Community participation in all health related activities and confirming corrective action in time to be ensured by playing catalyst role for lively local Health committee through their regular meetings and relevant action with the current and emerging health issues. Poverty alleviation and awareness on health right and sustainability of the program are to be vow. As a key disseminator center, School health program in all schools to be implemented for different health at community level.

Education:

Unplanned school enrollment program in relation to the physical and human resource preparation of the schools as well as underprivileged parents' undeserving capacity of their children's educational expenses has seen as barrier to retain children in schools. Similarly, the less number of competent teachers and inadequate physical facilities in schools has seemed as additional hindrances for quality education. Use of conventional type of teaching, lack of supervision from the DEO as well as SMCs, de-motivating parents from the schools are the complementary factors for decreasing educational quality. Likewise, distribution of the scholarship to the needy children and distribution of the ASPs for non-school going children as well as NFE Centers to the adults without any authentic baseline data of the VDCs has been seen as major causes of decreasing quality of the program.

Considering all above stated problems, the VDC has to develop first 'comprehensive database village profile' mentioning the detail of existed population (gender, major casts, ethnicity, marginalized groups, disables, conflict effected groups, etc), major program sectors like; health, education, livelihood, environment, etc and that document should be the main basis of comprehensive integrated planning of the VDCs. The activities to be conducted by all development organizations in the VDC should be compulsorily reflected in the annual VDC plan and that should be participatory planning, implementation and reviewing/evaluating in participation of major stakeholders as well as right holders. The capacity of the teachers, SMCs, PTAs, VDCs, VECs, mothers groups, etc should be strengthened and supported from the timely follow up and monitoring of their work. Parental awareness and their mobilization scheme for the school development program should be designed and implement. Nonviolence and Child Friendly Learning Methods training to the whole school teachers have to provide and strictly implemented in schools as well as created environment accordingly. Annual and semi annual social auditing of the program should be compulsory conducted in village, school and VDC levels but not only for the formality. Same planning approach should be taken place in all VDC level institutions like; schools, health institutions, etc. The supervision and monitoring of the program should be strengthened from district as well as from local authorities in participation of the communities.

Water Supply and Sanitation:

The Water Supply and Sanitation situation is better in Terrain in Comparison to hilly area but people are not found conscious for water purification. Well managed pipe system in WSS scheme at district headquarter, sanitation condition of the district headquarters found satisfactory, where as in the villages previous constructed tap stand are remained in physical structure without water flow through. In terrain, there are more sources for Gravity Flow WS than the hill. Though several NGOs are working in the districts in WSS sector, the capacity of NGOs could not fulfilled r the demand of the community in WSS. Along with this lack of knowledge, budget, water sources and poor economic condition of the community people are other additional obstacles for the WSS. Lacking knowledge and practice on hygiene and sanitation, safe waste and excreta disposal at the community level are also the foundation of provoking communicable diseases. Strong factor is found in the study area that community people are ready for kind contribution (Cash and/or labors) according to their

status) for any development work in their community, but NGOs and other related sectors are lacking in mastering the opportunity.

River source underground water source (in large scale and hand pump in small scale) in Terrain and streams, lake and some river can be used for water supply project. Rain water harvesting is also the best alternative for the hilly region where there is lack of sources of Ground water and Gravity flow system and also where water also contains large portion of lime (In case of Salyan) which has affected even to the constructed projects. In the present context, the capacities of the existing project need to be enhanced if the source afford, but prior to this, a detail feasibility survey to be done. More projects need to initiate in both study district to fulfill the demand of population. In Dang district, for the big megha project, Myady river of Pyuthan district is possible source. And in case of Salyan, Kumako Lake is the good option.

Emergency Preparedness in Disaster:

Majority of the Nepalese people live in the narrow valley of the Himalayas, valleys, river banks, steep slopes, and flood plains, all of which are susceptible to the climate change related risks – such as floods, glacial outbursts, land slides, erosion, droughts, water shortages, shifts agricultural zones, health related risks and others. Current concern of the world i.e. rises in temperature and associated risks, is now a growing anxiety for the people of Nepal who are bearing excessively higher levels of burdens of climate change.

In Dang and Salyan, there are very less efforts for systematic disaster management. There are some efforts from government sector for river and landslide control. In case of river/stream control there are some preparedness activities otherwise all other activities are related to relief distribution. Most important needs of both districts are to implement the disaster preparedness initiatives and to increase capacity of human resources for management of post disaster situation. The major disaster of Dang and Salyan are flood and landslides, earthquake, fire, Drought, climate change, road accidents, hailstone and storm.

The progression of climate change can be mitigated through advocacy and social mobilization to promote sustainable community development. This means using energy more efficiently to reduce the impact of the way we live on the environment in terms of the production of greenhouse gases.

Because of uncertainty of the tragedy in the communities, concerned authorities in participation of the local people Community Based Disaster Preparedness (CBDP) programs are to be implemented. Proactive actions as human resources for disaster risk reduction activities, community awareness on different disasters, and activity for fund generation for disaster preparedness in the community etc. to be taken. Based on VCA mitigation activities as construction check dam, gabion wall, tree planting etc. to be conducted. Concern stakeholders should ensure on stock of non food items or food grains at community and district level by constructing warehouses.

Economic Empowerment:

Poverty is the major problem in community of Dang and Salyan districts. There is widespread poverty in the rural areas of both districts so the needs of community people of both areas are almost same.

The major issues in both districts are less developed of agriculture sector where people are still doing traditional cultivation with no specialization in farming. Due to lack of irrigation facility, poor and low Infrastructure capacity, under employment and unemployment in agriculture sector, no subsidies, and due to lack of concept of agriculture insurance, they are hardly surviving. Though

employment opportunity in Tourism is seen, neither the concern agencies/authorities have taken step forward on these areas nor there is awareness among the community people about the tourism industry. Backward values and intuitions for lively improvement and less land in hand of farmers are also the real ground to push them to live with dearth.

To address the above issues concern organization have to focus on those activities that enhance the knowledge and skills of the farmers on modern technology with shifting from traditional food crops to cash crops, livestock, poultry farming etc and other specific production which needed less land area and water. Construction of small scale irrigation project, other alternative irrigation scheme and multi use of water to be commenced. Development of subsidiary sectors, tourism industry, training on income generation, motivation and encouragement for social reform, formation of lively farmer/entrepreneurs groups and research activities are to be initiated. Capacity strengthening for entrepreneurship as well as concern offices, development of Hat Bazaar at community level and markets at district and regional level, provision of regular updating market situation, advocacy campaigning in the service providing offices, separate forms for deprived community clusters are also the key areas to overcome the above issues.

ACRONYMS

ADRA	Adventist Development and Relief Agency
ANC	Ante-natal Care
ARI	Acute Respiratory Infection
ASP	Alternative Schooling Program
BBC	British Broadcasting Corporation
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
CBDP	Community Based Disaster Preparedness
CBO	Community Based Organization
CBIMCI	Community Based Integrated Management of Childhood Illness
CBS	Central Bureau of Statistics
CLTS	Community Led Total Sanitation
CMR	Child Mortality Rate
COPD	Chronic Obstructive Pulmonary Diseases
DDC	District Development Committee
DDT	Dichlorodiphenyltrichloroethane
DEO	District Education Office
DJ	Dhami / Jhakri
DHO	District Health Office
DP	Disaster Preparedness
DPHO	District Public Health Office
DPT	Diphtheria, Pertusis, Tetanus
DWSSD	District Water Supply and Sanitation Division
ECD	Early Childhood Development
EDP	External Development Partners
EIG	Education for Income Generation
EPI	Expanded Program of Immunization
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
FP	Family Planning
GF	Gravity Flow
GO	Government Organization

HH	House Hold
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HP	Health Post
HW	Health Worker
JE	Japanese Encephalitis
JICA	Japan International Cooperation Agency
ICS	Improved Cooking Stoves
IDC	Integrated Development Consultant Pvt. Ltd.
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INGO	International Non Governmental Organization
K&P	Knowledge and Practice
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NC	Natal Care
NATA	Nepal Anti-Tuberculosis Association
NEHWA	Nepal Water for Health
NFE	Non-formal Education
NGO	Non Governmental Organization
NRCS	Nepal Red Cross Society
OAD	Open Air Defecation
OSP	Out of School Program
PCF	Per Child Fund
PHC	Primary Health Center
PID	Pelvic Inflammatory Diseases
PNC	Post-natal Care
PPP	Public Private Partnership
PTA	Parent Teacher Association
RH	Reproductive Health
RP/RC	Resource Person/ Resource Committee
RWSSFDB	Rural Water Supply and Sanitation Fund Development Board
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund (United Nations International Children's Emergency Fund)
UOSP	Urban Out of School Children Program

USAID	United States Agency for International Development
SHP	Sub Health Post
SIP	School Improvement Plan
S.L.C.	School Leaving Certificate
SLTS	School Led Total Sanitation Program
SMC	School Management Committee
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
THs	Traditional Healers
VCA	Vulnerability and Capacity Assessment
VCP	Vulnerable Communities to Improve Reproductive Health Project
VDC	Village Development Committee
VEC	Village Education Committee
WS	Water Supply
WSS	Water Supply and Sanitation
WTO	Welcome to School

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CHAPTER – I

INTRODUCTION AND APPROACH & METHODOLOGY

1.1. Background

Adventist Development and Relief Agency (ADRA) Nepal is an international nongovernmental organization is working in Nepal since 1987. ADRA Nepal is serving Nepalese community in five thematic areas such as health (especially in reproductive health), economic development, formal and non formal education, good governance and emergency management. This organization designs proposals on the basis of felt need by community and deliver the activities through capable partners in coordination with different governmental and nongovernmental stakeholders.

As ADRA Nepal was seeking a consultant to conduct a need assessment of some communities to design the project in integrated model, Integrated Development Consultant (IDC), Kathmandu had submitted a proposal to conduct need assessment survey clusters (1-2) of one VDC of Dang and Salyan and had taken the responsibility in consultation with ADRA personnel. After that as per agreement Assessment Survey Team started their work as per the mentioned objectives.

1.2. Objective of assessment

Overall objective of the assessment:
To find out actual need of the core and moderate poor population and to recommend ADRA to design project on the basis of actual findings

Specific objective

The specific objectives of the assessment are:
- To find out the factors affecting MMR/CMR and possible area to be addressed
- To find out the actual issues of poor hygienic practices (water and sanitation)
- To find out the existing issues of education in community
- To find out the existing practice of community for emergency disaster preparedness
- To identify the possible areas to increase the economic status in community

1.3. Thematic area of assessment

The assessment was to assess the needs of community in the following areas:-

Areas for assessment	Parameters
Health	• ANC/NC/PNC knowledge & practices • Health seeking behavior • Immunization coverage • Use of FP services • Existing IMR/MMR and <5 CMR • K&P of school girls (Adolescent) during menstruation
Water/ Sanitation	• Existing schemes of drinking water and its quality • Feasible water scheme • Situation of toilet use • Sanitation practice of community

Education	• Adult literacy Situation • Physical infrastructure of Schools • Training Need Assessment of teachers • School enrollment situation
Emergency Preparedness	• Hazard in community • Level of awareness on disaster • Existing Capacity of community
Micro-finance	• Existing situation of S & C group or cooperative • Market Potentiality of local product • Existing potential source of income generation

1.4. Geographical locations of need assessment

The geographical location of this assessment as per the proposal was Dang district of Mid Western Region (representing the Terai district) and Salyan district of Mid Western Region (representing the Hilly districts).

1.4.1. Dang District

The district covers an area of 2,955km², lies in 27^0 27" to 28^0 29" North altitude and 82^0 02" to 82^0 54" East latitude and has a population (2001) of 462,380.This district consists of the larger easterly and upstream portions of parallel **Inner Terai** valleys, **Dang** and **Deukhuri**, plus enclosing ranges of hills and mountains. Downstream, both valleys cross into Banke District, Bheri Zone. (Wikipedia). The highest land is Arkhale comprises 2058 meter and the lowest land is Bhanpur is 213 meter from the sea level.

To the south, the district adjoins Balarampur and Shravasti districts of Uttar Pradesh state, India. The international border follows the southern edge of the outermost Siwalik foothills called the Dunduwa Range so there is no Nepalese Outer Terai extending onto the main Ganges Plain. The permeable geology of the Siwaliks does not support moisture retention or soil development so they are covered with unproductive scrub forest and function as a buffer zone between markedly different cultures of the Inner and Outer Terai.

There are many rivers flowing in Dang but the main river is Rapti and Babai. The important centers of business in Salyan are Ghorahi, Tulsipur, Lamahi, Bhalubang Narayanpur etc.

Average number of family members is 5.6 and annual growth rate is 2.66. Child women ratio per 1000 women is 520. Fertility rate is 4.5. Dependency ratio is 87.5. Average age at marriage of a man is 21.94 where woman is 19.03 (Population census 2001 CBS). Literacy rate 58% (2001).

Deukhuri's climate is fully tropical and it is well watered by the river as well as abundant groundwater. It was severely malarial before the 1960s when DDT came into use to suppress mosquitoes so that Tharu people who had evolved resistance were able to live in relative isolation from more developed and avaricious cultures of the plains to the south and the hills to the north. Since the early 1990s activist groups have been attempting to eradicate the practice of child indentured servitude among the Tharu, many of whom sold young daughters to wealthy families in urban areas. (*Desperate plight of Nepal 'slave girls' BBC News, 2 March 2007*)

Mahendra Highway -- the main east-west highway across Nepal -- follows Deukhuri Valley, passing Bhalubang bazaar at the upper end and Lamahi downstream. Branch roads lead up the Rapti River into Pyuthan and Rolpa Districts, north across the Dang Range to Tulsipur and Tribuvannagar, and

south over the Dunduwas to Koilabas bazaar on the international border where goods enter Rapti Zone from India. Although the highway has ended Deukhuri's isolation, the valley retains some of its Garden of Eden charm with its lazy river, thick jungle alternating with rice paddies, surrounding hills in the middle distance, and unique peoples. It is quite different from the "hills" to the north and the plains to the south in many respects.

North of Deukhuri Valley the Dang Range rises to peaks as high as 1,000 meters with passes at about 700 meters. Dang Valley lies north of these hills, at elevations from 600 meters along the Babai River with alluvial slopes gradually rising northward to 700 meters along the base of the Mahabharat Range. Dang is higher, less tropical, drier and less malarial than Deukhuri. Despite poorer soil and more seasonal stream flow, its healthier climate made it more attractive to settlers from outside and left the indigenous Tharu population more vulnerable to exploitation.

The district is administered from Tribhuvannagar (also called Ghorahi) while Rapti Zone is administered from Tulsipur. All-weather Tribhuvannagar Airport has scheduled connections to other cities in Nepal. Besides road connections south to Deukhuri Valley as mentioned above, there are motorable roads north into Salyan and Pyuthan Districts.

Deukhuri and Dang valleys are zones of linguistic contention. Hindi and its regional dialect Awadhi are spoken in towns and bazaars. The language of the indigenous Tharu is closely related to Awadhi. All most all people can speak and understand Nepali and Nepali is decreed in schools and government offices.

1.4.2. Salyan District

The district, with Salyan as its district headquarters, covers an area of 1,951 km² and lies in 28^0 31" to 28^0 53" North altitude 82^0 0" to 82^0 46" East latitude and has a population of 213,500 according to the 2001 census.

To the east Rolpa, west Bardiya, North Jajarkot and Rukum and to the south, the district adjoins with Dang and Banke districts, of Nepal. It is a hilly region where the highest land is Jathak lek – Khursubas comprises 2827 meter and the lowest land is Kaprechaur is 326 meter from the sea level.

There are many rivers flowing in Salyan but the main river is Sarada. The important centers of business in Salyan are Kapurkot, Luham, Lanti, Srinagar, Khalanga, Salli bazaar, Tharmare, Kharibot etc.

Average number of family members is 5.61and annual growth rate is 1.61. Child women ratio per 1000 women is 529. Fertility rate is 4.6. Life expectancy is 60.4 years. Dependency ratio is 82.4. Average age at marriage of a man is 21.54 where woman is 18.86 (Population census 2001 CBS). Out of total children 0.85% children are employers. Literacy rate 48.5% (2001). Human development Index is 0.399, and Human poverty Index is 48.2.

1.5. Process of Study

An assessment team having four people comprising a qualified expert in all the aforementioned thematic area visited ADRA and was mobilized after conceptual green light received for the assessment study.

The Assessment Team underwent through following activities:

1.5.1. Desk study

- Principal, policies, strategies and objective of ADRA
- Publication of the government of Nepal, DDC and VDC and other I/NGOs
- Other relevant documents

1.5.2. Development of the study tools

The consultants developed participatory tools to assess the study. (See the annex). The tools were designed to collect both qualitative and quantitative information. Each tools had a set of checklist for parameters and survey questionnaires.

1.5.3. Activities conducted at the districts

After the development of the study tools and necessary preparation, study team departed to the targeted districts for the assessment work. Study team first conducted bi-lateral meeting with stakeholders (government and non-government Officials, intellectuals, women etc.) at district headquarters, to assess the situation of the concern districts on the mentioned areas, some of the information (both primary and secondary data) collected.

1.5.4. Sampling Technique

As per mentioned in TOR, during discussions at the district level with different stakeholders by the consultants, some of the VDCs were identified and prioritized for sample study. After collection of lists of VDCs, consultants had given score to each VDCs and one VDC with high score for each district was selected. Same ways at VDC level by the same process clusters were also identified. The identified VDCs and clusters were as follows.

S. N.	District	VDC	Clusters
1	Dang	Rampur	Rampur and Surke Dangi
2	Salyan	Kubinde	Jamire and Jaitpani

1.6. Methodology of assessment

After identification of VDCs and the clusters, the team members visited to the VDC and cluster of each district and they conducted different activities. The members of the team as per their own areas of assessment collected both qualitative and quantitative information through various activities by keeping specified parameters in mind. Among both types of information more focus was given to the qualitative information.

To get information on different thematic area, the team members visited different offices and interacted with key informants in Dang district. At District level informants were from DDC, DPHO, NATA, UNICEF, President of NGO coordination committee, Gramin Mahila Uthhan Kendra, Gramin Sasaktikaran Kendra, Dait Sanjal, Nepal Adibasi Janjati Mahasang, National Dalit Network, DEO, Drinking Water and Sanitation Project, District Chapter of NGO Federation, Nepal Adibasi Janjati Mahasang and National Dalit Network and at VDC level informants were from Sarayau Ratri Primary School, SHP Rampur, Ganga Higher Secondary School Rampur. During visit in Rampur VDC. Group discussions with mothers group and adolescent girls of Ganga Higher Secondary School, group discussions with teachers, head teachers, SMC members were also conducted.

Likewise in Salyan District, key informants were from District Hospital, District Health Office, VCP project, DEO, DDC, District Chapter of NGO Federation Nepal, USAID / Education for Income

Generation (EIG) in district level. Small group discussion among the girls of 10+2 students in Salyan district was also conducted. In Kupinde VDC of Salyan, informants were from Jaitpani SHP, member of SHP management committee, and different individuals from the community. Focus group discussion and interview with key informants like; parents, youths, students, teachers, head teachers, SMC members, social workers, Mother groups in Jyamire and in Jaitpani were conducted.

The survey team conducted field work by using following tools for specified group:

Areas for assessment	Target group	Methodology	Parameters
Health	School Girls; Mothers' Group; DPHO/DHO staff, Health post staff; Health committee members and other community members	FGD with Mothers' group and with adolescent girls at school, Secondary data collection, KII, Interaction with DHO/DPHO, HP staff Health committee and community members	• ANC/NC/PNC knowledge & practices • Health seeking behavior • Immunization coverage • Use of FP services • Existing IMR/MMR and <5 CMR • K&P of school girls (Adolescent) during menstruation
Water/ Sanitation	Water user group Men, Women, Dalit Janajati	Observation, FGD with, KII	• Existing schemes of drinking water and its quality • Feasible water scheme • Situation of toilet use • Sanitation practice of community
Education	Teachers, students Men, Women, Dalit, Janajati	Observation, KII, FGD	• Adult literacy Situation • Physical infrastructure of Schools • Training Need Assessment of teachers • School enrollment situation
Emergency Preparedness	Men, Women, Dalit Janajati	Vulnerability and Capacity Assessment Tool (VCA), Observation, KII	• Hazard in community • Level of awareness on disaster • Existing Capacity of community
Micro-finance	Saving and credit groups, cooperatives, Men, Women, Dalit Janajati	KII market observation	• Existing situation of S & C group or cooperative • Market Potentiality of local product • Existing potential source of income generation

1.7. Data Management Analysis

Data was analyzed manually. This report is included all the findings, interpretation and results of the collected data.

1.8. Ethical Consideration

- The need assessment study is maintained in such way that does not harm to any individual and institutions
- A written permission from concerned authorities was obtained to conduct the assessment
- This information will be solely the asset of the ADRA.
- Verbal permission was taken from each respondent prior to interview
- Privacy and confidentiality of the clients has been maintained

1.9. Limitation of the Study

- The information was collected with the limited number of sample and size which may not reflect the true picture of the whole region.
- The educational information is not taken from the private schools but only from community managed schools (Government supported schools).

1.10. Time Frame of the work

Actual work started from 27th of November and completed on 10th of January. (See Annex)

CHAPTER – II

FINDINGS AND DISCUSSIONS

2.1. HEALTH

2.1.1. Dang District

At District Level:

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to health.

General information:

~ As per DPHO, communicable diseases are significantly declining
~ Currently 24 hours delivery services are providing by 4 PHCs, 2 HPs and 1 SHP.
~ Many NGOs are working for health and development area of the community in Dang.
~ Still in remote area people seek DJ for health problem prior to go to the health institutions
~ There are some difficult areas in Dang as Puranbdhara -9, Kalcha, Kavre, Khayerbhatti, Segha, Malai, Bela, Koilibas, Rajpur etc, where people do not get minimum health services even some where immunization.
~ Concept of Out Reach Clinics (Gaun Ghar Clinic) is now faded away which was only the door to door service facility to make access by the rural community.
~ Dhikpur VDC is declared as free from Open Air Defecation (OAD) village this year
~ Community Health Insurance program has lunched in Lamahi PHC but free drug supply program is negatively affecting the program
~ People are not getting good health services and there are no specialist services in Dang.
~ No accessibility of health institution for the people living in remote areas due to improper location of HI
~ Many community people of remote area seek Dhami/Jhakri prior to go to Health worker.
~ Absenteeism of HP staff at Health post /Sub-Health post is high
~ Monitoring system is poor. There is no performance evaluation system of government staff from the community

General Health:

~ Though many organizations are working for HIV/AIDS, they are not addressing to the main problems. People are freely moving to and fro of Balarampur and Shravasti districts of Uttar Pradesh state, India where there is no any mechanism to address the problem.
~ Currently cardiac problem in children is increasing but no any special activity is being done.
~ Dang is indicated as JE Risk Districts Population of children between 1 to 15 ages; but attention for prevention usually not taken by the concerned authority prior to getting disease though it has said that vaccination coverage is 100%.
~ Though a large number of adolescents in rural area are now going to schools some are still out of school, malnourished, get married early, working in vulnerable situations, and are sexually active. They are exposed to tobacco or alcohol abuse.
~ Children in Dang working in charcoal mine, road construction are more vulnerable to lung health and injuries
~ Less diarrhoeal cases have seen since 2 years because of many people now living with the habit of hand wash before food and after toilet. As of August 2009 since 1st May 2009 only one VDC was affected where 61 patients who suffered from diarrhea was treated through a camp. One child died of diarrhoea in Lalmatiaya VDC.

- ~ Poor patients from far VDCs (ex: Hashipur VDC) have no capacity to manage finance to get admission at health institution for more than 4-5 days
- ~ Human Resource for health service delivery is low.
- ~ Many women in rural area are anemic and children are suffering from malnutrition
- ~ There is no habit of changing food items. Most of the time community people take same food items.
- ~ People do not know about health right.

Information on RH:

Mother Health

- ~ The main problems in women are White discharge from vegina, discharge with foul smell, Uterus prolapsed, Pelvic Inflammatory Diseases, HIV/AIDS, Cancer etc.
- ~ There are many hidden cases of uterine prolapse in urban and wealthy families.
- ~ Till Unsafe abortion practice and home delivery is prevailing at the remote areas.
- ~ Women are still going to Guruwa for Mantras during the time of delivery. Many Guruwas are untrained.
- ~ No all women go for ANC / PNC care in remote areas and some shadowed urban areas too.
- ~ Due to no infrastructure at Birthing Center eg. Privacy for women; many women do not go for check up.
- ~ Mostly maternal death occurs due to difficult labour.
- ~ Till date women are getting married in early age (between15 to 18 years) and delivering first baby in an average 17 years. Mostly give 3 children before the age of 20 years. Due to early marriage dropout rate in school is very high.
- ~ Institutional delivery is about 20%

Child Health

- ~ Among total infant mortality, 2/3rd of mortality occurring in neonates in Dang District and there is no program to address the problem of neonates except who are admitted at hospital after delivery.
- ~ Pneumonia or sepsis, pre-term delivery, and asphyxia at birth are the leading causes of neonatal deaths. Malnutrition is also indirect cause that contributes many deaths of under-five children.
- ~ EPI coverage is gradually decreasing. As per Ripublica Magazine 12 May 2009, While 98% of children received the BCG vaccine in fiscal year 2063/64, the figure came down to 87% in 2064/65 and to only 80% in the first eight months of 2065/66. Similarly, 95% received the DPT vaccine against diphtheria, pertussis (whooping cough) and tetanus in 2063/64, but this came down to 91% in 2064/65 and 80% in the first eight months of this fiscal year.

As per UNFPA Safer motherhood program is being visual success program where

- *All health workers are trained for SM program*
- *All facilities are available at hospital for delivery of the baby*
- *UNFPA is supporting for training to the HW and supporting in running the surgical camps for uterus prolapse.*
- *At every wards there is a watch group (FCHV, MCHW and mother) and committee and cash for institutional delivery has been providing*
- *All Reproductive Health related problems of women is being recorded at the ward level by the watch group*
- *Birth Centers have been established at all PHC, two HP and in one SHP*
- *All members of the watch group to be trained and regular follow up training is needed*
- *Some organization is working on all (eight components) of RH in support of UNFPA at 22 VDCs of Dang*
- *Safe Abortion facilities has been providing*

- ~ Most of the children suffer from Pneumonia, skin diseases and diarrhea
- ~ Cardiovascular diseases also now being increased in children under the age of 15 years.
- ~ Parents with HIV/AIDS have increased the risk of getting children orphan and that in turn increase the risk of death of children.
- ~ Donor driven program (such as instead of Nun-chini-pani, Jeevanjal came to replace) also has increased confusion among people and program and risk of mortality among children has been increased (people seek jeevanjal instead of nun-chini-pani at the rural area where there is no availability of jeevanjal and hence the dehydrated patients do not get other fluid.)

The free drug supply program

- ~ Free drug supply program has not covered all items of essential drugs as list of essential drugs need for the health institutions provided by the government
- ~ Medical shops running by the health workers also stand as the problem to run the free drug supply program
- ~ Community are still not aware of community drug program which was far better than that of Free Drug Supply Program
- ~ The free drug supply program has lunched by the government without its proper study

At VDC level : (Sarayu) Surkidangi, Rampur VDC, Dang : *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to health.*

General Information:

- ~ SHP in Rampur is not located in proper site thus it does not cover the whole population of the concern VDC. People from Soreti, Chaklighat etc, are not in access with health facility. Bukam is the center of Rampur VDC where most of the people get access for health services if SHP would have situated there.
- ~ Some of the children of said area may not have immunized
- ~ There is no Out Reach Clinics (Gaun Ghar Clinic) which was only the door to door service facility to make access by the rural community.
- ~ Still people seek DJ for health problem prior to go to the health Institutions. All women who get labour pain first seek DJ and then untrained TBA.
- ~ Most of the houses in this VDC (periphery area) do not have latrines.
- ~ Absenteeism of HP staff at Sub-Health post (except one ANM) is high
- ~ Due to own business at Lamahi, FCHV only give time to distribute Vit. A but people expecting more than that.
- ~ Infrastructure of Health Institutions is very poor (there is no room facility for delivery services and no toilet at Rampur SHP)
- ~ 24 hours delivery services have been provided by SHP Rampur, but in reality due to the lack of equipment and human resources it is very difficult to give service for 24 hours.

General Health

- ~ ARI, Pneumonia, Asthma, Scabies and other skin infections, and ear infection are common in Rampur VDC
- ~ Health education activities in the rural community are almost not conducted by concerned authorities.
- ~ Community people with common health problems (fever, cough, diarrhea, abscess, conjunctivitis, common cold, etc.) do not go to Health Institutions till those problems do not appear in severe stage. They look different options to get rid of the problems in their own community.
- ~ Though awareness is increased on use of toilet, many people in the community are living with poor personal hygiene.

~ Cowshed, piglets, chicken fowl, and other pet animals' dwelling are attached with the houses with no proper disposal of waste.

Information on RH:

Mothers health:

~ Still about 70% home delivery is prevailing in the community by untrained TBA
~ Most of the girls marry between the age of 15 – 18 years of age and 1st delivery occurs between the age of 16 to 19 years
~ Many babies born without planning of parents
~ Mostly retained placenta is found problem in home delivery
~ More complication occurs due to delay decision making of the patients' family
~ Almost all women who get complication during pregnancy and labour seek help of Traditional Healer first prior to go to health workers
~ Uterus Prolapse, Pelvic Inflammatory Diseases, Urinary Tract Infections, Sexually Transmitted Infections are common in women
~ Incomplete abortion case is increasing in village. Many abortion cases are induced by using medicines without consulting with the health workers. Many mothers seek help from medical shopkeepers to get abortion hence more complication occurs
~ Many abortion cases only seek medical help while profuse bleeding occurs
~ While menstruation, many women use unclean cloths even shirts, saris, children clothes.
~ PID cases is increasing in the village may be due to unsafe menstruation

Adolescent Health (Female):

~ Most of the girls (age between 12 to 16 years) get different health related problems as lower abdominal pain, back pain, headache, rashes on face, pieces of coagulated blood through vegina etc during menstruation.
~ Some of the girls have excessive white discharges 5-7 days prior to menstruation; irregular menstruation period and excessive bleeding
~ Most of the adolescent girls are anemic
~ None of any girls who were presented in focus group discussion found that they have ever consulted to the health workers or have shared with parents.
~ Many school girls are using separate safe clothes during menstruation. When it became unusable they either burn or through into the river. But the rural girls who do not go to school use unclean clothes.
~ Due to no facility of toilet in school, they have to go to their home to change the clothes and they do not come back to school on that day.
~ If they get menstruation during class, they feel very shy and go back to their houses that make dropout from the classes
~ Restrictions in participation at ritual activities, and band to touch food, water etc. is common at home while menstruation
~ Feeling of deprived individual during menstruation.

Child Health:

~ Though death of mother is rare, sometime child die after birth mostly during labor or within a week after delivery
~ Pneumonia, diarrhea, skin diseases, cough and fever, ear discharge and eye infection are common in village.
~ Malnutrition cases are also found in community among children aged below 12 years.
~ Most of the women take their babies for immunization these days, but it is not sure whether all babies are immunized and also with full course.
~ Children take bath if guardian forces to do so, otherwise they bath hardly fortnightly.

F/P services:

~ Few women use contraceptives. Most of them use after 3-4 babies
~ Contraceptives are available in S/HP.
~ Unmarried and married women use contraceptive and other medicines for abortion purpose

The free drug supply program

- Only some items has been provided by the government and mostly the free item drugs found shortage at HP thus every time people have to purchase medicines from the medical shop.
- People have feeling that even after implementation of free drug supply program, they are purchasing costly items from medical shop because they feel that quality less drugs are available in free drugs supply program.

2.1.2. Salyan District

At District Level

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to health.

General information:

~ Several organizations are working for health in Salyan but Institutional strengthening part is weak.
~ Small number of Health institution with no upgrade of HI as per need in present context
~ Access to health services for many people from remote area is limited due to improper location of Health Institution, poor infrastructure, lack of sufficient and qualified health personnel.
~ Early child bearing, low educational and employment opportunities for men and women in their own village are limited thus many men go to India to earn money that continuously increasing the risk of getting STI and HIV/ AIDS.
~ There are many difficult areas in Salyan District. Even some VDCs are nearby and accesses with road, the people are still not aware on their health eg: People from Kupinde, Marke, Maule, Dandagaun etc.
~ Many people seek DJ for health problem prior to go to the health institutions where many of the DJ are untrained for health and diseases
~ People are not getting good health services and there are no specialist services in Salyan.

General Health:

~ Concept of Out Reach Clinics (Gaun Ghar Clinic) is now completely washed out. Only vaccination activities occur at the sites
~ Change in behaviors towards positive health is poor in many communities
~ Coverage of immunization is not satisfactory. In last regional review meeting coverage of BCG was 78%, DPT 3 was 78% and measles was 70%
~ About 50% of growth monitoring among new born.
~ Many women are suffering from anemia and many children under the age of 12 are some kind of malnutrition deficiency.
~ ARI, Diarrhoea, Skin Diseases, COPD, Malaria, pneumonia, and HIV/AIDS are common health problem in Salyan
~ In last epidemic of diarrhea, 4 VDCs were affected and 526 patients were treated through 2 health camps where 6 patients were died of diarrhoea.
~ Many households do not have toilets and they are not paying care in their personal hygiene, therefore ARI, Diarrhoea and Skin diseases are common in VDCs.

- ~ Now days many boys and girls in rural area are going to schools but some are still out of school. Children from the rural area are malnourished, get married early, working in vulnerable situations, and are sexually active. Many children are exposed to tobacco or alcohol abuse.
- ~ Health workers do not perceive the situation of the women at the labor stage.
- ~ People are not aware on right to health.
- ~ Insufficient and improper time of drug supply by the government; scarcity of equipments and its maintenance; low number of human resources are the main problems in health.

Information on RH:

Mother Health:

- ~ Only about 7% delivery is assisted by the Health workers in Salyan. Most of the home delivery is prevailing in the community by untrained TBA
- ~ First ANC visit in Salyan is about 63% where as 4 ANC visit is less than 1%.
- ~ Iron coverage in the district is 79%
- ~ Most of the girls marry between the age of 14 – 18 years of age and 1st delivery occurs between the age of 15 to 18 years
- ~ More complication occurs due to delay decision making of the patients' family and no frequent consultation of family with the health personnel.
- ~ Almost all women who get complication during pregnancy and labour seek help of DJ first prior to go to health workers
- ~ Uterus Prolapse, Pelvic Inflammatory Diseases, Urinary Tract Infections, Sexually Transmitted Infections are common in women
- ~ While menstruation, many women use unclean cloths
- ~ Many mothers are anaemic due to poor nutritional status
- ~ Many mothers usually do not visit to HI for delivery because they are not sure when the delivery occurs and up to that time the family member cannot feed to those people who carry mothers to the health institution

Adolescent Health:

- ~ Menstruation is the sign of eligibility to be a mother that starts from the age of 12 to 13 years, but most of girls get different health related problems as lower abdominal pain, back pain, pain in breast, pieces of coagulated blood through vegina etc.
- ~ Some time Irregular menstruation period and excessive bleeding occurs but girls do not perceive those are the problems
- ~ Some girls share problems to their mothers and if mothers as per her experience feel problem than only they go to hospital otherwise most of girls go under indigenous treatment.
- ~ Many school girls are using separate safe clothes during menstruation. When it became unusable they either burn or through into bushes. But the rural girls who do not go to school use unclean clothes.
- ~ Due to no facility of toilet in school, they have to go to their home or some go to the forest with friend to change the clothes during menstruation and most of them do not come back to school on that day. Some girls take leave if they get severe back pain or headache during menstruation.
- ~ Restrictions in participation at ritual activities, and band to touch food, water etc. is common at home while menstruation
- ~ Many girls in rural area marry soon after menstruation. Most of them marry self or by their parents and deliver babies before 18 years. Now trend of late marry in educated girls are increasing.
- ~ Risk of getting diseases due to unsafe sexual behaviors is high.

VDC Level (Kupinde VDC): *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to health.*

General information:

~ No home visit by the health workers. FCHV does not visit houses in community.
~ Community people from rural area are not in access with health services providing by Health Institution. The government moved HI from its appropriate place to the far road access area after insurgency which is not proper place where the remote people do not get access. If they go to S/HP, sometime they do not see the HW, and sometime no medicines and sometime it is locked. Therefore, the people are discouraged to visit S/HP while sick.
~ FP services are provided only at S/HP level, where most of the women from rural area do not come to get these services.
~ As per community people, due to oil and floor distribution program, number of birth increased
~ There is HP committee but doing nothing

General Health:

~ Sometime in emergency community people call the HW from S/HP to the village instead of carrying patient to S/HP due to unavailability of people those carry patient and also it is more expensive (to arrange food and wages). But still they have to pay fee from Rs. 3000/- to 5,000/- to the HW if s/he come to the village and also not sure whether the patient get well after that.
~ Due to more costs to be paid for modern medical care from HW, community people prefer to consult with Traditional Healers at their own village to overcome with the health problems. Many times they wait and see the prognosis without consulting any one.
~ Better care can get from district hospital but expensive. Those who have money go to hospital otherwise many people try to solve the problem by their own effort at village.
~ Nobody care for disable people. There is no any organization that supports to the disable.
~ No toilet in village. All community people go the field for defecation.
~ Most of the community people bath once in a month in cold season and fortnightly in hot season. Most of the children take bath once in a month in all seasons. People in the village live with poor personal hygiene.
~ Cough and fever, diarrhea, pneumonia, skin diseases (abscess), gastritis, are common in the village.

Information on RH:

Mother health:

~ Most of the women prefer home delivery.
~ Gradually number of mothers (below 20 years) attending at ANC is increasing
~ Due to the Myth of Iron tablet (Iron makes baby big which cause labor difficult) some of the mothers do not take iron tablet even they collect from S/HP
~ Most of the girls marry between the age of 14 – 18 years of age and 1st delivery occurs between the ages of 15 to 18 years. Therefore most of the women aged 31-32 can see their grand son and grand daughter.
~ Many babies born without planning of parents.
~ Most of the mothers do self delivery without getting help from other.
~ In case of difficult labor or in retained placenta mother eats chapati and rice together to expels the baby and placenta.
~ There is no change of food items either in pregnancy or delivery period. Food items are same as other family members, but on the day of delivery mother usually take oily rice, and chicken in her meal.
~ Uterus Prolapse, Pelvic Inflammatory Diseases, Urinary Tract Infections, White discharge with foul smell, Sexually Transmitted Infections are common in women

- ~ Mothers in the village do not take rest after delivery. Most of them go for their usual work within 2 – 3 days. Mostly they are force to do so by their mother-in-law. Mother-in-law treats to their daughter and daughter-in-law differently.
- ~ One woman from Githachaur died (in Bhadra 2066) due to the cause of pregnancy who did not get care from her family.
- ~ STI case among mothers is increasing but mothers do not visit HI due to far distance of the health institution and also not sure whether the female staff at Health Institution is present.
- ~ Though mother group is a good forum to share the problems, the husbands perceive differently and usually give threaten to their wives, so women do not like to participate.
- ~ There is no any MCH services provided at local level.

Child Health:

- ~ Umbilical cord usually cut by mother with unsafe branches/grass cutting knife (Aashi) and put mustard oil and turmeric after tying the cord with unclean thread.
- ~ Children mainly suffer from pneumonia, diarrhea, ear infection and high fever.
- ~ Exclusive breast feeding mostly up to 5 months is common in the village
- ~ Malnutrition cases are also found in community among children aged below 12 years.
- ~ Many children who carry to S/HP with their mothers to collect oil and floor are immunized. Some children may be there without immunization.

F/P services:

- ~ Few women use contraceptives. Most of them use after 3-4 babies
- ~ Contraceptives are available in S/HP. Counseling is provided by the contraceptive users, not from the HP staff

2.1.3. Glance Analysis

- ~ Many health problems scrutinized by the District level stakeholders are matched with the problems that are pointed out by the community people.
- ~ There is no significant differences of health problems seen in Terrain district and hilly district
- ~ In both districts women and children are particularly suffering more from the health problems.
- ~ Many of the health problems are found due to lack of awareness and unhealthy activities of the community people.
- ~ In both districts, Health facilities are located in inappropriate place where people of some wards are not in access with the service provided by the health institution
- ~ Community participation in health facility management and operation is found absent
- ~ Quality and quantity of health services from the health facility is questionable
- ~ Human Resource Development part in health facilities is weak
- ~ Except immunization no any other services are found at household and community level
- ~ Though on the IMCI report it seems that FCHV has done tremendous work, community people of down-trodden area have complain of not visiting of FCHV regularly. Frontline volunteer (FCHV) are also found not encouraged and no any in-kind of support to FCHV either from community or from the government.
- ~ No any BCC activities at community level were memorized by the community people. Indigenous medicines are not encouraged.
- ~ Monitoring and supervision part is weak.
- ~ Many EDPs are lacking the strengthening part of the community health facilities and there is limited activity on technical assistance at district and peripheral level.

2.1.4. Problems on health

2.1.4.1. General Problem

- **Improper location with poor infrastructure of Health facility and lack of skill human resources:** In some remote communities people are not in access with minimum health services due to improper location of the Health facilities and outreach clinics are completely collapsed. Poor infrastructure of health facilities (no privacy maintaining), lack of sufficient and qualified health personnel are also the problem.

- **No affordability of health service:** Poor patients from far VDCs, do not have capacity to manage finance to get admission at health institution for more than 4-5 days. Costly medicine in market and only few items of drugs at health facilities is also discouraged community people to go to health facilities. Therefore some of the people from far distance won't go to Health facilities and people seek help of Traditional Healers, where they expense a lot of money that prevent them to go to good health facilities.

- **Additional activities in Health facility without basic foundation:** Different grassroots health institutions (PHC/HP/SHP) are gradually declaring as a delivery service providing centers without proper study of health institution capability. Health facilities are lacking infrastructures, human resources equipments etc. which are extremely needed to establish 24 hours delivery service centers.

- **No awareness activities at community level:** No awareness activities are being conducted on health and hygiene in the communities neither by the government nor by NGOs in remote areas therefore personal hygiene& sanitation and nutritional status of the community people are poor.

- **Poor monitoring and supervision system:** There is no apposite monitoring and supervision system in proper schedule and no feedback system.

- **People are not fully aware on free drug supply program and insurance program.**

- **High risk of acquiring diseases from India**: Early child bearing, low educational and employment opportunities for men and women in their own village are limited thus many men go to India for seasonal work through open boarder to earn money that continuously increasing the risk of acquiring diseases like STI and HIV/ AIDS etc.

2.1.4.2. Reproductive Health Problem

Maternal Health:

- **Early marriage and early child birth**: Till date women are getting married in early age (between15 to 18 years) and delivering first baby in an average 17 years. Mostly give 3 children before the age of 20 years and many babies born without planning of parents.

- **Diseases prevalence of reproductive system:** The main problems in women are White discharge from vegina, discharge with foul smell, Uterus prolapsed, Pelvic Inflammatory Diseases (PID), HIV/AIDS, Urinary tract infections, STI, Cancer etc. There are many hidden cases of uterine prolapse in urban and wealthy families. Many PID cases may be due to the unhygienic practices while menstruation (use of dirty cloths even shirts, saris, children clothes etc).

- **Delivery by untrained TBA at remote area:** About 80% home delivery is prevailing in the community by untrained TBA and mostly the retained placenta is found problem in home delivery

- **Women deny for ANC /PNC checkup at remote health facilitie**s: No all women go for ANC / PNC care in remote areas and some shadowed urban areas too. Due to no infrastructure at Birthing Center eg. Privacy for women; many women do not go for check up.

- **Seeking help of TH during labor:** Women are still going to Traditional Healers (Guruwa, Dhami etc) for Mantras and herbs during the time of delivery. Many Traditional Healers are untrained. Therefore, more complication occurs due to delay decision making of the patients' family to seek medical help and mostly maternal death occurs due to difficult labour.

- **Unsafe abortion practice at remote villages:** Unsafe abortion practice is prevailing at the remote areas. Incomplete abortion case is increasing in village. Many abortion cases are induced by using medicines without consulting with the health workers. Many mothers (adolescent girls) seek help from medical shopkeepers to get abortion hence more complication occurs. Many abortion cases only seek medical help while profuse bleeding or other complication occurs.

Adolescent Health

- **No adolescent health focus program:** Many of the adolescents since their puberty starts are getting physical, mental and social problems but none of the program and NGO are found focused for adolescent health.

- **No awareness on the problems in puberty:** Most of the girls (age between 12 to 16 years) get different health related problems as lower abdominal pain, back pain, headache, rashes on face, pain in breast, pieces of coagulated blood through vegina etc during menstruation; irregular menstruation period and excessive bleeding and some of the girls have excessive white discharges 5-7 days prior to menstruation nut most of the girls have ever consulted to the health workers or have shared with parents. Because most of the time girls do not perceive those are the problems but take as usual phenomena.

- **No awareness on menstrual hygiene:** Many of the adolescent girls in rural area have no idea of menstrual hygiene hence are prone to get PID.

- **No awareness on consequences of early marriage and pregnancy:** Due to no awareness on the consequences of early marriage and pregnancy the marriage rate in early age is very high.

- **No Gender Friendly School:** Due to no gender friendly toilets for girls and female school teachers, absence rate of the girls in school is high. Due to more absence in class and also due to early marriage, girls drop out rate in school is high.

- **Unsafe sexual behaviors:** Risk of getting diseases and early pregnancy due to unsafe sexual behaviors in adolescent is high.

- **Risk of exposure of ill healthy behaviors and abuse:** Though a large number of adolescents in rural area are now going to schools some are still out of school, malnourished, get married early, working in vulnerable situations, and are sexually active. They are exposed to tobacco or alcohol abuse.

Child Health:

- **Lack of ANC/PNC activities at community level:** Due to no sufficient activities to provide information on the consequences of early marriage and pregnancy, safe delivery, care of the child after delivery, Family planning to mothers at community level, more problems are facing by mothers and children. Among total infant mortality, 2/3rd of mortality mainly due Pneumonia or

sepsis, pre-term delivery, and asphyxia at birth are occurring in neonates where there is no any program has implemented to address the problem of neonates except who are admitted at hospital after delivery.

- **EPI coverage in decreasing trend:** In both districts the coverage of EPI is gradually decreasing and also malnutrition is seen as a contributing factor of deaths of under-five children.

- **Lack of awareness on personal hygiene:** Personal hygiene among children is very poor in the village and diseases like pneumonia, diarrhea, skin diseases, cough and fever, malaria, ear discharge and eye infection are common among children in village.

- **Employee children with high risk of disease exposure:** Children in Dang working in charcoal mine, road construction are more vulnerable to lung health and injuries. Parents with HIV/AIDS have increased the risk of getting children orphan and that in turn increase the risk of death of children.

- **Misuse and not in access of nutrition program:** Though food program (floor and oil distribution) for children is supposed to provide to the children, many other family members are also consumed it and some of the families do not come to SHP to collect food for their children due to far distance.

2.1.4.3. Other

- **No proactive action on prevention of disease:** Dang is indicated as JE Risk Districts Population of children between 1 to 15 ages; but attention for prevention usually not taken by the concerned authority prior to getting disease though it has said that vaccination coverage is 100%.

- **No awareness on health right:** People have no idea on health right because none of any activities on health right at community level has been conducted by any organization till date.

2.1.5. Causes of the mentioned problems

- Poor health facility infrastructure with no strengthening activities and lack of skill human resources against the expectation of services to be provided.
- Improper location of health facilities. No out reach facility at the door steps of the rural community and no encouragement to frontline health workers
- Lack of awareness activity on different aspect of health, hygiene, and facilities providing by the concern authorities etc at community level
- No use of local resources in partnership at local level (Traditional Healers, TBA, indigenous medicines etc)
- No community participation in health activities at community in each steps of planning to evaluation
- Passive or no local health committee at the health facilities
- Weak monitoring and supervision activities from line agencies and partners
- Public private partnership (PPP) for problem solving and result based discussion with different partners is deficient.
- Poverty and no knowledge of health right among the community people
- No School health program

2.1.6. Possible solutions / Recommendations

- **Making health care accessible to all by making health services available at each level of the health care system, particularly at household and community level.**

  This will be achieved through:
  - Extending access to health care as widely as possible through strengthening out reach clinics and setting minimum standards in local level PPP.
  - Improving the quality and quantity of health care services mainly focusing on IMCI, FP and maternal and child health services (ANC/PNC and neonatal care) provided by health facilities and health workers including FCHVs through regular on the job training, supervision and monitoring.
  - Strengthening the Capacity of Community Level Health Care Providers through trainings and support with other skills needed and equipments and facilities.
  - Strengthening community-based health services by ensuring that the local Health committee is active and meetings are held regularly and relevant with the current and emerging health issues for the community and are addressed at the health facility level.
  - Promoting Behavior Change activities at the health facilities and communities in hygiene and sanitation, FP/MCH, menstruation hygiene etc. through community based communication strategies, health education and training.
  - Organizing General Health Camp at the down-trodden area time to time to provide direct specialist facilities and to increase awareness on health seeking behaviors
  - Ensuring the establishment of counseling and service providing centers for prioritized problems as STD and HIV/AIDS, for vulnerable children working in charcoal mine, road construction etc. at the needy area in the community.
  - Informing community people on availability of health services at the health facilities including the availability of drugs and informing community people on their health and human right.

- **Renovating the poor health facilities and ensuring the supplies and all facilities are available as per level and services to be provided by the health facilities.**

  This will be achieved through:
  - Coordinating with different supporting agencies those support in hardware activities and also coordinating with District Development Office and VDC. Focusing to develop PPP network.
  - Making local resources available through community participation and use
  - Advocacy activities through community and lobbying to the concerned stakeholders

- **Promoting knowledge and skills of local health service providers to whom community people believe and follow**

  This will achieve through:
  - Training to local health service providers (DJ, TBA, and other THs) and mobilizing them in the program. Promoting the knowledge and skill on use of alternative medicines through them and establishing referral system and networking at the community level
  - Study of effectiveness of indigenous medicine using in the community and encourage on using the locally available effective herbs through trained local health service providers and conduct other research activities

- **Ensuring community participation in all health related activities**

  This will achieve through

- Ensure an inclusion health committee at the health facility representing all aspects of the community; and training to them to make enable in participating from planning to evaluation phase of the health program.
- Implementing community health program in initiation of inclusion health committee after informing community people and by generating demand
- Emphasis to be given on inclusion audit to evaluate the program

- **Confirming corrective action in time**

This will achieve through

- Ensuring and assuring of identified key stakeholders for effective monitoring and supervision at different levels of health service facilities up to the service receivers
- Rational (key information in right time to right authority by right individual) in reporting system and feedbacks
- Regular meeting and decisions and actions by concern authorities (inclusion health committee, other stakeholders, DHO/DPHO, health facilities etc)

- **Poverty alleviation and awareness on health right and sustainability of the program**

This will achieve through

- Affording the health services by the community people through different saving and income generation activities
- Improving sustainability of the program by generating the resources to run the program (from VDC budget, insurance, community drug scheme program etc) and support provided to health workers and FCHVs by local management committees.
- Awareness and Advocacy on Human Rights relating to health as per set out in basic human rights treaties
- Initiating as a pilot program at the specified VDC (in concern with different partners) and innovative a long term plan and policies to improve access, quality and utilization of health care services (focusing mainly on MCH/FP, CBIMCI) and improve accountability and responsibility among the service providers and other stakeholders for sustainable impact at the community levels that would be the example for replication of the program for another area.
- To empower health facilities, locally at district and community level legislation and regulation like what care must be provided, to whom, and on what basis, what accountability and responsibility to whom etc to be made and implemented.
- After logical assessment, provision of some costs share by the patient at the time of consumption of the health service
- Provision of insurance after study of the existing insurance program can be implemented. As hospital facilities in the district are limited, patients with diseases that cannot be treated can refer to referral centers for treatment.

- **Strengthening the Capacity of district level health care providers**

This will achieve through

- Trainings and support with other skills needed to the health care providers at district level and equipments and facilities needed to be ensured.
- Basic infrastructures and renovation of the health facilities to be addressed as per need
- Coordination and cooperation between different line agencies and EDPs on every stage of the program is needed.
- Regular meeting and sharing experiences, monitoring and supervision, correcting actions and recording and reporting in time

- **Ensuring school health program is running in the schools**

  This will achieve through
  - Establishing and ensuring the active function of school health coordination committee and regular meeting and sharing experiences
  - Organizing different health awareness as extracurricular activities in different occasion.
  - Gender friendly toilet construction and support for basic facilities needed
  - Initiation to be taken to enclose RH topic in the syllabus
  - Regular health checkup activities in school in coordination of local health facility

2.2. EDUCATION

2.2.1. Dang District

At District Level:

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to the education:

General information on Education:

The information gathered from the district level interactions with stakeholders of district line agencies and concerned organizations of the district head quarter Ghorahi, Dang are presented in different small titles and presented as follows:

School enrollment:

- The gross enrollment rate in primary schools seems 117.53% but the net enrollment rate is only 88.5% in the district.
- The net enrollment rate of the Dalit community children is only 75.29% where as the girls' enrollment among the same group is less than the boys.
- The government's initiation 'Welcome to School' (WTO) campaign has been almost succeeded in Dang district to bring non-school going school aged children in schools except some most disadvantaged Dalit community children and domestic working children of the m urban area. In case of domestic worker children, UNICEF has been trying to provide educational access to them in according to their suitable time through Urban Out of School Children Program (UOSP) in collaboration with Ghorahi and Tulsipur municipalities.
- WTO has been creating problem in some of the cases because few schools have been presenting fake number of enrolled students to get additional number of teachers and per child fund (PCF) from the government. Likewise, many schools have no adequate physical infrastructure like; school buildings, classrooms and furniture to manage the large number of children in schools.
- The school enrollment and retention rate among the disadvantaged community children is lower than the privileged cast children.

School dropouts, repetition and retention:

- The school dropouts rate in grade one is 17% and it is 8.9% in primary level.
- The class repetition rate in primary level is 15.43% where as it is 23% in grade one. Similarly, it is 7.7% in lower secondary level and 2.25% in secondary level.
- The retention rate in primary level is 91%, 94% in lower secondary level and 98.63% in secondary level in Dang district.

Students' teacher ratio in schools:

- ~ Students-teacher ratio of the primary section is 52 students each to one teacher but it is 90 students each to one teacher in lower secondary section in Dang. Similarly, 58 students each to one teacher in secondary section in Dang district.
- ~ The educational achievement of the grade four is 44.33% where as it is 49.19% in grade five.

Quality of Education:

- ~ Most of the schools have been following conventional teaching learning methods and approach in schools. The teachers are unknown about student centered child friendly learning method.
- ~ Some of the teachers are trained on the new method in support of Save the Children, JICA like organizations but not implementing training skills in the daily classroom teaching learning situation because of poor supervision and monitoring mechanism of the government. This is why; the educational quality is not improving in comparison of the investment.

School Improvement Plan (SIP)

- ~ School Improvement Plan (SIP) is introduced in the district for some years but not working as per the expectation. This document usually prepares by Head Teacher and submits to the DEO through concerned RP/RC. In other words this document has been completing to fulfill the formal requirement of the Department of Education.
- ~ Save the Children, JICA like organizations have been supporting for the improvement of the physical infrastructure of the schools but not enough for the needy schools of the remote area of the district.

Supervision and monitoring of the schools:

- ~ The school supervision system of the government completely failed and the School Supervisors and RPs are over loaded from the administrative work of the DEO.
- ~ Only two school supervisors and 15 RPs are employed in DEO Dang and they never visited schools for more than five years with supervision purpose except collecting data for the preparation of Flash Reports twice a year.
- ~ There is no any mechanism for the participatory classroom teaching learning supervision and feedback system among the teachers or peer class observation and feedback system in the schools.
- ~ The SMC members are not trained to supervise school in a systemic way and limited most of them are interested to employ their relatives as teacher in schools.

Community participation in schools:

- ~ Most of the schools are in the middle of the communities but they are completely isolated from the community people. Rarely visit parents to their children' school except invited in annual function of the school.
- ~ Most of the SMC members are well devoted towards the political parties rather than schools and communities.
- ~ Only the SMC chairpersons and Head Teachers are active and rest of the members and teachers are passive in schools' activities.

Early Childhood Development:

- ~ Only 47.58% of the three to five years aged children are enrolled in ECD/Sishu class/preprimary classes in Dang district.

- ~ Early Childhood Development (ECD) centers or Sishu classes or preprimary classes are the foundation of children for their schooling. The number of ECD centers in Dang district is only 507 which are not adequate for all below 5 years aged children.
- ~ The government is not fully funding for ECD centers and opened up for the people's participation to run this program. But the poor people are not being able to contribute ECD centers for their children.
- ~ There is no linkage of bridging mechanism between community based ECD centers and schools except school based preprimary classes. Therefore, this gap between ECD centers and schools have been creating some difficulties to the younger children in schools for their adjustment.
- ~ Similarly, there is gap between ECD curriculum and grade one curriculum. It should be reviewed and managed accordingly.

Alternative Schooling Program:

- ~ Only very few school aged children are out of schools in Dang district.
- ~ UNICEF has been supporting municipalities to organize Urban Out of School Children Program (UOSP) to provide the educational access for working children in Urban area.
- ~ DEO Dang has been conducting some Alternative Schooling Program (Non-formal literacy class) targeting to the non-school going children of the village area as per the needs.

Adult Education Program:

- ~ MOE and many INGOs have been supporting Dang district to promote the literacy status since more than two decades but the literacy rate is only 58% in Dang district.
- ~ Likewise, women literacy rate in Dang is 47% .
- ~ The literacy rate among the Dalit and disadvantaged endogenous groups like Tharus is still less than the privileged groups Brahamin and Kshetri in the district.
- ~ The literacy rate of the remote and interior part of the district is comparatively low than the urban and semi urban area of the district.
- ~ The initiation of the USAID through PACT in Dang was incredible that it has started saving credit program through women literacy groups in Dang for the retention of the literacy skills among the neo-literate women. Some of the women groups of that time have been emerged as women cooperatives in the district and still working as self sustained groups. \

Inclusion:

- ~ The situation of the women in Dang is not different from the majority women of the country. Women participation in different sectors of the society has found not encouraging in Dang also. Very few women are in the decision making level in the district. The political parties have been increasing their participation above than 33% in the national level but it seems limited in the slogan. As per the stakeholders' discussion in the district, there is no any case of major responsibility given to the women by any major political parties. Likewise, there is no any single district line agency which is headed by women except women development office, Dang.
- ~ The native people of Dang district are Tharus and who are known as hardworking, gentle and honest people in the country. Tharu people had been spent long time as bounded labor of the privileged casts and landlords in the surrounding. Together with the restoration of the federal democracy in Nepal, they are declared free from the bounded labor. Due to insufficient exercise and poor preparation their rehabilitation, it is still incomplete and they are moving here and there as a nomad people. They have now their own land and occupation for their survival. They are suffering from poverty, ignorance, unhealthiness, diseases, superstitions, exploitations injustices, etc. Their representation in decision making level from the district is improving but the mass people's level is still to be improved.

- ~ Another disadvantaged group of the people in the district is Dalit, which is scattered all over the district distributing in different sub casts as formerly so called untouchable casts. They are still socially discriminated and struggling for their rights to survive as human beings. Their participation in the different sector and level of the society is very nominal. They are far behind in education, health, social awareness, leadership as a whole in development mainstream. Their participation in decision making level in district is not accountable.
- ~ In totality, women, Janajatis and Dalits are excluded from the developmental mainstreaming. Their level of awareness is lowered than the privileged groups of the society. Their access to resources and power controlled over it is to be improved.

At VDC level (Sarayu) Surkidangi, Rampur VDC, Dang : *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to the education:*

General Information on Education:

The information gathered from the stakeholders' interaction and field observation of the Rampur VDC are presented in different small titles as follows:

School enrollment:

- ~ The schools have been conducting school enrollment campaign or Welcome to School (WTO) in the beginning of each new academic year. The campaign has supported to bring school going aged children in schools. On the other hand this campaign has created problem in most of the schools that children have no adequate furniture and classrooms in many schools. Likewise, it has specially created problem in grade one for handling big number of children in a medium size of classroom.

School dropouts, repetition and retention:

- ~ Lack of adequate furniture and classroom, some children dropped out from some of the schools in Dang.
- ~ The next region of the school dropouts is poor economic condition of the parents as reported by the teachers and SMC members. They added that some Dalit and indigenous parents are not able to contribute school dresses and stationeries like educational expenses of their children. They expect their children should support them taking care of their siblings, pet animals, etc during their absence from home.

Students' teacher ratio in schools:

- ~ Students-teacher ratio of the visited schools seemed very perfect according to the educational act in paper but in reality the number of students has not found according the attendance book in grade one of the visited one primary school. From the cross verification with the students, it is came to know that the name of the dropped out students of the last year was still mentioned in the attendance book.

Quality of Education:

- ~ 50% teachers of the visited schools have found untrained in teaching learning methodology. The untrained teachers have been using conventional or teacher active teaching method in the classrooms. The teachers punish children if they don't complete homework and other school's requirements.

- ~ Incase of the trained teachers, they haven't using their training skills in classroom because it is not obligatory to them.
- ~ One of the visited school have found grade teaching system in grade one and two but the grade teachers don't like to teach the same grade through out the year. The causes behind this reluctance found that the teachers feel bore while teaching same students all the time. According to the head teacher of the concerned school, the grade teachers feel inferior to bound in grade one or two through out the year.
- ~ The teachers reported that most of the disadvantaged group children of lower grade come school without basic stationeries like; not books, pencils, books, etc. Because of this problem, these children neither bring their home works not accomplish their class work properly.
- ~ All the visited schools have not implementing continues evaluation system of the lower grades but promoting children without any evidence of their educational achievements. This is totally against of the educational quality motto and it should be immediately stopped by government.

School Improvement Plan (SIP)

- ~ All visited schools have their School Improvement Plan (SIP) in record. The head teachers presented the plan to the assessment team but other teachers and SMC members found totally unknown about the SIP. The concern RP of the DEO visits generally twice in a year and no time to discuss on SIP.

Supervision and monitoring of the schools:

- ~ The school supervisors and RPs have never visited schools to observe the classroom teaching of the schools as well as supervise the schools' activities. The head teachers have no time to supervise the classroom teaching of the teachers because s/he have to teach his/her own classes during the school time.
- ~ The SMC/PTA members have no idea of their role and responsibilities in school supervision and monitoring.
- ~ The teachers don't like to see classes each other in the schools. Because, they think that the job of either supervisor or RP.

Physical infrastructure of the school:

- ~ Some of the school buildings of the visited schools seemed very old and not enough space. The newly constructed buildings in support of DEO were not enough for the children.
- ~ The available furniture in the visited schools was not adequate for the students. For example, in grade two, eight children were seated in a small bench. The size of the desk and bench was not properly designed as per the age group of the children.
- ~ The old buildings of the visited schools were not designed in scientific manner. The windows and wall-attached blackboard were not properly designed for the children.
- ~ Toilet facility in the visited schools was available but it was very poor. The toilets were found very much dirty due to unavailability of water in the toilet.
- ~ Separate toilet for the girls and boys was constructed but not properly used because of scarcity of water.
- ~ Drinking water for the children in one school was stocked in a water tank from water supply system. The distributed water in school was not safe for direct drinking but the same water has seen drinking by children without hesitation.
- ~ Play ground of the one visited school has found enough but next school has very small, steeped and rough.
- ~ According to the interacted teachers, they have no such a special arrangement for the physically disabled children in their schools but they have been taking care of such students if it is found.

Community participation in schools:

- The visited school head/teachers, SMC/PTA members have reported that the SMC has formed in time and has been doing according to the educational act and policies. In the same time they have pointed out some areas of weakness that the majority of the SMC members are unknown with educational act and policies. They are very much passive with their duty. Some of them have doing whatever the SMC chair person and head teacher ask. The respondent SMC/PTA members and teachers pointed out the need of the school management training as well as educational act and policy orientation to all SMC/PTA members and teachers.
- There is no existence of Village Education Committee (VEC) in the visited VDC which is highly essential to identify the non-formal education program for the children and adults in the village.
- The composition of the SMCs in majority of schools is inclusive but the members are not active equally as it is desired.
- The SMC meetings made decisions in presence of more than 50% of the total members.
- The participation of the women members in SMC has been observed just for formality because they hardly speak single word in the meeting. Similarly, the participation of Dalit and indigenous groups' members in SMC seems poor than the privileged groups.
- The women, Dalit and indigenous members of the SMCs frequently absent in SMC meetings than the others.
- In most of the cases the SMC chair persons and Head Teachers seem active in SMC meeting.
- There is no hard and fast rule of reviewing previous meeting's decision in the SMC meetings.
- No guardians or parents visit schools expect invited in any serious meeting. According to some illiterate parents, the teachers don't like to see the parents in school premise unless they are invited. If the schools need some supports from the parents then they invite parents to fulfill their needs.
- Social discrimination in the communities has been gradually reducing since last decade. The credit of this positive initiation goes to the Maoists because they have started this movement for the villages.
- Dalits and indigenous people are still less empowered to participate in social activities. They need more training and opportunities to contribute in social development activities.

Alternative Schooling Program:

- Only very few school aged children are out of schools in Dang district and the number of non-school going children is scattered through out the district. This is why, it is very difficult to bring them in alternative schooling program also. According to the visited school teachers, the DEO has been conducting ASP in such villages for last some years.
- Similarly, UNICEF has been supporting to organize UOSPs in Tulashinagar and Ghorahi municipalities targeting to the domestic worker children as per their suitable time.

Adult Education Program:

- DEO has been organizing Non-formal Education (NFE) centers/classes targeting to the 15 plus adults of the district in coordination with NGOs of the district but not resulting as per the expectation. The main reason of not succeeding the literacy classes is de-motivation of the adults to the NFE. According to some parents of the visited schools, literacy is not their primary needs. They need income generating type of skills and programs to uplift their livelihoods.
- The assessment team has interacted with some elder people of the visited village in Dang and came to knew that there are many women and men are in the village who have joined NFE classes several times in the past. Some of them could read and write these days and some may not.

~ The assessment team tried to explore the existing NFE curriculum and found very conventional as reported by the local teachers.
~ The approach and methodology of the NFE is designed targeting to the group of adults in a center and spending about two hours a day for minimum six months. The designed approach, methodology and timetable are not practical to the farm working adults of the district.

Inclusion:

~ The responsibility to the women has given in VDC level as women representative in SMCs, women representative in forest users' committee, etc. They are very difficult position to manage their time for the meetings and other social works. No one has reported that women are placed in key position of the SMCs like; president, vice president or treasurer in the SMCs. The men and women of the village think that they are less literate than the men, therefore they have not received key positions. They also added that they hesitate to speak in meetings in front of men. But the reality is found very different in women groups meeting. Their participation in women groups' meetings was highly praiseworthy. Some of the women groups have been managing very good amount of money in their group saving and started saving credit program within the groups. They have been conducting anti alcoholism movement in the communities in coordination with child clubs. Therefore, it is concluded that they are not ignorance but hesitating because of the male domination as well as inferiority complex. Same thing applies in the case of Dalits and disadvantaged indigenous peoples' participation in such meetings. They are socially dominated by the privileged groups. The other disadvantaged groups of the communities found as; disables, children and aging people. They are also suffering from different types of problems in society. Due to youth migration out side from the village in search of job; the disables, children, women and aging people are over loaded from the household chores. They are doing more works than their capacity instead of doing according to their age needs like; playing, taking rest and recreating. In other words, their right is totally discarded in the villages. The cases of child club formation and conduction in the visited villages has not found.

2.2.2. Salyan District

<u>At District Level</u>
On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to the education:

<u>General information on Education:</u>
The information gathered from the district level interactions with stakeholders of district line agencies and concerned organizations of the district head quarter Khalanga, Salyan are presented in different small titles and presented as follows:

School enrollment:

- The gross enrollment rate in primary schools seemed 200% but the net enrollment rate is only 94% in the district. The gap between net enrollment and gross enrollment seemed more than 100% which is not good for the sustainability and quality of the education.
- The net enrollment rate of the Dalit community children was not found in secondary data but it is easily guessed that is not satisfactory. Similarly, the primary school enrollment proportion of the boys is 52 and girls' is 48 out of 100.
- The government's initiation 'Welcome to School' (WTO) campaign has been able to bring most of the non-school going school aged children in schools for some time in Salyan district but after some time the school dropout rate has been raised as per the observation of the district level stakeholders. The district level stakeholders shared that the vulnerable dropout group belongs

from the disadvantaged Dalit and indigenous groups of the remote villages of the district. The causes of the dropouts are; poverty and ignorance of the parents.

- The WTO campaign was organized without any assessment of the causes of school dropout children in the past. This is why the retention of the enrolled children in schools was not found satisfactory in the district as reported by the stakeholders.
- The school enrollment and retention rate among the disadvantaged community children is lower than the privileged cast children in Salyan too.

School dropouts, repetition and retention:

- The school dropouts and repetition status of the children from primary schools has not found from the secondary sources but the gap between gross enrollment and net enrollment is adequate for imagining the seriousness of the problem.

Students' teacher ratio in schools:

- Students-teacher ratio of the primary section is 51 students each to one teacher but it is 54 students each to one teacher in lower secondary section in Salyan. Similarly, 29 students each to one teacher in secondary section in this district.

Quality of Education:

- Most of the schools have been conducting by inadequate number of teachers in Salyan except some schools of district headquarter and market area. In this circumstance, most of the schools have been following conventional teaching learning methods and approach in schools. Very few teachers have heard about child friendly learning methods but not trained in it.
- The liberal promotion system of the students in lower grades of primary level is implemented by schools and not possible monitored by the DEO with existing human resources. The DEO office trusts on the submitted achievement report of the students by the schools and no mechanism to verify the submitted progress report with DEO.

School Improvement Plan (SIP)

- School Improvement Plan (SIP) is introduced in the district for some years but not working as per the expectation. This document usually prepares by Head Teacher in presence of concerned RP and submits to the DEO through concerned RP/RC. The DEO office trusts that the schools have been working according to the SIP but not sure the degree of its implementation.

Supervision and monitoring of the schools:

- The district level stakeholders of the schools said that the supervision of the schools is not being conducted by the school supervisors for some years but the RPs have been visiting schools as communication pool between DEO office and schools. They have no time to supervise the classroom teaching of the teachers. In time of annual anniversary of the schools, the DEO or school supervisor or RP usually visit the concerned school if the invitation is timely done.
- The SMC members are not trained to monitor school in a systemic way. The head teachers are over loaded in classroom teaching and no spare time to supervise teaching learning activities of other teachers.

Community participation in schools:

- Majority of the parents are very poor and having small plot of land or no land. They spent their time on farm work and go outside from the village for wages work. Usually only the mothers, children and old people stay at home and it is difficult to get their time for the schools' affairs.
- The chair person of the SMC generally stay at the district head quarter or out side the village because of their own business but they generally come in the village for the SMC meeting as per their pre schedule. Rest of the members of the SMC has no active role to give any major decision. The head teacher could direct the meeting as s/he wishes.

Early Childhood Development:

- The grade one of each primary school has generally grouped in two sections; the below fie aged children's is called Sishu or pre primary class and the next group of above five aged children is called grade one. Community based ECD centers are not being operated in Salyan this year. The parents are not aware on the needs of ECD program in Salyan but the conscious people of the district head quarter and market area have been sending their children in preprimary schools of the privet (boarding) schools.

Alternative Schooling Program:

- The DEO office of Salyan has been conducting ASPs in the needy area of the district instead of OSP class, targeting to the non-school going children of below 14 years. But the exact status of the ASP was not found in absence of the concerned staff in DEO office.

Adult Education Program:

- The literacy rate of the Salyan district has been estimated 52% officially. The male literacy rate is 65% and the female literacy rate is below than 40%. The literacy rate among the Dalit and Janajati groups is lower than the privileged groups of the district.
- The literacy program has been conducting annually in Salyan but the pace of growth is very slow.
- The literacy classes are not very motivating and the illiterate people are not interested to come and complete the classes. The methods and curriculum is not designed as per the specific needs of the diversified communities of the country. This is general type of curriculum and designed for the formal setting of the adults as schools. Similarly, it is totally literacy and numeracy skills based but not vocational. The people need vocational and income generation based education program in the communities.

Inclusion:

- The situation of the women in Salyan district has not found very much different than the Dang district. The women participation in different segments of the district level authorities was found very nominal. The only one office of the government as; Women Development Office has found headed by woman in Salyan. The involvement of the women in social development sector is also very poor in this district.
- Dalits and Janajati people are also excluded from the main stream of the development in Salyan district. They are socially back warded than the privileged groups. Their participation in the district level authorities is to be improved. Now a day, their participation in different committees has been increasing gradually which is positive indicator. But receiving responsibilities of the key positions like; president, secretary, treasure is not easy to them.

At VDC level (Kupinde VDC, Salyan): *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to the education:*

General Information on Education:

The information gathered from the stakeholders' interaction and field observation of the Kupinde VDC are presented in different small titles as follows:

School enrollment:

- The schools have been conducting school enrollment campaign or Welcome to School (WTO) in the beginning of each new academic year. The campaign has supported to bring school going aged children in schools. The campaign in Salyan district found 100% successful as reported by the teachers, SMC/PTA members and parents of the visited schools and communities. They also reported that the campaign has created problem to manage the children in schools.

School dropouts, repetition and retention:

- Lack of adequate furniture and classrooms in many schools, poverty of the parents to supports children for their school expenses and children's obligation to support their parents in household chores around 25% enrolled children have dropped out from the schools after few months.
- Dropout case has found in this district among the working children of the ultra poor families especially from Dalit and marginalized groups. The assessment team felt that the government has implemented WTO campaign without any preparation in the schools as well as communities to retain the children in schools.
- The parents especially male member of the households go outside from the village in search of job for more than couple of months or year/s and they stop their school children at home in order to take care of their younger siblings and pet animals as well as helping mother in household chores.
- Another reason of the parental reluctant to the schooling is no scope of the educated persons in the community. They think S.L.C. pass boys or girls have to get job easily in the community or out side the village. As per the assessment team's observation, this problem is directly connected with existing schooling curriculum of our country as well as quality of our educational products. The competency of the S.L.C. graduates from community managed schools is not similar with S.L.C. graduated from the privet or institutional schools.

- The assessment team tried to find out the situation of the conflict effected children and their families in the visited communities. The situation of the conflict effected children and their family is not good as reported by the community people. Must of the victim family are suffered from lost of family member/s. They have been facing earning problem in absence of the main member of the family. As an example of the conflict effected family has collected from the village. It is directly connected with the schooling of the children also. Following is the collected case of 13 years old Mr. Ramesh Pariyar, native of Kupinde VDC 4, Jyamire village.

Wound of the Conflict

"I am Ramesh Pariyar, 13 years old boy of Jyamire village, heading four member family as; 88 years old and sick grand mother, 10 and 8 years old sister and brother respectively. My father was caught and killed by Nepal Army before 8 years (in the age of 27 years old). My mom has got second marriage two years ago (while she was only 26 years old) and left us alone when I was 11 years old. Since that time I am taking all responsibilities of my family. We have a small plot of land we cultivate millet and corn traditionally. We have no oxen to plough the land and I use to go working in the neighbors' farm in a barter system. Instead of my labor, they give me their oxen to plough my land. It was really difficult to me to hold the plough last year but this year I could do this work perfectly. My sister Indra has also helping me to work in the field from last year. We have cultivated green vegetables, green peepers, garlic, etc in the kitchen garden but no irrigation system. We have to go 30 minutes far for water fetching in a natural well. We have grown maize and millet in the farm for eating. We have raised six goats and some chickens. Our grand mother is very old and her eye sights are very poor. She couldn't move from home but she could gives us very much love. My sister cooks food and I take care of the farm and pets. We three kids go to the school daily and it is 45 minute far from here. I am in grade seven, my sister is in grade 4 and brother is in grade 3. I have a plan to be a teacher in the village school after receiving S.L.C. certificate. I will send my siblings to the schools in order to pass the high school degree."

Students' teacher ratio in schools:

- Students-teacher ratio of the visited schools seemed according to the educational act in the record but it is not practical to teach five grades by three teachers. Either the teachers should be trained in multi-grade teaching training or has to manage one teacher each to one grade.
- Some of the parents of the visited one school of the Salyan district have reported that the three teachers usually attend their school in rotation basis. They also reported that hardly attend three teachers at a time in schools. Usually, two teachers attend the school and teach all grades in two groups. The assessment team fiend out that the root cause of this carelessness and fraud in schools is happening because of nil supervision from the DEO as well as passive community in school development affairs.

Quality of Education:

- The number of trained teachers in Salyan seemed very nominal. The majority of the untrained teachers are teaching children in a very traditional way. Few trained teachers have not applying their training skills in daily classroom teaching. According to them it is difficult to transfer the training in classroom situation in such a unfriendly situation. The trained teachers blamed that most of the illiterate parents don't send their children with basic necessary stationeries like pencil and not books. Similarly, the government support for the miscellaneous expense is not sufficient to purchase the educational materials. If some materials has purchased, there is no proper store to keep them in schools. The office room of the school is not strong enough to keep such things inside it. The teachers also added that they have to handle more than one classes/grades at a time and this circumstance hinders to apply the training in classroom teaching.
- Punishment in school is common and most of the visited teachers believe it is compulsory instrument to keep children in discipline. The assessment team tried to interact with some school children in one cluster and came to know that the children don't like the teacher who punished them. They also shared that the female teachers are soft than the male teachers in case of punishment. They added that they liked very much singing, dancing and playing in schools.
- The teachers of the visited schools reported that most of the disadvantaged group children of lower grade come school without basic stationeries like; not books, pencils, books, etc. The reason behind this problem was reported that the ignorance of the parents as well as poverty.
- The children of the visited schools usually eat two meals a day; one in morning and next in evening. They don't get opportunity to eat snacks during the day time. The tidiness of the children was very poor and the teachers were not serious on it. The assessment team tried to question to the teachers on their students' neat and clean but they easily answered that the reason behind this problem was water scarcity in the village. The assessment team also realized that the hub of the problems was scarcity of the water resources in some of the hilly villages like; Jaitpani and Jyamire of Salyan district.
- All the visited schools have not implementing continues evaluation system of the lower grades. The students have been promoted without any evidence in sole discretion of the teachers. This is totally against of the educational quality motto and it should be immediately stopped by government.

School Improvement Plan (SIP)

All visited schools have their own School Improvement Plan (SIP) in record. Only the head teachers know about the SIP but not other teachers and SMC members. The head teachers think that the SIP is the requirement of the government to release their salary and PCF. In other words, the assessment team has found SIP completely useless in all visited schools.

Supervision and monitoring of the schools:

- The school supervisors are never seen in visited schools but the RP comes twice a year in school either during the school time or after the school. He collects some information from the head teachers and go back to the DEO. The assessment team asked the responding head teacher on the collect information whether the RP verify that information with students' attendance book or not and the head teacher said none.
- The RP has never asked about the educational quality of the school because he has very short time to interact with head teachers.
- The SMC members have no idea of their role and responsibilities in school supervision and monitoring. They only come in time of SMC meeting.
- The teachers never seen each other classroom teaching because they have no spare time.

Physical infrastructure of the school:

- Most of the school buildings of the visited schools seemed very old and some of them were newly constructed by DEO. The newly constructed buildings were not washed and well furnished. The windows and doors were not made properly and almost broken. The school's roofs were full of small stones throne by children during the off time. The nearest households of the schools were totally caring free on it.
- The available furniture in the visited schools was not in good condition. Must of them were lying without proper maintenance. The size of the desks and benches was not suitable for the young children of the lower grades. Similarly, the blackboards were not available for each grade and the available were not painted for a long time.
- The old buildings of the visited schools were not safe to keep children in it.
- Toilet facility in the visited one school was available but it was not used at all. The door of the toilet was covered by shrub. On the other hand there was no source of drinking water in the school as well as water for the sanitary purpose in the toilet.
- Play ground of the visited schools have found very narrow, steeped and rough.
- One of the visited school compound was fenced by wire but the next school was not fenced.
- The schools premises were untidy. The pieces of papers, wooden pieces and dust were here and there. No garbage pit was being constructed in both visited schools' compound.
- Special arrangement for the physically disabled children has not found in any of the visited schools. The teachers reported that if they noticed some students are poor eye sights or hearing problem, usually they ask to sit in first bench. The teachers reported that they have not found seriously physically disabled students in their schools.

Community participation in schools:

- The visited school head/teachers, SMC members have reported that the SMC has formed in three years ago and that has been working till this time. The head teachers reported that it is time to reformation of the SMCs.
- The composition of the SMCs in majority of schools was inclusive but the members were not active equally.
- The SMC meetings made decisions in presence of more than 50% of the total members as reported by head teachers and SMC members.
- The participation of the women, Dalit and indigenous groups' members in SMC has been very passive as reported by the stakeholders.
- Like in the visited schools of the Dang, the women, Dalit and indigenous members of the SMCs frequently absent in SMC meetings than the others.
- In most of the cases the SMC chair persons and Head Teachers seem active in SMC meeting.
- There is no hard and fast rule of reviewing previous meeting's decision in the SMC meetings.
- No guardians or parents visit schools voluntarily. Very few parents come in schools even in the time of invited for any serious meeting in the schools. Few of the guardians of one school shared their idea to the assessment team that the government has given teachers' salary and they have sent their children to the schools. They further added that school is built for children and teachers but not for them (illiterate people)!
- The inclusive participation in program found very positive. It is reducing discrimination between Dalits and non-dalits in the communities. This change has been brought by Maoists during the armed conflicts for 12 years. But the participation of Dalits in the programs seems poor because of their poverty. They have needs of home based income generation activities as well as empowerment training to bring the in development mainstream.

Alternative Schooling Program (ASP):

- No information has received being conducted ASP centers in the visited VDCs in the past. But they recalled that few centers of OSPs had conducted in the village before 10 years.
- The assessment team saw that the formal schools are not running properly because of poor supervision and monitoring system. It is known that all the school aged children of the village were registered in schools' attendance book. But around 25% among them were dropped out from the schools (according to the parents) and the teachers do not agree this fact indeed. If they show the reality, the DEO will deduct PCF of their school and possibly the number of teachers also. Therefore, the teachers do not ask for the ASP in their villages. If they ask ASP to the DEO, it doesn't work to bring the children in educational access because the same children could be presented in school as well as in ASP also.
- Among the 25% school dropout children, some of them especially boys have been accompanied with their elders to search job out side the village as reported by some community people. This fact proves that the children below 15 also have to support their parents as earning hand of the family in hilly area. If income generating based non-formal vocational education system was available in the village, the young children might not go outside from the village in search of earning.
- There community people astonished listening the name of VEC in first time and they reported that there is no VEC in their VDC.

Adult Education Program:

- DEO has been organizing Non-formal Education (NFE) centers/classes targeting to the illiterate adults in the villages annually. According to the community people the participants come first to collect books and stationeries and gradually they dropped out. Most of the male members of the community have to go outside from the village in search of job and no time to attend the NFE classes. The female participants have problem to gather in the evening because they have to prepare food for the family. Similarly, it is hard to spare time during day time because they have to collect firewood, animal feedings, water fetching from the brooks, and farm works.
- The women participants of the interaction session shared that the curriculum of the NFE is not friendly and difficult to learn alphabets. They also shared that there is no Ka, Kha, Ga, Gha, first to teach language and their teacher helped them writing Ka, Kha, in their notebooks. The assessment team came to knew that the facilitator has not taught as following the NFE teaching learning methodology in the class/center.
- Drop outs, repetition and always illiterate problem seen in the community from the NFE. This is the wastage of time and resources of nation as well as community people. Similarly, it has raised a big question mark in our projected literacy rate of the nation too.
- The approach and methodology of the NFE is designed targeting to the group of adults in a center and spending about two hours a day for minimum six months. The designed approach, methodology and timetable are not practical to the low populated scattered villages of the hilly area.

Inclusion:

The cases of visited VDCs of Dang and Salyan found similar in many cases but found some distinction between Terai and Hill. The women have receiving responsibilities in VDC level as; women representative in SMCs, women representative in forest users' committee, etc in Salyan. They are also facing difficulties to spare their time for social services. According to the schools; most absent members in the SMCs are women and Dalits. If they attend some time the SMC meeting, they want to go earlier to their home. But incase of Dalits they seemed passive in taking part in discussion. Some of the women of the visited villages have reported that the male don't care women

in such mass meetings. They ask only men to the dais, and request for their speech. The women think that the men are wise than the women and getting opportunities in the society. Most of the women of the visited clusters have found that they think themselves as second class citizen of the nation. They have no idea about gender as well as their rights. The political leaders have visited them asking vote for them before two years. After that no one has visited them to ask any thing to them. Maximum consumption of alcohol has been seen among Dalit men from the early in the morning even in the meeting. Similarly, the cases of domestic violence have been reported due to the alcohol in the visited communities.

2.2.3. Problems on Education

The identified key problems from the findings analysis are given as follows:

- **Lack of database on programming:**
  All the formal and non-formal education program and activities has been conducting in ad hock basis in the districts. There is no authentic data base system in the VDCs. The programs come in the interest of powerful person or political leaders of the society.

- **Lack of holistic and comprehensive planning:**
  The schools, NFE classes, ASP classes, ECD centers, etc have been running without any comprehensive planning of the VDCs. The school enrollment plan has not linked with scholarship distribution to the needy children of the schools. Similarly, the teachers' quota distributions, school building supports, etc program are not planned according to the number of students of the schools. Neither there is linkage between the educational activities nor with other concerned sectors like; health, sanitation, drinking water, environment, economic opportunities, etc.

- **Incompetent teachers:**
  Majority of the teachers are untrained in both districts and they are following conventional 'rote learning' teaching in the classroom. The learning environment for the children is totally unfriendly in the districts. Most of the teachers are committed towards the political parties but not to the children and schools. The teachers are not giving full time to the schools. Therefore the quality of the education is decreasing day by day.

- **Unfriendly infrastructure of the schools:**
  Old school buildings and furniture, insufficient new school buildings and furniture, unscientific classroom setting and furniture, poor facility of drinking water and toilets in schools, unsafe school compound, poor awareness on health and sanitation to the teachers, children and parents, are the key problem of the schools.

- **Poor management of the schools:**
  The SMCs are formed by the ruling party or powerful political party leaders to fulfill their political party workers than the social volunteers. The politically committed SMC members are accountable to their mother part than the schools. In addition, they are fully untrained on school management. Similarly, the VEC is not formed in the visited VDCs yet for the educational management of the concerning VDCs.

- **Reluctant parents:**

Most of the parents of the children are poor and engaged in farm work and wages work for other people. Very few parents could spare their time for the schools but not motivated by the schools to get their support. In other words, there is no mechanism has developed link between schools and communities.

- **Zero monitoring and supervision of the schools:**
  The government's school supervision mechanism has completely failed. No one has initiated to explore other possibilities of developing mechanism for supervision and monitoring in local level. One of the major reasons of the educational quality degrading in the districts is poor supervision and monitoring.

- **Poor governance of the schools:**
  The head teachers and chair persons of the SMCs have been conducting their schools solely in the districts. The other members of the SMCs are just for the formality and no idea about their rights and duty. Similarly, the teachers have been working as a paid staff but not devoted as service motive. The community people hardly know the schools' affairs even most of the school exists in the middle of the village.

- **Unfriendly NFE curriculums:**
  The non-formal education curriculums for the adolescents and adults are completely formal type because the primary need of poor non-school going children (adolescents) and illiterate adults is earning money than the education. They want to earn money to support their livelihoods. They are less motivated to spare their valuable time in such unproductive reading and writing activities.

- **Unplanned positive discrimination in schooling:**
  Even the concept of positive discrimination in educational facilities to the girls, Dalit and marginalized indigenous groups' children is very good but due to the poor planning the result of this intervention is not reflecting inaction. The proof of this fact is; majority of the school drop outs are still girls, Dalits, marginalized and indigenous children of the visited districts.

- **Lack of gender and inclusion sensitive program planning:**
  Different authorities of the government and social development organizations have been conducting different activities focusing to the women, Dalits and Janjati people without any coordination among the service providers in the same area. The hub of the problem is VDC have no such a gender and inclusion sensitive plan in coordination of the service providing organizations.

2.2.4. Recommendations for resolving the above problems:

- **Prepare village profile and use database:** Village profile of each VDC has to be prepared with detail information/data of the households through participatory HH survey. The collected data should be covered the detail information on population, education, health, economical status, etc of each family. The prepared data should be used for holistic planning process of the VDC. Same information could be used in preparing SIP also like; conduction of school enrollment campaign, scholarship distribution to the disadvantaged and needy children, NFE centers conduction, ECD class conduction etc. The VDC profile should be annually updated in a

participatory way and to be used in all developmental program/projects from planning to evaluation stage as a key information resource of the VDCs.

- **Prepare school's basic needs before enrollment campaign:** The school enrollment program should be conducted after preparing the basic physical infrastructure and other needs like; adequate classrooms, furniture, toilets, drinking and sanitary water facilities, number of teachers, required scholarship and necessary support to the needy children, as well as plan for the children's retention in schools, etc. \

- **Monitor vulnerable children before their dropouts:** The teachers have to daily monitor vulnerable children for the school dropouts and regular interact with them to know their problems. The teachers have to try facilitating their problems from the school or should be raised common/generic type of problems in the SMC through head teacher. Teachers have to train on Nonviolence and Child Friendly Learning Environment methods and should be strictly implemented in the classroom as well as school.

- **Implement Multi-grade Teaching (MGT) & Grade Teaching (GT):** In case of handling more than one grade by a teacher at a time is not easy but MGT could be helpful to overcome the problem. One teacher could teach two to three grades at a time after receiving MGT training. Therefore, MGT training to the teachers of such schools is highly recommended to solve the problem. Similarly, grade teaching training (GTT) could be very much helpful for the schools where the number of teacher is sufficient in proportion of the students. GTT could help to conduct the Continuous Evaluation System (CES) of the individual children in primary grades to the teachers.

- **Create Nonviolence and Child Friendly Learning Environment:** Child friendly learning environment teaching methods training is highly recommended for the whole school teachers. The implementation of the received training in schools by the teachers should be strictly monitored and should be tied up with teachers' performance and other kind of benefits.

- **Prepare SIP in participatory way:** The initial exercise of preparing SIP in schools should be started in participation of parents and all stakeholders (including I/NGOs who have been working in the same community) of the schools. Till these days, the process has been starting from the DEO/RP but it should be turned apposite and started from the community. SIP should be reviewed and used in each meeting of the SMC/PTAs and other meetings of the schools.

- **Establish participatory supervision and monitoring mechanism:** The possibilities of the participatory supervision and monitoring system should be explored in participation of the local stakeholders in local level. The traditional concept of supervision should be changed in best practices learning opportunities from the seeking things to be improved. The objective of the supervision should be changed into 'lesson learnt' from 'providing feedback for the improvement'. This positive approach of the supervision could be applied within the teachers also. Creating environment to invite teachers each other to show their classroom teaching could be developed in schools. If the class observer teacher enters in the class as a seeker of the positive things in the teaching, that could be very much supportive to ease the supervision system in schools. Similar approach could be adopted in the case of SMC/PTA as well as parents and mother groups also. They could invited frequently to see the positive things in the schools like; students' achievements, co curricular activities, school's physical development activities, financial and management system and its transparency, etc.

- **Share responsibilities among parents:** Till these days the parents are completely ignored in schools' affairs expect asking donation for the schools. The SMC and PTA are formed in schools just for formality of the educational act. Likewise the VEC should be formed immediately in each VDC. The SMC, PTA and VEC should be well oriented and trained on their responsibilities to the schools as well as educational development of the VDC. The PTA should be trained as a pool between school and total parents of the concerned school. The PTA should be mobilized as an umbrella committee of the parents by forming different sub committees in participation of majority of the parents in any one of the following sub committees as; physical development sub committee, fund raising sub committee, social relation and parental mobilization sub committee, educational quality enhance sub committee, school good governance sub committee, etc. All these committees should be prepared their annual action plan in a participatory manner that should be reflected in the SIP and approved by SMC. Likewise, periodic strategic plan for the school development plan could be prepared in schools in participation of the parents. Regular meeting between parents and schools could minimize gap between parents and schools.

- **Focus ECD in schools and communities:** The most important part of the human life from the development perspective is early childhood stage because a child learnt most of the things in this stage. Children's all-round developmental activities rapidly take place in this stage. In present situation, neither the teachers are aware in this matter not parents. This is why; the teachers and parents should be sensitizing on the importance and needs of the ECD. The schooling should be focused on the small kids than the grownup children. Model classroom, non violence child friendly teaching environment should be created from the ECD/Shishu/Preprimary classes. The data of the visited districts show that around 50% children of the ECD aged are still at the home. Therefore, community based as well as school based ECDs should be strengthen and new centers could be opened in participation of parents, VDCs, I/NGOs, DEO, as per the needs of the communities. The community based ECDs should be linked with nearest schools for the smooth enrollment of the ECD graduates in the new academic year. The existing curriculum of the ECD and grade one should be reviewed to maintain their age wise standardization.

- **Plan ASP according to the real needs:** The alternative schooling program has been designed in a hypothetical way by the government and annually allocated quotas in the districts. As per the information received from the stakeholders of ASP, they are not well conducted and having high dropout problem like in the schools of the same area. Therefore, the root causes of the school dropouts have to be assessed first in a comprehensive way in the districts specially focusing to the most vulnerable area. Then the ASP classes should be distributed as per the needs of the communities' demand based on the data of the concerned VDC. The curriculum of the ASP should be redesigned making it totally vocational based package to support the adolescent children for their families' livelihood promotion. Otherwise, the productive members of the families (adolescents) could not pay their spare time in such an unproductive literacy activity. The role of the I/NGOs could be lobbing on changing curriculum to the concerned government authorities.

- **Link Literacy program (NFE) with earning:** The primary needs of the adults is earning for their family but not literacy skills. One of the main causes of adult education (literacy program) failure in Nepal is the de-motivation of the adults to the literacy program. Adult education program, its curriculum, modalities, approaches; etc should be reviewed and redesigned in a learners (adults) friendly manner in Nepal. The contents of adult education (literacy) program should be flexible as per the local context and entirely income generation based. It should be demand based and fully controlled by local people. The role of the I/NGOs could be lobbing on changing curriculum to the concerned government authorities.

- **Practice gender and inclusion sensitive program:** The VDC has to be coordinated whole developmental program and activities of the GOs, NGOs and INGOs to be conducted in the concerned VDC and reflected in annual VDC plan. This plan should be designed as gender and inclusion sensitive plan as per the updated village profile of the concerned VDC. The gender and inclusion aspect should be monitored from planning to evaluation of the VDC plan in each steps of the project cycle. The VDC profile and its data should be updated annually based on the annual achievements of the VDC plan.

2.3. ECONOMIC EMPOWERMENT

2.3.1. Dang District

At District Level:

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations of poverty and economic development.

- Development of agriculture is the most important factor for economic development of rural people
- More than 20 NGOs/CBOs are working for agricultural development and more than 30 NGOs/CBOs for economic empowerment in Dang
- Kamaiya (male bonded labour) abolished but still they are not accommodated fully
- Girls are still working as Kamlari (female bonded labour) in some places
- DDC is implementing LGCDP, QIPSI, DACAW and RAIDP for economic and social empowerment of community
- The district is potential for coal and cement production. Coal is being produced and establishment of cement factory is under process
- Most of the VDCs have road facility, electricity facility and means of communication but still there some VDCs and communities which do not have these facilities.
- People of hilly district migrate into Dang.

Agriculture and livestock

- Agriculture Development Office distributes improved seed, fry, constructs small scale irrigation projects, provides training and technical support to the farmers
- There are 381 farmer groups with 6050 (2303 female and 3747 male) farmer members
- Major agriculture products: Rice, wheat, maize, millet, barley, oilseeds, potato, vegetable, gingers, mango, leeches, pineapple, papaya, banana, dairy products, meet products etc.
- Major problems are: lack of irrigation facility, lack of finance, inadequate numbers of trained technical persons, and lack of awareness, lack of specialization, commercialization and professionalism in farming.
- Difficult to cover all the community by limited technical human resources of Agriculture Development and Livestock Development Office.
- Need of capacity development of district agriculture office
- Possibilities are: Off-seasonal vegetable production, fruits (mango, leeches, pineapple, papaya, banana) production, beekeeping, ginger production, coffee production and grinding, livestock farming (cow, buffalo, goat), poultry farming etc

Market potentiality

- There are nine centers for agriculture market which are inadequate for whole Dang districts and linkage with wholesale market is weak
- The Hat Bazaars (Local markets) are to be promoted

- Currently, market of Dang (different area) is sufficient to sale the local product but if the production is scaled up the existing market is not sufficient. So it needs to linkage to big wholesale market of country
- There is also potentiality of accessing Indian market for the product

Cottage and small industries

- District cottage and small industry office is working for development of such industries
- It provides skill based training in different sectors
- Major trainings are: Noodles production, sewing and cutting, cycle/motorcycle repairing, candle production, Mudha (seat) production, Radio/T.V. maintenance, entrepreneurship development etc
- Lack of market potentiality for all the product
- About 30-40% participant utilize the skill commercially
- People of higher caste do not work commercially in comparison to lower caste
- Trained people do not adopt the job professionally

Irrigation

- Inadequate irrigation facility
- Most of the sources of water are Khahare Khola (stream) and water is not available through out the year. There exists water only in monsoon season.
- The VDCs having sufficient agriculture land but without having source of surface irrigation, underground irrigation can be developed.

Land distribution pattern

Area of land (in hectare)	Percentage of people holding land
<0.1	0.45
0.1-0.2	1.52
0.2-0.5	9.24
0.5-1	21.41
1-2	28.74
2-3	10.00
3-4	3.87
4-5	2.73
5-10	3.77
>10	18.27
Total	**100.00**

Source: District Profile, Dang, Branch Statistical Office

Tourism

- There are possibilities of tourism development in Dang
- Lakes like Barhakune, Charinge, Jakhera, Jyamire can attract tourists
- Religious places are also potential places for tourism development
- Rural tourism can be developed in Tharu community
- Chamere cave is also a potential place for tourists

Access to financial market

- Micro credit programme is a good source for finance for rural people
- A number of NGOs are providing services for micro financing. Some of them are affiliated to Nepal Rastra Bank
- They form groups and provide loans for the group members. The group members also collects saving from themselves

- They also support by providing skill based training for the group members
- About 75% members are economically empowered by the micro-credit programme
- Other sources of rural financing are: agriculture development bank, gramin bikas bank, commercial banks, development banks, finance companies, cooperative and saving and credit groups
- Still the unorganized sources have dominance in rural financing

At VDC level (Rampur VDC, Dang) *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to the education:*

General information:

- Most of the people are dependent in agriculture and they are poor
- The agriculture is traditional and subsistence in nature
- Some farmers of Rampur are involve in commercial vegetable production
- Irrigation facility is not sufficient for all agriculture land
- Farmers have very less area of land. About 60% farmers hold only less than one Bigaha land
- The major properties are: Land and houses, livestock, shares in cooperatives. People of count in fingers have vehicles and mill and share of other company.
- Farmers do not have effective occupational organization

Cooperative

- Small Farmers Agriculture Cooperative and Sarayu Fresh Vegetable Production and Seed Promoter Farmer Cooperative are active in the Rampur VDC
- About 800 families out of 2110 families are affiliated in the cooperatives
- The proportion of male and female members is 50% while Bahun and Chhetries are 50%, Tharu are 20%, Dallit are 15% and Janajaties are 15%
- The Cooperatives collects saving and disburse loan to its members
- Rate of interest in saving is 7% and in loan is 11-12%
- Areas of investment are: Rice, wheat, maize, Oilseed, vegetable, ginger cultivation; cow, buffalo, pig, goat farming; foreign employment etc.
- Problems are: Coverage is limited, investment is not sufficient to meet the financial need of people, no capacity for technical support to farmers

Employment situation

- The occupations of most of the people are traditional and subsistence agriculture in which they produce rice, wheat, oilseed maize cultivation; goat, buffalo, pig, farming
- Some farmers involve in commercial production of vegetable production and poultry farming
- Some people involve in small business like shop, dairy products
- People involve in service sector of government and non government sectors
- People go to India for employment at agriculture leisure time
- Few people go to Gulf countries and Malaysia for employment
- Some people have skill like carpenter, mason and they get job in community.
- Landless and poor people work as labour in daily wages basis
- In agriculture, underemployment and disguised unemployment exist
- Educated youth are unemployed as the education is not linked to profession and income generation.

Opportunity for economic development

- Ghorahi, the district headquarter is close and linked with road
- About 70% communities have electricity and communication facility

- Water is available in the local Kholas (Stream) for irrigation
- Cooperatives and saving and credit groups are in well functioning situation
- Local dairy firm can purchase any quantity of the milk produced in community
- People have developed positive attitude for economic development
- Skilled human resources (carpenters, mason, tailor) are available
- Foreign employment agency is available in VDC
- Tourism promotion is possible by developing local lakes religious sites

Rural finance

- Cooperatives and saving &credit groups are the supplier of rural finance
- Some people also take loan from urban based finance institutes
- Un-organised sources like money lenders, landlords still provides loan to rural people
- Saving of the community people is very low because they are less sensitive toward saving habit. They spend more than what they earn. Especially, they spend unnecessarily in feast festivals and liquors.
- Though the unorganized source is very expensive (interest rate up to 60%), rural people are to be dependent on them because supply of rural finance is not sufficient to meet the demand.

Community access to service providing offices

- Community people do not have easy access to service providing agencies of government and non government sectors
- Both in district level and VDC level there are offices of service providing agencies but all community people are not able to get service from them
- The people are not aware and familiar to the responsibilities of those duty bearers**.**
- The duty bearers either do not have capacity or accountability for service providing to the people

Vegetable production

- Farmers of Rampur has been involving in vegetable production for 10 years
- They are familiar with the methods of vegetable production because they are trained to get technical skills
- Sarayu Fresh Vegetable Production and Seed Promoter Farmer Cooperative is active for promotion of vegetable production
- They can easily sell the vegetables in Ghorahi
- Use of chemical fertilizers and pesticides is very high and is not systematic and scientific
- They have limited land of their own
- They cultivate land of landlord to plant rice, wheat, maize and oilseeds but they do not have practice to cultivate the land of land lord for vegetable production
- No provision of agriculture insurance

Goat farming

- District livestock development office initiated for goat farming by forming 'Paurakhi Goat Farming Group' of 50 members of 50 families
- There are five sub groups consisting ten members in each.
- The proportion of male and female members is 50% while Bahun and Chhetries are 20%, Tharu are 60% and Dallit are 20% in the group
- The district livestock development office provided 20 goat and group members themselves bought 30 goats. Now each family has one goat.
- The farming system is not scientific and professional. They do not have any technical knowledge of goat farming.

Situation of Women, Janajati and Dalits

- The economic situation of women, janajati and dalit is worse compare to their counterparts
- Women do not have access in property
- They have high work load but it does not give any income directly.
- They are victim of domestic violence also
- Janajati and dalits are poor and uneducated in comparison to higher caste people. The have very less land and other property
- They do not have access on development related organisation
- Dalits are victim of social discrimination
- They have backward values and intuition to ward development

They have given up the traditional skill and occupation and have not adopted new profession for income generation as a result they converted in unskilled labour.

2.3.2. Salyan District

At District Level

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations of poverty and economic development.

General information:

- Development of agriculture is the most important factor for economic development of rural people
- Out of 37, more than 25 NGOs/CBOs are working for economic development
- DDC is implementing LGCDP, QIPSI, LDF and RAIDP for economic and social empowerment of community.
- The district is renowned for orange and ginger production. The Kapurkot area is famous for vegetable production and the vegetables of Kapurkot go to Dang, Nepalganj and Butwal.
- The district is very potential for goat farming
- Most of the VDCs have road facility but the quality of road is very poor. Electricity facility and means of communication are not accessible to large proportion of people.
- Most of youth (male) migrate to India for employment at the agriculture leisure time

Agriculture and livestock

- Agriculture development office distributes improved seed, constructs small scale irrigation projects, provides training and technical support to the farmers
- Agriculture Expansion Programme supports for promotion vegetable, orange, ginger production and their market promotion
- Major agriculture products: Rice, wheat, maize, millet, barley, potato, vegetable, gingers, papaya, banana, dairy products, meet products, herbs, chilly etc.
- Major problems are: lack of irrigation facility, lack of finance, lack of transportation, inadequate numbers of trained technical persons, and lack of awareness, lack of specialization, commercialization and professionalism in farming, green virus problem on orange.
- Difficult to cover all the community by limited technical human resources of district agriculture and livestock offices.
- Possibilities are: vegetable production, potato, soybeans, pulse*(Mass)*, fruits (orange, guava, banana) production, beekeeping, ginger and turmeric production, livestock farming (cow, buffalo, goat), poultry farming etc

Market potentiality

- Karpurkot agriculture market covers five VDCs and Kahalanga, the district headquarters covers the surrounding VDCs but there are no other market places
- The Hat Bazaars (Local markets) are to be promoted
- Market places should be developed and linked to big wholesale market of country.

Cottage and small industries

- District Cottage and Small Industry Office is working for development of such industries.
- It provides skill based training in different sectors
- Major trainings are: Sewing and cutting, candle production, Mudha (seat) production, Radio/T.V. maintenance, entrepreneurship development, *Allo* processing, shawl weaving etc.
- Lack of market potentiality for all products
- About 30-40% participant utilize the skill commercially.
- All the trained people do not adopt the job professionally.

Irrigation

- Inadequate irrigation facility due to hilly region. The rivers and stream are at lower part of hill and area for cultivation is in upper part of hill
- Most of the sources of water are Khahare Khola (stream) and water is not available through out the year. There exists water only in monsoon season.
- For the area having potentiality for agricultural product but without having source of surface irrigation, rainwater harvesting can be used as the source of irrigation.

Land distribution pattern

Area of land (in hectare)	Percentage of people holding land
<0.1	1.59
0.1-0.2	4.26
0.2-0.5	29.00
0.5-1	36.83
1-2	22.87
2-3	4.09
3-4	0.91
4-5	0.34
5-10	0.11
>10	0.00
Total	**100.00**

Source: District Profile, Salyan, Branch Statistical Office

Tourism

- There is possibility of tourism development in Salyan
- Lakes like Kupende and Kachhuwa can attract tourists
- Religious places are the potential places for tourism development
- Rural tourism can be developed in Magar community
- Trekking route can be developed from Dang to Salyan

Access to financial market

- Micro credit programme is a good source for finance for rural people but there not any organization using the concept of micro credit.
- Other sources of rural financing are: Agriculture Development bank, NGOs, commercial banks, development banks, finance companies, cooperative and saving and credit groups.
- For rural people it is very difficult to get loan from organized source.

- Still the unorganized sources have dominance in rural financing which is very much expensive

<u>At VDC level (Kupinde VDC, Salyan)</u> *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to the education:*

General information:

- Most of the people are dependent in agriculture and they are poor
- The agriculture is traditional and subsistence in nature
- One or two farmers are involve in commercial vegetable production
- Irrigation facility is negligible
- Farmers have very less area of land. Most of the farmers hold only less than half hectare land
- The major properties are: Land and houses, livestock
- Farmers do not have effective occupational organization
- Their values and intuition toward earning is very pessimistic. They said," *Challa- Challi becher ke dhani bhaincha* (how can we become rich by selling one or two small chickens)?" or "Purkha le nagareke kam (how can we do the profession that was not done by forefathers?)"

Cooperative

- Kupinde Saving and Credit Cooperative are working Kupinde VDC.
- About 90 families are affiliated in the cooperatives. Majority of the members from dalit
- Dalits of that area are socially empowered and the discrimination is negligible in that area
- The Cooperatives collects saving and disburse loan to its members.
- Areas of investment are: ginger cultivation, goat farming and household use.
- Problems are: coverage is limited, investment is not sufficient to meet the financial need of people, no capacity to provide technical support to farmers

Employment situation

- The occupations of most of the people are traditional and subsistence agriculture in which they produce rice, wheat, oilseed maize cultivation; goat, buffalo, pig, farming.
- Some farmers involve in commercial production of vegetable production
- Some people are involve in small business like shop
- People involve in service sector of government and non government sectors
- Most oft the people go to India for employment at agriculture leisure time
- Few people go to Gulf countries and Malaysia for employment
- Some people have skill like carpenter, mason and they get job in community.
- Landless and poor people work as labour in daily wages basis
- In agriculture, underemployment and disguised unemployment situation exist.
- Educated youth are unemployed as the education is not linked to profession and income generation.

Rural finance

- Cooperatives and saving &credit groups are the supplier of rural finance
- Some people also take loan from urban based finance institutes
- Un-organised sources like money lenders, landlords still provide loan to rural people
- Saving of the community people is very low because they are less sensitive toward saving habit. They spend more than what they earn. Especially, they spend unnecessarily in feast festivals and liquors.

- Though the unorganized source is very expensive (interest rate up to 60%), rural people are to be dependent on them because supply of rural finance is not sufficient to meet the demand.

Community access to service providing offices

- Community people do not have easy access to service providing agencies of government and non government sectors
- Both in district level and VDC level there are offices of service providing agencies but all community people are not able to get service from them
- The people are not aware and familiar to the responsibilities of those duty bearers**.**
- The duty bearers either do not have capacity or accountability for service providing to the people

Situation of Women, Janajati and Dalits

- The economic situation of women, janajati and dalit is worse compare to their counterparts
- Women do not have access in property
- They have high work load but it does not give any income directly.
- They are victim of domestic violence
- Janajati and dalits are poor and uneducated in comparison to higher caste people. The have very less land and other property
- They do not have access on development related organization
- Dalits are victim of social discrimination
- They have backward values and intuition toward development
- They have big family size
- They have given up the traditional skill and occupation and have not adopted new profession for income generation as a result they converted in unskilled labour.

2.3.3. Analysis

Poverty is the major problem in community of Dang and Salyan districts. There is widespread poverty in the rural areas of both districts so the needs of community people of both areas are almost same. Economic empowerment will reduce the poverty level of community people. The main causes of poverty are:

2.3.3.1. Major problems in Economic Development

1. Less development of agriculture sector:

"Khana launa pugdaina (Food is not sufficient to eat)". This is common statement of the poor people of community. This is not only about to eat but about the fulfilling the basic needs of the community people. Most of the rural people are dependent in agriculture but food insecurity is high. The main reason for food insecurity is low productivity in agriculture sector. The agriculture sector is under developed so the productivity is low. The major issues of less development of agriculture sector are

- **Traditional cultivation approach**
  Most of the farmers are adopting the traditional technology for farming. In case of production of crops, they are dependent in traditional equipments, seeds and technology. So the productivity is very low. Due to the illiteracy or lack of training or proper education on agriculture, they do not have technical knowledge in modern technology of farming. In case of livestock farming or poultry farming, they do not have knowledge on nourishment, shed management or animal health. In case of fishery or bee keeping, they are not familiar with recent technology of farming.

Moreover, most of the farmers are not ready give up the traditional cultivation of food crops like rice, wheat, corn, millet and barely etc. They think that they would die due to lack of food if they do not cultivate rice, wheat, corn, millet. Production of only the vegetable or goat can not feed them.

- **Absence of specialization in farming**
  The farmers produce agriculture products for subsistence. They produce every thing to fulfill their day to day need. One farmer produces rice, wheat, vegetable, meat, milk, fruit. They consume whatever they produce in their field. In one hand the production is in small amount and just meets their need. In other hand, they are not interested to sell in the market. Without selling in market, they can not earn money and subsequently, they can not invest for modern seeds, fertilizers, pesticides and equipments.

  As farmers produce of every thing, they become familiar in all products but can not get specialization in one or two single products. Without specialization it is impossible to produce large amount efficiently

- **Lack of irrigation facility**
  Irrigation facility is not sufficient in both Dang and Salyan district. In Dang, there are plenty of Kholas (Streams) running from north to south but most of them are dry in summer season. In winter season the water flow is very less. In monsoon season those Kholas are the source of irrigation. In Deukhari valley of Dang, there is Rapti river which can be used as the source of irrigation. Similarly, southern part of Dang valley, there is Babai river but it has limited potentiality for irrigation. In Salyan district, most of the Kholas are at the bottom of the hill so irrigation is more difficult than Dang. There are Sarada, Babai and Bheri rivers which are potential for irrigation in lower belt.

- **Under employment and disguised unemployment in agriculture sector**
  In both districts, there exist under employment and disguised unemployment in agriculture sector. In traditional agriculture system, the farmers are to be busy only for 6-7 months. In other time they become unemployed which is known as underemployment situation. Similarly, all the family members involve in same area of land for cultivation. As a result, the marginal productivity of labour is very near to zero which is the situation of disguised unemployment.

- **Lack of agriculture insurance**
  There is not adequate provision of insurance of crops and livestock. So farmers have to bear loss in time to time.

- **Less land in hand of farmer**
  Most of the real farmers have very less land as their own property 62 % farmer have less than two hectares land in Dang and 72% farmer have less than one hectare land in Salyan. Rich people have large area of land. This is the obstacle for development of agriculture and increase the productivity.

2. No/less employment opportunity in non agriculture sector:

Due to less land in hand of the farmer, no diversity in agriculture production, no market, no new technology and no other sectors' improvement, there is no/less opportunity in agriculture and non agriculture sectors. The major issues of no/less employment opportunity are:

- **No any initiation for development of subsidiary sector along with agriculture**.

None of any concern agencies and any one has developed the integrated plan for development of the subsidiary sectors. Agriculture development in isolated way is not sufficient for poverty reduction of rural people.

- **No employment focused Education:**
  Existing education is not directly linked to income generation activities. So, most of the educated people are not unemployed. They do not have knowledge and skill to work in agriculture sector and other productive sector

- **No any steps has taken for the Development of tourism industry:**
  Till now there are not any organized efforts in these areas. DDCs invest some amount for tourism development but it is not sufficient.

3. Traditional values and intuition of people for economic empowerment

Non material factor are also equally important as the material factor for economic empowerment of rural people. Attitude of people toward earning and empowerment plays significant role in poverty reduction. Some people consider poverty as the outcome of activities of past life while others consider that it can be eliminated by our own sweat. The values and intuitions supporting to second thought are to be promoted but it is found less in poor community of Dang and Salyan. The major issues of backward values and intuitions for economic empowerment are:

- **Pessimistic attitude for productive activities and increase in income**
  People are not optimistic or enthusiastic toward productive activities or income generation. Similarly, they are not aware to utilize the leisure time in productive activities. The expectation of poor people is very high. They want to be rich in very short period but are not ready to earn less amount of money buy using idle labour. The unemployed youths do not take initiation to utilize existing resources in productive sectors. This is due to lack of awareness and exposure

- **Excessive expenses in festivals and liquor**
  The earning of poor people, in one hand, is very less and in other hand they spent more than their earnings in feasts and festivals. Culturally, Dalits and janajaties spend more money on liquors. As a result, they can not save money and can not invest for more earning

- **Lack of occupational organization**
  The farmers or entrepreneurs are not organized on the basis of occupation. The people who are involved in production are working in individual basis. Because of this they have less capacity to solve their problems.

4. Poor focus on development of capacity and infrastructure

In one hand the capacity of rural people to initiate the economic activities is very low due to lack of knowledge and training. They do not have capacity to explore financial resources. Similarly, their access to service providing agency is low.

The rural infrastructure is also underdeveloped situation. The facility of road, electricity, communication and market is not sufficient. The major issues of development of capacity and infrastructure are:

- **Lack of entrepreneurship capacity**

The entrepreneurial capacity is very low in community people. They are not familiar about the market and price of commodity as a result they have to bear loss from production. They can not compete in the market as a result give up the production.

- **Unavailability of finance in rural area**
  People of community are poor because they are poor. They do not have sufficient saving so they can not invest by themselves. Availability of finance in rural area is very less. There are organized sources like Agricultural Development Bank, Cooperatives, Saving Credit Groups and NGOs, Commercial and Development Banks and Finance Company but most of them are centralized in district headquarters. So the rural people are to be dependent in unorganized sector for finance which very much expensive. In other hand the rural people do not have capacity to invest large amount of money.

- **Less access to service providing offices**
  Due to the lack of knowledge and capacity, rural people are deprived from services of government offices. Similarly the service providers are less accountable to their responsibility due to lack of advocacy. In other hand, the capacity of those service providers is also low.

- **Market problem**
  Linkage with the market is a big problem for agriculture as well as the non agriculture products of goods and services. The market places are not developed in sufficient places. If there are any, they do not have linkage to the wholesale market. Similarly, the basic infrastructures of market like road, electricity, communication are not sufficient in all rural area.

- **Exclusion and poverty**
  Mostly women dalits, and janajaties (especially Kamaiya and Kamlari in case of dang) are excluded from main stream of development and they constitute a large numbers of poor. For poverty reduction of rural people, inclusion of those marginalized people in mainstream of development is essential.

2.3.4. Possible solutions / Recommendations:

To address the above problems identified following activities are essential to be conduct
For economic empowerment following are essential:

1. Development of Agriculture by:

- **Addressing to traditional cultivation approach:** Following activities are essential:
  - Train the farmers to get knowledge and skill of modern technology
  - Motivate the farmers continuously to adopt the modern technology
  - Motivate the farmers to shift from traditional food crops to cash crops or livestock, poultry farming

- **Encouragement on specialization farming:**
  As farmers produce of every thing, they become familiar in all products but can not get specialization in one or two single products. Without specialization it is impossible to produce large amount efficiently. Following activities are essential
  - Production of one or two product by one farmer
  - Specialization on the specific production

- **Irrigation facility to be increased and improved:** Following activities are essential:

- Construction of small scale irrigation projects in Kholas and rivers
- Promote production like poultry, goat farming, bee keeping etc which needs comparatively less water that cultivation
- Collect rain water for in hilly area
- Promote underground irrigation project in plain area
- Promote drip irrigation system
- Promote multi use of water

- **Explore employment opportunity in agriculture sector:** Following activities are essential:
  - Modernization of farming
  - Development of subsidiary sector
  - Creation of more employment opportunity in other sectors

- **Provision of Agriculture Insurance:** insurance facilities should be available for the farmers

- **Management of land and diversity of agriculture production:** Following activities are essential:
  - Promotion of agriculture production like poultry, goat, pig farming etc which needs comparatively less area of land than cultivation
  - Make contract between small farmers and big farmers who do not cultivate by themselves for vegetable production
  - Do advocacy for scientific land reform to the government

2. **Creation of employment opportunity in non agriculture sector:** Along with the agriculture development, creation of employment opportunity in other sectors like subsidiary sector, tourism industry, handicraft industry also helps for economic empowerment of rural people.

- **Development of subsidiary sector**
  Agriculture development in isolated way is not sufficient for poverty reduction of rural people. The subsidiary sector that is closely related to the agriculture also plays a significant role for its development. The areas of subsidiary sectors are food production for chicken, cow, buffalo; shop for pesticides, fertilizers, veterinary; dairy firm, Vegetable business, Coffee grinding, Herb processing etc. Development of the subsidiary sector in one hand helps to provide raw materials or input to agriculture sector and in other hand uses the product of agriculture product as raw materials and expands the market potentiality. Therefore, It is obviously seen that the development of integrated plan for promotion of subsidiary sector is essential.

- **Education and training for employment**
  The unemployed educated youths are to be trained for income generation. As there is not sufficient market for large number of trained persons, market survey in the community is essential. Only that number of people should be selected for such training which is demanded in labour market.

- **Developing of tourism industry**
  Development of tourism industries for both internal and foreign tourists can support for employment creation and poverty reduction. To develop tourism industry, a large amount of investment and intensive effort is essential. Following activities are essential develop the tourism industry:
  - Promotion of tourist sites like Lakes, forest, religious places etc
  - Rural tourism development in Tharu and Magar community
  - Trekking route development from Dang to Salyan

3. Change the values and intuition of people for economic empowerment

Positive Attitude of people toward earning and empowerment supports in poverty reduction. The values and intuitions supporting to second thought are to be promoted.

- **Develop optimistic attitude for productive activities**
  Enthusiasm toward productive activities or income can be developed through:
  - Continuous motivation and encouragement to engage in productive activities commercially
  - Exposure to the community people with successful entrepreneurs

- **Control in expenditure and save money:** Following activities are essential to overcome with the bad practices of excessive expenses in festival and liquor:
  - Continuous motivation for people for social reform
  - Advocacy and pressure creation against such practices

- **Support in Developing occupational organization**
  The farmers or entrepreneurs are to be organized on the basis of their occupation. The people who are involved in production are to be worked in common basis and their capacity should be developed to solve their problems. To develop occupational organization following activities are essential
  - Form group of farmers/entrepreneurs for the specific production
  - Conduct group meeting for regular sharing within the groups

4. Development of capacity and infrastructure

Following area are needed to develop the capacity and infrastructure

- **Improve the entrepreneurship capacity**
  To make entrepreneurial capacity in community people, they should be familiar on market and price of commodity as a result they have to be in profit from production. They should be able to compete in the market. Following activities are essential to improve the entrepreneurship capacity.
  - Train the people in to enhance entrepreneurship capacity
  - Regular update of the market situation

- **Make availability of finance in rural area**
  Rural people are to be dependent in unorganized sector for finance which very much expensive. Following activities are essential to overcome these problems:
  - Run micro credit programme
  - Develop the habit of regular saving with in the group

- **Ensure the accessibility of service providing offices**
  Service providers are less accountable to their responsibility due to lack of advocacy. In other hand, the capacity of those service providers is also low.
  Following activities are essential to overcome these problems:
  - Advocacy campaigning in the service providing offices
  - Increase personnel and official capacity of the offices

- **Availability of market**

Linkage with the market is always essential for agriculture as well as the non agriculture products of goods and services, which is absent or less access of availability of market in the rural community. Similarly, the basic infrastructures of market like road, electricity, communication are not sufficient in all rural area which to be address by conducting following activities

- Develop Hat Bazaar at community level
- Develop infrastructure for district level of regional level market
- Establish linkage to wholesale market

Exclusion and poverty

Mostly women dalits, and janajaties (especially Kamaiya and Kamlari in case of dang) are should bring into the main stream of development which constitute a large numbers of poor. For poverty reduction of rural people, inclusion of those marginalized people in mainstream of development is essential.

Following activities are essential to overcome these problems:

- Form separate groups for women, dalits and janajaties
- Focus especially the excluded group in every activities of economic empowerment

2.4. WATER AND SANITATION

2.4.1. Dang District

At District level:

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to water supply sector.

Findings in Water Supply Sector

General Information:

- There are total 103 NGOs that are working in the different Dang district
- According to the district Water Supply and Sanitation Division Office (WSSDO) 47% of total HHs have the access on water supply through pipe supply system
- 67.58% of total HHs are the total Beneficiaries of Water Supply in Dang District (WSSDO)
- The main source of Water is Dug well and Cemented Well
- The community people doesn't apply any method to purify water
- Towards the north side, there are more taps constructed in comparison to the south side.
- In Ghorahi and Tulsipur side there is well managed water supply system
- There is not any problem of Arsenic
- Towards in Deukhuri Valley (in Belghundi), ground water system WS project has also been initiated. The water has been found in 15-16 meter deep. This system is better to supply water towards the area of Rapti and Babai river side. Tube well, Hand Pump can also be constructed in this area.
- WSSDO is working to provide water to the people within the 15 minute distance until 2015 to meet the MDG goal
- Rain water conservation WS system is another possible WS project which is feasible
- Potential sources for large scheme Myadi River Pyauthan (But it need highest budget)
- Rapti khola is also potential source towards the Deukhuri area for Gravity flow WS schemes
- Hand pump has been constructed in 15 VDCs where the living standard of people is very low. So this system is also one better idea to provide WS to the people with low income.
- The main problem of drinking water is in the surrounding area of Highway. There is lack of sources

- There is the lack of sources for the gravity water system and in the existing water source; there is the problem of lime. Lime problem has also been affected the constructed scheme. After some years, due to the increasing layer of lime in pipe, it is creating problem. It has been seen that this problem will be high in future days.
- Towards the Ghori Valley Katuwa river can be used for gravity flow water supply system.

Findings in Sanitation Sector

General Information

- In Dang district UNICEF/DACAU program has declared 1 VDC (Dhikpur) as stool free VDC where there is latrine in all houses. This program is planning to declare other 5 VDC (Lalmatiha, Hapur, Narayanpur ....). It has taken the aim to expand its program and to cover all VDCs of Dang district until 2012. This program has also provided water filter in all the schools of 20 VDC. It is expanding those services by 2 VDCs each year.
- In the schools of 20 VDC where the Filter has been provided, Child club has been formed which conduct awareness program on every Friday and 1 motivator has been managed in each VDC which conduct HH observation in each house of the VDC and provide necessary support regarding Sanitation by Save the children Norway. The child club has been formed and mobilized by the district level district child committee.
- In Dang district there is less number of toilet towards the side other than Rapti. Towars Rapti due to having WS source, some NGOs are working in this sector and situation is little better than in other side.
- Because of not having the good sanitation situation, there is prevailing of cholera.
- It has been said that people of Dang lack the Knowledge of Sanitation practice. Due to this there is traditional sanitation situation prevailing in some communities, especially in Dalit and Janajatis community. But one positive sign is that the houses are used to sweep in every morning by every family.
- Because of not having good sanitation practice skin disease especially to children has been seen.
- The people used to throw their solid waste in manure thrown place and their liquid waste is flowed every where around house surrounding
- According to the district level people, Dang people mainly needed awareness raising program regarding good sanitation practice
- In some VDC the sanitation condition is better than others as number of toilets are satisfactory. Such as in Bijauri VDC there is 50 % toilet and in Manpur VDC there is 60.65% HHs have constructed toilet.
- As most of the region of Dang is covered by the forest, people living near jungle and who doesn't have toilet are using Jungle as toilet.
- Dang people interest towards bio-gas plantation and Improved Cooking Stoves has been increased

At VDC level : (Sarayu) Surkidangi, Rampur VDC, Dang : *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to water supply sector.*

General Information:

- According to the community/VDC people quality of water of pipeline (gravity flow) WS project is best
- As per observation and by the verbatim of community people, main source of Water is Tap/Dug-cemented well

- In the previous constructed project it has been seen that there is lack of water in the project and because of this many constructed tap has been remained non-water. This is because of population growth
- It has been seen that the capacity of the existing project need to be enhanced if the source afford. But prior doing this, a detail feasibility survey should be conducted.
- According to the community people the main causes of not having water supply scheme in the community/VDC is because of lack of knowledge, lack of budget, lack of water sources, vulnerable economic condition and others
- In Dang district there is not any sign of conflict that would be come regarding the water sources
- Water problems mainly occur for the people who are using the water from well and river in Chaitra, Baishakh, Jestha Asar

At VDC level : (Sarayu) Surkidangi, Rampur VDC, Dang : *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to Sanitation.*

- In Rampur VDC, 60% HHs have toilets. But it has been seen that because of not having the knowledge of toilets and its use, some HHs are not using it. They are rather using it as store house for grass and firewood.
- According to the community people and as per observation it is found that they use to wash their hands before and after meal and after toilet. But this better habit is being affected by the lack of water which is seeing one major problem of sanitation situation improvement.
- It has been seen that the school children while going to school, maintain neat and tidiness. Family has provided special support for this.
- Sanitation condition is not proper among the dalit and janajatis community. As per observation it has been seen that the surrounding of house is covered by the manure, liquid waste and other type of waste. The cattle rearing method is also not satisfactory. People are keeping their cattle anywhere at road which is being used as public shed.
- The intellectuals, teachers and leaders of WS user committee and others said that the main reason behind this type of sanitation practice is because of lack of awareness. So, they gave main focus for launching awareness raising activities/programme.
- The community people need to be provided both economic and technical support for toilet construction. Toilet construction is not only sufficient to bring sanitation change, its use and utilization is also a key part of this.
- But people said that sanitation condition has been improved better than previous. But even now, especially in dalit and janajatis communies left food of past days use to be eaten. Youths pay special attention to maintain sanitation practice more than oldies. But sometimes the opinion of old people is affecting the attitude of the younger. There are many women groups formed and they discussed about the sanitation situation in their monthly meetings.
- People have great interest for constructing Improved Cooking Stoves (ICS) and construction of Bio gas. In some communities, there are constructed and well run ICS and Bio-gas plant
- The community people said that up to now; no epidemic has occurred by the bad sanitation condition. But observing the sanitation situation, it can't be said that no such epidemic will attack in future days.

2.4.2. Salyan District

At District Level

Situation of water supply

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to Water supply.

General information:

- Most of the part of Salyan District has been covered by SALLO Tree. Because of this there is lack of water sources for good and sustainable water supply scheme. So there is high problem of drinking water.
- Salyani people are wasting 1-2 hours to bring water from the water sources. Because of the geographical structure and the scattered houses, they need to walk for a long time for this. Main source of WS is natural well and water availability there is not sufficient. So, sometimes people should wait for a long time to get turn. Besides the quality of water is not good. The quality is being affected by the contaminated situation of the source surrounding area.
- The District Water Supply and Sanitation Sub-Division Office has initiated 38 Community WS project through the local partner NGOs in 8 package. This is one big steps towards providing the WS to the communities of Salyan.
- Problem of drinking water is higher towards the Falgun, Chaitra, Baisakh and Jestha.
- In some community there is a scheme which lacks maintenance and hasn't been in used.
- There is appropriate to work towards the North side of Salyan district because there is little bit availability of source than in South side.
- NEHWA is working in Tharmare, Chyachetra, Dhawan, Pajheri and Marke VDCs.
- In Salyan main problems of WS is source of water. And because of this sometime conflict arise regarding this.
- Even in schools there is not the provision of drinking water. Children are obligated to leave their class/schools before time due to thirst. When they come back home, they drink water wherever seen. This is affecting their health too.
- As there is less sources, Salyani people said that, in Salyan the source should be protected. Protection of Sources (Either by forestation and constructing boundary in the existing well) is essential there.
- To conduct Awareness Raising Programs regarding the protection and conservation of existing WS sources. Similarly, quality of water should be tested.
- The attitude of capturing source is prevailing. This is due to having less Sources.
- Rain Water harvesting is the best solution for the WS project. Water can be conserved and distributed through tank construction
- There is also the possibility of cemented well in the area of Kamechaur and some portion of Kalimati and other areas. If this type of small scale project is initiated, it also would be better.

VDC Level (Kupinde VDC):

Situation of water supply: *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to water supply.*

General Information

- Community people are using water from the small stream and natural well nearby (but it's not near in general. They are wasting 1-2 hour to fetch water from the sources which they called near)

- But the sources which they are using water are not feasible for any WSS scheme. But for the immediate purpose, these small scale sources can be cemented and managed.
- Some of them go dry in Falgun, Chaitra, Baishakh and Jestha.
- The quality of water is not satisfactory. Although no, epidemic has occurred, skin disease, cholera and other disease which is caused by contaminated water is prevailed.
- Lack of water is not only for drinking purpose but also for sanitation purpose like bathing, washing and for other purpose.
- According to the community people, rain water can be used for water supply project/purpose if conserved and managed. This is the best method to provide sustainable and appropriate WS service.
- Sometime people have to wait 2 -3 hours to get turn in water sources.
- The schools of the communities are out from the provision of drinking water.
- For big scheme or mega projects, there is Kumako Lake which later mix to Sharada river and nearly 30 K.M far, is better source which can solve the problems of WS in large areas. But prior doing this, a feasibility study should be done.

At District Level (Salyan)

Situation of water supply:

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations related to Sanitation.

General information:

- The sanitation condition is not satisfactory even in the surrounding area of health post.
- Most of the school lacks latrine and the existing latrine too, is not in use
- There is too many number of women group/mother groups but are not seeming effective for improving sanitation situation
- The sanitation condition of primary school children is more vulnerable. They attend their class in any ways they like. Neat and Cleanness are away from them. Even teachers don't pay attention to the neat and tidiness of the school children.
- According to the representative of NGO, in Salyan the trend of constructing ICS is high but its effectiveness is not satisfactory. It uses to be non-functional after some months of its construction. Its main cause of having less knowledge on its operation and maintenance.
- Total number of latrine is too less. Only few HHs have the cemented latrine. In the poor and marginalized community even the constructed toilets are not in use. They lacks the knowledge of sanitation practice. Basically the toilets which has been and is constructed in support from VDC/DDC support, seems not in use as these bodies doesn't pay attention in its operation.

VDC Level (Kupinde VDC): *On discussion with different stakeholders at VDC level, following are interpretation given by the stakeholders on existing situations related to sanitation.*

- The community people of Salyan not even the practice of hand washing, water problem is one strong cause for this. Another is lack of knowledge
- Salyani people use to celebrate Health and Sanitation Week in every Ashoj but no progress
- As per observation it has been seen that there are mostly, house and shed is in same home. Somewhere ground floor is used for shed and first floor is for residential purpose. This has creating the pile of manure and other mixture of liquid and solid waste everywhere at house surroundings.
- By observation it has been found that the sanitation situation of Salyan communities can't be improved just by providing grant. They need special awareness raising program along with

grant support. Community people are ready to provide their kind and cash contribution to construct toilets and to maintain good sanitation condition. Moreover if the income generation and livelihood promotion related program is conducted, it supports for the improvement of sanitation condition as poverty is also affecting to oblong the good sanitation practice.

- While supporting to bring changes in sanitation situation in Salyan district, communities should be supported both technically and financially.
- Community people of Salyan district haven't the knowledge of Bio-Gas plant but there is huge possibility for this. This has been as per observation.
- Some community is working themselves for toilet construction and if one House doesn't construct toilet, they won't play DEUSI and VAILO in that house. This is a type of campaign for adoption of good sanitation practice.

2.4.3. Analysis Regarding WATSON

Existing Condition of Drinking Water in Dang

The people of Dang district are using the water mostly from the cemented well. Total 67.58 % people are benefited from various types of Water Supply Schemes. Among the total population 47%[1] of Total HHs have the access on Pipe System water supply. District Water Supply and Sanitation has completed 48 WS schemes. There is not any problem of drinking water in Ghorahi and Tulsipur area but in the surrounding area of Highway there is problem. Similarly towards north of the district there are more WS schemes constructed in comparison to the south side. Hand pumps are in under construction in 15 VDCs of Dang and Deukhari Valley of the district where the living standard of people is very low. Water Supply and Sanitation Division has initiated the Community Water Supply Project and through it 37 WS schemes are in under construction in various part of the district.

In Dang district, there is lack of sources for gravity water system. The water contains large portion of lime which is a problem in pipes of pipe system WS project. So, towards the Deukhuri Valley, (in Belghundi VDC) groundwater WS system has also been initiated. This system is better to supply water towards the area of Rapti and Babai river side. Tube well, Hand Pump can also be conducted in this area. It is reliable option and the quality of water is also best and drinkable. Water can be found there in less than 15-20 meters. District Water Supply and Sanitation Office is working to fulfill the MDG goal until 2015 by which every HH will have accessed the WS within the 15 minute distance. But it has seemed that the WS problem will be high in future days due to population growth. Many constructed tap stand is not in use because of lack of water and according to the community people this is due to the high population increasing of the district.

Rural Water Supply and Sanitation Fund Development Board (RWSSFDB), Lazimpat Kathmandu and NEHWA have been working there and completed many schemes through the partner NGOs. They are also contributing in sanitation sector.

Existing Sanitation Situation in Dang

Sanitation condition has been improved better than previous days in Dang district but even today especially in Dalit and Janajatis (Chaudhari) Community it is not satisfactory. In the district More than 60% houses has constructed toilet. District Water Supply Division, Community Water Supply project, NGOs working in WS sector with the financial support from Rural Water Supply and Sanitation Fund Development Board (Fund Board) and NEHWA has been supporting to construct

[1] Sources District Water Supply and Sanitation Division Office

toilet. RWSSFDB has created revolving fund in the communities where it is working to support the community people to construct toilet. But as per the community people this fund has also not used properly. That is also due to the lack of knowledge and awareness. UNICEF is also working there through its DACAU program and is contributing in constructing toilet in the district. It has declared one VDC (Dhikpur) as a stool free VDC and is planning to declare 5 more VDCs as a school free VDC soon (Lalmatiha, Hapur, Narayanpur ....). It has taken the aim to expand its program and to cover the all VDCs of Dang district until 2012. Similarly it has provided water filter in the schools of 20 VDCs and is expanding this program by 2 VDCs each year. In these VDCs Save the Children, Norway has formed child club which is mobilized by the district level child club committee which conduct awareness program on every Friday. One motivator has been managed in each VDC which conduct HH observation in each house of the VDC and provide necessary support. Besides this toilet construction process has been initiated and 3227 toilets has already been constructed.[2]

In Dang number of latrine is less at other side of Rapti where there is the prevailing of cholera but not as epidemic. People have lack of knowledge regarding sanitation practice. Although there is toilet, many toilets seemed not in use. People rather use jungle for toileting than using cemented toilet which is in their own home. People of Dalits and Janajatis areas are still observing the traditional sanitation practice. There is not any special provision for the management of solid waste. Community people are using their manure place for this purpose but some people throw it at road and also use road as toilet. As far as the matter of liquid waste, it is flowing every where around the houses. The sinks have also been seen unmanaged.

Bio gas concept has been increasing in Dang. Up to 2007/08 there are 5014 Bio-gas plant among 60676 potential Households who have animals.[3] People's interest is also towards the Improved Cooking Stoves (ICS) and number is increasing.

There are some strong positive points regarding sanitation situation. All the HH used to sweep their house and house surrounding every morning. People wash their hands before, after meal and after toileting. But this is also being affected by the lack of water. Youth of Dang give special attention to maintain sanitation practice but the attitude of old people (which is because of lack of knowledge) has affected even in the sanitation maintenance. School children go schools being neat and clean and in school dress. Some community has also created revolving fund to construct toilet[4] but it is not properly used.

Existing Situation of WS in Salyan

In Salyan district there is high problem of drinking water and there is very less schemes. People are wasting long time, 1-2 hours, to bring water from the water sources. In Falgun, Chaitra, Baisakh and Jestha months, this time, sometimes doubled. Pipe system WS scheme is very less. Community WS project of District Water Supply and Sanitation Sub Division office has started implementing 38 schemes in partnership with the other 8 NGOs in 8 packages.[5]

In Salyan district there are total 39611 HHs and among them 19985 HHs has been benefited from the pipe system WS system (49.44%). There are 20 schemes of rainwater conservation WS system and

[2] Source NEWAH

[3] Source BSP/VDC Profile of Nepal 2009

[4] This is especially in the WS project by Fund Board

[5] Details in Annex

78 well managed natural WS source. Similarly there are 3128 HHs are using the water from conserved well. Total HHs using water from the unsecured WS sources are 16855 (42.63%). The HH which would be benefited from the future schemes are 13646 (34.45%)[6].

There is lack of WS sources in Salyan district. This problem is even high in the area of SALLOS forest. WS sources are little bit more in South side than in North. Because of lacking of source, there is possibility of arising conflict between the community people. Similarly geographical condition is also another problem. Almost all the houses are situated in any place of Sloppy area of the hilly structure but Water Source lies either towards the middle point of slope or at bottom. In such situation the WS scheme can't cover all the houses even if WS scheme is constructed.

Existing situation of Sanitation in Salyan District

Sanitation condition is not satisfactory in Salyan district. There are less number of toilets in the district. There are 5169 toilets in the whole district which is just 13.05% of total HHs. Among them, 2086 number of toilets are having water seal, 2820 are pit hill (KHALTE LATRINE), and 262 other type of toilet.[7]

The majority of people living in Salyan are Dalit and Janajatis where the sanitation condition is more vulnerable. District Water Supply Division, Community Water Supply project in partnership with NGOs are working in Sanitation sector. The surrounding sanitation situation of the district is not good. Jungle is the main source of Drinking water and place for defecation. In some communities, even the constructed toilets are not in use. Very few schools have toilets constructed in support from VDC/DDC but even they are not in use. This is because of having water problems. Schools toilets are turning as house of shrubs. In some communities youths are initiating campaign (as in Jaitapani Community) for sanitation and toilet construction.

Almost all the HHs rear cattle but the there is not separate shed for cattle. People are using ground floor for shed and 1st floor for residential propose. As per observation it has been seen that the people have not even manage the manure properly which has been thrown anywhere around the house surrounding. Solid waste from the HH is nominal in comparison to the manure and other vulnerable sanitation condition of the house surroundings. Their poverty/extreme poverty is also one cause for not having satisfactory sanitation situation of the district.

Neat and Tidiness of the school children and community people are not satisfactory as well. Children don't use to wash their hands before, after meal and after toileting. School children use to go school in their own local dress without being clean. Because of lack of water, frequency of bath sometimes lengthens for 1 -2 weeks and it is generating the disease of skin especially among children. Even the surrounding area of schools and Health post is not good. There are two many number of women/mother groups but seems not effective to improve the sanitation situation of the district/of particular community. Besides they also use to celebrate Health and Sanitation week but no progress.

Although there is the large potentiality of bio-gas, people have not proper knowledge regarding this. The people interest towards ICS has increased but because of lack of technical knowledge they have not access to construct it. ICS constructed under their own knowledge has stopped working properly after 7-8 Months of construction.

- Strong factor is that community people are ready for kind contribution (Cash according to their status) for any development work in their community.

[6] Source District Water Supply and Sanitation Sub Division Office, Salyan (Details in Annex)

[7] Source District Water Supply and Sanitation Sub Division Office, Salyan (Details in Annex)

2.4.4. Recommendation

2.4.4.1. Water Supply:

Dang District:

- Ground water WS system is appropriate towards the Deukhuri Valley. DWSSD has also initiated work in this system. Water is also available in 15-16 meters deep. So, this system should be promoted.
- Small Scale projects like hand pump construction is also one possible solution for Water supply towards Deukhari Valley.
- Gravity flow water system is also possible in some areas. Towards the Ghorahi valley, there is Katuwa river and towards the Deukhari side, Rapti and Babai river is feasible source for GF system.
- In the hilly areas, one possibility for WS is rain water harvesting. As there is lack of sources for Ground water and Gravity flow system and the water also contains large portion of lime which has affected even the constructed projects. So, this system is one better option. But this doesn't mean that, GF system should be replaced by it.
- For the big mega project, Myady river of Pyuthan district is possible source. If water is brought from there, this could solve the WS problem in Dang. But this is a big concept which need huge amount of resource.

Salyan District:

- There are too less sources for Gravity flow water system. But towards the Sharada Coverage area WS scheme is possible.
- One major way to solve the problem of WS is rain water harvesting system. This the best way in case of Salyan.
- For the mega project water of Kumako Lake can be brought. But this will be a big concept for big scheme and need huge resources.
- Besides this, in small level, natural well protection, construction of cemented well (especially towards the area of Kamechaur and Kalimati side) and distribution of water from the existing sources by constructing tank and through pipe is feasible.

→ *Although above recommended ways are possible in Dang and Salyan, Detail feasibility study regarding Water Supply should be conducting prior initiating any activities.*

2.4.4.2. Sanitation

(These activities should be conducted along with above, recommended for WS:

- Awareness raising activities seemed essential on Personal Sanitation, House Sanitation and Environmental Sanitation.
- Sanitation facility construction together with Health Education Program is one major factor to bring positive changes in sanitation situation. As both Dang and Salyan District are the rural hilly districts. (Eco-san Latrine is best to construct. So, this should be initiated. Appropriate financial support should be provided to the people for this to buy materials. Community people will manage cash/kind (Labour) contribution.)
- Implementing School Led Total Sanitation Program (CLTS): As the school is one of the reputed agencies of the community, sanitation program will be effective if started from there. This program should aim to construct toilet to all the HHs of the school service area through the mobilization of child club. This program will be more effective in the context of Dang.

- Initializing Community Led Total Sanitation (CLTS) Program: To fulfill the concept that any development work should be inherited from the consumer than any third party, community participatory method is considered as the backbone of development. Regarding this, development work is started through the active participation of community people. This also mobilizes the local club, CBOs, Organizations, social leaders of community. This will be also best modality to bring positive changes in sanitation situation of the districts. This program will be effective in the context of both districts.

Bio Gas plant construction activities should be initiated (in Salyan) and promoted in high level (in Dang).

2.5. EMERGENCY PREPAREDNESS IN DISASTER

2.5.1. Dang District

At District Level

On discussion with different key stakeholders at the district level, following are the interpretations given by the stakeholders on existing situation of disaster management.

General Information

- Major disasters of Dang are flood, fire and landslides
- Drought, desertification, storm, hailstone, mine explosion and road accident also destruct life and properties
- Rapti and Babai are big rivers of Dang
- There are more than 30 khahare khola (steep hill streams) running from north to south
- There are five hilly VDCs which are also landslide prone area
- The watersheds of northern hilly area are decreasing
- DDC implements the activities for soil conservation and river control project
- Water Created Disaster Control Office implements activities to control rivers and kholas
- District Soil Conservation Office implements activities for control of landslides, tree planting, river control, watershed conservation.
- Town development and building construction division office celebrates earthquake day and trains masons.
- Nepal Red Cross Dang district Chapter supports disaster affected people by distributing relief items
- District Disaster Management Committee, in chair of CDO works at the time of disaster
- NGOs become activate at the time of disaster to collect and distribute relief items

At VDC level (Rampur VDC, Dang)

On discussion with community people, following are the interpretations on existing situation of disaster management.

- Major disasters are flood, fire and drought
- The flood spoils the bank of streams, the agriculture land and the crops
- Some time it takes lives of human being and animals as well as houses
- Fire destroys the property and human lives also
- Red Cross distributes relief item after disaster
- Community people response by themselves but there are not any preparedness plan

2.5.2. Salyan District

At District Level

On discussion with different key stakeholders at the district level, following are interpretation given by the stakeholders on existing situations disaster management.

General Information:

- Major disasters of Salyan are landslides, flood and fire
- Drought, desertification, storm, hailstone, mine explosion and road accidents also destruct life and properties
- Sarada, Babai and Bheri are big rivers of Salyan
- There are more than ten khahare khola (steep hill streams)
- There are more than ten big landslides in Salyan
- The watersheds of Upper part of mountain are decreasing
- DDC implements the activities for soil conservation and river control project
- Water Created Disaster Control Office implements activities to control rivers and kholas
- District Soil Conservation Office implements activities like landslide control, tree planting, river control, watershed conservation.
- Nepal Red Cross Salyan district Chapter supports disaster affected people by distributing relief items
- District Disaster Management Committee, in chair of CDO works at the time of disaster
- NGOs become activate at the time of disaster to collect and distribute relief items

At VDC level (Kupinde VDC, Salyan)

On discussion with community people, following are interpretation on existing situations disaster management.

General Information:

- Major disasters are landslide and fire
- The landslide ruins the agriculture land and the crop
- Sometime it takes lives of human being and animals and destroys houses
- Fire destroys the property and human lives also
- Red Cross distributes relief item after disaster
- Community people response by themselves but there are not any preparedness plan for disaster
- Government takes initiation to control big landslides but for small landslides the community people construct wall personally by themselves.

2.5.3. Analysis

The term disaster indicates the natural risks like earthquake, fire, storm, flood, landslide, drought, epidemic or man made risks like industrial accident, explosion etc. It is a situation of serious disruption of the functioning of a community through widespread losses and disorder that exceed its capacity to cope using its own resources. It may arise as a sudden emergency or it may have slow onset. In either case, it is needed to be well-prepared to use all effective means to help, according to the different needs of women, men and children – wherever and whenever this is needed.

Disaster management has been a priority sector in both plain and hilly area of Nepal. The disaster management should consist:

- Prevention
- Mitigation }Before disaster
- Preparedness

- Search and Rescue
- Relief distribution } After disaster
- Reconstruction
- Rehabilitation

The nature of disaster is different in plain (Terai) and hilly region. In plain area major disaster is flood while in hilly area the major disaster is land slide. Other disasters are common in both areas.

In case of Dang and Salyan there are not any systematic disaster management efforts. There are some efforts from government sector for river and landslide control. In case of river/stream control there are some preparedness activities otherwise all other activities are related to relief distribution. Most important needs of both districts are to implement the disaster preparedness initiatives and to increase capacity of human resources for management of post disaster situation.

2.5.4. Major Disaster in Dang and Salyan

Flood and landslide

Most of the rivers of Nepal originate from the Himalayas and passes through mountain hills and terai. Due to the heavy rain water level of rivers or stream increases which causes flood. In case of Dang and Salyan the nature of flood is 'steep hill stream flood'. This types of flood comes suddenly and fast flowing water cause damage of lives and property. In comparison to the ordinary flood of perennial river, it is sudden and short term. In Dang, there are Rapti and Babai river and in Salyan there is Sarada, Babai and Bheri river.

About 83% of land of Nepal lies in the hilly region. Every year during the rainy season several land slides occur in Nepal. Landslides usually occur in hilly area. Five VDCs of Dang and all the VDCs of Salyan are located in hilly area.

Flood and landslide has cause and effect relationship. Flood brings landslide and landslide brings flood. Hence, though they are two different types of disaster, they are interrelated.

Effects of the flood and landslide

- Destruction of land
- Loss of crops
- Loss of lives
- Loss of animal
- Loss of property
- Damages and destruction of infrastructure (road, bridge etc)

Activities to be done for prevention of flood

- Study and analyze possible vulnerable area
- Construct river banks to strain its flow
- Develop warning and forecasting system
- Promote tree planting

Activities to be done for prevention of landslide

- Study and analyze possible vulnerable area
- Regulate the use of land
- Promote tree planting
- Construction of retaining walls

Earthquake

An earthquake is a natural disaster that can not be forecasted. There is no scientific mechanism for doing so. Though the earthquake can not be forecasted or controlled, the damages caused by it can be reduced by creating awareness in the community. Earthquake does not come alone but brings other disasters fire, electric shock, landslides etc

Effects of earthquake

- Mass destruction of private and public building
- Destruction of infrastructure (road, bridge, electricity supply, irrigation system, dinking water system, communication)
- Mass casualty or death
- Trauma
- Damage of land due to landslides or big crack on the surface of earth
- Fire
- Difficulty in normal life due to lack of shelter water, food and medicine

Activities to be done for reducing the damage of earthquake

- Inform the people about the supplementary causes that intensify the damage of the earthquake and about its general impact
- the severity the damage of earthquake can be reduced by:
    - Making family members and community aware on security measures
    - Keeping first aid material
    - Training human resources on earthquake response
    - Following building codes while constructing houses
    - Keeping sufficient relief materials in different strategic points

Fire

Every year fire destroys human life, property and forest. Mostly the fire disaster happens in the month of April and May. Because of the settlement pattern of the household and nature of houses, the Terai region can be considered as the vulnerable region for fire. The settlements are compact and the houses are roofed by thatch in Terai.

Effects of fire

- Destruction of human life
- Damage of property
- Health problems (burn, respiration problem etc)
- Pollution of environment
- Destruction of forest and animal

To prevent the fire the awareness should be increased among the people.

Drought

Drought is a temporary reduction in water or moisture availability significantly below the normal or expected amount for a specific period. It may be the situation of reduction of rainfall for a specific period (day, month, season or year) below a specific amount or a situation of reduction in water sources (stream flows, underground aquifers) below the specified level for a given period time of period.

Effects of drought

- Watershed degradation
- Less water supply or drinking water, sanitation and irrigation
- Decrease in productive capacity of land and reduction of agricultural products.

Activities to be done for prevention of drought

- Watershed preservation
- Promote tree planting

Climate change

A major driver of disaster risk is extreme weather events and environmental degradation, both of which have been linked to climate change. Majority of the Nepalese people live in the narrow valley of the Himalayas, valleys, river banks, steep slopes, and flood plains, all of which are susceptible to the climate change related risks – such as floods, glacial outbursts, land slides, erosion, droughts, water shortages, shifts agricultural zones, health related risks and others. Current concern of the world i.e. rises in temperature and associated risks, is now a growing anxiety for the people of Nepal who are bearing excessively higher levels of burdens of climate change. As the extent and impact of climate change will continue to evolve, the actions to reduce the vulnerability of communities to modified environments are essential. The mitigation activities and environment-friendly behaviors reduce the extent of global warming which causes climate change.

The progression of climate change can be mitigated through advocacy and social mobilization to promote sustainable community development. This means using energy more efficiently to reduce the impact of the way we live on the environment in terms of the production of greenhouse gases.

Road accidents

In the areas having access of road, the cases of road accidents happens. The frequency of accidents in black topped road is high comparing to the graveled or fair weather road. People became injured or dead due to the accident. To reduce the accident cases awareness among community people and drivers can be raised. Similarly, advocacy for maintenance of road to the government can also reduce the cases. First aid training to drivers and community people can help to reduce the number of death after accidents.

Hailstone and storm

Hailstone and storm damage the crops and destruct the houses. Sometime they take lives of people. Though it is out of control of human being, preparedness for post disaster situation can be done by keeping food and non food stocks.

Capacity of the community to reduce the vulnerability

1. People have skill to make retaining wall gabion wall
2. Sufficient place for tree planting at the bank of river and land slide area
3. Community people are committed to work against disaster
4. People are aware towards the possibilities of road accidents
5. Community people fight against fire jointly
6. Most of the houses are single or double story and roof is made by grass zinc plate. It makes easy to escape or search and rescue after earthquake. So there is less possibility of loss of human life
7. There are sufficient places for evacuation

Following factors to be consider for disaster risk reduction:

There should be a continuous understanding of needs, vulnerabilities and capacities of community. Systematic disaster and crisis management starts with preparedness for early action by trained and organized human resources. It also includes maintaining and pre-positioning contingency stocks of essential supplies, and optimizing logistics and communications. Reliable early warning systems are instrumental in saving the maximum number of lives and protecting assets and livelihoods.

The impact of a disaster can be reduced if the situation is stabilized as quickly as possible. This allows people to start rebuilding their lives and communities. Depending on the specific requirements, the recovery assistance aims to prevent further damage and loss, repair essential services, protect health, provide psychosocial support, restore livelihoods, and enhance food security. Recovery is carried out in such a way so as to rebuild more inclusive societies and reduce vulnerability to future disasters. Thus, recovering communities are made safer than before.

Comprehensive community action can eliminate disaster risks where possible and to reduce the occurrence and impact of disasters where primary prevention is not feasible.

A community-based approach to strengthen vulnerable communities' resilience against flood and landslides supports to carry out community hazard mapping, prepare disaster response plans, set up disaster committees, establish community revolving funds and conduct structural mitigation projects. A community disaster preparedness project can be targeted the local school children and youth.

According to the geological structure of Nepal, it is situated in earthquake prone region. Earthquake preparedness project can be implemented for the vulnerable communities in rural as well as urban areas. Activities included community training, advocacy towards authorities and pre-stocking of basic rescue equipment and material in a retro-fitted safe area.

2.5.5. Recommendations

Every year disaster has been taking a large numbers of human lives and property. It has been destroying the infrastructure. To prevent the disaster, reduce its effect and support after disaster situation following activities are essential:

1. **Implementation of Community Based Disaster Preparedness (CBDP) programme**
   - Formation of community units for disaster preparedness
   - Train the community people in to cope post disaster situation, disaster management and First Aid
   - Conduct detail Vulnerability and Capacity Analysis (VCA) of the community
   - Prepare of Disaster Preparedness (DP) Plan by community units
   - Increase awareness against disaster.
   - Implement the DP Plan by community unit
   - Fund generation for disaster preparedness by community
   - Conduct mitigation activities (construction check dam, gabion wall, tree planting, etc) based on VCA

2. **Construction of warehouse in community to keep stock of non food items or food grains for disaster**

3. **Construction of warehouse in district level**

Nepal Red Cross is a leading organization for disaster management. Its district chapters have been involving in disaster management of the district. So capacity of Red Cross district chapters can be enhanced by supporting for construction of district level warehouse.

CHAPTER III

CONCLUSION AND RECOMMENDATION

3.1. Health

Though many NGOs and concern government authorities are Helping the people of rural community to improve their health and stander of living through supporting sustainable health services, capacity building and people's empowerment with aiming goal of Improving ability of communities to manage and address their basic rights to health and development through Empowering communities, especially disadvantaged groups, in accessing and advocating for increased, improved and equitable access to resources and services needed for health and development, still many gaps have been seeing in the program to be fulfilled.

Poor people of remote area are not in access with services provided by the health institution mainly due to inappropriate location of health facilities and no out reach clinics services. There is no community participation in health facility management and operation activities and people have no believe on quality health services provided by the health facilities because most of the time people do not see the presence of qualified health service providers at health facility and non availability of drugs. Women and children are particularly suffering more from the health problems. Many EDPs are lacking the strengthening part of the community health facilities and there are limited activities on technical assistance at district and peripheral level. Monitoring and supervision part is weak. Indigenous medicines are not encouraged.

To address above concerned stakeholders to be ensured that health care services are accessible to all by making health services available at each level of the health care system up to the household through outreach clinics. Poor health facilities to be renovated and ensured the supplies (drugs, equipments and facilities) are available as per level and services to be provided by the health facilities. Capacities of Health Care Providers to be strengthen through various activities and support. Community participation in all health related activities and confirming corrective action in time to be ensured by lively local Health committee through their regular meetings and relevant action with the current and emerging health issues. Poverty alleviation and awareness on health right and sustainability of the program are to be vow. Sustainable School health programs in all schools to be implemented.

3.2. Education

The overall educational system of Dang and Salyan districts has not found satisfactory according to the annual inputs of the government as well as I/NGOs. Poor planning, implementation and monitoring as well as less participation of the community people specially parents found in schools and educational activities. Because of de-motivating and untrained teachers, poor physical infrastructure of the schools and lack of supervision the quality of education is very much decreased in the community managed schools. Similarly, unplanned distribution of the scholarship to the needy girls and underprivileged children, non formal education centers (for children and adults) and most of their closing before the time has been flowing huge amount of money annually. Likewise, the NFE curriculum and the program implementation approach has been seemed completely impractical.

In order to improve the situation of both districts; establishing database system and comprehensive integrated multi-sectoral programming in VDCs, participatory need based planning, implementation and monitoring by the key stakeholders and right holders, capacity building of the local authorities as

well as frontline workers, developing and implementation of supervision monitoring mechanism in the local level are suggested as recommendations. Similarly, the existing NFE curriculum and its implementation approach have to be reviewed making it users' friendly as well as vocational trainings based which could be helpful to ease their livelihoods. The I/NGOs could lobby on this issue in appropriate forum in different levels

3.3. Water Supply and Sanitation

The overall situation of Water in both Dang and Salyan districts has not found satisfactory. The situation is more pitiable in Salyan. Both Governmental and Non-governmental organizations are working in the area. There is lack of sources and in the existing sources, water availability is poor. In Dang district there is problem of lime in the existing sources of GF system and in Salyan district there is possibility of arising conflict as there is lack of sources. Dang district Sanitation situation is satisfactory but still because of lack of awareness and proper knowledge, the improvement is seeming challenging. Salyan's situation of sanitation is more vulnerable. Situation of house surrounding, school sanitation condition is not satisfactory. Moreover the community people lack the knowledge regarding sanitation.

It is seemed that to solve the problem of drinking water in both districts, a detail feasibility study should be done. There is problem, there is need, there are some sources (but generally lack of sources), there need new and sustainable schemes but still prior initializing any schemes, a detail feasibility study should be conducted. Similarly conservation and protection of the existing sources is also important. Rain water harvesting scheme is better option to solve the in both district. It seemed that people knowledge in sanitation practice should be enhanced. CLTS, SLTS, awareness raising activities/approach can be applied for this.

3.4. Economic Empowerment

Economic empowerment is the nucleus for overall development of the community people. Other aspects of the development can be attended if people are economically sound. As the major occupation of rural people of Dang and Salyan is agriculture, development of agriculture is only the significant means for poverty reduction of ultra poor and moderate poor people of the community.

The low agricultural production, inefficient distribution mechanism and lack of transport network has eroded the national food production in the districts and reduced per-capita food availability which remains very uneven among geographical regions making some of the hill districts vulnerable to food insecurity.

After analyzing the situation of both communities of Dang and Salyan, it is found that the major issues of economic empowerment are the same, only the intensity is different. There are four major issues identified as

- Less development of agriculture sector:
- No/less employment opportunity in non agriculture sector
- Traditional values and intuition of people for economic empowerment
- Poor focus on development of capacity and infrastructure

To address the above issues Agriculture development and development of subsidiary sectors should be developed simultaneously with agriculture product in the areas of trade and small industries.

- For poverty reduction of the community people of both Dang and Salyan should focus on agricultural development. Analyzing the problems of the community, following steps are recommended for agriculture development:

  a. Organize the 15-20 farmers, focusing on women and marginalised in different groups for single product e.g.:
     i. Vegetable production group
     ii. Orange production group
     iii. Goat farming group
     iv. Poultry farming group etc

  b. Train all the group members in:
     i. Technical knowledge in specific production
     ii. Group management, entrepreneurship and leadership development

  c. Train some selected persons of the group in the specific production intensively (long time training up to 2-3 months)
  d. Provide financial support through micro credit programme or establish linkage between the groups and financial market
  e. Establish linkage between service providing agencies (GO and NGO) for technical support and infrastructure development
  f. Establish linkage with market.
     i. Develop Hat bazaar (local market)
        1. Form Hat Bazaar management committee
        2. Construct infrastructure for Hat Bazaar
     ii. Establish linkage with wholesale market
  g. Develop the specific groups as cooperative organization and register in District cooperative office for sustainability
  h. There should be continuous motivation to the farmers for regularity in farming and change the traditional values and intuition toward the production and economic development. This can be done by recruiting motivator for entrepreneurship development.

- The subsidiary sectors should be developed simultaneously with agriculture product in the areas of trade and small industries e.g.:
  a. Food production for chicken, cow, buffalo
  b. Shop for pesticides, fertilizers, veterinary
  c. Dairy firm
  d. Vegetable business etc.

Increase employment opportunity in sectors other than agriculture like cycle/motor cycle repairing, tailoring, carpenter, electricians, mason, plumbing, weaving bamboo products, tourism promotion etc by providing training on specific area. As there is not sufficient market for large number of trained persons, market survey in the community is essential. Only that number of people should be selected for such training which is demanded in labour market.

3.5. Emergency Preparedness in Disaster

Nepal is also not safe from the recurring disastrous incidents through out the year. Either natural or non natural different of such incidents causes the loss of lives and property ever year. Mainly the Nepalese society has been badly affected by the disasters like; floods, landslides, food scarcity, drought and earthquake. The problem of drought, flooding and food scarcity is in the increasing rate due to the effect of climate change. The climatic condition greatly varies in different part of the nation.

Disaster may arise as a sudden emergency or it may have slow onset. In either case, it is needed to be well-prepared to use all effective means to help, according to the different needs of women, men and children – wherever and whenever this is needed. There needs is not just to provide immediate relief, but also to start thinking about possible consequences that the disaster can have on the local populations and ways of preventing them. A major driver of disaster risk is extreme weather events and environmental degradation, both of which have been linked to climate change. The mitigation activities and environment-friendly behaviors reduce the causes of climate change.

There should be a continuous understanding of needs, vulnerabilities and capacities of community. Systematic disaster and crisis management starts with preparedness for early action by trained and organized human resources. Community people should make aware on disaster risks and comprehensive community action to eliminate disaster risks. Activities as Community Based Disaster Preparedness (CBDP) program, Construction of warehouse in community to keep stock of non food items or food grains for disaster, Construction of warehouse in district level are essential to address the problems with disasters.