

Endline Evaluation Report of the Project “Shangri-La Sustainable Local Initiative (Phase-4)”

Final Report



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**Shangri-La Development Association
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Acronyms

ANC	Antenatal care
DAG	Disadvantaged group
FCHV	Female community health volunteer
FGD	Focused group discussion
FY	Fiscal Year
HCR	Himalaya Comprehensive Research Pvt. Ltd.
KII	Key informant interview
PNC	Postnatal care
RM	Rural municipality
SDA	Shangri-La Development Association
SMC	School management committee
SSLI	Shangri-La Sustainable Local Initiative

CHAPTER 1

INTRODUCTION

1.1 Brief Introduction of the Project

Shangri-La Development Association (SDA) has implemented a three-year Shangri-La Sustainable Local Initiative Project (Phase-4) (SSLI-4) in three wards of Kailash RM (ward 3, 4 and 7) of Makwanpur district between 2020 and 2023. The overall goal of the project is to create an equity-based society by contributing to the human development of excluded people (Chepang people in particular, one of the most vulnerable and isolated indigenous communities of Nepal) through a right-based approach and sustainable development practices. The project aims to improve the educational quality of local people living in 246 households of ward-3, -4 and -7 of Kailash RM. In addition to these, the project has sought to reduce maternal and infant mortality, increase the number of institutional births and improve the overall health and sanitation situation of local households and communities through the mobilization of mothers' groups and FCHVs.

The main objective of the SSLI-4 Project was to work towards creating equity-based society by contributing for human development of marginalized peoples through right-based approach and sustainable development practices. Specific objectives of the project were:

1. To improve educational quality of public school.
2. To reduce maternal and infant mortality.
3. To increase number of institutional births.
4. To improve health and sanitation of the people in household and community level.
5. To provide access to health treatment services to poor people.
6. To empower and strengthen local youths by providing vocational education supports.
7. To introduce new technology and methodology in sustainable and organic agriculture/ farming.

1.2 Context of an Endline Evaluation

SDA commissioned a consulting firm, HCR, in January 2023 with the objective to capture results, achievements and challenges reflecting the three years of implementation of SSLI-4. HCR was authorised by SDA to conduct household surveys, key informant interviews (KIIs) and focused group discussions (FGDs) with different stakeholders, including SDA staff, to gain in-depth insights in the development process in the area. Scopes of the work given to HCR by SDA were as follows:

- To review relevant reports.
- To recruit enumerators and research assistants, and conduct a training for them.
- To design sampling procedure and survey tools.
- To collect quantitative data at the household level from the three wards of Kailash RM.

- To collect qualitative data at the community level from the three wards.
- To arrange all managerial and logistics support for the training and the household survey.
- To monitor enumerators and research assistants to ensure the data quality.
- To upload all the collected data to the cloud server.
- To clean the data after completion of data collection.
- To process and analyse the data.
- To submit a final report by incorporating comments and suggestions on a draft report.

Figure 1.1: The Programme Area in the Map of Kailash RM



1.3 Methodology of the Endline Evaluation

The endline evaluation employed mixed-methods approach – both quantitative and qualitative. Quantitative method consisted of a household survey of the three wards. Qualitative methods included key informant interviews (KIIs) and focused group discussions (FGDs) with different stakeholders in the three wards. The details have been explained in the respective sections below.

1.3.1 Quantitative Method: A Household Survey

Sample Size

A household survey was conducted with a sample size of 364 households. This sample size was decided by considering +/- 5% margin of error at 95% confidence level for the population size of the three wards i.e. 6,867 as per the National Census 2011. The following formula was used to calculate the sample size.

$$d = z_{\alpha/2} \times \sqrt{\frac{pq}{n}}$$

Where, d = margin of error

$z_{\alpha/2}$ = confidence interval critical value at $\alpha/2$

p = probability of being selected

q = probability of not being selected

n = sample size

Sampling Design

Two-stage random sampling technique was employed in the household survey. Primary sampling units (PSUs) was localities (i.e. human settlements) within the three wards. At first, localities were selected. Then, households were selected from sampled localities. Detailed procedures are explained in the following sub-sections.

Stage-I: Selection of Localities

In the first stage, comprehensive lists of localities in each of the three wards were prepared with the help of SDA field staff. Then, localities were selected from each programme ward based on different ethnic groups such as Chepang, Tamang, Dalit and other non-disadvantaged group (non-DAG). Tentatively, one locality was selected for 20 households. However, less than 20 households were selected from some localities where there was low density of households.

Stage-II: Selection of Households

In the second stage, households were randomly selected from sampled localities using systematic sampling technique. Based on the number of households available there and number of households to be selected (say 20), enumerators selected the households by skipping a certain number of households (which is called sampling interval). However, inclusion of households of Chepang and Tamang communities were ensured while selecting households.

Formulation of a Household Survey Questionnaire

A pre-coded structured questionnaire was developed as an interview tool for the household survey. Questions were designed in a way that captures outcome indicators of the project as described in the project's logical framework. A pre-test of the questionnaire was carried out in two locations of the programme wards on 25 January 2023 which was aligned as a part of the

training of enumerators. Further, the questionnaire was revised based on the feedback and learning from the pre-test.

In all the questionnaires, it was clearly mentioned why and on the behalf of whom enumerators were there in the field. The questionnaire was programmed in android mobile sets (using KOBO platform) in such a way that enumerators could not proceed to interview unless respondents gave their consent.

Selection of Enumerators

Three enumerators with sufficient experience in undertaking household surveys (at least 5 years of experience) were selected for the data collection. They were all Tamangs and female. The main reason of selecting Tamang women as enumerators was that they could understand Chepang language to some extent and would be able to communicate with respondents.

Training of Enumerators

Before enumerators were deployed in the field, they were provided a two-day intensive training jointly by SDA and HCR on 24 and 25 January 2023 in the field office of SDA at Katunje, Kalikatar. On the first half of the first day of the training, enumerators were briefed about the SSLI-4 Project, objectives of the household survey, their roles and responsibilities, and followed by orientation to the survey questionnaire in details. The questionnaire orientation was undertaken through hardcopies and each of the questions was discussed thoroughly. If they had any questions, HCR trainers clarified on each of these questions. Once briefed on the questionnaires, enumerators were instructed on how to clarify a question and how to encourage respondents if they were confused or hesitant to answer. On the second half of the first day, enumerators were provided training on a digital data collection tool using a KOBO digital platform. Several rounds of mock interview were conducted amongst themselves using the digital tool which enhanced their familiarity with the survey questionnaire as well as the digital technology, and helped building up their confidence.

On the first half of the second day, enumerators were deployed to conduct a pre-test of the survey questionnaire in two locations of the programme wards: one in ward-3 and another in ward-4. In the second half of the same day, a feedback session was organized where enumerators shared their experiences and problems with the SDA and HCR trainers. The questionnaire was revised based on the feedback of enumerators. Towards the end of the second day, fieldwork planning was undertaken whereby enumerators were formed into groups, and wards assigned to them. Also, the ethical aspect of the survey was explained to them. They were instructed to follow the norms and values of research, and to respect the local culture and values. They were instructed to present themselves politely and not to offend respondents in any way. Thus, the study could claim that all the information obtained from the field was with the consent of the respondents and was true.

Fieldwork Management and Data Collection

Face-to-face interview was conducted using android mobile sets KOBO application. Before starting the interviews, enumerators first ascertain whether the wards and localities that they reached were indeed the ones that had been selected. They were responsible for building rapport with local community leaders and tackling unforeseen problems if and when they arised. They were also in regular contact with a field manager based at the HCR office in Lalitpur.

Three enumerators were deployed to collect the data. They completed all the 364 households interviews in 14 days (including travelling days). All of them had received accidental insurance, which insured them against risks in travel, and was valid for the duration of the fieldwork.

Data Cleaning and Processing

After completing each interview, enumerators reviewed the questionnaire in their mobile sets thoroughly to ensure that all fields (or boxes) were appropriately filled up. Then, they sent them to the cloud server, which was accessible to HCR officials. The fieldwork was thus monitored from Lalitpur through a field manager. Once the data began coming into the cloud server, HCR started the data cleaning process for checking for inconsistencies and other invalidity (such as extreme cases etc.). In the meantime, the category called 'other' responses or responses of open ended questions (which were not pre-coded at the outset) were coded into the dataset. These processes continued throughout the data collection period. Once the data cleaning process was completed, the data was imported in the SPSS software where further management, analysis and presentation in a tabular form was performed.

1.3.2 Qualitative Methods: Key Informant Interviews and Focus Group Discussions

As part of the qualitative method to document impact level results in the endline evaluation, key informant interviews (KIIs) and focused group discussions (FGDs) with different stakeholders were conducted in three wards of Kailash RM. The main purpose of conducting KIIs and FGDs was to further triangulate and validate findings obtained from the household survey, and get more insights. Details of the methods are described in the following sub-sections.

Key Informant Interviews (KIIs)

In the endline evaluation, 25 KIIs were conducted in the three wards with different stakeholders. Detailed breakdown of key informants has been given in the following table.

Table 1.1: Breakdown of Informants for KIIs

Informants	Ward	Number
Ward chairs	3, 7	2
Ward members	3, 4, 7	3
Representatives of mothers' groups	3, 4, 7	3
Members of farmers' groups	3, 4, 7	3
SMC chairs	3, 4, 7	3
Representative of child club	3	1
Health workers	3, 7	2
FCHVs	3, 4, 7	4
Child facilitator	7	1
Dhami/traditional healer	3	1
SDA staff	3	2
Total		25

KIIs were facilitated by two research assistants. They were very experienced in development, health and education fields. They established rapport with their key informants to make them feel more comfortable and at-ease, which could generate more insightful responses. They followed check-lists jointly prepared by SDA and HCR. However, they could ask some follow-up questions, probe for additional information and circle back to key questions during the interview to generate a rich understanding of their perceptions, problems and challenges etc.

Key questions were based on the information needed for addressing the objectives and key research questions. Some probing questions were asked to encourage interviewees to go further into a topic or expand on thoughts or feelings about an answer. If an initial response was too vague, probing would help to get more useful information. A few exit questions were asked to allow an interviewee to provide additional thoughts, comments and recommendations for solving the problem or addressing the issue at hand.

Face-to-face modality of interview was used to conduct the KIIs. Conversations during the KIIs were audio-recorded with interviewees' consent, and subsequently transcribed into Nepali language. During some KIIs, photographs were also taken with interviewees' consent.

Post KIIs Activities

- Translating the interviews into English language.
- Reviewing the electronic recordings and comparing them with the check-list to ensure that all relevant information was captured.
- The informants were reached through a phone for additional information which were felt required later after the data processing.

Focus Group Discussions (FGDs)

In total, 8 FGDs were conducted with different stakeholders such as men and women from disadvantaged groups (DAGs) and non-disadvantaged groups (non-DAGs). The inclusion of girls,

women, Dalit and other marginalized groups was ensured in FGDs. Detailed breakdown of the FGDs by tentative target group has been given in the following table.

Table 1.2: Breakdown of Target Groups for FGDs

Groups	Wards	Number
Women from DAGs	3, 7	2
Women from non-DAGs	4, 7	2
Men from DAGs	3, 4	2
Men from non-DAGs	3, 4	2
Total		8

The same research assistants deployed to conduct the KIIs conducted FGDs. Each FGD included 8 to 10 participants and took about one hour at the most. Participants of the FGDs were homogenous in terms of gender and ethnicity. Participation of women, Dalits and marginalized groups was ensured while forming groups for the FGDs. Discussions during the FGDs were audio-recorded with participants' consent, and subsequently translated into English language. During some FGDs, some photographs were also taken with participants' consent.

The questions used in the FDGs comprised of probe questions, follow up questions and exit questions. Checklists of the FGDs were jointly prepared by SDA and HCR. Questions in the checklists were created with a view to cover objectives and research questions of the study. Sincere attention were paid to find answers of 'why' and 'how' from these FGDs.

Post FGDs Activities

After completing a FGD, the participants were then invited for tea and light refreshment. During the refreshment, our researchers paid attention to foster stronger working relationships and consolidate collaborations with the participants, and encourage for teamwork in future. The researchers were also responsible for convenience of the participants. The participants were informed at the end of FGDs that if they found any of the subjects covered in the FGDs upsetting or distressing or simply they wanted to discuss them further in private rather than in public, they could let themselves be known to the research assistants.

1.4 Timeline

The endline evaluation was completed in 11 weeks. The contract was signed by the first week of January 2023 and the first draft of the report was submitted by the third week of March 2023. The activities and their timing (in weeks) have been elaborated in the table below.

Table 1.3: Timeline of the End Evaluation

Activities	Jan				Feb				Mar			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Study of the project documents	■											
2. Formulating a questionnaire and checklists	■	■										
3. Sampling design		■										
4. Training of enumerators and pretesting			■									
5. Fieldwork for data collection			■	■	■							
6. Data processing of the household survey						■	■					
7. Translating of KIIs and FGDs						■	■					
8. Data analysis and report writing							■	■	■			
9. Submitting a preliminary draft report									■			
11. Revising and submitting a revised draft report										■	■	■

1.5 Organization of the Report

The report begins with the Introduction Chapter that includes a brief introduction of the SSLI-4 project, the project area, and context and methodology of the endline evaluation. Second Chapter describes the sample characteristics of respondents. Third Chapter highlights the achievements of the project on its four thematic areas: school education; public health; local human resources and new technology in agriculture. Fourth Chapter discusses about the current situation of the programme area in sectors of drinking water; sanitation and solid waste management; education and school attendance of children; vocational training and employment; public health and health practices; agriculture and livelihood; child marriage; nutritious food; and capacity of reading and writing of adults. Fifth Chapter presents the major findings and challenges. Finally, the report ends up with recommendations in Sixth Chapter.

CHAPTER 2

RESPONDENTS' PROFILE

2.1 Demographic Composition

Out of the 364 respondents included in the sample, 37 percent were from ward-3 and another 33 percent were from ward-4. Remaining 30 percent were from ward-7.

Table 2.1: Composition of the Sample by Ward

	Frequency	Percent
Ward 3	135	37.1
Ward 4	119	32.7
Ward 7	110	30.2
Total	364	100.0

Proportion of the female respondents was slightly less than two-thirds while that of male respondents was slightly higher than one-thirds.

Table 2.2: Composition of the Sample by Gender

	Frequency	Percent
Female	224	61.5
Male	140	38.5
Total	364	100.0

A little less than half (45 percent) of the respondents were aged between 18 and 35. Another 39 percent belonged to the age group between 36 and 50 while 17 percent were above 50 years of age.

Table 2.3: Composition of the Sample by Age Group

	Frequency	Percent
18 – 35	164	45.1
36 – 50	140	38.5
Above 50	60	16.5
Total	364	100.0

Ninety-two percent of the respondents interviewed were married while only 5 percent were unmarried. Another 3 percent were single (either widows or widower).

Table 2.4: Composition of the Sample by Marital Status

	Frequency	Percent
Unmarried	18	4.9
Married	335	92.0
Widow/widower	11	3.0
Total	364	100.0

2.2 Social Composition

Most of the respondents included in the sample were from Tamang and Chepang communities (47 percent and 44 percent respectively). Another 5 percent were from other non-DAG community (i.e. Chhetri, Bahun, Thakuri and Magar) while another 4 percent from Hill Dalit community.

Table 2.5: Composition of the Sample by Caste/Ethnicity

	Frequency	Percent
Tamang	171	47.0
Chepang	159	43.7
Other Non-DAG	18	4.9
Hill Dalit	16	4.4
Total	364	100.0

Across the religious affiliation, 39 percent were Buddhists while Christians and Hindus constituted 29 percent and 23 percent respectively. Another 10 percent were Shamanists (i.e. worshipers of nature).

Table 2.6: Composition of the Sample by Religion

	Frequency	Percent
Buddhism	143	39.3
Christianity	101	27.7
Hinduism	84	23.1
Shamanism	36	9.9
Total	364	100.0

Most of the respondents speak either Tamang or Chepang as their mother tongue (46 percent and 43 percent respectively) while another 11 percent speak Nepali. A very few of them have Magar as their mother tongue.

Table 2.7: Composition of the Sample by Mother Tongue

	Frequency	Percent
Tamang	167	45.9
Chepang	155	42.6
Nepali	40	11.0
Magar	2	.5
Total	364	100.0

2.3 Educational Status

In terms of educational status, more than half of the respondents (57 percent) were illiterate. About 10 percent were literate or had attained adult education. Proportions of those who had studied primary level (grades between 1 and 5) and basic level (grades between 6 and 8) were 16 percent and 8 percent respectively. Another 6 percent of the respondents mentioned that they had attained the secondary level while another 3 percent said that they had completed higher secondary level or above than that.

Table 2.8: Composition of the Sample by Educational Status

	Frequency	Percent
Illiterate	208	57.1
Literate	38	10.4
Primary level (grade 1-5)	57	15.7
Basic level (grade 6-8)	28	7.7
Secondary level (grade 9-10)	21	5.8
Higher secondary and above	12	3.3
Total	364	100.0

2.4 Cooking Fuel

The survey also revealed that majority of the households (87 percent) used firewood in traditional stoves as the main source of fuel for cooking while few households used firewood in improved stoves and LP gas as the main source of fuel (7 percent and 6 percent respectively). Overall, it was found that 94 percent households had been using firewood as the main source of fuel for cooking which was tremendously higher than the national average 51 percent according the National Population Census 2021. Even though the SSLI-4 Project aimed to install improved cooking stoves in local houses, its users were very few in the programme area (only 7 percent).

Table 2.9: The Main Source of Fuel for Cooking in Households

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Firewood - traditional stove	87.4%	82.2%	92.4%	88.2%	86.0%	90.6%	66.7%	93.8%
Firewood - improved stove	6.6%	7.4%	5.9%	6.4%	6.4%	6.9%	5.6%	6.3%
LPG	6.0%	10.4%	1.7%	5.5%	7.6%	2.5%	27.8%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CHAPTER 3

ACHIEVEMENTS OF THE PROJECT

3.1 Achievement in School Education

The Endline Evaluation provides an independent assessment of the SSLI-4 Project. The evaluation attempts to measure the achievements of the project based on the objectives of the SSLI-4 Project mentioned in the project proposal. The evaluation also provides the current status of outcome indicators described in the project’s logical framework. Since one of the specific objectives of the SSLI-4 Project was to improve educational standard of public schools in the programme area, this evaluation measured the current situation of school enrolment of children in six public schools located inside the programme area.

The evaluation revealed that the proportion of children who admitted in schools was very high in FY 2078/79. This proportion was significantly higher in ward-3 (95 percent) than ward-4 (90 percent) and ward-7 (85 percent) (Source: Municipality records). Though it was still less than 100 percent, the achievement was very encouraging. Similarly, it was found that the proportion of children who had achieved basic reading and writing skills was quite high in FY 2078/79. This proportion was higher in ward-3 (87 percent) than ward-4 (85 percent) and ward-7 (80 percent) (Source: Municipality records). Though this achievement can be considered to be quite good, there is a plenty of places to improve it to 100 percent.

Table 3.1: Indicators Related to School Admission and Basic Reading-Writing Skills

Indicator	Value	Remarks
% of children who were admitted in schools	Ward-3: 95% Ward-4: 90% Ward-7: 85%	Obtained from the municipality office
% of children who had achieved basic reading and writing skills	Ward-3: 87% Ward-4: 85% Ward-7: 80%	Obtained from the municipality office

The situation of the school enrolment in the programme area was partially encouraging and partially discouraging in FY 2078/79. Out of six schools located in the programme area, there were increments in the admission of students in three schools (Praja Utthan Primary School, Deutis Primary School and Satyadevi Primary School) while there were declines in other three schools (Nandi Kishor Basic School, Shree Bhawani Secondary School and Kalika Primary School). Though Shree Bhawani Secondary School, only secondary school in the programme area, experienced a declination in the admission of students, the dropout rate of students in this school was only 3.4 percent and retention rate of students was 96 percent. These figures showed that situation of enrolment and retention of children was quite satisfactory.

Table 3.2: Indicators Related to School Admission, Dropout, Retention and Mid-day Meal

Indicator	Value	Remarks
Increment in school admission	Positive in 3 schools Negative in 3 schools	<u>Increment positive:</u> Praja Utthan Primary School Deutis Primary School Satyadevi Primary School <u>Increment negative:</u> Nandi Kishor Basic School Shree Bhawani Secondary School Kalika Primary School
Dropout of students from school	3.4%	Data available only for Shree Bhawani Secondary School
Retention rate of students in school	96%	Data available only for Shree Bhawani Secondary School
No. of schools reporting organic food consumption in mid-day meal	6	All the six schools were found to provide organic food in mid-day meal. However, there was no regularity. They used to provide organic food when SDA provided them from the Latabari farm.

During the evaluation, it was observed that there had been some respites to the deplorable education condition of schools of the programme area after SDA commenced the SSLI projects. Children with financial problems were redeemed through SDA's support. Fifteen girls were boarded in a hostel established within the compound of SDA's field office. SDA had also provided supports for the improvement of physical infrastructure of primary schools of the programme area. These schools were now well equipped with required physical infrastructure. Also, there had been the refurbishment of early childhood classes, and stationeries had been provided to these schools with additional IEC materials. All the schools out of six used to provide organic food to children in mid-day meal. But there was no regularity due to lack of regular availability of organic vegetables. The schools were able to provide organic mid-day meal to children when SDA provided organic vegetables from its Latabari organic farm. SDA used to supply them organic vegetables for 10 months a year.

Parents were also found to be playing a good role of guardianship. If children did not want to go to schools regularly, 95 percent of parents mentioned that they were encouraged to send their children to schools regularly by convincing their children. This indicates that parents have understood the importance of education to their children.

Table 3.3: Indicators Related to Parents' Encouragement to Send Children to School

Indicator	Value	Remarks
Parents were encouraged to send their children to school regularly	95.3%	People who convince their children to go to schools if they do not want to

It was found that SDA had contributed a lot to improve the physical condition of schools. In addition to that, additional coaching classes had been run with the help of SDA to retain the SEE students in schools. Furthermore, SDA had also provided vocational trainings to women and young girls for empowering them economically and socially.

3.2 Achievement in Public Health

With regard to public health and health practices, specific objectives of the SSLI-4 Project were to reduce maternal and infant mortality; to increase number of institutional births; to improve health and sanitation of the people in household and community level; and to provide access to health treatment services to poor people. The endline evaluation divulged that 44 percent of pregnant women of the programme area delivered babies in health facilities such as health posts and birthing centres in the last one year. It means that another 56 percent of pregnant women still delivered at home. This finding was not so encouraging. It indicated that a lot of efforts had yet to be made in this field. However, the proportion of pregnant women who received antenatal care at health facilities in the last one year was as high as 88 percent. This figure is very commendable, and the project has achieved a lot in this field. But still, the proportion of pregnant women who received postnatal care at health facilities in the last one year was only 65 percent. Fortunately, there was no death of infants in the last one year, which is a highly appreciable achievement.

Table 3.4: Indicators Related to Reproductive Health Services

Indicator	Value	Remarks
% of pregnant women who delivered in health facilities	44.1%	Women who gave births in health institutions like health posts and birthing centres
% of pregnant women who delivered at home	55.9%	Women who gave births in health institutions like health posts and birthing centres
% of pregnant women who received ANC at health facilities	88.2%	
% of pregnant women who received PNC at health facilities	64.7%	
Infant mortality rate	0%	No case out of 34 births

Most admirably, it had been observed during the evaluation that health posts of the programme area were providing free ambulance service to pregnant women with the joint

support of SDA and the municipality office. Health workers and FCHVs reported that pregnant women were more attracted to deliver babies in health facilities due to availability of free ambulance service. However, there was still hindrance to operate of the ambulance service in the monsoon due to bad condition of roads. In such situation, pregnant women were brought to health posts on stretchers or baskets (*doko*) for delivery or ANC check-up which were jointly provided by SDA and the municipality office. With the establishment of a birthing centre at Katunje (ward-3) by SDA, there had been a significant rise in number of women coming to the birthing centre for delivery, and ANC and PNC check-ups. SDA also provided health kits (worth of NPR 5,000) to women who had completed a complete cycle of 8 ANC check-up and had their babies delivered in health facilities that included all necessary materials for their postpartum duration. This incentive had motivated pregnant women to have ANC check-up and delivered babies in health facilities.

Figure 3.1: Birthing Centre Established by SDA in Ward-3



Accessibility to drinking water was very high (95 percent) in the programme area. This figure was calculated based on drinking water from improved sources (such as piped water and protected dug wells) provided collection time was not more than 30 minutes for a round trip including queuing. It had been reported that child-friendly water taps and water tankers were constructed in the programme area in the partnership of SDA and the ward offices. Since easy access to drinking water is considered to be an important indicator of health, it is a very good achievement of the project. At the school level, four schools out of six had access to safe water facilities: Shree Bhawani Secondary School, Deutis Primary School, Satyadevi Primary School and Kalika Primary School. Deutis Primary School had access to a protected dug well while other three had access to piped water.

Table 3.5: Indicators Related to Drinking Water Service

Indicator	Value	Remarks
% of households which had basic service of drinking water	95.4%	Basic service refers to drinking water from improved sources provided collection time is not more than 30 minutes for a round trip including queuing: piped water and protected dug well
No. of schools with improved access to safe water facilities	4	Shree Bhawani Secondary School, Deutis Primary School, Satyadevi Primary School, Kalika Primary School

The evaluation also found that more than half of the local people (57 percent) used to segregate waste into organic (perishable) and inorganic (non-perishable), which indicated that public knowledge on the importance of waste segregation, was just above average. Out of them, 44 percent were found to be making domestic manure by decaying organic waste in pits. However, public knowledge on the importance of environmental conservation was tremendously high. The proportion of people who knew that disposing waste by burning it or disposing it in field, backyard, river and road was harmful was as high as 92 percent. This showed the high level of people's knowledge about the negative impact of unmanaged waste.

Table 3.6: Indicators Related to Solid Waste Management

Indicator	Value	Remarks
% of people who knew the importance of waste segregation	57.4%	People who segregated waste into organic (perishable) and inorganic (non-perishable) waste
% of people who made manure out of organic waste	44.0%	People who segregated waste and made manure out of organic waste by decaying it in pits
% of people who knew about the negative impact of unmanaged waste	92.2%	People who knew that disposing waste by burning, and in field, backyard, river and road was harmful

The evaluation also found out that SDA had provided the local communities with the idea to segregate recyclable and non-recyclable waste where recyclables were disposed in pits to decay which would be used as domestic manure while non-recyclables were usually burned.

It was found out that the proportion of local people who took sick members of their families to health posts was 62 percent. Though the figure was not so high, it was encouraging. The evaluation also disclosed a fact that a very high proportion of local people (94 percent) used

soap and water to wash their hands after using toilet. This is a very encouraging figure. It seemed that school screening programme of the project implemented in all the six schools of the programme area under which students were oriented toward hand washing worked very effectively.

Table 3.7: Indicators Related to Access to Health Service and Health Practices

Indicator	Value	Remarks
% of community members who reported seeking healthcare when needed	62.3%	Households who took the patients to health posts
% of community members using soap and water for hand washing after using toilet	94%	

3.3 Achievement in Production of Local Human Resources

One of the objectives of the SSLI-4 Project was to empower and strengthen local youths by providing vocational trainings. In line with this objective, SDA provided number of trainings to local people. But still, only 10 percent of community members had received vocational trainings in the programme area. However, the evaluation revealed that most of those who were trained received trainings from SDA. Also, it was found out that only 16 percent of trained people were able to secure employment.

Table 3.8: Indicators Related to Vocational Trainings

Indicator	Value	Remarks
% of people trained through skill trainings	10.2%	It is the percentage of households in which a member had participated in a vocational training, not the percentage of people
% of trained people who are able to secure employment	16.2%	The percentage is calculated based on those who were employed or self-employed out of those who received trainings

Members of farmers groups of the programme area mentioned that they had been provided vocational trainings on commercial farming of vegetables and citrus fruits and by SDA. However, none of them had practiced the knowledge of commercial farming due to their inaccessibility to market.

3.4 Achievement in New Technology in Agriculture

The SSLI-4 Project also sought to introduce new technology and methodology in agriculture including organic farming. Despite the efforts made by SDA, the proportion of local people who were practicing organic farming was quite low, only 15 percent. Furthermore, the proportion of local people who had received training in organic farming was severely low (7 percent).

Table 3.9: Indicators Related to Organic Farming

Indicator	Value	Remarks
% of farmers who were practicing organic farming	14.8%	The percentage is calculated based on those who said they were farming some plots of land with only organic manure (without DAP, urea and potash)
% of farmers who had received training in organic farming	7.1%	

The local community members and members of farmers group mentioned that they had received training on organic farming techniques from SDA. However, it was understood during the evaluation that it was very difficult to promote organic farming in the programme area because production from organic farming was relatively lower compared to farming with chemical fertilizers. Even though few farmers were intrigued toward organic farming, they were reluctant to it because they estimated that it would not lead to higher production.

In addition to these, the proportion of those who had correct knowledge of organic farming was not satisfactory. Only 29 percent said that they had knowledge of it. People who said that farming with only organic manure or farming without DAP, urea and potash were considered to have knowledge of organic farming. Also, extremely few of local farmers (3 percent) were using new agriculture technologies promoted by the SSLI Project. This was the sector in which more interventions were required from the side of SDA.

Table 3.10: Indicators Related to Organic Farming

Indicator	Value	Remarks
% of farmers having knowledge regarding organic farming	29.4%	Combination of those who said farming with only organic manure and farming without DAP, urea and potash
% of farmers who were using new agriculture technologies promoted by SSLI Project	2.5%	

It was also found out that SDA had provided trainings on off-season organic farming and commercial organic vegetable cultivation to local farmers. However, it was observed that

trained farmers did not implement the knowledge they gained from the trainings in their fields. It was so because of lack of their connection to markets. The main difficulty identified was the difficulty for reaching to markets during the monsoon season to sell their vegetables and fruits. Due to bad condition of roads, they were unable to sell their products at nearby town Hetauda. Even if they managed to travel there, they could not get reasonable price of their products because added transportation cost made the products more expensive, and they could not compete in the market.

CHAPTER 4

THE CURRENT SITUATION

4.1 DRINKING WATER

4.1.1 The Main Source and Adequacy

Focused group discussions (FGDs) conducted with local men and women from DAG and non-DAG communities revealed that the piped water was the main source of drinking water in the study area. However, there used to be a problem in the monsoon season because flood damaged the infrastructure of the pipeline and made water turbid at the source. In this situation, they used to go to springs and dug wells which were very far. There was no system of water treatment, and local people were unable to say whether water they were consuming was potable. The Chairperson of ward-3 said that a few areas of the ward were still deprived of access to drinking water. He highlighted that dug well was also a major source of drinking water. In the partnership with SDA and the ward office, water taps were designed in a child-friendly way as well in different places wherever the water tankers were located in the ward. The household survey also revealed the similar things. The main source of drinking water in all the three wards and all the communities of Kailash RM was piped water. Nine in one local residents (91 percent) said that piped water was the main source of drinking water at their homes, which was extremely higher than the national average 57 percent according to the National Population Census 2021. However, a very few of them also mentioned protected and unprotected dug wells, and natural spring.

Table: 4.1: What is the main source of drinking water at your home? [Base = All, 201]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Piped water	91.2%	88.1%	96.6%	89.1%	98.2%	84.9%	83.3%	87.5%
Protected dug well	4.2%	10.3%	.8%	0.0%	.6%	6.9%	11.1%	6.3%
Unprotected dug well	3.0%	1.5%	2.5%	5.5%	1.2%	5.0%	5.6%	0.0%
Natural spring	1.6%	0.0%	0.0%	5.5%	0.0%	3.1%	0.0%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

More than two-thirds of the local residents said that the main source of drinking water was located inside the compound of their homes while small proportions of them mentioned that it was located outside the compound of homes (but in own plots) and in others' land. However, significantly lower proportions of those who were from Chepang and other non-DAG communities said that the source was located inside the compound.

Table: 4.2: Where is that water collected from? [Base = All, 202]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Inside compound of the home	70.9%	67.4%	72.3%	73.6%	79.5%	62.9%	50.0%	81.3%
Outside compound but in own plot	12.9%	16.3%	11.8%	10.0%	9.9%	15.1%	27.8%	6.3%
In others' land	12.6%	11.9%	10.9%	15.5%	7.6%	18.9%	5.6%	12.5%
Public land	3.6%	4.4%	5.0%	.9%	2.9%	3.1%	16.7%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Even though most of the households had access to piped water and water taps were installed inside the compounds of homes, representatives of the study area said that drinking water was not available throughout the year. The Chair of ward-7 highlighted that the ward had been facing an acute shortage of drinking water in the winter and dry seasons. Communities of this ward reached out to a place called Dekhari to fetch water which was very far from where they lived. In order to counter these water shortages, the ward was in the process of building three tanks and he believed that it would help to meet the water accessibility challenges. A member of ward-4 said that local communities had been facing hardship for drinking water as water sources dried up in the winter season. Villages located in the lower part of the ward had access to piped water but not water tanks. While the upper village dwellers seemed to have a major problem in fetching water as they had to walk for half an hour and even further to reach a water source. Similarly, a member of ward-3 said that access to drinking water continued to remain a problem in the ward. The majority of the local dwellers had been fetching water from afar in dry season. However, with the installation of a few taps, there had been some improvement in the situation. He also said that construction of water tanks was the most important to ensure the smooth supply of drinking water in the area.

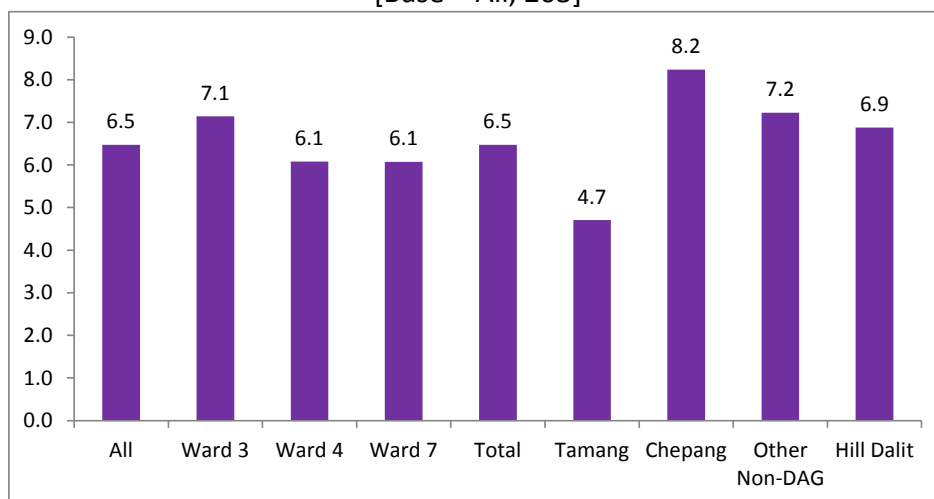
The school survey revealed that not all the schools had access to pipe water. Out of the six schools located in the three wards, only three schools had access to it while other two schools had depended on unprotected and protected dug wells. One school in ward-4, Praja Utthan Primary School, even did not have its own source of drinking water. The school had to collect water in pots from nearby taps. Out of six schools, three schools did not have taps while another three had and they had child-friendly taps (i.e. reachable height of the water tap and easy to operate for children). In the schools where there were no water taps, students had to take out water from tanks. None of them had disability-friendly water taps. Only three schools used to filter water. The following table highlights the situation of drinking water in the six schools.

Table: 4.3: Situation of Drinking Water by School

School	Ward	Source	No. of Taps	Child-friendly Taps	Disability-friendly Taps	Practice of Filtering
Nandi Kishor Basic School	3	Unprotected dug well	1	Yes	No	Yes
Shree Bhawani Secondary School	3	Piped water	1	Yes	No	No
Praja Utthan Primary School	4	No own source	No	-	No	No
Deutis Primary School	4	Protected dug well	No	-	No	No
Satyadevi Primary School	7	Piped water	No	-	No	Yes
Kalika Primary School	7	Piped water	Collected in filters	Yes	No	Yes

It was found that it generally took around 7 minutes in average for the local residents to collect drinking water (for a round-trip including queuing) from the main source. The time taken to fetch water was slightly higher in ward-3 than ward-4 and ward-7. Similarly, the time taken for the people from Chepang community was significantly higher than for those from other communities.

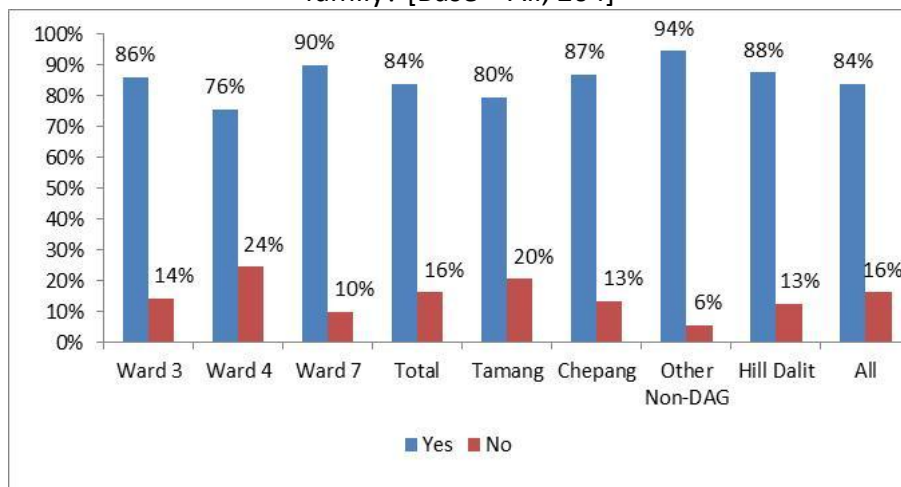
Figure 4.1: Time taken to collect drinking water (in minutes for a round-trip including queuing)?
[Base = All, 203]



About 84 percent said that drinking water collected from the main source was sufficient for their families. In spite of it, the proportion of saying not sufficient was significantly higher in ward-4 than ward-3 and ward-7. Going by ethnicity, a significantly higher proportion of Tamang people said that drinking water was not sufficient. A FGD conducted with Tamang women of ward-4 mentioned that water was not sufficiently supplied because a collection tank was broken. Since the tank had not been repaired, sufficient amount of water was not supplied. They had to fulfil their need by bringing water from a dug well which generally took half an

hour to reach. A child facilitator of ward-7 said that drinking water remained to be the major problem in the area. Water tanks were not maintained properly as well. He was sceptical about the quality of drinking water as well and said that the locals usually consumed it after filtering with cloth.

Figure 4.2: Do you think that drinking water collected from that source is sufficient for your family? [Base = All, 204]



Among those who said that drinking water from the main source was not sufficient for their families, another mostly common source of drinking water was natural spring followed by surface water (e.g. pond, lake and river), unprotected dug well and protected dug well. Natural spring was mostly pronounced as another source in ward-4 while unprotected dug well and surface water were most common alternative sources in ward-3 and ward-7 respectively. Natural spring was mostly pronounced alternative source for Tamang and other non-DAG people while surface water and unprotected dug well were most common alternative sources for Chepang and hill Dalit people. FGDs conducted with local people also revealed the same. When the pipeline was damaged in the monsoon season, they depended on alternative sources like dug well and spring. But, they had to walk for one to three hours to bring water from the source to home.

Table 4.4: What are the other sources of drinking water at your home? [Base = Those who said that drinking water is not sufficient for them, 205]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Natural spring	49.2%	26.3%	72.4%	27.3%	62.9%	28.6%	100.0%	0.0%
Surface water (pond, lake, river etc.)	25.4%	26.3%	17.2%	45.5%	20.0%	33.3%	0.0%	50.0%
Unprotected dug well	23.7%	42.1%	10.3%	27.3%	17.1%	33.3%	0.0%	50.0%
Protected dug well	1.7%	5.3%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The SDA Field Coordinator explained that the situation of water was critical in the study area where people had to fetch water from underground water springs while some even had to reach the riverside during dry season. While in another case, aluminium pipe connection to the upper belt of the hill had proven to bring some respite to village dwellers. He added that water gets contaminated mostly in the monsoon season. Most of the houses still had not built the habit of using filters to purify water while only few households used to boil water before consumption.

4.1.2 Fetching and Treatment

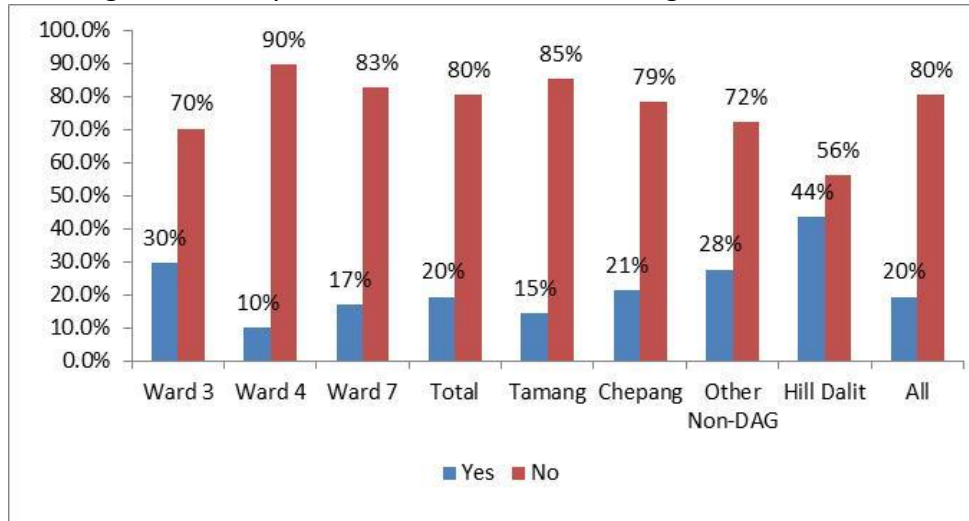
The survey explicitly revealed that female members of the family were primarily responsible for fetching drinking water. It was also found that any member of the family including children used to go for fetching drinking water. Female members of the family were highly mentioned in ward-7 than other two wards. Similarly, the proportion of those saying female members of the family was significantly higher in Chepang community than others. FGDs conducted with local people also showed that female members of the family were primarily responsible for fetching water. FGDs with the local men and women also showed that female members of the families were primarily responsible for this work.

Table 4.5: Who does generally go to fetch drinking water? [Base = All, 206]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Female members of the family	43.1%	43.0%	36.1%	50.9%	40.4%	47.2%	33.3%	43.8%
All members of the family including children	41.2%	37.0%	45.4%	41.8%	42.7%	39.6%	44.4%	37.5%
All members of the family except children	9.3%	10.4%	12.6%	4.5%	11.7%	5.7%	16.7%	12.5%
Girl children of the family	2.7%	5.2%	1.7%	.9%	2.3%	3.1%	0.0%	6.3%
Male members of the family	2.5%	2.2%	4.2%	.9%	2.3%	2.5%	5.6%	0.0%
Boy children of the family	1.1%	2.2%	0.0%	.9%	.6%	1.9%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Only one-fifths of the local residents said that they used to treat water before drinking. The proportion of saying so was significantly higher in ward-3 than other wards. Going by ethnicity, the proportion of those who said that they used to treat water before drinking was significantly higher in hill Dalit community.

Figure 4.3: Do you treat water before drinking? [Base = All, 207]



Among those who said that they used to treat water before drinking, a majority said that they used to treat water by filtering with cloth while about one-thirds said that they used to do it by boiling. A very few of them used to treat water by boiling and filtering. The proportion of those who said that they used to treat water by filtering with cloth was significantly higher in ward-3 than other wards. Similarly, the proportion of saying so was remarkably higher in Chepong community than others.

Table 4.6: How do you treat drinking water? [Base = Those who said that they treat water before drinking, 208]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
By filtering with cloth	60.6%	70.6%	45.0%	53.6%	47.5%	70.5%	57.1%	75.0%
By boiling	31.3%	27.5%	45.0%	28.6%	37.5%	25.0%	42.9%	25.0%
By boiling and filtering	8.1%	2.0%	10.0%	17.9%	15.0%	4.5%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4.2 SANITATION AND SOLID WASTE MANAGEMENT

4.2.1 Solid Waste Management

In order to understand the situation of the solid waste management, the survey asked all the respondents how they disposed of the household waste. About three-fourths said that they burned the household waste followed by those who said that they disposed in pits, river and field/ backyard. A very few also mentioned that they sold to scrap dealers and disposed on road. The public responses in this regard were quite similar in all wards and communities. However, the proportion of those who said that they disposed in river was remarkably higher in hill Dalit people than others. According to the FGDs too, there was no proper management system to dispose solid waste. The municipality office also did not introduce a system of

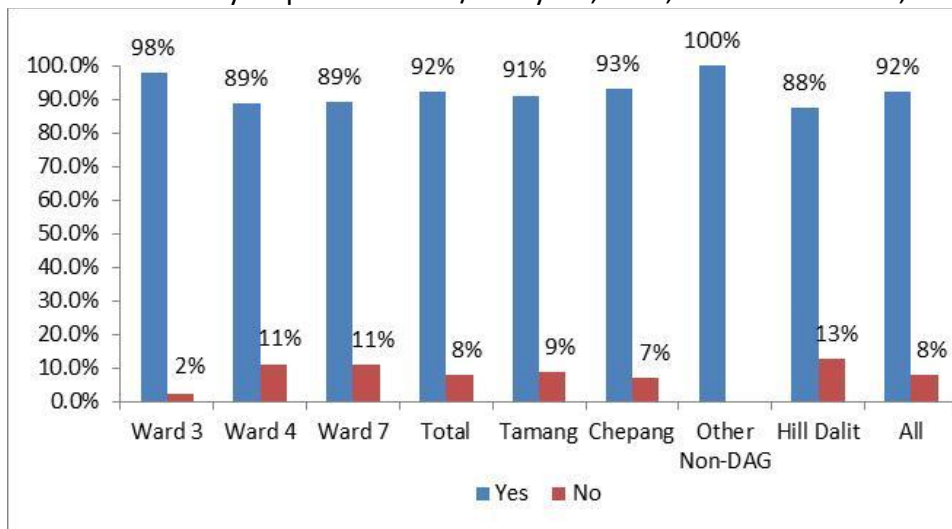
collecting solid waste from households. Key informant interviews conducted with ward representatives also showed that the municipality and ward offices had no concrete plan to manage household waste so far.

Table 4.7: How do you dispose of the household waste? (Percentages are based on multiple responses) [Base = All, 301]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Burnt	73.6%	73.3%	72.3%	75.5%	74.3%	72.3%	77.8%	75.0%
Disposed in pits	44.2%	37.8%	47.9%	48.2%	45.6%	44.7%	50.0%	18.8%
Disposed in river	38.2%	44.4%	25.2%	44.5%	24.6%	48.4%	55.6%	62.5%
Disposed in field/backyard	32.1%	20.7%	42.9%	34.5%	39.8%	28.3%	5.6%	18.8%
Sold to scrap dealers	4.1%	6.7%	.8%	4.5%	3.5%	3.1%	22.2%	0.0%
Disposed on road	.3%	.7%	0.0%	0.0%	0.0%	.6%	0.0%	0.0%
Total	192.6%	183.7%	189.1%	207.3%	187.7%	197.5%	211.1%	175.0%

Among those who said that they disposed the household waste in field/backyard, river and road, and burned, 92 percent said that they knew that doing so had negative impact on human’s health. The proportion of saying so was significantly higher in ward-3 than other wards. All of the respondents from other non-DAG community said that they knew about it, which was remarkably higher than other communities.

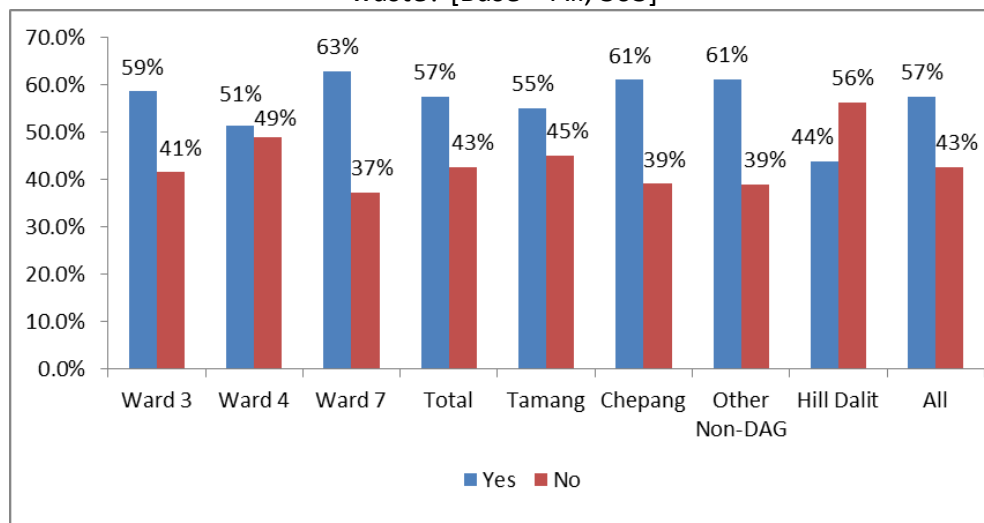
Figure 4.4: Do you know that doing so has negative impact on human’s health [Base = Those who said that they disposed in field/backyard, river, road and burned, 302]



The survey also revealed that more than half of the local residents segregated the waste into organic (perishable) and inorganic (non-perishable) waste. This practice was more common in ward-7 than other wards. The proportions of those who segregated the waste were higher in Chepang and other non-DAG communities than others. However, the FGDs confirmed that

people had not received a proper training how to segregate the solid waste. The municipality officer also mentioned that the municipality office had not educated the local people to segregate the solid waste.

Figure 4.5: Do you segregate the waste into organic (perishable) and inorganic (non- perishable) waste? [Base = All, 303]



Among those who segregated the waste into organic (perishable) and inorganic (non-perishable) waste, a majority of them said that they disposed in pits to rot the organic waste. A few of them said that they gave to animals or disposed in field/backyard and river. The proportion of those who said that they disposed in pits to rot was significantly higher in ward-7 than other wards. Across the communities, the practice of disposing in pits to rot was quite higher among Tamang people.

Table 4.8: Where do you dispose of the organic (perishable) waste disposed? [Base = Those who said that they segregated the waste, 304]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Disposed in pits to rot	81.4%	73.5%	80.3%	91.3%	84.0%	81.5%	63.6%	71.4%
Given to animals	11.0%	16.5%	11.5%	4.3%	8.5%	11.3%	27.3%	14.3%
Disposed in field/backyard	5.7%	6.3%	8.2%	2.9%	6.4%	5.2%	0.0%	14.3%
Disposed in river	1.4%	2.5%	0.0%	1.4%	1.1%	2.1%	0.0%	0.0%
Burnt	.5%	1.3%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who segregated the waste into organic (perishable) and inorganic (non-perishable) waste, a majority of them burned the inorganic waste. Some of them said that they disposed in river and pits. The proportion of those who said that they burned the waste was

significantly higher in ward-4 than other wards. Also, the practice of burning the waste was quite higher among Tamang people.

Table 4.9: Where do you dispose of the inorganic (non- perishable) waste? [Base = Those who said that they segregated the waste, 306]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Burnt	72.7%	68.4%	77.0%	73.9%	79.8%	67.0%	63.6%	71.4%
Disposed in river	14.8%	20.3%	11.5%	11.6%	8.5%	20.6%	18.2%	14.3%
Disposed in pits	10.0%	10.1%	9.8%	10.1%	10.6%	9.3%	9.1%	14.3%
Disposed in field/backyard	2.4%	1.3%	1.6%	4.3%	1.1%	3.1%	9.1%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The survey also revealed that there was no solid waste collection system in the programme wards. Also, it was confirmed from a KII conducted with a municipality officer that the municipality had not introduced the solid waste collection system yet. It was also known from that officer that the municipality office did not explicitly educate the local people to segregate household waste into organic and inorganic. However, he told that the municipality office educated the people to make compost since last 4-5 years by mixing perishable waste with excrement of cattle. It was also found that farmers' groups of the study area were not trained to segregate household waste into organic and inorganic waste. A member of Lalupate farmers' group of ward-4 said that they had not learned anything about segregating household waste. They had been throwing organic waste to their fields while they burned inorganic wastes. Similarly, a member of Ambatar farmers group of ward-3 said that they had no learnt about segregating waste yet. He highlighted the importance of training programmes to educate local people about the proper disposal of organic and inorganic wastes. He further added that the community faced a critical issue of disposal of liquor bottles and had been thrown haphazardly, so he had demanded for a proper place to throw them. Representative of mother's groups of ward-3 and -7 also disclosed said they had not been educated to segregate wastes into organic and inorganic.

After surveying the six schools of the study area, it was found out that five out of six schools burnt the waste in pits while one disposed in pits. Four schools had a practice of segregating waste into organic and inorganic. However, none of them had a practice of making compost out of the waste.

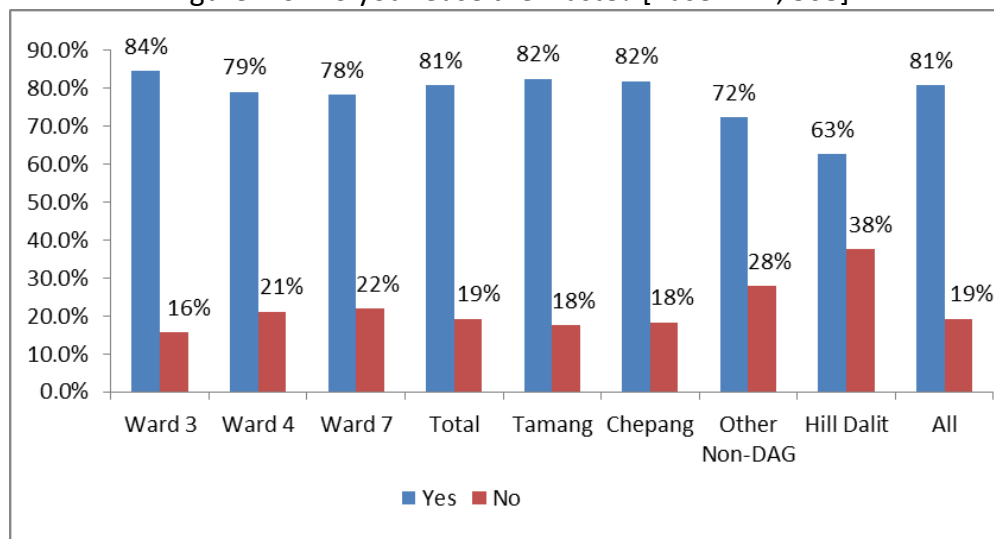
Table 4.10: Situation of Solid Waste Management by School

School	Ward	Way of Disposing Waste	Segregation of Waste	Making of Compost
Nandi Kishor Basic School	3	Burnt in pit	Yes	No
Shree Bhawani Secondary School	3	Burnt in pit	Yes	No
Praja Utthan Primary School	4	Burnt in pit	Yes	No
Deutis Primary School	4	Burnt in pit	No	No
Satyadevi Primary School	7	Disposed in pit	Yes	No
Kalika Primary School	7	Burnt in pit	No	No

4.2.2 Reuse of Waste

Most of the local residents mentioned that they reused some of the waste while only some of them said that they did not. The proportion of those who said that they reused the waste was higher in ward-3 than other wards. It was also found that Tamang and Chepong people were more likely to reuse the waste than others.

Figure 4.6: Do you reuse the waste? [Base = All, 308]



Among those who said that they reused the waste, most of them mentioned that they reused plastic bottles as water collection pots followed by those who said that they did it by making manure by decaying organic waste in pits. The reuse of plastic bottles was highly pronounced in ward-3 than other wards while making manure was highly mentioned in ward-7. Similarly, the reuse of plastic bottles and making manure were highly found in other non-DAG community.

Table 4.11: How do you reuse the waste? (Percentages are based on multiple responses) [Base = Those who said that they recycled the waste, 309]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
By reusing plastic bottles	85.7%	90.4%	85.1%	80.2%	80.9%	90.0%	92.3%	90.0%
By making manure	55.8%	55.3%	50.0%	62.8%	53.2%	57.7%	69.2%	50.0%
Total	141.5%	145.6%	135.1%	143.0%	134.0%	147.7%	161.5%	140.0%

The health staff of SDA added that during general meetings, SDA had provided participants with ideas to segregate organic and inorganic, and make compost out of organic waste. But, local people did not practice it properly. They just dumped it in a pit. SDA had also organized trainings where local people were trained on how to reuse glass bottles, plastic boxes and other plastic containers for other purposes such as storing ghee, honey, etc.

4.2.3 Actions to be Taken to Improve the Sanitation Situation

According to the public opinion on the actions to be taken to improve the sanitation situation in the community, the four actions mostly identified by the local residents were: People should clean the village by themselves; People should not defecate outdoors; People should manage their household garbage by themselves; and Municipality/ward office should collect and manage solid waste. The public opinions in this regard were similar across all wards and communities.

Table 4.12: In your opinion, what is the most important action to improve the sanitation situation in your community? [Base = All, 313]

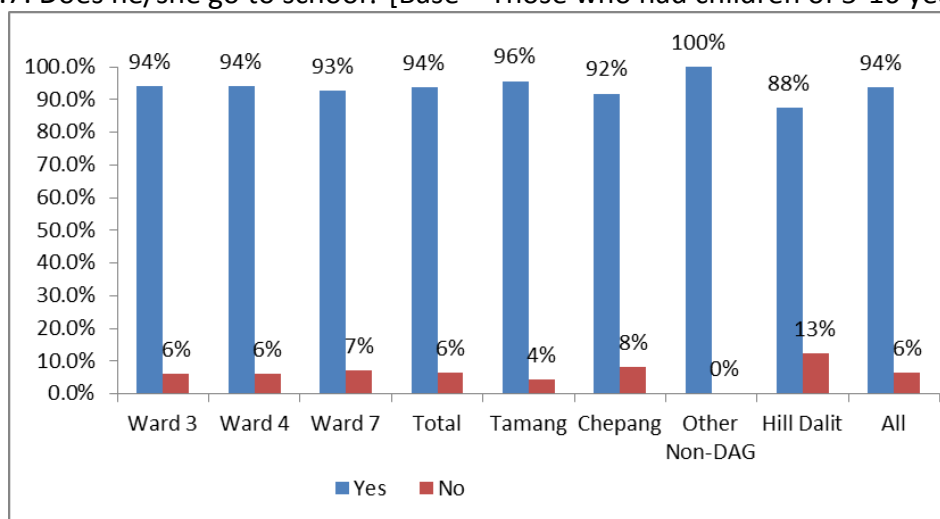
	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
People should clean the village by themselves	24.7%	23.0%	27.7%	23.6%	25.1%	23.3%	27.8%	31.3%
People should not defecate outdoors	19.2%	15.6%	19.3%	23.6%	18.7%	21.4%	0.0%	25.0%
People should manage their HH garbage by themselves	18.4%	17.8%	20.2%	17.3%	18.1%	18.2%	16.7%	25.0%
GP/ward office should collect and manage solid waste	17.6%	25.9%	11.8%	13.6%	17.0%	17.0%	38.9%	6.3%
Garbage should be collected at one place	6.3%	8.1%	1.7%	9.1%	4.1%	7.5%	11.1%	12.5%
Garbage of village should be burned in one place	2.7%	1.5%	4.2%	2.7%	2.3%	3.1%	5.6%	0.0%
There should be awareness among public	1.6%	3.0%	1.7%	0.0%	1.8%	1.9%	0.0%	0.0%
Don't know	8.0%	2.2%	12.6%	10.0%	11.1%	6.3%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4.3 EDUCATION AND SCHOOL ATTENDANCE OF CHILDREN

4.3.1 School Attendance

The survey found out that about 64 percent of the sampled households had children of 5-16 years (i.e. children at the age of school going). Average number of children of this age group was 2 per household. About 94 percent of the respondents said that their children of that age group were going to schools. However, it is worthwhile to mention that though in small, some of them were not going to schools. It indicates that all of the children do not go to schools. The situation was similar in all the wards in this regard. Going by community, all of the children were going to schools only in other non-DAG community while this was not the situation in other communities. The proportions of those who said that their children were going to schools were slightly lower in Chepang and hill Dalit communities than others. The data from the municipality office also showed the similar thing. In the fiscal year 2078/79, the proportions of school going children were 95 percent, 90 percent and 85 percent in ward-3, ward-4 and ward-7 respectively.

Figure 4.7: Does he/she go to school? [Base = Those who had children of 5-16 years, 402d]



Among those who said that their children were going to schools, a majority said that they were going to schools regularly while some of them mentioned that they were not going to schools regularly. The situation was similar across the wards. Other non-DAG community was the only community in which all of the children were going to schools regularly. The proportion of those who said that their children were not going to schools regularly was highest in hill Dalit community followed by Chepang and Tamang communities. This indicates that households of these communities should be given awareness about the importance of education.

Table 4.13: Do they go to school regularly? [Base = Those who said that their children were going to schools, 403]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Yes	88.5%	89.0%	88.0%	88.2%	90.9%	85.3%	100.0%	80.0%
No	11.5%	11.0%	12.0%	11.8%	9.1%	14.7%	0.0%	20.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who said that their children were not going to schools regularly, a majority said that it was so because their children did not understand the language they are taught in schools. The proportion of those who said that schools were very far was also significant. Some of them also mentioned that it was so due to disability of their children followed by those who said that children had to work for their families. The proportions of those who said that their children did not understand the language they were taught in were higher in ward-3 and ward-7, and among Chepong community. Far distance of the schools identified as a reason of children not going to schools regularly was highly pronounced in ward-4 and among Tamang community.

Table 4.14: Why do not they go to schools regularly? (Percentages are based on multiple responses) [Base = Those who said that their children were not going to schools regularly, 404]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Hill Dalit
They do not understand the language they are taught in a school	70.4%	80.0%	55.6%	75.0%	50.0%	80.0%	0.0%
The school is very far	40.7%	0.0%	77.8%	50.0%	80.0%	13.3%	100.0%
Due to disability	14.8%	10.0%	22.2%	12.5%	20.0%	13.3%	0.0%
They have to work for family	11.1%	30.0%	0.0%	0.0%	0.0%	20.0%	0.0%
We cannot afford to buy stationeries	3.7%	0.0%	11.1%	0.0%	10.0%	0.0%	0.0%
It is very difficult to reach the school due to lack of roads and bridges	3.7%	0.0%	11.1%	0.0%	10.0%	0.0%	0.0%
No birth certificate	3.7%	0.0%	0.0%	12.5%	0.0%	6.7%	0.0%
Total	148.1%	120.0%	177.8%	150.0%	170.0%	133.3%	100.0%

During a FGD, local men of Chepong community of ward-3 said that children became lazy because they thought that they would certainly pass because of the grading system. In this system, students would not fail. The health staff of SDA explained that the reason behind the low retention rate of Chepong children was because Chepong community itself was so backward and they did not feel the importance of education. Since poverty was at high level in

this community, many students from the community had been found to attend schools only for taking mid-day meals provided by schools in free. The financial support provided by SDA had contributed a lot for poor students to continue their study.

Box 1: Financial Support of SDA to Poor Students

The Chair of the school management committee of Praja Utthan Primary School (ward-4) said that since the school was only up to the primary level, students had to pursue the education in a school of Kalikatar (ward-3) which turned to be expensive for students of poor background. But, there had been some respite to this situation after the onset of the SSLI project. Children with financial problems had been redeemed because of the support provided by SDA. The project also helped to equip the school with required physical infrastructure. There had been the renovation of early childhood classrooms, and additional IEC materials had been provided to the school.

A member of ward-4 said that many students faced difficulties to go to schools as they had to cross rivers, and could not be present at schools due to this reason. A representative of Srijanshil Child Club (Shree Bhawani Secondary School, ward-3) mentioned that students encounter a major problem in reaching schools during the monsoon season as there is no bridge and they are unable to cross the river and many students have even been unable to appear for exams because of this issue. Therefore, she demands for a bridge to make it easier for students to reach the school.

Figure 4.8: Early Child Development Classroom of Deutis Primary School (Ward-4)



4.3.2 Role of the Parents in the Children Education

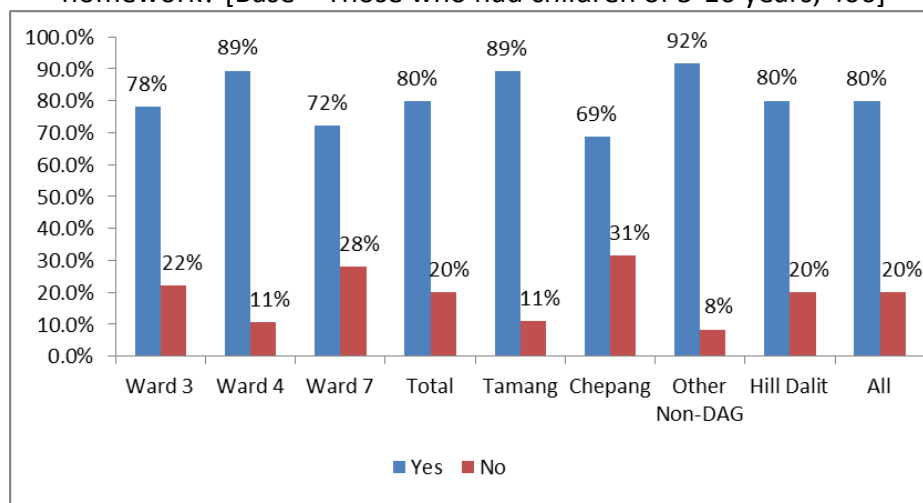
Among those who had children of 5-16 years, 95 percent said that they convinced their children to go to schools if they did not want to. The situation was similar across the wards in this regard. The proportion of saying so was highest in other non-DAG community and hill Dalits and lowest in Chepang community.

Table 4.15: Do you convince your children to go to the school if they do not want to? [Base = Those who had children of 5-16 years, 405]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepanang	Other Non-DAG	Hill Dalit
Yes	95.3%	94.5%	97.3%	94.1%	97.3%	92.2%	100.0%	100.0%
No	3.8%	4.4%	2.7%	4.4%	2.7%	5.9%	0.0%	0.0%
Don't know	.9%	1.1%	0.0%	1.5%	0.0%	2.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who had children of 5-16 years, more than three-fourths said that they used to ask their children regularly whether they had completed their homework. The proportion of saying so was significantly higher in ward-4 than other wards. Also, such proportion was remarkably higher in other non-DAG community than others.

Figure 4.9: Do you regularly used to ask your children whether they have completed their homework? [Base = Those who had children of 5-16 years, 406]



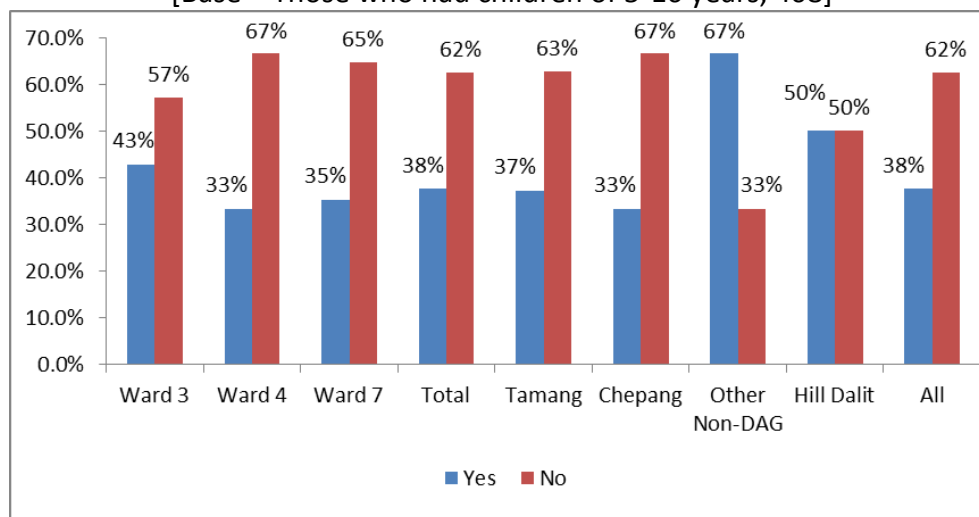
Only one-thirds said that they visited the schools to receive report cards of their children in the last one year. This is not encouraging. The proportion of saying so was significantly higher in ward-3 than other wards. Also, such proportion was remarkably higher in hill Dalit and other non-DAG communities than others.

Table 4.16: Did you visit the school to receive a report card for your children in the last one year? [Base = Those who had children of 5-16 years, 407]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	33.8%	37.4%	32.0%	30.9%	34.5%	27.5%	58.3%	60.0%
No	66.2%	62.6%	68.0%	69.1%	65.5%	72.5%	41.7%	40.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Similarly, slightly more than one-thirds said that they met teachers to discuss their children’s progress in the last one year. The proportion of saying so was significantly higher in ward-3 than other wards. Also, such proportion was remarkably higher in other non-DAG and hill Dalit communities than others. FGDs conducted with local people also showed that a very few parents went to schools to meet teachers to discuss on their children education.

Figure 4.10: Did you meet teachers to discuss your children’s progress in the last one year? [Base = Those who had children of 5-16 years, 408]



4.3.3 Problems in Schools

It was found that insufficient number of teachers, unavailability of secondary schools and poor infrastructure were the major problems in schools in the study area. The Chair of the SMC of Nandi Kishor Basic School (ward-3) highlighted few numbers of teachers as a major problem. It was also discerned from his statements that if the school could possibly be upgraded to secondary level, many students could continue their study up to that level. Due to the poor economic conditions of the people living in the area, most of the students could not continue or were deprived from continuing their education after the primary level of education. There had been poor management and availability of physical infrastructures in the school such as classrooms lacked adequate number of benches and desks. ECD classrooms of the school lacked proper educational materials.

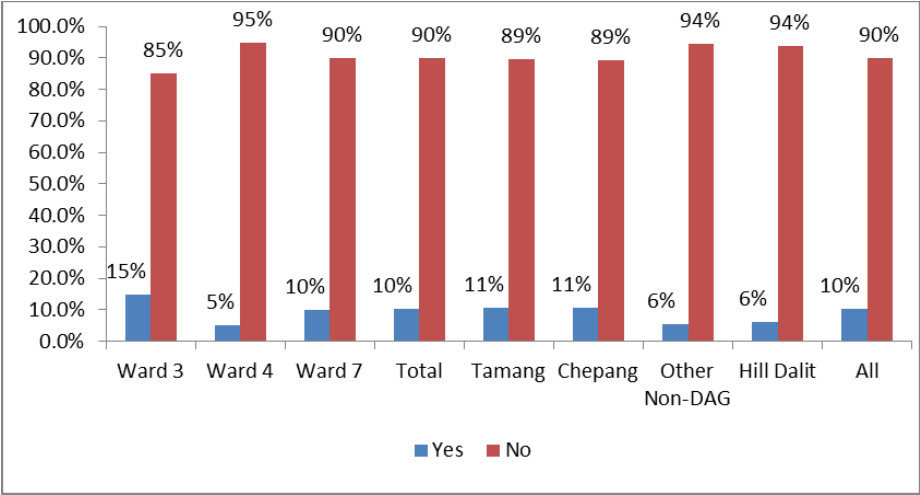
A representative of Srijanshil Child Club (Shree Bhawani Secondary School, ward-3) identified the unavailability of teachers in schools as a major hindrance in the education system of the locality. She mentioned that teachers’ absentees had revoked a major problem for students’ right to education as they would have to miss many classes. The health staff of SDA also said that there had been acute shortage of teachers particularly in science and social study subjects. She disclosed a fact that many secondary level students (or SEE giving students) were found to have taken tuition classes outside of their schools as they had realized that the education of the schools was insufficient, and in order to bridge the gap they opted for taking tuition classes in a nearby town, Manahari.

4.4 VOCATIONAL TRAINING AND EMPLOYMENT

4.4.1 Participation in Vocation Trainings

The survey disclosed a fact that about 10 percent of the sampled households had members who had participated in vocational trainings. Public participation in vocational trainings was significantly higher in ward-3 than other wards. Also, the participation was higher in Chepang and Tamang communities than others. However, it is worthwhile to mention that the scale of the public participation in vocational trainings was tremendously low.

Figure 4.11: Is there any member in your household who have participated in the vocational training? [Base = All, 501]



Among those who said that their family member had participated in vocational trainings, vegetable farming, carpet weaving and organic farming were mostly pronounced types of trainings they received. Other trainings they received were carpentry, doll and cushion making, goat rearing, and sewing and knitting. There were few people who had received trainings on ginger cultivation, off-season farming, compost making and other agriculture related trainings. Vegetable farming was more mentioned in ward-4 than other wards and in hill Dalit community than other communities while carpet weaving was more mentioned in ward-4 and in Chepang

community. Similarly, organic farming was more mentioned in ward-4 and in Tamang community.

Table 4.17: What types of vocational training did they receive? [Base = Those who said that their family members had participated in vocational trainings, 502]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Vegetable farming	21.6%	25.0%	33.3%	9.1%	16.7%	23.5%	0.0%	100.0%
Carpet weaving	18.9%	30.0%	0.0%	9.1%	11.1%	29.4%	0.0%	0.0%
Organic farming	18.9%	10.0%	50.0%	18.2%	27.8%	11.8%	0.0%	0.0%
Carpentry	8.1%	10.0%	0.0%	9.1%	5.6%	11.8%	0.0%	0.0%
Doll and cushion making	8.1%	15.0%	0.0%	0.0%	11.1%	0.0%	100.0%	0.0%
Goat rearing	5.4%	0.0%	0.0%	18.2%	5.6%	5.9%	0.0%	0.0%
Sewing and knitting	5.4%	0.0%	16.7%	9.1%	5.6%	5.9%	0.0%	0.0%
Ginger cultivation	2.7%	0.0%	0.0%	9.1%	5.6%	0.0%	0.0%	0.0%
Off-season farming	2.7%	5.0%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%
Compost making	2.7%	5.0%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%
Poultry farming	2.7%	0.0%	0.0%	9.1%	0.0%	5.9%	0.0%	0.0%
Maize farming	2.7%	0.0%	0.0%	9.1%	0.0%	5.9%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who said that their family member had participated in vocational trainings, most of them said that the municipality office and SDA were the organizations who provided them vocational trainings. Some of them also mentioned other NGOs from which they received the trainings. The municipality office was more pronounced in ward-3 and other non-DAG community while SDA was more pronounced in ward-4 and in Tamang community.

Table 4.18: Which organization did they receive the vocational training from? [Base = Those who said that their family members had participated in vocational trainings, 503]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Municipality office	37.8%	45.0%	16.7%	36.4%	33.3%	41.2%	100.0%	0.0%
Shangri-La	37.8%	40.0%	66.7%	18.2%	50.0%	29.4%	0.0%	0.0%
Other NGOs	24.3%	15.0%	16.7%	45.5%	16.7%	29.4%	0.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

FGDs conducted with local people also showed that very few people had an opportunity to participate in vocational trainings. Almost all of those who participated in trainings did not implement in their lives due to lack of access to market. For instance, men from non-DAG community of ward-3 received three-day training on seed production from Shangri-La, and implemented also, but they stopped now due to lack of access to market. They only used that

knowledge for domestic consumption only. Similarly, men from non-DAG community of ward-4 got training on seasonal vegetables, lemon and orange, bamboo grafting and grass growing, but could not continue to implement it due to lack of market. Nowadays, they used the technique they learned from the training only for domestic consumption. Story is similar with women from non-DAG community of ward-7. They received training on ginger farming, goat rearing and fishery, but they stopped now because of the difficulty to sell them. They could not get good price out of it.

The Chair of ward-3 said that the ward had organized 15-day training on doll and cushion-making for women last year. Furthermore, home construction and carpet weaving training had also been provided to women to enhance their vocational skills and empower them economically. But, he accepted that trained women had not been able to utilize the training knowledge and turned it into businesses. He also argued that lack of access to market stood as a major obstacle for many trained women to utilize their skilled knowledge. Similarly, The Chair of ward-7 said that under the theme of agriculture, the ward provided local people training of livestock rearing, particularly for goat and poultry farming. He further stated that the selection was based on the process where the notice was released from the ward and the interested ones applied for the training class where women, men, and people from all social classes and ethnic groups were impartially selected for the training.

Though low number of local people had received vocational trainings, it was found that SDA and the municipality office had made some efforts to organize training programmes. It is described in the following box.

Box 2: Trainings Given by SDA

A member of Lalupate Farmers Group of ward-4 said that they had provided training to local farmers of growing fruits and vegetables. She also mentioned that the group had received majority of the trainings from SDA, particularly they were trained to grow oranges and lemons, and making organic fertilizer. She also disclosed how the support of the agriculture office had been beneficial for them as the office provided them seeds in subsidy. Making bamboo items and organic fertilizer were other trainings they received from the office, but their learning had been limited to their training only and not actually been implemented yet. Majority of the people were found to use cattle manure only, despite they learned the technique of making organic fertilizer. A member of Ambatar Farmers Group of ward-3 said that trainings they received were in the prospect of growing seasonal and off-seasonal vegetables. Also, they had received training on organic farming techniques and commercial vegetable farming from SDA. However, the trainings had not been effective so far because local farmers had not yet been able to capitalize their knowledge into commercial practice.

Likewise, a member of Kharki Farmers Group of ward-4 said that the municipality office had provided them trainings on goat rearing, cattle rearing, fish farming and so forth. But, the

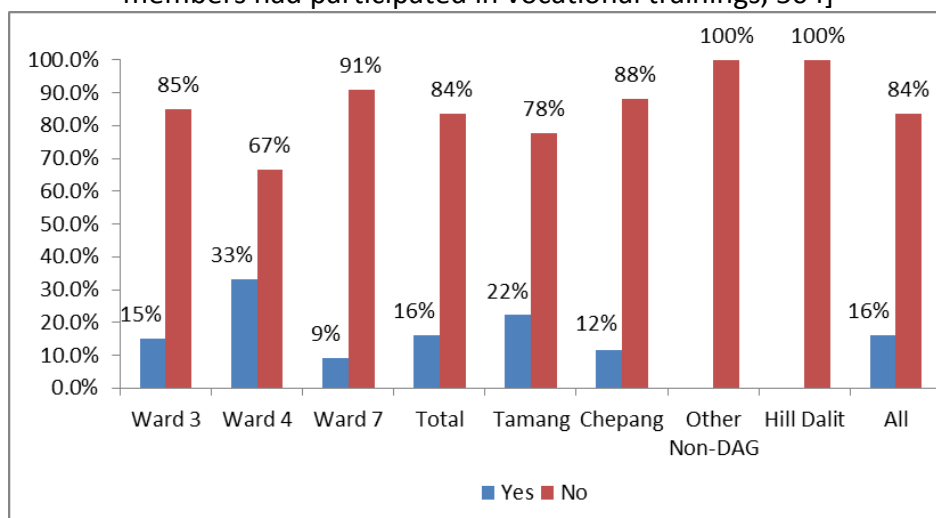
trainings were fundamental only. Members of the group still remained to receive training on pest management, identification of appropriate fertilizers to grow crops, learning techniques to mobilize locally available resources for making fertilizers etc. The group was in requirement of rigorous training programmes, as he said.

A representative of a mothers group of ward-7 said that neither the group had yet provided any vocational training to its members till now nor they had been provided any training. However, a representative of a mothers group of ward-3 said that they had only taken poultry farming training so far. It was also revealed that the training participants had also received free hens at that time from an organization. The SDA Field Coordinator said that training of making sanitary pads had been provided by SDA to encourage women into using more hygienic products rather than using clothes during their menstrual period. Priorities had been given to provide organic farming training to interested farmers to boost agricultural productivity.

4.4.2 Employment through Vocational Trainings

The survey also revealed that only less than two-fifths of those whose family members had participated in vocational trainings said that they were employed or self-employed now. The proportion of saying so was significantly higher in ward-4 and in Tamang community.

Figure 4.12: Are they employed or self-employed now? [Base = Those who said that their family members had participated in vocational trainings, 504]



4.4.3 Public Perception on Vocational Trainings

Though most of the public who had received vocational trainings were unemployed at present, the public perception toward vocational trainings was highly positive. Ninety-four percent said that the local people should get vocational trainings. The proportion of saying so was higher in ward-3 and ward-4 than ward-7. Similarly, such proportions were significantly higher in other non-DAG and Tamang communities.

Table 4.19: Do you think that local people should get vocational trainings? [Base = All, 505]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Yes	94.0%	95.6%	96.6%	89.1%	95.9%	91.2%	100.0%	93.8%
No	4.4%	2.2%	1.7%	10.0%	2.9%	6.9%	0.0%	0.0%
Don't know	1.6%	2.2%	1.7%	.9%	1.2%	1.9%	0.0%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The public had identified 26 types of vocational trainings the local people should get. Among them, mostly pronounced trainings were goat rearing, sewing and knitting, modern agriculture, vegetable cultivation, poultry farming and carpentry. The proportion of those who mentioned goat rearing was significantly higher in ward-4 than other wards and in hill Dalit community than other communities while sewing and knitting was more pronounced in ward-3 and in other non-DAG community. Similarly, demand of modern agriculture training was more observed in ward-3 and in Tamang community while demand of vegetable cultivation training was more recorded in ward-4 and in hill Dalit community. Furthermore, poultry farming training was more demanded in ward-3 and by other non-DAG community while carpentry training had more demand in ward-7 and in hill Dalit community.

Table 4.20: What type of vocational trainings the local people should get? (Percentages are based on multiple responses) [Base = Those who said that local people should get vocational trainings, 506]

	Total	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Goat rearing	32.7%	17.8%	47.8%	34.7%	39.0%	26.9%	16.7%	40.0%
Sewing and knitting	24.3%	29.5%	18.3%	24.5%	22.6%	25.5%	33.3%	20.0%
Modern agriculture	21.1%	29.5%	13.0%	19.4%	22.6%	20.0%	16.7%	20.0%
Vegetable cultivation	15.2%	14.0%	17.4%	14.3%	15.9%	13.1%	16.7%	26.7%
Poultry farming	13.7%	16.3%	10.4%	14.3%	12.8%	13.8%	22.2%	13.3%
Carpentry	12.3%	12.4%	10.4%	14.3%	9.1%	14.5%	5.6%	33.3%
Fruits cultivation	3.5%	3.9%	4.3%	2.0%	3.7%	4.1%	0.0%	0.0%
Carpet weaving	2.9%	4.7%	.9%	3.1%	1.2%	4.1%	11.1%	0.0%
Driving	2.3%	2.3%	1.7%	3.1%	1.8%	3.4%	0.0%	0.0%
Pig farming	1.8%	3.1%	0.0%	2.0%	.6%	2.8%	5.6%	0.0%
Orange farming	1.8%	1.6%	3.5%	0.0%	2.4%	1.4%	0.0%	0.0%
Buffalo farming	1.5%	1.6%	.9%	2.0%	0.0%	2.1%	11.1%	0.0%
Organic farming	1.5%	0.0%	4.3%	0.0%	3.0%	0.0%	0.0%	0.0%
Soap making	.9%	0.0%	2.6%	0.0%	1.8%	0.0%	0.0%	0.0%
Banana cultivation	.9%	0.0%	1.7%	1.0%	.6%	1.4%	0.0%	0.0%
Ginger cultivation	.6%	1.6%	0.0%	0.0%	.6%	.7%	0.0%	0.0%
Bee-keeping	.6%	.8%	0.0%	1.0%	0.0%	1.4%	0.0%	0.0%

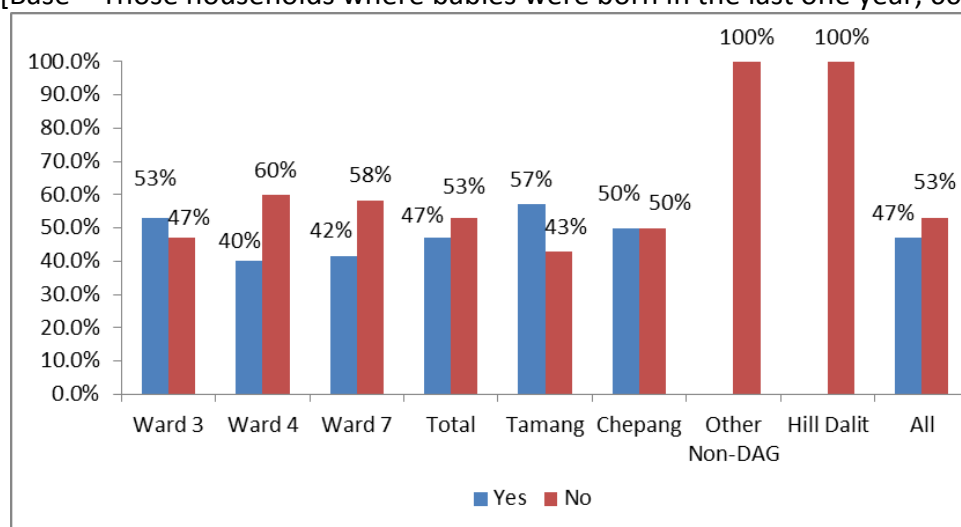
Chair Making	.6%	1.6%	0.0%	0.0%	0.0%	.7%	0.0%	6.7%
Improved stove making	.6%	1.6%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%
Skill development and income generating	.6%	1.6%	0.0%	0.0%	0.0%	.7%	0.0%	6.7%
Animal husbandry	.3%	.8%	0.0%	0.0%	0.0%	.7%	0.0%	0.0%
Broom making	.3%	0.0%	0.0%	1.0%	0.0%	.7%	0.0%	0.0%
Lemon cultivation	.3%	0.0%	0.0%	1.0%	.6%	0.0%	0.0%	0.0%
Waste management	.3%	.8%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%
Sisnu powder making	.3%	.8%	0.0%	0.0%	0.0%	.7%	0.0%	0.0%
Pickle making	.3%	.8%	0.0%	0.0%	.6%	0.0%	0.0%	0.0%
Total	140.9%	146.5%	137.4%	137.8%	140.2%	138.6%	144.4%	166.7%

4.5 PUBLIC HEALTH AND HEALTH PRACTICES

4.5.1 Reproductive Health and Practices

Ward representatives and health workers of local health posts said that they had been encouraging pregnant women to deliver babies in health posts or birthing centres. Even they had been providing free ambulance service to bring pregnant women to health facilities for safe delivery. Despite these efforts, majority of pregnant women were still delivering babies at home without the attendance of trained professionals, according to key informants. The household survey also divulged the same thing. Among the households where babies were born in the last one year, only less than half of the respondents said that delivery of the new born babies were attended by trained professional such as health assistants and FCHVs. This is a pathetic situation. The situation is even worse in ward-4 and ward-7 where only two babies out of five were born in the attendance of trained professionals. Birth of not a single baby was attended by trained professionals in other non-DAG and hill Dalit communities.

Figure 4.13: Were they attended by trained professionals (e.g. health assistants, FCHVs etc.)?
[Base = Those households where babies were born in the last one year, 603]



It was found out that free ambulance service for pregnant women jointly provided by SDA and the municipality office had motivated them to ANC check-up and deliver babies in health facilities. The following box further described about it.

Box 3: Free Ambulance Service as a Motivational Factor for Safe Motherhood

A health worker of ward-3 said that the health post had free ambulance service (jointly provided by SDA and the municipality office) for women who wanted to deliver babies at the health post. However, still only half of the pregnant women delivered babies at the health post. In order to monitor women before and after delivery, the health post sent its health workers and FCHVs to the homes of those pregnant women who lived far from the health post. However, despite of all these, some women were found to have done their delivery at their own homes. A FCHV of ward-4 also accepted that number of pregnant women who preferred delivering their babies at home was still higher. However, the facility of free ambulance, stretchers and case gifts jointly provided by the municipality office and SDA had helped attracting pregnant women to deliver babies at health posts.

One to the reasons behind low deliveries in health facilities was that they were very shy to visit the health post for the delivery. Another was the difficulty to reach the health post in the monsoon season due to bad condition of roads. A health worker of ward-3 mentioned that they had been actively involved in providing counselling related to maternal health and nutrition before and after delivery. Pregnant women were frequently counselled in order to ensure that they had routine ANC and PNC check-ups at health posts before and after their pregnancy.

A FCHV of ward-3 said that she also stated that they had been imparting messages in different spots of communities as by showing the impacts and possible consequences of not giving births at health posts where it could even lead to the death of their newborn babies or even high bleeding would create other casualties for mothers and so forth. Also, the major reason for local women's low participation in case of showing up at health posts, particularly in terms of delivering babies, was that as they were very shy. A FCHV of ward-7 said that they were always ready to bring pregnant women at the health post for delivery or ANC check-up. If an ambulance could not reach their homes due to lack of or back condition of roads, they did it on stretchers and baskets as it would be the only suitable way for them to carry pregnant women. Even though the health post of ward-7 did not have a birthing centre, it had a minimum facility for pregnancy check-up. FCHV and health workers had been actively involved with different mothers groups where they used to disseminate information on safe delivery and motherhood, routine check-up, importance of consuming a nutritious diet, and also ensuring that the delivery would happen in the health post by qualified health professionals.

Among those households where babies were born in the last one year, slightly more than half of them said that babies were born at home followed by another less than one-thirds at health posts, one-tenths in government hospitals and a very few at birthing centres. Ward-3 was only location where majority of the local residents said that babies were born in health facilities,

otherwise majority of other two wards said that babies were born at home. Going by ethnicity, majority of the local people of all communities mentioned that babies were born at homes (with all babies born at home in other non-DAG and hill Dalit communities). FGDs conducted with local people also showed that women mostly gave births at home. Chepang men from ward-4 mentioned that their women mostly gave births at home because health post was very far (2 hours walk). Tamang women from ward-4 said that deliveries took place at home in most of the cases. Only some deliveries happened in health posts. One of the reasons was that there was no access to health post in the monsoon season due to bad condition of road though there was free ambulance service.

Table 4.21: Where did the mother deliver a baby? [Base = Those households where babies were born in the last one year, 604]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
At home	55.9%	47.1%	80.0%	58.3%	57.1%	50.0%	100.0%	100.0%
At a health post	26.5%	29.4%	20.0%	25.0%	28.6%	29.2%	0.0%	0.0%
In a government hospital	11.8%	11.8%	0.0%	16.7%	14.3%	12.5%	0.0%	0.0%
At a birthing centre	5.9%	11.8%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

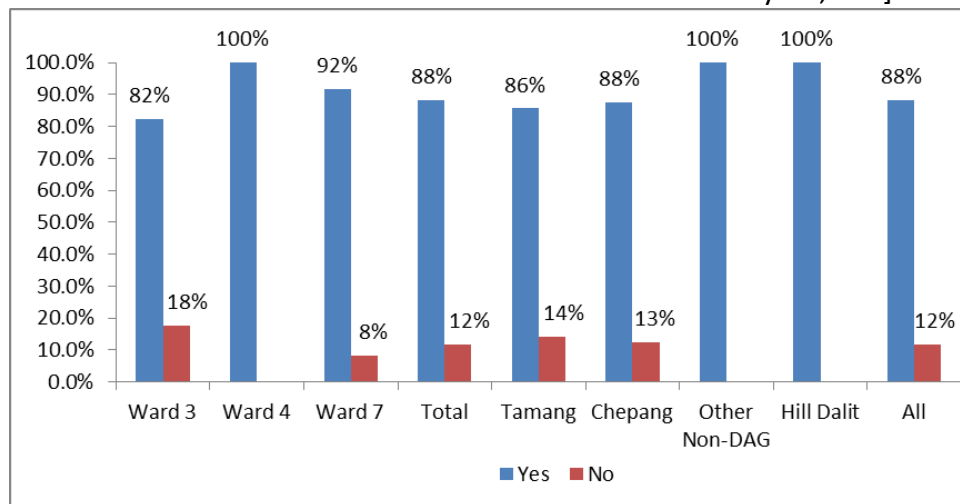
According to key informants, even though health workers and FCHVs had been making tremendous efforts to encourage pregnant women to visit health posts for ANC and PNC check-ups, still not all of them had been doing so. A child facilitator of ward-7 said that in order to ensure the safe delivery of babies, child facilitators along with health workers were mobilized in the community to disseminate information regarding the necessity of visiting health posts for their ANC and PNC check-ups, nutritional diet, iron tablets, and exercises. Most of the pregnant women were usually brought to the health post by an ambulance and if the roads were difficult they were carried on stretchers or in baskets. It was reported that most of the pregnant women of ward-7 were found to visit Kalikatar health post (ward-3) for the delivery as the health post's equipment was obsolete. A representative of a mothers group of ward-7 said that members of the group were also involved in informing pregnant women wherever they met them. They used to advise them to timely visit health posts and deliver babies in health posts only. She said that the mothers group also provided women with the necessary information pertaining to ANC and PNC visits before and after the delivery as it would be pertinent to ensure that both the mother and child were healthy.

Box 4: Effectiveness of Case Gift and Health Kit on Safe Motherhood

A health worker of ward-3 said that SDA had also been providing postpartum women with a health kit that included soap, toothpaste, and so forth. She further explained that women who had completed a complete cycle of 8 ANC check-ups and had their babies delivered at the health post were receiving NPR 2,800 from the municipality office and health kits from SDA. According to a representative of a mothers group of ward-3, a policy of health posts was very effective as women after having 8 visits to health posts for ANC check-up and also having done the delivery at health posts would be receiving a sum of rupees NPR 4,500 and in addition, they would also receive a health kit worth of NPR 5,000 from SDA.

Members of the mothers groups also used to disseminate information on maternal health, safe motherhood and delivery, and child health in their own villages. Similarly, a representative of mothers group of ward-4 said that members of the group were involved in providing suggestions to pregnant women for having a safe delivery and motherhood, and for regular visits to health posts for ANC and PNC. But, majority of women were still found to be shy and reluctant to visit health posts. So, despite encouraging them to a large extent to visit health posts, all of them were not visiting health facilities for ANC and PNC. The household survey also disclosed the same fact. The survey revealed that about nine-tenths of the pregnant women received antenatal care at health facilities while one-tenths did not. Though an overwhelming majority said that pregnant women received antenatal care, it is worthwhile to mention that still not all pregnant women had received this service, which is an important fact to be noticed. However, ward-4 was the only location where all the pregnant women received antenatal care. Similarly, all the pregnant women from only other non-DAG and hill Dalit communities received this service. The FGDs also showed that most of the pregnant women used to go to health posts for antenatal check while only few of them used to go to health posts for postnatal check. Only those who had given births at health posts would go to health posts for postnatal check within 24 hours.

Figure 4.14: Did the pregnant woman receive antenatal care at a health facility? [Base = Those households where babies were born in the last one year, 605]



Compared to antenatal care, a lower proportion of the mothers received postnatal care at health facilities. A little less than two-thirds of the mothers received this service. This proportion was significantly higher in ward-7 than other two wards. All the mothers from other non-DAG and hill Dalit communities received this service while only half of the mothers received it in Chepang community.

Figure 4.14: Did the mother receive postnatal care at a health facility? [Base = Those households where babies were born in the last one year, 606]

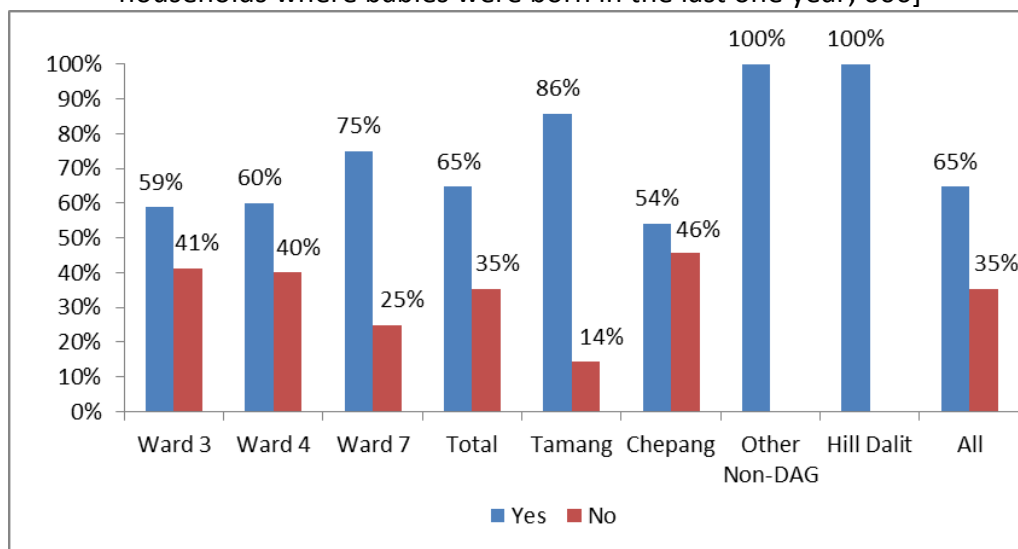
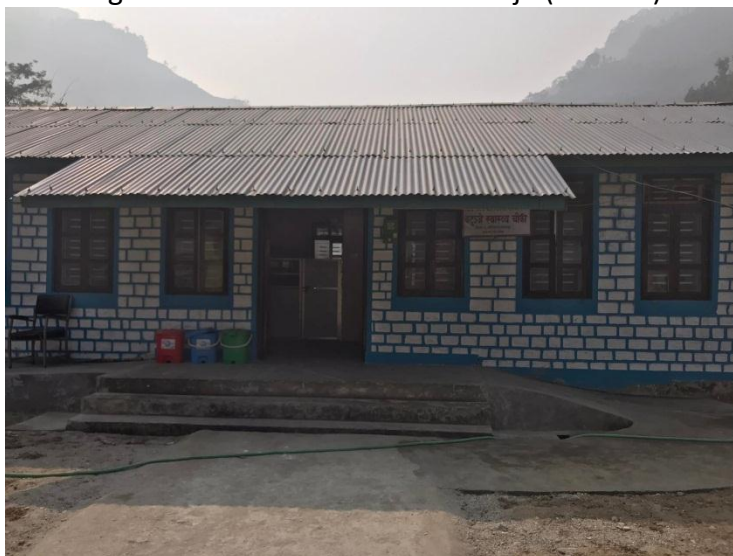


Figure 4.15: Health Post at Katunje (Ward-3)



The survey also disclosed that there were few cases in which some complications happened with the mothers during the pregnancy or childbirth, and all of these cases were found in ward-3 and Chepang community only. These were very long labour pain and high blood pressure. There were no such cases in other two wards and other communities.

Table 4.22: Were there any complications with the mother during the pregnancy or childbirth?
[Base = Those households where babies were born in the last one year, 607]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	5.9%	11.8%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%
No	94.1%	88.2%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It was also found that there one case of death of a mother in the sampled households during or after the birth of a child in ward-3 and Chepang community. Though numerically small, this should be taken very seriously while implementing programmes in the study area.

Table 4.23: Is there any death of a mother during and after the birth of a child at your home in the last one year? [Base = Those households where babies were born in the last one year, 609]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	2.9%	5.9%	0.0%	0.0%	0.0%	4.2%	0.0%	0.0%
No	97.1%	94.1%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

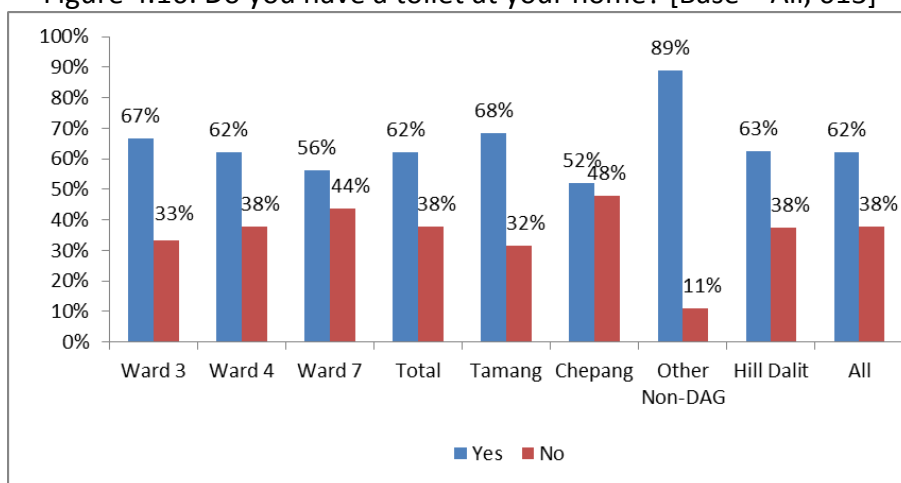
The survey revealed that there was no case of death of a single infant in the sampled households in the last one year. However, the record of the municipality office disclosed that there were four cases of infant death: two in ward-3, one in ward-4 and another one in ward-7.

4.5.2 Access to Toilet and Sanitary Pads

All of the ward representatives said that even though the municipality had already been declared an open defecation-free zone, a significant number of people had still been defecating outside. The Chair of Ward-3 mentioned that open defecation was highly observed in Chepang community. Further, he said that Chepang community still preferred to do it in open spaces over toilets because they stated that toilets had an odour because of which they did not feel healthy inside toilets. The Chair of ward-7 said that although the municipality was already declared an open defecation-free zone, work toward it was dismal. He also disclosed that most of the households who did not prefer to make toilets were from Chepang community. However, he also added that due to their deplorable economic conditions, communities usually were reluctant to build toilets as they could use that money for some other purposes. Similarly, a member of ward-4 also said that although the municipality had already been declared an open defecation-free zone, it was yet to be inculcated into practice. A child facilitator of ward-7 said that a shortage of water had led local people not to have toilets at their homes. Furthermore, he mentioned that existing toilets had also been of no use due to lack of water. The Project

Head of SDA also accepted that that although Kailash RM had already been declared an open defecation-free zone, the declaration had not blended well with the behaviour and practice of the local dwellers. The household survey also revealed the same thing. In the programme area, only two-thirds of the residents (62 percent) had toilets at their homes while one-thirds did not have. Users of toilets were found to be remarkably lower in the programme area compared to the national average 96 percent according to the National Population Census 2021. The proportion of the residents having toilets at homes was higher in ward-3 than other two wards. Similarly, people from other non-DAG community had more access to toilets at their homes while Chepong people had least access. The FGDs also revealed that Chepong people had least access to toilets.

Figure 4.16: Do you have a toilet at your home? [Base = All, 613]



Among those who had toilets at homes, more than half of them mentioned that they had been using the toilets since last six years or less than that. A very few of them mentioned that they had been using toilets since last 10 years or more than that. New users of toilets were more in ward-4 than other wards, and in hill Dalit and Chepong communities.

Table 4.24: If yes, how many years have you been using the toilet? [Base = Those who have toilets at homes, 614]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Since last 1-3 years	22.6%	28.9%	24.3%	11.3%	17.1%	30.1%	31.3%	10.0%
Since last 4-6 years	31.9%	26.7%	35.1%	35.5%	28.2%	33.7%	25.0%	70.0%
Since last 7-9 years	20.4%	20.0%	27.0%	12.9%	27.4%	14.5%	6.3%	10.0%
Since last 10-12 years	16.8%	13.3%	8.1%	32.3%	18.8%	15.7%	12.5%	10.0%
Since last >12 years	8.4%	11.1%	5.4%	8.1%	8.5%	6.0%	25.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who had toilet at homes, most of them had pour-flush toilets. A few of them had pit latrines with slab, flush toilets and pit latrines without slab. Pour-flush toilets were more common in ward-4 and ward-4 than ward-3, and in Tamang community.

Table 4.25: What kind of toilet facility do you have at your home? [Base = Those who have toilets at homes, 615]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Pour flush toilet	92.0%	86.7%	95.9%	95.2%	97.4%	89.2%	87.5%	60.0%
Pit latrines with slab	5.3%	8.9%	2.7%	3.2%	.9%	8.4%	12.5%	20.0%
Flush toilet	1.8%	2.2%	1.4%	1.6%	1.7%	1.2%	0.0%	10.0%
Pit latrines without slab	.9%	2.2%	0.0%	0.0%	0.0%	1.2%	0.0%	10.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those who did not have toilets at homes, most of them used to go to open field, river and forest to defecate while a few of them used to share toilets with their neighbours and relatives. Open defecation was more common in ward-4 and ward-7 than ward-3, and in other non-DAG community.

Table 4.26: If no toilet at home, where does your household go to defecate? [Base = Those who did not have toilets at homes, 616]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Open field/river/forest	94.2%	91.1%	95.6%	95.8%	92.6%	96.1%	100.0%	83.3%
Shared toilet with neighbour/relatives	5.8%	8.9%	4.4%	4.2%	7.4%	3.9%	0.0%	16.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The school survey revealed that all the schools had pour-flush toilets, but none of the schools had disability friendly toilets. Toilets had water facility only in four schools out of six. Users had to bring water by themselves in other two schools. It is good to mention that the only secondary school in the study area, Shree Bhawani Secondary School, had provided a privilege of sanitary pads to adolescent girls. Unfortunately, the only basic school in the study area, Nandi Kishor Basic School, had no such privilege. Since girls studying in basic schools already reach at the age of menstruation, this privilege should be provided to them. However, it was known from the key informant interview with the health staff that SDA had provided school girls trainings of making reusable sanitary pads not only with hygiene perspective, but also with entrepreneurship perspective. Similarly, the SDA Field Coordinator mentioned that sanitary pads making training was provided by SDA to encourage women and girls so that they could use hygienic pads rather than clothes during their menstrual period.

Table 4.27: Situation of Toilets by School

School	Ward	Availability of Toilet	Type of Toilet	Availability of Water in Toilet	Availability of Sanitary Pads	Way of Disposing Pads
Nandi Kishor Basic School	3	Yes	Pour flush, no disability friendly	Have to bring every time	No	-
Shree Bhawani Secondary School	3	Yes	Pour flush, no disability friendly	Yes	Yes	Burnt
Praja Utthan Primary School	4	Yes	Pour flush, no disability friendly	Yes	No	-
Deutis Primary School	4	Yes	Pour flush, no disability friendly	Have to bring every time	No	-
Satyadevi Primary School	7	Yes	Pour flush, no disability friendly	Yes	No	-
Kalika Primary School	7	Yes	Pour flush, no disability friendly	Yes	No	-

4.5.3 Hand Washing Practices

Key informant interviews conducted with the ward representatives, health workers, FVHVs and members of community based organizations revealed that hand washing practice with soap and water after using toilets was well introduced in the study area. According to the household survey too, hand washing was very common after using the toilet in the study area. Ninety-seven percent said that they used to wash hands every time after using the toilet while remaining said that they used to do it most of the time. There was similar situation in all wards in this regard. Going by ethnicity, all of the people from other non-DAG and hill Dalit communities said that they used to do it every time. The FGDs also revealed the same.

Table 4.28: Do you wash hands after using the toilet? [Base = All, 620]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Every time	97.0%	97.0%	96.6%	97.3%	97.7%	95.6%	100.0%	100.0%
Most of the time	3.0%	3.0%	3.4%	2.7%	2.3%	4.4%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It was also found that 94 percent of the local people used to wash hands with soap and water after using the toilet while only few of them used to do it with water only, and ash and water. The situation was similar in all wards. All of the people from other non-DAG and hill Dalit communities used to do this practice with soap and water. It was evidenced that health and sanitation activities under the school screening programme of the project were very successful and effective in the programme area.

Table 4.29: What do you wash hands with after using the toilet? [Base = All, 621]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Soap and water	94.0%	91.9%	96.6%	93.6%	96.5%	89.9%	100.0%	100.0%
Only water	3.8%	5.2%	1.7%	4.5%	2.3%	6.3%	0.0%	0.0%
Ash and water	2.2%	3.0%	1.7%	1.8%	1.2%	3.8%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Like in the context of washing hands after using toilet, about 97 percent said that they used to wash hands every time before eating meal. The situation was similar in all three wards. Also, it was found that all the people from other non-DAG and hill Dalit communities used to do it before eating meal.

Table 4.30: Do you wash hands before eating meal? [Base = All, 622]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Every time	96.7%	96.3%	97.5%	96.4%	98.2%	94.3%	100.0%	100.0%
Most of the time	3.3%	3.7%	2.5%	3.6%	1.8%	5.7%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As in the case of washing hands after using toilet, most of the people used to wash hands with soap and water before eating meal. However, usage of soap and water in this term was much lower because of usage of water was significantly higher. Usage of soap and water was significantly higher in ward-4 and other non-DAG community than others.

Table 4.31: What do you wash hands with before eating meal? [Base = All, 623]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
Soap and water	73.9%	67.4%	79.0%	76.4%	81.3%	65.4%	83.3%	68.8%
Only water	25.3%	31.9%	20.2%	22.7%	18.1%	33.3%	16.7%	31.3%
Ash and water	.8%	.7%	.8%	.9%	.6%	1.3%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

In the term of washing hands after eating meal, almost all of the local people used to do it every day. This practice was similar across all wards and ethnicities.

Table 4.32: Do you wash hands after eating meal? [Base = All, 624]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Every time	99.7%	99.3%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%
Most of the time	.3%	.7%	0.0%	0.0%	0.0%	.6%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Unlike in the terms of washing hands after using toilet and before eating meal, majority said that they used to wash hands after eating meal with water only. The situation was similar across all wards and ethnicities in this regard.

Table 4.33: What do you wash hands with after eating meal? [Base = All, 625]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Only water	66.2%	72.6%	62.2%	62.7%	60.8%	71.1%	72.2%	68.8%
Soap and water	33.8%	27.4%	37.8%	37.3%	39.2%	28.9%	27.8%	31.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4.5.4 Access to Health Facilities

As mentioned in the previous sections, access to health facilities was very poor in the monsoon season due to the poor condition of roads. However, local people preferred to visit health posts if somebody in the families became sick. In the study area, about one-thirds of the local residents said that someone in their families got ill in the last one year. The proportion of saying so was significantly higher in ward-3 than other two wards. Such proportion was remarkably higher in hill Dalit community than others.

Table 4.34: Did anyone in your family get ill in the last one year? [Base = All, 626]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	35.7%	40.7%	32.8%	32.7%	33.9%	36.5%	22.2%	62.5%
No	64.0%	58.5%	67.2%	67.3%	66.1%	62.9%	77.8%	37.5%
Don't know	.3%	.7%	0.0%	0.0%	0.0%	.6%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those whose family members got ill in the last one year, most of them said that they took them to local health posts for the treatment followed by government hospitals, lama/jhankri, nearby clinics and local medical stores. A few of them also mentioned local ayurvedic vaidhyas. Another few people also said that they did not take anywhere and they just treated at their homes. The proportions of those who mentioned local health posts were significantly

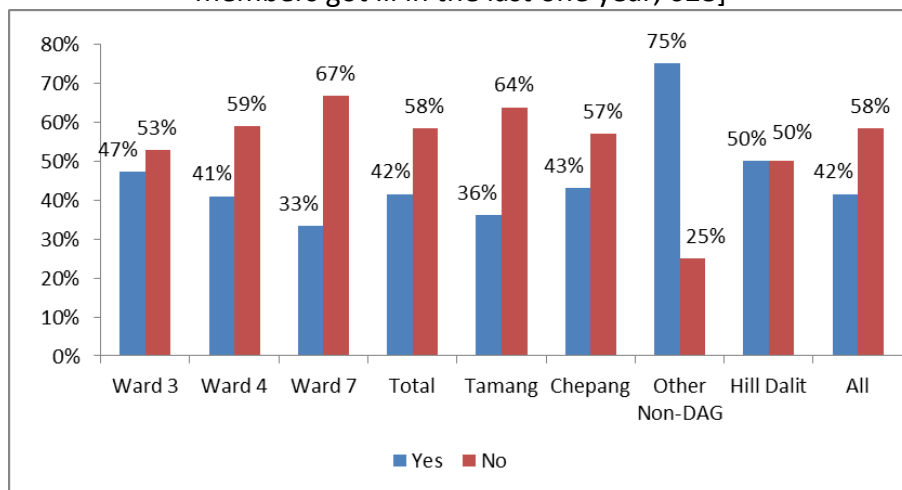
higher in ward-4 and ward-7 while the proportion of those who mentioned government hospitals was significantly higher in ward-3. Most of the people from Chepang and Tamang communities mentioned local health posts while most of the people from other non-DAG community mentioned private hospitals/ clinics. Most of the people from hill Dalit community mentioned government hospitals. The FGDs also showed that health posts were the most common destination for the treatment in the study area. People from ward-4 and ward-7 also used to go the health post of ward-3 located at Kalikatar because the health posts of their own wards were very far. However, all of the FGD participants said that health workers and medicines were available for basic disease like fever, headache, cold, cough, body pain, typhoid, diarrhoea and pneumonia. Medicines for other serious diseases were not available.

Table 4.35: Where did you take him/her for the treatment? (Percentages are based on multiple responses) [Base = Those whose family members got ill in the last one year, 627]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Local health post	62.3s%	45.5%	66.7%	83.3%	63.8%	69.0%	0.0%	40.0%
Government hospital	38.5%	49.1%	35.9%	25.0%	41.4%	32.8%	0.0%	70.0%
Jhankri/traditional healers	31.5%	27.3%	35.9%	33.3%	34.5%	31.0%	25.0%	20.0%
Private hospital/clinic	12.3%	16.4%	17.9%	0.0%	15.5%	5.2%	75.0%	10.0%
Local medical store	11.5%	12.7%	10.3%	11.1%	12.1%	10.3%	0.0%	20.0%
Local ayurvedic vaidhya	4.6%	3.6%	2.6%	8.3%	1.7%	8.6%	0.0%	0.0%
Nowhere, treated at home	3.1%	5.5%	2.6%	0.0%	1.7%	5.2%	0.0%	0.0%
Total	163.8%	160.0%	171.8%	161.1%	170.7%	162.1%	100.0%	160.0%

About two out of five said that they had faced difficulties to get their sick members of the family treated. This proportion was even higher in ward-3 than other wards. Similarly, the proportion of saying so was significantly higher in other non-DAG community than others.

Figure 4.17: Have you faced any difficulty to get him/her treated? [Base = Those whose family members got ill in the last one year, 628]



Among those whose sick members of the family were taken to health facilities and had faced some difficulties there, most of them identified expensive health service as the difficulty while some of them felt discriminated there. Other mostly pronounced difficulties were absence and uncooperative attitude of medical professionals. Expensive service was mostly mentioned in ward-4 and ward-7, and in Tamang community. Feeling of discrimination was surprisingly highly observed in other non-DAG community than other communities.

Table 4.36: What types of difficulties have you faced when you went there? (Percentages are based on multiple responses) [Base = Those whose sick family members were taken to health facilities and had faced some difficulties there in the last one year, 629]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Service is very expensive	68.5%	46.2%	87.5%	91.7%	90.5%	60.0%	0.0%	60.0%
Felt discriminated	24.1%	30.8%	18.8%	16.7%	14.3%	24.0%	100.0%	20.0%
Absence of medical professionals	16.7%	7.7%	37.5%	8.3%	33.3%	8.0%	0.0%	0.0%
Uncooperative attitude	16.7%	11.5%	12.5%	33.3%	19.0%	16.0%	0.0%	20.0%
No equipment available	3.7%	3.8%	0.0%	8.3%	0.0%	8.0%	0.0%	0.0%
No medicine available	3.7%	7.7%	0.0%	0.0%	0.0%	4.0%	0.0%	20.0%
Don't know	3.7%	7.7%	0.0%	0.0%	0.0%	4.0%	0.0%	20.0%
Total	137.0%	115.4%	156.3%	158.3%	157.1%	124.0%	100.0%	140.0%

It was also found out that four schools had the facility of first aid out of six in the study area. The two schools where this facility was not available used to get this facility from nearby health posts. It was good to know that the government had provided the service of a nurse in the only secondary school of the study area: Shree Bhawani Secondary School.

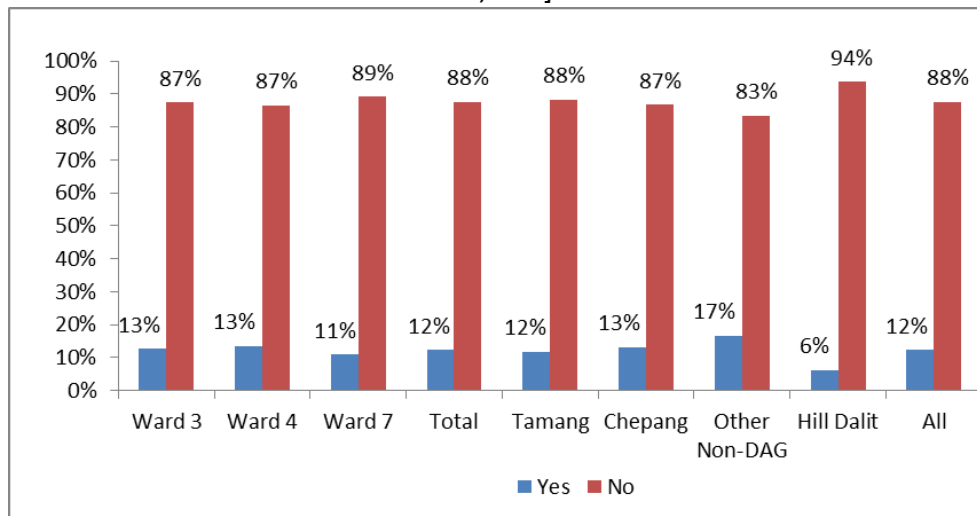
Table 4.37: Availability of First Aid by School

School	Ward	Availability of First Aid
Nandi Kishor Basic School	3	No
Shree Bhawani Secondary School	3	Yes
Praja Utthan Primary School	4	Yes
Deutis Primary School	4	Yes
Satyadevi Primary School	7	Yes
Kalika Primary School	7	No

4.5.5 Respiratory Problem

The survey revealed that one in ten households had members with respiratory problems in the last one year. This proportion was slightly higher in ward-4 and in other non-DAG community.

Figure 4.18: Did anyone in your family have respiratory problems in the last one year? [Base = All, 630]



Among those whose family members had the respiratory problem in the last one year, most of them said that their mothers or mothers-in-law had that problem followed by themselves, their fathers or fathers-in-law, their spouses and children. It indicates that female members of the family were mostly affected from the respiratory problem. The proportion of those who said mothers or mothers-in-law was higher in ward-7 and other non-DAG community.

Table 4.38: Who did have the respiratory problem? [Base = Those whose family members had the respiratory problem, 631]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepong	Other Non-DAG	Hill Dalit
My mother/mother-in-law	28.9%	29.4%	25.0%	33.3%	25.0%	28.6%	66.7%	0.0%
Myself	24.4%	23.5%	18.8%	33.3%	25.0%	23.8%	0.0%	100.0%
My father/father-in-law	17.8%	11.8%	25.0%	16.7%	20.0%	14.3%	33.3%	0.0%
My wife/husband	13.3%	11.8%	25.0%	0.0%	25.0%	4.8%	0.0%	0.0%
My children	11.1%	23.5%	0.0%	8.3%	0.0%	23.8%	0.0%	0.0%
My sisters	2.2%	0.0%	0.0%	8.3%	0.0%	4.8%	0.0%	0.0%
My grand parents	2.2%	0.0%	6.3%	0.0%	5.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those whose family members had the respiratory problem, about three-fourths had got the treatment. The proportion of getting the treatment was significantly higher in ward-7 and in Chepong community.

Table 4.39: Did he/she get the treatment of the respiratory problem? [Base = Those whose family members had the respiratory problem, 632]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	71.1%	64.7%	68.8%	83.3%	70.0%	76.2%	66.7%	0.0%
No	28.9%	35.3%	31.3%	16.7%	30.0%	23.8%	33.3%	100.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Among those whose family members got the treatment, most of them said that they got the treatment in local health posts followed by government hospitals, private hospitals/ clinics, local medical stores, jhankri (i.e. traditional healer) and local ayurvedic vaidyas. Local health posts were highly pronounced in ward-7 and in Chepang community while government hospitals were highly mentioned in ward-3 and in other non-DAG community.

Table 4.40: Where did he/she get the treatment of the respiratory problem? (Percentages are based on multiple responses) [Base = Those who said their sick members got the treatment, 633]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG
Local health post	43.8%	27.3%	18.2%	90.0%	21.4%	68.8%	0.0%
Government hospital	37.5%	54.5%	27.3%	30.0%	35.7%	37.5%	50.0%
Private hospital/clinic	21.9%	36.4%	27.3%	0.0%	28.6%	6.3%	100.0%
Local medical store	18.8%	18.2%	36.4%	0.0%	28.6%	12.5%	0.0%
Jhankri/traditional healer	12.5%	0.0%	27.3%	10.0%	21.4%	6.3%	0.0%
Local ayurvedic vaidya	3.1%	0.0%	0.0%	10.0%	0.0%	6.3%	0.0%
Total	137.5%	136.4%	136.4%	140.0%	135.7%	137.5%	150.0%

Among those whose family members did not get the treatment, most of them said that they did not get the treatment because they did not have money to do the treatment followed by those who said that it was not so serious; no medicine was available; and no transportation available.

Table 4.41: Why he/she did not get the treatment of the respiratory problem? (Percentages are based on multiple responses) [Base = Those who said their sick members did not get the treatment, 634]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
I did not have money to do the treatment	61.5%	100.0%	20.0%	50.0%	33.3%	80.0%	100.0%	100.0%
It was not so serious	46.2%	33.3%	80.0%	0.0%	66.7%	40.0%	0.0%	0.0%
No medicine available when visited	30.8%	33.3%	20.0%	50.0%	33.3%	20.0%	0.0%	100.0%
Lack of transportation	7.7%	0.0%	0.0%	50.0%	0.0%	20.0%	0.0%	0.0%
Total	146.2%	166.7%	120.0%	150.0%	133.3%	160.0%	100.0%	200.0%

4.6 AGRICULTURE AND LIVELIHOOD

4.6.1 Agriculture as the Main Source of Income

A big majority of the local people (91 percent) mentioned agriculture as the main source of income in the study area. The proportion of saying so was the highest in ward-4 followed by ward-7 and ward-3. The higher proportion of Tamang community identified agriculture as the main source of income than others. Traditional occupation was significantly higher in hill Dalit community while private business and daily wage labour were significantly higher in other non-DAG community.

Table 4.42: What is the main source of income in your household? [Base = All, 701]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Agriculture	91.2%	78.5%	100.0%	97.3%	96.5%	89.3%	66.7%	81.3%
Daily wage labour	3.0%	8.1%	0.0%	0.0%	1.2%	4.4%	11.1%	0.0%
Private business	2.2%	5.9%	0.0%	0.0%	.6%	1.9%	22.2%	0.0%
Government job	2.2%	5.2%	0.0%	.9%	1.8%	3.1%	0.0%	0.0%
Traditional occupation	.8%	1.5%	0.0%	.9%	0.0%	0.0%	0.0%	18.8%
Remittance	.3%	0.0%	0.0%	.9%	0.0%	.6%	0.0%	0.0%
House rent	.3%	.7%	0.0%	0.0%	0.0%	.6%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

4.6.2 Cultivable Land

The survey recorded that about 97 percent of the local people had cultivable land. However, there were few people who did not have cultivable land. The situation was more or less same across wards and ethnicities in this regard. But, it is worthwhile to mention that the proportion of those who did not have cultivable was comparatively lower in other non-DAG group.

Table 4.43: Do your family have cultivable land? [Base = All, 702]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	96.7%	93.3%	100.0%	97.3%	97.7%	96.9%	88.9%	93.8%
No	3.3%	6.7%	0.0%	2.7%	2.3%	3.1%	11.1%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Average area of cultivable land in the study area was 3589.5 square meters (10.6 kattha) per household. It was 3657.2 square meters (10.8 kattha) in ward-3, 3691.1 square meters (10.9 kattha) in ward-4 and 3352.4 square meters (9.9 kattha) in ward-7. Average area of cultivable land was highest in other non-DAG community (4537.6 square meters, 13.4 kattha) followed by Tamang (3758.8 square meters, 11.1 kattha), Chepang (3352.4 square meters, 9.9 kattha) and hill Dalit (2878.4 square meters, 8.5 kattha).

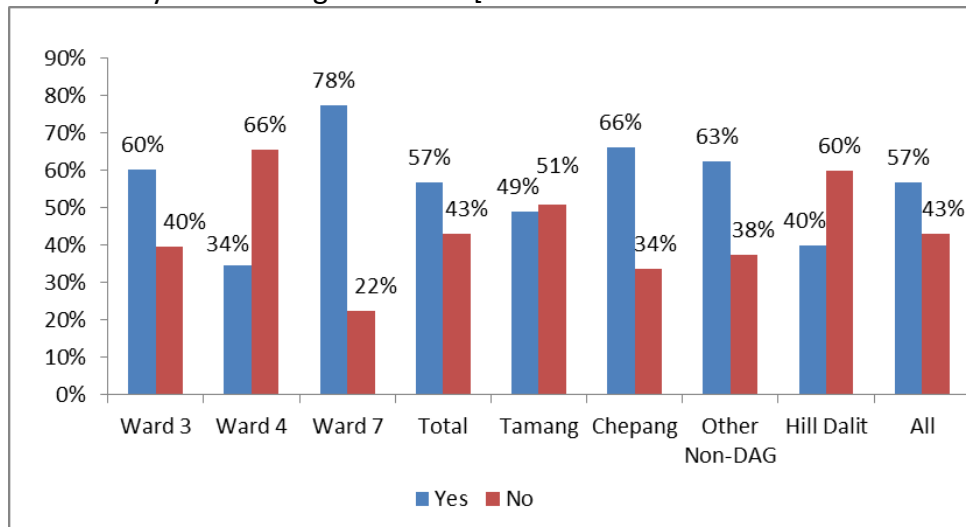
Table 4.44: Average Area of Cultivable Land per Household

Unit	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Kattha	10.6	10.8	10.9	9.9	11.1	9.9	13.4	8.5
Sq. meter	3589.5	3657.2	3691.1	3352.4	3758.8	3352.4	4537.6	2878.4

Note: 1 kattha = 338.63 square meters

Among those people who had cultivable land, only a little more than half of them said that they had irrigated land. The proportion of those having irrigated land was significantly higher in ward-7 than other wards. Similarly, such proportion was higher in Chepang community than other communities.

Figure 4.19: Do you have irrigated land? [Base = Those who had cultivable land, 703]



Average area of irrigated land in the study area (among those who had irrigated land) was 1727.0 square meters (5.1 kattha) per household. Average irrigated land holding size was

similar in all wards. Average area of irrigated land was highest in other non-DAG community (2031.8 square meters, 6 kattha) followed by Chepang (1794.7 square meters, 5.3 kattha), Tamang (1659.3 square meters, 4.9 kattha) and hill Dalit (1117.5, 3.3 kattha).

Table 4.45: Average Area of Irrigated Land per Household

Unit	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Kattha	5.1	5.0	5.2	5.2	4.9	5.3	6.0	3.3
Sq. meter	1727.0	1693.2	1760.9	1760.9	1659.3	1794.7	2031.8	1117.5

Note: 1 kattha = 338.63 square meters

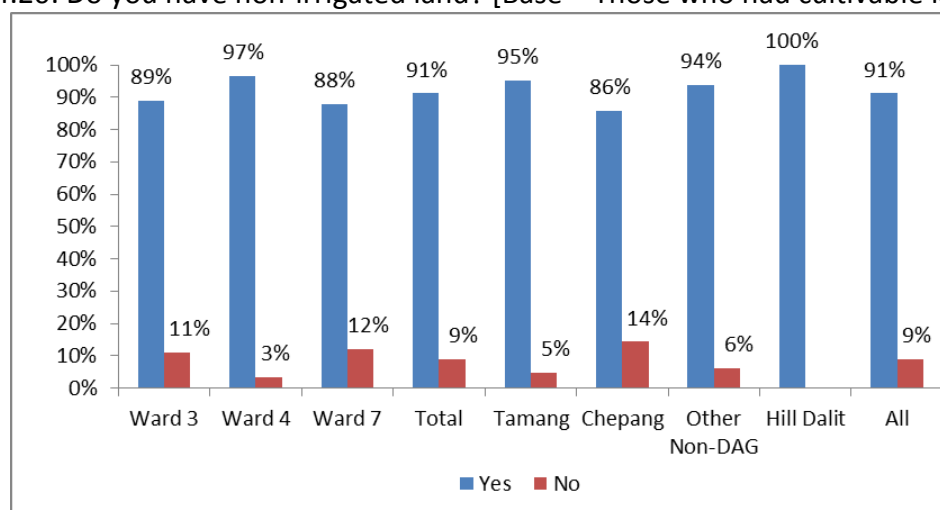
According to the records of the municipality office, there were 11 irrigation systems in the study area as of FY 2078/79: one in ward-3, six in ward-4 and four in ward-7. In FY 2078/79, one, three and two irrigation systems were repaired in ward-3, ward-4 and ward-7 respectively.

Table 4.46: Total and Repaired Irrigation Systems by Ward as of FY 2078/79

	Ward 3	Ward 4	Ward 7
Total	1	6	4
Repaired	1	3	2

Among those people who had cultivable land, nine out of ten said that they had non-irrigated land. The proportion of those having non-irrigated land was significantly higher in ward-4 than other wards. Similarly, such proportion was higher in hill Dalit community than other communities.

Figure 4.20: Do you have non-irrigated land? [Base = Those who had cultivable land, 704]



Average area of non-irrigated land in the study area (among those who had non-irrigated land) was 2878.4 square meters (8.5 kattha) per household. It was highest in ward-4 (3250.9 square meters, 9.6 kattha) followed by ward-3 (2946.1 square meters, 8.7 kattha) and ward-7 (2336.6

square meters, 6.9 kattha). Average area of non-irrigated land was highest in other non-DAG community (3487.9 square meters, 10.3 kattha) followed by Tamang (3115.4 square meters, 9.2 kattha), Chepang (2539.7 square meters, 7.5 kattha) and hill Dalit (2404.3 square meters, 7.1 kattha).

Table 4.47: Average Area of Non-Irrigated Land per Household

Unit	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Kattha	8.5	8.7	9.6	6.9	9.2	7.5	10.3	7.1
Sq. meter	2878.4	2946.1	3250.9	2336.6	3115.4	2539.7	3487.9	2404.3

Note: 1 kattha = 338.63 square meters

4.6.3 Degraded Land

The survey revealed that few households had degraded land. The proportion of having degraded land was slightly higher in ward-4 and ward-3 than ward-7. This proportion was higher in hill Dalit community than others and the people from other non-DAG community did not have any degraded land.

Table 4.48: Do you have any degraded land? [Base = Those who had cultivable land, 705]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	8.2%	8.7%	9.2%	6.5%	7.8%	9.1%	0.0%	13.3%
No	91.8%	91.3%	90.8%	93.5%	92.2%	90.9%	100.0%	86.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Average area of degraded land in the study area (among those who had degraded land) was 1151.3 square meters (3.4 kattha) per household. It was highest in ward-7 (1727.0 square meters, 5.1 kattha) followed by ward-3 (1185.2 square meters, 3.5 kattha) and ward-4 (711.1 square meters, 2.1 kattha). Average area of degraded land was highest in Chepang community (1591.6 square meters, 4.7 kattha) followed by hill Dalit (1015.9 square meters, 3.0 kattha) and Tamang (677.3 square meters, 2.0 kattha). It indicates that the situation was severely pathetic in Chepang community.

Table 4.49: Average Area of Degraded Land per Household

Unit	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Hill Dalit
Kattha	3.4	3.5	2.1	5.1	2.0	4.7	3.0
Sq. meter	1151.3	1185.2	711.1	1727.0	677.3	1591.6	1015.9

Note: 1 kattha = 338.63 square meters

4.6.4 Area of Crops Planted and Production

The survey revealed that the main crops planted in the study area were maize, millet, paddy and potato. Almost every household had planted maize in the last one year while about three-fourths had planted millet. About two in five households had planted paddy while less than two in ten households had planted potatoes. All of the households in ward-4 and ward-7 and in Chepang community had planted maize. Millet was more common in ward-4 and in Tamang community. More than half of the households in ward-7 had planted paddy. Planting paddy was more common in Chepang and other non-DAG communities. Though in small scale, potato was more planted in ward-4, and in Tamang community.

Table 4.50: Proportion of those who had produced the following crops in the last one year

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Maize	98.9%	96.8%	100.0%	100.0%	99.4%	100.0%	87.5%	93.3%
Millet	76.4%	61.1%	87.4%	82.2%	81.4%	74.0%	62.5%	60.0%
Paddy	40.6%	46.0%	18.5%	58.9%	28.7%	53.9%	50.0%	26.7%
Potato	16.5%	15.1%	22.7%	11.2%	23.4%	9.7%	12.5%	13.3%

Average area of maize planted was 2765.5 square meters (8 kattha) while that for millet was 1837.0 square meters (5.4 kattha). Average area of paddy planted was 1733.4 square meters (5.1 kattha). In average, potato was planted in 658.6 (1.9 kattha). Average area for maize was higher in ward-4, and in Tamang and other non-DAG communities. This for millet was similar in all wards, but higher in Chepang community. Average area of paddy planted was similar in all wards, but it was higher in Tamang community. Average area of potato planted was higher in ward-3 and in Chepang community.

Table 4.51: Area of the Following Crops Planted (in square meter per Household)

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Maize	2765.5	2725.7	3098.9	2440.0	3002.8	2566.1	3023.5	1886.7
Millet	1837.0	1931.7	1836.4	1754.7	1775.3	1993.9	1523.8	1128.8
Paddy	1733.4	1739.9	1693.2	1741.5	2031.8	1627.9	1312.2	1185.2
Potato	658.6	945.5	609.5	314.6	653.4	777.7	186.2	338.6

Note: Converted to square meter from kattha (1 kattha = 338.63 square meters)

In average, about 1010 kg of maize was produced per household in the last season. Production of maize was higher in ward-3, and in other non-DAG and Chepang communities. Average production of paddy was about 806 kg per household. Production of paddy was significantly higher in ward-3, and in Tamang and Chepang communities. Production of millet in the last season was about 298 kg per household. Its production was significantly higher in ward-3 and ward-7, and in Chepang and other non-DAG communities. Potato was produced 86 kg per

household in average. Production of potato was significantly higher in ward-3 and in Chepang community.

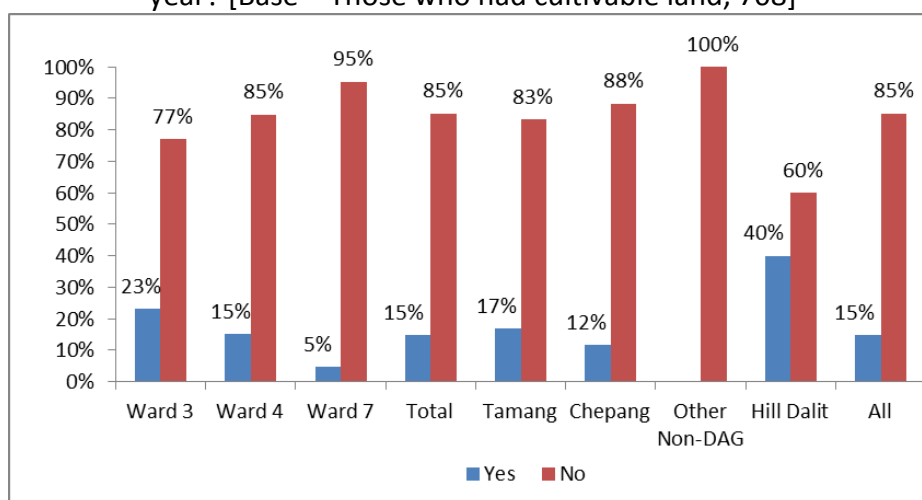
Table 4.52: Production of the Following Crops per Household (in Kg)

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Maize	1010.3	1110.2	1033.3	871.0	1010.6	1050.6	1071.4	502.9
Paddy	805.7	1002.8	562.9	709.0	827.5	809.3	750.0	580.0
Millet	297.8	359.0	204.5	354.5	230.9	379.6	380.0	178.7
Potato	86.0	151.6	66.9	25.1	73.4	130.5	50.0	35.0

4.6.5 Organic Farming and Training

Only few households (less than 2 in 10) used organic manure only in some of the crops they grew in the last one year. This proportion was significantly higher in ward-3 and in hill Dalit community. Not a single household from other non-DAG community said that they used organic manure only. This indicates that practice of organic farming was not so introduced in the study area. FGDs conducted with local people also revealed the same thing. Local people said that they used to do farming with organic manure only long before, but not anymore now. Production of crops would not be good if not used chemical fertilizers. If a neighbour uses chemical fertilize, other households also have to use it. A member of Ambatar Farmers Group of ward-3 said that organic manure was used only at the initial stage of the farming, while in the latter stages they used urea as to ensure that their crops have higher productivity. Similarly, a member of Kharki Farmers Group of ward-3 said that it was chemical fertilizers that they used more because local fertilizers although was more beneficial in long term but chemical fertilizers pushed the crops to grow faster and produce in larger quantity.

Figure 4.21: Did you use organic manure ONLY in some of the crops you grew in the last one year? [Base = Those who had cultivable land, 708]



Among those households, who used organic manure only to grow some of the crops, maize was the crop in which highest amount of organic manure was used in the last season. In average, 2892 kg of organic manure per household was used in maize fields. In paddy fields, 2640 kg of organic manure was used by every household. Millet and potato stood next with 1137 kg and 789 kg respectively. Usage of organic manure in maize fields was significantly higher in ward-4 and ward-3, and in Tamang community. Usage of organic manure in paddy and millet fields was similar in all wards and communities. In potato fields, usage of organic manure was higher in ward-3 and in Chepang community.

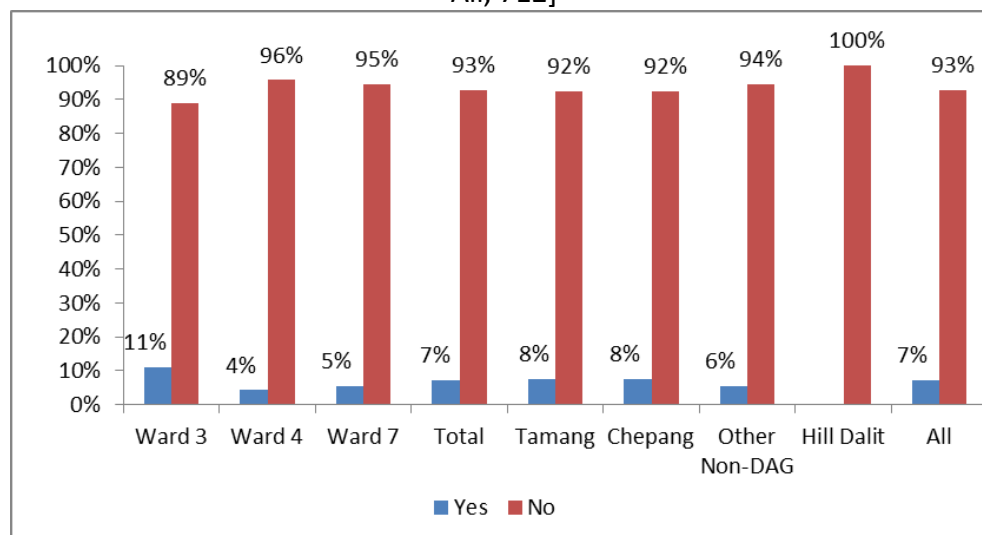
Table 4.53: Quantity of Organic Manure Used in the Following Crops (in Kg per Household)

	Total	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Hill Dalit
Maize	2892	3126	3177	1680	3177	2780	2340
Paddy	2640	2667	-	2600	-	2640	-
Millet	1137	1207	1057	1070	1067	1216	1100
Potato	789	1312	535	200	513	1800	-

Note: Converted to kg from doko (1 doko = 40 kg)

It was found that less than one in ten households had received trainings in organic farming. This proportion was significantly higher in ward-3 than other wards. Not a single household had received such training in hill Dalit community. The FGDs also revealed that a very few households had received training in organic farming. Chepang men of ward-4 had received training on making of organic manure and organic pesticide by mixing *banmara* and *titepati* with urine of cattle. But, they stopped making it now because the procedure was very complicated. SDA also trained them about tunnel farming with organic manure to grow chillies, tomatoes and green vegetables, but stopped now due to lack of markets. The situation was similar in other wards.

Figure 4.22: Have you or anyone in your family received any training in organic farming? [Base = All, 712]



Among those who had received trainings in organic farming, most of them had received such trainings from SDA while very few of them received it from other NGOs and the municipality office. The proportion of those who had received trainings from SDA was significantly higher in ward-3 and ward-4 than ward-7, and in other non-DAG community.

Table 4.54: Which organization provided you the training? [Base = Those who had received trainings in organic farming, 713]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG
Shangri-La	80.8%	86.7%	80.0%	66.7%	84.6%	75.0%	100.0%
Other NGOs	7.7%	6.7%	0.0%	16.7%	7.7%	8.3%	0.0%
Municipality office	3.8%	6.7%	0.0%	0.0%	0.0%	8.3%	0.0%
Don't know	7.7%	0.0%	20.0%	16.7%	7.7%	8.3%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The survey disclosed a fact that most of the local people had not understood what the organic farming was. Only little more than one-fourths had understood its meaning. The proportion of those who had understood it was significantly higher in ward-3 and ward-7 than ward-4. Also, relatively more people from other non-DAG community had understood it.

Table 4.55: What do you understand by saying organic farming? [Base = All, 714]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Don't know	70.6%	65.2%	79.8%	67.3%	71.9%	69.8%	61.1%	75.0%
Farming with only organic manure	21.2%	25.2%	11.8%	26.4%	17.5%	23.3%	38.9%	18.8%
Farming without DAP, urea and potash	8.2%	9.6%	8.4%	6.4%	10.5%	6.9%	0.0%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

It was also found that only nominal number of the local people were using new farming technologies promoted by the SSLI-4 project, and a very few people had participated in demonstration or pilot projects involving new technologies. The SDA Field Coordinator mentioned that it was difficult to promote organic farming in the project area. The production from such kinds of organic farming was low compared to other commercial kinds of farming as it used chemical fertilizers. Off-season farming training was however provided by SDA, and tree nursery was in the pipeline to be introduced. According to him, SDA had been giving priority to up-scaling the practice of kitchen gardening with the introduction of tunnel farming in the local communities. Also, the yearly seed distribution programme of SDA had been helping farmers to increase the production. However, he shared that seeds had not been utilized to its maximum

capacity. Underlining the importance of connectivity and market access issues, he highlighted that main difficulty faced by local farmers was to travel to the market during the monsoon to sell their vegetables and fruits. The health staff shed light on the situation of organic farming as it had not been practiced extensively whereas other chemical fertilizers such as urea continued to be the most preferred one. She outlined that only few communities were intrigued by organic farming and the reason for reluctance to adopting organic farming was because they perceived that it would not lead to higher production. She also mentioned that few people had been able to grow vegetables in large quantities out of organic farming. She also added that apparently kitchen farming had also been a trend in recent times without using any chemical fertilizer.

Box 5: Changed Perception of Farmers toward Vegetable Farming

A member of Lalupate Farmers Group of ward-4 unravelled how it was important to grow vegetables with modern techniques to reap economic benefits out of them. After the SDA's training, she stressed on how the mind-set of local people had shifted in prioritizing the cultivation of vegetables whereas previously they were only focused in growing crops. A member of Ambatar Farmers Group of ward-3 said that farmers were able to take benefit partially only as the income from their traditional crops farming would only help to fulfil their daily needs and pay the tuition fees of their children. But after practicing vegetable farming, they were able to earn some money.

A member of Ambatar Farmers Group of ward-3 further said that organizations had limited their support in providing training only whereas the actual need of farmers was agricultural subsidy, availability of farming tools and equipment, and periodic evaluation of their seasonal production. Respectively, programmes should be developed by targeting the scope of kitchen gardening and tunnel farming, as he emphasized. He also stressed the municipality office should realize the need for expansion of commercial off-seasonal farming in the area. A member of Kharki Farmers Group of ward-3 said that distribution of seeds in subsidy or grants, and agricultural tools disbursement were the priority activities of the farmers group.

4.6.6 Mid-Day Meal in Schools

The school survey revealed that all of the schools in the study provided mid-day meal to students up to grade five or six, and if available they used to provide organic food to children in mid-day meal. But organic food was not always available. It was available only when SDA provided them organic vegetables from its Latabari organic farm. Head teachers and vice-head teachers also mentioned that SDA used to provide the schools organic vegetable 10 months a year. That was also not enough for six days a week. Generally, it was enough for 2-3 days a week. For other days, they had to buy from Kalikatar market.

Table 4.56: Availability of Mid-Day Meal by School

School	Ward	Available to	Organic
Nandi Kishor Basic School	3	Nursery-Grade 5	Yes, but only sometimes when SDA provides
Shree Bhawani Secondary School	3	Nursery-Grade 6	Yes, but only sometimes when SDA provided
Praja Utthan Primary School	4	Nursery-Grade 5	Yes, but only sometimes when SDA provided
Deutis Primary School	4	Nursery-Grade 5	Yes, but only sometimes when SDA provided
Satyadevi Primary School	7	Nursery-Grade 3	Yes, but only sometimes when SDA provided
Kalika Primary School	7	Nursery-Grade 3	Yes, but only sometimes when SDA provided

4.6.7 Livestock

Almost all of the households raised livestock in their households. A very few households did not raise livestock. Comparatively, households with livestock were higher in ward-4 than other wards and in Tamang community than others.

Table 4.57: Do you raise livestock in your household? [Base = All, 710]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Yes	96.7%	94.1%	99.2%	97.3%	98.2%	96.2%	88.9%	93.8%
No	3.3%	5.9%	.8%	2.7%	1.8%	3.8%	11.1%	6.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The survey revealed that the most common livestock raised in the study area was chicken followed by goat, cow and buffalo. Almost nine in ten households raised chicken. Average number of chicken raised was 9 per household. This number was similar in all wards and in all communities. Almost two-fourths of the households raised goats. Average number of goats raised was 8 per household. This number was similar across the wards but significantly higher in Tamang community. Slightly more than two-thirds of the households raised cows. Average number of cows raised was 3 per household. This number was similar across wards and communities. Slightly less than half of the households raised buffalos. Average number of

buffalos raised was 2 per household. This number was same in all groups, except in other non-DAG community with one per household.

Table 4.58: Proportion of Households Raised the Following Livestock and Average Number Raised per Household

	% of HH Raised	Average Number of Livestock							
		All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Chicken	86.8%	9	8	9	9	9	8	9	7
Goat	74.7%	8	7	9	8	10	6	6	6
Cow	68.7%	3	3	2	3	2	3	3	3
Buffalo	45.6%	2	2	2	2	2	2	1	2

4.6.8 Farmers' Groups

According to the municipality office records, there were five farmers' groups in the study area: three in ward-3, and one in each of ward-4 and ward-7. There were 102 members in these farmers' groups out of which 51 percent were male and 49 percent were female.

Table 4.59: Registered Farmers' Groups by Ward as of 2078/79

SN	Name	Ward	Female	Male	Total
1	Ambatar Farmers Group	3	10	12	22
2	Jautar Farmers Group	3	12	9	21
3	Kharki Farmers Group	3	10	6	16
4	Lalupate Farmers Group	4	11	14	25
5	Sarsi Farmers Group	7	7	11	18
	Total	-	50	52	102
	Gender Proportion	-	49%	51%	100%

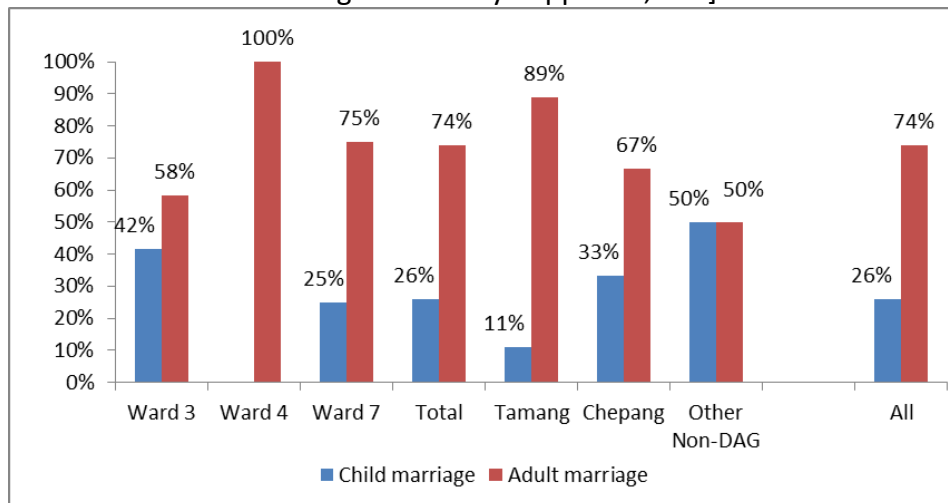
4.7 CHILD MARRIAGE

4.7.1 Occurrence of Child Marriage

The ward representatives of the study area shared that child marriage is still practiced largely in the area. The Chair of ward-3 said that the ward has been conducting various awareness raising activities like developing poster and pamphlets against harmful practices like child marriage and child labour, and pasting on walls of houses and other major area where large number of people walk through. However, these efforts are not enough as the practice of child marriage persist in these areas. In order to control and monitor the cases of child marriage, the ward had also designated a child facilitator. Through the mobilization of these child facilitators, the ward had even able to stop the few child marriage cases. Likewise, the Chair of ward-7 explicitly highlighted child marriage as an alarming issue of Kailash rural municipality, where he also

mentioned that due to illiteracy and lack of access to education among Chepang community being few major reasons of child marriage. The ward office had been organizing awareness programmes and providing financial support to girls and boys. A member of ward-4 said that they have been able to stop some child marriage cases in joint efforts of the local police and the ward office. He further said that there had been seen a slight declining trend in child marriage. Furthermore, he also stated that Kailash rural municipality was soon to be declared a child-friendly rural municipality. Likewise, in order to abolish child marriage, every ward had appointed a child facilitator who was actively mobilized to work in the issue. The cases of child marriages still appeared to be predominant in Chepang community compared to other communities, according to him. This was so because Chepang community has less access to economic activities and education. According to the data of the municipality office, there were 17 child marriages in the study area in the fiscal year 2078/79. Out of them, 14 child marriages took place in ward-7 and another 3 in ward-3. In the municipality office data too, there was no child marriage recorded in ward-4. The household survey also showed that still more than one-fourths of the total marriages were child marriages in the study area in the last one year. Out of 23 marriages in the sampled households, six were child marriages where either one of groom and bride or both of groom and bride were under 20 years of age. Child marriages were higher in ward-3 than ward-7, and there was no child marriage in ward-4. Disaggregating child marriage by ethnicity, it was found significantly higher in other non-DAG community, and there was no child marriage in hill Dalit community. FGDs conducted with Chepang people also revealed that the child marriage was more common in Chepang community. They said that it was more common in poor families due to lack of education. Access to mobile phones is also seen as contributing factor for young girls and boys to elope without the permission of their parents.

Figure 4.23: Proportions of Child Marriage and Adult Marriage [Base = Those households where marriage ceremony happened, 802]



4.7.2 Reasons of Child Marriage

Local community based organizations such as farmers' groups and child clubs were also involved in some activities in order to stop the child marriage. A representative of a mothers' group of ward-7 said that despite the awareness had massively spread in communities regarding the elimination of child marriages, Chepang community was still found to continue this malpractice in ward-7. Child marriages were more common with families who were economically poor, children who were out of school, and in Chepang community. Similarly, a representative of mothers' group of ward-4 said that practice of child marriage was taken very lightly in the area even though they had made efforts to convince them. She attributed that Chepang community seemed to ignore the value of education. They also kept having many children without thinking about its repercussions on children' lives including education. People drenched in poverty had more cases of child marriage because they were unable to send children to schools. She further added that some children themselves also got eloped to fulfil their wish of getting married to the persons they had liked. A representative of Srijanshil child club of ward-3 said that child marriage existed in a large scale in the area due to superstitions and poverty, and lack of education. Girls getting pregnant before marriage had also compelled them to get married with their beloved ones at an early age. She said that such practice was widely noted in Chepang community. Upon finding out about the case of child marriage, the club even filed complaints in a police station. Furthermore, in order to abolish child marriages from the root of society, she said that they even reached out to those families who were about to marry their underage sons or daughters, and advised them to avoid it at any cost. The household survey also revealed that most of the households where child marriage happened, mentioned that it happened because boys and girls got married by elopement. The proportion of saying so was significantly higher in ward-7, and in Tamang and other non-DAG communities. Other reasons mentioned by the local people were: it would difficult to get married at later stage; society would respect parents if children got married at early stage; it was a traditional custom; it happened due to pressure from family members; and it happened to fulfil the responsibility of home.

Table 4.61: Why did they get married so early? (Percentages are based in multiple responses)
[Base = Those households where child marriage happened, 803]

	All	Ward 3	Ward 7	Tamang	Chepang	Other Non-DAG
They married by elopement	50.0%	40.0%	100.0%	100.0%	25.0%	100.0%
It is difficult to get married at later stage	16.7%	20.0%	0.0%	0.0%	25.0%	0.0%
Society respects parents if their children get married at early age	16.7%	20.0%	0.0%	0.0%	25.0%	0.0%
This is a traditional custom	16.7%	20.0%	0.0%	0.0%	25.0%	0.0%
Due to pressure from family members	16.7%	20.0%	0.0%	0.0%	25.0%	0.0%
To fulfil the responsibility of home	16.7%	20.0%	0.0%	0.0%	25.0%	0.0%
Total	133.3%	140.0%	100.0%	100.0%	150.0%	100.0%

The SDA Field Coordinator mentioned that SDA had been organizing parents-teachers meetings and mothers' group programmes where young adolescent girls and male members of households were also invited to educate them about child rights and prevention of child marriage. He also added some families often found girls as a toll on their economic condition and they sought freedom from them. Therefore, they preferred to get their girls married at early age without understanding its repercussions. Cases of child marriages were found to be predominantly higher in Chepang community. Similarly, the health staff of SDA attributed a lack of education, unawareness and use of social media had triggered the situation. Many cases had been found of elopement rather than forced marriage by parents. SDA and local government units had ensured to have child facilitators in each ward as to monitor and stop cases of child marriage.

The ward representatives of the study area (ward-4 and ward-7 in particular) said that educational infrastructure should be revitalized by ensuring that schools were expanded up to the basic level or even secondary level. This would have a significant contribution in reducing child marriage in the area. Many students had been facing difficulties as they had to cross rivers to reach a secondary level school which was generally located very far from where they lived (a high school was available in ward-3 only), and many students had to leave their schools due to this reason. As a result, many children got married at an early age. However, child marriage had been prevented to some extents after the commencement of the SSLI projects because SDA had been running a hostel in its Katunje Field Office where 15 girls of secondary level were supported every year to complete their secondary level education.

4.7.3 Health Problems due to Child Marriage

It was always minor girls who had to suffer physically from child marriage. Even though child facilitators assigned to each ward had been actively working to prevent this practice and the municipality office and the local police were dedicated to prevent it, health workers and FCHVs of the study area agreed that there still existed some cases of child marriage. A health worker of ward-3 told that there had been a rise on cases of uterine prolapse in married women in young age due to child marriage. He also added that health posts had to strengthen their campaigns against child marriage in all wards to control the cases of uterine prolapse. A FCHV of ward-4 divulged that those girls who got married during their early ages ended up facing several problems in their reproductive organs. She also attributed this situation largely to be the outcome of the gender disparity where girls got married in early age because parents believed that they would eventually leave home and kept them deprived of education. A FCHV of ward-7 said that they had conducted several awareness raising activities to stop the practice and had altered them as to avoid marriage before the legal age of 20. She also added how they disseminated about the negative impacts of child marriage upon their reproductive health and complications in pregnancy.

4.8 NUTRITIOUS FOOD

4.8.1 Consumption of Nutritious Food

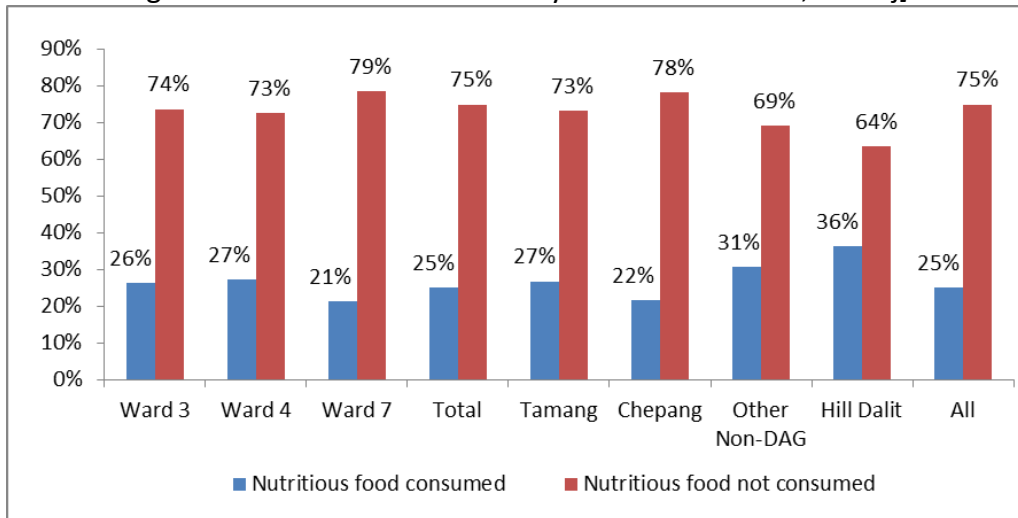
The survey revealed that consumptions of grain, green vegetables, other vegetables, legumes and fish/meat by children aged between 6 months and 16 years were high in the study area. These foods had been consumed by more than three-fourths of the households in the last one week when the survey was conducted. About one-thirds of the households had consumed dairy products and eggs in the last one week. The consumptions of fruits, vitamin-A rich foods and dry fruits were severely low in the study area. Not a single household of hill Dalit community was observed where these foods had been consumed in the last one week when the interviews were taken.

Table 4.62: Proportion of the households where children aged between 6 months and 16 years consumed the following foods in the last one week [Base = Those households where children aged between 6 months and 16 year were available, 901a-j]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Grain (millet, maize, rice, wheat etc.)	98.9%	100.0%	96.4%	100.0%	98.4%	99.2%	100.0%	100.0%
Green vegetables	98.6%	98.1%	98.8%	98.9%	98.4%	99.2%	92.3%	100.0%
Other vegetables (potato, cauliflower, radish etc.)	86.6%	86.4%	86.9%	86.5%	88.2%	84.8%	76.9%	100.0%
Legumes (pulse, soybeans, beans etc.)	86.2%	81.6%	89.3%	88.8%	89.8%	80.8%	100.0%	90.9%
Fish, meat	76.8%	78.6%	75.0%	76.4%	78.0%	76.0%	69.2%	81.8%
Dairy products (milk, curd, ghee, cheese etc.)	34.4%	36.9%	41.7%	24.7%	42.5%	24.8%	38.5%	45.5%
Eggs	33.7%	42.7%	31.0%	25.8%	34.6%	28.8%	53.8%	54.5%
Fruits	12.0%	19.4%	14.3%	1.1%	15.7%	5.6%	46.2%	0.0%
Vitamin-A rich foods (pumpkin, papaya etc.)	8.7%	11.7%	3.6%	10.1%	8.7%	7.2%	30.8%	0.0%
Dry fruits (cashew, raisin, peanut etc.)	1.1%	1.9%	0.0%	1.1%	.8%	.8%	7.7%	0.0%

In this report, the proportions of households where children aged between 6 months and 16 years had and had not consumed nutritious foods had been calculated by considering those households where children had consumed grain, legumes, dairy products, green vegetables and other vegetables in the last one week as households with nutritious foods consumed, otherwise not. This method calculated that only one-fourths of the households in the study were found to be consuming nutritious foods while another three-fourths not consuming. Nutritious foods consuming households were relatively higher in ward-3 and ward-4 than ward-7. Going by ethnicity, the situation was most pathetic in Chepang community than other communities. All these divulged that consumption of nutritious foods in the study area was extremely low.

Figure 4.24: Proportion of the households where children (6 months - 16 years) had and had not consumed nutritious foods in the last one week [Base = Those households where children aged between 6 months and 16 year were available, 901a-j]



During the key informant interview, a health worker of ward-3 pointed out malnutrition as another big problem in the area. He accredited that early marriage was the primary reason for malnutrition because most of the families had poor economic condition and in addition to that they kept bearing children without proper care. Even though women were provided with some nutritious foods such as beans and protein-rich foods in the past from health posts and other non-government organizations, the existence of malnutrition showed its ineffectiveness.

The SDA Field Coordinator told that with the coordination with the municipality office, medicines for malnourishment were available nowadays which were not available in the past. The SDA health staff also said that malnutrition had been a major problem in the study area leading to the death of some children under 5 years of age. She further described that SDA organized malnutrition camps annually in the coordination with health posts to mitigate the situation. They had so far sent 44 malnourished children to the Nutritional Rehabilitation Home, a rehabilitation centre located in Sunakothi, Lalitpur. Unless their weight was increased and normal activities were observed, malnourished children were not sent back to their homes. Additional support had been provided by SDA to malnourished children in collaboration with health posts where after the measurement of the weight if it was found to be in yellow indicator or moderation then *balvita* would be provided to enhance their bones and increase the nutritional element of their bodies. Those with red indicator would be asked for additional treatment and requested to visit the Nutritional Rehabilitation Home. She also added that SDA used to send agricultural products to schools for mid-day meals which were organic and more nutritious.

4.9 CAPACITY OF READING AND WRITING

4.9.1 Capacity of Reading and Writing

In order to examine the capacity of reading, all the respondents were asked to read a paragraph which was a popular short Nepali rhyme. The proportion of those who read the paragraph very well was less than one-thirds. This indicates the pathetic situation of literacy in the study area. The proportions with capacity of reading very well were slightly higher in ward-3 and ward-4 than ward-7, and in other non-DAG community than others.

Table 4.63: How did the respondent read the given paragraph? [Base = All, 1001]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Read very well	31.6%	35.6%	34.5%	23.6%	38.0%	23.9%	55.6%	12.5%
Read with difficulties	6.0%	3.7%	6.7%	8.2%	5.8%	6.9%	0.0%	6.3%
Could not read at all	62.4%	60.7%	58.8%	68.2%	56.1%	69.2%	44.4%	81.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Similarly, the respondents were further asked to write answers of six simple questions related to the paragraph they just read. The proportions of those who could write very well were very much similar to that of those who could read very well across the wards and ethnic groups. It meant that only those, who could read, could write. Overall, the capacity of reading and writing of the local people was severely low.

Table 4.64: How did the respondent write the answers? [Base = All, 1002]

	All	Ward 3	Ward 4	Ward 7	Tamang	Chepang	Other Non-DAG	Hill Dalit
Wrote very well	30.2%	33.3%	32.8%	23.6%	35.7%	23.3%	55.6%	12.5%
Wrote only few words	5.5%	5.2%	6.7%	4.5%	5.3%	6.3%	0.0%	6.3%
Could not write at all	64.3%	61.5%	60.5%	71.8%	59.1%	70.4%	44.4%	81.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CHAPTER 5

MAJOR FINDINGS AND CHALLENGES

After analysing the current situation of the programme area obtained from the endline evaluation, following major findings and challenges have been identified which are directly relevant to the SSLI-4 Project.

- Only three schools had child-friendly taps (i.e. reachable height of the water tap and easy to operate for children) leading difficulties for children to drink water. None of them had disability-friendly water taps. Only three schools had a system of filtering water. At the household level too, a very few households used to filter or boil water before drinking.
- In the community level, local people still practiced open defecation since still one-thirds of the household did not have toilets in the programme area. In the school level, though all of the schools had pour-flush toilets, none of them had disability friendly toilets, and only toilets of four schools had water connection out of six.
- Parents' concern to their children's educational progress was very low as very few of them had visited schools to receive report cards of their children in the last one year. Situation was the same with regard to parents meeting teachers to discuss about their children's progress in the last one year.
- The situation of reproductive health was not satisfactory. Only about half of the deliveries were attended by trained professional such as health assistants and FCHVs in the last one year. Still more than half of babies were born at home indicating that delivery of babies in health post and birthing centres was low.
- Though a big majority of pregnant women had received antenatal care, still not all pregnant women had received this service. The proportion of mothers of newborn babies receiving postnatal care at health facilities was even lower than those who were receiving antenatal care. Overall, these showed that people's awareness toward the reproductive health and their access to health posts was very low.
- There were still few incidents of cases of complications such as long labour pain and high blood pressure with mothers during the pregnancy or childbirth, particularly in Chepang community. Furthermore, bad condition of roads stood as a big hindrance for pregnant women and sick persons to reach health posts in the time of emergency especially in the monsoon season.
- Though girls studying in the basic level already reach at the age of menstruation, the only basic school in the programme area, Nandi Kishor Basic School, did not provide sanitary pads to them.
- Still one in ten households had members with respiratory problems in the last one year who were mostly female members of the family.

- Only a few people had participated in vocational trainings in off-season vegetable farming; carpet weaving and organic farming provided by SDA and the municipality office. In addition to it, those who had participated in vocational trainings were also not using their knowledge in their real life.
- Local people of the programme area had been surviving on subsistence agriculture. Their involvement in commercial agriculture and livestock was negligible due to lack of their accessibility to market. There was no proper connectivity to market because of which local farmers were not motivated toward commercial agriculture and livestock. Because of this, the farmers who had received trainings on commercial farming also did not implement the knowledge they gained in the field.
- Usage of organic manure was very dismal. Though some of the local people had received trainings in organic farming from SDA, other NGOs and the municipality office, a very few of them had utilized the knowledge of making organic manure. Most of the local people had even not understood what the organic farming was.
- Only nominal number of the local people were using new farming technologies promoted by the SSLI-4 project, and a very of them had participated in demonstrations or pilot projects involving new technologies.
- In the schools too, children were not given organic food in the mid-day meal. Only if SDA provided them, children had privilege of the mid-day meal of organic food.
- Child marriage was still in practice, and it was more evident with families who were economically poor, where children were out of school, and in Chepang community. Uterine prolapse was found to be a major issue with those women who got married in miner age.
- Malnutrition was another big problem in the programme area. Consumption of nutritious foods in the households was extremely low.

CHAPTER 6

RECOMMENDATIONS

After analysing the current situation of the programme area, it seems necessary to make some generic recommendations first. They are mainly related to quality of drinking water, upgrading of primary schools to basic or secondary schools, construction of bridges and improvement of roads. However, these recommendations are targeted to the municipality office of Kailash RM, not SDA. In upcoming days, SDA can request the municipality office to invest on these infrastructures. For instance, there is an issue of water quality in the local communities. So, Kailash RM should address the water quality by introducing water treatment system at sources. Another one is that some of the primary schools should be upgraded to basic or secondary schools so that children can continue their study in own localities. This will help reducing the drop-out rate, and also have a significant contribution in reducing child marriage. Praja Utthan Primary School of ward-4 has a high potentiality for the upgrade since it has already enough number of students. Also, the municipality office should give a high priority to construct bridges since students encounter a problem in reaching schools during the monsoon season due to lack of bridges. Furthermore, the municipality office should put great emphasis on improving the condition of roads since pregnant women do not feel comfortable to go to health posts because of which they prefer to give births at home. Even they are not in the situation to use the free ambulance service provided by health posts (with the financial support of SDA and the municipality office) due to bad condition of roads. Sick persons also feel the same, and cannot get treatment on time. In addition to this, accessibility to all season roads can help minimizing the additional cost for transporting local products to a big market like Hetauda for getting a better price.

Following specific recommendations are made for future intervention under the SSLI Project.

- All of the six schools should have child- and disability-friendly taps. Only three schools had child-friendly taps (Nandi Kishor Basic School, Shree Bhawani Secondary School and Kalika Primary School). None of them had disability-friendly taps. Also, all schools should have a system of filtering water. At the household level too, people should be educated toward filtering or boiling water before drinking.
- A system of solid waste management should be introduced at the household level and school level in the programme area with the joint efforts of SDA and the municipality office. Local people should be sensitized that burning of solid waste lead to environmental degradation.
- More emphasis should be made to discourage open defecation. Construction of a toilet in every house should be made compulsory. Disability-friendly toilets and water connection to toilets should be constructed in all schools.

- Women's reproductive health should be prioritized as their basic right. More emphasis should be made to encourage them to deliver babies at health posts or birthing centres. Facility of admitting pregnant women must be started in health posts and birthing centres because it is not possible to bring them there even in an ambulance due to bad condition of roads once they start to feel labour pain.
- More emphasis should be made to educate the local people about the importance of ANC and PNC check-ups, and to encourage them to visit health posts for this check-up. Health assistants should provide this check-up at home for those pregnant women who cannot come to health posts due to bad condition of roads.
- Nandi Kishor Basic School should provide sanitary pads to adolescent girls studying there as girls studying in the basic level already reach at the age of menstruation.
- Usage of improved stoves should be promoted in the programme area to reduce the respiratory problems which is mainly with female members of the family.
- The study area needs more programmes and vocational trainings in agriculture and livestock to capacitate local farmers in commercial agriculture and livestock as agriculture is the main source of income. However, farmers' accessibility to market is very poor or almost non-existence. Therefore, the issue of accessibility to market must be addressed. The prosperity of the local people through commercial agriculture and livestock cannot be imagined without an easy accessibility to market.
- Expansion of commercial off-seasonal farming is needed in programme area. More emphasis should be made to educate the local farmers how to get benefits financially out of it, not only how to grow. Distribution of improved seeds in grants and subsidies should be promoted to attract local farmers in commercial agriculture. In addition to it, commercial farming should be done with organic manure so that local farmers can publicize themselves as organic producers in the region.
- More emphasis should be made to educate parents how child marriage could bring reproductive health problems to their daughters.
- More emphasis should be made to encourage the local people to consume locally produced food so that they can get enough nutrition. Nutritious foods should be provided to both mothers and children during the postpartum period for the poor families. To ensure that nutritious foods are consumed, the idea of kitchen gardening should be emphasized in the programme area.

Annex-1: Sampled Localities by Ward

Ward	Sampled Localities	Sample Size
3	Bhaisepal, Chanthai	20
3	Khirki, Latabari	22
3	Thokre, Kalikatar	34
3	Devidanda, Ghotame	23
3	Jautar, Bhuktar	25
4	Takuwa	21
4	Jhyage	15
4	Syangsirang	33
4	Likche	50
7	Kothalitar	31
7	Phastar	37
7	Sarsi	20
7	Bilauri	33
Total	18 Localities	364

Annex-2: Important Activities and Dates

SN	Activity	Date
1	Training for enumerators	24 Jan 2023
2	Pre-test of the survey questionnaire	25 Jan 2023
3	Field work for household survey, FGDs and KIIs	26 Jan - 8 Feb 2023
4	Data processing, translating and analysis	9 - 22 Feb 2023
5	Preliminary draft report submitted	7 Mar 2023
6	Revised draft of the consolidated report submitted	20 Mar 2023

Annex-3: Lists of FGDs and KIIs

List of FGDs

Groups	Wards	Number
Women from DAGs	3, 7	2
Women from non-DAGs	4, 7	2
Men from DAGs	3, 4	2
Men from non-DAGs	3, 4	2
Total		8

List of KIs

SN	Key Informant	Ward
1	Ward chair	Ward-3
2	Ward chair	Ward-7
3	Ward member	Ward-4
4	Ward member	Ward-3
5	Ward officer	Ward-4
6	Lalupate farmers' group member	Ward-4
7	Ambatar farmers' group member	Ward-3
8	Kharki farmers' group member	Ward-3
9	SMC chair	Ward-4
10	SMC chair	Ward-4
11	SMC chair	Ward-7
12	Health worker	Ward-3
13	FCHV	Ward-3
14	FCHV and mothers' group member	Ward-4
15	FCHV	Ward-7
16	FCHV	Ward-4
17	Health worker	Ward-7
18	Child facilitator	Ward-7
19	Mothers' group member	Ward-7
20	Mothers' group member	Ward-3
21	Mothers' group member	Ward-4
22	Srijanshil child club representative	Ward-3
23	Dhami/traditional healer	Ward-3
24	SDA Field Coordinator (Mr. Rabindra Shah)	-
25	SDA Health Staff (Ms. Alisha Thapa)	-

Annex-4: Team Members of HCR

SN	Name	Gender	Designation
1	Mr. Pawan Kumar Sen	Male	Team Leader
2	Dr. Anita Shrestha	Female	Education and GESI Expert
3	Mr. Subham Shrestha	Male	Field Manager
4	Ms. Anu Upreti	Female	Research Assistant
5	Ms. Ambika Khapangi Magar	Female	Research Assistant
6	Ms. Renu Ghising	Female	Enumerator
7	Ms. Chanika Lama	Female	Enumerator
8	Ms. Phul Maya Pakhrin	Female	Enumerator
9	Mr. Bhola Prasad Koirala	Male	Software Programmer
