Rapid Need Assessment in Ten VDCs of Nawalparasi District A Case Study to Assess the Needs of Community Development With focusing to Conflict Affected People

A Thesis Submitted:
Central Department of Rural Development
Faculty of Humanities and Social Science
In partial fulfillment of the requirements for the degree
of Masters of Arts in Rural Development

Submitted By:

Tarak Thapa

(Batch of year 2062/063 and Roll No-26)

TU Registration No: 4549-86

Central Department of Rural Development

University Campus

Tribhuvan University

Kirtipur, Kathmandu, Nepal

(August-2010)

X_OX

TRIBHUVAN UNIVERSITY

त्रिभुवन विश्वविद्यालय CENTRAL DEPARTMENT OF RURAL DEVELOPMENT ग्रामीण विकास केन्द्रीय विभाग

विभागीय प्रमुखको कार्यालय कीर्तिपुर, काठमाण्डौ, नेपाल Office of the Head of Department Kirtipur, Kathmandu, Nepal

NO: Date:		
RECOMMENDATION		
This is to certify this thesis entitled Rapid Need Assessment in Ten VDCs of		
Nawalparasi: A Case study to Assess the Need of Community Development With		
focusing to Conflict Affected People is prepared under my supervision by Tarak Thapa		
for the partial fulfilment of the requirement of Master of Arts in Rural Development.		
To the best of my knowledge the study is original and carries useful information in the		
field of community development. I, therefore, recommend it for the evaluation to the		
committee.		
Mr. Suman Baskota		
(Supervisor)		

E-mail: tucdrd@wlink.com.np

Lecturer

Date: August- 2010

Central Department of Rural Development

Tel: 4-333581, 4-331383

XOX

TRIBHUVAN UNIVERSITY

त्रिभुवन विश्वविद्यालय CENTRAL DEPARTMENT OF RURAL DEVELOPMENT ग्रामीण विकास केन्द्रीय विभाग

विभागीय प्रमुखको कार्यालय कीर्तिपुर, काठमाण्डौ, नेपाल Office of the Head of Department Kirtipur, Kathmandu, Nepal

NO:	Date:
APPROVA	L LETTER
This dissertation entitled Rapid Need As	sessment in Ten VDCs of Nawalparasi: A
Case study to Assess the Need of Commun	ity Development With focusing to Conflict
Affected People submitted by Tarak Thapa	a has been accepted for the partial fulfilment
of the requirement of Master of Arts in Rural	Development.
Dissertation Committee	
Prof. Dr. Pradeep Kumar Khadka (Head of Department)	
Mr. Suresh Acharya	
(External Examiner)	
Mr. Suman Baskota	
(Supervisor) Date: August- 2010	
E-mail: tucdrd@wlink.com.np	

Tel: 4-333581, 4-331383

Acknowledgement

I would like to express profound thanks to thematic team leader of Forest-Action Nepal,

Lalitpur Mr. Bishwo Nath Podyal as well as thanks to National Project Coordinator Mr.

Mahendra Bikram Shah of Britain Nepal Medical Trust, Kathmandu and also would like

to extend deep gratitude to Mr. Shukra Raj Ojha for his support during the Rapid Need

Assessment (RNA). I also acknowledge the valuable comments and suggestions on the

draft report provided by the Surbir Sthapit, Executive Director of HICODEF. My sincere

thanks go to Gyan Bahadur Thapa a member of HICODEF and facilitators for their

support during the data collection and analysis.

My thanks go to Health Post and Sub-health Post in-charge for their support during the

Rapid Need Assessment (RNA). I also thankful to Village Development Committee

(VDC) staff for their cooperation provided during the RNA. Finally, I would like to

extend our profound gratitude to all the respondents for their valuable time, patience, and

cooperation during RNA; without their help the study would not have been completed.

Finally, again I would like to thanks all those individual, best wishers who contributed in

different ways to complete of this thesis.

Mr. Tarak Thapa

(Cell Phone No: 9841320535)

Balkhu-14/360

Kathmandu

Date. August -2010

ABSTRACT

The RNA study pursues the overall objective to coverage of two major strategic components one is enhancement the capacity of the local health institutions and second is to promoting livelihoods of the conflict affected vulnerable groups. The target group includes conflict affected population as well as excluded and vulnerable groups particularly rural poor, children, women, Dalits, people with disabilities, and ethnic minorities. Final beneficiaries are poor and marginalized people living in the rural area. The Rapid Need Assessment (RNA) is conducted as a first and foremost activity to find out the institutional capacity of the health institution and identify the target group to identify the possible activities.

In this district ten VDCs have been selected for the study, namely Dedgaon, Ruchang, Mithukaram, Naram, Jaubari, Bharatipur, Deurali, Agyouli, Kawasoti and Shivamandir. As we see the status of conflict affected people in number with types in this district that are as follows. Among ten VDCs not equally affected by the conflict as a secondary source of information that we have found these status of conflict affected where 27 persons were killed, 13 were seriously injured, 14 were arrested and torture even beating, 63 were got threatened and two were lost their property due to confiscated. But after verified during the RNA we have got updated information about conflict affected people are as follows that 30 persons were killed, 13 were injured, 14 were kidnapped, 22 were traumatized, 7 were missing and 7 were displaced. In the figures of damaged public infrastructure such as VDC building out of that VDC building of Deurali was completely damaged by bomb explode but now this building is rebuilt with support of the government. Likewise, VDC building of Shivamandir also partially damaged due to same cause of incident during the course of conflict which is not yet renovated and remaining VDC building were not seen as dismantled even during the conflict.

As we see that existing available health facilities and their capacity are not enough however all health institution are running in its own building which is normally in good condition but some of them are need to repair. In many areas such health institution has been covering its own periphery catchments and in most of part where people are compelled to walk more to get health facility, it means accessibility of health service is poor in terms of not located at suitable center. We could not get any record of treatment to conflict victims for any purpose in any health institution and health management committee is functional but not playing pro-active role. Likewise, health personnel also not in sufficient number it means sanctioned against fulfillment of required post and trend of absents also another problem was observed during the RNA.

The final beneficiaries and target groups of this study are conflict affected people, vulnerable, Dalits, women, children, marginalized, ethnic minority and rural poor. Study has targeted socio economic intervention on conflict affected and vulnerable communities whereas RNA task is fed, informed and shaped by the views, voices and existing situation of target community, HH and even persons. The main objectives of RNA task were to identify the conflict people under categorized types and numbers based on secondary data and analyze the situation of existing vulnerable communities in the selected areas in order to capture their needs, demand and priorities to be addressed by any project during implementation as far as practicable.

CONTENTS

	Page No
RECOMMENDATION	
APPROVAL LETTER	
ACKNOWLEDGEMENT	
ABSTRACT	
CONTENTS OF TABLES	
ACRONYMS/ ABBREVIATION	
1.1 CHAPTER-1INTRODUCTION	1-3
1.2 Statement of the Problems	1
1.3 Objectives	2
1.4 Rational of the Study	3
1.5 Limitation of the Study	3
1.6 Field Organization	3
CHAPTER-2 LITERATURE REVIEW	4-6
2.1 Conflict Situation in Nepal	4
2.2 Health Situation in Nepal	5
2.3 Livelihoods Situation in Nepal	6
CHAPTER-3 RESEARCH METHODOLOGY	7-10
3.1 Population of the study area	7
3.2 Scope of the Study	7
3.3 Sample Style and Method	7
3.4 Research Design	8
3.5 Nature of Data	8
3.6 Process of data collection	9
3.7 Tools and Techniques	9
3.8 Data Processing and Analysis	10
CHAPTER- 4 OVERVIEW OF THE STUDY AREA	11-14
4.1 Background Information of the district	11
4.2 Demographic and Socio-Economic Characteristics	12

CHAPER-5 DATA ANALYSIS AND PRESENTATION	15-42
5.1 Health sector as study area	15
5.1.2 Major findings on Health Facility	15
5.2 Livelihoods Sector as Study Area	33
5.2.1 Major Findings on Livelihoods	36
Chapter-6 CONCLUSION AND RECOMMENDATION	43-47
6.1 Summary of the major findings	43
6.2 Conclusion	45
6.3 Recommendation	46
References	48
ANNEXES	49-50
Appendix - 1 List of Selected Beneficiaries	51-52
Appendix -2 Summary of Possible Beneficiaries with their Need	
Identification	53
Appendix -3 Checklist for Background Information	54-57
Appendix - 4 Checklist for Health Related information collection	58-67

List of Table

	Page No.
Table 1: Name, Type, Location and Distance from the	
DHOs of the Selected Health Facilities.	16
Table 2: Catchments Population of the Selected Health Facilities.	17
Table 3: Physical Infrastructure / Facility of the Selected Health Facilities.	18
Table 4: Need of Major Repair and Maintenance of the	
Selected Health Facilities.	18
Table 5: Sanctioned Position and Availability of Staff in the	
Selected Health Facilities.	19
Table 6: General Cleanliness of the Selected Health Facilities.	20
Table 7: Availability of Essential Equipments / Instruments in the	
selected health facilities.	21
Table 8: Availability of Supplies and Items in the Selected	
Health Facilities Provide.	22
Table 9: Availability of Protocol, Guideline and BCC	
Materials in the Selected Health Facilities.	23
Table 10: Status of HFMCs of the Selected Health Facilities.	24
Table 11: PHC/ORC Carried out by the Selected Health	
Facilities in the Selected VDCs.	25
Table 12: Status of FCHV in the Selected VDCs.	26
Table 13: Distribution of Mother's Groups in the Selected VDCs.	26
Table 14: Status of Meeting on Managerial and Administrative	
Matter of the Selected HFs.	27
Table 15: Other Services Available in the Selected HFs.	28
Table 16: Major local Health Issues/Problem in the Selected VDCs.	28
Table 17: General Health Statistics of the Selected Health Facilities	30
Table 18: General Health Statistics of the Selected Health Facilities	32
Table-1: Information of Conflict Related Violence in	
Numbers/Verified and Up-Dated Data.	34
Table-2: Conflict Affected People in the Selected VDCs.	35

Table 3: Major Caste/Ethnicity Population of the Selected VDCs.	36
Table 4: Land Holding size of Conflict Affected, Vulnerable	
Dalit and Janajati Households in the Selected VDCs.	37
Table-5: Food Sufficiency Status of Conflict Affected, Vulnerable	
Dalit and Janajati Households in the Selected	38
Table- 6: Major Sources of Income of the Households (NPR)	39
Table-7: Access to Basic Services of Conflict Affected People,	
Vulnerable Dalits and Janajatis in the Selected VDCs.	40
Table-8: Pattern of Livestock Holding of Conflict Affected People,	
Vulnerable Dalits and Janajatis in the Selected VDCs in Numbers.	42

Acronyms/Abbreviations

RNA - Rapid Need Assessment

DDC - District Development Committee VDC - Village Development Committee

IDPs - Internal Displaced PeoplesFGD - Focal Group DiscussionKII - Key Informants Interview

HH - Households

GDP - Gross Domestic Production
CBO - Community based Organization
NGO - Non Government Organization

INGO - International Non Government Organization

GoN - Government of Nepal
PD - Participatory Development
PP - Participatory Planning

PME - Participatory Monitoring and Evaluation HICODEF - Himalayan Community Development Forum

PAI - Poverty Alleviation Initiative
APP - Agriculture Perspective Plan

PET (P)

DTMP - District Transportation Master Plan

CBS - Central Bureau of Statistics

HI - Health Institution
DPP - District Periodic Plan
DAP - District Annual Plan

VDPP - Village Development Periodic Plan PRSP - Poverty Reduction strategy Paper MLD - Ministry of Local Development

DHO - District Health Office

MDG - Millennium Development Goal

HI - Health Institution

HFMC - Health Facility Management Committee

SHP - Sub Health Post HP - Health Post HW - Health Worker