CHAPTER-ONE

INTRODUCTION

1.1. Introduction of Rapid Need Assessment (RNA).

RNA task in conducted in selected VDCs of the Nawalparasi district with the support of HICODEF. RNA is a simple tool, generally used to collect basic relevant information regarding to community and as per required from field level such as demography, assessment of available health facility and capacity, conflict affected family and person, under privileged families, peoples expectation, situation of poor, vulnerability and identification of possible beneficiaries and target group in the selected area. It is important to have in-depth understanding about the rural areas in order to design any project proposal. So it is on of the form of foremost task to be conducted before launch the project at district level after project design. It means RNA is fundamental tool for the project and support for the implementation. A set of simple format used to collect relevant information. RNA was conducted at nodal point of VDC and gathered all invited key informants, conflict affected people and other community members. It has facilitated using different tools like PRA, FGD and social map. Where verified the secondary data, assessed the capacity of health institution and collect the possible beneficiaries with their prioritization.

1.2 Statement of the Problems.

Life in the steep hilly region of Nawalparasi is hard. Environmental degradation and have been major problems in the area. Life in rural people is entirely depends upon the forest. Lack of adequate arable and population growth rate along with low level of awareness on the important of forest are the main factors responsible for the poor living condition of the people. People depend on the forest for firewood, timber fodder for animals and herbs. As a result forests are constantly being encroached and khoriya is regularly practiced. It was seen as worsen impact had been reflected on livelihoods of people due to that result of cause. But after implemented the community to become actively involved in developing and protecting their forest enlarge their livelihood opportunities. Now people do not depend completely on forest resources for only daily consumption as in the past. Many community forests has been preserved and registered. In particularly forest and agriculture are the main dependant sources of livelihood, similarly, raising livestock is also another source of livelihoods of people in this district. In the northern part of the district there are not sufficient

agriculture land and irrigation facility also but in the southern part of this district there are sufficient agriculture land and people of this area also enjoying with transportation facility so here are many more livelihood opportunity.

In the context of district, health situation is not also been differ from the national context. If we look on geographical situation of the district is even not similar. This district is categorized as tarai but not equally distributed its land holding areas. It has plain, inner tarai and hills area. Therefore, health service facilities also disperse and not equally access to the people especially in hills areas. One thing is clear that health services is one of the basic need of the people and primary duty bearer is the government for this service provider, so these service should reach within the access of people. It covers the availability of needed drugs and supplies, affordable cost and service cost for better community participation, this is necessary that health service provided should be matched according to the demand of the people, but almost all health and sub health post in our working VDCs used to be run under the least supplies of these items. Common existing problems of our health institution at local level is lack of health personnel as per required, this situation is reflected more worsen in too far areas. In our ten working VDCs there are one health post in Dedgaon and other nine sub health post in remain VDCs. It was observed during RNA that existing available health facilities are not enough however all health institution are running in its own building which is normally in good condition. 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 is poor in terms of the generalized the health situation of the district. Finally we could not get any record of treatment to conflict victims for any purpose from any health institution and health management committee is existing and functional also but could not playing pro active role in their areas and as per their responsibility as well.

1.3 Objectives of RNA.

(I) Overall objective of the RNA is to find out the situation of conflict affected individual and households, need identification and their access to health and livelihoods opportunities.

(II) More specifically, RNA has the following objectives:

- To assess the health and livelihoods situation of conflict affected people at individual and household level with their need identification.
- To identify the access of conflict affected people in relation to health and livelihoods opportunities.
- To analyze the capacity gap, service delivery status and needs of local health institutions.
- To locate the target group to initiate and execute specific intervention for conflict affected people at individual and household level.

1.4 Rational of the Study.

RNA activity may further guide one area for needs identification. Since the inclusion perspective is one of the main criteria for evaluation of any project document encompassing focus on conflict affected people in the post conflict context. At the meantime vulnerable and other lower social strata can be also identified. The RNA study areas are as follows: study the analyze the present situation of health and livelihoods components such as social, economical and institutional under post conflict scenario, likewise, identify opportunities and need in summary form and ways to take advantage of those opportunities through a concerned efforts to find solutions to major constraints originated by conflict, identify the communities interest, concern, accessibility of health services, condition of health institution and priorities for improvement in different sectors. In general the focus study area should be given to understand the present situation of conflict affected people and poor communities whose vulnerability has been further aggregated due to conflict.

1.5 Limitation of the study.

This study is limited due to its size and geographical coverage. It is not able to collect information with the wider participation of the community people within limited budget and time. The peak agricultural season hindered the enumerators in meeting the required number of community members and conflict affected peoples. Despite its limitation, efforts have been made to achieve the determined objectives of the RNA.

1.6 Field organization of the Study.

In Nawalparasi district a task force was formed to conduct RNA which comprised of Executive Director (ED) of HICODEF, Researcher, other member of the organization and facilitators. To conduct RNA 10 local enumerators were appointed; ten VDCs divided into 5 clusters and 2 enumerators were assigned for each cluster. They were

trained and given the responsibility to facilitate and supervise the enumerators for RNA in their respective cluster.

CHAPTER-TWO

LITERATURE REVIEW

2.1 Conflict situation in Nepal.

Conflict in Nepalese context is generally understood as over a decade long armed conflict between the state and the Maoist. The blame is put squarely on exclusion and endemic poverty as conflict breeding elements. Hordes of Dalits, Janajati, Tharu including as DAG and poverty ridden youth has joined the Maoist ranks buttress this theory. They were attracted to the violence method to cure their woes as they lost patience with peaceful means and also their frustration with the system. To the Maoist, as they see it, the armed conflict brought home to bacon. They gained legitimacy, share in power and become a large party in the Constituent Assembly. This armed conflict however left pernicious influence in Nepalese society which is aiding and abetting a culture of violence. Now the so called conflict is over formally after inked the CPA between the Government and the Maoist and existing situation is prorogated transitional period as the county has been suffering. If this culture of violence not tackled on time is likely to eat into the whole society and demonize it too.

Peace in Nepal which people though would come by after Maoist locked their arms in cantonments has been elusive. More than two dozens of self styled armed groups have sprung up in the tarai restoring to abduction and killing along with demanding donation. The state may succeed in reining in the armed groups but the culture of violence sown into Nepalese society by the Maoist conflict is hard to uproot. Before conflict entrenches itself in Nepalese society and burry deep in Nepalese psyche, it is absolutely imperative that potential conflict triggering elements be identified and tackled meantime should be addressed to whom are directly affected by the internal conflict through different development interventions as tangible benefit to be assured to improve their livelihoods in the post conflict context or at least ways worked out to thwart them while the time is still on our side.

Nevertheless, the dynamics of conflict are not similar everywhere. They change depending on diverse ethnic community. As for instance, where the hill migrant as conflict victims, they has been settled long before conflict. Many of them live in

abject poverty. In this way there are diverse, complex and intricate causes for simmering discontent among people. The non state organization working in inclusive, conflict sensitive also focusing in women and children who are directly affected by conflict and non discriminatory strategy may contribute to the prevention of conflict by enabling disputants spit the seed of discord. But they have limitations. Many of the issues require collective and collaborative efforts and state's intervention in partnership with other stakeholders is the best avenue which can contribute to a larger extent in healing the woes by tackling contentious issues and thus reducing potential conflict.

2.2 Health situation in Nepal.

National health policy of Nepal (NHP-1991) second long term plan (SLP-1997-2017) and the tenth plan for five years (FY 2002-2007) all gives highest priority to extending the health care system to the poor, rural, marginalized and most vulnerable population. Special attention is given to maternal-child health and infectious diseases. In approaching these problems, the health sector reform strategy (HSRS-2004) also emphasized the concepts of decentralization and public private partnership. Of the total Nepal government budget, only 6.4 % is spent on health and of the total health ministry budget, 45 % comes from external development partners.

The key conclusions made on health ministry strategic plan for human resources are: I)current public sector health workforce of 34912 needs to more than double over this 15 years period, II) most pressing needs are for middle level technical staff and managers and III) human resource management is to be given a higher status within the Ministry.

Even Institute of Medicals (IoM) Tribhuvan University teaching hospital remained Nepal's only medical college until the 1990s, when local medical education underwent a virtual explosion. In 2006, Nepal's has 13 medical colleges, 40 nursing campuses and 125 campuses for mid-levels of health care workers. This proliferation, however, has not trickled down to rural area where the need is greatest.

There is still gaping disparity in the quality of health care access offered in urban and rural areas. While Kathmandu has 98 doctors for every 100,000 people, rural Nepal average just 2.5 per 100,000 and in many of its 75 district, there is no doctor. Many approved government posts of all levels of health care workers are not fulfilled yet. The whole of Nepal, 13 % of all deliveries are conducted by trained personnel, and for the poorest fifth of the population (mainly rural) the number is just 3 %.

The RNA has made an attempt to record the numbers of health workers available in the health facilities, availability of essential drugs and equipment and analyze the institutional capacity, service delivery system and needs of the selected health facilities. This chapter elaborated presents the aggregated findings related to the health facilities.

2.3 Livelihoods situation in Nepal.

Foremost concern of the people -their livelihoods it does not find adequate space in many development interventions. Livelihoods of many people are inextricably linked to income generation activities. Generally community based organization like self help group, cooperatives and user group are often promoted to empower local people and augment income. Sustain management of income generation activities is found critical for secure livelihoods. The development project looks at the relevant theories that can contribute in designing sustainable income generation activities to improve livelihoods of the existing interventions. It tries to develop comparative understanding of different approach to livelihood systems. Livelihoods system in Nepal depends upon agriculture to a great extent and forest too. Actually, agro product means likely to be understood as rice in tarai area. Rice is the number one crop and staple food in Nepal also. It is also major employer and source of income for the poor. Likewise, in the context of Nepal agriculture is the backbone of the national economy so far. About 57 % of the population is involved in farming which contributes around 38 % to the GDP. Agriculture has been criticized for deficient food production and a slow growth rate. Although the last three year interim plans also expected to increase the agricultural growth rate by 3.6 % and reduce poverty by 24 % by the end of the plan period in 2010.

CHAPTER -THREE

RESEARCH METHODOLOGY

3.1 Population of the Study Area.

As demographic information of the study area there were ten VDCs has been selected in the Nawalparasi district. Name of VDCs are Dedgaon, Ruchang, Naram, Bharatipur, Mithukaram and Bharatipur which are situated in the hill side of the district and Kawasoti, Shivamandir, Agyouli and Deurali which are situated in the tarai side of the district. These total ten VDCs has covered population of 72066 out of total and among them Male population is 34762 and Female population is 37304, it has covered 13 % in total. No of households in ten VDCs are 12701 and average household is 6.02 in ten VDCs. These ten VDCs are selected on the basis of conflict affected situation and average standard of livelihoods as well as health accessibility situation.

3.2 Scope of the Study.

In this chapter discussed a set of methods used to accomplished RNA objectives. More specifically, it has contained a discussion on a preparatory works, nature and source of data, consultation process, key tools and methods. This assessment is conducted to identify the possible beneficiaries, target groups and location of the activities on the one hand and existing service delivery capacity of the local health institution on the other. The information on conflict affected people including vulnerable *Dalits* and *Janajati*, poverty related information like economic condition of the households, land and livestock holding and food sufficiency and physical condition of health facilities, institutional capacities, availability of health services and identification and prioritization of needs of such health facilities have been assessed during the RNA.

3.3 Sample style and Method.

3.3.1. Checklists for Rapid Need Assessment:

Checklists are perhaps the easiest and handy tools for a rapid initial assessment. The following checklists have been used in collecting information from the target groups and health institutions.

A. Health Institution Capacity and Utilization Checklists-One set.

B. Livelihoods and Training Need of Target Group Identification checklists-Two set.

C. Possible Beneficiaries –One set.

3.3.2 Steps of RNA:

1.Collect secondary study data at district level to identify conflict affected population.

2. Update and verify conflict affected population database.

3. Create VDC level conflict related database.

- Key informant's interview.
- Focus group discussion.
- Record verification.
- Interaction with conflict affected people - representatives from 3-4 clusters.

4. Collect disaggregated data on conflict affected people from settlement level.

3.4 Research Design.

As an initial work, Researcher has take part in orientation and conceptualized the RNA objectives with designed format. We made concrete discussion with HICODE team to developed RNA package and to understand in-depth as well as finalized the process for recruitment of enumerators and conduct RNA. In each field assessment separate group had been formed and local enumerators worked as a group leader and facilitators were supervisor for them. All the participants as enumerators and facilitators were actively involved in two days long orientation program. RNA study team played a leading role in the orientation to completion and other member of HICODEF also played as supportive role and facilitated them as required during the entire RNA study. At the beginning of RNA task to be conducted, two days orientation program was organized to both enumerators and facilitators. During the orientation a set of checklists were discussed and finalized them to collect the required information using different tools and methods.

3.5 Nature of data:

a. Secondary Sources of information:

An initial source of information for the RNA is secondary data which are collected from the different sources as follows:

- Conflict related information - DDC, VDC, DFO, DAO, DPO, HO, UN Agencies etc.
- Health service utilization / Health institution's capacity- DHO/PHO.
- IG information – DADO/DLSO, DFO, SCIDCO.
- Infrastructure: DDC, WSD, ID, DEO.
- IDPs: CDO/DDC.

b. Primary Sources of information:

On the basis of secondary information, the primary data are collected from VDCs, households and individuals of VCP VDCs.

3.6 Process of data collection.

In order to conduct RNA effectively 10 local enumerators were appointed; ten VDCs divided into 5 clusters and 2 enumerators were allocated for each cluster. Additionally, three Facilitators were assigned to lead the RNA in each cluster. They were trained and given the responsibility to facilitate and supervise the enumerators for RNA in their respective cluster. Total 6 days for each VDC was allocated for data collection including key informants interview, visit to VDC and Health Post/Sub health Post and organize Focus Group Discussions (FGD). Besides this 2 more days was calculated for travel. Before starting RNA in the field one day orientation was conducted to Enumerators and Facilitators on the objective of RNA, methodology, data format and other related procedure.

3.7 Tools and Techniques.

a. Focus Group Discussion:

By using this tool conflict affected and vulnerable people had been identified. It helped to find out the direct beneficiary and target groups at individual level. 3 Focus Group Discussions/Group Interviews were conducted at one VDC during the RNA.

b. Well-being Ranking

This tool was widely used to rank the socio-economic status of household by using the localized indicators set by the local people. It is helpful to identify the vulnerability condition of the target groups. Almost 9 group discussions were conducted during the RNA in each VDC to rank their well-being.

c. Seasonal Calendar:

It is helpful to find out the soil quality, status of local crops and vegetables, seasonal production situation and even market opportunity to provide support for livelihoods opportunities along with the situation of engagement in the farm job of the local people. At least one seasonal calendar has prepared in each VDC.

d. Social Mapping:

This tool is useful to identify the infrastructure situation and status and the location of service centers. During RNA one social map of each VDC had been prepared.

3.8 Data processing and analysis.

The RNA strategy comprised both formal and informal methods. A more relaxed sort of interaction, focus group discussion and discourses were pursued. The actual field work was carried out for a total 10 days including orientation to enumerators for 2 days and one day review with them. Each field assessment group work at VDC and health facility (HP/SHP) level and completed the field work on time. In each field assessment group, local enumerators worked as a group leader. We divided 10 VDCs as our selected areas into 5 clusters. In one cluster consisted of two VDCs. One couple of enumerator was entrusted to one cluster and facilitators were given responsibilities to facilitate, coordinate and supervise the enumerators in their respective field.

After collection of RNA data a one day review meeting had been conducted for data verification by filling the gaps. The study team also verified the data and information gathered from the field. After reviewing the data it was processed in the excel sheet and then analyzed with the support of hired data entry assistant.

CHAPTER -FOUR

OVERVIEW OF THE STUDY AREA

4.1 Background information of the district.

4.1.1 Location

Nawalparasi lies in the Lumbini Zone of Western Development Region of Nepal and occupies 2016.16 km². The district covers plain, *inner tarai*, and hill areas. Hence it has a high difference in altitude from 100 m up to 1936 m - surrounded by the *Tarai* and the *Chure* Range. The district enjoys a sub-tropical to tropical climate with an average annual rainfall of 2145.8 mm and a maximum temperature 36°C.

The district headquarter is Parasi Bazaar which is also known as *Ramgram* municipality. Before 1962 (2019 BS) Nawalparasi was known as Palhi district. In the following year it was reconstituted by merging some parts of other districts like Palpa.

4.1.2 Administrative Division

Nawalparasi district is administratively divided into six electoral constituencies, 15 Ilakas, one Municipality and 73 VDCs.

Nawalparasi District at a Synopsis Glance:

SN	Description	Remarks
1	District headquarter	Parasi Bazaar
2	Constituencies no.	6
3	Ilaka no.	15
4	No. of VDCs	73
5	Municipality	1/Ramgram
6	Total households	98,340
7	Population density	260 per km²
8	Total population	562,870
9	Male population	278,257
10	Female population	284,613
11	Population growth rate	2.55
12	Average family no. in household	5.72
13	Average literacy rate	54 %
14	Male literacy rate	66 %

15	Female literacy rate	40 %
16	Child literacy rate (6-15 years)	36 %
17	Economically active population	62.92 %
18	Population per health institution	7,310
19	Major caste	Brahman-Chhetri, Magar-Gurung, Tharu, Newar, Kami-Damai, Muslim
20	Major languages	Nepali, Bhojpuri, Magar, Tharu, Gurung, Newari, Hindi

(Source: Periodic Plan of Nawalparasi district and National Population Census 2058 BS)

4.2 Demographic and Socio-economic Characteristics.

4.2.1 Population of the District.

According to the national Population census of 2001 total population of Nawalparasi district was 562,870 which is 2.43 % of the total population of Nepal. In terms of caste/ethnic composition *Brahman/Chhetri* share 25.65 % of the whole population in the district in both hill and *Tarai* region, followed by *Magar* and *Gurung* with 32 % in the hilly region. Likewise, *Dalits* shares 6.82 % and *Newar* 2.19 % in hilly region. The *Tharu* population stands at 14.17 %, Muslim at 3.04 %, *Dalits* at 5.23 % and others shares 4.42 % respectively in Tarai region. The average household size is 5.72 persons which is higher than the national average of 5.2. The male and female ratio is 96 to 100 whereas in percentage the male and female ratio is 49 to 51 respectively. The population density is 260 per km².

(a) Age wise Demographic Information of Nawalparasi.

SN	Age Group	Population (Male and Female)	Sex Ratio
1	0-4 years	68,172	1.04
2	5-9 years	80,514	1.03
3	10-14 years	76,875	1.06
4	15-19 years	61,468	0.94
5	20-24 years	49,280	0.81
6	25-29 years	40,710	0.84
7	30-34 years	34,695	0.88
8	35-39 years	31530	0.94
9	40-44 years	26252	0.95
10	45-49 years	22646	1.02
11	50-54 years	18648	1.08
12	55-59 years	15001	1.16
13	60-64 years	12704	1.08
14	65-69 years	9610	1.07
15	70-74 years	7186	1.15
16	75 years and above	7,576	0.99
	Total:	562870	0.98

(Source: National Population Census of 2001/ National Report- CBS).

(b) Other Services and Facilities Available in the District.

SN	Service and Facilities	Status of Access
1	Cultivated Land	70143 hectares /34.79 % (Irrigated land 66.89 %)
2	Forest including Community forestry	104942 hectares
3	Shrubbery and pasture	3573 hectares
4	Drinking water facility	86.2% (30 VDCs)
5	Cooperatives	46 No
6	Electricity Facility (including solar)	41.2% (55 VDCs)
7	Information/Communication radio	Telephone-1273 and postal service-74
8	Industry-Major	30 (5703 people employees)
9	Access to road facility (All types)	1374 km motorable road (55 VDCs)
10	Hat Bazaar (for agro product)	32 centers

Source: District Periodic plan of Nawalparasi DDC (059/060 -063/064)

4.2.2 Agriculture and livestock

About 85.5 % of the population lives in rural areas, whereas 14.5 % lives in urban areas. 84 % of the population depends on agriculture. Total available land in the district is 201616 hectares and out of total only 29 percent land is agricultural land in the district. Which is covers 70143 hectares. Out of total agriculture land where irrigation facility is available for only 16240 hectares. The major cereal crops are paddy, maize and wheat which cover 71 percent out of total agricultural land. Major cereal production are as follows: Paddy covers 45152 hectares and annual production is 130955 metric tones, likewise, wheat covers 19000 hectares and annual production is 42750 metric tones, maize covers 9240 hectares and annual production is 15800 metric tones, millet covers 500 hectares and annual production is 565 metric tones and potato covers 950 hectares and annual production is 10200 metric tones. Pulses, vegetable, fruits, other agro-based industrial production, fisheries are commercial

forms of agriculture. This district has agriculture land compare to other tarai district of the western development region.

Livestock is another means of livelihoods of rural communities in Nawalparasi; cow, buffalo, goat, pig, sheep, and chickens are main domestic animals. There are 205,812 cows/ox, 113,154 buffalos, 193,670 goats /sheeps, and 269,066 chicken/ducks. Average distribution per households in the district is 70.8 % Cow/Ox, 29 % Buffalo, 36 5 goat/sheep. 41.8 % chickens/ducks, whereas, 3.5 cows, 2.0 buffalos and 5.6 goats. Nawalparasi has 15 livestock service centers with 4 doctors, 9 assistant technicians, and 37 other technicians in both government and private sector.

4.2.3 Literacy

The literacy rate is 54 percent, which is higher than the national average of 48 %. While 77 % of the male population is literate only 30 % of the female population is. This is a remarkable difference. The net enrolment in school education is 75 % (boys 81 %; girls 69 %). 25 % of the employed teachers at primary level are women. The following educational institutions can be found in Nawalparasi: 71 higher schools, 49 lower secondary schools, 401 primary schools, 7 campuses, and 10 higher secondary schools.

4.2.4 Poverty and food security

No poverty ranking through baseline survey had been conducted by any agency yet. Therefore, no such information are available for this district. It is known that Nawalparasi is a three stories district categorized into three economic strata such as middle, poor, and very poor. In general there are more than 50 % of the households in the middle level (6 to 9 months food sufficiency). Data revealed that all households have food sufficiency. The total population is 562,870 people and 133,785 metric tons of food is produced. Every person requires an average of 0.223 metric tons food per year. Hence, 125,346 metric tons of food per year is required which reveals a surplus of 80,991 metric tons annually. This district can therefore produce the required food itself.

CHAPTER -FIVE

DATA ANALYSIS AND PRESENTATION

5.1.1 Health sector as study area.

At present, people from the remote rural communities started to visit the health facilities more frequently unlike previous trend of visiting the traditional healers only. There is at least a health facility in a VDC but still due to lack of education, poverty and ignorance and also because of lack of infrastructure, human resources and physical and geographical factors people are not getting health services easily. It is found that still majority of the people of the rural and remote areas seek traditional method of treatment rather than modern system of treatment. Available secondary data reveals that the status of child vaccination is satisfactory in the district, which is - BCG-87 %, TT/2-11 %, DPT- 72 %, Polio-71 % and Measles-69 % respectively. Existing numbers of health institution: District hospital (15 bed)-1, Eye hospital-1, Ayurbedh-3, Family planning-1, Primary health care centers-5, Health post-5, sub-health post-63, Immunization Centers-327, Sudeni (TBA)-308 and FCHVs- 693 indicate that there is sufficient availability of health service in the district.

5.1.2 Major Findings on Health Facility, Capacity and their Situation.

It has made an attempt to record the numbers of health workers available in the health facilities, availability of essential drug and equipments and analyze the institutional capacity, service delivery system and status and needs of the selected health facilities. This chapter presents a brief note on the health situation of Nepal and the findings of related to the selected health facilities.

5.1.1 Number and Type of Health Facilities:

The RNA has recorded the name, type and location of the selected health facilities and the distance from the district health quarter-Parasi bazaar. Out of total 10 health institution, one health institution is health post of Dedgaon VDC and remaining all are sub health posts. The nearest health institution is Deurali sub health post in Deurali VDC which is two hours by bus from the district head-quarter. Ruchang sub health post is located distantly. It is 12 hours walking distance from the district head-quarter-Parasi bazaar. Four health facilities have access to public transportation and 6 health facilities does not have access to public transportation, namely-Ruchang, Naram, Mithukaram, Jaubari, Dedgaon and Bharatipur.

Table 1: Name, Type, Location and Distance from the DHO of the Selected Health Facilities.

SN	Name of Health Facility	Type	Location	Distance from the District Headquarter
1	Naram SHP	SHP	Naram VDC- ward no:3	7 hrs on foot (3 hrs. by bus)
2	Agyauli SHP	SHP	Agyouli VDC- ward no:7	3-hours (by bus)
3	Dedgaon HP	HP	Dedgaon VDC- ward no:3	1 Day (by bus)
4	Mithukaram SHP	SHP	Mithukaram VDC- ward no:5	1 Day (by bus)
5	Ruchang SHP	SHP	Ruchang VDC- ward no:5	8 hrs on Foot (3 hrs by bus)
6	Jaubari SHP	SHP	Jaubari VDC- ward no:7	8 hrs (by bus)
7	Bharatipur SHP	SHP	Bharatipur VDC- ward no:7	9 hrs (by bus)
8	Deurali SHP	SHP	Deurali VDC- ward no:6	3 hrs (on foot)
9	Shivamandir SHP	SHP	Shivamandir VDC- ward no:2	3 hrs (by bus)
10	Kawasoti SHP	SHP	Kawasoti VDC- ward no: 7	3 hrs (by bus)

(Source: Field survey and information from key informant's interview)

5.1.2 Catchments Population of the Selected Health Facilities.

There is difference between the catchments population of the health facility and the population of the respective VDC. All the health facilities have covered lower or higher coverage with compared to the population of respective VDCs. Four health facilities located in the southern part of the district namely Kawasoti, Shivamandir, Deurali and Agyouli has more coverage than its population of the respected VDCs because these health facilities are around the highway. But other six health facilities which are located

in the hill areas have lower coverage compare to population of their respective VDC. For example Naram health facility has covered 451 HH and population is 3408 in average which figures is same to VDC population. As a result of far located of Deurali health facility it has covered low population of respective VDC but its coverage areas being large with other surrounding VDC. Remaining health facilities have generally covered most of the population of VDCs under its coverage areas. But most of the health facilities had no updated database on catchments population.

Table 2: Catchments of Population in the Selected Health Facilities.

SN	Name of Health Facility	Catchments Population		Disaggregated Data		
		HH	Population	*Dalits*	*Janajati*	Conflict Affected
1	Naram SHP	451	3408	150	3258	NA
2	Agyauli SHP	2369	13345	NA	NA	NA
3	Dedgaon HP	544	4751	1240	2160	NA
4	Jaubari SHP	NA	2540	724	1820	NA
5	Ruchang SHP	509	3740	NA	NA	NA
6	Deurali SHP	2300	16000	NA	NA	NA
7	Mithukaram SHP	488	3156	NA	NA	NA
8	Bharatipur SHP	580	3306	NA	NA	NA
9	Shivamandir SHP	3800	20665	NA	NA	NA
10	Kawasoti SHP	2080	11386	1500	6000	NA

(Source: Field survey and Office record of health post/ sub health post)

5.1.3 Physical Facility / Infrastructure of the Selected Facilities.

The RNA has made efforts to gathered information about the physical infrastructure of the selected health facilities. All the health facilities have their own building with 3 to 6 rooms. Among all Rakuwa health post of Dedgaon is the largest health facility with 6 rooms and other are similar having same physical facilities. Kawasoti sub health post is currently running in VDC building and its own building is used as VDC office. We observed that 9 health facilities except Shivamandir SHP have examination room with table and 5 health facilities have waiting rooms and other 5 health facilities does not have waiting room for patient. We also noticed that all the health facilities have toilets but 2

HF 's toilet is not properly cleaned. Among all health facilities Naram is the poorest and Deurali is sufficient in terms of physical facilities.

Table 3: Physical Infrastructure / Facility of the Selected Health Facilities.

S.N	Name of Health Facility	Availability of Physical Facility/Infrastructure					
		Own Building	No of Room	Waiting Room	Examination Room	Store Room	Toilet Cleanl- iness
1	Naram SHP	yes	3	No	Yes	Yes	yes
2	Agyauli SHP	yes	4	Yes	Yes	Yes	yes
3	Dedgaon HP	Yes	6	yes	yes	yes	N0
4	Jaubari SHP	yes	3	No	yes	yes	yes
5	Ruchang SHP	yes	4	No	yes	yes	No
6	Deurali SHP	yes	4	yes	No	yes	yes
7	Mithukaram SHP	yes	3	yes	yes	yes	yes
8	Bharatipur SHP	Yes	3	No	yes	yes	yes
9	Shivamandir SHP	yes	3	yes	yes	yes	yes
10	Kawasoti SHP	yes	3	No	yes	No	yes

(Source: Field survey and direct supervision)

5.1.4 Need of Major Repair and Maintenance of the Selected Health Facilities.

The RNA has made an effort to identify and prioritize needs of major repair and maintenance of the selected health facilities. So, available key personnel of the health facilities were asked the major problems and needs with priority. The information shown that maintenance of roof or providing steel sheets for roofing 5 health facilities. pipe/water tap stand three facilities, toilet two facilities, floor maintenance 4 facilities, one new room construction one facility, painting one facility were the need of major repairs and maintenance of the selected health facilities.

Table 4: Need of Major Repair and Maintenance of the Selected Health Facilities.

SN	Name of Health Facility	Problem Need to Repair/Maintenance Cost (In NPR)		
		Major problem	Need to Repair/Maintenance	Cost (In NPR)
1	Naram SHP	Roof leakage	Roof Maintenance	17000.

2	Agyauli SHP	Building is being old	Floor, roof painting and drinking water tape.	13000
3	Dedgaon HP	Drinking Water problem and no toilet	Drinking water tape and toilet construction	75000
4	Jaubari SHP	No problems	Not need	-
5	Ruchang SHP	Roof leakage, poor condition of toilet	Jasta-pata and cement for roof maintenance and toilet repair.	60000
6	Deurali SHP	Not sufficient room	One new room construction	100000
7	Mithukaram SHP	No problems	Not need	-
8	Bharatipur SHP	Poor condition of floor and roof and toilet problems	Floor and roof maintenance and toilet construction	60000
9	Shivamandir SHP	Poor condition of floor, widows and roof	Maintenance of roof and floor	30000
10	Kawasoti SHP	Poor condition of floor and roof	Maintenance of roof and floor	60000

(Source: Field survey and information from health staff)

5.1. 5 Sanctioned Position and Availability of Staff in the Selected Health Facilities.

The RNA revealed that different types of positions have sanctioned in the same nature of health facilities. Nine sub health posts out of total headed by AHW and one health post of Dedgaon is headed by Sr. HA. Most of sub health post have filled sanctioned post i.e. AHW, VHW, MCHW, CHW and peon. But in sub health post there is no sanctioned post of Peon. In Naram and Ruchang sub health post there were not working AHW as per sanctioned post likewise, Bharatipur, Naram and Mithukaram sub health post there were also not working VHW as per sanctioned post.

Table 5: Sanctioned Position and Availability of Staff in the Selected Health Facilities.

SN	Health Facility	Sanctioned Position and Availability of Staff					
		HA / Sr. AH	AHW	VHW	MCHW	Peon	Remarks (Availability facility's staff at time of visit)
1	Naram SHP		1	1	1		
2	Agyauli SHP		1	1	1	1	
3	Dedgaon HP	1	2	1	-	1	1 ANM Also
4	Jaubari SHP		1	1	1		
5	Ruchang SHP	-	1	1	1		
6	Deurali SHP	-	1	1	1	1	
7	Mithukaram SHP	-	1	1	1	-	-
8	Bharatipur SHP	-	1	1	1	1	-
9	Shivamandir SHP	-	1	1	1	1	
10	Kawasoti SHP		1	1	1	1	

(Source: Field survey and information from health staff)

5.1.6 Trained Health Worker in MHPC and PLA of the Selected Health Facilities.

The RNA has made attempt to identify trained health workers on Mental health and psychosocial counseling and participatory learning and action (PLA) on managing health institution and patient in all selected health facilities. The assessment has shown that they were no one trained on this regards.

5.1.7 General Cleanliness of the Selected Health Facilities.

General cleanliness of the selected health facilities varies in terms of in house and environmental hygiene. The floors of most health facilities found to be swept in the morning. All the facilities are managing the waste by dumping or burning locally. But not used incinerators in all.

Table 6: General Cleanliness of the Selected Health Facilities.

SN	Name of Health Facility	Cleanliness and ways of waste management				
		Cleaned Floor	Used container	waste Incinerated	Waste Dumped	Waste Burnt
1	Naram SHP	Cleaned	Yes	No	Yes	Yes
2	Agyauli SHP	Cleaned	Yes	No	Yes	Yes
3	Dedgaon HP	Cleaned	Yes	No	Yes	yes
4	Jaubari SHP	Cleaned	Yes	No	Yes	Yes
5	Ruchang SHP	Not Clean	Yes	No	Yes	Yes
6	Deurali SHP	Cleaned	Yes	No	Yes	Yes
7	Mithukaram SHP	Cleaned	Yes	No	Yes	Yes
8	Bharatipur SHP	Cleaned	Yes	No	Yes	Yes
9	Shivamandir SHP	Cleaned	Yes	No	Yes	Yes
10	Kawasoti SHP	Cleaned	Yes	No	Yes	Yes

(Source: Field survey and direct supervision)

5.1. 8 Availability of essential equipments/Instruments in the Selected Health Facilities.

The data has also recorded that essential equipment and instrument and available numbers in the selected health facilities. No one health facility found to be full of essential equipment and instruments. But in all the health facilities have essential medical equipments at least in required numbers. In terms of these facilities we observed that Dedgaon health post is well equipped than others and other four health facilities which

located in the tarai belt namely Deurali, Agyouli, Kawasoti and Shivamandir sub health post also well equipped with compared to remaining health facilities which located in the hill belt.

Table 7: Availability of Essential Equipments / Instruments in the Selected Health Facilities.

SN	Name of Essential Equipments Instruments	0	1	2	3	4	5	6	7	8	9
a	Stethoscope	2	2	2	3	1	2	3	3	2	2
b	Thermometer	1	2	2	3	1	4	3	3	3	3
c	Blood pressure apparatus	2	2	1	1	1	2	1	1	2	2
d	Chattel forceps w/jar, stainless steel	1	1	3	1	1	-	1	1	1	2
e	Torch	-	1	-	-	-	1	-	1	1	1
f	Refrigerator	-	-	1	-	-	-	-	-	-	-
g	Autoclave	-	-	-	-	-	-	-	-	-	-
h	Autoclave drum	-	-	-	-	-	-	1	-	-	-
i	Kerosene stove	-	1	-	1	1	-	-	1	1	1
j	Container with cover for storing sterilized instrument	1	1	1	1	1	-	-	1	2	1
k	ARI timer	1	1	1	1	1	1	9	1	1	1
l	Fete-scope	1	2	1	2	1	1	2	2	1	2
m	Vaginal speculum	-	-	1	-	-	-	-	-	-	-
n	EOC kit for home delivery	-	-	-	1	-	1	1	1	2	1
o	Weighting machine	2	2	1	2	1	2	1	2	1	2
p	Weighting scale for baby	1	1	-	-	1	1	1	-	1	1

(Note:0=Naram,1=Agyauli2=Dedgaun3=Jaubari,4=Ruchang,5=Deaurali,6=Mithukaram,7=Bharatipur,8=Shivamandir, 9=Kawasoti)

(Source: Field survey and information from health staff)

5.1.9 Availability of Supplies and Items in the Selected Health Facilities.

The RNA has focused on availability of supplies and items at present and stock for the next months that the selected health facilities provide. Most of the health facilities have supplies and items at present month but do not have sufficient supplies and items for the next month. Some items and supplies i.e. Condom, Paracetamol and Albendazole -400mg are found available in current month and supply for next month also.

Table 8: Availability of Supplies and Items in the Selected health Facilities Provide.

SN	Supplies (that facilities provide)	Supply Currently Available										Supply Available for Next One Month									
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
a	Condom	y	y	y	y	y	y	y	y	y	y	-	y	y	y	-	y	y	y	y	y
b	Paracetamol	y	y	y	y	y	y	y	y	y	y	y	y	-	y	-	y	-	y	y	-
c	ORS Packet	y	y	y	y	-	y	y	y	y	y	-	-	-	y	-	-	-	y	-	-
d	Cotrimoxazole	y	y	y	y	-	y	y	y	y	y	y	y	-	y	-	-	y	y	y	-
e	Iron Floated Tablet	y	y	y	y	-	y	y	-	y	y	-	y	y	y	-	-	y	y	y	y
f	Albendazole 400mg	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y	y
g	Alu Hydroxide 250 mg & Mag Ticilicat 500 mg	-	y	y	y	y	y	-	y	y	-	-	-	-	-	-	-	-	-	-	-
h	Amoxicillin 250mg	-	y	y	y	y	y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
i	Metronidazole200 mg	y	y	-	y	y	y	y	y	y	y	-	y	-	y	-	y	-	y	y	y
j	Chlorine Power(bleach/virex)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
k	IV Fluid (ringer'	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	y	-	-

	slactate/normalsaline)																			
l	FEFO based Drug Management	y	y	y	y	y	y	y	y	y	y	-		-	-	-	-	-	-	-
m	Update Stock book		y	y	y	y	y	y	y	y	y	-		-	-	-	-	-	-	-

(Note:0=Naram,1=Agyauli2=Dedgaon,3=Jaubari,4=Ruchang,5=Deaurali,6=Mithukaram,7=Bharatipur,8=Shivamandir,9=Kawasoti) (Source: Field survey and information from health post record)

5.1.10 Availability of Protocol, Guidelines and BCC Materials in the Selected Health Facilities.

The RNA task made to ascertain availability and use of some important protocol and guidelines and BCC materials in the health facilities. It has recorded that 5 health facilities have no National medical standard Vol.- 1 and 2, 4 health facilities have no store guideline, 4 health facilities have no HFMC guideline, 8 health facilities have no HIV/AIDS prevention, care support related guideline except Jaubari and Bharatipur. Other BCC material and charts are found in all health facilities in adequate quantity and in properly used.

Table 9: Availability of Protocol, Guideline and BCC Materials in the Selected Health Facilities.

SN	Protocol, Guideline and BCC Materials	Availability by working VDCs									
		0	1	2	3	4	5	6	7	8	9
a	National medical standard Vol. I & II	N	y	N	y	N	y	y	y	N	N
b	FP counseling flip charts	y	y	N	y	N	y	y	y	y	y
c	IMCI chart book let	y	y	y	y	y	y	y	y	y	y
d	Cot rim dose card	y	y	y	y	N	y	N	y	y	y
e	Home therapy card for ARI	N	y	y	y	y	y	N	y	y	y
f	Diarrhea treatment chart	y	y	y	y	N	y	N	y	y	N
g	Storage guideline	N	y	N	y	N	y	y	y	y	N
h	HFMC guideline	N	y	N	y	N	y	y	y	y	N
i	FCHV fund guideline	N	y	y	y	N	y	y	y	y	N
j	HMIS recording/reporting	N	y	y	y	y	y	y	y	y	N

	guideline										
k	Family planning poster	y	y	N	y	y	y	y	y	y	y
l	Informed choice poster	N	y	N	y	y	y	y	y	y	y
m	ANC/delivery related poster	y	y	N	y	y	y	N	y	y	y
n	Nutrition poster	N	y	N	y	y	y	N	y	y	y
o	Immunization poster	y	y	N	y	y	y	y	y	y	y
p	Diarrhea/ARI poster	y	y	N	y	y	N	y	y	y	y
q	TB treatment related manual	y	y	N	y	N	y	y	y	y	y
r	Any HIV/AIDS prevention, care support related guideline	N	N	N	y	N	N	N	y	N	N

(Note:0=Naram,1=Agyauli2=Dedgaun,3=Jaubari,4=Ruchang,,5=Deaurali,6=Mithukaram,7=Bharatipur,8=Shivamandir, 9=Kawasoti) (*Source: Field survey and information from health post record and staff*)

5.1.11 Status of HFMC of the Selected Health Facilities.

The RNA data has been scrutinized the status of health facility management committee of the selected health facilities. All the selected health facilities have HFMCs and all HFMCs found functional. Some HFMC are active and some are not able to played proactive role. The membership size of the HFMCs is varies from one to another committees. A committee should at least comprised 9 members in total. We found that in 8 HFMC out of 10 comprised 9 members in each as board members and other two HFMC comprised more than 9 members that are 13 members in Shivamandir and 15 members in Kawasoti HFMC respectively. 6 HFMC members have received orientation on conduct of health facility. Out of total 100 members in ten HFMC, 30 were women, 13 were Dalits, 28 were Janajati and 29 are others caste.

The number of meetings held during the last 12 months period which is also varied from one to another. Such meeting conducted 3 to 10 meetings in the last 12 months. All the HFMC meetings minute is maintained. Members in the last meeting in all 10 HFMC were presence in sufficient numbers and met the quorum.

Table 10: Status of HFMCs of the Working Health Facilities

SN	Major Areas of Research/observation	Description by working VDCs									
		0	1	2	3	4	5	6	7	8	9
1	Functional HFMC	y	y	y	y	y	y	y	y	y	y
2	Membership size	9	9	9	9	9	9	9	9	13	15
3	Orientation on Health Facility	-	y	-	y	-	y	-	y	y	y

	Management committee members										
4	Composition of members. (W - women, Janajati, D - Dalits, M -Madhesi)	w-1J=5 M=3	w3 J4 D2	w1 J3 D2	w3 J1 M2 D3	w1 J5 D3	w4 J2 D1	w3 J3 D3	w3 J3 M1 D2	w6 J1 D1	w5 J5 D1
5	No. of meeting held in last 12 months	3	6	4	3	3	9	3	3	10	6
6	Date of last meeting *(*month ago*)*	3	1	1	1	3	1	1	1	1	1
7	Record of meeting minute	y	y	y	y	y	y	-	y	y	y
8	No. of participants in the last meeting	9	6	8	7	9	8	7	7	10	9

(Note:0=Naram,1=Agyauli2=Dedgaun,3=Jaubari,4=Ruchang,5=Deaurali,6=Mithukaram,7=Bharatipur,8=Shivamandir,9=Kawasoti)

(Source: Field survey and information from health post and HFMC members)

5.1.12 PHR/ORC carried out by the Selected Health Facilities in the respective Health Facilities.

Most of the health facilities have been carried out by PHC/ORC in their respective target areas except Naram VDC due to lack of health worker and Dedgaon due to no need. Except Mithukaram all remaining health facilities are organized by EPI clinic.

Table 11: PHC/ORC Carried out by the Selected Health Facilities in the Working VDCs

SN	Major Areas of Research	Description by working VDCs									
1	Expected No. of PHC/ORC in the VDC	0	1	2	3	4	5	6	7	8	9
2	No. of PHC/ORC organized in the VDC the last month.	-	3	-	3	3	3	3	3	3	3
3	Reason (if not organized PHC/ORC in last month)	-	-	-	-	-	-	-	-	-	-
4	No. of EPI clinic organized in the VDC the last month.	4	4	2	4	3	5	-	4	4	4

(**Note**: 0-Naram 1=Agyauli 2=Dedgaon 3=Jaubari, 4=Ruchang, 5=Deurali, 6=Mithukaram, 7=Bharatipur, 8=Shivamandir,9=Kawasoti) (*Source: Field survey and information from health staff*)

5.1.13 Status of FCHVs in the working VDCs.

Female Community Health Volunteers playing a vital role to achieving the goals of primary health care and community health development in their respective VDCs.

Distribution of FCHVs is not similar in terms number. RNA has ascertained that nine to 12 FCHVs are available in each selected VDCs. All ten VDCs have provided fund for supporting to FCHV activities which stand a total of 15 to 50 thousands rupees.

Table 12: Status of FCHV in the Working VDCs

SN	Major Areas of Research	Description by working VDCs									
		0	1	2	3	4	5	6	7	8	9
1	No. of FCHV	9	11	10	9	9	9	9	9	9	9
2	No. of meeting held in last 12 months	12	14	9	12	12	8	12	12	7	12
3	No. of participants in the last meeting	9	10	7	9	9	9	9	9	8	9
4	VDC fund to support to FCHV activities	y	y	y	y	y	y	y	y	y	y
5	Amount of FCHV fund (NC in 000)	15	50	50	15	18	50	25	15	20	50

(**Note**: 0=Naram 1= Agyauli, 2=Dedgaon, 3=Jaubari, 4=Ruchang, 5=Deurali, 6=Mithukaram, 7=Bharatipur, 8=Shivamandir) (*Source: Field survey and information from health post record*)

5.1.14 Distribution of Mother Groups in the working VDCs.

The RNA has identified a large number of informal organization i.e. mother groups which have been formed by the community mothers in the selected VDCs. A total of 91 mother groups are in existing in the selected VDCs. Only in Naram VDC there are 10 mother groups. Besides Deurali VDC other nine VDCs conducted meeting regularly. Participation trends in the meeting is 50- 75 percent in an average.

Table 13: Distribution of Mother's Groups in the working VDCs.

SN	Name of VDCs	Meeting Behavior			Major Activities carried out
		No	Frequency	Participation	
1	Naram SHP	10	Regular	50-75 percent	Support during

					vitamin A, Polio and immunization.
2	Agyauli SHP	9	Regular	75 percent	"
3	Dedgaon HP	9	Regular	75 percent	"
4	Jaubari SHP	9	Regular	50-75persent	"
5	Ruchang SHP	9	Regular	Less than 50%	"
6	Deurali SHP	9	Irregular	60-80	"
7	Mithukaram SHP	9	Regular	50-75	"
8	Bharatipur SHP	9	Regular	50-75	"
9	Shivamandir SHP	9	Regular	50-75	"
10	Kawasoti SHP	9	Regular	60-80	"

(Source: Field survey and information from health post record)

5.1.15 Status of Meeting on Managerial and Administrative Matters of the selected HFs.

In all the selected health facilities have been practicing regular meeting on managerial and administrative matters. Health facility of Deurali and Shivamandir does not practice regularly in the meeting but the facility is holding its meeting.

Table 14: Status of Meeting on Managerial and Administrative Matter of the Selected HFs.

SN	Name of Health Facility	Practice of routine meeting	Frequency of meeting
1	Naram SHP	Being practiced	irregular
2	Agyauli SHP	Being practiced	every four-six months
3	Dedgaon HP	Being practiced	every two- three months
4	Jaubari SHP	Being practiced	every two- three months
5	Ruchang SHP	Being practiced	every four- six months
6	Deurali SHP	Not in practice	If need arises
7	Mithukaram SHP	Being practiced	every two- three months
8	Bharatipur SHP	Being practiced	irregular
9	Shivamandir SHP	Not in practice	irregular
10	Kawasoti SHP	Being practiced	irregular

(Source: Field survey and information from health post record)

5.1.16 Other Services available in the selected Health Facilities.

The RNA has revealed to record the availability of community drug program, fund for emergency health support and separate fund for poor and needy people in the selected health facilities. The RNA found that there is non existence of separate fund for poor and needy people, fund for emergency health support and community drug program in all health facilities.

Table 15: Other Services Available in the Selected HFs.

SN	Major Areas of Research	Description by Individual working VDCs									
		0	1	2	3	4	5	6	7	8	9
1	Community drug program	No	No	No	No	No	No	No	No	No	No
2	Fund for Emergency health support	No	No	No	No	No	No	No	No	No	No
3	Distribution of the Emergency Fund	No	No	No	No	No	No	No	No	No	No
4	Amount in the Fund (NPR in 000)	No	No	No	No	No	No	No	No	No	No
5	Separate fund for poor and needy	No	No	No	No	No	No	No	No	No	No

(**Note**: 0=Naram 1=Agyauli 2=Dedgaon, 3=Jaubari, 4=Ruchang 5=, Deurali, 6=Mithukaram, 7=Bharatipur, 8=Shivamandir,9=Kawasoti)

(*Source: Field survey and information from health post record*)

5.1.17 Major Local Health Issues / Problems in the working VDCs.

The RNA data has also made an attempt to identify and record the major local diseases in the selected VDCs. The most common local diseases found in the working areas are pneumonia, asthma, skin related diseases, diarrhea, dysentery, ARI. The table below shows the summary of findings on local health diseases and health issues.

Table 16: Major Local Health Issues/Problem in the Working VDCs.

SN	Name of Health Facility	Major Local Health Issues/Problem

1	Naram SHP	Diarrhea ,Skin ,A,R,I, Warm,
2	Agyauli SHP	Typhoid ,Diarrhea,
3	Dedgaon HP	ARI, warm , Diarrhea
4	Jaubari SHP	Diarrhea ,Skin diseases, ARI, Warm
5	Ruchang SHP	Diarrhea, ARI, Warm, TB Typhoid
6	Deurali SHP	Sanitation, Water supply, Lack of Health Education
7	Mithukaram SHP	ARI, Warm, Skin Dieses TB Diarrhea
8	Bharatipur SHP	Diarrhea, Typhoid, warm
9	Shivamandir SHP	ARI, TB, Diarrhea, Skin dieses
10	Kawasoti SHP	Diarrhea, Warm, TB, ARI, Skin Diseases

(Source: Field survey and information from health staff)

5.1.18 General Health Statistics of the working VDCs.

In the selected health facilities located in our working areas generated information regarding to health statistics was found during the RNA task. The RNA data revealed that psychosocial to patient is not available in any selected health facilities. There was not found any record of that conflict affected patients visited for treatment in any health facilities so far. Most of health facilities do not have disaggregated database on conflict affected, Dalits, vulnerable, Janajati visited for treatment. In all health facilities generally health statistics found to be maintain and have been prepared monthly monitoring chart to updated the information through reporting.

Table 17: General Health Statistics of the Working Health Facilities

SN	General Health Statistics	Description by Individual working VDCs (in %)									
		0	1	2	3	4	5	6	7	8	9
a	Report submission on time (12monthly)	25	25	50	50	25	100	100	100	100	100
b	Reports received from FCHVs	70	80	100	75	60	100	100	100	0	-
c	BCG coverage	65	85	85	40	75	79	100	81	65	80
d	Measles vaccination coverage	92	80	95	45	75	84	100	87	60	80
e	TT2 coverage (pregnant women	29	33	42	25	20	27	35.9	38	50	30
f	Vitamin A (postpartum mothers	25	100	-	60	70	48	82.35	35	60	40
g	Iron tablet (pregnant women)	25	55	50	70	25	38	69	47	90	90
h	ARI treatment with antibiotic	30	30	-	75	70	46	57.39	25	30	30
i	Diarrhea treatment with ORS (< 5yrs.children)	50	70	32	35	80	6	100	30	90	100
j	1st ANC visit (pregnant women)	45	57	26	40	80	45	52	45	50	50
k	4th ANC visit (among 1st ANC visit)	25	80	36	43	85	32	18.18	42	40	50
l	Delivery by HWs (home and HF)	35	13	17	55	-	11	22.21	30	10	3
m	PCN visit (pregnant	20	10	17	80	75	17	82.3	52	5	38

	women)		0					5			
n	Contraceptive prevalence rate (all method)	35	25	28	18	25	9	19	18	50	33
o	LMIS reporting (4 quarter)	60	50	100	100	50	100	100	100	100	100
p	Availability of key commodities (4qtrs)	50	55	100		50	100	100	100	90	90
q	Total patient visited in the HF for the last 3-months	471	1943	1913	990	585	1636	950	1068	831	1877
r	Conflict affected patient visited in the	-	-	-			-	-	-	-	

(**Note**:0=Naram,1=Agyauli,2=Dedgaun,3=Jaubari,4=Ruchang,5=Deaurali,6=Mithukaram,7=Bharatipur,8=shivamadir,9=Kawasoti) (*Source: Field survey and information from health post record*)

5.1.19 Identification of Traditional Healers.

We know that traditional healers have traditionally been accorded high esteem in the rural communities where the impact of modernization is very little been affected. Because of the pervasiveness of literacy, ignorance, age long tradition, poverty and insufficient and erratic modern health facilities an overwhelming number of rural poor people have a proactive towards relying on traditional healers. The RNA has identified a total of 15 traditional healers, both the traditional faith healers and Vaidyas from the six selected VDCs namely Shivamandir, Kawasoti, Bharatipur, Mithukaram, Ruchang and Dedgaon. These traditional healers were selected by their popularity in terms of primary health care perceived by the community people. So they have been listed below as possible candidates.

5.1.20 Identification of Trained Health Worker on Mental Health and Psychosocial Counseling.

The RNA has also made an attempt to identify trained health workers in mental health and psychosocial counseling in the selected health facilities but we did not found trained health worker on mental health and psychosocial counseling in our working areas.

5.1.21 Target versus Achievements of the selected HFs (National health program)

National health target to be achieved in the selected health facilities is found at satisfactory level to some extents, because it is national program and set out the target by the central governing body to be achieved by the field level health institution but details information are not available as required in most of the health facilities during RNA.

Table 18: General Health Statistics of the Working Health Facilities

SN	Name of Health Facility	Maternal and Child Health Activities	Unit	Target Achieved (In %)		
				2063/064	2064/065	2065/066
1	Naram SHP	Measles's, TT, DPT BCG	NA	88 26 NA 59	90 27 NA 62	92 29 NA 65
2	Agyauli SHP	Measles's, TT, DPT BCG	NA	NA NA NA NA	NA NA NA NA	NA NA NA NA
3	Dedgaon HP	Measles's, TT, DPT BCG	NA	81 38 NA 80	93 43 NA 83	95 47 NA 84
4	Jaubari SHP	Measles's, TT, DPT BCG	NA	39 20 NA 35	43 25 NA 38	50 33 NA 40
5	Ruchang, SHP	Measles's, TT, DPT BCG	NA	70 15 NA 70	78 20 NA 71	82 28 NA 75
6	Deurali SHP	Measles's, TT, DPT BCG	NA	82 62 77 87	71 47 76 80	84 27 79 79
7	Mithukaram SHP	Measles's, TT, DPT BCG	NA	95 30 NA	92 34 NA	93 38 NA

				96	98	100
8	Bharatipur SHP	Measles's, TT, DPT BCG	NA	85 35 NA NA	86 35 NA NA	87 38 NA NA
9	Shivamandir SHP	Measles's, TT, DPT BCG	NA	NA NA NA NA	NA NA NA NA	NA NA NA NA
10	Kawasoti SHP	Measles's, TT, DPT BCG	NA	NA NA NA NA	NA NA NA NA	NA NA NA NA

(Source: Field survey and information from health post record)

5.2 Livelihoods sector as study area.

5. 2.1 General Conflict situation of the district.

The remarkable recovery of country's peace process in the post conflict era, which one of the reflected as peace dividend to the Nepalese people that was nearly pulled apart by the decade long conflict. It has just indicated the overall development efforts bounces right back. In practical terms the new post conflict environment has vastly improved access to these conflict affected areas and communities that were hardly reachable for any development interventions and any support. The needs in rural area are quite substantial and possible returns of conflict affected people. With aims of support to conflict affected people as targeted beneficiaries in the selected areas through any development intervention. Along with this targeted person and group is also envisaged to support Dalit, women, children, rural poor, minorities, Janajati and oppressed households as vulnerable community. HICODEF (Himalayan Community Development Forum) is one of the leading development organization, which working in the selected area and it has been implementing many development projects. In this district ten VDCs have been selected as study areas, namely Dedgaon, Ruchang, Mithukaram, Naram, Jaubari, Bharatipur, Deurali, Agyauli, Kawasoti and Shivamandir. As we see the status of conflict affected people in number with types of event in this district that are as follows. Among ten VDCs out of total were 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.

Table-1: Information of Conflict Related Violence in Numbers/Verified and Up-Dated Data.

SN	Name of VDCs	Killing	Seriously Injured	Arrested/Torture Beating (Traumatized)	Missing and abduction	Displaced	Kidnapped
1	Kawasoti	4	-	1	-	-	-
2	Shivamandir	11	-	2	-	1	-
3	Dedgaon	4	3	-	-	1	14
4	Ruchang	3	4	-	1	-	-
5	Naram	-	3	-	-	-	-
6	Mithukaram	-	3	1	-	-	-
7	Bharatipur	-	4	12	-	4	-
8	Jaubari	-	-	-	-	-	-
9	Agyouli	4	6	-	-	1	-
10	Deurali	4	2	6	6	-	-
	Total:	30	25	22	7	7	14

(*Source: Field survey and information from key informant's interview*)

Table-2: Conflict Affected People in the Selected VDCs.

SN	Major type	Caste wise population in selected VDCs									
		0	1	2	3	4	5	6	7	8	9
01	Killing										
	Male (J-Janajati, D-Dalit, O-other)	-	J2 O2	O3 J1	-	J3	J3 O1	-	-	O 4 J2 D 3	O 4
	Female (J-Janajati, D-Dalit, O-other)		-	-	-	-	-	-	-	D 1 J1	-
02	Seriously Injured										
	Male (J-Janajati, D-Dalit, O-other)	-	J1	J2 O1	-	J4	J1	J2 D 1	J2 D 2	-	-
	Female (J-Janajati, D-Dalit, O-other)	-		-	-	-	-	-	-	-	-
03	Disappeared										
	Male (J-Janajati, D-Dalit, O-other)	-		-	-	J1	-	-	O 2 J2	-	
	Female (J-Janajati, D-Dalit, O-other)	-		-	-	-	-		-	-	
04	Traumatized										
	Male (J-Janajati, D-Dalit, O-other)	-	M 5 D1	-	-		O4 D1		O 4 J6 D 2	-	O 1
	Female (J-Janajati, D-Dalit, O-other)	-	-	-	-		-		-	-	-
05	Property Confiscated										

	Male (J-Janajati, D-Dalit, O-other)	-		-	-		-		-	-	-
	Female (J-Janajati, D-Dalit, O-other)	-		-	-		-		-	-	-
06	Displaced/Missing										
	Male (J-Janajati, D-Dalit, O-other)	-	O1	-	-		-		-	O 1	-
	Female (J-Janajati, D-Dalit, O-other)	-		-	-		-		-	-	-
07	Arrested										
	Male (J-Janajati, D-Dalit, O-other)			J6 O5	-			O 1	-	O 2	-
	Female (J-Janajati, D-Dalit, O-other)			O1 J2	-				-	-	-

(**Note**:0=Naram,1=Agyauli,2=Dedgaun,3=Jaubari,4=Ruchang,5=Deaurali,6=Mithukaram,7=Bharatipur,8=Shivamadir,9=Kawasoti) (*Source: Field survey and information from key informant's interview*)

5.2.2 Major Findings on Livelihoods.

This is the second part of the RNA task that presents simply four aggregate findings on livelihoods of conflict affected families and vulnerable Dalits and Janajati of the selected VDCs. The RNA has attempted to have a view on the major caste/ethnic population, land holding patterns, livestock holding, food sufficiency, income from farming sources and access to basic services. A total of 199 households of conflict affected families and vulnerable Dalits and Janajati (20 HH in Dedgaon, 19 HH in Mithukaram, 15 HH in Naram, 15 HH in Ruchang, 8 HH in Jaubari, 24 HH in Bharatipur, 20 HH in Kawasoti, 42 HH in Shivamandir, 19 HH in Agyouli, 17 HH in Deurali) as a P1 only targeted beneficiaries are 53 male and 66 female out of total whereas Brahmin/Chhetri 28, Janajati 49 and Dalit 42 respectively.

5.2.1 Major caste/ethnic population of the selected VDCs.

The RNA has revealed that different types of caste/ethnic groups have settled in the selected VDCs. The total number of households of different caste/ethnic groups is 12701 and the total population is 72066 in 10 working VDCs. Of the all groups identified in the selected VDC, the total population of Janajati is 49 which higher than other caste likewise Brahmin/Chhetri/Thakuri is in third on with 28 and Dalits are in second rank with 42 respectively.

Table 3: Major Caste/Ethnicity Population of the Selected VDCs.

SN	Name of VDCs	Population by Major Caste/Ethnicity				Total	
		Janajati	Dalits	C/B/T	Others	Population	HHs

1	Naram	3258	150	-	-	3408	451
2	Agyauli	2663	607	4401	3917	11588	2071
3	Dedgaon	2160	1240	1365	-	3388	644
4	Jaubari	3325	157	190	-	3888	571
5	Ruchang	2476	757	200	-	3433	492
6	Deurali	6637	667	4006	2043	13353	2167
7	Mithukaram	1111	688	964	-	2670	463
8	Bharatipur	1568	970	690	-	3228	552
9	Shivamandir	5094	2291	7958	2133	17476	3417
10	Kawasoti	4260	1211	2834	1229	9634	1869
	Total:	32552	8722	22608	9322	72066	12701

(Note: C=Chhetri/B=Brahman/T= Thakuri) (*Source: Field survey and information from VDC office record*)

5.2.2 Land Holding size of conflict Affected, Dalits and Janajati HHs in the selected VDCs.

Our agrarian society and foremost means of livelihoods is reflected by the land holding pattern and relationship as well. The RNA has made attempt to collect information about the number of households belonging to conflict affected people and vulnerable communities by different sizes of used land in the selected VDCs. Out of the total selected HH landless are in three VDCs namely Naram, Shivamandir and Kawasoti. We found that majority of the HH are in small category having 4 to 10 Ropanies of land holding and nominal numbers are categorized as large having more than 20 Ropanies of land holding status. Other categorized as marginal which have up to 4 Ropanies land and as medium having 10 to 20 Ropanies land holding pattern respectively.

Table 4: Land Holding Size of Conflict Affected, Dalit and Janajati HH in the Selected VDCs.

SN	Name of VDC	Landholding Size of the Households (in %)				
		Landless	Marginal (Up to 4 rop)	Small (4-10 rop)	Medium (10-20 rop)	Large (20 plus rop)
1	Naram	-	6	6	3	-
2	Agyauli	4	2	9	4	1-
3	Dedgaon	-	4	8	4	-
4	Jaubari	-	5	9	2	-
5	Ruchang	-	4	5	2	1

6	Deurali	-	8	7	1	-
7	Mithukaram	-	6	8	2	-
8	Bharatipur	-	7	11	4	-
9	Shivamandir	3	12	9	12	-
10	Kawasoti	4	2	4	5	-
	Total:	11	56	76	39	2

(Source: Field survey and information from key informant's interview)

5.2.3 Food Sufficiency status of conflict affected, Dalit and Janajati HH in the selected VDCs.

The RNA has trace out the food sufficiency of the households of conflict affected and vulnerable communities from their own land in the selected VDCs. The data has produced information that of the total 57 HH have only for 3 months food sufficiency, likewise 75 HH have for up to 6 months, 35 HH have for up to 9 months and only 2 HH have food sufficiency throughout the year respectively.

Table-5: Food Sufficiency Status of Conflict Affected, Dalit and Janajati HH in the Selected VDCs

SN	Name of VDC	Food Sufficiency of the Households from their Own Land (in month)				
		Up-to 3-month	Up-to 6-month	Up-to 9-Month	Up-to 12-month	Surplus
1	Naram	6	6	3	-	-
2	Agyauli	2	9	4	1	-
3	Dedgaon	4	8	-	-	-
4	Jaubari	5	8	2	-	-
5	Ruchang	5	5	2	1	-
6	Deurali	8	7	1	-	-
7	Mithukaram	6	8	2	-	-
8	Bharatipur	7	11	4	-	-
9	Shivamandir	12	9	12	-	-
10	Kawasoti	2	4	5	-	-
	Total:	57	75	35	2	-

(Source: Field survey and information from key informant's interview)

5.2.4 Annual Income of conflict affected, Dalit and Janajati households in the selected VDCs

The RNA has presents the annual gross income from the farming and non farming source of conflict affected and vulnerable communities in the selected VDCs. The farming sources comprised cereals, livestock, vegetable and fruits. The data shows that Kawasoti VDC earn very few income only Rs. 15000 from cereal crops and highest one Dedgaon VDC which earn Rs. 355000 from cereal crops. Income from vegetable only one Kawasoti VDC earn Rs. 25000 out of total. Likewise, except Jaubari VDC other remaining VDCs have earn from livestock and only three VDC namely Naram, Dedgaon and Shivamandir VDCs have earn from fruit. Besides farming income pattern data revealed that major income sources are wage and traditional occupation. Except Naram, Jaubari, Ruchang and Shivamandir VDCs other VDCs have earn from wage/labor as range of Rs. 14500 to Rs. 150000 but could not found any income from remittance. If we see that other non agriculture sector of income is traditional occupational that only three VDCs namely Naram, Jaubari and Ruchang earn in range of Rs 15950 to Rs 60400 from this sources.

Table-6: Major Sources of Income of the Households (NPR)

SN	Name of VDC	Agriculture Sector (Rs.)				Non-agriculture Sector (Rs.)			
		Cereal	Live stock	Vegetable	Fruit	Job/ Business	Remittance	Wage / Labor	Traditional Occupation
1	Naram	127600	14400	-	1500	1500	-	-	60400
2	Agyauli	245700	4000	-	-	52000	-	80000	-
3	Dedgaon	355000	72000	-	1000	120000	-	50000	-
4	Jaubari	25200	-	-	-	-	-	-	15950
5	Ruchang	65900	11000	-	-	11700	-	-	40500
6	Deurali	149200	27000	-	-	30000	-	106000	-

7	Mithukaram	45000	9000	-	-	-	-	150000	-
8	Bharatipur	275500	53000	-	-	-	-	35000	-
9	Shivamandir	196000	2000	-	30000	390000	-	-	-
10	Kawasoti	15000	1000	25000	-	-	-	14500	-

(Source: Field survey and information from key informant's interview)

5.2.5 Access to basic service of conflict affected, Dalit and Janajati HH in the selected VDCs.

The RNA data has generated information regarding availability, distance and mode of travel to access the basic health services. The data have showed that conflict affected, vulnerable communities of the selected VDCs have to walk ten minutes to three hours to get primary care services. Distance to get the forest resources for the selected community of Jaubari VDC is distant compared to all the VDCs. The nearest available facility is the drinking water have to walk 10 minutes to 40 minutes on foot and it is sufficient as networking. The distance and mode of travel to get the available services such as health, school, drinking water, market and forest have to get by on foot in hilly areas and have to get by vehicle and cycles in inner tarai area.

Table-7: Access to Basic Services of Conflict Affected People, Vulnerable Dalits and Janajatis in the Selected VDCs.

Name of VDC	Available basic service/Facility	Means and travel distance to get the facility		
		Means	Distance (Approx)	Time (Approx)
Dedgaon				
	Health	On foot	1.5 km	1 hour
	School	On foot	1.5 km	1 hour
	Drinking water	On foot	200 meters	10 minutes
	Market/Bhimad	On foot	20 km	5 Hours
	Forest	On foot	2km	45 minutes
Mithukaram				
	Health	On foot	2 km	1 hour
	School	On foot	2 km	1 hour
	Drinking water	On foot	200 meters	10 minutes
	Market/Bhimad	On foot	23 km	9 Hours
	Forest	On foot	1km	30 minutes
Bharatipur				

	Health	On foot	3 km	1 hour
	School	On foot	3 km	1 hour
	Drinking water	On foot	200 meters	10 minutes
	Market/Daldale	On foot	34 km	12 hours
	Forest	On foot	1km	30 minutes
Ruchang				
	Health	On foot	2 km	1.5 hours
	School	On foot	4 km	2 hours
	Drinking water	On foot	500 meters	40 minutes
	Market-Jhyalbas/Daldale	On foot	34 km	12 hours
	Forest	On foot	1 km	30 minutes
Naram				
	Health	On foot	2 km	1.5 hours
	School	On foot	4 km	2 hours
	Drinking water	On foot	500 meters	40 minutes
	Market-Daldale	On foot	34 km	12 hours
	Forest	On foot	1 km	30 minutes
Jaubari				
	Health	On foot	4 km	2 hours
	School	On foot	4 km	2 hours
	Drinking water	On foot	300 meters	20 minutes
	Market/Daldale	On foot	34 km	12 hours
	Forest	On foot	600 meters	1 hour
Deurali				
	Health	On foot	5 km	3 hours
	School	On foot	4 km	2.30 hours
	Drinking water	On foot	200 meters	10 minutes
	Market/Jhyalbas	On foot	5 km	3 hours
	Forest	On foot	1 km	30 minutes
Agyouli				
	Health	By bus / Vehicle	1 km	10 minutes
	School	By bus / Vehicle	1 km	10 minutes
	Drinking water	By bus / Vehicle	1 km	15 minutes
	Market/Danda bazaar	By bus / Vehicle	3 km	30 minutes
	Forest	By bus / Vehicle	3 km	30 minutes
Shivamandir				
	Health	By bus / Vehicle	2 km	30 minutes
	School	By bus / Vehicle	1.5 km	20 minutes
	Drinking water	By bus / Vehicle	200 meters	10 minutes
	Market/Kawasoti	By bus /	4 km	45 minutes

	bazaar	Vehicle		
	Forest	By bus / Vehicle	1 km	10 minutes
Kawasoti				
	Health	By bus / Vehicle	3 km	30 minutes
	School	By bus / Vehicle	1.5 km	20 minutes
	Drinking water	By bus / Vehicle	500 meters	20 minutes
	Market/Kawasoti bazaar	By bus / Vehicle	4 km	45 minutes
	Forest	By bus / Vehicle	2.5 km	30 minutes

(Source: Field survey and information from key informant's interview)

5.2.6: Pattern of Livestock Holding of Conflict Affected People, Vulnerable, Dalits and Janajati in the working VDCs.

Livestock holding is an integral part of agrarian economy of the selected VDCs. Households of the conflict affected people, vulnerable, Dalits and Janajati have domesticated cattle, buffaloes, goats, pigs, ducks and chickens. These domesticated animals are raised mainly for sale and meat. Regarding to the livestock raising pattern among the final beneficiaries in numbers as general pattern of these areas.

Table-8: Pattern of Livestock Holding of Conflict Affected people, Vulnerable Dalits and Janajatis in the Selected VDCs in Numbers.

SN	Name of VDCs	Livestock holding pattern size per family							
		Chicken	Duck	Goat	Sheep	Pig	Cow	Buffalo	Oxen
1	Naram	44	-	37	-	21	25	12	19
2	Agyauli	60	19	22	11	-	8	2	25
3	Dedgaon	67	-	34	-	5	-	25	12
4	Jaubari	23	-	20	-	11	17	6	4
5	Ruchang	43	-	39	-	15	9	11	4
6	Deurali	34	13	31	-	-	-	9	2
7	Mithukaram	32	-	11	2	4	1	7	2
8	Bharatipur	24	-	43	-	4	4	14	12

9	Shivamandir	2	-	21	-	-	-	8	-
10	Kawasoti	11	6	11	-	-	-	2	-

(*Source: Field survey and information from key informant's interview*)

Chapter -Six

Conclusion and Recommendations

6.1 Summary of the major findings.

1. The RNA team with actively involved in 10 focus group discussion and interviews among conflict affected people and vulnerable Janajatis and Dalits communities during the RNA in the selected VDCs and 10 interviews with health workers of the selected health facilities.
2. During the RNA there were 29 per cent of directly conflict affected people, 56 per cent of Janajati, 19 per cent of Dalits and 25 per cent of ultra poor actively participated in out of total.
3. A total of 213 household representatives from conflict affected and vulnerable Dalits and Janajatis of Dedgaon, Mithukaram, Bharatipur, Ruchang, Naram, Jaubari, Kawasoti, Shivamandir, Deurali and Agyouli VDCs.
4. The RNA data revealed that of the total 199 households 15 per cent are landless, 25 per cent have land up to 4 Ropanies, 40 per cent possessing land more than 4 Ropanies and up to 10 Ropanies and only 20 per cent have land more 10 Ropanies and up to 20 Ropanies.
5. The RNA data also found out of the total 199 households, 35 percent have food sufficiency for less than three months, 40 per cent for more than three months and up to six months. 20 per cent have food sufficiency for more than six months

and up to nine months and the 5 have food sufficiency for the whole year from their own land.

6. The RNA data shows that the total 199 households majority of that numbers are depends on agriculture to fulfill their daily requirements for survive not as a means to income earn. The dominated numbers of households is wage earners or labors among the households of conflict affected, vulnerable, Dalits and Janajatis. A few households earn some cash (Rs.15000- 355000) from the cereal and Rs.1000- 72000 from livestock.
7. Out of the total 10 health facilities interviewed, one health post in Dedgaon and others are sub-health post. The nearest health facility was Agyouli sub health post (10 minutes by vehicle) and distance was Agyouli sub health post (two hours by vehicle) from the district headquarter Parasi bazaar.
8. There are some differences between the catchments population of the health facilities which ranges from 700 Households (4200 people) of 6 VDCs of upper side to 1500 households (9000 people) of four VDCs.
9. Among all the selected health facilities, Dedgaon health post is the largest facility with 6 rooms and Kawasoti is the smallest health facility with 2 rooms is available. Six health facilities have waiting room with furniture for patient and four health facilities have examination rooms with bed and table.
10. Out of total nine sub health post headed by AH and one health post headed by senior HA. Most of SHP posts have filled sanctioned post i.e. VHW, MCHW and Peon.
11. The RNA has not found trained health workers on mental health and psychosocial counseling and participatory learning and action on managing health institution.
12. Generally the floors of most health facilities found to be swept. All the facilities are managing the waste by dumping or burning locally, from the environmental hygienic point of view.
13. The RNA has found that four health facilities is full of essential equipments, instrument. However, stethoscope, thermometer, ARI timer and fete scope have been found in all health facilities. In most health facilities chattel forceps w//jar. torch, autoclave, autoclave drum, kerosene stove, container for storing sterilized instruments, vaginal speculum, EOC kit for home delivery and weighting scale for baby found in required numbers.

14. The RNA data revealed that a large majority of the selected HIs have supplies and items at present but not sufficient for the next three months. Amoxicillin 250 mg, hydroxide 250 mg, Mag. Ticilicat 500 mg is not sufficient in all His.
15. The RNA has recorded that all the health facilities do have most of the documents. Such as National Medical Standard Vol. 1 and 2, storage guidelines and IMCI booklets.
16. All the selected HIs have their HFMCs and the HFMCs found to be functional. The membership size of the HFMCs range from 9 members at the minimum and 15 members at the maximum. Out of total 100 members in 10 HIs, 30 were women, 13 were Dalits and 28 were Janajati.
17. In general all HFMCs had held 3-12 meetings during the period of 12 months. The volume of participation is ranges from 70-80 percent in the meeting.
18. Most of Health facilities have carried out PHC/ORCs in their respected target areas. Whereas the accomplishment were 3 to 4 PHC/ORC respectively.
19. Distribution of FCHV is similar in numbers in their respective area. In all 10 VDCs FCHVs meet regularly. Likewise, in all VDC have provided fund to FCHV supporting to their activities which stands a range of 15 to 50 thousands NPR.
20. A total of 90 mother groups are in exist in the selected VDCs. But meeting are not regularly conducted. However participation of the members in the meeting found to be quite in 50 to 75 percent. Mother groups have been supporting FCHV activities such as vitamin A, Immunization day, FCHV selection etc.
21. All the selected HFs have not been practicing regular meeting on management and administrative matter of the health facility except Agyouli SHP.
22. The RNA found that there is no existing of separate fund for poor and needy people and for emergency in all Health facilities.
23. The data revealed that most common local diseases found are diarrhea, Pneumonia, Asthma, skin diseases. The RNA data has also identified a total 15 traditional healers from the six VDCs. These traditional healers were selected by their popularity in terms of primary health care as perceived by the communities.
24. The RNA data has revealed that there was no evidence of psychosocial counseling to patient and patient treated for mental health in all VDCs.

25. The data revealed that a total of 30 people were killed, 7 were disappeared, 22 are traumatized, 7 people have been displaced and 14 people were arrested in the selected VDCs during the conflict period.

6.2 Conclusion.

The decade long conflict however has made people more assertive and aggressive. Though some may perceive it has negative energy, the growing assertiveness and aggressiveness may be a potential factor is favor of change. All that is needed to capture and consolidate the energy and run it through proper channels in amore informed way to address the problems of conflict affected group or community. As noted everywhere major causes of conflict are poverty, exclusion and discrimination. The priority of all groups, caste, ethnicities are to get ride of them. An open discussion is essential to provide ways and means for theme to articulate dissatisfaction and discontent. Even though community based movement has provided such floor to some extent but it is being not sufficient. Therefore, during the project designing and implementation at field level we also should try to give such forum for their discussion and to bring consensus. It may be helpful for us to create conducive environment while implementing of any development activities at field level.

The RNA has thrown up some facts that which must be mulled over. In between conflict affected people and other vulnerable community in the selected areas there is no gaps at all and to be equally fulfilled through any development interventions. As we found fact that poverty be combated by engaging poor, vulnerable and excluded people also be seen as conflict victims. All of them long been victim of poverty too, so the poverty is on of the major factor to breeding of conflict and also may root cause of conflict potential. In the context of post conflict we should addressed them through development interventions to be assured their accessibilities to basic services like health and livelihoods. So this is the high time to address them in proper way and exactly we are in the right position. Only we had to need to be identified properly and our final beneficiaries in selected areas, which is possible to rolled out as roster after RNA.

We must be concentrated while implementing program that conflict affected and vulnerable people should not feel that they have been discriminated. Hence, any project will adopt strategy whereby it works to reduce conflict potential and at the meantime to addressed them who are identified as our target beneficiaries in

appropriate way to create tangible benefits in these selected areas. We are hoping that we will be succeeded by achieving our goals by implementing any development project.

6.3 Recommendations.

I. A non discriminatory and non exclusionary development strategy to promote peace, reconciliation and rehabilitation, so need to focus in these cross cutting agendas.

II. Conflict breeding grounds emerge when people have no opportunity to voice their concerns and frustration. Involve people of diverse community or groups create opportunities to express themselves. There is equal chance to refueling the conflict breeding grounds if there is no addressed them who are living in the post conflict situation as severely conflict victims, don't fail to address their concern issues.

III. Strengthen community organizations build their capacity to assess issues of conflict victims in concern forum properly, should create right place for them.

IV. Right based capacity building, skill development and other supportive activities absolutely necessary to final beneficiaries, so incorporate these approaches within plan.

V. Seek micro linkages and engage both supply and demand side.

VI. Remain conflict sensitive, caste sensitive, faith sensitive and value sensitive in all interventions.

VII. Seek meaningful collaboration with government agencies and other related institution through lobby, advocacy, linkage and cooperation building for betterment.

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INSEC Report (2007) – Status of Conflict Affected People in Nawalparasi.

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UNDP, DLGSP Annual Report (2006) Nepal.

ANNEXES:

1. Demographic Information of Nawalparasi/VDC wise as selected area.

SN	Name of VDCs	Households	Male	Female	Total	Average HH	Remarks (%)
1	Kawasoti	1869	4662	4972	9634	5.15	0.04
2	Shivamandir	3417	8357	9119	17476	5.11	0.08
3	Dedgaon	644	1600	1788	3388	5.26	0.01
4	Ruchang	492	1685	1748	3433	6.98	0.01
5	Naram	451	1639	1769	3408	7.56	0.01
6	Mithukaram	463	1308	1362	2670	5.77	0.01
7	Bharatipur	552	1576	1652	3228	5.85	0.01
8	Jaubari	571	1880	2008	3888	6.81	0.02
9	Agyouli	2071	5686	5902	11588	5.58	0.05
10	Deurali	2167	6369	6984	13353	6.16	0.06
Total:		12701	34762	37304	72066	6.02	0.3

(**Source:** National Population Census Report-2002)

2. Name of Secretaries in selected VDCs.

SN	Name of VDC Secretary	Working VDCs	Remarks
1.	Dhaniram Chaudhari	Naram	-
2.	Mahendra Malla	Deurali	-
3.	Khadag Bdr. Thanet	Shivamandir	-
4.	Hem Bdr. Poudel Chhetri	Kawasoti	-
5.	Komal Nath Poudel	Agyouli	-
6.	Hari Narayan Acharya	Mithukaram	-
7.	Chhiranjivi Acharya	Ruchang	-
8.	Shyamlal Panthi	Bharatipur	-
9.	Bodhraj Basyal	Jaubari	-
10.	Rajesh Poudel	Dedgaon	-

3. Selected VDCs in the district.

SN	Name of VDCs	Cluster	Remarks	Ilaka No	Constituency No
1	Dedgaon	I	Hill Area (Upper side of the district)	1	1
2	Bharatipur			2	1
3	Mithukaram			1	1
4	Naram	II	Hill Area (Upper side of the district)	1	1
5	Ruchang			1	1
6	Jaubari			2	1
7	Shivamandir	III	Tarai Area (Around the East - west highway)	4	1
8	Kawasoti			5	2
9	Deurali			5	2
10	Agyouli			5	2

4. Rapid Need Assessment Team of Nawalparasi (Team building and Composition).

SN	Name	Post	Role
1	Mr. Surbir Sthapit	Executive Director	Co-ordination/Facilitation
2	Mr. Tarak Thapa	Researcher	Training/Co-ordination
3	Mr. Shukra Raj Ojha	Program Manager	Training/Facilitation
4	Mr. Gyan Bahadure Thapa	Team Leader	Training/Facilitation
5	Mr. Jit Bahadur Uchai Thakuri	Facilitator	Supervisor
6	Mr. Dhan Bahadure Gurung	Facilitator	Supervisor
7	Mr. Pradeep Lamichhane	Enumerator	Interviewer
8	Mr. Doleraj Gaire	Enumerator	Interviewer
9	Mrs. Ganisara BK	Enumerator	Interviewer
10	Ms. Devaki Adhkari	Enumerator	Interviewer
11	Mr. Rabindra Pandey	Enumerator	Interviewer
12	Ms. Sita Devi Dhakal	Enumerator	Interviewer
13	Mr. Rum Bahadure Birta	Enumerator	Interviewer
14	Mr. Mohan Thapa	Enumerator	Interviewer
15	Mr. Anil Rana	Enumerator	Interviewer
16	Mr. Shiva Shrestha	Enumerator	Interviewer

5. Composition of participants in the FGD during RNA study.

SN	VDC	Attendance			Total conflict Victims	Janajati	Dalits	Pro-poor
		Total	Male	Female				
1	Kawasoti	19	4	15	4	4	4	11
2	Shivamandir	30	6	24	26	21	5	4
3	Dedgaon	23	20	3	6	15	4	4
4	Ruchang	30	24	6	8	9	11	10
5	Naram	28	4	24	7	19	4	5
6	Mithukaram	20	8	12	3	11	6	3
7	Bharatipur	24	21	3	5	18	1	5
8	Jaubari	20	14	6	2	15	1	4
9	Agyouli	20	13	7	4	10	1	9
10	Deurali	18	9	9	3	9	6	3
	Total:	232	123 (53%)	109 (47%)	68 (29%)	131 (56%)	43 (19%)	58 (25%)

(Source: Registration of participants in Focal Group Discussion)

Appendix-1: List of the Selected Beneficiaries Based on their Identified Needs.

The RNA has made an attempt to identify the possible beneficiaries is slightly larger in number for each activity and the list is in priority order of each activity. The name list of the respective beneficiaries in the selected areas as follows:

1. Selected HFMC for equipment and administrative support.

SN	Name of selected HFMCs	Address	Remarks
1	Naram SHP	Naram VDC- ward no:3	
2	Agyouli SHP	Agyouli VDC- ward no:7	
3	Dedgaon HP	Dedgaon VDC- ward no:3	
4	Mithukaram SHP	Mithukaram VDC- ward no:5	
5	Ruchang SHP	Ruchang VDC- ward no:5	
6	Jaubari SHP	Jaubari VDC- ward no:7	
7	Bharatipur SHP	Bharatipur VDC- ward no:7	
8	Deurali SHP	Deurali VDC- ward no:6	
9	Shivamandir SHP	Shivamandir VDC- ward no:2	
10	Kawasoti SHP	Kawasoti VDC- ward no: 7	

(**Source:** Field and selected household survey and FGD)

2. Selected HFs for repair / maintenance support.

SN	Name of selected HFs	Problems	Need of repair/ Maintenance	Cost (In Rs)
1	Naram SHP	Roof leakage	Roof maintenance	17000
2	Ruchang SHP	Roof leakage, poor condition of toilet	Jasta-pata and cement for roof maintenance and toilet repair.	60000
3	Bharatipur SHP	Poor condition of floor and roof and toilet problems	Floor and roof maintenance and toilet construction	60000
4	Shivamandir SHP	Poor condition of floor, widows and roof	Maintenance of roof and floor	30000
5	Kawasoti SHP	Poor condition of floor and roof	Maintenance of roof and floor	60000
6	Agyauli SHP	Building is being old	Floor, roof painting and drinking water tape	13000

(**Source:** Field and selected household survey and FGD)

3. Selected HFs for small medical equipment support.

SN	Name of selected HFs	Address	Remarks
1	Ruchang SHP	Ward no 5	
2	Naram SHP	Ward no 3	
3	Shivamandir SHP	Ward no-2	
4	Kawasoti SHP	Ward no-7	
5	Bharatipur SHP	Ward no- 2	
6	Agyouli SHP	Ward no-6	
7	Dedgaon HP	Ward no-3	
8	Jaubari SHP	Ward no- 7	

(**Source:** Field and selected household survey and FGD)

4. Selected HFCM for furniture support for store.

SN	Name of selected HFMCs	Address	Remarks
1	Dedgaon HP	Ward no-3	
2	Ruchang SHP	Ward no-5	

(**Source:** Field and selected household survey and FGD)

5. Selected HFCM for revolving drug management training.

SN	Name of selected HFMCs	Address	Remarks
1	Shivamandir SHP	Ward no-3	
2	Kawasoti SHP	Ward no-7	
3	Mithukaram SHP	Ward no- 5	
4	Agyouli SHP	Ward no-6	
5	Dedgaon HP	Ward no-3	

(**Source:** Field and selected household survey and FGD)

6. Selected HFCM for revolving drug scheme fund support.

SN	Name of selected HFMCs	Address	Remarks
1	Shivamandir SHP	Ward no-3	
2	Kawasoti SHP	Ward no-7	
3	Mithukaram SHP	Ward no- 5	
4	Agyouli SHP	Ward no-6	
5	Dedgaon HP	Ward no-3	

(**Source:** Field and selected household survey and FGD)

7. Selected community for small scale drinking water support.

SN	**Name of selected Project**	**Address**	**Remarks**
1	Agyouli drinking water project	ward no-5	For Bote Community
2	Agyouli drinking water project	ward no-1	For Tharu Community

(**Source:** Field and selected household survey and FGD)

8. Selected VDCs / community for organizing health camp.

SN	Name of selected VDCs	Address	Remarks
1	Dedgaon	Ward No-3	Possible Place
2	Mithukaram	Ward No-5	Possible Place
3	Jaubari SHP	Ward No-7	Possible Place

(**Source:** Field and selected household survey and FGD)

Appendix-2: Summary of Possible Beneficiaries with Need Identification.

Beneficiaries with their Identified need and Prioritization: Nawalparasi District.

S. N.	Activities	No of Beneficiaries.	Brief description of the beneficiaries
1.	Duna-Tapari Mass production /10 women	20 (P1-10 / P2-10)	One group/comprised Dalit and marginalized.
2.	Grocery shop/10 women	20 (P1-10 / P2-10)	conflict affected
3	Black smith training/10 men	20 (P1-10 / P2-10)	Dalits with very poor.
4.	Tailoring training/10 women	20 (P1-10 / P2-10)	Dalit with conflict affected
5.	Off season vegetable and Cash Crop farming/20 women	20 (P1-20)	Very poor with conflict affected
6.	Domestic animal support/25 HH	50 (P1-25 / P2-25)	Dalit with conflict affected and poor.
7.	Hair cutting training/10 Youth	10-P1	Youth with ultra poor.
8.	Severely injured traumatized / severely affected people /20 person for rehabilitation support.	25 (P1-20/P2-5)	Seeking support for treatment and occupation.
9.	Reputed traditional healer/15 healers	15 (P1-15)	Reputed traditional healers from 6 VDCs.
* Total:		190 (P1= 130 / P2 = 60)	-

(**Source:** Field and selected household survey and FGD)

Appendix-3: Checklist for Background Information: VDC.

PART A: Secondary Information to be collected from district line agencies and project VDCs.

1. VDC population by major caste/ethnicity and gender ***(to be collected from DDC/VDC and other)***

Major Caste/ethnicity	Total No. of HHs	Population		
		Men	Women	Total
Chhetri/Brahmin				
Janajati				
Dalits				
Madhesi				
Others (specify)				

2. Conflict affected population in the VDC *(to be collected from government and non government agencies and their records- this should be verified during field visit)*

Types	Dalits			Janajatis			Madhesi			Others		
	H	M	W	H	M	W	H	M	W	H	M	W
Killing												
Seriously injured												
Traumatized												
Property confiscated												
Displaced/ Forced migrants												
Disappeared												
Arrested												
No of IDPs if any												
If any other information (specify): Also collects information about children:												

Note: H = household; M = men; W = women

PART B: Primary Information to be collected from the selected area.

3. General economic standing of conflict affected, women, Janajatis, Madhesi and Dalits in the

selected VDCs *(to be collected from the discussion with a group of conflict affected People/families in each selected VDC)*

PROCESS

Ensure 25 – 30 participants from all strata (conflict affected people/families, local politicians, health workers representatives, representatives of different ethnic groups, teacher, etc) in the group discussion in each VDC

Identify 10 – 15 conflict affected people/families during FGD

Gather following information of conflict affected people in the VDC

Name of Beneficiaries	Land holding size					Food sufficiency
	Landless	Marginal	Small	Medium	Large	

References: Marginal (<4 ropani or <0.2 Ha), Small (>4-10 ropani or >0.2-0.5 Ha), Medium (>10-20 ropani

or >0.5-0.1.0 Ha), Large (>20 Ropani or >1.0 Ha)

References: Up to 3 months, Up to 6 months, Up to 9 months, Up to 12 months, Food surplus (applicable

to the land holders only)

Note: there are approximately 20 Ropanies in one hectare. And Farm size can be recorded in Kattha (30 Katthas equal to one hectare).

4. General livestock holding patterns of conflict affected, women, Janajatis, Madhesis and Dalits

in the selected VDCs *(to be collected from the discussion with a group of conflict affected People/*

families in each selected VDC)

PROCESS

*Gather following information of those selected 10 – 15 conflict affected people/families during FGD

Name of Beneficiaries	Livestock holding size								
	Chicken	Duck	Goat	Sheep	Pig	Cow	She-buffalo	Oxen	Other (specify)

5. Major farming and forest sources and gross annual income (in NC) **of conflict affected, women,**

Janajatis, Madhesis and Dalits in the selected VDCs *(to be collected from the discussion with a group of conflict affected People/families in each selected VDC)*

PROCESS

*Gather following information of those selected 10 – 15 conflict affected people/families during FGD

Name of Beneficiaries	Agricultural sources				Non-agricultural sources			
	Cereal crops	Vegetables	fruits	Livestock	Wage	Remittance	Trade/business	Traditional occupation

PROCESS

*Gather following information of those selected 10 – 15 conflict affected people/families during FGD

Name of Beneficiaries	Forest resources				Non-agricultural sources			
	grass	wood	herbs	mushroom	berries	fishing		

6. Average income of the family (in NC) **of conflict affected, women, Janajatis, Madhesi and Dalits**

in the selected VDCs *(to be collected from the discussion with a group of conflict affected People/families in each selected VDC) and contribution of the women member in that family*

PROCESS

*Gather following information of those selected 10 – 15 conflict affected people/families during FGD

S.N.	Type of beneficiaries	Family size	Productive member		Average Income			Average family income	Average women income
			Women	Men	Framing	Live stock	Other		

7. Access to Basic Services and Facilities in the community *(suggested tool – mobility map)*

Basic Services/Facilities	Distance	Time	Mode of Travel
Health			
Education			
Drinking water			
Market			
Forest			

FGI = focus group interview; GI = group interview; HII = household individual interview; KII = Key informant interview; HI = Health Institution; HW = Health Worker.