International Nepal Fellowship

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Report of Baseline Survey of Kanakasundari Rural Municipality, Jumla

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Submitted By:-
Baseline Survey Team
INF/N Community Development Department

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Acknowledgement

We would like to extend heartfelt gratitude towards all the people responsible for making this survey possible and who helped us to accumulate all the relevant information for the survey. We appreciate the time that all the person contributed towards the survey.

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Thank you

Survey Team

Glossary of Acronyms

ANC	*Ante Natal care*
CHD	*Community Health Development*
CWD	*Children With Disability*
DDC	*District Development Committee*
FCHVs	*Female Community Health Volunteers*
FGD	*Focus Group Discussion*
GO	*Government Organization*
HHs	*Households*
IG	*Income Generation*
INF	*International Nepal Fellowship*
KAP	*Knowledge Attitude and Practice*
KII	*Key Informant Interview*
NGO	*Non Government Organization*
KRM	*KankaSundari Rural Municipality*
PNC	*Post Natal Care*
PWD	*Person with Disability*
PRA	*Participatory Rural Appraisal*
RM	*Rural Municipality*
HP	*Health Post*
SPSS	*Statistical Programme for Social Survey*
VDC	*Village Development Committee*
WASH	*Water, Sanitation and Hygiene*

Executive Summary

Jumla is one of the mountain district lies in Karnali province (province no 6). The district is located in the latitude of 28º 58' to 29º30' N and longitude 82º 57 to 82º 18' E. Jumla has a STOL-Short Take Off and landing airport, Jumla Airport, and the road network first reached it from Surkhet in May 2007. There are seven rural municipalities and one municipality in Jumla

Kanakasundari is one of the Rural Municipality (KRM) has been formed with existing five VDCs of that area namely 1 - Bumramadichaur, 2 – Malikabota, 3 – Kanakasundari, 4 – Birat, 5 – Pandavgufa and these VDCs are converted into 8 wards. It lies in the Sinja valley the western part of the district is also known as the place where the khas Nepali language evolved. According to the census 2011, the total population of the Kanakasundari RM is 13,216 among them 6,590 are male and 6,626 are female. At most places of Kanakasundari, there is no proper communication system. The network of mobile phone does not work. There is no landline telephone service in the villages. The lack of communication causes lack of awareness and less opportunity reaches the village people for the betterment of their respective lives.

The base line survey was conducted in eight wards of Kanakasundari RM on March 2018 for the Community Health and Development(CHD) programme of Jumla Community Cluster.The information from the baseline helps for the intervention of a new project in KRM in the upcoming years.

The study shows that only 34% of the total land is cultivable land and about 69% households have less than 6 month food availability and only 13% population are applying the modern agricultural technology.

There is 1 higher secondary school (Ludku), 3 secondary schools (Bumramadichaur, Botha and Koilechaur) and 8 primary schools (in all the wards) in Kanakasundari Rural Municipality. The average distance between home and school is 45 minutes. This is due to geographical difficulty and the scattered settlement.

Almost all houses are mud roof houses with mud and stone wall and only 1.87% households have television. Majority of the people live on agriculture, unskilled work and seasonal migration for work mostly to India. The study found that the seasonal migration exists almost in each household as a major source of income. Study calculated that the average monthly income of the household is Rs 9,145 of the area.

1,163 out of 13,216 population of the Kanakasundari Rural Municipality are disabled which shows that the disability rate is 8.8%. Very limited person are using the assistive devices and very low awareness is seen in the community regarding the PWD's right and entitlement. Similarly still 27% of the disabled people are remained to receive the disability cards.

The study found that the safe drinking water is the major issue especially in wards three, five and seven. Still 50% people are out of reach of the safe drinking water. People drink water from water sources coming out of an open spring or a small stream. There are no proper water tanks. These water sources are open and always risk of contamination. The

average estimated time for getting safe drinking water is found to be 13 mins. About 90% households are using toilets but there was no practice of cleaning of toilets properly.

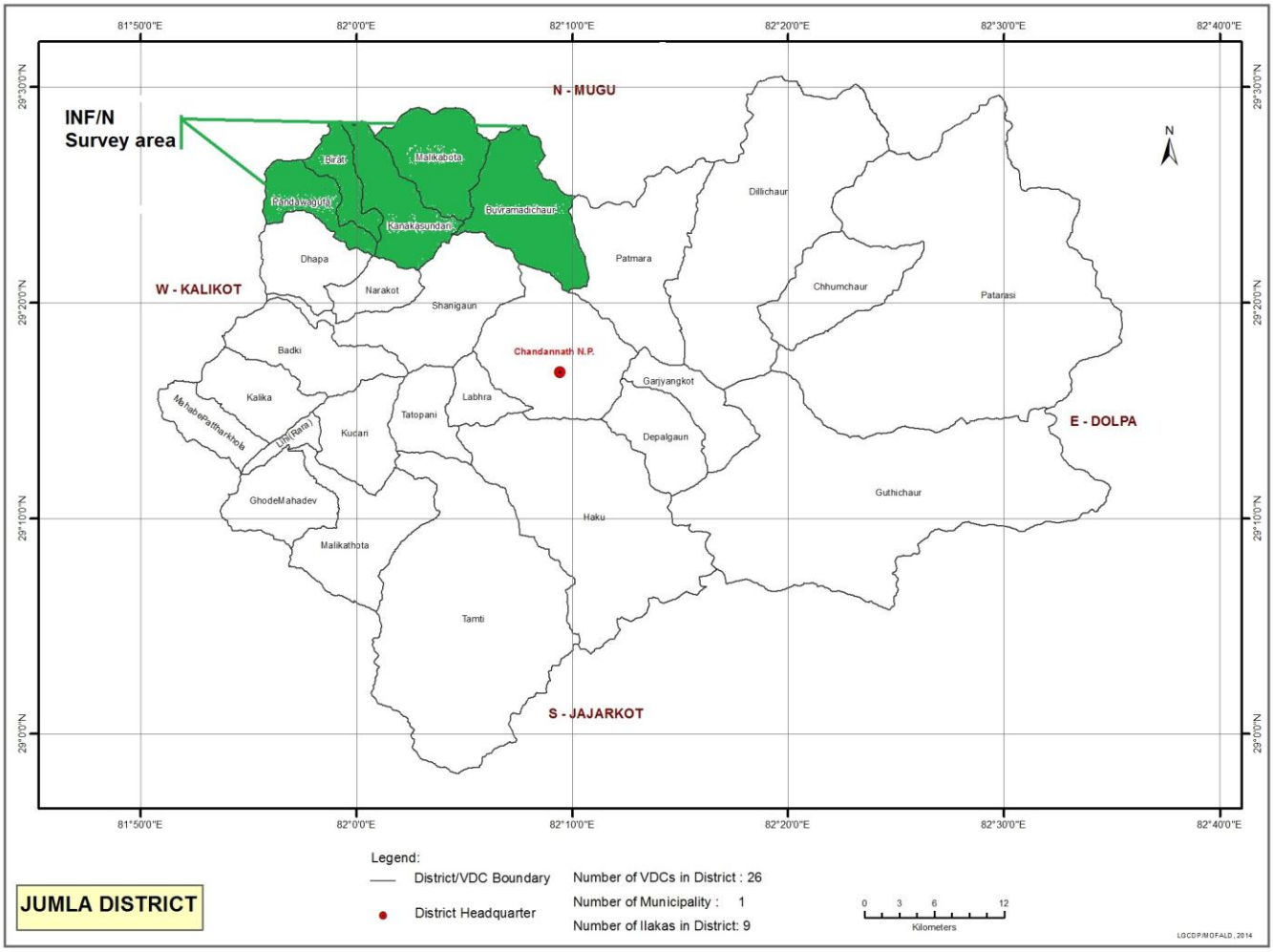
Out of 8 wards, only 5 health posts are existent according to old 5 VDC structure. The 5 health posts are in Bumramadichaur (ward no. 2), Malikabotha (ward no. 3), Manjao/Haad Seeja (ward no. 4) and Pandugufa (ward no. 8). People from ward 5 and 6 go to the health post of ward 4 and people of ward 7 go to the health post of ward 8. There is good knowledge and practice in ANC but limited practice for PNC. Percentage of women who had four ANC check ups as per protocol is 54.61%, Whereas % of women who had three post natel check ups as per the protocol is 25.81%: Due to the government policy and the awareness raised among the people, the institutional delivery is found to be about 70% in the survey area.The exception are late night deliveries which are done in homes. Health facilities provide the vaccination service to the children. The vaccination for the children rate is also very high and about 96.66% children are vaccinated. Timely village mobile vaccination is also done resulting in high vaccination rate.

Roti, potato and rice are the major food items of the area. About 33% households have kitchen garden. Similarly, 50% respondents have the knowledge about super flour and exclusive breastfeeding but in practice only 5% women have idea to make the super flour.

The study found that about 13% women are facing various domestic gender related violence. Generally men are engaged in the direct money earning activities and women are limited to the household work. Men always dominate women and they consider that women are for the household work like bearing and rearing children, cooking, farming and doing other household work. Men think that women do not or cannot earn money. However, the work load of women is more than men. They need to cook for the whole family, take care of children, do agriculture work, take care of livestock etc.

The study found that the average marriage age of boys is 19 years and 17 years for girls. The average child bearing age for the female is 19-20 yrs. There is very low awareness regarding the child safeguarding. There are social problems in the community like chaupadi (isolating women and girls during their menstruation period), alcoholism, domestic violence and superstition beliefs. These malpractices have put the people in more depth of poverty.

Map of working area;



CHAPTER ONE: INTRODUCTION

Jumla :

Jumla District is a part of Karnali Province which lies in mid-western region of Nepal. It covers an area of 2,531 km² and has a population of 8 108,921 (Census 2011). Chandannath MunicipalityJ is the center of Jumla District. It is located at 2514 meters (8251 feet) elevation. Jumla is one of the 75 districts of Nepal.

Rice cultivation in Jumla ranges from 2,400 to 3,050 meter altitude, which is the highest elevation in the world. The place where rice grow in the highest elevation in Nepal is in Jumla. Chhumchal village of Jumla whict sits at 3,050 meter. It is the highest altitude of Nepal where rice grow. 'Jumli Kalik Marshi' paddy, a variety of indigenous paddy, having cold tolerant gene, is probably cultivated in Jumla since 1,300 years ago. The Tila Valley as well as the Sinja Valley are covered with paddy fields growing the 'Kali Marshi' rice variety, a unique red rice that is well known for its nutritious value.

Jumla has an airport, Jumla Airport where one or two planes are landed daily from Nepalgunj. A road network, which is known as Karnali highway, first reached from Surkhet in May 2007 and is the main means of transportation out of Jumla apart from flight service.

Jumla has extreme cold and dry weather. It sows heavily from the month of Dec-Feb. The weather during winter season get very harsh.

Apple, walnut, peach, wheat, paddy, rice are basically grown in Jumla.

According to the recent major restructuring in the Nepal Government administrative structure, there are no longer VDCs, but new municipalities and rural municipalities have been formed by merging 3 to 5 VDCs. So, the new rural municipalities are much bigger than VDCs. Total of 7 new rural municipalities and 1 municipality have been formed in Jumla.

SN #	New Governmental Structure Rural Municipality
1.	Chandanath Municipality
2	Kanakasundari Rural Municipality
3	Seeja Rural Municipality
4	Hima Rural Municipality
5	Tila Rural Municipality
6	Gothichaur Rural Municipality
7	Tatopani Rural Municipality
8	Patarashi Rural Muniicipality

INF AND Jumla

International Nepal Fellowship - Nepal (INF/N) is a Christian non-government organization working since 1952 in the western part of Nepal. INF/N mainly works in health and community development sector by serving the people especially poor and disadvantaged people of its working area. INF/N currently has 2 major departments; Community Development department and Health Services Department.

INF Jumla Cluster, one of four clusters of community development department, has been working in Jumla since last 40 years. INF Jumla Cluster serves the poor and disadvantaged people of Jumla District through its 3 projects; Community Health & Development Project (CHD), Nutrition Project & Sabalata Project (working with disabled people).

INF Jumla Cluster is implementing the CHD project in various VDCs(now wards of Rural municipality) of Jumla District since 2003. The goal of the project is 'Improved quality of life of the poor and marginalized people sustainably in the working areas'. The project has already completed its work in 7 former VDCs and currently it is being implemented in 4 villages (former VDCs); Tamti, Kalikakhetu, Raralihi and Kudari of Jumla. Among them, the work of Raralihi and Kudari will be completed in July 2018. The work in Tamti and Kalikakhetu will continune for further 1 year, i.e up to July 2019

As per the new government structure, our work of Tamti covers the area of ward no. 8 & 9 of Tatopani RM and the work of Kalikakhetu covers the area of ward no. 1 & 2 of Hima RM. Thus, our CHD work has now been limited in a small area compared to the area of a rural municipality.

In order to address this issue, INF Jumla Cluster is planning to start a new CHD project in a new rural municipality covering the whole area of the municipality. It was also important to cover a whole rural municipality because the local government officers and the local representatives always were asking INF to increase the area of the CHD project. The request of the government people was to cover a whole rural municipality rather than to work in 1 or 2 wards of a rural municipality. Based on the remoteness, lack of development, non-availability of services and very few I/NGOs working, INF Jumla selected Kanakasundari Rural Municipality of Jumla district as the new area for CHD work. Kanakasundari RM covers the area of 5 former VDCs; Pandavgufa, Birat, Kanakasundari, Malikabota and Bumramadichaur and has now 8 wards.

This survey was conducted to assess the health, socio-economic and other situation of the Kanakasundari Rural Municipality. This report is based on the information collected from 8 FGDs and 18 Key Informants Interviews and direct observation. In addition some secondary data also were collected from relevant government offices during survey.

This report will reflect the baseline information on socio economic picture of the people of Kanakasundari Rural Municipality, their immediate and pertinent needs, the expectations of the newly elected representatives, health status, condition of schools, social practices and so on.

Rationale:

The major tools used in the baseline survey were focus group discussions and KII which are the cost effective and the time saving tools. The information disseminated through this baseline survey and analysis of findings will help in developing plans, interventions and strategies by understanding the status of the community people in line with prime components of the community development. It will cover the factors that may be associated with the project directly and indirectly. The data and its analysis obtained for this survey will help in understanding various variables of community development in a clear and concise manner.

Objectives:

The objectives of the survey was

1. Assess the current situation of the Kanakasundari Rural Municipality including socio-political and economic conditions, standard poverty indices, power relations, information on most excluded groups and nature of exclusion, prevalent social/cultural practices, emergency and disaster situation, policies, local governance issues etc.
2. Identify systematic data and information and overall situation analysis on conditions and positions of people living in poverty in relation to their rights and entitlements as enshrined in national and international legal and policy instruments

CHAPTER TWO: STUDY SAMPLING AND METHODOLOGY

2.1 Study area and sample size

The study area covers 8 wards of Kanakasundari Rural Municipality of Jumla district which is a remote area of the district and in a long distance from the district head quarter. This rural municipality is one of 8 rural municipalities of Jumla district.

INF Jumla wants to collect the baseline information of different characteristics of community which are key indices of the community development. This study was based on Focus Group Discussion (FDG), Key Informative Interview (KII) and direct observation. The key persons were selected as sample units. The study included in average 15 persons for FGD and 18 persons for interview. The study was conducted with the teachers of 7 schools, ward chaipersons of 7 wards and the staff (health post in-charge) of 4 health posts.

2.2 Methodology

2.2.1 Gathering of information

First, the relevant information about the survey area was gathered by the survey team byvisiting different government offices like District Co-ordination Committee Office and Kanakasundari Rural Municipality Office. Some secondary data was taken from the Jumla District district profile. Also information was gathered from INF staffs who are already working in this area with other projects and in other technical area.

Second, the information of the targeted area was gathered by conducting the Focal Group Discussions and Key Informants Interviews and direct observation for the different issue.

2.2.2 Sampling method

First, technical team, cluster and Survey team were agreed on methodology of the survey to be done. Jumla cluster identified the sample frame for FGD and KII. Samples were selected by purposive sampling method, the non -random sampling method .All together 80 samples were selected for Focus group Discussion and 18 samples were selected for the interviews

2.2.3 Design and finalization of the questionnaire and checklist

Before starting the baseline survey, there was conducted discussion among the staffs of cluster and technical team. The discussion was done to plan about the ways and path of conducting the baseline, type of data, sources of data, questionnaire understanding and expected format and structure of the final report. The different analytical tools were also discussed and finalized

From the discussion, it was concluded that both primary and secondary data will be used to collect for information. Also survey group prepared the questionnaire and checklist as per the need of information that has to be gathered so that it will help the project in future in planning and evaluating.

2.3 Data collection:

Both primary and secondary data are used in survey. For the primary data collection, three data collection tools namely FGD, KII, and direct observation were used. During the FGD, some participatory rural appraisal (PRA) tools were employed to prepare the seasonal calendar, major diseases, major disaster and festivals (see Annex)

2.3.1 Focus group discussion

Three types of groups were selected for FGD that included Mix group (Men, Women and PWDS), Mother group and pregnant and under 2 child bearing women group. Survey team was involved in focus group discussions and discussions were conducted with check list. FGD were with 8 group (one FGD in each wards) with men, women and PWDs, mother group and pregnant and under 2 child bearing women group participants. See more details with table

2.3.2 Key Informants Interview:

Key relevant persons were identified and selected with ensuring the wider range of stakeholder. All key informants were interviewed by the survey team member. Interviews were expected to be carried out with Head master, HP in-charge, Elected ward president, Elected Kanakasundari chairperson which was done accordingly. The list of the key informants and the questions for the key informants are in annex.

2.4 Data entry and management

The information from all sources and observations were gathered together. Information acquired from the focus group discussion was checked for the accuracy following the techniques of random check and entered in Excel. The collected data from the field was entered in wider spread sheet .Data management was done foreseeing the type of the data, structure of the data, quantitative and qualitative nature of the data etc.

2.5 Analysis and interpretation

The output tables and charts obtained from the statistical analysis tool which was then presented in different charts, tables and diagrams in an easy and understandable form. The analysis was done based on frequency, mean, percentage in order to obtain characteristics of households according to demographic sex, education, economic status, etc.

2.6 Limitation

Kanakasundari Municipality is formed with merging the former 5 VDCs; Bumramadichaur, Malikabota, Kanakasundari, Birat and Pandavgufa. The new municipality offices may not have updated data of the whole municipality.

As in modern days many of the surveys are done with the help of electronic technology i.e. using tablet, voice recording devices but this survey was conducted in traditional way i.e. using paper and enumerator which cause more longer time to entry the data and analysis.

Only the key summaries of statistical information in the form of diagrams are presented in the main report and the detail table of the FGD plan is in Annex of the report for reference.

CHAPTER THREE: RESULTS AND FINDINGS

3.1 Geographical Information:

Jumla is one of the mountain district of Karnali zone that lies in Karnali province. It borders with Dolpa in the NE, Mugu in the NW, Kalikot in SE and Jajarkot in SW.Jumla sits at the height of 2300M, and is surrounded by hills. Due to hilly surrounded area the development work is also very slow. The road access to the region was just over a decade ago(2007 AD).

Kanakasundari Rural Municipality (KRM) lies in the Sinja valley the western part of the district is also known as the place where the khas Nepali language evolved. Government has recently restructured the political division that VDCs are converted into ward and forming the rural/municipality. The kanka sundari Rural Municipality, is one of the rural municipality of Jumla, has been formed with existing five VDCs of that area namely 1 - Bumramadichaur, 2 – Malikabota, 3 – Kankasundari, 4 – Birat, 5 – Pandavgufa and these VDCs are converted into the 8 wards.

3.2 Demographic information

According to the census 2011, the total population of the Kanakasundari is 13,216 among them 6,590 are male 6,626 are female.

The table below shows the demographic information of the kanka sundari

Description	Data
Total population	13,216
Male	6,590
Female	6,626
Sex ratio (M: F)	101
Disabled People	1,163
No of Households	2,247
Family Size	5.9
Population majority by Religion	Hindu,Budhist, Christian

Table 1; Demographic information of kanka sundari

Source: Census 2011

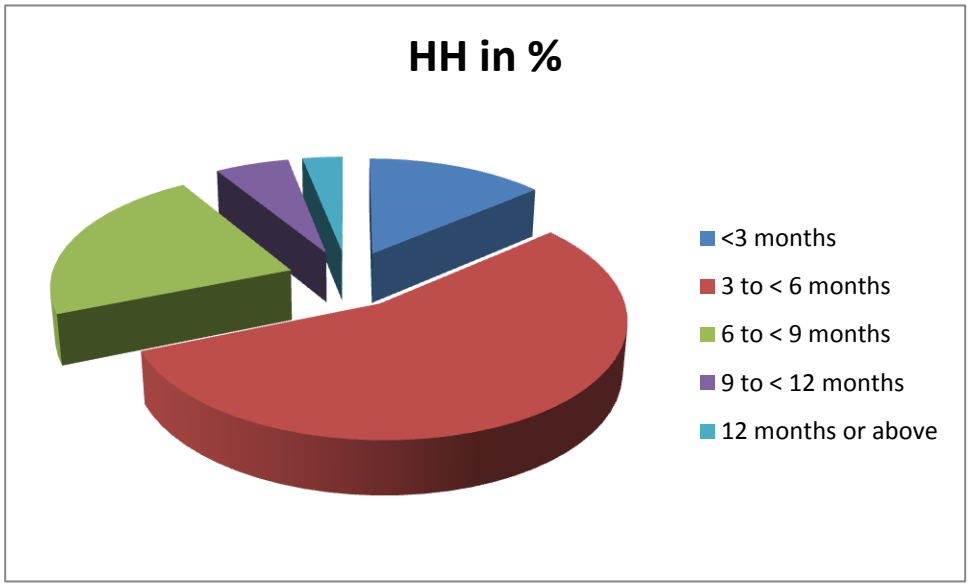
Food security status

Almost all the households in KRM have owned their land, the percentage is found to be nearly about 99%. In regards the cultivate land, it is found that only 34% of the total land is cultivable land .As per report taken by the survey, only 3.1% of the household have food sufficiency for the 12 or more months. 55% of the household have food sufficiency for 3 to 6 months,22.38% households followed by 6 to 9 months and 5.9 % house hold

have 9 to 12 month food sufficiency. It indicate that majority of households have food deficiency for a year.

Few households have been applying greenhouse technology for vegetable production. Otherwise, almost all households are applying the traditional method for the agricultural production. They are not able to get any professional training to make agricultural business.

Table 2; Distribution of food sufficiency of HH



Occupation/income :

Majority of the people live on agriculture, unskilled work and seasonal migration for work mostly to India. The study found that seasonal migration exists almost in each household (98% HHs) as a major source of income. Very few people are in government service and foreign employment.

The study calculated the average monthly income of the household is Rs 9145 which reveals that people in KRM live below the poverty line of USD 1.9 per day per person (world bank definition).

Health facilities

There are 5 birthing centers in RM and all of them are active in providing birthing facility to the community people. Most of the women having the knowledge about the ANC/PNC.Percentage of women who had four ANC check up as per protocol is 54.61%, Where as % of women who had three post natel checkups as per protocol is 25.81%:Source District Health records. Comparatively,first PNC check up is high

whereas second and third PNC care rates are low. As mothers who live in far distance from health post, choose not to walk a long distance after merely a week of delivery. Due to the government policy and the awareness raise on the people of the study area, the institutional delivery is found to be about 70%.The exception are late night deliveries which are done in homes.

Health facilities provide the vaccination service to the children. The Vaccination for the children rate is also very high and it is found that about 96.66% children are vaccinated. Timely village mobile vaccination is also done resulting in high vaccination rate.

The condition of health post is also above average. A medical person is always present. Sometimes lack of medicines and availability of medicines is an issue. The trend for attending in HP for checkups is also on a rise. Support from shaman (traditional healer) is also helping the cause.

Five out of eight wards have government health facility which is shown in the table below.

Ward No	Health facilities	Available facilities	Human Resources
1	HP with Birthing center	General medicine, ANC/PNC, Birthing center etc.	HA – 1, AHW – 2, ANM - 2
2	HP with Birthing Center	General medicine, ANC/PNC, Birthing center etc.	HA – 0, AHW – 1, ANM - 1
3	-	-	
4	HP with Birthing Center	General medicine, ANC/PNC, Birthing center etc.	HA – 1, AHW – 2, ANM - 2
5	-	-	
6	-	-	
7	HP with Birthing Center	General medicine, ANC/PNC, Birthing center etc.	HA – 0, ANM – 2, AHW - 1
8	HP with Birthing Center	General medicine, ANC/PNC, Birthing center etc.	HA – 1, ANM – 2, AHW - 2

Table 3; ward wise health post list

Education Status

The literacy rate of the district of age 5 and above is 61.04 (district profile). There is 1 higher secondary school (Ludku), 3 secondary schools (Bumramadichaur, Botha and Koilechaur) and 8 primary schools (in all the wards) in Kankasundari Rural Municipality. The average distance between home and school is 45 minutes this is due to geographical difficulty and the scattered settlement. Most of the schools have no sufficient furniture. During observation, it is found that most of the schools have toilets. But, no schools are disabled accessible .

Description	Data
Literacy rate	61.04 (district profile)
School Condition (toilet, disable friendly, furniture, drinking water, sport equipment)	All Schools have toilets but not disable friendly School of ward no 6,7and 8 do not have safe drinking water. School of ward no 4,5,6,7 and 8 have insufficient furnitures(only 25% of the school capacity).
Average distance between school and home	45 minute

Table 4; Education status

Housing condition

Almost all houses are mud roof houses. Few houses are tin and slate roof houses with mud and stone wall. Households are using firewood for cooking food. About 1.87% of the households have television. And almost all the households have mobile phones and radios. 98.33 percentages of the households are using the solar or micro-hydroelectricity for light.

Description	Data
House structure	95% (Mud roof house) 0ther Tin /slate roof mud)
Facilities using (TV, Mobile/telephone, radio, internet)	1.25% have TV, all households have Mobile and radio
Solar/electricity	98.33% HHs have Solar

Table 5; Housing condition

Disability

1163 out of 13216 population of the Kanakasundari Rural Municipality are disabled which shows that the disabilty rate is 8.8%. This data is more than the national disability rate which is 1.94. Most of the disabled people are physical disabled. Among the various causes, accidents have caused the majority of disability.

About 73% disabled people have got the disability identity cards. There is no any disabled friendly infrastructure reported and found in the area. No specific care for disabled people and no knowledge among society people about the respectful life of a disabled person. From the FGD around about 30-40% of people are aware about the knowledge about disability according to disability organization chairperson. Advocacy for the same is also on the process.

Wash and Environment

Community managed piped water is the major source of drinking water and found that significant access(nearly to 50%) to drinking water . However in some wards safe drinking water is the major issue.(in ward no three,five and seven).People drink water from water source coming out of a spring or a small stream. There are no proper water tanks. These water sources are open and always risk of contamination. The average estimated time for getting safe drinking water is found to be 13 mins. About 90% households are using the toilets but there was no practice of cleaning the toilets properly. There seems to be good knowledge about hand washing before and after eating meal but limited in practice. Usually people use soap, ash and sand for hand wash. The situation of hygiene and sanitation of community people is very poor because of lack of education and awareness in these areas. People do not clean their body regularly and children also look very dirty. Due to poor hygiene, people suffer from diarrhea and skin diseases. The surrounding of the village is also not clean. It was observed in the communities that there was no properly designated pits to dispose garbage, but usually an open place in courtyard of the house to throw garbage.

Nutrition

The study shows significant households have correct knowledge of the nutrition. They have been practicing mostly carbohydrate oriented meals. The main foods of the KRM are rice, roti and potato .About 33% households have kitchen garden. Similarly, respondents have the knowledge about super floor and but in practice only 5% women have idea to make the super flour. Due to the busyness in household work, women do breast feeding to their babies only 3-4 times upto six month in a day.

Study found from district data that the 10% of children were in malnutrition as per screened by the government health facilitators. Specially in ward no 8 three children were in malnutrition screen by HF.

Description	Data
Nutrition condition of under 2 child(red, yellow, green proportion)	Manutrition prevalence 10% (source: Annual report of District Health Office,Jumla 2016/17)
Main food /eating practice	Roti ,potato,Rice for adults, mostly carb oriented meals.
Exclusive breast feeding	4 times per day upto six month.
Kitchen gardening	33%
Knowledge about super flour	50%
Practice of using super flour	5%

Table 6; Nutrition condition

Gender

Generally, women are limited to household work as preparing food, children care, collecting firewood and fodder for cattle and the men are engaged in direct income earning activities. This disparity has certainly limit the status of women both at home and in the society. Only 20% of the social institutions are lead by women which shows that women presence in a decision making role is very low. Also, by the data of ward no 2, it shows that 2 out of 15 households have some kind of gender violence. About 17% women have bank account the reason behind the data is male are in out of resisdent for the work and they send money in their wife account.

Description	Data
Gender role	Generally men engage in income and female engage in household work)
Workload	40:60 (men to women) The women have to do all the chores of household, they have to work in farms as well, collection of woods from forest is also their responsibility. Men of the community are primarily engaged in daily labour and migrational employment only.
Women in decision making role	2 out of 10 institutions are led by women.
Women access in education	Equality in boys and girls,
Bank account open by female	1126 (17%)
Mother group	All wards
Gender violence (domestic)	13%

Table 7; Gender information

Culture

The distribution of the population by ethnicity revealed that majority of the population residing in KRM constituted Brahmin/Chhetri followed by Dalit. By religion, the majority of the populations are Hindu. And the major festivals are Dashain, tihar and Sankranti. The table below shows the general information regarding the cultural information.

Description	Data
Religion	Mostly Hindu followed by Budhist
Festival	Dashian, Tihar, Sankrati
Marriage age	Male: 19 yrs Female:17 yrs
Child bearing age	19-20 yrs
Chhaupadi	99% HHs (Still strongly prevalent)
Believe on Traditional Healer	Almost 99% people believe upon traditional healer but medical seeking behavior is also present. Visiting shamans depends upon the situation.
Migration (HHs)	Seasonal :98%

Table 8; Cultural information

Child safeguarding

Almost none of the people are aware about child safegaurding. Study found that only few teachers have received the Child Protection training and none of the villagers knew about the childsafegaurding practice. There wasn't any awareness program mentioned regarding to child protection. Very weak child safeguarding practices are seen either in home or in the school while through observation during the survey. The team had observed that scolding,carelessness, ignorance were the major activities they shown towards the children.

Disaster:

People have experienced the effect of climate change. High rainfall,droughts landslide and floods are the major types of disaster encounter in the region. The other types of disaster they experience are hail stone,forest fire and famine.

Landslide and flooding is the major disaster that the target area is prone to.

Transportation and communication

At most places of Kanakasundari, there is no proper communication system. The network of mobile phone does not work. There is no landline telephone service in the villages. The lack of communication causes lack of awareness and less opportunity reaches the village people for the betterment of their respective lives. Due to geographical structure, transportation service is very limited in the villages of

Kanakasundari. A road to Mugu district has crossed from the centre of Kanakasundari however, most of the villages are far from this road and the people need to walk for 3/4 hours to reach this road.

Seasonal calendar

Month / Description	Bai	Jes	Asd	Shr	Bha	Ash	Kar	Man	Pou	Mag	Fal	Cha
Migrate to India for work							----	----	----	----	----	----
Cultivation	Beans	maize	barley			Buckwheat	Wheat				Potato	Beans
Busy time (agriculture)		----	----			----	----					
Leisure time									----	----	----	
Food deficity	----	----									----	----
Occurrence of diseases	**Diarrhea**			**Diarrhea**	**Diarrhea**				Common cold	Pneumonia		
Festivals	Purnima			Puneu	Teej	Dashain	tihar/Purnima		Naag puja	Panchami	Holi	Astami
Disaster and Its Risk	Forest fire			Flash floods	Landslide							

CHAPTER FOUR: RECOMMENDATIONS

As per the findings of the baseline conducted in Kanakasundari RM, a project should be developed to address the prevailing problems of Kanakasundari RM. The main problem of the municipality is poverty which is associated with other problems as below.

Disability

The prevalence rate of persons with disability seems to be very high, nearly equal to 8.8 % which is very high than that of national rate 1.94 and only limited persons were using assistive devices. Also there is no proper awareness regarding the respectful life of the PWDs and their care.

Child safegaurding

There is almost lack of child protection practice and behavior, also people are not aware on the child safeguarding issue . So it is recommended that project should include child protection activities under either cross cutting activities or regular activities.

Food security

About 69% households have less than 6 months food avialibility and very few (13%) population are using the modern agricultural technology. The project should focus on mordren agricultural technology which not only increase the income but also increase the food availability.

Nutrition

Mostly carbohydrate oriented food is taken as the main food in the target area. About 67% households do not have kitchen gardening. Nearly 95% of the women don't have proper knowledge of preparing super flour. Also 10% of the children were in malnutrition(weight for the age, % of the children under five**).** Including the nutrition aspect in the project will help to address the malnutrition and will help to raise the health condtion of mothers and children.

Education Facilities

Due to poverty, literacy level in Kanakasundari RM is low especially among elder people. There were no higher educational institution in this rural municipality and the people could not afford to go to towns for education. However, the situation is improving and more government schools are opening in the villages. The children are now attending schools. However, there is no quality education in these schools because of indifference of government teachers in quality teaching and poor infrastructure of schools. Along with that, the condition of schools is very poor. Lack of furniture, no propler toilet facility, no disabled friendly school are all in lacking. The project should

aim to address this issue of schools in order to equip them with better environment and learning opportunities.

WASH

The situation of hygiene and sanitation of community people is very poor because of lack of education and awareness in these areas. People do not clean their body regularly and children also look very dirty. Due to poor hygiene, people suffer from skin diseases. The surrounding of the village is also not clean. People throw away used plastic materials here and there. No all people have toilets and most toilets which people are using are temporary. Even with the presence of toilets in their homes, open defecation is still witnessed. This is due to lack of behavioural change in the community.

A lot of awareness raising activities in these issues should include in the project.

Especially,People of ward no 3, 5 ,7 and 8 of Kanakasundari have been facing the problem of safe drinking water. Lots of people drink water from water source coming out of a spring or a small stream. There are no proper water tanks. These water sources are open and always risk of contamination. Addressing the WASH issue through direc or indirect intervention will help to increase the access o safe drinking water and reduce water borne diseases.

Seasonal migration

Due to geographical structure, there is very limited or no employment opportunity in the village except agriculture. Agricultural and cultivable land is also limited to 34% of the land percentage in the village. Most of the male youths go to India or other parts of Nepal or overseas for work. Sometimes even women of the family leave their village in search of employment. They mostly end up in India for labour work to earn their daily bread. Their agricultural harvest is very little due to unfavourable climate. There is no irrigation facility in the rural municipality. The farmers depend on the rain water. The crop that they get from their harvest is only enough for 3-6 month's of their food. In order to survive they don't have any other option other than to migrate to India or other countries for livelihood causing very high seasonal employment migration. In order to address this issue, Income generation support will help the beneficiaries to generate income locally and will not have to depend upon seasonal migration.

Gender inequality

The gender inequality exists in Jumla. Women of the society are deprived of most of the rights and opportunities. From education to leadership development and decision making, women of the society are looked down upon. Religious beliefs also cause gender inequality. The traditional concepts urge them to have sons in order to perform religious rituals which can only be done by sons and not by daughters. Women cannot take part in the family or community decision taking. Only 20% of women are in decision making role.Men always dominate women and they consider that women are for the household work like bearing and rearing children, cooking, farming and other household

work. Men think that women do not or cannot earn money. However, the work load of women is more than men. They need to cook for the whole family, take care of children, do agriculture work, take care of livestock etc. Men just go outside (mostly to India) for work. When they are in home, they do not help women in the household work. Also it found that 2 out of 15 households (13%) have some kind of gender violence

Chhaupadi

Chhaupadi practice, which is characterized by banishment of women during menstruation from their usual residence due to supposed impurity, is in existence in the mid-and far-western regions of Nepal. There is also strong practice and beliefs about the Chhaupadi.

Other social problems

There are social problems in the community like alcoholism, domestic violence and superstition beliefs. These malpractices have put the people in more depth of poverty.

Awareness raising on these issues is very important to overvome the social problems.

ANNEXES

Contact numbers of Kanakasundari RM representatives

CONTACT NUMBER OF KANKA SUNDARI RM REPRESENTATIVE, JUMLA.				
SN	NAME	ADDRESS	POST	PHONE NR:
1	NAR BIR RAWAT	KANKA SUNDARI RM	RM CHAIRPERSON	9758300350
2	URMILA BHANDARI /KHATRI	KANKA SUNDARI RM	VICE CHAIRPERSON	9848312058
3	HARI BHANDARI	WARD NR 1	WARD CHAIRPERSON	9848300419
4	SHER BAHADUR RAWAT	WARD NR 2	WARD CHAIRPERSON	9748907275
6	MAN BIR BUDHA	WARD NR 3	WARD CHAIRPERSON	9848306986
7	RABI LAL ACHARYA	WARD NR 4	WARD CHAIRPERSON	9748914304
8	BIRKHA BAHADUR KHATRI	WARD NR 5	WARD CHAIRPERSON	9861432514
9	JAGGI PRASAD ACHARYA	WARD NR 6	WARD CHAIRPERSON	9868022778
10	DHAN JIT ROKAYA	WARD NR 7	WARD CHAIRPERSON	9748904797
11	RANNA LAL UPADHAYA	WARD NR 8	WARD CHAIRPERSON	9748626884

FGD List

FGDs	Ward 1		Ward 2		Ward 3		Ward 4		Ward 5		Ward 6		Ward 7		Ward 8		Total	
	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.	FGD No.	Participant No.
A							1	10							*1*	*10*	2	20
B	*1*	*10*			*1*	*10*			*1*	*1o*			*1*	*10*			*4*	*40*
C			1	10							1	10					2	20
Total	**1**	**10**	**1**	**10**	**1**	**10**	**1**	**10**	**1**	**10**	**1**	**10**	**1**	**10**	**10**	**10**	**8**	**80**

KII questionnaire

INF Jumla Community Cluster
Baseline Survey at Kankasundari Rural Municipality, Jumla

Name of Village : **Ward No.:** **Date:**

Number of participants:

POINT OF ENQUIRIES:

Checklist:

1. What are the health facility available in your ward? What type of prevalent diseases exist in your village? How often do the village people visit health facilities in the area? What percentage of people seek traditional healers?
2. Is there pregnancy delivery facility available in your ward? Are there birth attendants in your village? How often the women get ANC/PNC check-ups? DO you know about vaccination?
3. How do you see the status of women in your village in general? Do women work outside home? What kind of work?
4. Does gender based violence exist in your village? In the case of violence does the victim seek law and enforcements? What are the provision provided by law that you are aware of incase of domestic violence?
5. Is chaupaddi still practiced in your village? Is child marriage still prevalent in your village? What is the age that girls get married at? What are the reasons for it?
6. Are there mothers group in your village? Are you involved in any of them? Do you think it is beneficial for you to be a part of mothers group in your village?
7. Are there people with disabilities in your village? What types of disabilities exist in your village? Are there any types of help and services available for them?
8. How many schools are there in your village? How many girls are attending the schools? Do children work rather than going to school?
9. What is the main source of income? What is the pattern of seasonal migration? Do women also go outside of country for work? What are the other source of income generation in your village?
10. How much of land do villagers own? Do they have their own farm? How much is the yearly harvest? How much of an average crop production is there? How many months are the harvest enough for?
11. How far is the nearest source of water from your home? How long does is take from your home?
12. Is open defecation still prevalent in your village? Do every home have toilet? Is sleepers worn while visiting toilets? Are hands washed after visiting toilets?

13. Are there cooperatives in your village? Who formed them? How are these cooperatives helping your financial and livelihoods needs? How effective the management of these cooperatives?
14. How people perceive towards women participation in community organization?
15. What are the key needs of women in your village?
16. What are pressing needs in your village at present ?

INF Jumla Community Cluster
Baseline Survey at Kankasundari Rural Municipality, Jumla
KI Interview Checklist

Name of Village : **Ward No.:**

Date: **Name of key informant:**

Objective:

KII will be conducted particularly with recently elected rural municipality Chairperson, Ward Chairpersons, Executive staff of KSRM relevant government office staff particularly those of health facility, service centers, school teachers and prominent social workers.

Key informant	Checklist questions (point of inquiries)
A. Elected Chairperson and Ward Chairs	1. Congratulation for being elected. 2. How do you assess the capacity of your office to meet people's needs? 3. How do you assess the status of women in general? 4. How do you assess the availability and quality of services of service providers in your village/ward? 5. What are pressing needs in this village at present ? 6. How do you plan to address them? 7. What types and how many NGOs are working in your RM/Ward? What do they do? 8. What should be the priority area if a new NGO were to work in your village?
B. School Teacher/ 1 Female ,1 male	1. When was the school established? 2. How many girls and boys currently enrolled at your school? 3. Are there any discriminatory thinking and practice among parents towards girls and boys with regard to their education? 4. How is the enrollment and drop out status of boys and girls at school?

Key informant	Checklist questions (point of inquiries)
	5. Normally at what grade school drop out takes place? What could be the reason? 6. What are the challenges do you face at the school? 7. What are pressing needs do you see in this village at present ?
C. Health facility in-charge, Agriculture, veterinary service centre in-charge/ Staff of government service providers:	1. What types of services do you serve at your health facility? 2. How busy is your is your office? 3. Normally what kind of patients visit the health facility? 4. What are the major health problems do you see in the village? 5. How do you see delivery practice in the community? 6. How do you see ANC, PNC check-up practice in the community? 7. How is the level of HR, availability of equipment and drugs in your health facility? 8. How is health seeking behavior among people in general? 9. What are the challenges you face? 10. What are pressing health needs in this village at present ? 11. What types of services do you serve at your service center? 12. How busy is your is your office? 13. Normally for what of service do people visit your office? 14. What are the major agriculture and veterinary problems do you see in the village? 15. How do you see farming practice in the community? 16. How is the food sufficiency in this village? 17. How is the level of HR and other resources do you have to meet the local needs with you? 18. Do you provide all services to farmers for free? 19. What are the challenges you face? 20. What are pressing agriculture needs in this village at present ?
D. Two relevant I/NGO (If available)	1. What is the name of the I/NGO? 2. Howwlong have this organization been serving inn tthis area? 3. What ae the key areas that your I/NGO are working on? 4. What are your key objectives?

FGD check list:

Data collection plan

Data collection parameter sample group and collection method

Demography

Indicator	Collection method
Total population	Collect from District/village profile Population monograph (www.cbs.gov.np)
Male	-‼-
Female	-‼-
No of Households	-‼-
Family Size	-‼-
Population majority by Caste	-‼-

Health Situation

Indicator	Collection method
No. of Health Facility	DPHO
Service availability in HF	KII with health post in charge
Access to Health service	FGD
Delivery practice • Home • HP • SBA	FGD
Practice and knowledge of PNC	FGD(making checklist)
Practice and knowledge about ANC	FGD(making Checklist)
Children vaccinated	

Education

Indicator	Collection method
Literacy rate	District profile/education office
School Condition (toilet, disable friendly, furniture, drinking water, sport equipment)	
School registration rate	Registration book
School dropout rate	Registration book
Average distance between school and home	FGD
Education to disable people	FGD

Housing Condition

Indicator	Collection method
House structure	FGD
Facilities using (TV, Mobile/telephone, radio, internet)	FGD
Solar/electricity	FGD

Livelihood

Indicator	Collection method
Families Having Land	FGD
Financial institution	
Cultivate land (measurement)	FGD
Food availability. • <3 month • <6month • < 9 month • < 12 month • One year above	FGD
Average Income	
Poverty ratio	
Income source • Agricultural production • Job in Nepal • Foreign Employment • Skilled work • Unskilled work	FGD
People applying new agricultural technology(Green house, improved seed, modern irrigation technology, equipment, professional farming)	FGD
People getting vocational training	FGD

Wash and Environment

Indicator	Collection method
Access to safe drinking water	FGD
Average time for getting safe drinking water	FGD
Toilet Availability/ in use	FGD
Toilet condition	FGD
Hand wash practice after toilet	
Hand wash practice before eating	
knowledge of hygiene practices	
Waste Disposal system	FGD
Total sanitation	

Nutrition

Indicator	Collection method
Nutrition condition of under 2 child(red, yellow, green proportion)	
Main food /eating practice	FGD
Exclusive breast feeding and how long time	FGD
Kitchen gardening	FGD
Knowledge about super flour	FGD

Gender

Indicator	Collection method
Gender role	FGD
Workload	FGD
Women in decision making role	FGD
Women access in education	FGD
Bank account	FGD
Existing no of women group.	FGD
Gender violence	FGD
Gender biases	FGD

Disability

Indicator	Collection method
No of disable person	Secondary data
Types of disability	-‼-
Needs of assistive devices	-‼-
DIC received	-‼-
Disable friendly infrastructure	-‼-
Disability Care	-‼-

Cultural

Indicator	Collection method
Religion	FGD
Festival	FGD
Marriage year	FGD
Average child bearing age	FGD
Custom	Tradition analysis
Chhaupadi	FGD
Believe in Traditional Healer	FGD
Migration • Seasonal • Permanent	FGD
Food habit	FGD

Child protection and Disaster

Indicator	Collection method
#People getting CP training	FGD
People involve in CP awareness programme	FGD
Child protection practice	
Main Season of Disaster	FGD
Types of Disaster	FGD
Disaster trend (before 5 year and nowdays)	
# people affected by disaster per year	FGD

Seasonal Calendar

Month / Description	Bai	Jes	Asd	Shr	Bha	Ash	Kar	Man	Pou	Mag	Fal	Cha
Migrate to India for work												
Cultivation												
Busy time												
Leisure time												
Difficult to survival time												
Occurrence of diseases												
Festivals												
Disaster and Its Risk												