

**A Baseline Study Report**  
**on**  
**Quality education enhancement, health and livelihood support in**  
**Thatikandh RM, Dailekh district**

**Submitted to:**

Jwala Sandesh Pvt. Ltd.

**Submitted By:**

SOSEC Nepal

Date:

## Summary Table

Level of Results-chain	Indicator	Baseline Value (in number)	Source
Overall Objective	• Improved educational, economic and health status of 30% of total 700 households (against baseline) of Thatikhand Rural Municipality by the end of 2023		
SO1	• 20% increase of students' enrolment in schools (against baseline) by the end of 2023	1408	EMIS
	40 % decrease of dropout students (against baseline) by the end of 2023	345	EMIS
R1	• 500 students of 26 targeted schools are increasing their competencies		Assessment
	25% increase of pass out rate of the students (against baseline)	73%	EMIS
R2	• Members of 21 school management committees are motivated to provide quality education in their schools	0	
	Members of 21 Parents and other groups visit schools and observe the teaching practices	0	
SO2	Per household income of 500 women and youth increases by 30% against baseline	30000	Baseline survey
R3	500 women, smallholder farmers and youth use their knowledge and skills for improved livelihood	0	
R4	• 500 youth have increased income by 30% against baseline	30000	Baseline survey
R5	• 650 people have knowledge about health issues	0	
	people receiving health service from health institutions is increased by 20% against baseline	15000	Baseline survey
R6	• 950 girls gain knowledge on adolescent girls' health	0	
	6 schools' environment is healthier	0	

## Executive Summary

Social Service Centre (SOSEC), Nepal Dailekh is a non-political and non-profitable social organization which was founded in 2054 B.S. with the goal of serving the backward people in the remote and undeveloped communities of Dailekh district. The goal of the organization is to improve the educational, health and economic condition of the target groups by centralizing the social inclusion increasing and enhancing institutional capacity of right holders. SOSEC Nepal Dailekh has been working in the community since its establishment with harmonious partnership and coordination with different line agencies.

Realizing the pertinent issues of health, education and livelihood in Dailekh district, the project **“Quality education enhancement, health and livelihood support in Thatikandh RM, Dailekh district”** was designed to address the multiple issues of health, education and livelihood of Thatikandh Rural Municipality, Dailekh. The project aims to empower children, women, youth and elderly people of Thatikandh Rural Municipality, Dailekh through accessing quality education, better health services and livelihood opportunities. Project aims to provide direct benefit to 26 schools where nearly 7046 students are studying among which nearly 4000 students is being directly benefitted through quality education and support made on school for quality education. Support is being provided to selected schools but awareness raising and other interventions will cover all 42 schools and ECDs throughout the project period. Similarly, through health program project is working with all health institutions of Palika. Likewise, through livelihood program 60 people will receive need-based training to become entrepreneurs whereas other 200 poor families/farmers receive input support. In overall 620 HHs will be benefitted from livelihood program among which 500 people will have direct impact of the project having income increase and sustained livelihood. In general project will benefit nearly 10000 people of Thatikandh through its interventions in any means. The project also prioritizes the vulnerable, disadvantaged and marginalized communities during its intervention and support.

A baseline study is conducted to find out the issues and the data regarding the issues that are hindering the development of education institutions, health service centers and livelihood of the communities and groups. Specifically, this baseline study is conducted to find the overall status of the education, health and livelihood of the people of Thatikandh Rural Municipality to determine a baseline status so that the project can set its milestones and target for achieving through the project intervention. This baseline survey is conducted in accordance to the project objectives and results to set the values of its indicators. The study covers 42 schools, 6 health centers and 10 agriculture groups of Thatikandh Rural Municipality. This study uses a qualitative approach as well as quantitative approach to capture the issues regarding quality education, livelihood and of health sectors. The survey was conducted administering the set of questionnaires and guidelines, focusing on the indicators of the project logframe. The secondary information was collected through review of the documents while for the primary data collection, the methods used were administering questionnaires; in-depth interviews and FGDs; and field observation.

The baseline study indicates a need of reformation in the schools for improving the learning environment and education quality in schools. The baseline study indicates the need of reformation in the physical infrastructure and facilities being provided by the schools. The need of the child friendly, gender friendly, disability friendly and safe structures and facilities are majorly seen in the survey. Similarly, the study also shows the poor status of education governance in schools with less implementation of School Improvement Plans and Teaching Learning Plans. The formation and active mobilization of the child clubs, School Management Committees and Parent Teachers Association in schools are also seen for improving the quality of education and education governance in schools. The involvement of the parents in school and its activities and their concern about the education quality of school and their children seems to be very negligible. Very less meetings are held between schools and parents and parents are also negligent about participating in the meetings. There is also less opportunities for training to teachers which deteriorates their teaching quality as well as their motivation for quality education. There is a huge gap in knowledge and awareness on SGBV among students, parents and children, which makes children more vulnerable and is one of the reasons for children and girls to drop out of school.

All the schools have basic teaching learning materials but most of them have only basic materials such as chart, posters and some locally available materials. Some schools do have advanced materials such as story and poem books, globe, geo-board, coin, audio-visual materials, mathematical materials, word card, clock, wooden materials, science materials, etc. but most of the schools only use basic materials such as poster and charts and other materials are rarely used.

Similarly, the study shows need of reformation in the physical structure and facilities of health centers as the health post buildings are raw and most of them do not have facilities such as electricity and internet. There is no provision of waiting rooms for patients, the infrastructure and facilities are not child, disability and gender friendly. There is no coordination between schools and health facilities and they are not conducting school health activities. The health posts are providing services such as OPD services, ANC, Vaccine clinic, CBINCI, PNC, maternity, family planning, nutrition, and PHC. The health posts are suffering from various problems relating to human resources, facilities and services, physical infrastructure and so on. The major problems pointed out by the health posts during the survey are lack of guest house, building, light, net, health staff, delivery bed, waiting bed, medicines, health materials and equipment, internet, water, waiting room, power backups, child friendly bathroom, etc.

The study also shows the need of livelihood training to the people as most population are farmers with no other skills and trainings on modern farming technologies and skills for other trades. In average, the crop production of the households is sufficient only for 6-9 months and most of the people have to take the alternative livelihood options for survival. Due to the lack of skills and opportunities, most of them are seasonal migrants and working in informal sector as unskilled labor, putting them in high risk and low income group. Very less support from the municipality and government is provided and people are not satisfied with the services. Few people has received some sort of subsidies from government and non-government agencies but that does not seem to

be sustainable. There is no availability of local markets to sell their products, therefore they had been selling their products from home only. They feel that they are not getting proper value of their products and the market is also not available, due to which they are not motivated in producing the bulk quantity.

## **Key findings**

### **Findings from survey:**

- ❖ 60% of the school building are raw buildings. The number of students per class varies in different schools ranging from 7 to 78.
- ❖ 45% schools have library, only 9% have science lab, 21% have computer lab and only 12% of schools have internet facilities.
- ❖ 14% have no toilets at all, only 21% schools have separate toilet for girls, 12% are disability friendly and 12% are child friendly.
- ❖ 33% of the schools do not have drinking water and 31% have drinking water facility but are not child friendly.
- ❖ Only 12% of the ECD classes have bench, 15% have carpets while in remaining 73% ECDs, children sit in floor or ground.
- ❖ The average student teacher ratio in the municipality is 34 whereas the huge discrepancy is seen in the student teacher ratio in different school ranging from 15 to 98.
- ❖ Only 26% of the total teachers are women and almost half of the women teachers are ECD facilitators.
- ❖ Only 31% schools have subject teachers, 17% have sports teachers and 36% schools have health and sanitation facilitators.
- ❖ Only 9% of schools are implementing SIP, 19% schools do not have SIP at all, 60% schools have developed SIP but not implemented.
- ❖ 64% schools have developed Teaching Learning Plans, while only 19% schools are implementing. 45% schools has developed TLPs but not implemented. 15 (36%) schools have not developed TLP at all.
- ❖ 50% schools have child club formed in their schools but only 7% of them are regularly conducting the meetings.
- ❖ Only 9% schools have resource teachers groups and only 1 group conduct regular meetings.
- ❖ None of the schools conducts regular meeting with teachers, parents and stakeholders while only 31% of schools conducts such meetings as per the need and 69% of the schools do not conduct such meetings at all.
- ❖ 26% schools are making use of Teaching Learning Materials and 64% are using it sometimes only. 10% of the school is not using such TLM at all.
- ❖ None of the schools have conducted mathematical assessment for measuring the learning competency of the children.
- ❖ Only 8% of the schools have separate learning corners.

- ❖ 92% of the schools have Parents-Teachers Association (PTA), but only 10% have regular meetings.
- ❖ 60% of teachers and 88% of students do not have knowledge on SGBV. In more than 50% schools, less than 10 students have any knowledge about SGBV, while in more than 85% of schools, the number of children having knowledge on SGBV do not exceed 50.
- ❖ 52% of the total students are girls and 9 schools have girls of age 12 and above. But none of these schools have disposal system of sanitary pads.
- ❖ Health posts are providing services like OPD services, ANC, Vaccine clinic, CBINCI, PNC, maternity, family planning, nutrition, and PHC.
- ❖ None of the surveyed health centers have doctors, staff nurse, Health Assistants (HA) or Lab technicians.
- ❖ Out of 6 surveyed health posts, 2 health post do not have electricity at all while three have solar electricity.
- ❖ 2 health post do not have drinking water facility, only 4 have such facility but not of them are child friendly or disability friendly.
- ❖ The major problems in health posts are lack of guest house, building, light, net, health staff, delivery bed, waiting bed, medicines, health materials and equipment, internet, water, waiting room, power backups, child friendly bathroom, etc.

### **Findings from FGD:**

- ❖ The average land holdings of each agriculture groups is around 101 ropani and average land holding of each farmer is around 4.5 ropani.
- ❖ In average, the crops production is sufficient only for 6-9 months
- ❖ The average annual income of the farmers is Rs 30000.
- ❖ The involvement of the parents in any meetings related to education such as PTA, parents association, stakeholders meeting or any other meeting is very rare.
- ❖ More than 90% of the parents do not have any knowledge about violence and abuse.
- ❖ 22% of the participants had received subsidies from government and non-government organizations such as plastic houses, bees and cash support upto 5 lakhs for agriculture purpose.
- ❖ Less than 2% had taken vocational training while none of them had developed their business plans.
- ❖ There is no availability of local markets to sell their products, therefore they had been selling their products from home only.
- ❖ Almost all of the participant recognizes the women health volunteer of their locality and almost 40% of the participants had received services from them.
- ❖ 16% of the participants/family member of the participants are the members of the mother's group. However, the meeting of the mother's groups are not conducted on regular basis but irregularly.
- ❖ Health camps are rarely held in communities. Only few members were aware of the health camps conducted in their locality.

## Contents

Summary Table .....	1
Executive Summary.....	2
Key findings.....	4
Findings from survey:.....	4
Findings from FGD: .....	5
List of tables and charts .....	8
Acronyms .....	9
Chapter 1.....	9
General background.....	10
Objective of the study.....	12
Scope of study.....	13
Chapter 2.....	14
Study methods .....	14
Review of the document.....	14
Finalization of survey tools .....	14
Sampling.....	14
Data collection procedure .....	14
Data entry and analysis.....	15
Chapter 3.....	16
Status of education, health and livelihood of Thatikandh Rural Municipality .....	16
Education: .....	16
Livelihood:.....	17
Health:.....	18
Chapter 4.....	21
Study findings.....	21
Education: .....	21
Demography:.....	21
Physical infrastructure: .....	23
Availability of facilities: .....	24
Human Resources .....	26
School governance and quality education.....	27
Availability and use of Teaching Learning materials (TLM): .....	29

Parents involvement at schools:.....	30
Trainings:.....	30
Knowledge on SGBV:.....	31
Girl’s Sanitation:.....	31
Health:.....	31
Demography:.....	31
Physical infrastructure: .....	32
Availability of facilities: .....	32
Available services: .....	33
Analysis of Focused group discussion:.....	33
General information: .....	33
Education: .....	34
Agriculture and livelihood:.....	34
Health services:.....	35
Chapter 5.....	36
Conclusion and Recommendation .....	36
Conclusion:.....	36
Recommendation:.....	38
Recommendation to schools .....	38
Recommendation to parents .....	38
Recommendations to local government.....	39



## **List of tables and charts**

**Table No 1: Population of ThatiKandh RM as per census 2011**

**Table No 2: Children at schools in FY 2077**

**Table No 3: Details of schools and students in Thatikandh RM**

**Table No 4: Details of Health posts and its human resources**

**Chart 1: Gender Ratio of students**

**Chart 2: Types of School**

**Chart 3: No of Building in Schools**

**Chart 4: No of Rooms in Schools**

**Chart 5: Type of Buildings And Rooms**

**Chart 6: Availability of facilities in Schools**

**Chart 7: Child Friendly Facilities in Schools**

**Chart 8: ECD sitting arrangement in Schools**

**Chart 9: Gender ratio of teachers**

**Chart 10: Status of SIP in Schools**

**Chart 11: Status of TLP in Schools**

**Chart 12: Status of Child Clubs in Schools**

**Chart 13: Resource teachers group in Schools**

**Chart 14: Meeting with teachers, parents and stakeholders**

**Chart 15: Use of TLM in Schools**

**Chart 16: Parents visit to School**

**Chart 17: PTA at School**

**Chart 18: Knowledge on SGBV among Students and Teachers**

**Chart 19: Types of Rooms in Health Post**

**Chart 20: Availability of facilities in Health Post**

## Acronyms

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwifery
ART	Antiretroviral Therapy
CB-INCI	Community Based Integrated management of Neonatal and Childhood Illnesses
CF	Child Friendly
CWD	Children with Disability
ECD	Early Child Development Center
EMIS	Educational Management Information System
FGD	Focus Group Discussion
HA	Health Assistant
HH	Households
HMIS	Health Management Information System
OPD	Out Patient Department
PHC	Primary Health Center
PNC	Postnatal Care
PTA	Parents Teacher Association
RM	Rural Municipality
SGBV	Sexual and Gender based Violence
SIP	School Improvement Plan
SMC	School Management Committee
TLM	Teaching Learning Materials
TLP	Teaching and Learning Plan
TPT	Teacher Professional Training

# Chapter 1

## General background

Thatikandh Rural Municipality is one of the 11 Palika of Dailkeh district which lies in the western region from headquarter of Dailekh district. The total area of the Rural Municipality is 88.22 square kilometers (34.06 sq mi) and the total population of the Rural Municipality as of 2011 Nepal census is 18,896 individuals. Thantikandh Rural Municipality was established in 2017 (2073 BS) as a local government of Nepal. The office of the Thantikandh Gaunpalika is located in Lakhandra, Dailekh district, Karnali Province of Nepal. Thantikandh Gaunpalika is surrounded by Chamunda Bindrasaini Municipality on the East, Aathabis Municipality on the West, Kalikot Rural Municipality of Kalikot district on the North and Chamunda Bindrasaini Municipality and Aathabis Municipality on the South. The total area of the Thantikandh Rural Municipality is 88.22 square kilometers (34.06 sq mi) and the population density of this municipality is 210/km<sup>2</sup> (550/sq mi). This Rural municipality is divided into 6 wards.

Out of total population of 18,896 male are 9389 and female are 9507. Ward wise population is presented below;

**Table No 1: Population of ThatiKandh RM as per census 2011**

Population segregation			
Ward	Male	Female	
1	1579	1570	3149
2	1387	1358	2745
3	1952	2017	3969
4	1346	1392	2738
5	1550	1618	3168
6	1575	1552	3127
Total	9389	9507	18896

Majority of the population of the Rural Municipality is Brahmin/Chettri ethnicity which covers 39.9% followed by others 28.2%, Dalit 27.8% and Janajati 4.7%. Similarly, 55.9% of total population is between the age group 0-19 whereas 38.1% is between age group 20-59 and remaining 5.8% is in age group 60+ (Palika Profile).

There are total 42 schools in the Rural Municipality; 4 at ward 1, 5 at ward 2, 8 at ward 3, 9 at ward 4, 8 at ward 5, and 8 at ward 6. Among them, 11 are basic schools (class 1-3), 18 are primary schools (class 1-5), 4 are lower secondary schools (class 1-8), 4 are Secondary schools (class 1-10) and 2 are higher Secondary schools (class 11 and 12). Besides, there are also 33 Early Child Development Centers (ECDs) in the Rural Municipality for children below 5 years of age. The recent data of the Palika shows the population of school going children of age group 0-19 is more than 10500, but the number of schools in the Rural Municipality is very less as compared to the population (Palika Profile). Various challenges related to education prevails in the Palika such as

lack of physical infrastructure, geographical remoteness and difficult topography, distance of schools, lack of awareness among parents, gender and caste based discrimination, poverty, new and innovative teaching methods, teaching materials, poor educational quality and learning environment at school and at home, etc which are prominently causing barriers to qualitative education in the Palika.

The Rural Municipality has 2 health posts, 2 community health units, Palika contains 2 health posts, 3 community health units, 1 PHC, 15 Community Vaccine clinics and 7 Birthing centers. There are no ART centers in the Palika. The human resources for health in Thatikandh Rural municipality includes 1 doctor, 1 HA, 16 ANM, 13 AHW, 2 lab assistant and 51 Women Health Volunteers. \ (**Source: Health Department, Thatikandh Rural Municipality**). Regarding the top 10 health issues of the areas include Gastritis, Pyrexia of unknown origin, headache, ART/ lower respiratory tract infection (LRTI), Upper Respiratory Tract Infection (URTI), Abdominal pain, Bronchial Asthma, Diarrhea, Typhoid and Scabies. In fiscal year 2076/77 total 2,35,00,000 NRs was allocated in health sector which is about 8.19% of total budget among which 72.8% budget was conditional, whereas 27.2% budget was unconditional. Budget per health facility per year was 11,071,428 and per person budget was 1,117 NRs.

The majority of people of this Palika are engaged in agriculture. Nearly, 85% people are engaged in agriculture as their major source of livelihood but are following traditional and subsistence method of farming. They lack knowledge on scientific methods of farming for increasing the production and productivity of land, there lacks modern tools and technologies for farming, and other facilities. The geographical remoteness, difficult land topography, poor infrastructures for road and transportation coupled with other multiple social and economic barriers are the causes for underdevelopment of agriculture sector. Thus, though more people are engaged in agriculture, the crop production is very low which could barely sustain them for nearly about 6 months. Nearly, 27% of population have food less than 3 months per year whereas only about 5% of people have year-round food availability from their own production and could sell some of their products. Seasonal migration to India for seasonal wage earning has developed as a prime source of economy of the rural community people. Nearly 40% of people age 15-50 are in India in informal sector as daily wage earners engaged some manual labor works (Palika Profile). Low production, lack of employment opportunities, poverty have compelled people to move to India as seasonal migrants for wage earning. After the global pandemic COVID-19, the workers of informal sector are the most affected people who lost their employment temporarily or permanently, and are compelled to return to the country without any earnings. In the first phase of COVID-19 only, it was estimated that around 600-1000 people returned from India losing their source of income.

Despite of these challenges, after the establishment of Local Government, the local government is prioritizing the agriculture sector with plans and programs for agriculture sector and increased budget allocation. The local government had identified some pocket areas for agriculture products and related policies has also been made. However, the proper implementation of the policies is yet to be done for reformation of agriculture sector. Nearly 36% of total population of the Palika are

youth, thus, development of agriculture sector for commercialization and increased production and productivity through technological innovation, training, availability of raw materials, infrastructure and market development are essential for the economic development of the Palika.

Therefore to address the issues related to education, health and livelihood of the Thatikandh Rural Municipality and to improve the educational, health and economic status of the people of the Rural Municipality, SOSEC Nepal is implementing the project “**Quality education enhancement, health and livelihood support in Thatikandh RM, Dailekh district**” in technical and financial partnership with AEIN Luxembourg in Thatikandh Rural Municipality from Sep 2021 to 31<sup>st</sup> Dec 2023.

The overall objective of the project is to empower children, women and youth of Thatikandh Rural municipality through access to quality education, health services and livelihood options. The overall objective of the project is supported by two specific objectives: i) Children of Thatikandh Rural Municipality have access to quality education and ii) Empowerment of women and youth through increased technical skills and livelihood opportunities. To achieve the specific objectives, the following results are devised in the project:

Results for SO1:

- R 1. Enhanced numeracy and literacy competencies (reading, writing and arithmetic) of the students in the targeted schools
- R.2. Community level collectives of parents, teachers, mothers and school management committee are capacitated

Results for SO2:

- R.3. Women, smallholder farmers and youth have access to knowledge and resources for livelihood improvement
- R.4. Youths of age group 18-35 from marginalized section of communities achieve gainful earning/employment through Technical/Vocational Skill Development
- R.5. People of the Palika receive quality health services with a particular focus on children and women
- R.6. Improved school health and adolescent girls’ health

### **Objective of the study**

The major objective of the study is to find out the issues and the data regarding the issues that are hindering the development of education institutions, health service centers and livelihood of the communities and groups. Specifically, this baseline study is conducted to find the overall status of the education, health and livelihood of the people of Thatikandh Rural Municipality to determine a baseline status so that the project can set its milestones and target for achieving through the project intervention. This baseline survey is conducted in accordance to the project objectives and results to set the values of its indicators. The specific objective of the baseline survey is as follows:

- To find of the status of physical infrastructure and facilities available at education and health centers of Thatikandh Rural Municipality.

- To identify the level of community awareness and involvement in education sector.
- To identify the issues and challenges related to education, health and livelihood of Thatikandh Rural Municipality.
- To find the status of education governance in the schools of Thatikandh Rural Municipality.
- To recommend probable actions taken by government, schools, and communities for improving the status of education, health and livelihood of the Palika.

### **Scope of study**

The study covers 42 schools, 6 health centers and 10 agriculture groups of Thatikandh Rural Municipality. The study covers the overall situation of education, health and livelihood of the Rural Municipality, level of community participation in development of these sector, needs, issues and challenges of the Palika related to these sectors.

## **Chapter 2**

### **Study methods**

This study uses a qualitative approach as well as quantitative approach to capture the issues regarding quality education, livelihood and of health sectors. The survey was conducted administering the set of questionnaires and guidelines, focusing on the indicators of the project logframe. The secondary information was collected through review of the documents while for the primary data collection, the methods used were administering questionnaires; in-depth interviews and FGDs; and field observation.

### **Review of the document**

The document review consisted of reviewing existing literature such as project documents (project proposal, log frame, reports, comparable work previously done by the organization, websites and Palika profile, census, EMIS, HMIS and other available data.

### **Finalization of survey tools**

As per the issues identified from the secondary sources, tools for survey were finalized. Separate sets of questionnaires were prepared for schools, health centers and communities. The questionnaire for survey conducted at schools consists physical condition of the schools, available facilities and human resources, status of school governance and quality education including community participation and the status of quality of education and child, gender, and disability friendly learning environment at schools. Similarly, the questionnaires for survey conducted at health posts consists physical condition and available facilities, services and human resources in health centers. The questionnaire for the agriculture groups included their knowledge and involvement in development and governance related to education, health and livelihood. The questionnaires were both open and close ended as per the need of the study.

### **Sampling**

The survey covered all 42 schools of the Palika. For health related survey, six health centers were selected out of 2 health posts, 2 community health units, 12 PHC, 14 EPI clinic, 7 Birthing centers, 1 microscopy center, 1 ART center and 3 TB center. Group discussion was carried out with 10 farmers group registered in Palika. The study covered all 6 wards of the Palika.

### **Data collection procedure**

Questionnaire was developed regarding the issue and its impact and through discussion primary data was collected. The questionnaires were prepared by the project team on the basis of the project objectives and logframe. The field staff were then trained on the data collection methods, questioning techniques for open and close ended questions, probing, methods of observation, noting the responses and additional information by respondent or through observation, child and gender sensitivity during the survey, etc. Then 6 field staff were deployed at the field level for collecting the required information.

**Data entry and analysis**

The data collected by the field staff were rechecked and verified for any missing information by the project staff. The data were cleaned and entered into the Excel Sheet as there was no need for sophisticated statistical analysis for the baseline study. Several tables and charts were generated from the data for analysing information at hand.



## Chapter 3

### Status of education, health and livelihood of Thatikandh Rural Municipality

Thatikandh Rural Municipality is one of the Rural Municipality of Karnali province. Karnali province is one among the seven province of Nepal which is low in almost all the development indicators, including education, health and livelihood. The literacy rate of the province is 62% with female literacy rate of 53% (census 2011). The multi-dimensional poverty index is 51.2% as compared to national average of 28%, which means more than half of the population falls below poverty line. The availability of all basic client service in health facilities of Karnali province is 52% as compared to national average of 62%. Only 14% of health facilities in Karnali Province have all equipment items considered basic to providing quality client services. The trend of four or more Antenatal Care (ANC) visit during pregnancy period in the province is 52% as compared to national average of 69% and still 64% childbirth delivery happens at home(NDHS 2016). Thus, the status of entire province is also reflected in the status of health, education and livelihood of the Rural Municipality. The status of education, health, livelihood at Thatikandh Rural Municipality of Dailekh district are briefly discussed below:

#### Education:

Although there are 42 schools with 33 of them having ECD learning centers in the proposed Palika, the number of secondary schools are only 6. Among them only 2 are +2 level. Number of students in those schools and ECD as availed by the Palika data are presented below:

**Table No 2: Children at schools in FY 2077**

<b>Children at schools</b>			
<b>Grade</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
G (0)	399	445	844
G (0) Basic	42	41	83
G1	625	561	1186
G2	344	364	708
G3	355	337	692
G4	280	310	590
G5	292	285	577
G6	331	302	633
G7	319	285	604
G8	312	292	604
G9	255	221	476
G10	222	189	411
G11	174	127	301
G12	97	84	181
<b>Total</b>	<b>3648</b>	<b>3398</b>	<b>7046</b>

The data of school children shows that, although the number of students is high in the basic level but it is gradually decreasing in higher level and have just reached 181 in grade 12. Similarly, the table shows that the number of girls is higher than that of boys. The EMIS data of the Palika shows that 5586 students were promoted to higher class from previous year while 720 repeated the class. 1408 were the new enrollment in different classes while students dropped out of schools are 345. This implies only 73% students are promoted to higher class, around 9% students repeats the class and around 5% students drops out of school.

The main reason for this source of income and poverty. Due to the poverty, children are compelled to drop out of their school and start seeking opportunity for income generation. So, to support their family and to be sustained in income as their parents, they also are compelled to migrate to India for wage earning which is mostly seen in Dalit community. Along with this, child marriage is also commonly seen in the community, which is one of the significant reason for discontinuation of education among young children, and especially of girls.

Beside this, talking about facilities of the schools, out of 42 schools there are only 34 toilets, only 25 toilets are separated for girls as girl's toilet, 22 school provide Midday Meal Facility, only 29 schools have drinking water while only 1 school has electricity. No school of the Palika has internet facility and Extra curriculum activities. Only 1 school provides science lab whereas 3 schools provide computer lab. Out of 42 schools only 5 schools provide library service. (*Source; education department Thatikandh Rural Municipality*). Regarding these facts, it can be said that, the basic facilities provided in the school is very low. Similarly, the quality of education is also seen to be very low. As there are no private schools, all the children are dependent on those Government schools where the quality of education is seen to be very low. Non-regularity of teachers, lack of knowledge and dedication of teachers on updated courses, poor facilities and learning environment in schools, unawareness of parents for the education of their children are the major issues that is hindering the quality education in the schools.

### **Livelihood:**

Although agriculture sector is the prime source for livelihood for most of the people of the Palika, but due to low production rate and nearly 27% people have production less than for 3 months, people are compelled to have another source for their living. Although, livestock raising could be the option for the Palika, it is also seen to be done at traditional way for their own without much scope of income generation. Commercial way of livestock rearing is not visibly practiced in the community. Due to lack of opportunities in their own Palika and awareness, people are migrating to India for wage earning which has somehow made them independent but still with this some issues are also created such as transfer of diseases, brain drain in the community, violence in the family and community, child marriage, gender inequality etc. The recent COVID-19 crisis has also affected the livelihood of the people as they lost their employment opportunities and income significantly, pushing them further into poverty. The baseline study also found out the average yearly income of these farmers is around Rs 30000. The major issues of the livelihood in the communities of proposed Palika are discussed below:

**a. Youth Migration:** Due to poor economic condition, unemployment, vulnerable livelihood, unproductive land, geographical topography etc. youth of the rural areas are migrating to India or other countries and cities for wages in wide range day by day with the expectation of survival. As per the census 2011, out migration of Dailekh district is 21% and stands at the top for the out migration. Most of the people migrate to Surkhet, Nepalgunj and other big cities for permanent resident whereas, mostly to India and other countries for wage earning from these districts. This wide range of migration has led to the brain drain problem in the community. Only small children and old men remain in the community who are helpless.

**b. Disasters, vulnerabilities and risks:** Landslides, flood, windstorm, drought and hailstorm are the major disasters that increase the extent of poverty in the Palika. Malnutrition, undernourishment and diarrhea epidemics are also sometimes prevailed in the community. Landslide mainly during monsoon has affected more than 40 HHs of a community in 2020. All those people were compelled to leave their community which contributed to their poverty.

**c. Food insecurity:** Due to unproductive land, proper knowledge and technology, traditional farming, lacking facility of irrigation and feminization of agriculture, most of the communities are facing food insecurity. This problem is seen major in the Dalit community. This problem has led to increase in the workload of family especially women who have to work more degrading her health for living. According to the record 55% (Source: Province Data 2075) in average households of three districts (Kalikot, Achham, Dailekh) have food available only for up to 3 and 6 months. The risks of food insecurity have increased over recent years as the natural disaster and changing climatic conditions damages agricultural lands and crops, destroyed household properties, reduced the employment opportunities, and increased price of the food items.

**d. Feminization of agriculture due to increasing migration:**

Insufficient year-round employment opportunities in agriculture and food insecurity for above three months from own production have resulted in migration of more than 40% of men of age 15-50 to India for search of work. This has resulted in increased responsibilities of women to feed and take care of children and old people and be involved in all agricultural production activities.

**e. Child Labor:** Child labor is also seen in the rural communities of Palika which is basically due to poverty. They are compelled to leave their education and work for an income. Children aged between 12-18 are seen to be migrating to India for earning with their parents which is seen more to be more boys. Beside this, they also seen to be travelling to Surkhet, Nepalgunj and even to Ktm for earning and supporting their family. Due to their qualification, they are found to be working as conductor (Bus assistance), cleaner at hotel and restaurants and even as servants in rich people's home.

**Health:**

Health is considered as a basic need and facility that is to be ensured by Government but still this sector is seen to be improved in the proposed Palika i:e Thatikandh Rural Municipality. Palika

contains 2 health posts, 3 community health units, 1 PHC, 15 Community Vaccine clinics and 7 Birthing centers. There are no ART centers in the Palika. The human resources for health in Thatikandh Rural municipality includes 1 doctor, 1 HA, 16 ANM, 13 AHW, 2 lab assistant and 51 Women Health Volunteers. Around 21300 population are benefitted through these health centers. The ratio of health workers to the population is 1:1185. Till date, around 15000 people have taken services from the health centers including 8469 women and 4777 Dalit. (*Source: Health Department, Thatikandh Rural Municipality*) Despite other, it is seen that number of health posts considering the total population seems to be very low. 1 PHC has been developed to a hospital in the Palika but still the human resources and physical infrastructure and equipment are insufficient.

Due to low health facilities provided in the Palika and community people are compelled to visit the District hospital in very minor cases whereas get referral to Nepalgunj hospital and even to Kathmandu for serious cases. People basically are seen to be having treatment in India for major cases as the distance to India is very short than that of Kathmandu. Due to the lack of this basic facility of health people are compelled to waste their huge money on travelling beside treatment which has also contributed in their poverty rate. The health facilities in those health institutions are also seen to be very low. Some of the major issues of health institutions are discussed below

**a. Absence of health workers:** As the areas are rural areas, health workers are not seen to be regular in their institutions. It is due to low level of monitoring by Local Government and proper policy. As community is rural such qualified persons are basically from outside who took off formally or informally and take leaves which causes patients trouble on having services.

**b. Unavailability of medicine:** In most of the health institutions it is seen that there is unavailability of medicine. Medicines in those institutions are to be provided by Government but due to lack of resources, planning and management there seems to be scarcity. No proper planning is seemed to be made for pandemic which was observed in the period of COVID -19 from 2020 till now. Health institutions lack thermal gun for fever checkup, sanitizers and masks for prevention of virus, medicines and even water for use in the pandemic. Such health institutions were supposed to provide service to patients using these materials but unfortunately, health workers of those institutions were running out of these materials so, were scared of providing treatment to patients. In the time of pandemic of loose motion some years ago also no medicine was available in the health institutions which caused loss of many lives in nearing district Jajarkot. Still the health institutions of the Palika lack medicine and necessary materials and equipment for treatment which has hindering the services.

**c. Regular checkup of patients:** Beside immunization program run by Nepal Government no other regular health checkup activities are organized by Palika. In some places through coordination with developing agencies health camps are organized but still this also lack in proposed Palika.

**d. Infrastructure of health institutions:** Still today most of the health institutions do not have well and sufficient infrastructure to deliver the service. As the Palika is still out of electric grid so,

most of the health institutions lacks electricity which is the basic need for providing service. Due to this, health service in emergency of night time is affected. Beside this, drinking water, garbage management system, proper rooms and beds for patients are also lacking in those institutions.

**e. Doctors not willing to stay:** Although Palika has sanctioned 1 post for doctor but it remains vacant for most of the time. It is because doctor do not want to stay in such rural areas. After being qualified as a doctor he/she seeks opportunities for better earning and living in urban areas and big cities. So, in such rural areas they won't be available which has also caused problem in health service. Nepal Government have applied a policy for doctors to provide minimum 1 year service at Rural areas but in those time, they are seen to be mostly on leave. After the period of their contract, they returned to big cities and urban areas for better income and living and the process of new appointment of doctors takes many years as doctors are very limited in Nepal and those are very mostly rare of Nepal Government employee doctor.

**f Awareness of community people:** This stood as one of the greatest issues regarding health. Although education rate has been increased gradually but still most of the elderly people who are the head of family now are illiterate. They still have beliefs on superstitions and follow them so, in the time of treatment they rather visit health institution. Beside this they prefer to visit and have treatment from Dhaami and Jhakri which could risk their lives. Similarly, people are also unaware of their own health. Lack of proper sanitation, nutritious food, care of children, proper motherhood, breastfeeding, care and treatment during pregnancy is also seen in the community.

**g. Limited capacity of Health Worker:** Although health is considered as a basic need of a people but still no proper steps are formulated by Nepal Government. Although it seems to be same on every part it can be more observed in Rural Areas like Thatikandh where health workers are limited as well as their capacity. No any capacity enhancement training is provided to them which has made hard enough to think about quality service from them. With limited source and capacity, they are not been able to provide service of this time. Health post is seeming to be operating by ANM who have limited skill for treatment so the major issues can be identified as limited capacity of health workers as well.

## Chapter 4

### Study findings

#### Education:

#### Demography:

The study was conducted in 42 schools of Thatikandh Rural Municipality of Dailekh district. The name and number of students and teachers in each school is as follows:

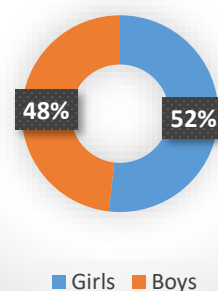
**Table No 3: Details of schools and students in Thatikandh RM**

S N	Name of School	Total	Bo y	Gi rl	CW D	Total Student on ECDC	Teache rs
1	Khatigaun Bal Bikash Kendra	30	16	14	0	30	1
2	Shree Gangalal Aadharbhut School Kpsedi	115	53	62		27	3
3	Suryadaya Aadharbhut School	106	50	56	0	0	2
4	Deulgan Balbikas Kendra	24	12	12		24	1
5	Shree Dhaulabada Aadharbhut School	79	34	44	1	16	3
6	Shree Suryaudaya Aadharbhut School	48	18	30	0	26	1
7	Shree Malika Mavi	491	21 5	27 6	0	34	20
8	Shree Sidartha Aadharbhut School	85	45	40	0	0	3
9	Shree Nandadevi Aadharbhut School	134	64	67	3	0	3
10	Shree Jana Aadharbhut School	170	10 3	67	0	0	4
11	Shree Balkalyan Aadharbht School	163	83	85	0	36	9
12	Shree Janata Aadharbhut School	98	42	56	1	27	1
13	Shree Chuli Aadharbhit School	127	53	74	0	30	3
14	Saraswoti Aadharbhut School	79	40	39		17	5
15	Nepal Rastriya Aadharbhut School	354	19 4	16 0	0	30	9
16	Mahadev Aadharbhut School	96	45	51	0	25	3
17	Shree Mangal aadharbhut School	45	17	25		0	2
18	Shree Sangam Aadharbhut School	69	39	30	4	22	3
19	Shree Shirjana Aadharbhut School	42	24	18	0	0	3
20	Shree Durgadevi Aadharbhut School	66	32	34	1	0	3
21	Shree deauty Mavi	573	25 9	31 4		20	10

22	Shree Bhawani Mavi	640	30 1	33 9	0	16	19
23	Shree Krishna Aadharbhut School	199	98	10 3	0	22	8
24	Shree Himalaya Balbikash	31	15	16	0	31	1
25	Shree Jana Aadharbhut School	154	78	82	0	34	5
26	Shree Shiva Aadharbhut School	22	14	8	0	0	1
27	Kalika Aadharbhut School	92	44	48	2	0	2
28	Shree Dasarath Mavi	396	19 7	19 9	2	34	11
29	Shree Baageswori Aadharbhut School	157	58	99	1	30	3
30	Shree Sharswoti Aadharbhut School	90	53	37	0	17	2
31	Shree Malika Mavi	464	21 5	24 9	5	21	16
32	Shree Ramchandra Aadharbhut School	72	29	43	0	36	3
33	Shree Satyadevi Aadharbhut School	280	14 0	14 0	3	45	8
34	Deauti Aadharbhut School	45	22	23	0	16	2
35	Shree Kalika Aadharbhut School	96	55	41	1	29	4
36	Shree Sukra Aadharbhut School	84	53	31	0	20	4
37	Bhagwoti Aadharbhut School	113	47	66	0	32	3
38	Shree Janata Aadharbhut School	146	82	64	1	38	4
39	Aadarsha Aadharbhut School	123	58	65	0	29	4
40	Krishna ma vi Thatikandh	1169	52 2	64 7	0	0	20
41	Dharmabhakta Basic School	191	92	99	0	31	7
42	Nepal Rastriya Aadharbhut School	101	43	58	0	26	4

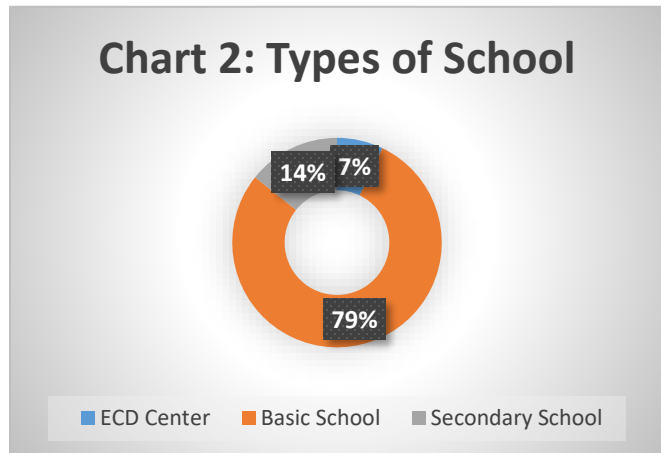
There are a total of 7659 (4011 girls) students in these 42 schools out of which 871 (11%) are in ECD centers. The average number of schools per children is 182 per schools with the least of 24 students to maximum of 1169 students per school. The average number of children in ECD class is 26 ranging from 15-45 students per class in these schools. The percentage of girl children is more than 52% of total students.

**Chart 1: Gender Ratio of students**



There are also 25 children with disabilities in 13 schools.

The study included schools from Early Childcare Development Centers, Basic schools and secondary schools. The study covered various aspects of these schools including physical infrastructure, available facilities, human resources, number of students, availability of the School Improvement Plan (SIP), Teaching Learning Plan (TLP), availability and activeness of child clubs, resource teachers groups, School Management Committees (SMC) and



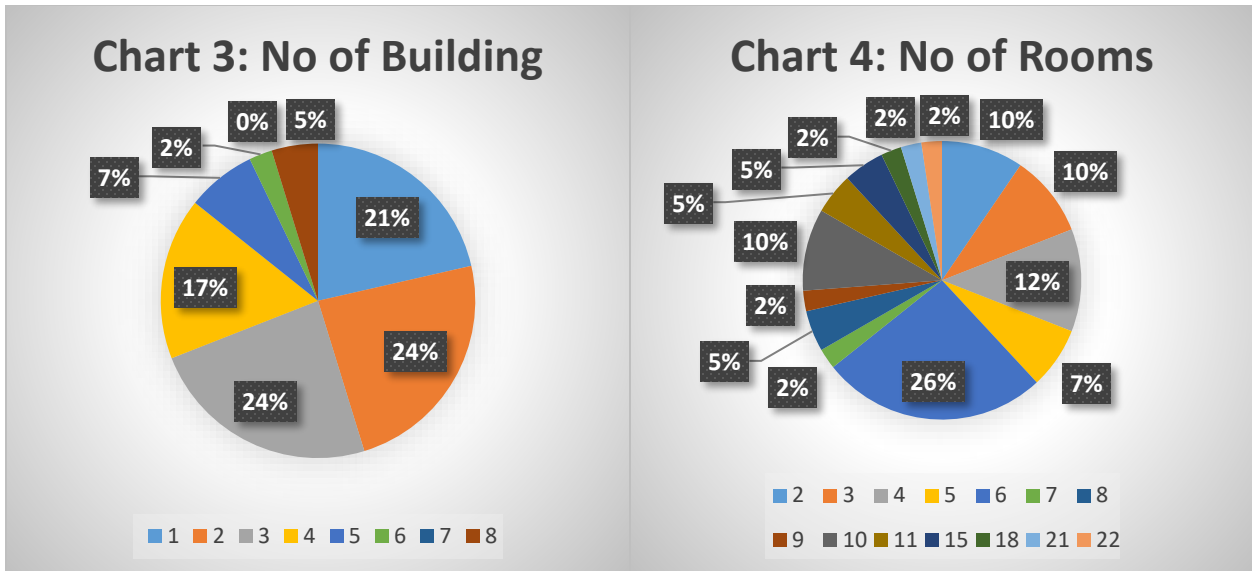
(Parent Teachers Associations (PTA), availability and use of Teaching Learning materials, training to teachers, knowledge on Sexual and Gender Based Violence (SGBV) and girls sanitation.

### **Physical infrastructure:**

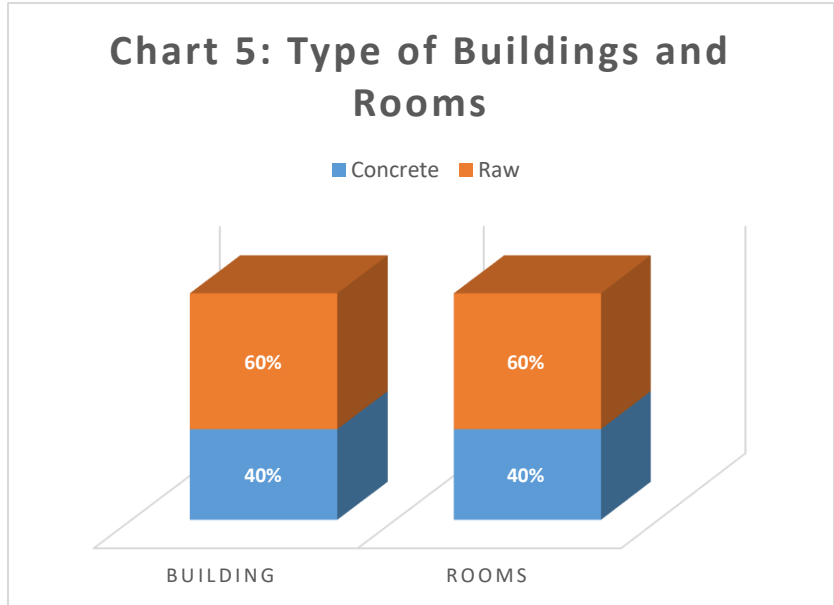
The study conducted the survey of the physical infrastructure of the schools including the number of buildings and rooms, availability of reading rooms, types of building and rooms. Out of 42 schools, 23% of the schools have only one building, 26% have two buildings, 20% have three buildings, 18% have four buildings, 8% have five buildings, 2.5% have six and eight buildings each. Generally the ECCD centers and basic schools have lower number of buildings whereas the secondary schools have more number of building.

Similarly, the number of rooms also varied widely among the schools ranging from 2 to 22 rooms. The percentage of schools with two and three rooms is 10% each. 13% of schools have 4 rooms, 8% have 5 rooms, 23% have six rooms. 2% have seven rooms, 5% have eight rooms, 3% have nine rooms, 10% have ten rooms, 5% have eleven rooms, 5% have fifteen rooms, 3% have eighteen rooms and 3% have twenty-two rooms. The number of building and the number of rooms are directly related as the number of schools with more building have higher number of rooms.



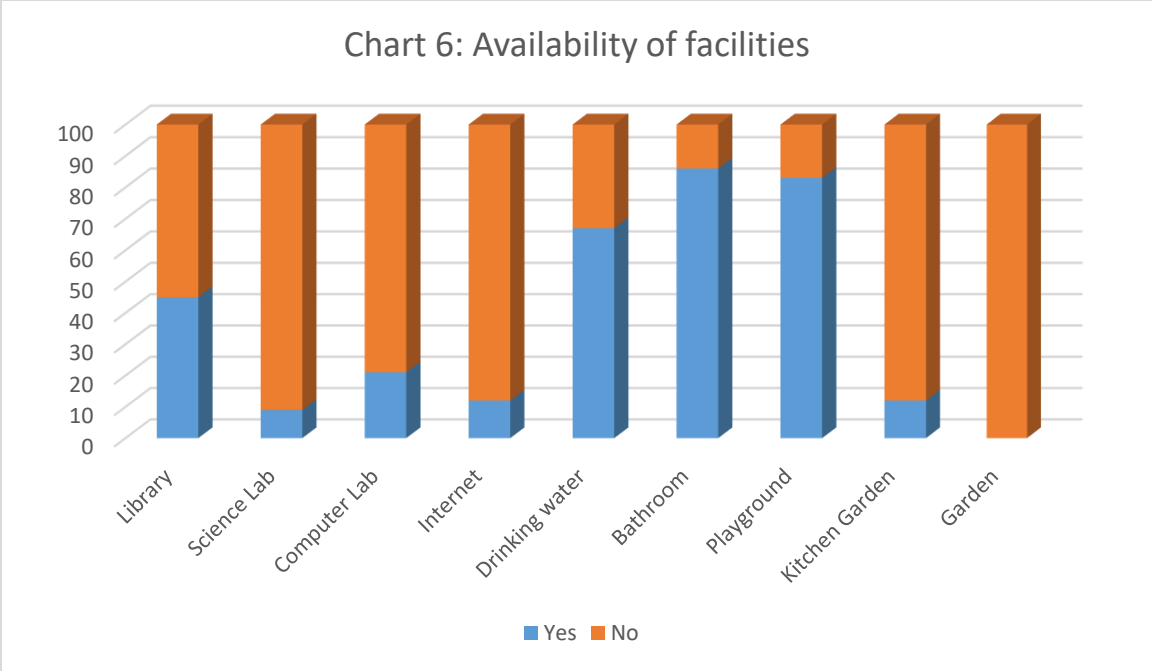


There are a total of 124 buildings and 306 rooms in these 42 schools. Out of 124 buildings 49 (40%) are concrete buildings whereas 75 (60%) buildings were raw buildings made of brick, wood, mud, etc. Similarly, out of 306 rooms, 123 (40%) rooms are concrete made and 183 (60%) are raw. Out of total 306 rooms 214 (70%) rooms are used for teaching.



**Availability of facilities:**

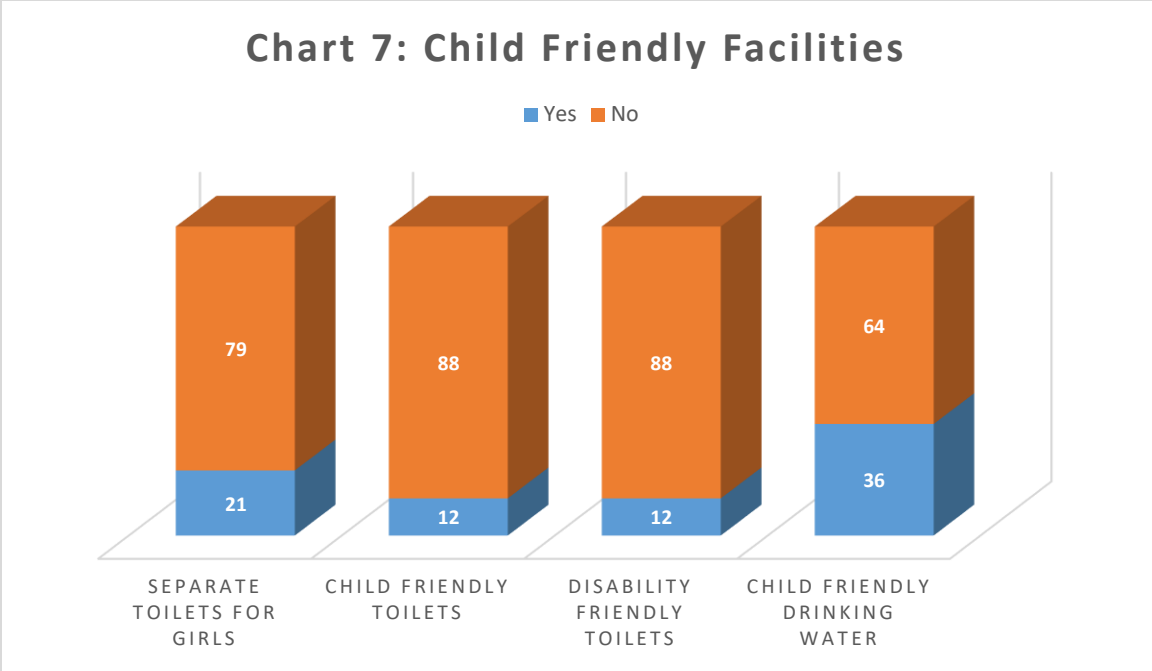
The survey also studied the availability of the facilities such as library, computer lab science lab, internet, drinking, water, separate and child friendly toilets, playground, kitchen garden, garden, sports teacher, and health and sanitation facilitators. These facilities are the pre-requisites to enhance the quality of education and creating the child friendly learning environment at schools. These facilities are important not only for the education development but also for the physical, mental and congenial development of a child. Out of 42 schools, 45% have library, only 9% have science lab, 21% have computer lab, 12% have internet facilities, 67% have drinking water, 86% schools have toilet, 83% schools have playground, and 12% schools have kitchen garden. None of the schools have garden.



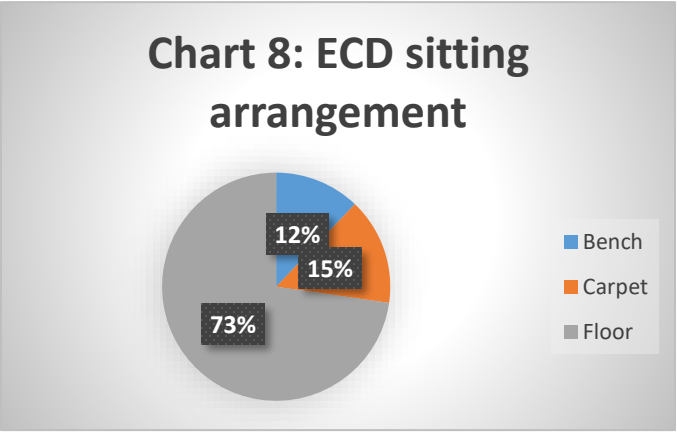
The above chart shows that most of the schools lacks essential infrastructure for basic facilities and pre-requisites which is hampering the qualitative child friendly learning environment at schools. The status of the facilities such as library, science and computer lab, internet, sports teacher, health facilitators is very poor in the municipality and most of the schools lacks these facilities. Some schools even lacks most basic facilities such as toilet, drinking water and playground.

14% of the schools do not have toilet at all. In the schools where there is toilet, in most of the schools, there is no separate toilets for girls, and the toilets are not child friendly or disability friendly. Out of 42 schools, 14% have no toilets at all, only 21% schools have separate toilet for girls, 12% are disability friendly and 12% are child friendly. So, it is seen that though schools have toilets, the children are facing challenges in proper use of the toilets. Lack of separate toilets for girls and child friendly toilets are one of the significant cause for irregular attendance and discontinuation of education especially of girls, small children and children with disabilities.

Similarly, 33% of the schools do not have drinking water and 31% have drinking water facility but are not child friendly. That means, only 36% of schools have child friendly drinking water facilities.



Out of 42 schools, 33 are also operating ECD classes. The study included sitting arrangements of the children in ECD classes. For the sitting arrangement of the children in ECDs, some of the schools have benches, some are using the carpets while some school do not have any facilities and children are sitting on ground only. Out of 33 ECDs, 4 schools have benches for students to sit while 5 schools have carpets. 24 of these schools lacks any sitting arrangements and children are sitting on floor.

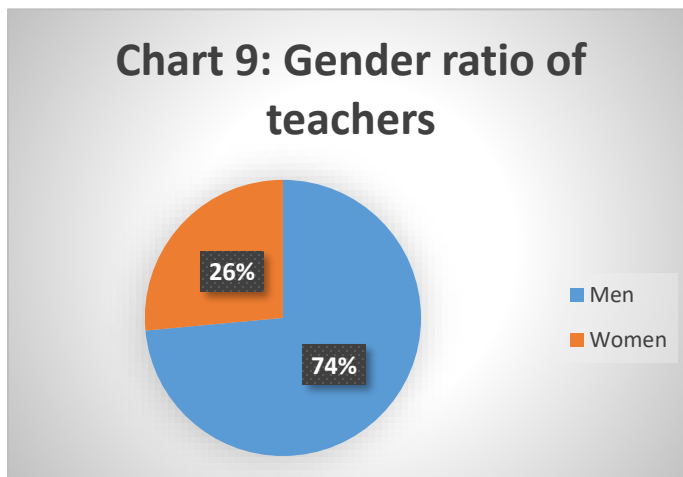


The average student room ratio is 36, which means in average, the number of students per class is 36. But the number of students per class varies in different schools ranging from 7 to 78. This shows the lack of infrastructure in some of the schools.

**Human Resources**

Qualitative and sufficient human resources is one of the important prerequisite for quality education. The quality of the teaching depends upon the factors such as number of teacher,

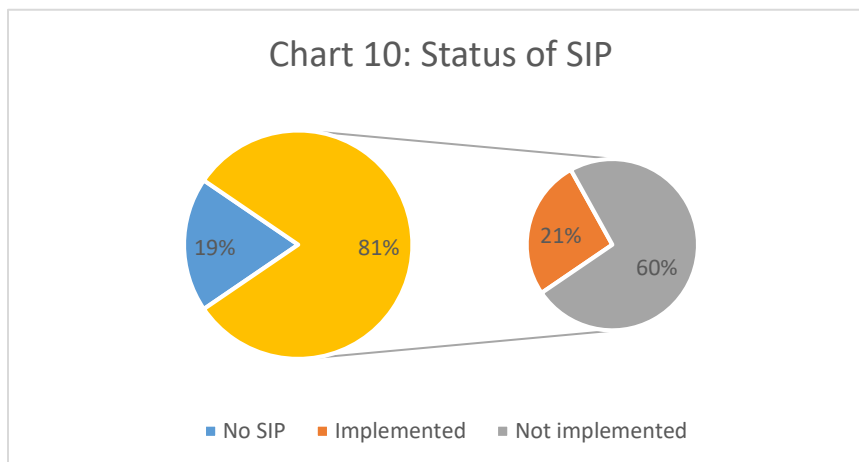
availability of subject teachers, student teacher ratio, trained teachers, etc. There are 223 teachers including the facilitators and the subject teachers in 42 schools. The survey shows that the average student teacher ratio in the municipality is 34 whereas the huge discrepancy is seen in the student teacher ratio in different school ranging from 15 to 98. Higher number of students per teacher, the quality of education seems to declines. Thus, it is essential for the schools to



maintain suitable student teacher ratio. But in Nepal, there lacks sufficient number of teachers which can also be replicated in this study, showing high number of student per teachers in most of the schools. The number of female teachers is also comparatively low in the schools. Only 26% of the total teachers are women and almost half of the women teachers are ECD facilitators. The number of subject teachers also seems to be very low. Only 30% of the total teachers are subject teachers. Only 31% of 42 schools have subject teachers, 17% have sports teachers and 36% schools have health and sanitation facilitators. This shows the insufficiency of the adequate human resources.

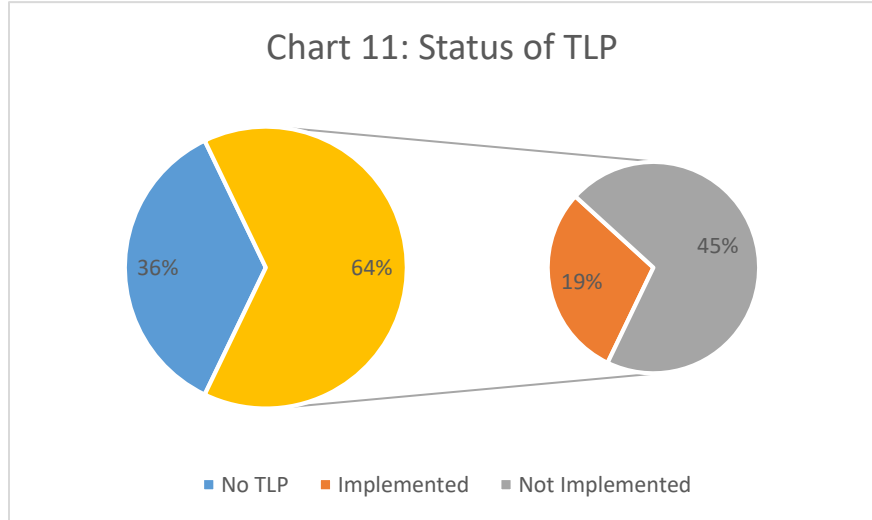
### School governance and quality education

School Implementation Plan (SIP) is a mandatory arrangement for every school so that the schools set their targets for improvement and act accordingly. SIP are implemented for maintaining and improving the quality of education and learning achievement and improving the learning

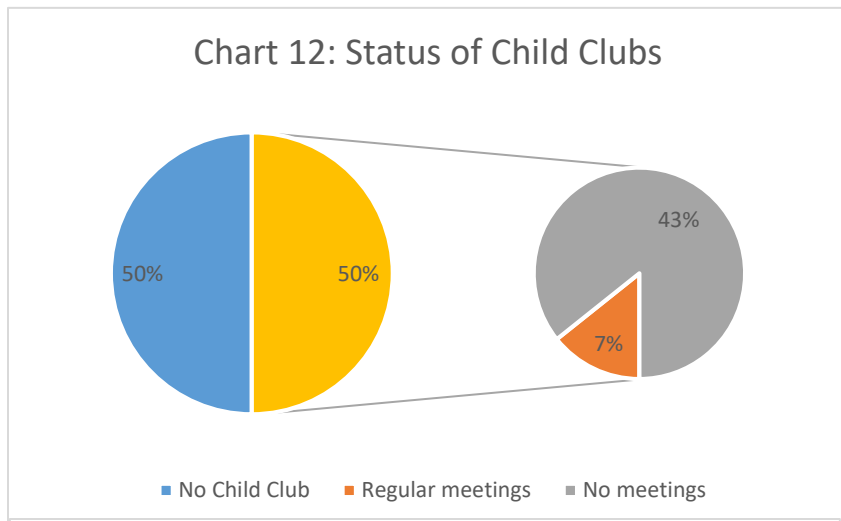


competencies among students through their educational, physical, mental and cognitive development. But generally, it is seen that SIPs are developed only to complete the mandatory process and to get the benefits from the government. However, they are not implemented and even most of the teacher do not have any information about SIP. In the survey, it was seen that out of 42 schools, 8(19%) schools do not have SIP at all. In another 25(60%) schools, SIP is developed but not being implemented. Thus, SIP is being implemented in only 9(21%) schools.

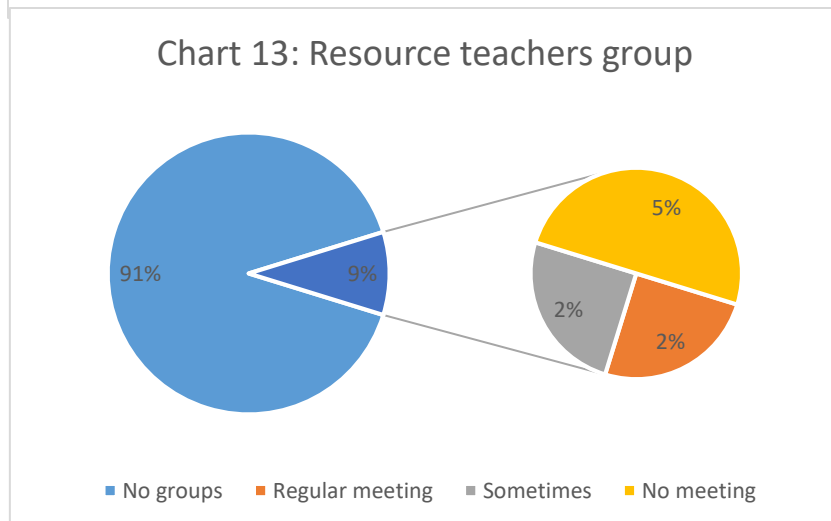
Similarly, Out of 42 schools, 27 (64%) schools have developed Teaching Learning Plans, while only 8 (19%) schools are implementing the TLP whereas 19 (45%) schools has developed TLPs but not implemented. 15 (36%) schools have not developed TLP at all.



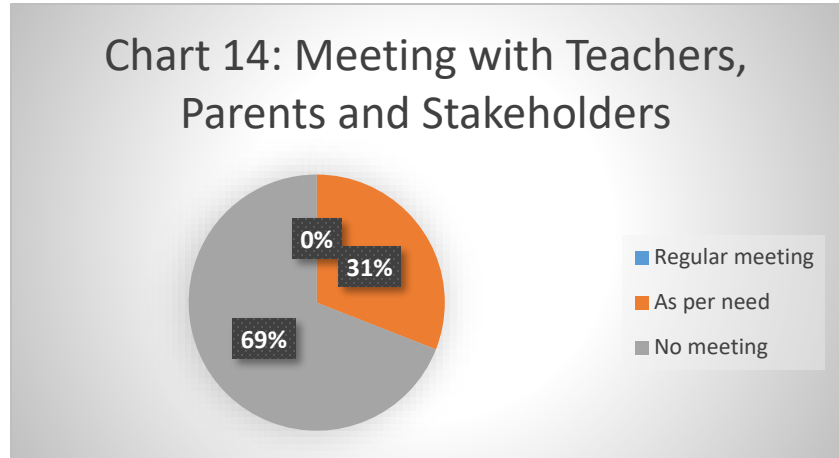
Child club is also one of the important component of school governance. Child clubs can be effective for overall development of the children providing them opportunity to explore their talent and capacities, they can discuss on the issues within schools for healthy and child friendly learning environment at school, ensure child participation in school governance and reduce violence and conflicts in schools. The survey shows that out of 42 schools, only 21 (50%) schools have child club formed in their schools but only 3(7%) of them are regularly conducting the meetings whereas in rest 18 (43%) schools, the groups are inactive.



Only 4 (9%) of the schools have resource teachers groups out of which only 1 (2%) conduct regular meetings and 1 (2%) conduct meeting sometimes whereas 2 (5%) groups do not conduct meeting at all. Rest 91% of the schools do not have such resource teachers groups.

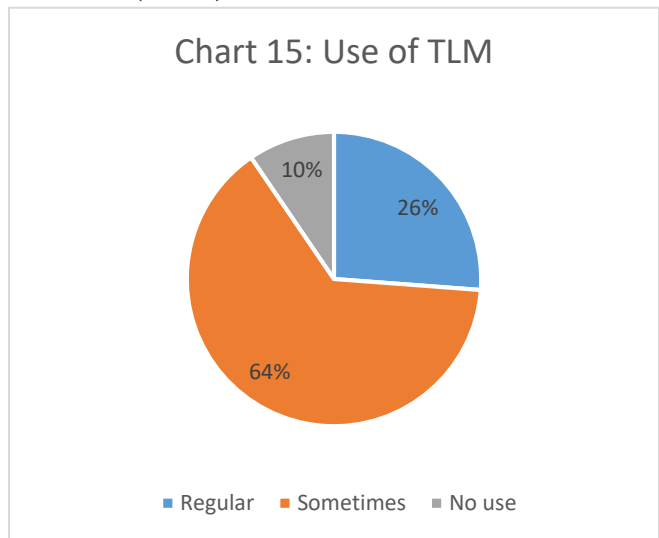


The schools have less provisions of meeting with teachers, parents and stakeholders. None of the schools conducts regular meeting while only 31% of schools conducts such meetings as per the need. 69% of the schools do not conduct such meetings at all.



**Availability and use of Teaching Learning materials (TLM):**

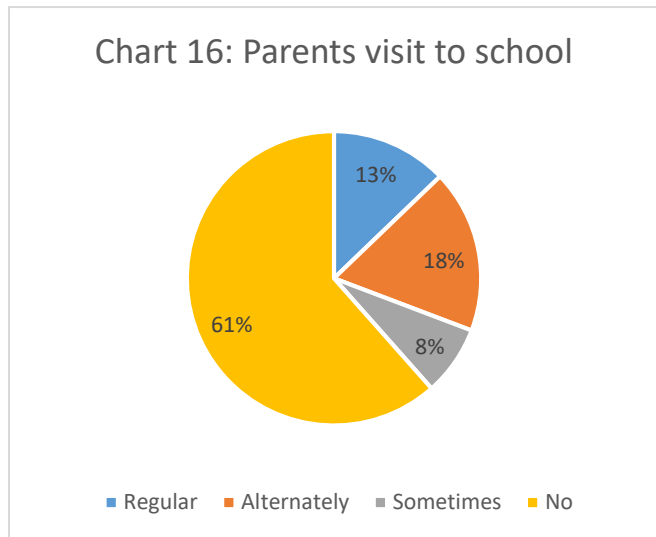
All of the 42 schools have some sort of teaching learning materials. Most of the available TLM are posters, charts, educational materials and locally available and cheap materials. Some of the schools also have story and poem books, globe, geo-board, coin, audio-visual materials, mathematical materials, word card, clock, wooden materials, science materials, etc. Though all the schools have such materials with them, most of the schools only use basic materials such as poster and charts and other materials are rarely used. The survey showed that only 26% are making use of TLM and 64% are using it sometimes only. 10% of the school is not using such TLM at all. Even though the schools are using the materials, the observation of the field staff showed that the full utilization of such TLM are still in question.



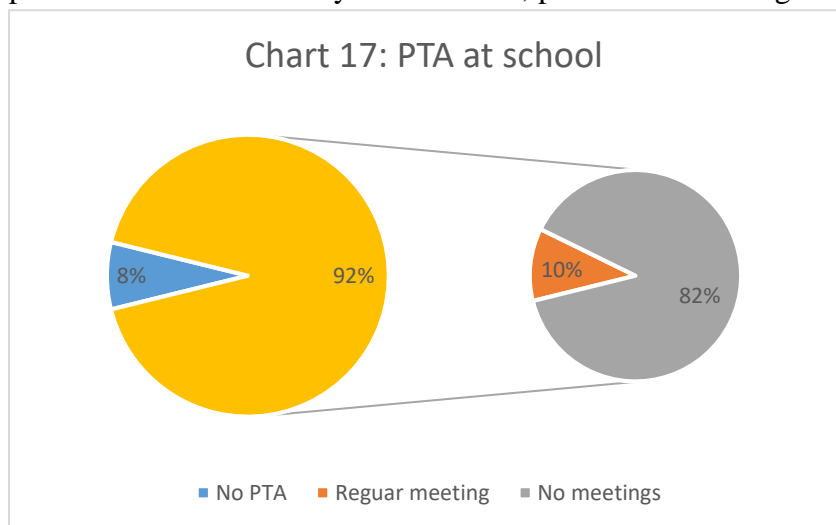
Likewise, none of the schools have conducted mathematical assessment for measuring the learning competency of the children. Only 8% of the schools have separate learning corners.

**Parents involvement at schools:**

The involvement of parents is one of the important component to monitor the quality of education in schools. Parents should have regular visit to school and interact with the teachers and school management they are aware of the progress and challenges of their children. The regular visit of parents to schools can make them aware of the status of education in schools, teaching quality, regularity of the students and teachers, specific challenge of their children and they can consult with the teachers on the support to be provided at home to improve the learning achievement of their children. But the survey shows very less schools creating an environment for regular visit of parents to schools. In only 13% schools, parents conduct regular visits to schools whereas in 8% schools, the parents conducts visit sometimes and in 18% schools parents alternatively visit schools. In 61% of the schools parents do not visit school at all.



92% of the schools have Parents-Teachers Association (PTA), but the regular meeting of the PTA is not conducted in most of the schools. Only 10%



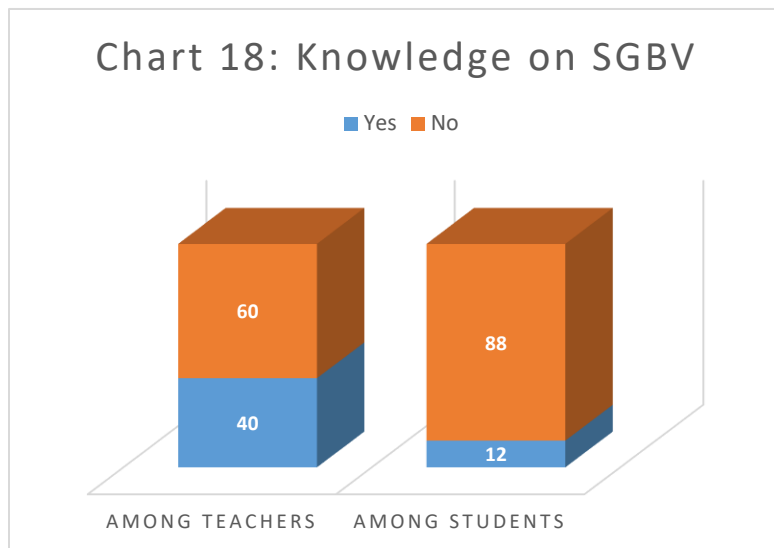
of the schools have regular meetings of PTA while rest sometimes holds PTA meetings. 75% are involved in design implementation of PTA.

**Trainings:**

The schools seems to be quite poor in terms of training. Only one of the school has provided training to School management committee and child friendly training to teachers. Most of the schools are in need of various trainings that includes, child friendly training, professional trainings, teachers training, training on new model curriculum, English language training, Psychology training, subjective training, teaching and learning provision training, Teachers Professional Training (TPT) regular assessment training, multi class teaching, capacity development training, training on Accounts, Math, English, etc to teachers, facilitators and head teachers.

**Knowledge on SGBV:**

The knowledge on sexual and gender based violence at school among teachers and students helps to prevent SGBV at school and also encourages teachers and students to raise voice and stand against such violence. Out of 223 teachers only 40% have some knowledge about violence. 60% teachers do not have any information about such violence. The knowledge of SGBV among the students is even lesser. Out of 7659 students, only 12% have some information about SGBV. 88% of the students do not have knowledge at all. In more than 50% schools, less than 10 students



have any knowledge about SGBV, while in more than 85% of schools, the number of children having knowledge on SGBV do not exceed 50. This shows the lack of training and awareness on SGBV among the students which is making them prone to violence, exploitation, harassment and assaults at school, communities, home and any other places.

**Girl’s Sanitation:**

Out of 42 schools 30 schools do not need sanitation pad support from local government as all the girls are below the age of 12 who do not need sanitary pads. In only 9 schools, there are girls aged 12 and above who are at the menstrual age group. The girls of menstrual age group are receiving sanitary pad from local government. All the girls of the 9 schools said that they required sanitary pads. Though more than 50% of the girls in these schools are girls, there is no disposal system of sanitary pads in any of the schools.

**Health:**

**Demography:**

The study was conducted in 6 health posts of Thatikandh Rural Municipality of Dailekh district. There are a total of 8 AHWs, 10 ANMs, 36 women health volunteers and 6 other staffs working in these health centers. None of the health centers have doctors, staff nurse, Health Assistants (HA) or Lab technicians.

**Table No 4: Details of Health posts and its Human Resources**

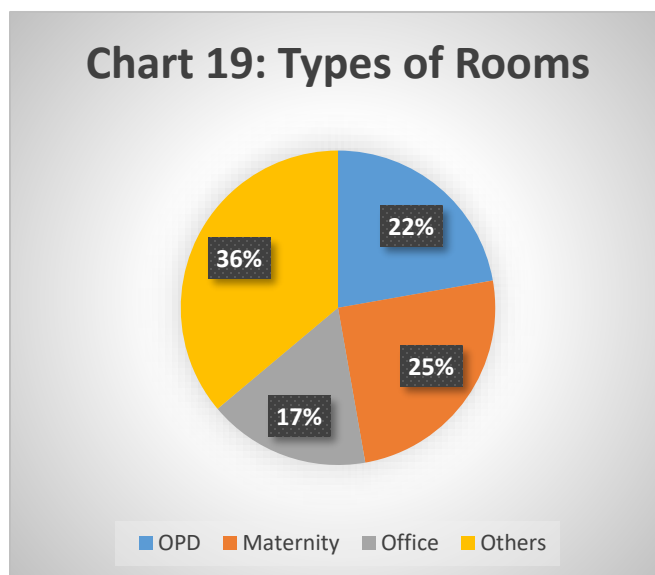
S.N.	Organization Name	Aheba	ANAMI	Women Health Volunteer



1	Tolijaisi Health post	2	2	8
2	Bisaala Health Post	2	1	11
3	Gore Gaun Health Post	1	2	6
4	Baahakot Health post	1	2	0
5	Pyaduli basic health post	1	2	10
6	Angaldada basic health post	1	1	1

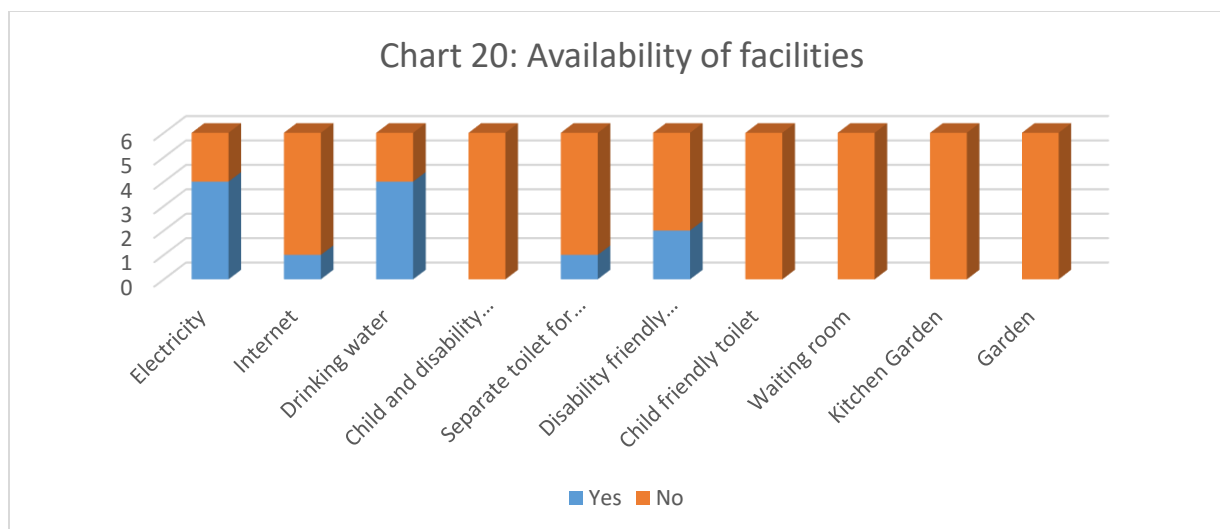
**Physical infrastructure:**

The study conducted the survey of the physical infrastructure of the health posts including the number of building, number of rooms, number of rooms of OPD, maternity and office. Each of the health post have 2 buildings each making a total of 12 buildings. Two of the health posts have only three rooms while two have six rooms and two health posts have nine rooms. Except for one health post, all the health post have 1 room for OPD. One of the health post have 3 rooms for OPD. Three health post have one room for maternity while other three have two rooms for maternity. All the health post have one office room. None of these health post have room for lab test and computer lab, neither have human resources and other pre-requisites for such facilities.



**Availability of facilities:**

Out of 6 health posts, 2 health post do not have electricity at all while three have solar electricity. Only one health post is connected to electricity. Similarly, only one of the health post have internet connection. Out of 6 health post, two health post do not have drinking water facility, only 4 have such facility but not of them are child friendly or disability friendly. Out of 6 health posts, 5 of them have extra toilets for girls, two of them have disability friendly toilets while none has child friendly toilets. There is no provision of waiting room for the patients and visitors in any of the health post. There is no kitchen garden and garden in any of the health post where there are dumping pits in all six health posts. The scenario shows that the health posts lacks basic facilities and need a significant improvement in terms of such facilities. Lack of such facilities could affect the well-being of the service seekers and the service providers as well.



**Available services:**

Most of the health posts are not conducting the school health activities. Only one health post is running school health activities quarterly. Other services being provided by the health posts are OPD services, ANC, Vaccine clinic, CBINCI, PNC, maternity, family planning, nutrition, and PHC. The health posts are suffering from various problems relating to human resources, facilities and services, physical infrastructure and so on. The major problems pointed out by the health posts during the survey are lack of guest house, building, light, net, health staff, delivery bed, waiting bed, medicines, health materials and equipment, internet, water, waiting room, power backups, child friendly bathroom, etc.

**Analysis of Focused group discussion:**

**General information:**

The focused group was conducted with 10 agriculture groups of Thatikandh Rural Municipality. A total of 225 participants were participated in 10 focused group discussion. The average number of participants per discussion is 22.5 where in some groups the participants ranges from 16 to 33. Out of 225 participants, 58% were men and rest were women. The participants of the FGB were the farmers whose major production were barley, rice and maize. The average land holdings of each agriculture groups is around 101 ropani and average land holding of each farmer is around 4.5 ropani. Though the participants are mostly farmers, the income from farming is not sufficient for them to provide for a year. In average, the crops production is sufficient only for 6-9 months, therefore, they have to opt for alternative ways of income. Therefore, most of them go to India as seasonal migrant for income generation. The average annual income of the farmers ranges from 20000 to 60000 with 30000 as average income of the participants in total. Out of 225 participants, 14 participants were employed.

**Education:**

The participants of the FGD had altogether 290 children (154 girls) of school going age group out of which 263 (145 girls) are studying in government schools and 29 (9 girls) are in private schools. 11 (2 girls) of the children have dropped out of schools. Parents responded that the schools do not have child friendly infrastructure including water tap and toilets. Most of the schools have benches for students to sit while in some of the schools children sit on ground.

21 participants of the FGD were in the School management committees of different schools, 3 as a chairperson and 18 as members. Very few of the parents are involved in the development of School improvement plan and most of them are not aware if the plan is implemented in the schools or not. The parents seems to be less aware of the educational progress of the children. Though some parents are involved in PTA, they do not go to school to get information about the learning environment of schools, quality of education, progress and challenges of their children related to education. The PTA meetings are not held often and the discussion in the PTA meetings are never implemented. The mother's groups for discussing the education of the children are not formed in any of the schools.

Some of the parents are involved in the parent's association but they never participated in any of the meetings. The involvement of the parents in any meetings related to education such as PTA, parents association, stakeholders meeting or any other meeting is very rare.

Majority of the parents do not have any knowledge about violence and abuse. Among the participants of the FGD, more than 90% of the parents do not have any knowledge about violence and abuse. Most of the parents have adolescent girl of school age and the girls are given sanitary pads by local government when needed. But there is no proper management system for disposal of such sanitary pads.

The discussion with parents showed that the awareness among the parents for monitoring the schools and children for improving the quality of education is very low. Parents do not participate in the discussion with the schools, teachers, stakeholders, communities or among themselves for improving the quality of education. Their contribution in planning and policy making for education governance and delivery of qualitative education is also negligible. Neither the stakeholders involve parents in such monitoring, discussion, planning and policy making, nor parents are self-conscious and participate in such events.

**Agriculture and livelihood:**

Around 23% of the participants of the FGD are involved in the cooperatives and some of them have also taken loans from these cooperatives. Most of the participants are also involved in the decision making process of the cooperatives. They felt that the decisions in the discussions are implemented in the cooperatives. Some of the participants responded that they have taken the agriculture related services from the municipality but most them are not satisfied with the service provided by the municipality. Around 22% of the participants had also received subsidies from

government and non-government organizations such as plastic houses, bees and cash support upto 5 lakhs for agriculture purpose.

Only 4 out of 225 participants had taken some sort of vocational training while none of them had developed their business plans. There is no availability of local markets to sell their products, therefore they had been selling their products from home only. They feel that they are not getting proper value of their products and the market is also not available, due to which they are not motivated in producing the bulk quantity.

**Health services:**

All the participants of the FGD has access to the health services through the health posts available at the municipality. However, the distance of the health post varies from person to person. The maximum distance for a participant to reach to health post is one hour. They are getting services such as general medicine, family planning, birthing services from the health posts.

Almost all of the participant recognizes the women health volunteer of their locality and almost 40% of the participants had received services from them. All of them were satisfied with the services and they find the behavior of the health persons good towards the community.

16% of the participants/family member of the participants are the members of the mother's group. However, the meeting of the mother's groups are not conducted on regular basis but irregularly.

Health camps are rarely held in communities. Only few members were aware of the health camps conducted in their locality where they were provided services such as General treatment, Dental checkup, and video X-ray service and provided medicines.

## Chapter 5

### Conclusion and Recommendation

#### Conclusion:

The survey was conducted in 42 schools and 6 health posts of Thatikandh Rural municipality of Dailekh district and FGDs were conducted with the members of ten agriculture groups in the municipality to understand the status of education, health and livelihood of the population in the municipality. A qualitative and quantitative methods were adopted for survey to derive the overall status of physical infrastructure, services, governance and community participation in the sector of education, health and livelihood.

The survey showed that the education sector of the municipality is facing various challenges. 60% of the school buildings and rooms are raw made of mud, wood, etc. 78% of the children in ECD center sits on ground due to unavailability of bench or carpet. The number of classrooms are still insufficient in a number of schools. There lacks the most basic facilities in some of the schools including toilets, drinking water and playground. In most of the schools facilities like internet, library, science and computer lab are not available. For the schools that have some facilities, most of the schools lack gender, disability and child friendly infrastructure. Very less schools only have child and disability friendly toilets and drinking water.

Though the average student teacher ratio is 34, which is not very high, in some of the schools, the ratio is higher to 98 student per teacher. The higher student teacher ratio declines the quality of education as a single teacher will be responsible to teach a large number of student will not be able to deliver qualitative education and proper attention to the students. The number of women teacher is also very less as to 26% of total teachers. Most of the women teachers are the ECD facilitators and the percentage of the women teacher becomes lesser in higher classes.

The schools seems to be poor in school governance as well. The government has mandated every schools to implement the SIP, but 19% of schools do not have SIP and 60% are not implementing SIP even though they have developed the plan. 36% of the schools do not have TLPs and 45% are not implementing TLP though they have developed the plan. The status of use of the teaching learning materials are also not satisfactory. Though all the schools have some sort of the materials, the 33% of the schools seldom uses it whereas 3% of them do not use it at all. The quantity and the quality of those TLM is also not as par and most of the schools only have basic materials such as posters and charts. There is no practice of conducting mathematical assessment in half of the schools and only 8% of the schools have separate learning corners.

The awareness of the parents also seems very less regarding the education. The parents are not much concern about the quality of education in schools and the progress of their children in terms of studies. They rarely visit schools and participate in the discussion with schools and teachers. Though some parents are involved in PTAs, they do not conduct regular meetings to discuss about the education related issues. For qualitative learning, a healthy environment for learning both at home and school is essential, and the parents have equal role as schools in creating such

environment. But neither the school nor the parents seems much concerned to conduct regular discussion to evaluate the progress of students, challenges in delivering qualitative education and to seek support from each other for creating the learning environment.

Poverty seems to be one of the major issue that is severely affecting the quality of education. Most of the parents are farmers with low food production and low income, and they additionally work as seasonal migrant to india for additional income source. The parents are mostly busy in their works in fields or they travel to cities for manual works in informal sector, thus they could not provide attention to the education of their children. They have no time to attend the meetings and discuss on the education or support their children at home in their homeworks. Even, they seek support from their children in their field works, household chores and even in income generation, that is negatively affecting the education of their children.

Teachers are the important element to deliver the qualitative education to the children, thus, there need to be regular training to provide them knowledge on contemporary issues and update their knowledge so that they can provide qualitative education to children. Training to teachers is also one of the motivating factors for the teachers as they would be more motivated after increasing their knowledge. But the teachers lacks training in the municipality. They need training on various contemporary topics so as to increase their capacity of teaching, assessment and imparting knowledge to the students. Specifically, teachers are seeking trainings related to child friendly teaching methods, training on new model curriculum, English language training, Psychology training, subjective training, Teaching Learning Provisions, TPT, regular assessment training, multi class teaching and capacity development trainings.

The knowledge of sexual and gender based violence among students and teachers is also an essential element to create a healthy learning environment for children. The knowledge on SGBV prepares children to raise voice, stand and protest against the sexual and gender based violence. SGBV is one of the prominent reason due to which children lacks interest in attending schools, becomes weak in studies and children suffering such violence suffers from mental health deterioration. But the schools are not providing education and information about SGBV to the children. The study shows only 12% students have some knowledge about SGBV. Also, the teachers lacks knowledge on SGBV as 60% teachers do not have any knowledge about SGBV as per the study.

Similarly, the schools seems not much concerned about the safety, sanitation and hygiene for girls. Though the local government is providing sanitary pads to girls, there is no safe place for disposal of such sanitary pads. Even 79% of the schools do not have separate toilets which is affecting their hygiene and they tend to skip schools during menstruation due to lack of separate toilets and safe disposal of sanitary pads.

Similarly, the health sector of the municipality is also facing numerous issues. There lacks expert human resources in the health posts. None of the health post has doctor and staff nurse and is being looked after by AHW and ANM. Thus, for any serious cases that needs immediate treatment by

the experts, the life of the people is in risk, as they have to take the patients to district hospital for getting doctors. There is no lab and other facilities available in the municipality apart from general treatment, ANC, PNC and birthing facilities. The health posts are being operated with less equipment and facilities. Even the physical infrastructure of the health posts are not very good. Some of the health post do not have basic facilities such as electricity and drinking water. There are no waiting rooms for patients and guests in any of the health post. The facilities available in hospital such as toilet, drinking water are not child, gender and disability friendly. Most of the health post requires additional building, light, internet, health staff, delivery bed, waiting bed, medicines, health materials and equipment, internet, water, waiting room, power backups, child friendly bathroom, etc. The distance of the health post is not very far for the people in the municipality and additionally women health volunteers are mobilized at communities. The community members are also aware of these volunteers and takes service from these volunteers.

## **Recommendation:**

### **Recommendation to schools**

- Develop and implement SIPs and TLPs for effective and qualitative development learning environment at school.
- provide opportunities of training to teachers on various contemporary topics
- Conduct regular meetings of SMCs and PTAs and involve parents in discussion, designing and decision making.
- Develop code of conduct to the students and teachers and follow rules and regulations to reduce the absent rate, drop, out and repetition rates.
- Conduct regular evaluation and assessment of the children to measure their individual progress.
- Develop more gender, disability and child friendly infrastructure and environment at school.
- Conduct training and orientation on SGBV to teachers and students on regular basis and develop complain mechanisms to eliminate SGBV at school.
- 

### **Recommendation to parents**

- Be concerned about the activities in schools, participate in regular meetings and discussions with schools and teachers.
- Activate PTAs and conduct regular meetings.
- Form community groups/mother's group for education and discuss regularly on the issues of education
- Regular monitoring of schools to check the learning environment, and the activities of their children at school
- Support their children to study at home and provide them time to study at home not letting them involve much in other works.
- Not let children involve in income generating works.

- Teach children about the SGBV and build their confidence to share their problems at home or school with elders.

### **Recommendations to local government**

- Allocate sufficient budget in education, health and livelihood sector.
- Infrastructural develop of schools and health posts including adequate concrete building, gender, child and disability friendly rooms, toilets and taps, etc
- Education policy to reform education sector in the municipality
- Special benefits to poor, vulnerable and marginalized groups in health, education and livelihood opportunities.
- Increase the facilities such as electricity, internet to schools and health posts.
- Increase the capacitated human resources at schools and health post.
- Provision of at least one doctor and staff nurse and a lab facility with lab technician within a municipality.
- Provision of sufficient medicines and equipment in health posts.
- Community awareness program to raise awareness on importance of education to reduce out-of-school children.
- Regular monitoring and follow ups at school.
- Continue school health programs in coordination with schools and health centers.
- Ensure that every school has developed and implemented SIPs and TLPs.
- Monitor the activities of SMC, PTA, capacitate them and mobilize them for school monitoring and improvement of quality of education
- Provide opportunities for teachers trainings and training to the health persons.
- Conduct trainings on sexual and menstrual hygiene management to young girls and boys.
- Develop sustainable livelihood plans within the local level to reduce seasonal migration.
- Provision of subsidies, and market management for the farmers to encourage farmers for increasing productivity and profits.
- Sustainable agriculture package for commercial farming to increase the income of the farmers.