Nepal Red Cross Society/Norwegian Red Cross

Community Development Project, Myagdi

Final Evaluation

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Contents

Abbreviations

ACAP – Annapurna Conservation Area Project
CBFA – Community Based First Aid
CDP – Community Development Project
CHW – Community Health Workers
DC – District Chapter
DWUC – Drinking Water User Committee
FGD – Focus Group Discussions
FP –Family Planning
HF – Health Facilities
HH – Households?
ICS – Improved Cook Stove
INF – International Nepal Fellowship
MCHW –Maternal Child Health Workers
NRCS - Nepal Red Cross Society
SC – Sub-Chapter
TBA – Traditional Birth Attendants
TH – Traditional Healers
TT – Tetanus Toxoid
VDC – Village Development Committee (local government unit)

Other words and phrases

Ropani – a unit of area, approximately 508.72 square meters or 0.0509 hectares.

Study Team

I. Core Team

1. Team Leader/ Sociologist
2. Economist
3. Social Communication Expert
4. Resource Person

II. Red Cross Personnel

5. Project Officer, International Department, Norwegian Red Cross
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9. Secretarial Service

Executive Summary

1. Introduction

- This study has been conducted with the objective of evaluating Nepal Red Cross Socielty (NRCS) implemented Community Development Project (CDP) in Shikha Village Development Committee (VDC) of Myagdi district.

- The study is based on a combination of secondary source data gathered from published/unpublished documents/reports and data files made available by NRCS and primary data collected by carrying out field survey of 5 villages of Shikha VDC, namely Khibang, Swanta, Kindu, Shikha and Ghara. Primary data and information were collected through household survey, focus group discussions and key informants' interviews by using structured questionnaires and checklists.

2. Project Performance

- Project performance is very high, as indicated by target-achievement status in terms of number of program activities performed and the persons benefited by these activities. Under non-formal education program, the achievement is 96 percent of target activities and 82.1 of target beneficiaries. With regard to health and sanitation, the achievement exceeds the targeted number of program activities, benefiting 93.6 percent of total targeted beneficiaries.

- Under the drinking water scheme, 100 percent target is achieved in both performing the program activities and benefiting the people.

- Similarly, 100 percent achievement is recorded in the formation of self-help groups and training the group members, but accomplishing the number of beneficiaries exceeding the target.

- A similar performance is seen in the institutional development component, exceeding the target activities by 6.5 percent and target beneficiaries by 42.6 percent.

- The pattern of project expenditure conforms to the general norms of project cycle with highest proportion in the middle stage of the project. Actual expenditure is always less than the budgeted amount. The average running cost of project is 20 percent per annum.

- Some of the project activities are gender friendly with predominance of women in total participation, while some others are predominated by male participation. Women constitute 52.6 percent of the total number of participants in the overall project activities. Of the total participants, the proportion of women are:

  97 percent in literacy classes
  73.8 percent in health and sanitation trainings
  97.7 percent in self-help groups
  50.4 percent in health and sanitation orientation and motivation activities
  42 percent in drinking water scheme
  3 percent in institutional development training

- Under the project, about 1500 persons have received training in non-formal education, health and sanitation, vocational skill self-help activities and institutional development.

- Project activities have been reported as highly relevant to address the felt needs of the communities. The literacy classes and the community libraries are considered as highly instrumental in increasing awareness and school enrolment of children. Similarly, health and sanitation activities are highly appreciated among the target population. Community people are now so attached with various activities initiated by the project, such as drinking water, self-help groups, kitchen gardening, etc. that they would feel miserable in their absence.

3. Impact

i. Social Aspects

- The literacy rate is higher in all clusters as compared to pre-project situation:

  <u>Overall literacy</u>
  Khibang (84.2 % as against 62.8 %) *Swanta (84.1 % as against 58.0 %)*
  Kindu (85.4 % as against 53.4 %) *Shikha (89.8 % as against 57.0 %)*
  Ghara (58.9 % as against 21.4 %) ***Overall (83.0 % n.a.)***

  <u>Male literacy</u>
  Khibang (92.8 % as against 72.8 %) *Swanta (98.5 % as against 69.7 %)*
  Kindu (89.7 % as against 58.8 %) *Shikha (100 % n.a.)*
  Ghara (62.5 % as against 37.8 %) ***Overall (90.9 % n.a.)***

  <u>Female literacy</u>
  Khibang (75.7 % as against 53.3 %) *Swanta (77.6 % as against 46.6 %)*
  Kindu (81.5 % as against 48.3 %) *Shikha (81.2 % n.a.)*
  Ghara (56.3 % as against 6.9 %) ***Overall (75.9 % n.a.)***

- There is a large increase in the proportion of people reporting knowledge about HIV/AIDS:

Khibang (93.3 % n.a.)	*Swanta (90.0 % as against 17.3 %)*
Kindu (100 % as against 13.0 %)	*Shikha (75.5 % n.a.)*
Ghara (30.0 % as against 10.0 %)	***Overall (81.3 % n.a.)***

- The proportion of households reporting TT vaccinated women shows a large increase over the pre-project situation:

Khibang (78.3 % n.a.)	*Swanta (95.0 % as against 21.2 %)*
Kindu (95.7 % as against 21.1 %)	*Shikha (96.2 % n.a.)*
Ghara (50.0 % as against 10.3 %)	***Overall (84.7 % n.a.)***

- The proportion of households reporting child delivery at hospital has increased compared to pre-project situation:

Khibang (16.7 % n.a.)	*Swanta (15.0 % as against 1.9 %)*
Kindu (8.7 % as against 2.6 %)	*Shikha (11.3 % n.a.)*
Ghara (10.0 % as against 0.0 %)	***Overall (13.0 % n.a.)***

- There is a large increase in the proportion of households reporting child delivery at home with the assistance of trained TBAs:

Khibang (80.0 % n.a.)	*Swanta (47.1 % as against 5.8 %)*
Kindu (81.0 % as against 14.3 %)	*Shikha (93.0 % n.a.)*
Ghara (0.0 % as against 3.3 %)	***Overall (71.1 % n.a.)***

- The mean age of women at marriage has increased compared to the pre-project age:

Khibang (19.2 n.a.)	*Swanta (20.3 as against 18.8)*
Kindu (20.1 as against 18.6)	*Shikha (19.8 n.a.)*
Ghara (16.7 as against 14.5)	***Overall (19.3 n.a.)***

- The mean age of women at first delivery has also increased compared to pre-project age:

Khibang (23.3 n.a.)	*Swanta (22.0 as against 20)*
Kindu (23.1 as against 20.5)	*Shikha (21.3 n.a.)*
Ghara (18.3 as against 17.1)	***Overall (22.0 n.a.)***

- The average number of pregnancy of women has decreased compared to the pre-project situation, except in Swanta:

Khibang (3.2 n.a.)	*Swanta (3.8 as against 3.8)*
Kindu (3.3 as against 3.6)	*Shikha (3.0 % n.a.)*
Ghara (4.8 as against 5.1)	***Overall (3.4 n.a.)***

- There is a large increase in the proportion of households reporting women visiting health facility for antenatal check-up:

Khibang (68.3 % n.a.)	*Swanta (70.0 % as against 19.2 %)*
Kindu (87.0 % as against 22.1 %)	*Shikha (83.0 % n.a.)*
Ghara (40.0 % as against 20.0 %)	***Overall (72.2 % n.a.)***

- All the sample households have access to safe (piped) drinking water, which is sufficient throughout the year. In most of the cases water taps are attached to the house, while in some other cases these are in between 2 or 3 houses. The pre-project situation of households' access to safe drinking water is not known.

- Proportion of households possessing toilets has increased considerably:

Khibang (100.0 % as against 68.8 %)	*Swanta (100.0 % n.a.)*
Kindu (100.0 % n.a.)	*Shikha (100.0 % as against 78.4 %)*
Ghara (90.0 % n.a.)	***Overall (98.9 % n.a.)***

ii. Economic Aspects

- Proportion of households reporting service, pension and remittance as source of income has increased considerably:

Khibang (85.0 % as against 58.0%)	*Swanta (100.0 % as against 39.1 %)*
Kindu (56.5 % as against 31.5 %)	*Shikha (117.1 % as against 61.4.)*
Ghara (30.0 % as against 3.6 %)	***Overall (86.5 % n.a.)***

- Proportion of households taking loan shows mixed results as compared to pre-project situation:

Khibang (13.3 % n.a.)	*Swanta (25.0 % as against 19.2 %)*
Kindu (39.1 % as against 19.5 %)	*Shikha (26.4 % n.a.)*
Ghara (30.0 % as against 33.3 %)	***Overall (23.9 % n.a.)***

- Proportion of households reporting skill possession has increased significantly:

Khibang (46.7 % n.a.)	*Swanta (95.0 % as against 1.9 %)*
Kindu (95.7 % as against 6.5 %)	*Shikha (56.7 % n.a.)*
Ghara (90.0 % as against 16.7 %)	***Overall (66.5 % n.a.)***

- Proportion of households practicing kitchen gardening has increased considerably:

Khibang (88.3 % n.a.)	*Swanta (100.0 % as against 44.2 %)*
Kindu (100.0 % as against 63.6 %)	*Shikha (94.3 % n.a.)*
Ghara (70.0 % as against 16.7 %)	***Overall (90.9 % n.a.)***

- Proportion of households reporting food self-sufficiency for more than 6 months shows mixed results:

Khibang (46.7 % as against 16.6 %) *Swanta (20.0 % as against 9.5 %)*
Kindu (24.0 % as against 22.1 %) *Shikha (35.8 % as against 48.3 %)*
Ghara (0.0 % as against 9.9 %) ***Overall (29.6 % n.a.)***

- The project has promoted 6 self-help groups consisting of 261 women. These groups are found to have played significant role in mobilizing savings, raising awareness and developing confidence among women and equipping them with new skills.

iii. Institutional Development

- A large majority of sample respondents (82.4 percent) is found to be knowing about Red Cross.
- The membership of District Chapter has increased significantly from 169 life members before the project to 750 at present.
- The District Chapter possesses institutional as well as economic capability in terms of organizational strength, financial status, building and assets, volunteers and office staff.
- There are now 30 Junior Red Cross circles with a total of 4500 members, showing a large progress over the pre-project situation.
- The sub-chapter established in 1999 in the context of CDP implementation has 151 life members and 23 general members.
- Although the sub-chapter has its own office building, it does not have strong capability in terms of income, active executive committee, regular staff and dedicated volunteers.

4. Recommendations

- Periodic monitoring of activities of Shikha sub-chapter by the District Chapter.
- Enhancement of the economic as well as organizational capability of the Sub-Chapter by the District Chapter by introducing appropriate measures.
- Lobbying by the District Chapter for the incorporation of its annual programs in the district line agencies programs.
- Membership drive by the District Chapter and Sub-Chapter with greater focus on increasing the number of women members.
- Promotion of marketing facilities for kitchen garden products in cooperation with concerned line agencies of the district.
- Training of professional volunteers to develop their professionalism by mobilizing groups.
- Volunteers trained in Community Based First Aid (CBFA) should be provided with First Aid Boxes, and First Aid Posts should be established in the settlement areas of the VDC in cooperation with other agencies.
- Trained Traditional Birth Attendants (TBA) should be provided with delivery kits.
- Households should be provided with mini-kit to promote kitchen gardening.

- Some of the components of the CDP need to be extended for a minimum of one year to consolidate the project benefits and achieve full coverage.
- Motivators working in the area should be given extension for two more years so that project activities get firmly rooted in the community.

Final Evaluation of Community Development Project (CDP) in Myagdi

1. Introduction

1.1 Background

Nepal Red Cross Society has been implementing Community Development Project (CDP) since 1983 as an integrated project to improve the quality of life of rural people, with support from various international sister organizations. The CDP was initially tried out as pilot project in Kavre district and subsequently extended to villages of 32 districts of the country. Since 1996 the focus of the Project has been on improving the lives of the most vulnerable people in the community.

The CDP consists of two major components:

The community development component focuses mainly on non-formal education, community health and sanitation, drinking water and self-help groups.

The institutional development component focuses on capacity building of Red Cross district chapter, sub-chapter and grass root organizations.

The CDP is phased out in 20 districts and presently under implementation in 12 districts. The CDP in Myagdi, started in 1999, is nearing completion of its five years duration. Since the Project is in the process of phase out, it is timely and relevant to assess whether the stated objectives of the project have been achieved and draw lessons for the future.

1.2 Objectives & Scope of the Evaluation

Following the Terms of Reference (TOR) of the study, given by NRCS (Annex 1), the major objectives of the present evaluation were set as follows :

i. to evaluate the achievements of the project in relation to its objectives,
ii. to assess the impact of the project on improving the living condition and reducing vulnerability of target groups, and
iii. to draw lessons for future community development programs.

The scope of the evaluation covered:

i. evaluation of the appropriateness of project activities in relation to needs and problems of the target population,
ii. assessment of whether the project has contributed to improving socio-economic condition of the target group and the extent of improvement, and
iii. assessment of management system and tools of Red Cross at district and sub-chapter levels.
iv. assessment of the strengthening of Red Cross capacity at district and sub-chapter levels
v. assessment of relationship of Red Cross district chapter and district level government line agencies and other organizations.
vi. assessment of sustainability, cost effectiveness and synergy of the project with other projects

1.3 Methodology

The evaluation was carried out largely on the basis of primary data and information supplemented by relevant secondary source data. The primary data and information were collected by carrying out field survey and the secondary source data and information gathered from project documents, baseline reports and other documents.

1.3.1 Study Approach

The evaluation of the project was made in terms of project performance, impact on social and economic life of the target people and contribution to the institutional development of NRCS District Chapter and Sub-chapter.

Project performance was assessed in terms of achievement of its numeric targets, project cost and expenditure pattern, level of women's participation in project activities and relevance and acceptance of the project, as perceived by the target people

Effectiveness and impact of the project activities were evaluated by comparing the situations "before" and "after" the project. The "before" situation was established by extracting relevant data and information contained in the "Baseline Survey" and "Feasibility and Institutional Development study" conducted in 1998. These studies covered four clusters, of which only three, namely, Swanta, Kindu and Ghara are relevant to the present evaluation study. The baseline studies did not cover Khibang and Shikha clusters, which have been included in the present study as per the NRCS requirement. Although some baseline information about these clusters were made available by the project office, these were limited to a few issues and not compatible with the format of

baseline survey. Hence, comparison of project impact in these clusters was not possible. Besides, the baseline survey lacks data on overall situation of the project areas. So comparison of project impact in overall terms with the pre-project situation was not possible. For these reasons, 'before' and 'after' comparison had been possible on cluster-wise basis for three clusters only (Swanta, Kindu, and Ghara). Even in the case of Swanta, Kindu, and Ghara, some information on certain issues contained in the baseline survey were not complete to enable rigorous assessment of project impact.

1.3.2 Field Survey

The field survey of the project area was carried out during the period between November 18 and December 1, 2004. The field survey covered 5 villages of Shikha VDC namely Khibang, Swanta, Kindu, Shikha, and Ghara. The sample size consisted of 176 households which constituted 30 percent of 585 beneficiary households of the project area. Of the total six villages covered by the project Ghorepani was excluded from the evaluation, as only drinking water component was implemented in that village. The sample allotted to Ghorepani village was added in the sample of Khibang, as per the suggestion of NRCS. The sample size by village is given in Table 1.

Table 1.1 : Population and Sample

Villages	***Ward No***	***No of HHs***	***Sample***
*Ghorepani **	*1*	*42*	*-*
*Swanta **	*3*	*68*	*20*
*Kindu **	*3*	*75*	*23*
*Ghara **	*7, 8*	*67*	*20*
*Shikha ***	*4*	*176*	*53*
*Khibang ****	*1*	*157*	*60*
Total		***585***	***176***

*Note: *, **, *** mean implementation of CDP in 1999,2001 and 2002 respectively.*

1.3.3 Survey Instruments

The major survey instruments used for the collection of primary data and information included household interview, focus group discussions, key informants' interview and meetings with concerned stakeholders (Annex 2).

i. Household Interview

Semi-structured questionnaires were administered to interview sample households and thereby collect quantitative data on various issues and aspects of project activities. The questionnaires contained various questions considered necessary for evaluation of the performance and impact of project activities.

ii. Focus Group Discussions

In each villages of the general mixed focus group discussion was organized to gather general opinion of the people on the relevance of project activities to the

local needs and priority and their effectiveness in addressing the problems. Group specific meetings were also organized to find out the status of the activity for which the group was responsible, problems faced, and major issues and concerns.

iii. Interviews of Key Informants

Key persons directly or indirectly concerned with the implementation of CDP were interviewed to gather information on issues relating to project activities, status of district chapter and sub-chapter and relation with district line agencies, NGOs and INGOs (Annex 3).

iv. Meetings

Red Cross district chapter members participated at a meeting organized in Beni together with representatives of district level government lines agencies and non-government organizations, to discuss institutional matters and coordination and cooperation among various concerned offices in the implementation of CDP (Annex 4).

A meeting was also organized in Shikha VDC with the Red Cross sub-chapter to discuss the institutional capacity of sub-chapter, project implementation mechanism, and major problems faced (Annex 5).

2. Pre-Project Situation

Findings of the "Baseline Survey" and "Feasibility and Institutional Development Study" conducted in 1998 have been taken as the situation before the project intervention. The findings of the baseline and feasibility studies are presented in summary form in order to highlight the pre-project situation in the area. The baseline survey does not, however, cover Khibang and Shikha and does not give an overall picture. Therefore, data on the pre-project situation is presented only for Swanta, Kindu and Ghara. Nevertheless, some baseline information of Khibang and Shikha were made available by the project office. As this information is incomplete and incompatible with the baseline data, it is presented separately.

The pre-project situation includes socio-economic condition in the project area and institutional development status of NRCS district chapter and sub-chapter.

2.1 Socio-economic Situation in the Project Area

The socio-economic situation in the project area covers the information relating to social and economic condition before the implementation of CDP.

Table 2.1 : Social Situation in Swanta, Kindu and Ghara Before the Community Development Project (CDP)

(*percentage*)

Indicators	Clusters		
	Swanta	**Kindu**	**Ghara**
1. Family Structure			
i. Family Type			
Nuclear	53.8	50.6	46.7
Joint	42.3	45.5	50.0
ii. Average family size	6.0	5.0	6.0
iii. Households with temporary migration of family members	35.0	25.0	5.0
2. Literacy and education			
i. Literacy rate			
Male	69.7	58.8	37.8
Female	46.6	48.3	6.9
Total	58.0	53.4	21.4
ii. Level of education of total literate population			
Primary	78.2	78.4	80.5
Secondary	20.0	20.6	17.1
College	1.8	0.9	2.4
iii. Level of education of literate male			
Primary	76.2	73.5	82.4
Secondary	20.8	25.6	14.7
College	3.0	0.9	2.9
iv. Level of education of literate female			
Primary	81.2	84.2	71.4
Secondary	18.8	14.9	28.6
College	-	0.9	-
3. Primary health care			
i. Usual places of treatment			
Health post	53.8	76.6	40.0
Hospital	0.0	0.0	0.0
Private clinic	0.0	2.6	0.0
Medical hall	0.0	1.3	0.0
Health worker	0.0	1.3	3.3
Traditional faith healer	44.2	14.3	50.0
Others	1.9	0.0	3.3
No response	0.0	3.0	3.3
ii. Households reporting occurrence of illness (during last 3 months)	21.2	28.6	16.7
iii. Type of diseases (occurred during last 3 months)			
Wound	44.4	5.6	33.3
Fever	33.3	44.4	44.4
Cold/cough	11.1	16.7	22.2

Pain in legs	0.0	22.2	0.0
Sleepiness	0.0	5.6	0.0
Diarrhoea	0.0	5.6	0.0
Drug related	11.1	0.0	0.0
4. Reproductive health care			
i. Households reporting antenatal check-up	19.2	22.1	20.0
ii. Place for antenatal check-up			
Hospital	0.0	5.9	0.0
Health post	100.0	94.1	100.0
Total (N)	10	17	6
iii. Households reporting women taking tetanus toxoid vaccination	21.2	21.1	10.3
iv. Place of delivery			
Home	26.9	37.7	66.7
Health Facility	1.9	2.6	3.3
No response	71.2	59.7	30.0
v. Persons attending child birth			
Family member	11.5	9.1	6.7
Neighbour	9.6	11.7	50.0
Trained Traditional Birth Attendants	5.8	14.3	3.3
Doctor	0.0	2.6	0.0
Others	1.9	3.9	6.7
No response	71.2	58.4	33.3
vi. Mean age of women at marriage	18.8	18.6	14.5
vii. Mean age of women at first delivery	20.0	20.5	17.1
viii. Mean number of pregnancy	3.8	3.6	5.1
ix. Knowledge about HIV/ AIDS	17.3	13.0	10.0

Source: Baseline Study for Community Development Program NRCS, Kathmandu, 1998

Table 2.2 : Social Situation in Khibang and Shikha Before the CDP

(*percentage)*

Indicators	**Clusters**	
	Khibang	**Shikha**
1. Family Structure		
i. Family Type		
Nuclear	N.A	N.A
Joint	N.A	N.A
ii. Average family size	4.7	5.5

iii. Households with temporary migration of family members	N.A	N.A
2. Literacy Rate (> 6 yrs population)		
Male	72.8	NA
Female	53.3	NA
Total	62.8	57.0
3. Toilet Facilities		
i. Households Possessing toilets	68.8	78.4
ii. Type of toilet		
Temporary (pit)	97.2	89.9
Permanent	2.8	10.1
4. Households Possessing Improved Stove	1.3	NA
5. Households Possessing Utensils Washing Platforms	0.0	NA

Source: Data sheet provided by Project Office, NRCS, CDP Myagdi

Table 2.3 : Economic Situation in Swanta, Kindu and Ghara Before the CDP

(*percentage)*

Indicators	Clusters		
	Swanta	**Kindu**	**Ghara**
1. Landholding size			
Landless	7.7	9.1	40.0
Less than 5 Ropanis	80.8	40.3	36.7
5-10 Ropanis	9.6	31.2	10.0
More than 10 Ropanis	1.9	19.4	13.3
2. Skills and Training			
i. Households with members receiving skill training	1.9	6.5	16.7
ii. Type of skill training			
House making	0.0	20.0	40.0
Sewing	100.0	20.0	40.0
Goldsmith	0.0	20.0	20.0
Cook	0.0	40.0	0.0
Improved stove	0.0	0.0	0.0
Total (N)	**1**	**5**	**5**
3. Sources of household income			
Agriculture	44.3	45.9	43.6
Industry	0.0	0.6	0.0
Trade	0.0	0.6	1.8
Service	11.3	10.7	3.6

Remittance	5.2	3.8	0.0
Pension	22.6	17.0	0.0
Wage /labour	7.0	10.7	38.2
Livestock	0.0	5.0	0.0
Others	0.9	0.6	-
4. Debt Situation			
i. Households taking loans	19.2	19.5	33.3
ii. Sources of credit			
Moneylenders	80.0	73.3	90.0
Relatives/friends	20.0	26.7	10.0
ii. Purpose of Loan			
Purchase of Food/clothes	70.0	46.7	20.0
Visiting foreign country	10.0	20.0	70.0
Medical treatment	10.0	6.7	10.0
Business/trade	0.0	6.7	0.0
Education expenses	10.0	13.3	0.0
Purchase of land	0.0	6.7	0.0
iv. Credit Amount by source			
Moneylenders	69.8	65.7	89.0
Relatives/friends	30.2	65.7	11.0
5. Households practicing kitchen gardening	44.2	63.6	16.7
6. Food self-sufficiency period			
< 3 months	61.5	22.1	53.3
3 – 5	25.0	36.4	6.7
6 months	3.8	13.0	6.7
7 – 9 months	3.8	18.2	3.3
10 – 11 months	3.8	3.9	3.3
Whole year	1.9	0.0	3.3
No response	0.0	6.5	23.3

Source: Baseline Study for Community Development Program, NRCS Kathmandu, 1998

Table 2.4 : Economic Situation in Khibang and Shikha Before the CDP

(*percentage)*

Indicators	**Clusters**	
	Khibang	**Shikha**
1. Food Self-sufficiency Period		
< 3 months	48.4	25.0
3 - 6 months	35.0	26.7
7 - 9 months	4.5	1.7
10 - 12 months	12.1	46.6
2. Households with Pension/ Service as a source of income	58.0	61.4

Source: Data sheet provided by Project Office, NRCS CDP Myagdi

2.2 Institutional Development Status of NRCS DC and SC

The institutional development status of NRCS Myagdi district chapter and Shikha sub-chapter before the CDP project is presented in summary form as follows:

Box 2.1 : Status of NRCS Myagdi District Chapter Before the CDP

1. Organization Strength

i. Membership
- a. Life members: 169
- b. General members: Not renewed
- c. Junior Red Cross (JRC): NA

ii. Number of Branches
- a. Subchapter: None
- b. JRC units in VDC: 17
- c. Youth circle:1

iii. Formation of Sub-committees
- a. Health Services Sub-committee
- b. Institutional Development Sub-committee
- c. JRC Junior Sub-committee
- d. Natural Disaster Management Sub-committee
- e. Resource Mobilization Sub-committee
- f. Community Development Sub-committee

2. Works Performed/ Activities Carried out:

i. Organization of Health Camp: 2 (number)
ii. Organization of Training for Women, JRC units in VDC and CBFA: None
iii. Organization of Seminar/workshop for GO/NGO Offices, School Headmasters, Teacher Leaders, Sub-chapter, Women/Mothers Groups and VDC Officials: None
iv. Organization of Refresher Training for Teacher Leaders: None
v. Preparation of policy, Bylaw, Manual relating to Ambulance service, natural disaster, JRC, Youth Circle, Financial issues and Community Development: None
vi. Organization of Programs relating to Primary Health Care and Health and Sanitation: None
vii. Organization of Natural Disaster Management Training: None
viii. Organization of Skill Development Training: None

3. Financial Status

i. Through income generating and others sources: Rs. 60,000/-

ii. Development Budget/Subsidy: Rs. 2,00,000/- (for starting ambulance service)

4. Building and Assets

i. Building for income generating works: Temporary Shutters

ii. Office Building: None

iii. Office Equipment and Facilities: Furniture, Photocopy Machine, Fax Machine, Computer, Telephone lines, Electricity, Drinking water and Toilets: None

5. Office Staff: None

Source: Feasibility and Institutional Development Study NRCS, 1998

Box 2.2 : Status of NRCS Shikha Sub-Chapter Before CDP

1. Formation of Shikha Sub-chapter: None
2. Office Building: None
3. Activities: None

Source: Feasibility and Institutional Development Study NRCS, 1998

3 Project Interventions

3.1 Project Principles

Community Development Program (CDP) implemented in Shikha VDC of Myadi district was a development-oriented program of Nepal Red Cross Society. This was implemented in consonance with the "Principles and Rules for Development" as set by the International Red Cross. Fundamental principles of the CDP implementations were: (i) focus on more vulnerable families/ communities, (ii) capacity building of individuals, communities and institutions, (iii) community participation (individuals, communities and institutions in project area), (iv) sustainability of programs, (v) program implementation in a coordinated manner and (vi) replication of the program.

3.2 Project Objectives

3.2.1 General Objective

The overall objective of the project is to improve the situation of the vulnerable communities, families and individuals and empower them.

3.2.2 Specific Objectives

i. To increase the level of awareness and improve the health condition of the most vulnerable communities of the project area.
ii. To promote and build–up the capacity of the community organizations and NRCS institutions at all levels and make them self–reliant.

3.3 Expected Results

i. 90 percent of the population in the project area will be literate, out of which 75 percent will be engaged in community development activities. The number of children going to school will be increased.

ii. 90 percent of the population in the project area will have access to safe drinking water. Water born diseases will be reduced by 50 percent.

iii. Infant /maternal mortality rate and epidemics will be reduced by 50 percent in the project area through health and sanitation education units.

iv. The economic status of 30 percent of the vulnerable families associated with a self–help group will be increased. Fifty percent of these families will have additional food available for two more months.

v. The number of beneficiaries from the Red Cross activities will be increased by 50 percent through enhanced quality of services provided by Red Cross district chapters and sub–chapters.

vi. Vulnerability to disaster will be reduced by 50 percent in the project area.

3.4 Project Activities

To accomplish the project objectives and achieve the target results CDP has carried out various program activities relating to:

a. Non-formal Education:

(i) Adult literacy, (ii) Child literacy and (iii) Post-literacy

b. Health and Hygiene:

(i) Training : Community based first aid, Faith healers, Traditional Birth Attendants, Kitchen gardening, Mason (toilet and improved stove), Health and sanitation management.

(ii) Orientation/Motivation: Safe drinking water, family planning, oral rehydration, vaccination and nutrition, personal hygiene and importance of toilet, improved stove, communicable disease, maternal and child health.

(iii) Construction of Hygiene unit: Toilets, Utensils washing platform, Improved stove, Kitchen garden

c. Drinking Water:

(i) Users' group's formation, (ii) Care taker, (iii) Plumber, (iv) Water committee and

(v) Source protection

d. Self-help:

(i) Formation of women's self-help groups, (ii) Workshop/training for group operation, (iii) Saving promotion, (iv) Skill training, (v) Income orientated training and (vi) Set up of revolving fund

e. Institutional Development:

(i) Reform/expansion of organization structure and work procedures, (ii) Development of leadership and management capability, (iii) Arrangement and mobilization of resources (human resource, income generation and physical assets) and (iv) Meeting, seminar, training and orientation

3.5 Expected Output and Impact of Project Activities

The expected output and impact of project activities, as presented in the Log Frame of the study report on 'Feasibility and Institutional Development Study for Community Development Program' (1998) is summarized in the table given below.

Table 3.1 : Expected Output and Impact of Project Activities

Programes	Activities	Output	Impact
1. Non-formal education	• Adult literacy class • Child literacy class • Post-literacy class	• Higher literacy rate • More children going to school	• Awareness creation • Productivity will be raised • Community will be more developed
2. Drinking water	• Extension of existing system	• Increase in the supply of water • Improved system	• Time saved for fetching water • Better business in Ghodepani

			• More population with drinking water • Reduction in water borne disease • Personal hygiene improved
3.Self-help programs	Income generating activities: • View tower at Pun Hill • Tea shops at Pun Hill • Hotel related Training • Formation of saving groups • Off-season vegetables • Kitchen garden • Dairy • Clothing & textile • Training in agriculture and horticulture • Goat rearing and livestock improvement • Mason and carpentry training • Cultural troupe	• Higher incomes • Additional incomes • Nutrition improved	• Increase in purchasing power • Butter life
4. Institutional strengthening of NRCS District Chapter	• Appoint CDP facilitator & other staffs • Develop orientation literature applicable for the local condition • Provide orientation to members of DC • Provide hardware to DC • Develop system for routing monitoring of ongoing CDP • Carry on routine monitoring of activities • Do baseline survey	• Staff members appointed • Set of instructions developed • Better informed District Chapter (DC) members • More incomes to DC • Monitoring system available • Reports on CDP available • Feasibility & baseline survey completed • Office constructed	• CDP initiated benefits to people accrued – education, health & sanitation and incomes • Make easy for CDP implementation • Raised efficiency for CDP implementation • DC better managed and efficient • Better functioning of CDP • Planning improved • Helps to invite CDP in order VDCs

	for two other VDCs • Finalize location & construct CDP office		• Capability of CDP goes up • Better working place • Community center developed
5. Institutional strengthening of NRCS Sub-Chapter, Shikha	• Formation of the sub-chapter • Involvement of women as representatives of all CDP areas • Formation of sub-committee on CDP activities • Select lead participant from among the best performing beneficiaries	• Sub-chapter formed • Better informed sub-chapter • More empowerment of women • Support to each CDP activity • Leadership in each area of CDP developed	• Commitments of the beneficiaries in NRCS CDP activities • Enhance efficiency of sub-chapter • Stability in NRCS work with the involvement of women • Better implementation of CDP activities • Performance of lead participant will motivate other beneficiaries

Source: Feasibility and Institutional Development Study NRCS, 1998

4. Project Performance

4.1 Achievement of Project Targets

As revealed by progress report of CDP activities from 1999 to 2003, the level of project performance in terms of achievement of its numeric targets is quite high. By and large, the achievement of numeric targets is high for each program activity performed and the persons benefited by the activity.

Of the total 23 target activities under non-formal education programs, 22 were performed, achieving 95.7 percent of the target. The total number of people benefited from the program activities was 357, which reflected 82.1 percent achievement of target (435 beneficiaries).

Under the health and sanitation program, a total of 29 activities were performed, achieving more than what was targeted (28 activities). Total number of beneficiaries of the program activities was 2010, which was 93.6 percent of the target (2148 beneficiaries).

Under the drinking water schemes, achievement of the numeric target in conducting DWUC seminars (6) and plumber training (3) and construction of drinking water system, such as tap (126), intake (22), reservoir (10) and fencing (16) was 100.0 percent. The total number of beneficiaries from these program activities was 569 as against the target of 568.

Under the self-help program, 24 activities consisting of group formation (6) and training (18) were performed, achieving 100.0 percent target. In total, 527 persons were benefited from the program activities exceeding the target of 519 beneficiaries.

For institutional development, 33 program activities were performed, as compared to the target of 31 activities. The total number of beneficiaries from the program was 1191, which exceeded the target (835) by 42.6 percent (Annex Tables 1 and 2).

4.2 Assessment of Project Cost

The pattern of annual expenditure of the project budget shows a general increase in absolute amount up to 2002, but a decrease thereafter. This is quite fitting with the overall pattern of project cycle. Actual expenditure has always been less than the budgeted amount. The annual running cost of the project as proportion of total expenditure is 26 percent in 1999, 42.6 percent in 2000, 21.6 percent in 2001, 17.1 percent in 2002, 27.9 percent in 2003 and 54 percent in 2004. The running cost is generally higher in the establishment phase, but declines thereafter, remaining at 20 percent of the total expenditure in average. On the whole, the expenditure pattern of the project is quite consistent with the general pattern (Annex Table 3).

4.3 Gender Issues in Project Activities

Assessment of gender composition in various project activities from 1999 to 2004 shows gender friendly approach in program implementation. In most of the project activities participants mainly consisted of women.

Total number of participants in the overall project activities was 17 837, of which 52.6 percent were women and the rest 47.4 percent were men. Program-wise, women constituted the largest proportion of participants in child and adult literacy classes (97.0 percent), health and sanitation trainings (73.8 percent) and self-help groups (97.7 percent). With regard to health and sanitation orientation and motivation activities, females constituted one-half (50.4 percent) of total participants. On the other hand, female participation was relatively lower (42.0 percent) in drinking water schemes mainly because of the assignment caretaker

and plumber jobs to men only. In institutional development related trainings too, male participation was predominant (97.0 percent) (Annex Table 4).

4.4 Relevance and Acceptance of Project Activities

Most of the project activities were found fitting with the local context, reaching to the target people and well functioning in the clusters covered by the study with the exception of Ghara. In Ghara, the situation was not to the expected level probably due to social factors.

The literacy classes were highly appreciated by the communities because of their wider social implications. Community people felt that literary classes not only made the illiterate people capable of reading, writing and carrying out basic numeracy, but also contributed to raise peoples' awareness of health and sanitation, education of children and women empowerment, and increase the enrollment of children in primary schools. It appears that people have realized the value of a library, as the project-supported libraries in Kindu, Shikha, Khibang and Swanta were found containing a good collection of relevant books and used by the people, as and when they had free time.

As opined by the people, the project supported activities, such as construction of toilets, utensil-washing platforms and garbage pits, and installation of improved stoves, have been highly beneficial in terms of reducing the incidence of illness owing to lack of clean drinking water and clean environment around the house. Peoples' participation in these program activities was reported to be spontaneous and extensive. The habit of using toilets even by the children, the practice of cleaning utensils at a fixed place and depositing of household garbage in a pit have been a part of way of life of the people reflecting that project activities have been well accepted by the people.

Women were found highly appreciative of self-help groups. They believed that their association with such groups has increased their self-confidence, helped them to accumulate their meager savings and reduced their dependence on money-lenders. Association with the groups was also reported to be highly useful in increasing the level of awareness of various issues and launching campaigns against traditional social practices and male alcoholism.

The trainings were reported to be highly useful increasing peoples' knowledge and awareness about various health and hygiene related issues, and equipping them with income generating skills. Some of the people receiving certain skill trainings have gone to Gulf countries for employment.

People have also realized the importance of kitchen gardening as a perennial source of seasonal vegetables at home for household consumption without having to pay money instantly.

5. Impact of the Project Intervention

5.1 Characteristics of Sample Households

5.1.1 Caste/Ethnicity

Of the total 176 sample households, a large majority (81.1 percent) belongs to Magar ethnic and the rest belongs to Dalit castes, Damai (15.3 percent) and Kami (2.8 percent). While the entire households in Swanta belong to Magar ethnic, those in Ghara belong to Damai (90 percent) and Kami (10 percent). In Khibang, Kindu and Shikha, Magar constitute a large majority (Annex Table 5).

5.1.2 Family Structure

A majority of households (53.4 percent) consists of joint families and the rest (46.6 percent) nuclear families. The family type by cluster shows predominance of joint families except in Ghara, where the proportion of nuclear family is higher than the joint family. In Khibang, the proportion of nuclear and joint families is the same (Annex Table 6).

A majority (60.2 percent) of households has a 'medium size' family (5-8 members). Those having 'small size' family (1-4 members) and 'large size family (9 and above members) constitute 31.9 percent and 7.9 percent, respectively. The average family size is 5.9, which is larger than the national average family size of 5.4, as recorded in Population Census 2001. The average family size ranges between the lowest, 5.4, in Khibang and the highest, 6.8, in Swanta. While the family size in Kindu and Shikha are below the average, that in Ghara is above the average (Annex Table 7).

5.1.3 Population Structure

Total population of the sample households is 1019, of which 47 percent are males and 53 percent are females. Sex ratio of the population is 0.89, which is lower than the national figure of 0.99, as recorded in Population Census 2001. The sex ratio by cluster is highest in Khibang (0.99) and lowest in Ghara (0.76). Swanta has exactly the same sex ratio as the overall average. While the sex ratio in Kindu (0.90) is above the overall average, that in Shikha (0.84) is below the average (Annex Table 8).

Population belonging to the economically active age group (15-59) constitutes 61.8 percent, while those belonging to 0-14 age group constitute 28.3 percent and those of 60 years and above age constitute 9.9 percent. A similar age composition pattern is observed in all clusters. The proportion of economically

active age group population is highest (69.7 percent) in Shikha and lowest (41.5 percent) in Ghara (Annex Table 9).

5.1.4 Migration

One half of the sample households reported migration of their family members seasonally/ temporarily within and outside the country. Proportion of households reporting temporary migration is highest in Khibang (63.3 percent), followed by Shikha (49 percent), Ghara (40 percent), Kindu (39.1 percent) and Swanta (35 percent). Before the project, the proportions of households reporting temporary migration of their family members were 35 percent in Swanta, 25 percent in Kindu and 5 percent in Ghara. Temporary migration has increased over the years due to growing tendency among young people to go abroad, particularly to Gulf countries for employment.

The total number of persons migrating temporarily is 143, of which males constitute a large majority (81.9 percent). A similar sex composition pattern is observed in all clusters. The proportion of male is highest in Ghara (100 percent) and lowest in Khibang (73.3 percent) (Annex Table 10). Earning money (79 percent) and study (21 percent) are the reasons for migration. In Ghara, earning money is the sole purpose of migration (Annex Table 11).

Regarding the destination of migration, places within the country accounted for 28 percent. Proportion of migration within the country is highest (40 percent) in Swanta. Other places of migration include Gulf countries (29.4 percent), India (18.9 percent), Malaysia/ Korea (14 percent), Singapore/ Hong Kong (5.6 percent), European countries (2.8 percent) and other countries (1.3 percent). Migration to Gulf countries and Malaysia/ Korea is witnessed in all the clusters (Annex Table 12).

Only 6.3 percent households reported permanent migration of their family members. Proportion of households reporting permanent migration is highest in Kindu (13 percent), followed by Khibang (10 percent), Swanta (5.0 percent) and Shikha (1.9 percent). None of the households in Ghara reported permanent migration. Total number of persons migrating permanently is 47, of which 48.9 percent are males and 51.1 percent are females. A more or less similar sex composition pattern is observed in all clusters except in Shikha, where migration is exclusively confined to the male population. The purpose of migration is resettlement. Places of permanent migration are within Nepal (Chitwan and Pokhara), except one person from Shikha, who migrated to the USA (Annex Table 13).

5.1.5 Land Ownership Pattern

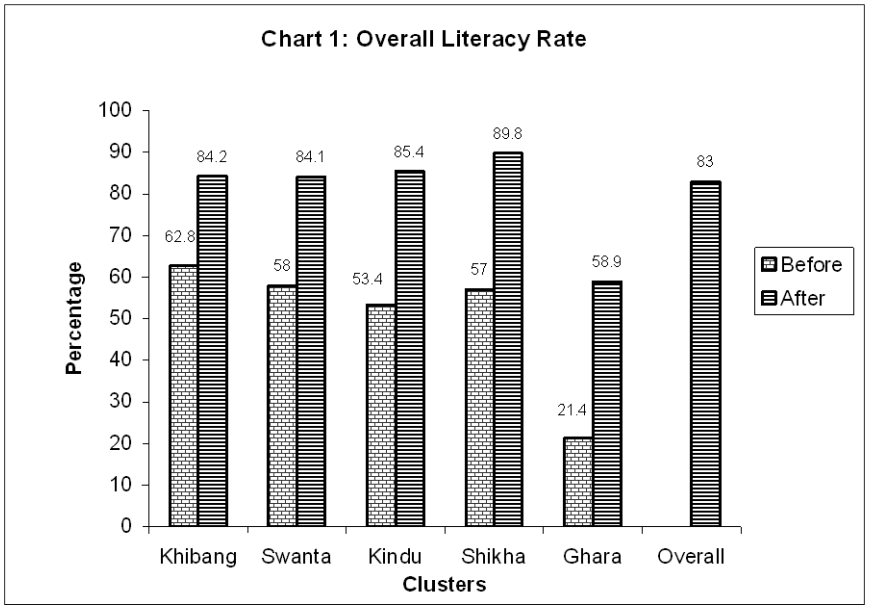
Land is the single important production resource in Shikha VDC, a fact which is equally common in all rural areas of Nepal. The quantity of land owned by a household largely determines its socio-economic status. Viewed from this angle, the households in the sample clusters of the VDC do not seem to be worse off, as a large majority of households (169 out of 176, or 96 percent) own land and only 4 percent (7 households) are landless. The landless households are confined in Khibang (4 households) and Shikha (3 households) only (Annex Table 14).

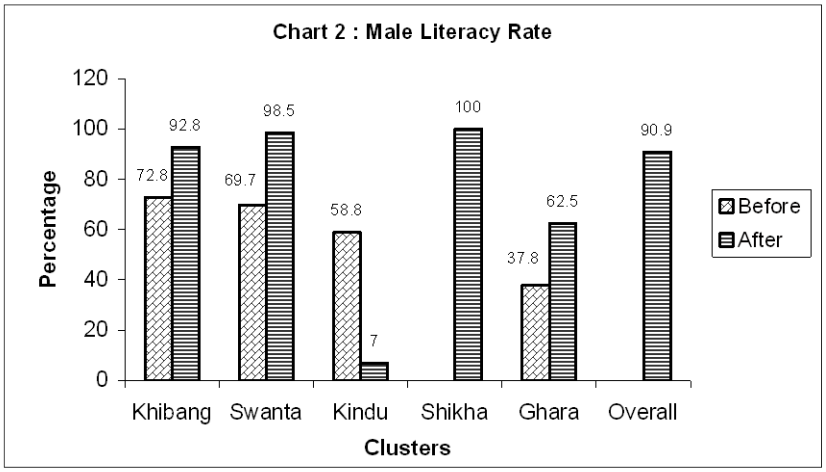
Of the total of landowner households, those possessing 10-20 Ropanis constitute the largest proportion (37.9 percent), followed by those possessing 5 to 10 Ropanis (28.4 percent), less than five Ropanis (27.2 percent), and above 20 Ropanis (6.5 percent). However, none of the households in Kindu and Ghara possesses landholding size of above 20 Ropanis (Annex Table 15).

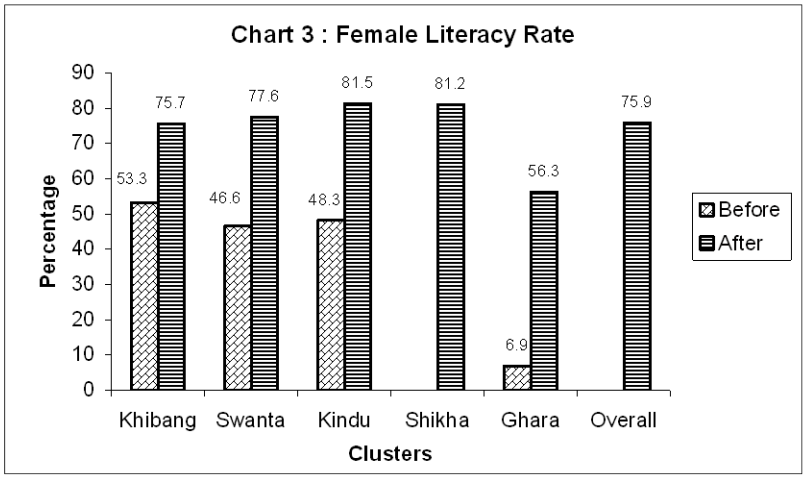
5.2 Social Impact

5.2.1 Literacy

The overall literacy rate of the study clusters is 83 percent. Sex wise, the male literacy rate is 90.9 percent and female literacy rate is 75.9 percent (Annex Table 16). This shows a tremendous increase in the literacy rate of both males and females over the pre-project situation of 52 percent male literacy rate and 48 percent female literacy rate. Cluster-wise, there is a significant increase in the overall as well as male and female literacy rates, as compared to pre-project situation (Charts 1, 2 and 3)







The education level of literates shows that a large proportion (45.6 percent) is educated upto secondary level, while 33.4 percent is educated upto primary level and only a small proportion (5.2 percent) is educated beyond secondary level. The proportion made literate through adult literacy classes is 15.7 percent. Compared to baseline data (Table 2.1), proportion of the literate educated upto primary level has decreased, while that educated upto secondary and collage level of education has increased in Swanta, Kindu and

Tabel 5.1: Literacy Rate and Educational Attainment

percentage

Sex	***Lit.***	***Illit.***	***Educational Attainment***			
			Non	*Pri.*	*Sec.*	*Coll.*
M	*90.9*	*9.1*	*13.3*	*32.0*	*49.6*	*5.4*
F	*75.9*	*24.1*	*19.8*	*34.5*	*40.3*	*5.4*

Ghara. (Annex Table 17). This trend holds true among both male and female literates (Annex Tables 18 and 19).

Besides, the project-supported libraries in Swanta, Kindu, Shikha and Khibang have promoted the habit of reading books among the people.

The increase in literacy and realization of the value of education among people, particularly women, are reflected in school enrollment of their children. As can be seen from the data presented in Table 3, the percentage of school age children attending school is very high (91.7 percent), with 100 percent attainment in Khibang, Swanta and Shikha for both males and females. Ghara has the lowest proportion (70 percent), with a high discrepancy between males (90 percent) and females (53.8 percent). However, comparison with pre-project situation is not possible due to non-coverage of the situation by the baseline survey.

Table:5.2 School Enrollment

(percentage)

Cluster	***Proportion of school age children enrolled in school***		
	Total	***M***	***F***
Khibang	*100.0*	*100.0*	*100.0*
Swanta	*100.0*	*100.0*	*100.0*
Kindu	*91.3*	*90.9*	*91.7*
Shikha	*100.0*	*100.0*	*100.0*
Ghara	*70.0*	*90.0*	*53.8*
Overall	*91.7*	*96.7*	*87.3*

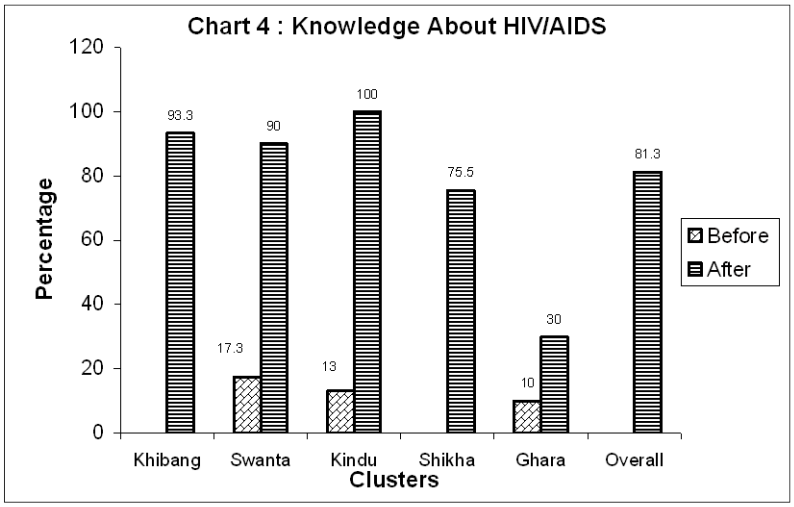
Source: Annex Table 20.

5.2.2 Health Awareness and Practices

i. Awareness about Health

Peoples' awareness about health is assessed in terms of their knowledge in seven areas, namely, HIV/AIDS, health hazards of smoking, water borne diseases, spread of diseases due to haphazard defecation, tetanus toxoid (TT) vaccination and health hazards of early marriage and early pregnancy. Assessment of change in awareness with the pre-project situation has been possible only for HIV/AIDS, as baseline data on other areas of awareness about health is not available.

An overwhelming majority (81.3 percent) of the respondents reported their knowledge about HIV/AIDS (Annex Table 21). There is a large increase in the proportion of people knowing about HIV/AIDS, as compared to pre-project situation in Swanta, Kindu and Ghara, while the change in Khibang and Shikha is not known due to lack of baseline data (Chart 4).



Among the respondents having heard about HIV/AIDS a large majority reported knowledge about its modes of transmission. The most widely known mode of transmission is unsafe sexual intercourse (84.6 percent), followed by blood transmission of HIV inflected person (83.9 percent), use of unsterilized syringe (68.5 percent) and child birth by HIV infected women (13.3 percent). The proportion of respondents reporting knowledge about HIV/AIDS and its modes of transmission is lowest in Ghara (Annex Table 21).

An overwhelming majority of respondents (83 percent) seems to be aware of health hazards of smoking. The proportion of respondents reporting knowledge about the health hazards of smoking is highest in Swanta (95 percent) and lowest in Ghara (60.0 percent).

The respondents also seem to know the types of hazards associated with smoking. The main health hazards as pointed out by them are cough/asthma (89 percent), lung cancer (86.3 percent), TB (30.8 percent), weakness (18.5 percent), mouth cancer (13.0 percent) and heart disease (11.6 percent) (Annex Table 22).

Awareness about water borne diseases seems high, as a large majority (88.1 percent) of the respondents reported their knowledge about the diseases occurring from unsafe drinking water. The proportion of respondents reporting knowledge about the diseases is highest in Shikha (100 percent) and lowest in Ghara (60 percent). The most widely known water borne disease is dysentery/ diarrhoea (80.1 percent), followed by cholera (33.5 percent), cough (22.1 percent), intestinal diseases/worms (21.0 percent), others, such as typhoid and skin diseases (4.6 percent) (Annex Table 23).

Awareness about health hazards of haphazard defecation seems high, as a large majority of the respondents (79.0 percent) reported their knowledge about this. The proportion of respondents reporting the knowledge is highest in Shikha (100 percent) and lowest in Ghara (30 percent). The health hazard of haphazard defecation as pointed out by the respondents includes the spread of diseases such as dysentery/ diarrhea (66.4 percent), cholera (35.2 percent), intestinal diseases/worms (17.4 percent), fever/ typhoid (14.8 percent) and others (8 percent). Cluster-wise, respondents of Ghara seem to be least aware of the hazards associated with haphazard defecation (Annex Table 24).

Regarding TT vaccination, 83.5 percent of the total respondents reported knowing about it. The proportion of households possessing knowledge about TT vaccination is highest in Kindu (100 percent) and lowest in Ghara (50.0 percent) (Annex Table 25).

Awareness about health hazards of early marriage of women seems high as 72.7 percent respondents reported their knowledge about the possible hazards. The proportion of respondents reporting the knowledge is highest is Shikha (100.0 percent) and lowest in Ghara (30.0 percent). The main health hazards as pointed out by the respondents are weakness/bad health (58 percent), unwanted pregnancy (25.6 percent) and problems in ovary (13.1 percent). By cluster, respondents of Ghara seem have the lowest level of awareness about these health hazards (Annex Table 26).

Regarding health hazards of early pregnancy, 76.1 percent of the total respondents reported knowing about them. The proportion of households possessing knowledge about the health hazards is highest in Shikha (100 percent) and lowest in Ghara (40 percent). The main health hazards as pointed out by the respondents are death (38.1 percent), weakness (27.3 percent), problems in child delivery (11.9 percent), problems in ovary (11.9 percent), death of child (9.1 percent) and low weight of child (6.8 percent). In terms of cluster, the proportion of households pointing out the health hazards is lowest in Ghara (Annex Table 27).

ii. Prevalence of Diseases

During the last one year, 87 children below 5 years fell ill for 96 times, which gives the average incidence of sickness of 1.1 times per child. The average incidence of sickness is lowest in Khibang (0.62 times) and highest in Ghara (1.67 times). The main health problem is fever/cough, as 43.7 percent of the patients suffered from this disease. Others problems in decreasing order of prevalence are diarrhea/ dysentery (23.9 percent) typhoid/ jaundice (11.5 percent), wounds (10.4 percent) joints/eye pain (6.3 percent) and others (4.2 percent) (Annex Table 28).

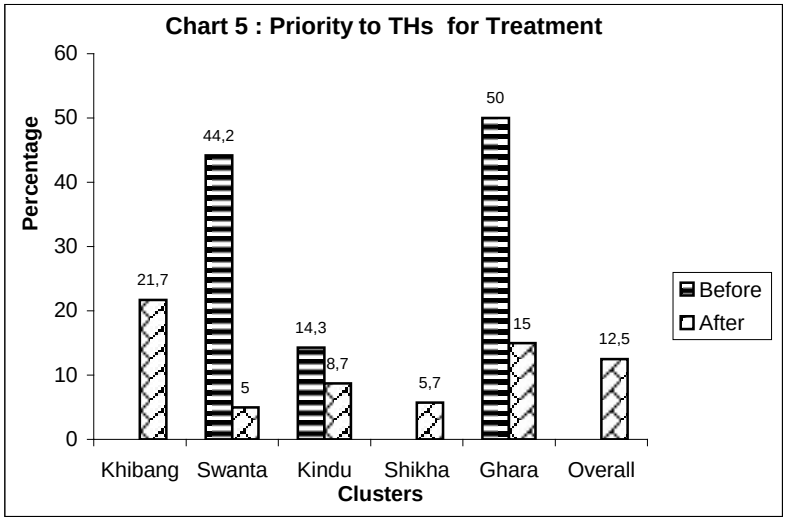
Among male population above 5 years, 438 persons fell ill for 107 times. The average incidence of sickness turns out to be 0.24 times per person. The average incidence of sickness is lowest in Khibang (0.12 times) and highest in Shikha (0.33 times), seconded by Ghara (0.32 times). The main health problem is fever/cough, as the largest proportion of the patients (36.5 percent) suffered from this disease. Other problems in decreasing order of prevalence are diarrhea/ dysentery (19.6 percent) intestinal diseases (10.3 percent) typhoid/ jaundice and wounds (8.4 percent each) and others such as appendicitis, asthma, eye pain, tooth pain, gout and skin diseases (altogether16.8 percent) (Annex Table 29).

Among female population above 5 years, 494 persons fell ill for 162 times. The average incidence of sickness turns out to be 0.33 times per person. The average incidence of sickness is lowest in Swanta (0.22 times) and highest in Ghara (0.37 times). The main health problem is fever/cough, as the largest proportion of the patients (45.7 percent) suffered from this disease. Other problems in decreasing order of prevalence are diarrhea/ dysentery (19.8 percent), typhoid/ jaundice and ovary/breast pain (11.1 percent each), eye/tooth pain (4.9 percent), and others, such as asthma, gout, wounds and skin diseases (altogether 7.4 percent) (Annex Table 30).

Comparison of changes in the prevalence of diseases with the pre-project situation has not been possible owing to methodological problems. The baseline survey report gives information on prevalence of disease with reference to past 3 months from the survey date, which fails to capture the morbidity pattern round the year as certain diseases occur only in specific months of the year.

iii. Type of Treatment

A majority of households (50.5 percent) reported going to the Health Post first in case of illness. Those giving first priority to traditional healers and Community Based First Aid (CBFA), constitute 12.5 percent and 11.4 percent, respectively. Maternal child health workers (MCHW) community heath workers (CHW)/ trained traditional birth attendants (TBAs) and district hospital as the first place of treatment are reported by 9.1 percent each. Private clinics and medical shops are the places of first priority for treatment for 7.4 percent households (Annex Table 31). Compared to baseline survey (Table 2.1), there has been a large decline in the proportion of households preferring Traditional Healers (TH), implying an increase in the proportion of households going to health workers and health facilities (Chart 5).

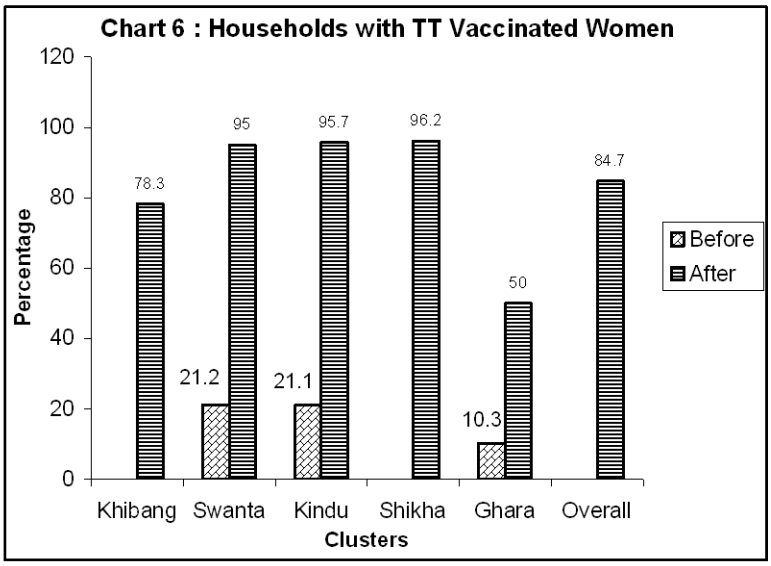


The main reasons for giving first priority to one health service over another were nearby/ easy access (51.7 percent), reliable treatment (42 percent) and free treatment (18.7 percent) (Annex Table 32). A large majority of respondents (80.1 percent) reported that health workers were on duty when they visited the Health Post (Annex Table 33).

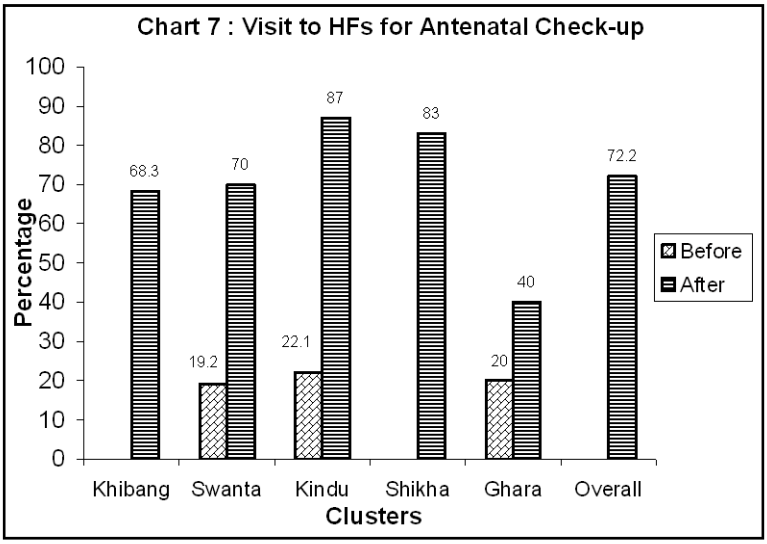
iv. Reproductive Health Care

A large majority of the households (84.7 percent) reported TT vaccination of women of their families. The proportion of households with TT vaccinated women ranges between 50.0 percent in Ghara and 96.2 percent in Shikha. The proportion of households reporting TT Vaccinated women shows a large increase over the pre-project situation in Swanta, Kindu and Ghara (Chart 6).

The largest proportion of the households (38.9 percent) reported TT vaccination of women three times, while 21.5 percent reported four times or more, 20.8 percent reported two vaccinations and 8.8 percent reported to have been vaccinated one time. The proportion of households reporting only two TT vaccination is highest in Swanta (47.4 percent), the percentage of women having been vaccinated three times is highest in Kindu (54.5 percent) and four times is highest in Shikha (35.3 percent) (Annex Table 34).



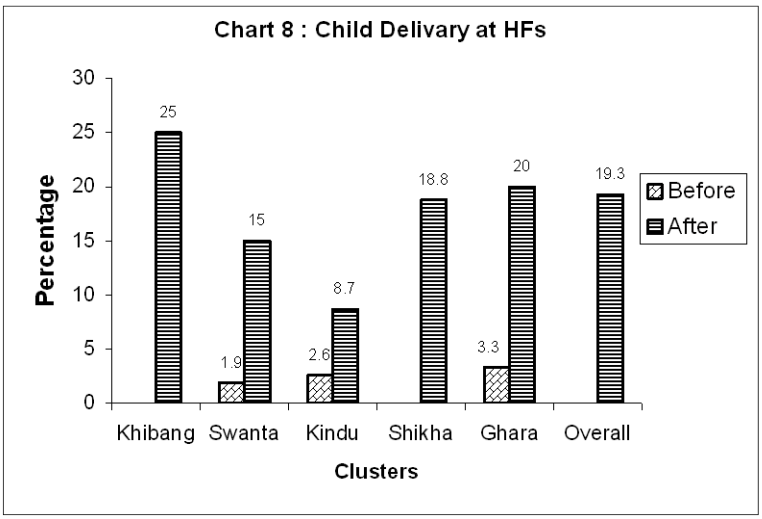
Similarly, a large majority of households (72.2 percent) reported visits by pregnant women to Health Posts/ hospitals/ traditional birth attendants for antenatal check-up. The proportion of households reporting visits ranges between 40.0 percent in Ghara and 87.0 percent in Kindu. There is a large increase in the proportion of households reporting ante-natal check-up by pregnant women compared to the pre-project situation in Swanta, Kindu and Ghara (Chart 7).



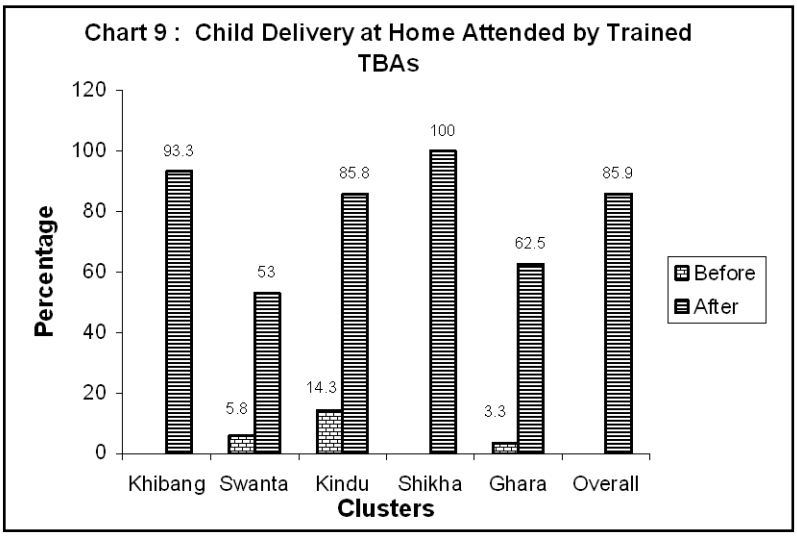
Of those who reported such visits, a large majority (83.5 percent) visited Health Posts. Other places of visits for ante-natal check-up are Hospital in Beni or Pokhara (24.4 percent), traditional birth attendants (14.2 percent) and Private clinic/ health workers (3.1 percent) (Annex Table 35). Of those visiting for

antenatal checkup, a majority (58.3 percent) visited three to four times. Those visiting one or two times and more than four times, constituted 28.3 percent and 13.4 percent, respectively. None of the households in Ghara reported to have had ante-natal check-ups more than two times (Annex Table 36).

A large majority of households (80.7 percent) reported delivery of child at home and the rest (19.3 percent) reported Health Facilities (HF). Compared to pre-project situation, there is an increased tendency of child delivery in Health Facilities (Chart 8).



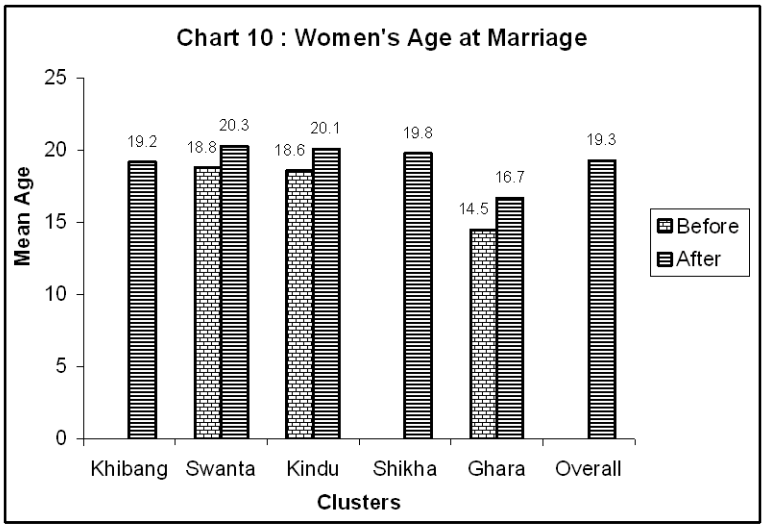
Of the women who delivered children at home, a large majority (85.9 percent) delivered with the assistance of trained traditional birth attendants (TBAs) or health workers, ranging between 53 percent (Swanta) and 100 percent (Shikha). There is a large increase in the attendance of child delivery by trained TBAs/Health workers, as compared to the pre-project situation. (Chart 9).



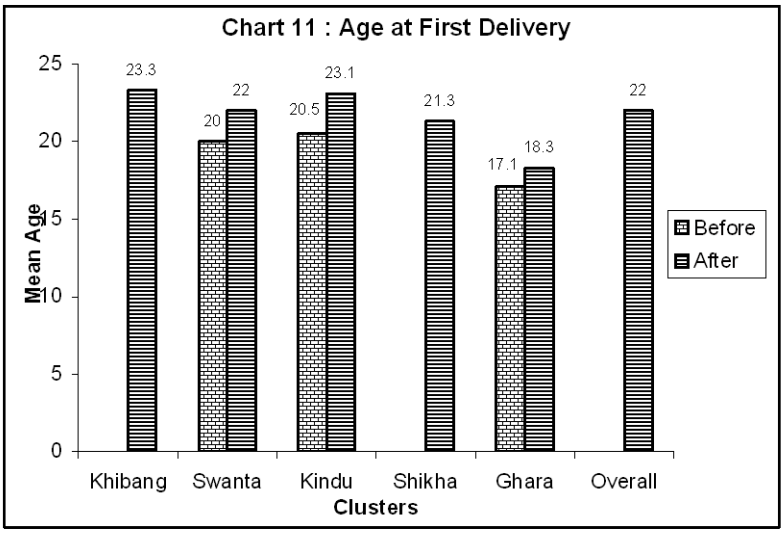
Other persons attending child birth at home include neighbors (27.5 percent), family members (16.2 percent) and health workers (14.8 percent) (Annex Table 37).

Households reporting adoption of family planning measures constitute 44.3 percent. The proportion of households adopting family planning measures is highest in Kindu (69.6 percent) and lowest in Ghara (30.0 percent). Amongst the total of contraceptive users, 56.4 percent are females and the rest (43.6 percent) are males (Annex Table 38). The most popular family planning measure is depo-provera (32.1 percent), followed by condoms (28.2 percent), pills and vasectomy (19.2 percent each) and laparoscopy (1.3 percent) (Annex Table 39).

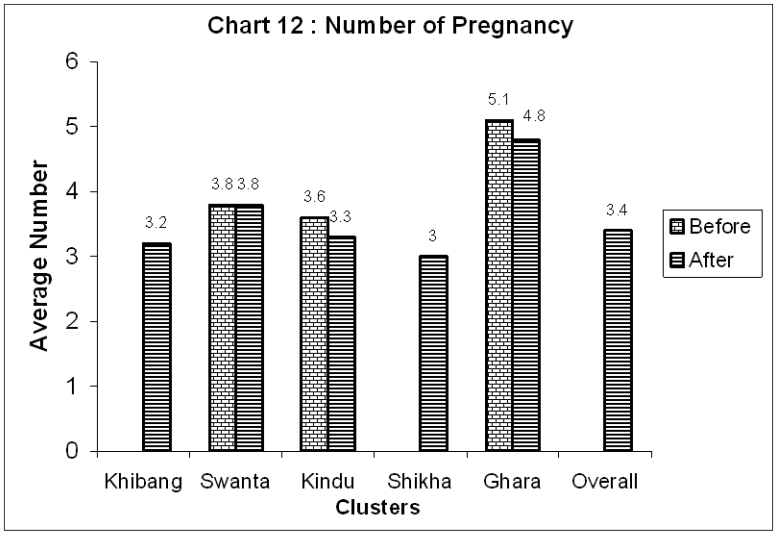
The average age of women at marriage is 19.3 years. Cluster wise, it ranges between 16.7 years (Ghara) and 20.3 years (Swanta) (Annex Table 40). Compared to baseline data, the mean age of women at marriage has increased by a couple of years (Chart 10).



The mean age of women at first delivery is 22 years, varying between 18.3 years (Ghara) and 23.3 years (Khibang) (Annex Table 41). Comparison with baseline shows an increase in the mean age at first delivery (Chart 11).



The average number of pregnancies is 3.4, ranging between 3.0 (Shikha) to 4.8 (Ghara) (Annex Table 42). Excepting Swanta, there is slight decrease in the average number of pregnancies, as compared to baseline data (Chart 12).



5.2.3 Drinking Water and Sanitation

i. Drinking Water

The Project has made a significant impact on improving the drinking water facilities in the project area. Water is supplied through 10 reservoirs having intake from 22 sources.

All the sampled households have access to piped drinking water with all year-round sufficiency. All households maintain water vessels covered with another plate, except in Ghara (92 percent). Walking distance to water source is negligible as the tap is in the yard of own's own house or between two houses. Comparison with the pre-project situation is not possible, as the baseline survey report does not cover the situation of drinking water.

Households reported several advantages from their access to piped drinking water. First, the reduction in water fetching time has enabled women to devote additional time for other useful activities. Secondly, the supply of piped water has made kitchen gardening possible. The households are of the opinion that they would not have practiced the kitchen gardening to the present scale, had there been no piped water. Thirdly, availability of water in adequate quantity has increased the frequency of bathing and cleaning houses and surroundings. Fourthly and most importantly access to safe drinking water has led to a significant decrease in the incidence of water-borne diseases, such as Jaundice, Typhoid, diarrhea dysentery, etc.

ii. Toilet Construction

Of the total 585 households in the project area, 515 (88 percent) have constructed toilets with the support of the project.

All the sample households in Khibang, Swanta, Kindu and Shikha have toilets, while it is only 90 percent in Ghara (Annex Table 43). The baseline survey report does not assess the situation of toilet. However, the project office has reported possession of toilets by 68.8 percent households in Khibang and 78.4 percent in Shikha before the project.

The toilets are mainly of pan type (81.6 percent), varying between 50 percent in Ghara and 100 percent in Khibang. Before the project, the toilets were mainly of temporary (pit) type — 97.2 percent in Khibang and 89.9 percent in Shikha.

Children also have acquired the habit of using toilets, except for in Ghara (Annex Table 43).

iii. Utensil Washing Platform

Construction of utensils washing platforms with systematic drainage is a new concept introduced by the project. The project package consists of a washing platform, stand for drying utensils and a string for drying washed clothes.

A total of 485 out of 585 households have constructed utensil-washing platforms. The sampled households show a very high prevalence of washing platform (92 percent). All the households in Khibang, Swanta and Kindu, and 98.7 percent in Shikha and 60 percent in Ghara have utensil-washing platforms. Almost the same proportion of households has stands for drying utensils, whereas 97.7 percent of the households have cloth drying strings. Among the five clusters, Ghara is at the bottom in all these areas (Annex Table 44).

iv. Disposal of Household Garbage

About 94 percent of the sampled households dispose off their household garbage at a fixed pit. All the households in Khibang, Swanta and Kindu, and 94.3 percent in Shikha and 60 percent in Ghara dispose household waste in the fixed pit (Annex Table 44).

v. Use of Improved Stove

Improved stove is also a new device introduced by the project. A total of 520 households of the project area have installed improved stoves. Of the sample

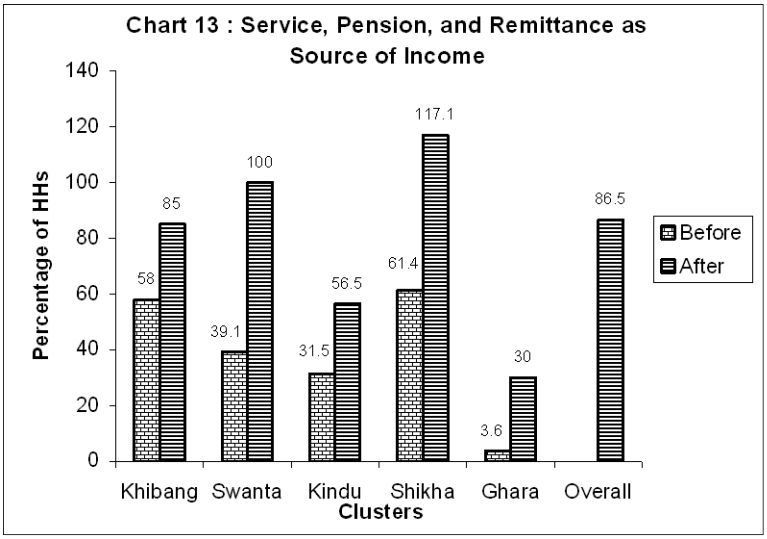
households, 78.4 percent now have improved stoves. The coverage is higher in Khibang (85 percent), Swanta (90 percent) and Kindu (91.3 percent) and lower in Shikha (67.9 percent) and Ghara (60 percent). Ten households in Shikha and 4 households in Ghara seem unenthusiastic of its installation, even though they had already procured the kit. A major reason for not installing the stove is the it cannot be used for heating during winter. The traditional berth provides heating as a "side effect" (Annex Table 45).

As opined by the participants of a focus group discussion, the project supported activities, such as construction of toilets, utensil-washing platforms, garbage pits and installation of improved stoves, have led to a significant improvement in hygiene and sanitation conditions both at the household and community levels. The habit of using toilets even by the children, the practice of cleaning utensils at a fixed place and depositing of household garbage in a pit have made the surrounding environment clean, healthy and pleasant. According to the focus group participants, one of the major reasons for decreased incidences of illness after the initiation of the project has been the clean environment owing to the construction and use of the hygiene units.

5.3 Economic Impact

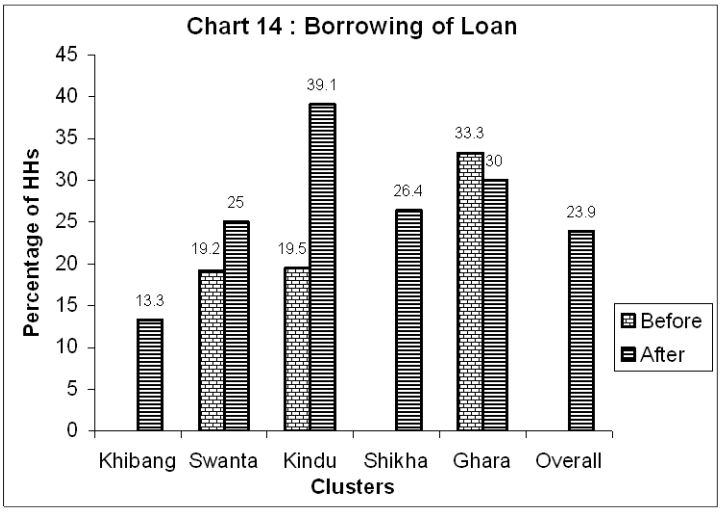
5.3.1 Sources of Household Income

Almost all sample households (97.2 percent) have agriculture as one of their sources of income. These households also derive income from other sources, such as pension (42 percent), remittance (30.9 percent), traditional cottage handicraft, such as making domestic liquor, making bamboo goods and ropes weaving traditional carpet and blanket, knitting and weaving traditional clothes, sewing clothes, etc (29.5 percent), wage labour (19.9 percent), service (13.6 percent), trade (11.4 percent), hotel business (10.2 percent), sale of livestock products (8.5 percent) and others, such as interest and mining/ quarrying (3.4 percent) (Annex Table 46). Of these, service, remittance and pensions have been the major sources supplementing income from agriculture. Proportion of households deriving income from these sources has increased considerably in each cluster compared to the pre-project situation (Chart 13).



5.3.2 Debt Situation

Of the total sample households, 23.9 percent reported borrowing money for various purposes. The proportion of households taking loans ranged between 13.3 percent in Khibang to 39.1 percent in Kindu (Annex Table 47). Compared to the pre-project situation, the proportion of households taking loans shows mixed results (Chart 14).



Moneylenders remained as the main source of borrowing, both 'before' and 'after' the project (Annex Table 47).

Regarding the purpose for taking loans, the largest proportion of households reported to borrow for visiting a foreign country. Before the project, purchase of food and clothes used to be the main purpose of loans (Annex Table 48).

5.3.3 Skill Training

The CDP has provided training to a large number of persons in non-formal education, health and sanitation, vocational skill, and self-help and institutional development. According to official record, about 1500 persons were trained in different fields up to 2003.

The largest number of persons were trained in various subjects related to self – help (409), followed by kitchen gardening (208). A total of 68 traditional birth attendants (TBAs) were provided training in deliveries, family planning, safer motherhood and general health aspects. Similarly, community based first aid (CBFA) training was provided to 76 persons.

Type of Training	Number
Non-formal education	*357*
TH training	*8*
TBA training	*37*
CBFA training	*43*
Kitchen gardening	*208*
Health and sanitation	*155*
HIV/AIDS	*34*
Toilet/WPF training	*19*
Self-help group	*409*
Institutional development	*146*
ICS mistry training	*19*
Plumber training	*18*
Sewing & cutting	*9*
Bamboo goods	*13*
Potato chips	*10*

Source :CDP, Shikha

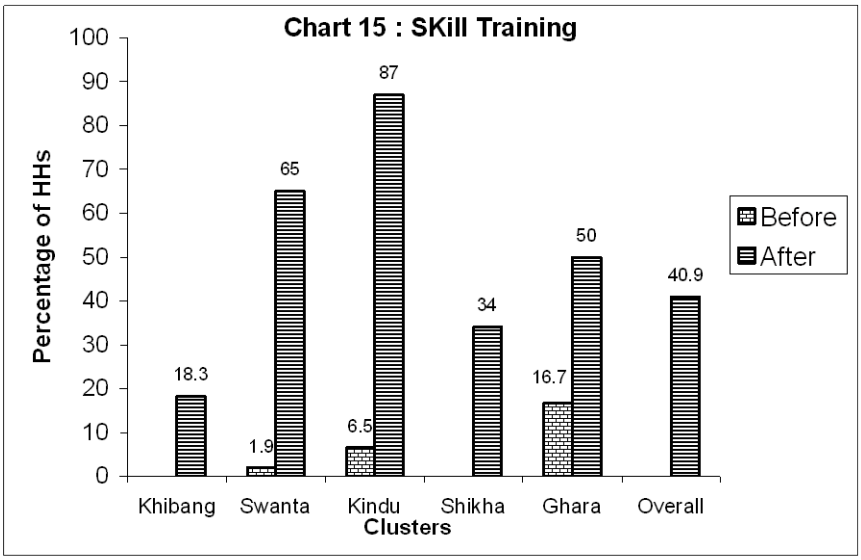
Some 14 traditional healers also received training in various aspects of general health and emergency issues. Trained TBAs, traditional healers and CBFA volunteers met in the course of field survey said that the knowledge they gained in training was highly useful in providing health services to the people. The trained TBAs opined that they learnt how to prepare for and conduct safe deliveries and which cases to refer to hospitals/health posts.

A total of 19 toilet constructors, 19 ICS contractors, and 18 plumbers also received skill development training form the project. About 44 persons received training in vocational skills, such as sewing and cutting (21), bamboo goods (13) and potato chips (10).

The project has laid high emphasis on creation of self-help groups and institutional development. Accordingly, 409 persons were given training in

various subjects related to self-help and 146 persons in institutional development.

Of the total sample households, 40.9 percent reported their family members to have received skill training. Cluster-wise, the proportion receiving training ranges from 18.3 percent in Khibang to 87 percent in Kindu (Annex Table 49). Compared to the pre-project situation, there is a tremendous increase in the proportion of households reporting skill training of their family members (Chart 15).



By type of training, the largest proportion have received training in kitchen gardening (30.6 percent), followed by sewing (18 percent), potato chips and bamboo works (15.3 percent each), TBAs (12.5 percent), plumber and health worker (9.7 percent each), CBFAs (4.2 percent) and others (5.6 percent) (Annex Table 50). Before the project, the types of training were limited to house making, sewing, gold-smith and cook.

The trainings have helped to equip the local people with skills useful for community works, group organization, household income generation and foreign employment. Trainings relating traditional healers, birth attendants First Aid, health and sanitation management, HIV/AIDS, etc. have contributed to improve the health and sanitation situation of the community. Training in kitchen gardening, use of toilets, non-formal education etc. has brought positive change in health and sanitation practices of family members. Self-help groups and institutional development related trainings have increased peoples' understanding and importance of organizing into groups and the Red Cross activities taking place in their localities. Skill trainings in ICS mistry, plumber,

swing and cutting, bamboo goods and potato chips have help the people to start income generating activities in their localities and access to jobs in other districts. Besides, some of these people have also gone to Gulf-countries for work, particularly those trained in plumbing.

5.3.4 Self-help Groups

In the project area, no self-help group existed before the project except for a few non-formal mothers' groups basically organized for religious and cultural activities and later supported by the Annapurna Conservation Area Project (ACAP). These groups were concentrated in Ghorepani area and mainly involved in presenting folkdance and cultural programs to the tourists, thereby raising money for the construction of a culture house and carrying out social work.

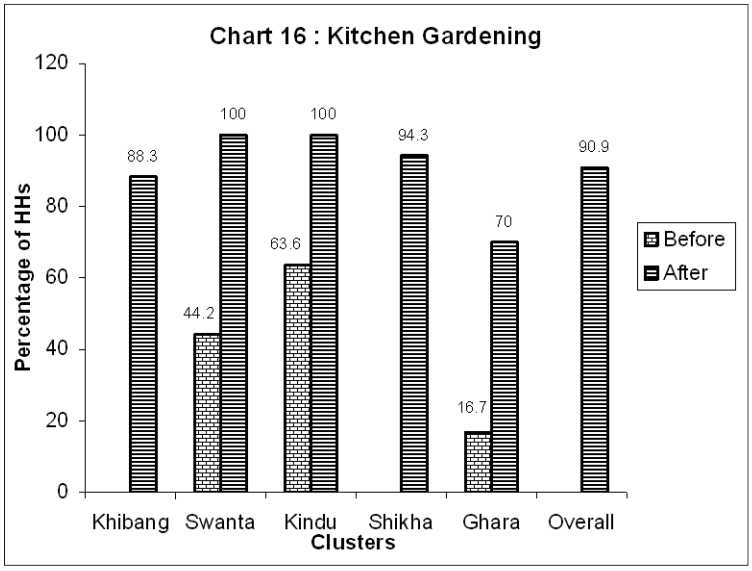
After the implementation of the project, 6 self-help groups encompassing 261 women as members have been established. These groups have been able to mobilize a sum of Rs. 372,925 as a group saving for providing credit to the members for various purposes. Women organized in self-help groups reported economic benefits in terms of accumulation of their small savings, which would otherwise have been spent, and access to credit with easier terms and conditions. Besides mobilizing savings and providing credits, the self-help groups are involved in various social activities related to literacy, health and sanitation, and drinking water. They have also benefited from the group managed social activities relating to safer motherhood. These groups have operated and managed the community library, community cleaning campaign once a week and actively involved in drinking water management activities. In Kindu and Swanta the groups have constructed their own community house.

Self-help Groups		
	Members	***Fund amount (Rs)***
Khibang	*45*	*45,856*
Swanta	*38*	*95,861*
Kundu	*58*	*119,840*
Shikha	*58* *47*	*72,572* *17,710*
Ghara	15	21,086
Overall	**261**	**372,925**

These groups have played a crucial role in empowering women by increasing their level of awareness, giving them self-esteem and equipping then with new skills. They have also launched campaigns against male alcoholism and male domination over females. Women participating in these groups have felt freedom from the dependence on moneylenders, who only provide credit at very high interest rates.

5.3.5 Kitchen Gardening

The practice of kitchen gardening is widespread in the targeted communities, as about 91 percent households are involved in it. The proportion of households involved in kitchen gardening ranges from 70 percent in Ghara to 100 percent each in Swanta and Kindu (Annex Table 51). Before the project, the proportion of households practicing kitchen gardening ranged from 16.7 percent in Ghara to 63.6 percent in Kindu (Chart 16).



Households not practicing kitchen gardening, reported lack of land to be the main constraint, which is more acute in Ghara. Production of vegetables from kitchen gardens is mainly used for household consumption. Despite the potential of kitchen gardening as a source of income, households do not seem to be enthusiastic to grow vegetables for sale owing to lack of marketing facilities. Traveling the distance to the markets in Beni and Pokhara without an improvement in infrastructure, is almost impossible.

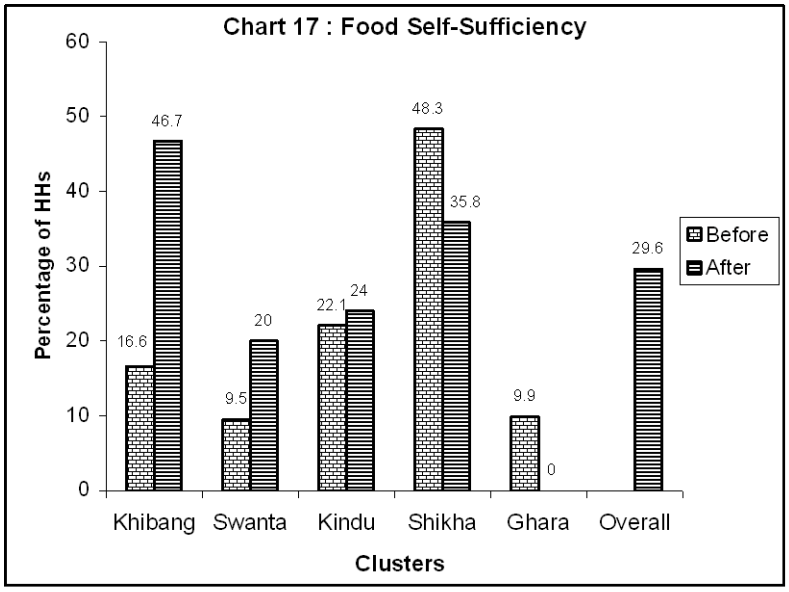
Of the total of 160 households practicing kitchen gardening, about two-thirds purchase vegetable seeds from markets (Beni and Pokhara) or venders. Other sources of vegetable seeds include own production (41.3 percent), mini-kit (13.1 percent) and agricultural service centre (10.6 percent). It may also be noted that about one-third has acquired vegetable seeds from more than one source (Annex Table 52).

None of the households involved in kitchen gardening reported use of chemical fertilizer and insecticides or pesticides. The baseline data also showed the same picture.

During the course of interviews, households reported increased consumption of vegetables due to the practice of kitchen gardening. This meant increased consumption of nutrients in the food intake of households. However, kitchen gardening has not contributed to increase income, as the products are not sold at the market.

5.3.6 Food Self-sufficiency

Of the total number of sample households, 32.8 percent has food self-sufficiency for more than 6 months. Cluster wise, the proportion of households reporting food self-sufficiency for more than 6 months is zero in Ghara, 20 percent in Swanta, 22.6 percent in Shikha, 24 percent in Kindu and 46.7 percent in Khibang (Annex Table 53). There is no definite trend in the change in food self-sufficiency status before and after the project (Chart 17).



5.4 Institutional Development

5.4.1 Knowledge about Red Cross and the CDP

Red Cross is known to a large majority of respondents (82.4 percent). The proportion of households reporting knowledge about Red Cross is highest in

Swanta (90 percent), followed by Kindu (87 percent), Khibang (81.7 percent), Ghara (80 percent) and Shikha (79.3 percent) (Annex Table 54). Among the knowledgeable persons, a large proportion (90.3 percent) reported knowing about Red Cross as an organization involved in health and sanitation works. Other activities carried out by Red Cross, as reported by the respondents are supply of safe drinking water (51 percent), humanitarian works (40 percent), helping to vulnerable people (32.4 percent), helping the poor (23.4 percent), helping disaster victims (19.3 percent) and carrying out development work (6.2 percent) (Annex Table 54).

Only 29.5 percent of sampled households reported membership of the Red Cross. The proportion of households reporting membership of the Red Cross is highest in Kindu (43.5 percent) and lowest in Khibang (21.7 percent). None in Ghara reported the membership. Of the total 59 members, 54.2 percent are men and 45.8 percent are women (Annex Table 55).

The CDP is known to a large majority of the households (86.9 percent). In terms of cluster, the proportion of households reporting knowledge about the CDP ranges from 78.3 percent in Khibang to 100 percent in Swanta. The main activities of the CDP as pointed out by them are toilet and sanitation works (80.4 percent), drinking water (69.9 percent), health training (53.6 percent), kitchen garden and improved stove (37.3 percent each), literacy classes (11.1 percent), income earning activities (10.4 percent), formation of self-help groups (9.8 percent) (Annex Table 56).

5.4.2 NRCS District Chapter

Established in 1975, NRCS Myagdi District Chapter is one of the oldest district chapters of Nepal Red Cross Society. Membership of the chapter has expanded over the years, showing an increase in both general and life members. The baseline survey reported 169 life members and 100 members, which increased to 341 life and 137 general members in 2001. In 2004, the life membership increased to 750, while general membership remained unchanged.

The executive committee formed in 2003 consists of 18 members with only one woman. The members of the executive committee represent different professional and ethnic groups. The youth members are 380 and JRC members are 4500. The district chapter has formed 9 sub-committees to look after each specific activity. Each sub-committee is headed by a coordinator and consists of 5 to 13 members. The activities carried out by the district chapter include disaster management, ambulance management JRC programs, publication of bulletins and health services. Since 1999, it is also involved in the implementation of CDP.

The District Chapter (DC) is actively involved in mitigating the severity of conflict in the district by carrying out various programs as follows:

- Distribution of relief materials;
- Rescue of wounded persons at the time of arms conflict;
- Proper management of dead bodies;
- Identification and notification of explosives;
- Informing about the presence of explosives;
- Launching campaigns for increasing awareness;
- Propagating human rights rules.

These program activities were virtually non-existent before the project.

i. Capacity of the District Chapter

The district chapter has strong institutional strength backed up by income generating asset, surplus financial position and dedicated volunteers at different levels. This may be attributed in part to the CDP assistance, particularly in building construction and office equipment, among others.

a. Office Building: The district chapter possesses two ropanies of land (0.1018 hectare), two storied building with 18 rooms, of which 6 rooms of the ground floor are rented out at a monthly rate of Rs. 4000 per room. Before the project, the DC did not have its own office building but had only temporary shutters, which earned some income. Construction of present building was partially supported by the project and because of permanent structure the shutter could be rented out at higher rent.

b. Manpower: The DC has one ambulance driver and one peon as regular staff. However, under the CDP, there is now one program officer, one senior assistant and five motivators. There are other 9 staffs under Rural Water Supply and Sanitation Fund Board (RWSSFB).

c. Office Equipments/Facilities: The DC has one computer, one fax machine, one photocopy machine and one motorcycle. It has two telephone lines, electricity, drinking water and toilets. At the time of baseline survey, it did not have all these office equipment and facilities. Possession of these modern office equipment/ facilities has been made possible due to the project.

d. Decision Making Process: The decisions are made on the basis of consensus or majority opinion. All the issues are put in the executive committee meeting for discussion before making decision.

e. Financial Status: The major sources of earning of the district chapter are membership, fee, service charge, sale of land registration form, rent of rooms (shutters), seminar hall charge, donation and central assistance. Income generation from various sources prior to the project was Rs. 60,000 average per year, but increased to Rs. 120,000 in 1999/2000 and further to Rs. 130,000 in 2003/04. The annual income has increased steadily over the years from Rs. 0.12 million in 1999/2000 to Rs.1.03 million in 2003/04. Annual expenditure has also increased but has remained lower than income, generating surplus except in 2000/01. The surplus was Rs. 210,000 in 2001/02 and Rs.130,000 in 2003/04.

The district chapter has launched a Red Cross Campaign in the district by organizing different programs, such as workshops, training exhibition, rally and mobilizing JRCs, etc. The number of Junior Red Cross formed in the district reached 30 with a total 4500 members.

f. Methods of Monitoring and Evaluation: The district chapter is highly concerned with monitoring and evaluation of programs implemented by it. Various methods, such as program evaluation, financial auditing, visit of program sites and discussion with local people are used for monitoring and evaluation.

ii. Cooperation and Coordination with other Development Partners

There is good coordination and cooperation among the development partners involved in the development works of the district. The DC has been successful in developing partnership and cooperation with several agencies both governmental and non-governmental for effectively implementing development programs, even under difficult conditions.

- District Health Office: resource person for conducting birth attendants and health trainings.
- District Education Office: informal education teacher for the implementation of informal education program.
- District Agricultural Office: resource person for organizing kitchen garden training.
- District Livestock Office: staff for providing veterinary health services.

- District Cooperative and District Cottage Development Committee: resource persons for conducting training in account-keeping and skill development.
- District Development Committee: support in the implementation of program activities
- VDCs (40): Rs. 10,000 support each for the construction of DC office building
- INF/ safer-motherhood project: support for organization of training programs in primary health, and safer motherhood activities.

5.4.3 NRCS Shikha Sub- Chapter

Shikha-sub chapter was formed in 1999 in Shikha VDC. It is one of the 12 sub-chapters of the district. The sub-chapter has 151 life members (97 males and 54 females) and 23 general members (all women). The present executive committee was formed in 2001 consisting of 10 members, of which only one is female.

The sub-chapter does not appear to be as strong as the district chapter and is dependent upon support in terms of finance, management and human resources from the district chapter and Headquarters.

The sub-chapters has organized four junior Red Cross Circles in 4 schools of Shikha VDC. The sub-chapter has its own office building with two rooms in the centre of Shikha VDC. But it has no regular source of income. Although all the executive committee members are educated, dynamic leadership in lacking because of over-occupation of present Chairman in his own business.

The sub-chapter is confronted with the challenges of continuation of CDP after its termination scheduled for December 2004, which is already crossed. However, in view of the non-functional character of the sub-chapters and lack of income sources, it is doubtful whether it would be able to play the expected role.

6. Sustainability Status and DC/SC Plan to Sustain

6.1 Sustainability of the Program

The CDP in Myagdi shows prospects of being sustainable even after the project is phased out. The community people have found the project activities as reflecting their own felt needs and are enthusiastic to carry on these activities even after the end of project support. However, people in Ghara do not seem to be attached with project activities and hence their sustainability appears doubtful.

Take for instance the drinking water system, which was initiated through project support, but now has become a part and parcel of peoples' daily life. People are now so habituated to get water in their yard or in between two or three houses, that they cannot think of its closure. Moreover, they are also highly aware of the importance of safe drinking water for avoiding many illnesses. The community people themselves have also built sufficient institutional capabilities to sustain the drinking water system. They have users' committees, caretakers and persons trained in plumbing. Drinking water users' committees have been formed to look after the drinking water schemes and keep them intact. The users' committees have so far mobilized Rs. 110,070 from the households for a maintenance fund.

Drinking Water User's Committee			
	Maintenance fund		
	Bank A/C	***Running***	***Total***
Khibang	*4,200*	*1700*	*5900*
Swanta	*6,500*	*Ward fund*	*6500*
Kundu (Dhaske Khare)	*17,702*	*9007*	*26709*
Kindu (Jahrbag)	*27,311*	*1050*	*28361*
Shikha	*32,400*	*NA*	*32400+*
Ghara	10,200	Na	10,200

The project has also organized drinking water users' committee seminars, plumber training and awareness raising programs in order to make the system sustainable. The drinking water schemes appear to be well functioning in all the villages which may be attributed to high level of peoples' awareness about the benefits of safe drinking water.

The committee has also created a repair fund by collecting a fee from each member. The committees are in the process of registration of their system with the district Drinking Water Office in order to get the scheme covered against damages due to landslide, flood or other natural disaster, as per the rules. The situation in Ghara presents a dim prospect of sustainability of drinking water schemes despite the prevalence of both physical and institutional infrastructure.

The habit of using toilets will also be continued by the people because they have realized the health benefits of such use. The schools will maintain the school toilets, as these are indispensable for the staff and students.

The group approach developed in the form of self-help groups has been instrumental in organizing poor women to help themselves through mobilization and disbursement of savings. These groups have been active in mobilization of savings, providing credit to the members and propagating the needs and concerns of women. The project support in the form of seed money was very

helpful to make the groups active and grow. At present there are six such groups, with two having their own office building. These groups will remain operational and some additional groups are expected to emerge in the future, except in Ghara where the self-help group in virtually defunct due to lack of empathy and cooperation from the men in the community.

The non-formal education program will not, however, be carried out after the project. Community people will not be able to provide for the salary of the facilitator. Similarly, the rubbish bins placed in some clusters show dim prospects of continuation, as people have not accepted this as being important.

6.2 District Chapter/ Sub-Chapter Plan to Sustain the Program

The DC has given high priority for the sustainability of the project in Shikha VDC. This is reflected in the formation of Community Development Sub-committee as one of the nine separate sub-committees formed for various activities. The sub-committee consists of representatives from the DC and sub-chapter executive committees. The sub-committee has the responsibility of ensuring that the project activities are continued even after the phasing out of the project.

The DC has also earmarked Rs. 60,000 out of its rental income for the sub-chapter per annum as program monitoring fund. The DC has established relationships and linkages with the district line offices, and has persuaded them to provide technical assistance for carrying out certain project activities jointly with the sub-chapter.

The role of the sub-chapter is also vital in the sustainability of the project. It has the twin responsibility of monitoring and evaluation of project activities to ensure that they are ongoing, participatory and well documented with feedback mechanisms, and to provide necessary technical, financial and managerial support to the committees and groups. However, given the capability and current style of functioning of sub-chapter, it is doubtful whether it would be able to fulfill the responsibility of sustaining the project activities after the project phase out.

7. Conclusion and Recommendations

7.1 Conclusion

The CDP, started in 1999 in Myagdi district with the support from the Norwegian Red Cross, shows satisfactory performance judged in terms of both physical and as financial target achievement status.

Regarding impact, the project appears to have brought about a significant change in the social condition of the people, as measured in term of literacy rate and awareness to various health, hygienic and sanitation related issues. The non-formal literacy classes and increased awareness about the value of educating children have led to very high school enrolment of children (91.7 percent). Similarly, in the field of health and sanitation households have now easy access to pipe water throughout the year. As much of the diseases in rural areas is due to lack of safe drinking water, the easy availability of clean water to every household has led to a reduction in the incidence of illness, particularly water borne diseases. The availability of water has also induced households to practice kitchen gardening, thereby enhancing the intake of nutrients in daily consumption of food. Households are now used to having toilets, have a fixed place of cleaning utensils and pit for depositing household garbage. All these have made household as well as community environment healthy for living. Training provided to traditional birth attendants (TBAs), community based first aid (CBFA) volunteers and traditional healers, has helped to strengthen the availability of basic health services provided at the village. The training of TBAs has been reported to have improved the cleanliness and safety of delivery practices and cord care. They have also been the key agents to provide advice and counseling for maternity and reproductive health, such as family planning breast feeding, personal hygiene, etc. These health workers also work as responsible referral chains to higher Health Facilities for severe illness. Skill training in various fields has equipped people with the capability of starting their own micro-enterprises, or seek paid employment within and outside the village or district and even in foreign countries, particularly Gulf countries.

As a result of the increase in literacy and health awareness, the mean age of women at marriage and the mean age at delivery of first child have increased by a couple of years compared to the pre-project situation. The project has encouraged women to self-organize themselves in self-help groups as a means to make them financially independent and achieve improved status in the family as well as the community. These groups, besides mobilizing members' small savings and providing credit, thereby freeing them from the exploitation of moneylenders, have played an instrumental role in raising their level of self-esteem, equipping them with new skills and launching campaigning against male alcoholism.

The project has also contributed to enhance the institutional capability of Red Cross Myagdi district chapter. Shikha sub-chapter, however, have a weak institutional capability. It is dependent upon the district chapter and headquarters for financial, managerial and human resources to carry out the activities.

There is a good prospect of continuation of certain activities even after the phasing out of the project. The beneficiary population is so attached to certain facilities that they have made necessary arrangements for the continuation of these activities even after the phase out of the project. The benefit of safe drinking water is highly appreciated by the local community. They have formed water users' committee and established maintenance fund to sustain the activity in the future. People indicated a strong desire to continue adopting new knowledge, attitude and practices gained in various fields, as they have already realized the benefit of these.

Although one of the objectives of the project is to reduce vulnerability of the target groups by improving the living condition, there is lack of adequate efforts in this direction, particularly in the economic area. Except skill training which help people to earn income, income generation does not figure strongly in the activity agenda of the project. This lack of focus is reflected in the fact that the goal of reducing the vulnerability of target people as measured by food self-sufficiency for more than six months has not been achieved. There are certain project activities which need external support for continued benefits to the local community. The trained TBAs, THs and CBFAs need to be provided with follow-up training for maintaining the relevance and effectiveness of their services. CBFAs training could have been more useful to the community, if they were provided with first aid materials and first aid posts were established in certain settlement areas. The non-formal education program may not be carried out after the project, as community people are not in a position to afford the cost of the facilitator. The motivators have played a crucial role in the implementation of project activities by working towards strengthening self-help groups and getting the activities firmly rooted in the community through various ways. As such, their services will be needed for some years for successful continuation of the activities after phasing out of the project.

There is a clear need to strengthen the institutional capability of Shikha sub-chapter for sustaining the project activities. It is also important that the district chapter take initiatives to lobby the concerned district line agencies to incorporate some of the project activities in their annual programs and also remain effort-full to ensure that the sub-chapter is active to sustain the project activities.

7.2 Recommendations

1. The district chapter should continue monitoring and evaluation of Shikha sub-chapter from time to time. The DC should also arrange for training of sub-chapter staff and executive committee members to strengthen and update the knowledge and skills so that they will be able to provide effective services and practices to the community.

2. The district chapter should take the initiative to reconstitute the sub-chapter executive committee. The new committee should be representative of all communities, and headed by a dynamic chairperson.

3. The district chapter should consider equipping the sub-chapter with income earning assets so that recurrent expenditure as well as portion of capital cost can be met without district support. These assets could be telephone, fax machine and photocopy machine, which help to generate income. Certain fund raising programs such as health camp, exhibition could also be organized to generate income for the sub-chapter.

4. The provision of allocation of annual fund of Rs. 60,000 by the district chapter should be transferred to the bank account of sub-chapter instead of maintaining the fund in the bank account of the district chapter.

5. The district chapter should take initiatives to maintain good relations with district line agencies in order to get the CDP activities incorporated in annual development programs.

6. The district chapter, as well as the sub-chapter, should take initiatives to launch a membership drive with greater focus on women.

7. The district chapter and the Shikha sub-chapter should make efforts towards organizing a haat bazaar in order to provide market outlets to the kitchen garden products, as well as other commodities. Such markets can be organized in collaboration with the concerned line agencies of the district.

8. The Shikha sub-chapter should develop coordination with the VDC to receive support for the sustenance of the CDP implemented activities.

9. The Shikha sub-chapter should take initiatives toward making the CDP Ward Committees active in motivating the people to continue the programs at the household as well as community level.

10. The Shikha sub-chapter should mobilize the CDP Ward Committees to motivate and guide the self-help groups to register their groups with the

district Cooperative Office in order to become a legal and institutional entity. The collected fund needs to be utilized properly by establishing appropriate enterprises so as to generate income and provide self-employment.

11. CBFA training to local people has enhanced their knowledge of dealing with injuries and sudden illnesses, but there is no facility for first aid treatment. The CBFAs are not provided with first aid box, nor is there any first aid post in the VDC. As a consequence, patients with injuries are rushed to health post, however ill- equipped it may be, rather than seeking the help of CBFAs. It is, therefore, suggested that each CBFA volunteer should be provided with a first aid box with the provision of replenishment of equipment, drugs and materials. An alternative to this would be to establish two to three first aid posts. This may have cast implications, and potential partners could be approached for their cooperation in regularizing the first aid treatment service. These partners could be the ACAP, district health office, I/NGOs working in health sector. Initiative should be taken by the NRCS central office for effective result.

12. Training for TBAs has had the same fate as CBFAs. The lack of delivery kits for TBAs and in the communities, has prevented them from utilizing their skills. Initiatives should be taken to equip all TBAs with delivery kits by approaching potential partners for cooperation in this task.

13. There is a need to provide mini-kits to the households to promote kitchen gardening.

14. The long-awaited telescope planned to be fixed in Pun hill should be immediately installed so that revenue is generated for the sub-chapter. The tower has already been constructed and the telescope has already been procured. The NRCS district chapter should take initiatives to consensus among all parties concerned for its installation and management.

15. In order to develop the libraries established under the project, the Shikha sub-chapter should request the NRCS central office to arrange for donation of books and other reading materials from publishing houses etc.

16. Some of the components of the project need to be extended for a minimum of one year to consolidate the project benefits and achieve full coverage. There are still some households not covered by drinking water, toilets and improved stoves, not to speak of Ghara where the coverage is quite low. Child literacy has just started in Shikha and hence this needs to be continued for some time to have a perceptible impact. The project also needs to be extended to villages (Chitre, Falate and Paudar), uncovered so far in order to comply with the repeated request made by the people to the Red Cross for the extension of the project in their areas. The total coverage of Shikha VDC

by the project would be highly instrumental in enhancing the Red Cross movement throughout the VDC. The project should provide furniture support to Swanta self-help Group, as it has already constructed its own office rooms in the school building. The working period for the five motivators should be extended for two more years so that project activities get firmly rooted in the community.

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