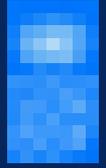


Voices OF PEOPLE ON DEVELOPMENT



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Voices OF PEOPLE ON DEVELOPMENT

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Government of Nepal, National Planning Commission/ United Nations Development Programme

Published by
Government of Nepal
National Planning Commission
Singha Durbar
Kathmandu, Nepal
Tel. 977-1- 4225879, 4229070
Email: npcs@npcnepal.gov.np
Website: www.npc.gov.np

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Design and layout by DG Scan
Printed in Nepal by Format Printing Press

FOREWORD

Past development efforts have failed to integrate all sections of the people into the mainstream. This has resulted in unacceptable exclusionary practices that have thwarted the benefits of development from being widely shared and closed the doors for the effective participation of all citizens in national life. Although achievements have been made in many areas, vast sections of the people continue living in poverty and deprivation. This has clearly been a major catalyst for fuelling the 10-year conflict, only accentuating the divide between the privileged and the deprived. This brings out the significance of this Report, which has provided the platform for the poor to raise their concerns, while defining their needs and priorities and bringing them to the attention of planners and policymakers and the wider public.

This Report highlights the pains and tribulations of people living in poverty, people who continue living undignified lives everyday. It is a clear manifestation of an unequal society. It shows that in spite all the hue and cry about inclusive and equitable development, the reality on the ground is quite different. This is, indeed, quite sobering, especially at this critical juncture when the country is fast moving towards peace and national reconciliation. With the establishment of the Interim Parliament and the promulgation of the Interim Constitution and as the country prepares for the Constituent Assembly, we are confident that social transformation will now take place rapidly as these disadvantaged groups come into the mainstream of the country's development process and integrate into society as equal citizens. Economic transformation will now have to move as

rapidly to meet people's expectations and deliver on the promises made.

The evidence in the Nepal Human Development Report 2004 clearly shows that while political aspirations and awareness have increased tremendously and while the social mobilization in the communities has augmented social empowerment, economic empowerment continues to remain the major obstacle in raising the living standards and welfare of the disadvantaged groups and the very poor. Without enhancing the economic empowerment of the country's excluded and deprived groups, it will be impossible to sustain the socio-economic transformation of the country's population. This Report will provide guidance during the formulation of Nepal's three-year Interim Plan and in devising programmatic interventions that will effectively address the exclusionary patterns of development leading to socio-economic transformation and lasting peace. We see this as a powerful platform for the poor to have their voices heard and listened to and providing an important reference to the Government of Nepal to gear its plans and policies accordingly in the interest of the poor and historically disadvantaged groups.

Finally we would like to urge all development partners and national stakeholders to take these experiences of the poor into account when devising their own programmes and interventions. Through a coordinated and concerted effort we can make a difference, we can redefine the development paradigm and we can create a level playing field for accelerated human development through the achievement of the Millennium Development Goals.



Matthew Kahane
UN Resident and Humanitarian Coordinator
UNDP Resident Representative



Jagadish Chandra Pokharel, PhD
Vice Chairman
National Planning Commission

ACKNOWLEDGEMENTS

Voices of People' has captured the feelings and sentiments of a wide range of people from different districts on issues related to their livelihoods and the environment they live in. The document is expected to be a powerful instrument in provoking the political leaders and policymakers to show more commitment to the issues. 'Voices of People' is also expected to be useful in bringing certain issues to the immediate attention of the planners to frame pro-poor policies, introduce reforms and effectively implement the policies as per the expectations of the poor people.

'Voices of People' is a result of the collective, collaborative and co-ordinated efforts of many stakeholders and like-minded people involved in the overall development of the country. Everyone who was involved in bringing out this document in this shape deserves sincere and heartfelt thanks for their untiring effort and co-operation in the process.

First, there is no word that can sufficiently thank the meaningful contribution of all the respondents from the different districts who shared their feelings, sentiments, concerns, ecstasies and agonies so openly so as to make this venture a success.

Special thanks go to UNICEF for joining hands to make this collaborative efforts a success.

We would like to extend a sincere note of thanks to the Women Development Officer

and other staff members of the Women Development Office in Morang, Bhaktapur and Chitwan districts in acknowledgement of the valuable contribution they made. Similarly, we would like to express our sincere thanks for the untiring contributions made in the field by RESIC of Banke, Tharu Mahila Manch of Kanchanpur, FORWARD of Morang and Mahila Savings and Credit Co-operatives of Bhaktapur.

Special thanks go to the team of experts responsible for preparing this report, Basudev Neupane (Poverty and Hunger), Kusma Shrestha (Education and Gender), Chitra Bahadur Budhathoki (Health) and Guna Raj Shrestha (Environment).

While Teertha Raj Dhakal, then National Programme Director (NPD), played a key role in the conceptualisation phase, Gyanendra Kumar Shrestha, NPD, guided the report preparation process. Similarly, we are grateful to Sriram Raj Pande, Assistant Resident Representative, UNDP for his contribution throughout the process from conceptualisation to report preparation. Thanks are also due to Eriko Onoda and Uddhab Khadka of UNICEF for the support in collecting the profiles and suggestions during the publication of this report. Our appreciation also goes to Bijaya Lal Shrestha for editing the document and Bhai Kaji Rajbahak for the secretarial support.

Finally, our thanks go to Hari Pradhan and his project team for facilitating the draft preparation process and co-ordinating the steps leading to the publication of this document.

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
CAC	Community Action Centre, Nepal
CDO	Chief District Officer
CLRC	Community Learning and Resource Centre
CLTS	Community Led Total Sanitation
DACAW	Decentralised Action for Children And Women
DAO	District Agriculture Office
DDC	District Development Committee
DDWSSO	District Drinking Water and Sanitation Office
DEO	District Education Office
DFO	District Forest Office
DIC	Drop in Centre
DMPA	Depo-medroxyprogesterone acetate (Depo-provera)
DOTS	Directly Observed Treatment Short course
DPHO	District Public Health Office
FCHV	Female Community Health Volunteer
HIV	Human Immuno-Deficiency Virus
HP	Health Post
ICS	Improved Cooking Stove
IDU	Injecting Drug Users
ITN	Insecticide-Treated Nets
JE	Japanese Encephalitis
LBW	Low Birth Weight
MCHW	Maternal and Child Health Worker
MDG	Millennium Development Goal
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
NSARC	Nepal STD and AIDS Research Centre
NSWA	Nepal Social Welfare Association
ORS	Oral Rehydration Solution
PHC	Primary Health Care Centre
PRA	Participatory Rural Appraisal
PRSP	Poverty Reduction Strategy Paper
RBM	Roll Back Malaria
SAFE	Social Awareness for Education
SHP	Sub-Health Post
SLC	School Leaving Certificate
SLTS	School Led Total Sanitation
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendant
VDC	Village Development Committee
WDO	Women Development Office

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INTRODUCTION

The Context

The Millennium Development Goals (MDGs), which comprise eight goals, 18 targets and 48 indicators, were adopted by 189 nations at the Millennium Assembly in September 2000 and strongly reaffirmed by all the member states of the United Nations in the Monterrey Consensus as well as in the Johannesburg Plan of Implementation in 2002. Accordingly, global targets and indicators were set to help mobilise political commitment, and consequently targets were set and indicators identified at the national level, too.

The September 2005 Summit in New York has re-emphasised the commitment of all UN member states to the MDGs. Since the Government of Nepal endorsed the Millennium Declaration in 2000, Nepal has been making the necessary efforts to achieve the MDGs. As the medium-term strategy and implementation plan to achieve the MDGs, the country's Poverty Reduction Strategy Paper (PRSP)/Tenth Plan has incorporated the MDGs in its strategic framework. Therefore, some linkages have been established between the MDGs and poverty reduction strategies. On the monitoring front, Nepal published the first progress report in 2002 and the second one in September 2005.

Furthermore, in an attempt to provide a strong analytical basis for future national development strategies, the Government of Nepal has undertaken a comprehensive MDG Needs Assessment. It identifies necessary interventions and resources required for the priority sectors (agriculture, irrigation and food security; roads and other rural infrastructure; drinking water and sanitation; health; and education). It has

THE MILLENNIUM DEVELOPMENT GOALS

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

identified a total resource gap of US \$7.9 billion to meet these interventions for the next 10 years.

Following the work at the national level and in a bid to localise the MDGs at the district level, District MDG Progress Reports have been prepared in five districts and a Needs Assessment exercise in one.

Rationale for the Publication

Today, the developing nations, under the leadership of the United Nations and with the support of the developed world, are steering their plans and the development process towards the MDGs. And Nepal, too, has been involved in preparing MDG-based plans and striving hard to achieve the targets set by the MDGs. But what do all these mean to the ordinary people? What is poverty from their perspective? Why is it important for them to go to school? Why is it important to ensure gender equity and women's empowerment? How can child mortality be reduced? What does maternal health mean to them? How can HIV/AIDS, malaria and tuberculosis be reduced? Why should the environment be conserved? With such questions in mind, an attempt has been made to understand the people's perspective on different dimensions of development.

The major objective of this assignment is to produce a quick reference material for policymakers, civil society, development agencies, including UN agencies, media, and the general public. This should help them to understand the benefits, problems, challenges and issues regarding the status and achievements made in the areas of the MDGs through the experiences and voices of the ordinary people.

It is also important to note that national ownership of the MDGs should go beyond the government by translating the acronym “MDGs” into ordinary people’s day-to-day issues described in their own words - a precondition for policies and programmes to reflect the people’s concerns, needs and priorities. Especially in the context of the conflict situation that Nepal has experienced, it is essential that the people, particularly from the excluded and disadvantaged communities, i.e., women, traditionally disadvantaged castes and ethnic groups and youth, have an opportunity to express their voices and opinions.

The results of the interviews have been compiled and put into print to also serve as an advocacy tool for anchoring the MDGs in the public mind. This publication is expected to supplement the second MDG Progress Report 2005, in the sense that this material will convey “stories behind the numbers”.

The Methodology

A highly participatory methodology was followed to conduct the interview and collect people’s perspectives. The steps followed in the whole process are summarised below:

- Six districts - Banke, Bhaktapur, Chitwan, Kanchanpur, Morang and Sunsari - were identified for the interview.

- A team of four consultants with expertise in poverty and hunger, education, gender, health and environmental aspects was employed.
- For the identification of the communities for focus group discussion in each of the districts, the team first visited the Local Development Officer (LDO) and district level line agencies such as the District Education Officer (DEO), District Public Health Officer (DPHO), District Agriculture Officer (DAO), Women Development Officer (WDO), District Forest Officer (DFO) and District Drinking Water Supply and Sanitation Office (DDWSSO). Both national and international NGOs also played a key role in this process.
- The experts carried out focus group discussion with the communities identified by the offices mentioned above and interviewed the individuals. The same focus group discussion was used for capturing the quotes.
- Photographs of the persons interviewed were taken on the spot. The written consent for publication of the photographs was also taken from each interviewee.

After carrying out the interview, the experts completed the profile. To keep the originality of the profile, little processing was done on it.

Organisation of the Report

The stories are presented by the MDGs, and the report contains at least two profiles for each of the targets. Attempts have been made to incorporate the quotes presented by the participants of the focus group discussion. The document contains an introduction, profiles by the MDGs, summary of the findings and conclusion and recommendations.



POVERTY AND HUNGER



LOST DIGNITY

Bhaudaha VDC in Morang district is located 6 km northeast of Biratnagar. The VDC is inhabited mostly by the indigenous Jhangar community, Batar, and Brahmins and Chhetris who have migrated from the hills. Mohini Devi Mudiary is a resident of Bhaudaha VDC.

Like Mohini Devi, the entire Jhangar community is struggling for its identity and rights and would like to be addressed as Mudiary, Munda or Urau. Mohini Devi does not even have a vague idea how old she is. She lives with her husband and nine-year-old son. The eldest son, who is 23, lives separately with his wife near Biratnagar.

Mohini Devi's family is landless and lives in a mud house built on public land. Her husband's family had some unregistered land, but a local elite got it registered in his name.

"We *adibasis* (indigenous people) are very simple and do not know anything about the government regulations. So the land was registered by someone in his name. We do

not have an inch of land to produce grains and vegetables. We often get drunk and are happy," she said. There is no electricity, water supply or toilet in the house.

"To me, poverty is the denial of opportunities, which results in scarcity of resources to satisfy one's personal desires. If a person cannot have the desired food, wear the clothes of his or her choice and use modern equipment for personal pleasure, then that person is poor. If opportunities are created, then poor people can earn to meet their desires. My own childhood was full of misery and deprivation, and there were no opportunities. As a result, I could not study beyond Grade 10 although I badly wanted to. Had I studied more, I would have been in the government or some other service, and my life would have been much easier and more comfortable."

Aash Narayan Sardar
Hattimudha, Morang

They survive by selling unskilled labour in agriculture. But Mohini Devi or her husband is able to find work for only 10-12 days a month. They must live on whatever they make from the work for a whole month. Mohini Devi does not understand why there is discrimination in the daily wages paid to a man and a woman. A man gets Rs. 100 a day with one meal, whereas a woman gets only Rs. 60 with some snacks. It is difficult for them to survive with this little income.

The elder son pulls a rickshaw in Biratnagar but does not help the parents. The parents do expect some help from the son who has a regular source of income, but they realise that he must be having his own problems. "My eldest son has three children aged nine, five and three years. May be he himself is finding it hard to support his family of five," says Mohini Devi.

She is happy to see two of her grandchildren go to school. "If my grandchildren can complete their

education, their future will be bright and will not be like their grandparents or parents."

The only alternative income comes by working in others' houses for Rs. 50 a day. While doing so, both husband and wife face humiliation, the wrath of the masters and sometimes even physical torture. They try to borrow a little money from their neighbours, but it is not easy to get a loan as the people in the community do not trust them simply because they do not have a regular source of income and property.

The family makes some money selling home-brewed liquor, but Mohini Devi says it is difficult to get firewood from the local community forest. Like many other people from the Jhangar community, getting a job in the local factories is difficult as she does not know anyone who can influence the factory management to take her. Their nine-year-old son doesn't go to school as they cannot afford to pay for the school uniform and stationery even though tuition is free.

Mohini Devi says being poor is the greatest sin and blames her fate for the poverty they live in. "It is very difficult for poor people to survive as they do not get opportunities to work. People do not trust us, and we often have to face humiliation," she says. "Many development programmes are being implemented in the villages, but they are not meant for poor people like us."

KEY MESSAGE

The Women Development Office and *Adibasi Janajati Mahasangh* (Federation of Indigenous, Ethnic Communities) run many programmes in support of poor people in the village, but people like Mohini Devi have not been covered by them as these people are not able to regularly save the required amount fixed by the groups.



NEW TOOLS PUT THE POOR OUT OF WORK

Mangala Sardar, 35, lives with his wife Bhakhari, 32, in Hattimudha-2 of Morang. As most poor Dalits, this couple also is not so sure about their age. “We do not have time to think about our age, and no one celebrates birthdays. So we don’t keep records of our age,” she says.

They have three children aged 10-15 years, all of whom go to school. But Mangala does not want them to continue beyond Grades 7 or 8. “Education up to Grade 8 is enough to get a job in a local factory. So why invest our hard earned money on educating our children which does not help them earn bread for the family? Our children have no jobs as we do not have links with influential persons,” he says.

This landless family has a mud house with a thatched roof on land that belongs to someone else. Therefore, their shelter is not guaranteed as it all depends on the landowner’s whims. However, the family has been living there since the time of Mangala’s grandfather. “Sometimes I spend

sleepless nights when I think of what will happen if the landowner decides to vacate us from the place. I cannot find an answer to this question. So I sit up and smoke. This gives me some peace of mind,” says Mangala. This is how he got to smoking.

Mangala did not attend school in childhood. “My parents were so poor that they could not afford to send me to school with their seven children. We all had to

“Different organisations provide services and support to the Jhangar community. But they are not trickling down to the poorest of the poor. The government should try to promote self-employment opportunities by organising special targeted skill development training, making available soft loans and providing support to market linkages.”

Lamalesh Mudiary
Treasurer, Mudiary Upliftment Committee
Bhaudaha, Morang

work the whole day on others' land so that the family could manage with some food in the evening." But Mangala feels fortunate to have found work with a village uncle who was a skilled carpenter. While working with this man, he learned some carpentry skills. He started working as a carpenter in the village and earned some money to support the family.

However, his skills became redundant after most carpenters started using modern equipment that greatly improved the quality of work. But Mangala was unable to afford expensive modern tools, and the quality of his work could not compete with that of others. "I get to do only some work in the village, which is not sufficient to cover the

KEY MESSAGE

Introduction of modern tools usually keeps poor people out of work. So attempt should be made to build up the capacity of the poor people to cope with new techniques and equipment.

regular expenses on rice, oil, salt, spices, clothes and stationery for the children," said he. Thus, Mangala is forced to work as an agricultural labourer, that too only during the transplanting and harvesting seasons.

Being seasonal, Mangala and Bhakhari's work does not yield sufficient income for their survival. Mangala makes Rs. 100 for working 12 hours a day and Bhakhari Rs. 80 with some snacks. Furthermore, Mangala suffers from asthma due to chain-smoking. A lot of money has also been spent in the treatment of one of his hands, making their life all the more difficult.

The couple works on other's land on a crop sharing basis, which has made their life a little easy. They have also managed to get a Rs. 15,000 loan from the local micro-finance group to buy a pair of oxen. An agricultural labourer who works with a pair of oxen gets 50 per cent more wage along with a meal, that too for working only six hours. This work has raised their income substantially, and the family has been able to meet its expenses.



FATALISM AND POVERTY: TWO SIDES OF A COIN

Kumari Rajbansi, 34, has been living in Letang for the last 21 years after getting married to Dirche as his second wife. She was only 13 years old when she got married. In fact, she fell in love with her brother-in-law, husband of her own first cousin, while visiting him regularly. The family lives in a rented house as they do not have a house or land of their own.

When she first came to this house, her husband and his first wife used to collect wood from the local forest and sell it in the market just like the other poor people of Letang. Kumari had skills in dressing chicken for sale, which she learned when she was only 11 years old from her mother. Along with her husband, she started this business and sold 3-4 chickens a day. She along with other family members would also collect wood from the forest once a week when it is opened by the local community forestry users' group.

Unfortunately, her husband was injured in the eye while cutting wood in the forest. A *bandh* had been called by the Maoists that day, and it was not possible to take him

to the eye hospital in Biratnagar. When the roads finally opened after a week-long strike, it was already too late to treat him. So he lost one of his eyes, and it is difficult for him to collect and cut wood.

Kumari's youngest son is suffering from asthma and other diseases and needs regular treatment. She recalls those days when she had to manage the expenses for the treatment of her husband and son. "I had to sell all my ornaments, nearly half a kilo of silver and 20 grams of gold, which I had received as a wedding gift from my parents," she said.

"It is fate that has made me poor. I cannot change my life, and I have to live with what I have," she added. "If this is not fate then why is my elder sister, who was also born in the same family, spending such a good life in Kathmandu with her rich husband? And why am I poor when my parents have so much property which my brothers now control? They have not given me a single penny after my father's death. And my mother can do nothing as she also does not have anything."

There is nothing worse than being poor as we do not have proper food to eat and good clothes to wear, she said. “As a poor person, I always feel like a losing player.” At times, Kumari spends hours alone in a forest, comparing her past with the present - the occasional hunger, humiliation from her husband’s first wife and in the community from the local elite, and demands by the children for better clothes and food.

“People help those who have something to offer, the poor have nothing to give, so no one helps them. No one trusts us, and we cannot even borrow a small amount of money at times of emergency,” she said.

KEY MESSAGE

Women are poor as they are denied the right to parental property. Had Kumari been a man, it would have been easy to ask for a piece of the parental property.

The income from the sale of chicken and wood helps meet the day-to-day expenses. But it is extremely difficult to meet unexpected expenses like medicines.

For six months, during the conflict, the family had difficulties running their business and collecting wood from the local forest. Kumari wants peace and is confident it will prevail during the festival time. But she is not sure if it will last long. Kumari recalls those days during the insurgency when there wasn’t a grain of rice in the house. “I was once caught in the crossfire while collecting wood in the forest and narrowly escaped. That day could have been the end of my life.”

Kumari has not yet lost hope. She is confident her life will improve if she can borrow some money at low interest rates. She wants to expand her poultry business. She also feels that if she has her own house, she can save on the rent.

POVERTY FORCES CHILDREN TO WORK

Sanu Maya Chepang, who does not know how old she is, lives in Shaktikhor in abject poverty. She is a victim of a landslide triggered by heavy rains in 2051 B.S. She was living with her family that included her husband, children, in-laws and others in Korak village when they lost all that they had. Everything including their house, cattle and a small plot of land were washed away. The family was happy collecting *gittha* and *bhyakur* for food from the forest and was also growing some maize, millet and buckwheat.

After losing everything in the landslide, her family decided to move to Lothar, a village near the highway. In Lothar, they got work tilling someone's land for a share of half the crops grown. But disaster struck again. Says Sanu, "May be it was our fate, the land we were tilling was also swallowed up by the river, and we were once again left with no work and nothing to eat or wear. Then we moved to this place and rented a house."

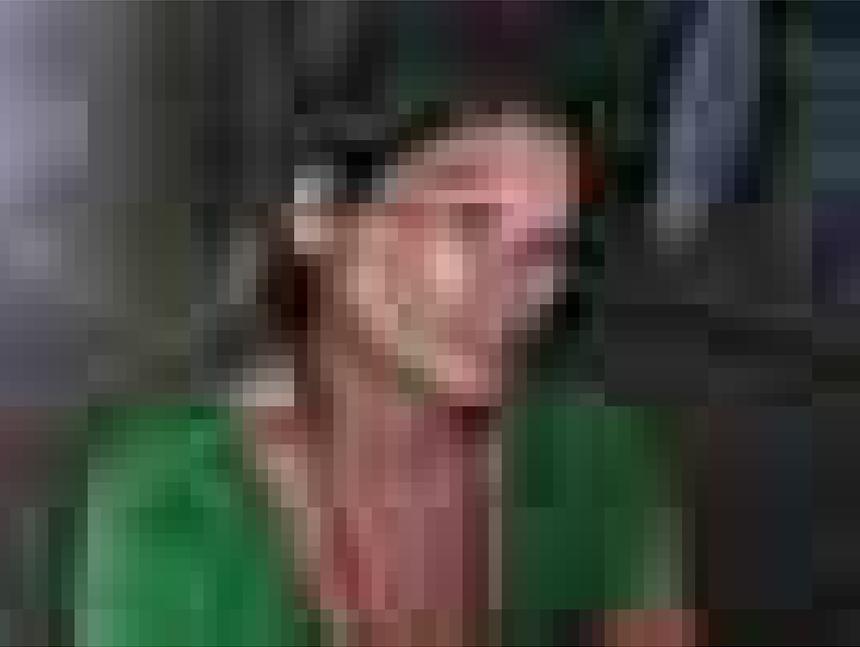
She works as a seasonal agricultural labourer, and her husband works with a local

contractor who supplies labour for road and other construction. But she cannot work long hours as she has to take care of her six children who are aged 2-13 years. She admits she has too many children to look after. But his husband badly wanted a son, who was born after having five daughters.

"I understand that the government has initiated many programmes aimed at reducing poverty and providing basic services like health, education, drinking water and many others. On paper, all the programmes look very good. But in reality, the benefits of most of the government services have not trickled down to the truly poor people who are in need."

Rita Ghimire

Female Community Health Volunteer
Torikhet, Bharatpur, Chitwan



It is extremely difficult for the family to meet household expenses with the little income that her husband makes. In Korak, the food grown on their land used to last for about six months; but now they must buy everything. But Sanu Maya tries to console herself with the proverb she first heard from her mother when she was small “Nirbaha ko nau sing hunch re”, which literally means there are nine different ways of subsisting.

To meet the family expenses, Sanu Maya thought of starting a grocery, but she felt that it would not be feasible with six children at home as they would consume all the stuff. Also it would not be possible for her to handle both the shop and children at the

same time. And her husband is away from home most of the time.

Since it was difficult to feed and educate six children, Sanu Maya decided to send her 13-year-old daughter, who should have been attending school, to Kathmandu to work as a domestic. Her daughter sends home Rs. 500 a month, which goes to pay the house rent.

“As a mother, it is my duty and responsibility to send my daughter to school. Because I never had the opportunity to attend school, I always wanted my children to go to school. But when my first daughter was small, we were still in Korak, and the school was too far away for a small child to walk everyday. When we came here, the school was located nearby, but she had grown and did not want to go to school with the smaller children. Also it was difficult to provide food and clothing, and we had no option other than to send her to Kathmandu, which is a great relief for us now.”

Like most Chepang women, Sanu Maya knows how to distil *raksi*, or homemade liquor. She makes some money selling liquor, which meets some of the living expenses. But the rebels had put a ban on the production and consumption of alcohol that again affected the family's income. But now that there is peace, she is producing and selling it. She hopes there will be lasting peace in the country so that she can produce and sell liquor, which is so essential for their livelihood.

SAVINGS GROUP PROVIDES RAY OF HOPE

Krishna Maya Rajputuwar, 58, lives in Ratopati, Sundal VDC with her 69-year-old husband, who is paralysed, and 18-year-old son. She has four children out of the seven born. Two daughters who are married live in Kathmandu with their husbands. Her eldest son, after squandering all the money they got from selling their land, now lives at his in-laws' place outside Kathmandu.

Said Krishna Maya, "Our eldest son was our biggest hope. He was starting to earn, but he betrayed us and has put us in this difficult situation, especially now that my husband is paralysed and can no longer work." Krishna Maya's husband used to work in a local brick kiln.

Like many other poor families in the community, Krishna Maya has joined several self-help groups. Although not all groups have provided benefits, those groups promoted by local micro-finance promoters provide credit for income generating activities. Other groups make Krishna Maya save some money every month.

With the credit, she has purchased a cow, whose milk she sells in the local market. She has been repaying the loan every week, which is mandatory. But it's hard to sustain a family from the sale of milk of a single cow. So she also got a pair of goats from the agriculture group and hopes they will provide good income as there is plenty of ground nearby to graze them.

What bothers her most is a loan of Rs. 27,000 that she took from her two sons-in-law to treat her husband. "How can I use my sons-in-law's money to treat my husband? It is a sin to take money from one's daughters. I must repay the loan soon, but I am not sure how. They have not asked for the money yet, but if I fail to repay their loan for a long time, then they may start dominating my daughters," she said.

Because there was no alternative, her youngest son had to discontinue school and start working in a brick kiln nearby. Her son earns about Rs. 300 a day for making 1,000 bricks during the winter season, which is suitable for brick making.

Because of her age and asthma, she does not have the energy to work as an agricultural labourer to support the family expenses. But during the brick-making season, Krishna Maya runs a small grocery shop to cater to the brick makers who come from outside Kathmandu. But due to lack

of sufficient capital, she cannot keep a good stock of groceries. With whatever profit she makes, she pays her electricity bills and buys kerosene for cooking.

“I am happy with the government for providing me the goats through the groups. I have benefitted from the micro-finance group as well,” she says. She understands that the government cannot help all the poor people, but she thinks that it should create training and job opportunities for young people like her son.

KEY MESSAGE

Although they work hard, poor people are unable to cope with emergency situations like sickness.



TRAPPED IN POVERTY

Punyashwori Suwal, 37, lives in Yatachen *Tole*, Ward no. 3, Bhaktapur municipality with her four children. She is not sure about her age or that of her children. Punyashwori was born in Bhaktapur municipality, not very far from where she lives now, in a relatively well-off family. She grew up in a not too big joint family with her three other brothers and sisters. As most other families in her community, her family was also into farming, cultivating and harvesting mainly rice, wheat and vegetables. Hence, during her childhood, she had to work hard on the farm with other members of the family and never got an opportunity to study in school.

“I never knew that there were schools and that children should go and study there. I spent my entire childhood on the farm. I had to go to the field early in the morning only half awake and come back home half asleep late in the evening. A female member of the family would bring all the three meals to the field itself. I had off days only during Dasain and Tihar,” she said.

After spending her childhood on the farm, one fine morning, her father told her that she was getting married soon. As per the tradition, the family members started preparing *aila*, alcohol from millet, and *thon* or rice beer. Then she went to her husband's house, which also was a farming family. But her husband's family was not that well-off compared to her parents. But she had no problem getting three meals a day after working hard.

While her father-in-law was still alive, he decided to divide whatever property he had between his two sons. The big house was divided into two, and the land was also divided equally between the two brothers.

One after another, she gave birth to four children. She has three daughters, aged 2-13 years, and one son who is eight years old and is a border line case of mental retardation. Although her husband was a hard working man, he developed the habit of drinking heavily. Whatever money her husband earned working as an agricultural labourer was spent on liquor, and their own land could not feed the six members of the family.



Punyashwori also worked as a labourer, but her husband would beat her and take her wages. To sustain his drinking habits, her husband sold half the land he had received from his father. Then the family was left with almost nothing for their survival.

As an alcoholic, her husband developed different kinds of diseases and ultimately died a year and a half back without getting any treatment as they had no money. Just before her husband's death, he had

mortgaged whatever little land they had to the moneylender to borrow a nominal amount of money. Punyashwori is not in a position to repay the loan, and the moneylender will not allow her to grow rice or any other crops on the land.

"There is nothing left to feed my small children. I started working in a local school as a part time worker cleaning the school floor every morning, and made Rs. 300 a month. I can buy some rice with that money but cannot afford vegetables or even firewood to cook the food. We do not have electricity, and I cannot afford to buy kerosene," she said.

She added that whenever she manages to collect some firewood from the nearby locality, she cooks rice. If not, they must do with beaten rice and water instead of vegetables or lentils. Her daughter does not attend school regularly mainly because there is no food. So she roams around the temples and begs from the visitors, mainly tourists. Sometimes she makes a good amount of money with which the whole family has a good meal.

Punyashwori has never travelled to Kathmandu, which is only 12 kilometres from her home. "I do not see why I should visit Kathmandu where I have nothing to do. More than that, I have heard that it costs a lot of money to travel by bus, which I cannot afford," she said.

Punyashwori knows only the local Newari language. She does not understand a single word of Nepali. She questions, "Why should I learn the Nepali language?" She has no idea about what a government is and does not know what it can do for poor people like her. She also does not know the name of the current prime minister of the country or even the capital of the country.

KEY MESSAGE

Punyashwori personifies poverty which is lack of resources, exclusion, isolation, ignorance and bad health. The most vulnerable issues need to be identified, and support schemes must be introduced to remove people like Punyashwori out of the cycle of poverty. But who will take this initiative?

POOR OFTEN EXCLUDED FROM SUPPORT PACKAGE

The life of Surja Bahadur Khadka, more popularly known as Mohan in the community, is an example of extreme poverty. He lives in Rato Pati, Ward no. 5 of Sundal VDC. Surja, 36, is married to Sarit, 30, from another caste.

He was born in a poor family. He does not recall his mother as she ran away with another man, leaving him and her husband. Surja assumes his father must have been an alcoholic and was constantly quarreling with her, so she left him. His father also did not have any property like land, a house or cattle. As there was no one in the family to look after the newborn, he was taken to his maternal uncle's home. But he was brought back to his village after some time, where he started living in his uncle's home.

He had to fetch fodder, look after the cattle and wash the dishes. He was admitted to school, but with so many chores to attend to, there was little time for studies. "When I passed Grade 4, I could not manage Rs. 25 for the books for Grade 5, and so I had to drop school."

When Surja was 11 years old, he was sent to Kathmandu to work as a domestic and had no opportunity to study. He also worked in a small eatery to earn a few rupees. Because work was difficult, he returned to his own village where he had no food, shelter or anything. When he was 14, he started working as a farm labourer in his village, just sufficient to buy him enough food. He went from one house to another everyday to spend the night. Not everyone was cooperative.

He was fortunate to be admitted to a government-run vocational training centre. "It was a good opportunity to learn and also get Rs. 300 in allowances. It was big support for a person like me. But my uncles were so cruel that they told me to hand over the money," said he. "If I did not give them the money then I would have to continue fetching fodder, looking after the cattle and doing the dishes. But if I gave them the Rs. 300, then I would not have money to pay for the bus fare and daily tiffin. So I had no option other than to quit the centre."

He then joined a government-run herbal factory, but when the general manager who appointed him was sacked with the change of government, Surja lost his job.

He got married when he was 23. He had neither any money to start a business venture nor any property to bank on. So both worked as agricultural labourers and started living in his uncle's cowshed. With hard work, they managed to save a small amount of money and started a small tea shop with just 250 grams of sugar, a packet of tea, some powder milk and five packets of cigarettes.

Business expanded slowly, and he was able to purchase a small piece of land, where he built a small hut to house the shop. His days are still difficult, but he feels that his most difficult days are over. He is looking forward to building a concrete house on his land and expanding the shop, but he lacks sufficient capital. He must

give away a lot of goods on credit, and getting the customers to pay back is extremely difficult. During the season, his wife works in the brick kiln and makes some money.

Surja's 12-year-old son studies in Grade 5 in a government school, and his daughter attends Grade 2 in a local boarding school. "I send my daughter to a boarding school as she is still young and cannot walk long distances to the government school, but my son is big enough. When my daughter grows up, I will also send her to a government school as I cannot afford the fees in the boarding school," said Surja.

Surja says he has not benefited from the services provided by the government. The government had once promised to provide land to the landless. But with the change in government, the policy was not implemented. Surja feels that the benefits of the programmes launched in the village have not trickled down to the poorest people. So he strongly suggests identifying the poorest of the poor and providing them with a support package. "Support from outsiders alone will not change our lives. We ourselves must work hard with the outsiders providing only the opportunity." Surja says development support has benefited the relatively better off people, which needs to change.

KEY MESSAGE

Many development programmes are being implemented without first identifying the poor. As a result, the local elite or those who are better off get all the benefit of development support. It is essential to identify the poor people through a coordinated and participatory process before providing the support package.

INSUFFICIENT SUPPORT FOR A LIVELIHOOD

Bhagawati Chidimar, 32, lives with her husband - a rickshaw puller - and three children in Purwa *Tole*, Ward no. 16 of Nepalgunj municipality. It's a settlement of the Chidimars, who traditionally killed birds in the area for sale. But now most of the people in this community have lost the skill as the number of birds has dwindled. Her husband also did not like killing birds for a livelihood.

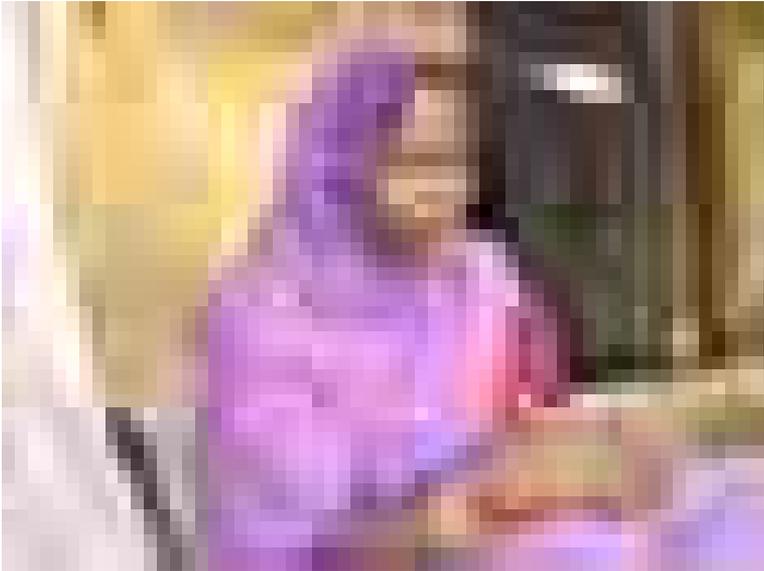
So like many other people in the community, Bhagawati and her family had to find alternative means of survival. Her husband used to work as a construction and agricultural labourer. His son, who is now 14 years old, had to discontinue his education while in Grade 5 to work as a labourer to help with the family's expenses. Bhagawati also works during the transplantation and harvesting season as a labourer. But such work is not available the year round.

"My husband keeps drinking most of the time. When he comes home drunk, he threatens to kick me out of the house.

Only when my son started working as a labourer were we able to have food in time and some clothes to wear," said Bhagawati. "In such a situation, how can poor people like us continue to send our children to school? Our survival is more important than children's study. My son was interested in continuing with his studies, but he preferred to work and eat than study and go hungry."

She is proud that her son makes Rs. 80 a day and hopes that her son will not take to drinking like his father. But she is not sure. She remembers when she first came to this home 18 years ago as a bride, her husband, who was only 15, was not drinking then. Like many other Chidimar men, her husband, however, also started drinking and torturing her.

Her husband would not spend the Rs. 3,000 needed for the treatment of her high blood pressure. She borrowed the amount from a self-help group promoted by an NGO and is paying back from her own income. Her son helps pay for her treatment.



While looking for work, a local NGO had approached her to join the self-help group. It is mandatory for every member of the group to save a nominal amount every fortnight. Her husband does not want her to join the group. When drunk, he always makes this an issue. But realising the benefit of being a member of the self-help group, she manages to save the money from her own earnings and also attends the regular meetings. This has helped her raise

KEY MESSAGE

The traditional skills of many poor communities have been lost, making it difficult for them to eke out a living in the absence of other skills. The government or support agencies should help communities like the Chidimars with alternative sources of livelihood. Skill development with income generating activities would help greatly.

the level of awareness in the field of sanitation, health and education.

The entire group has approached an international NGO to construct toilets and tube wells, and improve the trails. As a member of the group, she was entitled to borrow money for income generation activities. After consulting her husband, she applied for a loan of Rs. 11,000 to buy a rickshaw.

Her husband started making a little more money from the rickshaw. After he started making more money, he also started behaving better with her. The couple has now repaid the loan, and they own the rickshaw, which is a matter of pride for the Chidimar community.

Bhagawati also participated in a skill development training organised for the self-help group members by the local NGO. But she feels that the training was not well conducted as she can neither weave a sweater nor paint on wood.

“When an NGO organises training for poor people like us, it should be a complete package. I lost so many days participating in the training and got nothing. I would have earned some money working during that time,” says Bhagawati.

She feels that follow-up training should be organised so that she can further improve on her skills and work at home as she cannot go out and work as a labourer due to her illness.

WORK FOR THE POOR

Kaushila Sunar, a 47-year-old widow, lives with her two sons, a daughter-in-law and her grandchildren. After her husband died, her sons had to support the family as they did not have any land or property save for a thatch hut. However, as there was no work, Kaushila's two sons went to *Kalapani*, which is to say they left for India to work. They were 23 and 15 years old.

Recalling her husband, Kaushila said, "He was a very skilled goldsmith and earned good money to lead a comfortable life. But once he took to drinking, he stopped working long hours, which brought down the family income. Later, he spent almost all of his earnings on liquor and gave nothing to the family. He roamed around the streets like a mad man."

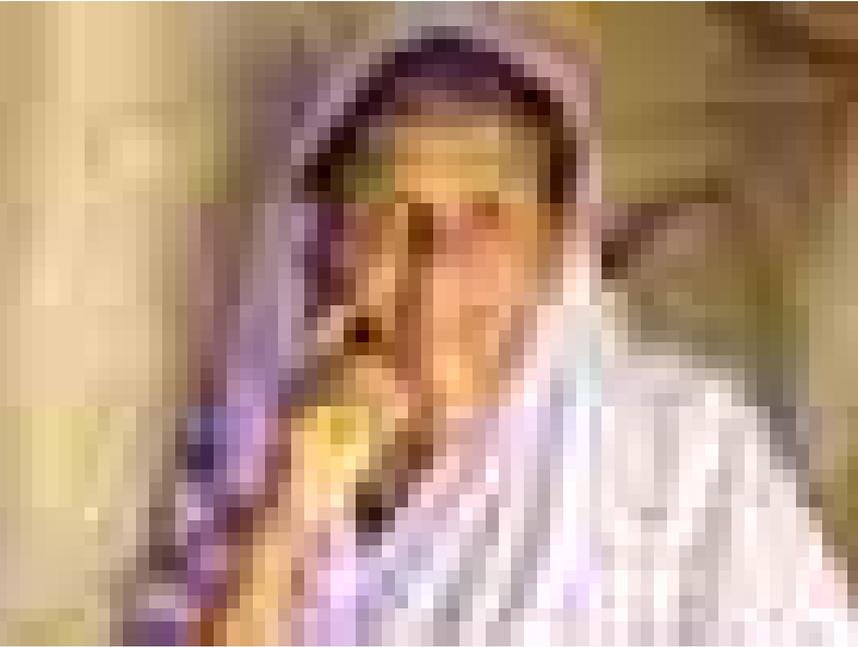
Kaushila tried everything, hoping her husband would mend his ways. She consulted the witch doctor, medical doctor and others, but they failed. As the drinking habit grew worse, the family had to sell whatever land they had to meet the family expenses.

One of his sons works in an eatery as a helper and sends a small amount of money regularly. Another son works as a labourer at a construction site. Since many young Nepalis work as labourers in India, the Indian contractors exploit them and pay them less wages compared to other workers.

Kaushila wishes that her sons could work in Nepal itself. She feels that they could have started a business or raised goats in Nepal. But they preferred to go to India

"Dalits have no wealth, no education, no job and no income. Had they money, they could eat nutritious food, be healthy and suffer less from illness. Even if they are sick, they could go to hospital for treatment."

Dalit Female Community Health Volunteer
Letang VDC, Morang



probably because they thought it would be easy to find work there. Secondly, the family does not have the needed capital to start a business. “Nobody trusts poor people like us as we do not have any property to mortgage,” she said.

KEY MESSAGE

Perennial source of income, no matter how small, is important for poor people. Generation of employment opportunities for the poor could be one option to reduce poverty.

Kaushila joined a poverty reduction programme run by an NGO in the community that provides soft loans to the poor to start income generating activities. She tried borrowing Rs. 20,000 to raise some goats but failed to deposit in cash 10 per cent of the total loan.

Says Kaushila, “How can I manage to deposit so much money before taking a loan? There wasn’t much to save from working as a labourer. More so, there is no work for women in the village. And I cannot borrow from the local moneylender as the interest rate is as high as 60 per cent.”

She is, thus, baffled as to how this programme can reduce poverty if it does not benefit the poor people. The condition that one must cash deposit 10 per cent of the loan is anti-poor, says she, as they are deprived of the benefits aimed at the poor people.

The poor, she adds, have a hard time passing their time. The women especially cannot find work, and there isn’t enough to eat. “My only option is to wait for my son to send home some money.”

Kaushila, like many other poor people in the community, has not benefited from the government’s services. “We are poor, and we do not have any knowledge. But we are willing to work hard for a livelihood. So we would be greatly obliged if the government could provide us work,” she said.

LIFE ALL THE MORE DIFFICULT FOR POOR DISABLED PEOPLE

Milla Rana Tharu of Kaserol, Jhalari-6 is about 50 years old (he is not quite sure of his age) and is physically challenged. He developed the disability after he fell while running when he was about 10-11 years old. Since he did not receive immediate treatment, he has been permanently disabled. He was taken to the traditional faith healers who gave him locally available herbs.

Milla is not only physically challenged, he was orphaned in childhood. Milla's father had died even before he was born, while he lost his mother when he was still an infant. He never had the opportunity to attend school as he had to work hard in his uncle's house. "Who will want to take the trouble of educating someone else's children?" he said.

Milla got married to a girl whose hearing and speech are impaired. He has five children - three sons and two daughters. One of his daughters is already married, while his eldest son, now 15, works as a domestic in Kanchanpur and sends some money to meet the family expenses. His

second son is now 10 years old and goes to school. But Milla wants this son also to go to Kanchanpur and work when he is 15. His third son is only three years old.

Milla received about five *katthas* of land in paternal property. Production from this land is not sufficient to feed the family. But he owns a pair of oxen which he uses to plough the neighbours' fields for wages. But he faces problems.

First, the big landowners are increasingly turning to machines like tractors. Second, the wages are low. Usually, the landowners prefer to contract out the work of ploughing the fields for Rs. 2,200 a bigha for the entire season. Land must be ploughed at least three times, and the wages for working 12 hours from dawn to dusk work out to be just Rs. 100.

Being physically challenged, he knows something about the rights of the people with disabilities. He travelled several times to Kanchanpur to get an identity card for the disabled and spent Rs. 700.



But he and his wife were denied the identity card for reasons not explained to him.

“If I had the card, I would have gotten disabled allowance from the government and gotten concessions on the fare while travelling,” he says.

KEY MESSAGE

Poor people are vulnerable to exploitation due to ignorance. Those physically challenged who are well-to-do and come from the elite group have access to the government benefits, but the poor Dalits are deprived of them. Organisations ‘of’ the Dalits and ‘for’ the Dalits should try to improve the access of the poor people to the government benefits and services.

But he is not blaming anyone except the president of the disabled association, who happens to come from his community. “He tried to exploit me and other poor disabled people for his own benefit. We poor disabled people cannot fight for our rights. We are helpless.”

Like other people in the community living in the buffer zone, Milla is also affected by the wildlife reserve. He cannot graze his cattle on the pasture across the river, which makes it difficult to feed his oxen. The wild animals also go on a rampage and destroy the crops most of the time.

A project for those people affected by the reserve has been promoting a savings group in the community. As a member, Milla must save Rs. 30 a month. He borrowed Rs. 1,000 from the group to repair his mud house, but he has not been able to repay the loan. He knows that if he does not repay, others will not be able to borrow from the group. He hopes to repay the loan when his son sends money next month.

Milla, though desperate and frustrated, is confident that life will improve. He thinks there is no other person who has a more painful life than his. “It is because of the sins that I committed in my previous life. But the hard times should be over by now, and my life should get better,” he says. “Hope has been steering my life all along.”

DALIT WOMAN FIGHTS FOR HER RIGHTS

Laxmi Lohar of Sukhasal, Ward no. 5, Mahendranagar, is now 31 years old. She was married 18 years ago when she was only 13. She was married at that age because of the prevailing social custom. Also most parents had the notion that a girl married early would prevent her from being 'spoilt'. After marriage, she, however, managed to attend school and study up to Grade 8.

Laxmi, now a mother of four children, strongly feels that her daughters should be married only after they reach 22 years. "We have learned so many things, and I have lived through the pains of marrying early, so I will marry off my daughter only after she is 22 years of age," says Laxmi. She was only 16 when she gave birth to her first son, who is now 15 years old.

Her husband inherited two *katthas* of land and a small hut in parental property. The land does not grow enough food to last even two months. During the transplanting and harvesting seasons, Laxmi works as an agricultural labourer and contributes to the family income. Her husband pulls a rickshaw in Mahendranagar, not very far from her home.

It is very difficult for the couple to manage for the food and other expenses such as salt and oil, clothes and stationery of the children. But scholarships provided to the Dalit children have helped their children enrol in school. However, for the last two years, the children have been receiving only Rs. 250 a month instead of Rs. 500. She complained at the local education office, but no one paid heed.

"The level of awareness in the Dalit community has risen substantially, and we are now able to raise our voice against discrimination and humiliation, and fight for our right to freedom of mobility and freedom to enter a temple. The Dalit community will not keep silent and will continue struggling for its rights. But at the same time, we will be accountable to our duties and responsibilities."

Bhakta Bahadur BK

Sharada Social Equality and Development Association
Dodhara VDC, Kanchanpur, Nepal

“One of the many reasons why people are poor is they have no education. I really feel sad when I remember the day when I was forced to leave school and get married,” said Laxmi. “Another major cause of poverty is lack of resources, mainly land. A few rich people own a lot of land while many poor people do not have any land.”

Laxmi worked as a Female Community Health Volunteer (FCHV) for five years before being replaced by a non-Dalit woman. She feels that she was sacked simply because she is a Dalit and not too educated. “When the authorities hold such an attitude even in a small position that does not have much facility and income, how can one expect them to ensure the rights of the Dalits?” she asks. After the incident, she joined a political party as a cadre to fight for the rights of Dalits.

She was also active in organising Dalit women into a mother’s club. Given her own experience with alcoholism in the family, she started an anti-alcohol campaign. But her experience tells her that it is impossible to stop alcohol consumption and the ensuing domestic violence. However, she feels proud of being the chairperson of a local mother’s club which has promoted a small but regular savings group. At times of need, its members can borrow a small amount of money at low interest rates.

Laxmi is also an active member of the Regional Dalit Network which is raising a voice against caste-based discrimination and fighting for equity. She is proud to be involved in all these organisations, and there is a sense of self respect. But participating in the meetings, training programmes and other events is consuming a lot of her

valuable time so important for earning the family’s bread.

Laxmi has always struggled hard to make life easier, and she had confidence in herself. But mere confidence is not enough, we also need money to start something, says she. But people do not trust the poor and will not lend substantial amounts of money to start a business or any other initiative.

The rich people or even the banks will not trust the poor as they do not have any property to mortgage. And in the case of Laxmi, the family has nothing but a hut and two *katthas* of land. They tried to own a rickshaw that costs about Rs. 11,000, but no one trusted them with a loan.

Being a party cadre, she is very conscious about national politics. She has experienced different forms of government and has come to the conclusion that no government will help the poor as no government has so far lent any support to them. Even then, she feels it is the obligation of the government to effectively implement the act on untouchability. “Only declaring laws in the House of Representatives has no meaning. They need to be implemented.”

She claims there is caste-based discrimination in her own village which lies close to the zonal headquarters where the government machinery is located. Dalits cannot draw water from public water taps in this village. “At times, I also feel that tradition and superstition are yet another cause of poverty in our country,” she said.

The conflict has not had a direct impact on her life, but the frequent *bandhs* have affected the family income as it is not possible to pull a rickshaw on such days. For the family, it is difficult buying daily essential commodities as the markets are closed frequently. She feels that there is no alternative to a lasting peace for the overall development of the country and is hopeful the on-going peace process will last.

KEY MESSAGE

Dalits are still deprived of opportunities. Unequal distribution of natural resources is making a lot of people poor. This structural cause of poverty should be addressed seriously if abject poverty is to be eradicated before it is too late.

PEOPLE CAN SAVE FOOD ONLY IF THEY HAVE ENOUGH TO EAT FIRST

Maghu Ram Chaudhary, 70, heads a joint family of 24 people. The family members include his wife who is now 65, four sons, five daughters-in-law and their grandchildren. The family has three bighas of land, a house, a tractor purchased with money borrowed from a bank and a few cattle. They also work on other's land on a 50:50 crop sharing basis. The family must manage the seeds and labour, while the cost of fertiliser is borne equally by Maghu and the landowner.

One of Maghu's sons looks after the house, land and cattle. Two of his sons plough the land of the landowner with their tractor. The money earned has helped to repay the loan and also to meet the family expenses. One of his sons is studying at the Bachelor's level and hopes to study more to get a good job. According to him, the Tharu people cannot join the bureaucracy and are deprived of basic opportunities. All five daughters-in-law along with Maghu's wife tend to the household chores such as cooking, kitchen gardening, feeding the cattle and washing.

As is the tradition among the Tharus, Maghu stocks a certain portion of the paddy production for times of emergency to ensure food security. He recalls his childhood days when there was a drought for two years in the area, and his family had survived on the stored paddy. Each Tharu household has a place where they store paddy, rice and other food grains as well as potato. It is called the *dehar* and is built out of mud by the women. It is safe from mice and insects, and goods stored in it do not go bad for even 10 years.

Everyday, Maghu's family requires about 20 kg of rice. Additionally, the family needs another 200 kg of rice every month to make rice beer traditionally consumed by the Tharu people. "The rice beer (*jaad*) is as good as food, and it gives us energy necessary to do hard work. I cannot survive without it," says Maghu. "I start my day with it."

The cost of other essential commodities is covered from the money received by operating the tractor and selling the surplus paddy and wheat. Thus, the family has

enough food even to last during times of food shortages. “But,” says Maghu, “one must work hard, earn more. Only then is it possible to store for times of emergency. If a family does not have sufficient food to eat, how can they save?”

Maghu is not happy with the way people perceive the Tharu community. The elite people think that we Tharus are useless people who drink *jaad* all the time. They try to humiliate us. It is not good. We are not foolish, we know how to live our lives,” says Maghu. “Yes, we are afraid to express our views because we have been suppressed for generations. Most of the Tharus are not educated, and very few are in high positions. So the Tharus have no opportunity.”

Maghu says the government should take the responsibility of creating jobs for deprived communities like the Tharus. “We are ready to work hard, but where is the opportunity?” questions he.

“The Tharus are traditionally farmers, and their skills need to be modernised. So those Tharus who have a little education should be trained in modern agricultural practices so that the people do not forget how to do farming. Otherwise, once people are educated, who will work in the fields? And if people stop working in the fields, then we will have to forget about food security. The question of survival will arise then,” he says.

“I know many young educated people who tried to get a job but could not simply because they were Tharus. Instead of being humiliated by other communities, we should do our own work and live with dignity.”

Key Message

People must have enough to eat before they are able to save for the future. So agricultural productivity must increase, for which investment in agriculture is a must.

“The health of poor mothers and children are poor due to their poor socio-economic condition. The poor and Dalit mothers cannot afford to buy nutritious food and pay for the medicines and hospital’s treatment.”

Punita Gurung

Female Community Health Volunteer
Dodhara VDC, Kanchanpur



LEARNING TO STAND ON ONE'S FEET

Gyani Chaudhary admits that poverty forced her to start working at an early age. Gyani, 16, joined a brick kiln at Pakali, Sunsari four years ago. The kiln is 20 minutes' walk from her home. The reason she chose the brick kiln was that all her friends work there and 95 per cent of the employees there are women. So she feels safe. She was given permission by her family to work in the kiln for these very reasons and also because it is located nearby.

In the beginning, however, carrying bricks looked like a Herculean task for her. "Lifting two bricks at a time when I was only 12 felt like lifting the world, but it was the hardest of times for us as my father was the only working member in the family. I had to work anyhow," she said. But four years after, she likes the work and is content with her life.

Gyani contributes 50 per cent of her earnings to the house, while she keeps the remaining amount as pocket money. She earns Rs. 35-40 a day depending upon the amount of work she does.

She does not regret leaving school at an early age. She is glad that she is earning now and does not have to go hungry. Gyani says that poverty has been an important lesson for her. "In school, we learn to recognise the alphabets and numbers, but life has taught me that the greatest strength lies in endurance."

Life, she says, has taught her to stand on her feet and not be a parasite on others. So she does not see education in the classroom as the path towards enlightenment. Instead she lives in a world of reality, learning to cope with it.

There was a time when Gyani and her family ate just one meal a day and that, too, just plain boiled rice with salt and green chilly. When the eldest brother, who was an earning member, decided to shift with his wife, it brought difficult times for her family. Her father was not in a position to send her to school anymore as his earnings were just enough to buy rice. It was then that Gyani decided to join the brick kiln.

She is happy as everybody treats her like their own daughter or sister. Nobody has ever been cruel to her. "What good is a human being if s/he cannot extend support to the family during trying times?" she says. She makes no unreasonable demands as she is a witness to the difficult times at home. She is glad to be

of some help to her parents and be independent.

Five years ago, her desires may have been crushed. Today she is confident that no matter where she goes or whom she marries, she can look after herself.



STORY OF AN OVERJOYED MOTHER AND HER GROWING DAUGHTER!

Chandrakala Neupane from Mangalpur VDC in Chitwan is an average Nepali village woman. She has two children, a son aged six and a daughter aged two.

In 2001, *Pragati Mahila Sahakari Sanstha*, a women development co-operative in Mangalpur VDC, began organising a federation in Mohanpur, Chandrakala's village. In August 2005, the DACAW programme was introduced in the community.

As an active woman in her community, Chandrakala was selected as a community mobiliser and received basic training in July 2005. During the training, she learned all about the importance of early childhood care and development. "Before the training, I did not pay attention to *sarsafai* (hygiene and sanitation) and had no knowledge about the need to give nutritious food to my children several times a day. I used to give my children whatever food they liked and whatever was easily available, such as biscuits, instant noodles, etc," she said.

"But after the training, I came to know that *sarbottam pitho*, *dal bhat tarkari* are more nutritious than these readymade foodstuffs. I realised that love, care and hygiene are equally important in addition to the locally available nutritious foodstuffs. Whatever I learned during the training, I first wanted to apply it in my own household and then in the community."

She added, "My daughter, Archana, has been underweight since birth. After completing my training, I immediately

"I want to make my children neat and clean, give them an education and make them *thulo manchhe* (educated, well paid, smart)...big people have brains."

Dropati Majhi
Majhi Tole, Bacchauli VDC, Chitwan

started applying the knowledge gained on my daughter by giving special attention to her food and hygiene. But even till December, she had not gained much weight and was still underweight.”

Archana was born in April 2004 and weighed only two kilos at birth.

Chandrakala then decided to draw the attention of her family members, husband and mother-in-law to the condition of her daughter. When they understood the importance of child growth and development, they also became concerned and asked her to take proper care of the children and feed them regularly. They also started helping out

more with the farm work. Encouraged by the support from her family, she started to make *sarbottam pitho* using locally available grains and made sure that her daughter was fed at least five times a day - twice with soft *dal bhat tarkari*, the usual family meal, and three times with *lito* and *jaulo* in addition to breastfeeding.

She also found time for other care, such as playing with her little girl. January 2006 brought her the news that she had been anxiously waiting for - her daughter was no longer underweight! Chandrakala and her family were very happy with the achievement. She shared her story and experience with the entire community. Since January 2006, Archana has been gaining weight with each passing month and now weight normal. Said a proud Chandrakala, “She is so happy, healthy and lively, look at her!”

Chandrakala summed up by saying, “We don’t need expensive food such as meat, fish and eggs to give nourishment to our children. We can use regular food available in the household combined with patience, special efforts and support from the family. Love and care are equally important to improve the situation of malnourished children.”

“Everybody is poor and landless in our village, Tretrigachhi of Rangeli VDC. We do not have proper shelter and food. We often suffer from TB, malaria, Kalaazar and other illnesses.”

Dinesh Mandal
Rangeli VDC, Morang

AWARENESS ABOUT NUTRITION

Alisa BK, a woman of Coupon *Tole*, Piple-7 was unaware about all the nutritious food rich in vitamins that was going to waste. She thought rice gave more energy than green vegetables and beans. Therefore, she used to buy rice from her daily wages and give her children only *jaulo*. Now she knows better.

When Alisa returns home from work, she collects seasonal vegetables available aplenty on the way. She also buys some beans. She cleans the green vegetables, cooks them with beans and feeds her 25-month-old twin sons. As a result, there has been an improvement in the weight of the babies. They are now safe from common illnesses which used to attack them due to lack of hygiene.

She has also learnt to prepare a balanced diet from materials readily available at home for the physical growth of the babies. The Decentralised Action for Children and Women (DACAW) programme, launched by the District Development Committee (DDC), in Chitwan is the partner that has brought about all these changes for her.

According to Alisa, she's learned how to prepare nutritious food for babies and feed them according to a timetable. In the past, she had trouble feeding the twins. "I used to feed them only milk in the beginning, which was not enough. Their weight was low, so I took them to the DACAW social mobiliser (SM) for advice. Sister Durga Magar advised me to give them *lito* (porridge) and *jaulo* and taught me how to prepare them. Soon their weight started increasing," she said.

For her first child, Alisa used to make *jaulo* by frying the rice in oil and cooking it. She has now learnt that *jaulo* prepared this way doesn't contain all the necessary ingredients of a balanced diet for babies. So she adds seasonal vegetables and beans to the rice. Earlier, she used to feed her children only during the free time, but now she feeds them five times a day by managing breaks during her work.

Alisa and her husband Jeevan live in a slum called Coupon *Tole*. It was so named because the families in the slum were distributed 10 dhors of land based on a



coupon system. The twins were born on June 20, 2004. They had low birth weight (LBW), weighing less than two kilograms.

At first, Alisa fed them buffalo milk since her breasts would not produce enough milk. This did not improve their weight. They weighed only seven kilos when they were 14 months old. There was a significant improvement in their weight only after their mother started feeding them nutritious *lito* and *jaulo* mixed with green vegetables and beans and at the right time.

Both the babies have shown similar improvements in their weight. At 26 months, they weigh 10.5 kilograms. About this change, Durga has this to say, “After the launch of the DACAW programme, the people of Coupon *Tole* have gained knowledge on child-maternity care and sanitation.”

Alisa also visits the pregnant women in her area and gives them advice on ways to take good care of themselves so that babies are born healthy.

POVERTY BEHIND CHILD'S POOR HEALTH

Jamuna Chaudhary, 25, of Khairahani VDC is conscious about health and hygiene. She also has knowledge about child nutrition and the appropriate food to take. However, she cannot put her knowledge into practice because she is poor.

All she has is a small plot of land and a hut with a tiled roof. Day in day out, she wakes up early in the morning, and with a baby on her back leaves home in search of work. The only time she was relieved of this daily schedule was for four months immediately after giving birth to a baby.

Her son, Krish, weighed normal at birth. He weighed more than two kilograms at birth and reached about four kilograms within a month. The weight reached six kilograms when he was four months and crossed eight kilograms when he was six months. Extra food was necessary for the child after that, but Jamuna was already working then to make ends meet. Consequently, the weight of Krish became constant for about a month and grew by only two kilograms in the following three

months, to reach 10 kilograms in 10 months. Then it started decreasing. Krish weighed nine kilograms in 15 months, i.e., he had lost one kilo within five months. Now he is in his 18th month, but his weight has not increased since he was 10 months old.

The extreme poverty in Jamuna's family is the root cause behind the decreasing weight of the child. There is neither a grain of rice in her hut nor a penny to

“Infants and children in the poor households do not get adequate food and nutrition. They are malnourished and often suffer from diarrhoea and pneumonia. Treatment should be free or it should be given to them at subsidised rates.”

Sunital Mandal

Rangeli VDC-6, Tretrigachhi, Morang



purchase it. She must sell her labour to even feed *jaulo* to her son once a day. Her clothes, face and condition of the house speak of the abject poverty the family lives in. The child's dim appearance also tells the same thing. She cannot feed him *lito* or *jaulo* even though the child is hungry.

Krish snuggles up to his mother's breasts hoping some milk will ooze out while his elder sister of six years looks around for something to eat. They are unaware that their mother has come home from the fields for a short break because we had dropped in to talk to her.

Jamuna and her husband, Kebal, have studied till Grade 6. Although Jamuna knows that the *lito* of *sarbottam pitho* (porridge powder), made up of grains and beans, given with equal quantity or *jaulo*, prepared with seasonal vegetables and beans, supplies the full nutrition for babies, she cannot afford them. "I once prepared *sarbottam pitho* but didn't have the time to cook and feed the baby because I had to go out to work. Therefore, it all went to waste," she said.

Jamuna and her husband can find work only in the fields as they do not have any vocational skills. "Working the fields is the only thing we know how to do, and even that work is not always available," said Jamuna.

POVERTY BEHIND DISCRIMINATION AND HUMILIATION

Buddha Maya Sunar, 50, lives in Kapahiti, Ward no. 2, Changu VDC with her husband and a granddaughter from her daughter's side. She lost her two sons - five and three years old, in a single year 23 years ago after suffering from a high fever and diarrhoea. She regrets not being able to take them to hospital mainly due to lack of money and also awareness. They relied on the local witch doctor instead of taking them to the hospital in Bhaktapur town, which is seven kilometers away.

Both her daughters are married and live in other districts. Buddha Maya herself has been suffering from tuberculosis for the past 17 months. She has been receiving medicines from the hospital in Bhaktapur but has not been cured.

Buddha Maya's husband is a blacksmith by occupation and caste. It is very difficult to meet him at home during the daytime. He returns home in the evening and tries to work at the smithy but is unable to concentrate on his work. When he comes home, he starts quarreling. Everyday, he

threatens to throw Buddha Maya out of the house. If she is forced to leave the house, she has nowhere to go.

"Whenever my husband works at the smithy, he cannot work properly. As a result, the quality of work started deteriorating, which our bista, the traditional clients, did not like." Who wants to pay for shoddy work?" she said.

Because of this, the number of his clients has gone down from 65 about 10 years ago to six now. Currently he serves only 6-7 households. The bista households give a

"We FCHVs tell the mothers to prepare and feed nutritious food to their children. But how can they make nutritious food for their children when there is no food at home?"

Ambika Bhattarai
Female Community Health Volunteer
Shaktikhor VDC, Chitwan

few kilos of paddy once a year for making or repairing agricultural tools. The income generated from the bista is not enough to cover the food requirements of the family's three members.

According to Buddha Maya, whatever additional income her husband makes with the extra work does not even pay for his daily intake of raksi (liquor). Buddha Maya does not recall receiving any money for meeting the household expenses from her husband.

Buddha Maya, being a tuberculosis patient, does not have the energy to work in the fields. She is not even sure if her husband is mentally fit as he is drunk most of the time. The only means of income are the two ropanis of someone else's land that they work on. The land yields about 400 kgs of paddy a year, which is shared equally with the landowner. They also grow some wheat, which is not shared with the landowner.

Buddha Maya is a member of a local self-help group promoted by the District Agriculture Office. As a member of the group, she got a pig which is about six months old. She must return one piglet to the agriculture office and would then be entitled to own the pig fully. She is hoping to make some money out of it. But she is not sure how much profit she can make as this is her first initiative. She is also a member of another self-help group formed by a local VDC. She was also a member of

a self-help group promoted by the Women Development Office.

"I must make a nominal saving in all the self-help groups. It was not possible for a person without a single paisa in income to make savings in all the self-help groups. So I left the membership in all the groups except the agriculture group which has given us a pig," said Buddha Maya. "How can a poor person like me deposit in so many places? It looks like we are saving to safeguard someone else's job. It does not help us."

Feeling sad about the loss of her two sons, she says, "Had my sons not died, they would have taken proper care of me, and I would have lived a happy life. Now my life is full of misery. I am sure that they would not have taken their father's path because today's boys are not like that."

Buddha Maya's daughters provide some support to her in buying oil, spices and clothes. She is proud of her daughters and says, "My daughters have done whatever they can even if their own condition is not very good. When my own husband is not supporting me, how much support can my children provide me?"

Being a Dalit, Buddha Maya says, "The high caste people still dominate and humiliate us. Their blood is red, like ours, so why do they want to dominate us? May be because we are poor. I have not seen rich Dalits being dominated by the high caste people. Domination is more related to poverty and not caste..."

She cannot think of anything that the government can do for people like her. But she feels that the government should bring lasting peace in the country. Though she is not directly affected by the conflict, she cannot bear to see the killing of Nepali sons and daughters everyday.

KEY MESSAGE

Poor people, particularly the Dalits, still do not have access to many government services. Whatever services that exist in the community like micro-finance groups do not help the poorest of the poor like Buddha Maya.

It is poverty, and not caste, that determines the extent of discrimination, exploitation and domination in society.

DIM FUTURE

Jhaggu Kabadiya, 12, is a rickshaw puller in Nepalgunj. With his bare feet, he pedals the rickshaw in rain or sunshine. He wears torn half pants and a T-shirt which is wet with sweat. Jhaggu began pulling the rickshaw since last year.

He is the sole breadwinner of the family. His is a five-member family and depends on his income to make ends meet. His father has been sick for the last four years. He is just 42 years old but looks much older. The mother's health is also not good and falls sick from time to time. His parents cannot work and are most of the time bed-ridden. His 17-year-old brother operates a cycle repair shop. Although he lives with the family, he doesn't share his earnings.

Jhaggu makes Rs. 50-100 a day. He must pay Rs. 30 a day for renting the rickshaw to the owner. If he fails to pay, the owner seizes the rickshaw. Because of his age, he gets less chance than others to transport passengers.

"People think that I am young, therefore, weak. That is why they buy the services

of other rickshaw pullers. As a result, I earn so little money that it hardly meets my needs. When I pay for renting the rickshaw, I cannot have lunch. If I take a meal, I at times cannot pay the rent," he says.

His father was sad to talk about the family's financial condition. He said "when I was able to earn, I had supported the family. Now that I am ill, we are having to depend solely on Jhaggu. He is young, but he can bear much sorrow and pain. My elder son also earns some money, but his income doesn't even cover his expenses."

Jhaggu's home is located at Bulbuliya, Ward no. 17 in Nepalgunj municipality. The piles of garbage around his home and in the settlement cannot go unnoticed. The environment of the house is also dirty. Jhaggu and his elder brother spend most of the time outside the home and have no time to do any cleaning. The parents are sick, and there is no one to do the laundry and sweep the house clean.

There is no one in the house who looks neat and clean except the elder brother.

Jhaggu has only one set of clothes. When he washes his clothes, he wraps his body with a towel until the clothes get dry.

“I wanted my son to get an education. But due to poverty, I was unable to do so,” said Jhaggu’s father. Jhaggu can neither read nor write. He has a five-year-old sister. She also hasn’t attended school.

Jhaggu said there were many nights when the family had to go to bed without food. The family’s meal consists of dal and rice.

When there is not enough rice, the family takes bread with chutney.

He loves to watch films and go out with friends, but he has little time for such things. Before he started pulling a rickshaw, he used to go to the cinema, play with friends and visit the market with his elder brother.

Jhaggu doesn’t have big dreams. All he wants is to have two square meals a day and earn enough money to buy medicines for his ill parents.



PRIMARY EDUCATION



‘I WANT TO BE LITERATE TO EXPRESS MYSELF’

Sanni Maya Tamang, 70, a widow, lives in Ward no. 6 of Letang VDC, Morang. She spent her entire childhood in Ward no. 3 of Kheluwa VDC. When she was small, there were no schools. They did not have shoes. She remembers slipping her feet into the outer layer of a banana shoot, which served as a protective covering, and going to the jungle.

When she was just six, she went into the dense jungle to graze cattle. Once a tiger leaped to attack her cattle. But instead of running away, she tried to protect her cattle.

When she was 14, she got married to Man Bahadur Tamang, 30, to become his second wife, as the first wife couldn't bear him a child. Unfortunately, she, too, could not give birth to a baby. Man Bahadur was thinking of marrying again but decided against it. He was a literate man.

So they adopted a two-and-a-half-year-old baby of their younger brother-in-law without going through the legal procedures. The

child was very attached to her. Sanni Maya paid for his schooling, took good care of him, and made all arrangements for his marriage when he grew up. He is now 43 years old. She took equally good care of another adopted son.

Her 43-year-old adopted son has a daughter of 22, who is taking a staff nurse course in Biratnagar, and a son of six who studies in a boarding school.

“I was so happy on the day when my daughter-in-law (wife of the adopted son) gave birth to my grandchild after three miscarriages,” Sanni said. She had made all the traditional preparations necessary for the good health and well-being of her grandchild.

Her daughter-in-law, who couldn't pass the SLC exams because she could not get a formal education, works in a bus counter on the Kathmandu-Letang route.

It has been eight years since she has been receiving a monthly allowance for helpless widows. She has received a total



of Rs. 8,600. In the beginning, she used to get Rs. 12 a month. Now she gets Rs. 440 for six months. However, last year she did not receive any allowance due to the conflict.

Many years ago, she had attended adult literacy classes. Therefore, she can read

KEY MESSAGE

Allowances to be distributed to helpless widows regularly in the presence of the community people to maintain transparency. In addition, the government should take action against the VDC secretary who misuses the allowance. The allowance should be increased to at least Rs. 350 a month.

the bus number and room numbers on the hospital but can't write any alphabets to express her feelings. She still wants to attend the literacy classes if they are conducted in the village, and wants to be able to write a letter. She also advises other old women to become literate. "Even though I am 70 and burdened with diseases, I want to be literate," she says.

When asked what she would do if she could write a letter, she replied, "I would express my feelings - including my depressed ones - on paper and send them to my sons who are now living separately." She wants to write about the things she had done for her sons and the bad days that she is having to bear.

She said that letters written by others can't quite carry her emotions and feelings. She wants her sons to understand her feelings and problems so that they could be in contact with her. She wants them to know how she supported them in their childhood and in their studies up to the I.A. level.

She tries to console herself by saying that even one's own children live separately from their parents. "Even then, I want them to be happy and well. I had never imagined that they would neglect me at this stage in life."

When asked about the happiest day in her life, she said that it was the day of the marriage of her son. But today she is very depressed.

SCHOOL AWAITS BETTER DAYS

Krishna Bahadur Nepali, 54, of Bhaudaha VDC, is the headmaster of Sundar Lower Secondary Teaching School. He has been teaching there for nearly 34 years. Nepali, who holds a B.A., B.Ed. degree is one of the well educated persons in the village. There are three other schools (one secondary, one lower and one primary) in the VDC. Mostly students who are poor and from the Dalit community study at Sundar School.

There are 482 students - 257 girls and 225 boys - in the school. There are more girls than boys because some parents send their sons to a boarding school in the VDC and the girls to this school. But there are fewer girls than boys in the secondary school because most of the girls in the Dalit community are married by the time they are 14-16.

According to Nepali, the area is inhabited mostly by the poor and Dalits. So during those seasons when there is a shortage of food, some children come to school without a meal and go home for the lunch break. A few children might not find food

even then and will not return to school in the afternoon. "We teachers think that those children who do not join the afternoon classes are hungry."

Nepali said that there has been a big increase in the number of students in the school because of the 'school welcome programme'. As a result, the school couldn't manage enough benches and desks for all the students. The 'school welcome programme' is conducted as a campaign, where the parents or guardians are welcomed to school by putting a red "tika" on their forehead. A procession is taken around the village with a big banner that reads "Send children to school". In addition, there was a notice to re-enroll those students who had dropped out of school last year, said Nepali.

The physical environment in the school is getting better due to the collaborative efforts of the school management committee, teachers, parents, World Vision, JICA and other organisations. However, these physical facilities, including furniture, are not sufficient to cope with the increasing number

of students. Because the parents are poor, it has been difficult to seek contributions for school development activities.

The school has a long way to go before it becomes well-equipped and child friendly. The school does not have a large compound, and the lack of a separate toilet for girls makes them uncomfortable. The school is surrounded by open ponds on three sides, and a few months ago, a student 6-7 years old had drowned in one of the pools.

Questioned if a pit latrine could be built for the girls using local materials like bamboo

and thatch by the school or at the initiation of the teachers, Nepali said they would see to it.

The school is often shut down due to the frequent *bandhs* called by the political parties and their sister organisations, including the student unions. In addition, the school rooms and grounds are often used for mass gatherings and meetings in the village. “Only an hour ago, one political party organised a parents’ meeting in the school,” said Nepali. “The environment is getting a little better, but the school is far from becoming a zone of peace.”

KEY MESSAGE

Many schools lack a separate toilet for girls. The school itself could take the initiative to build pit latrines. Collaborative efforts of the school management committee, teachers, parents and INGOs help improve the school’s physical environment.

Nepali would be happy to have a feeding programme for the poor children in the school. And he would like to see a stop to any form of political activity or meeting in the school so that the classes can run smoothly as per the school calendar.

DESIRE FOR AN EDUCATION

Bal Kumari, 28, fell in love and got married when she was just 12 with a boy who had studied up to the 7th grade. The following year, she gave birth to a baby boy. She lives in Ward no. 2 of Letang VDC, Morang. She has three sons. The first son, aged 15, is in Class 7, the second son is 13 and studies in Grade 6 and the last one, who is 9, in Class 3.

Her father, a resident of Tehrathum district, was a constable in the police force. He had five children (three sons and two daughters). Therefore, he could not afford to enroll all the children in school. Bal Kumari wanted to go to school. But because the family had very little land in their village in Tehrathum and also because of her father's low income, she had to stay away from school. Her parents wanted to send her to school but could not.

Bal Kumari's father died when her mother was just 28 years. They lost the main bread earner and guardian of the family. Later, Bal Kumari's mother, Dev Kumari

Timilsina, migrated to Letang VDC with the help of her friend in 2045 B.S. where she was told firewood and drinking water were easily available. At the time, her mother used to receive Rs. 200 in monthly pensions after her husband's death. With the small income, Bal Kumari's mother could not send her five children to school although all of them wanted to have an education.

Bal Kumari's hard working mother somehow managed to improve the family's economic condition. She has built a small house on her own land.

The family that Bal Kumari is married into is also very poor. Of the four brothers in the family, only Bal Kumari's husband has an education. Due to the poor economic condition, the husband along with Bal Kumari and their two children had migrated to India in search of work. There, they could not make a living, so had to return to their own village.

He then managed to take a loan to go to the Middle East, where he has been

working for the past four-and-a-half years. “My family’s economic condition has been improving since then,” Bal Kumari said. During the period, she joined non-formal literacy classes for three months. “I can read simple things but can’t write well to communicate. That’s why I need the help of others even to write a letter to my husband,” she said. “I would like to join an adult literacy class to be able to write a letter to my husband, and also write something important for the women’s work group.”

It has been about five years that she has been involved with various community-based organisations. In the beginning, there were people in the village who engaged in backbiting, but now it has become easy to involve herself in the social activities of the village. Her neighbours and others recognise her contribution. She says her relation with the neighbours and with the family members is good. She receives help from others at times of need.

KEY MESSAGE

Needs-based functional literacy programmes are seen as a way to extend educational opportunities.



Bal Kumari wants to conduct non-formal classes and awareness activities in the village, especially for women and the poor. “Also if there are institutions that impart skills to young people, they can find employment in our area or in the country and not have to go abroad for work,” she says.

WISH TO JOIN ARMY AFTER FINISHING SCHOOL

Arjun Risidev, 12, of Ward no. 9 of Hattimudha VDC, Morang studies in Class 3 and has a strong desire to pass the SLC examination. He is a Dalit and wants to join the army to serve the nation. His father, Shiva Chandra, is a labourer at Swastik Ghee Factory. And his 36-year-old mother, Manju Devi, is a housewife who had studied up to Class 8 in India. She could study because she used to stay in her uncle's house as her parents were very poor.

Arjun is the second child of his parents. His elder sister has only attended informal literacy classes. His younger brother is still too young to go to school. Although the government provides free textbooks and school uniform for the Dalit students, he had to buy science and English books. And instead of a full shirt and full pants, the school provides only half-shirt and half-pants.

“Because I come from a Dalit family, the teachers and students sometimes misbehave with me on the way or in school,” says Arjun. “One of the teachers

used to call me ‘Musahare ko chhora’ (son of a Musahar) instead of calling me by my name. I feel very angry when he calls me like that, but he is my teacher, and I am supposed to respect him.”

Arjun is a fine football player. He spends his leisure playing football and grazing cattle. There is electricity in the house, so he also spends his time watching programmes on his black and white television set at home.

He has a request to make to the government, i.e., it should provide warm clothes, shoes and socks for the students in winter. With warm clothes, the students will feel comfortable while going to school. According to him, the school lacks physical facilities. There are not enough benches or other furniture for the students, and some of them who arrive late must sit on the mat the whole day. There are no windows or doors in the classrooms. And if there are any, they are all broken.

Arjun says the teachers don't care about the students' interests and welfare or in

creating a good environment in school. Therefore, the children belonging to the higher castes go to boarding schools with nice bags and tiffin and wear neat dresses. “We children of Dalits and the poor attend the government school without bags or shoes.” Some of the students go to school on an empty stomach as their parents cannot find work daily.

Arjun wants to study to become a big, wise and respected person in the society. “People are respected when they are wise and do

good deeds for the society and nation,” he says.

When his mother was asked if she wanted her son to attend a boarding school, she replied in a soft voice, “I have heard that it costs a lot of money, but I do not know how much. So I do not think it is possible to send my child to a boarding school.

“I would be happy if I could just manage proper food and clothes and send my children regularly to the government school. When I cannot do this, it breaks my heart.”

KEY MESSAGE

The incentives provided by the government to the poor, girls and Dalits should be distributed to the students also, and there should be no manipulation of these resources.

She says that the facilities provided by the government to the Dalits free of charge and scholarships should not be given to the rich people.

REJOINING SCHOOL AFTER CONTINUED STRUGGLE

Maya Pariyar, 13, is a resident of Mangalpur village, Ward no. 14 of Bharatpur municipality of Chitwan district. She now studies in Class 4 at Rastriya Lower Secondary School in Mangalpur.

She had dropped out of school in Class 3 after her mother ran away with another man. After a few months, her father remarried, and she started to feel being neglected and the other two children - her elder sister and younger brother. The stepmother would abuse them badly. Since the three children could not tolerate the abuses of their stepmother, they left the house for their maternal grandmother. A few months later, Maya's elder sister got married.

Her grandmother's family was also very poor, therefore, it was very difficult for the grandmother to take care of Maya and her younger brother. Due to the difficult circumstances, the grandmother sent Maya to work as a domestic in one of the Thakuri families in Syangja district.

The family where Maya was brought to work had a fancy clothes store and restaurant. Therefore, Maya had to work hard. Maya is a Dalit and being a child of about 11 years, she was not allowed to work in the kitchen. She was also told to say she comes from a 'Chhetri' family because if the neighbours and customers came to know that she was a *Dalit*, it might invite social problems.

Maya had to shop, wash the clothes, do the dishes, clean the rooms and also baby sit. When the landlord's relatives (sisters-in-law) came to stay with the family, Maya had to attend to additional duties. She would have to walk with them all day with heavy bags but would have to return home alone. She was scolded by her masters if she failed to perform the work assigned to her efficiently. They at times even beat her.

She had to work from 4 in the morning till late in the evening. However, she never received any money from them and was not given good food and clothes. She had no time to read even though she was



interested in reading and writing. When the landlord came home drunk, there would be a quarrel in the house between the couple. Maya would have to carry the landlord's baby and run to some safe place.

Maya was never given permission to return to her grandmother. She was also not

KEY MESSAGE

Some children even in difficult circumstances show a keen interest in studies and manage to get an education if there are supportive organisations and helpful persons.

permitted to go home during the *Dasain* festival. On the other hand, she had to carry the baby while her landlord visited her close relatives for *Tika* during the *Dasain* festival. She was told by her landlord not to take *Tika* from the relatives because she came from a *Dalit* family. In addition, if the relatives asked her to receive *Tika*, she was taught to say that her mother had expired that year, so she should not receive it. Maya felt very sad to have to bear all this.

During her second year in the house, she pleaded with her landlords many times that she be allowed to go to her family for *Dasain* to meet her younger brother and grandmother. She was finally granted permission. After meeting her grandmother, Maya said that she wanted to attend school. Maya told her grandmother about the heavy workload and exploitation in the landlord's house.

Maya got her wish. She was admitted in Class 4. Since the session had already begun and a few months had already passed, she did not receive the school dress. She, however, joined the non-formal education classes and was provided the school dress. Even at the age of 13, Maya is very active and farsighted. Asked what she wanted to be in the future, she said that she wanted to continue with her education at any cost she will do anything except work as a domestic.

POVERTY SLAYS ZEAL TO STUDY

Dilli Kumar Praja, 14, lives in Siddhi VDC in northeastern part of Chitwan district. The area is home to the Chepang people and is a food-deficit area. The land here mostly consists of hill slopes which yield very little. Dilli lives in a joint family of 12 members, which include his father, mother, grandmother, uncle, aunt, a brother who is 10 and two sisters aged 12 and eight years. Dilli's family has about one bigha (about 0.75 hectares) of land which is not very fertile, and only millet and maize grow on it.

"Whatever grows on the land lasts us only for about four months," says he. To sustain life, the family has been raising some goats and sells them, mostly during *Dasain*, the biggest Hindu festival. The family also tills others' land for a share of half the crops. His parents, uncle and aunt all work on others' land as agricultural labourers. His father also worked as a *haruwa* - a kind of bonded labour - for some rich family. The additional income is spent on oil, spices, clothes and other daily necessities.

Says Dilli, "Our family has six months of *sahakal* (food sufficiency) and six months of *anikal* (food shortage)." Occasionally, when there is little food at home, the family members go to the forest to collect *gittha* and *bhyakur* (a kind of tuber). As most other poor families, his family must also borrow money from the moneylenders to survive. As the interest rate is very high, borrowing has kept the entire family in debt.

Despite all the hardships, the family has managed to send Dilli, his brother and sisters to school. "We could not study, but all the children should go to school. We will manage the family," Dilli recalls his father and uncle as saying. It has been possible to send the children to school as it is free up to Grade 5, and certain projects support the Chepang students with scholarships, uniform and other supplies. However, Dilli's sister, who is in Grade 5 cannot attend school at least once a week as she must help her mother in collecting food from the nearby jungle, otherwise the family will go hungry.



His uncle had left school to collect *gittha* and *bhyakur* when he was in Grade 6. And Dilli fears he might also be forced to drop out. Says Dilli, who studies in Grade 7, “I walk four hours every day to attend the nearest school.” Dilli wants to continue studying, but the school he is attending has only till Grade 7. He must then move to the nearest town of Shaktikhor to attend Grade 8, which means spending a lot of money. “My father cannot afford to cover the cost of my studies, which include not only the school fee but also the rent, food and other expenses,” he says.

Says Dilli, who stood second in the final examinations in Grade 6, “I might have to go and work with my father and uncle as a labourer.” But he is hopeful some project will come to his rescue and is also exploring opportunities for work in someone’s house to pay for his studies. “It all depends on my luck.”

KEY MESSAGE

If the goal of providing primary education to all children is to be achieved, then employment opportunities to the poor, particularly the indigenous people, should be created so that their children can attend school.

Dilli considers the annual scholarship of Rs. 250 a great boon in fulfilling the desire of poor children to attend school. He feels that if education is free, then children like him will not have to spend time collecting food in the jungle.



LONG WALK TO SCHOOL

When it rains it becomes even more difficult to walk through the jungle, says Dimple Pariyar (on the left), 14, who studies in Class 7 and walks two hours everyday to school situated in the nearest town of Rajnagar. Dimple's greatest wish is to complete high school no matter what. She faces many obstacles in her studies, of which walking four hours daily to and from school and attending to the domestic chores are but a few. "My mother is dead, and my father is an alcoholic. Hence, paying for my school fees is very difficult," she says. She is worried that one day she might not find enough odd jobs or help from her relatives and might have to drop out of school.

Adds her friend, Rupa Pariyar (right), 14, "When it rains, we get bitten by leeches and feel afraid to walk through the jungle...but we have no choice." The girls echo a common sentiment expressed by their community: "We are a very backward community. Nobody comes here. We have no money for food or anything else." Dimple remarked that they were just two out of the hundred other children from the settlement who walk to schools in

Rajnagar and face similar or worse problems. She is proud that four children from their area have passed the SLC exams.

The girls live in Bandarjhula, an illegal settlement in the jungles of Chitwan populated by displaced, marginalised and extremely poor people. Dimple and Rupa face many problems in completing their education. A recent forest fire that threatened their lives is an example of how vulnerable their life is. "We all ran out and watched the fire burn down the homes of our neighbours and their livestock. There was nothing anybody could do," said Dimple. Stumps of charred trees and remains of houses are a testimony of this natural calamity.

There are other challenges as well. Says Dimple, "We lack income generating know-how and have no employment opportunities. There are too many children in every house. There is no health service nearby."

"I know people in the town look down on us because we belong to a low caste and are migrants," added Rupa. Both agreed that the



landless status of their community added to their insecurity, and often these and other vulnerabilities distracted them from their studies.

Dimple lowered her eyes when she talked about the situation in her home. She said that liquor is brewed locally, and many men frequently drank and slept through out the

day. She would not say more regarding her personal life, but she brightened up when asked about her aspiration. “I want education to be free for students like me who have no support from their parents.”

Rupa wants a school nearby. “We would then have more time for housework and studies then,” she said.

In response to a query regarding their high level of awareness despite their remotely located poverty-stricken community, Rupa said, “Many of our fathers, brothers and uncles work in India, and they have understood the value of education. We learn a lot about life outside from them.”

Asked what education meant to them, Dimple said, “I am hopeful that education will give me a chance to have a better life. Though life is difficult now, going to school everyday makes me feel good.”

Rupa added, “Everyday is a struggle, and we have no idea what tomorrow is going to be like, but I am hopeful that things will get better.”

Despite the many odds against them, Dimple and Rupa continue to walk everyday to realise their dream of passing out of school.

SCHOOL IN TAMANG VILLAGE WAITING TO BE UPGRADED

Sukaman Tamang, 42, of Kakra Bari village, Ward no. 4, Nangkhel VDC is the headmaster of Saraswati Lower Secondary School. He was appointed headmaster in 2055 B.S. The school was upgraded to lower secondary level in 2061 B.S. through the continuous efforts of the teachers and the financial support of an NGO - World Vision Nepal.

He married Bishnu Maya Tamang when he was 17. After marriage, he studied up to I.A. He had studied up to Grade 5 at Saraswati Primary School in his village and then came to Bhaktapur to finish high school. He had to walk at least two hours to catch the bus to come to Bhaktapur everyday. He was able to continue his studies because his father held a job in the army in Bhaktapur. His two elder brothers could complete only Grade 5 in the village. As the village does not have a secondary school, it is very difficult for the villagers to finish Grade 10. Hence, there are few persons who have passed SLC in the village.

There are altogether 255 students - 138 girls and 117 boys - in the school, and eight male and two female teachers. Among them, seven have been appointed by the government while the remaining three male teachers work as semi-volunteers. All teachers are from the same village.

The village is about 40 km from Bhaktapur city. It is a very remote and poor village with no access to electricity and no modern income generating activities. According to Sukaman, the condition of Saraswati School was very pitiable before 2060 B.S. World Vision supported it with two rooms in 2060. Till then, there was no school building, and classes were conducted in a *pati* (open shelter). In 2062, World Vision again provided support to add two more rooms in the school, and with teachers' contribution, two more rooms are under construction. The school also runs a day care centre.

Said Sukaman, "While the rooms were being constructed, we were demanded donations. They also used to check the



KEY MESSAGE

Intelligent students should be provided scholarships to study till high school, leading to proper technical and vocational training, so that students from the ethnic community and poor families can gain access to higher education and also means to livelihood.

school's accounts. We told them that the condition of the village and the school was so poor that, if possible, they should help the school instead. This school is for poor people... almost all the students are from poor Tamang families. They were convinced and never came back.

Since the villagers are poor, the secondary school is located far from the village, and there is little awareness about the importance of education. So very few students study up to high school level. The government's scholarship programme covers only half the girl students, while World Vision and Jeevan Bodh, an organisation, meet the cost of the remaining scholarships. The scholarship covers school dress, stationery and textbooks and has attracted girl students and parents. The scholarship is distributed by a joint committee of teachers and village leaders starting with the poorest families.

Sukaman says the village is neglected because of its remoteness and poverty. The village also lacks health facilities. Therefore, he hopes donors and the government will give priority to the development of the village in the days ahead.

PARENTS FIND WAYS TO SEND CHILDREN TO SCHOOL

Indra Shova Sainju, 42, is a resident of Mangalaksha *Tole*, Ward no. 14, Bhaktapur municipality. Her mother died when she was just nine. After a year, her father remarried, and her stepmother was rude to her. Although she attended school during the day with her younger sister, Indra had little time for studies at home as she had to do all the household chores. Her father was a staff with the Election Commission; however, he did not pay much attention to her education.

During her leisure hours, she used to help make the *Bhadgaonle topi* (Nepali cap) to earn some money. As there was always work, the income helped to meet her and the sister's educational expenses. With the income, she was able to complete her education up to Grade 10. She appeared for the SLC examinations twice. Unfortunately, she could not pass. So she decided instead to support her sister's education.

When Indra was 21, she got married to 23-year-old Krishna Prasad Sainju, a resident of Bhaktapur. His father had died when he

was six and his mother when he was nine. Being an orphan, some of his relatives had taken him to Bal Mandir where he stayed until completing his SLC.

He then came to Bhaktapur and started to live alone in his small, old house. In his search for work, he joined an ice-cream factory in Birgunj and also did some odd job in Bhairahawa. Later, he found a temporary job at the Salt Trading Corporation. It was then that he got married to Indra. After six years of marriage, Indra's husband lost his job, and her difficult days began.

It has been 14 years that Indra's husband has been without a job. "I had received training in hosiery knitting and making Nepali paper from the Department of Small and Cottage Industry, but I could never find any appropriate work," she said. "And I did not have any money to start my own business."

Therefore, both of them started knitting sweaters manually for their survival. They are, however, paid only 40 per cent of the total wages, the rest is kept by the middle

**KEY MESSAGE**

If parents are aware of the importance of education, they always find a way to send their children to school.

man. They can make only about Rs. 1,800-1,900 a month. With this money, Indra has to cover the expenses of six family members.

Indra could not receive a higher education although she was very interested. She says education is the key to a better life, so she sends her three children to school. Her first child is a son and is very intelligent. He has always topped the class, so the headmaster of the boarding school provided him free education from Grades 1-10. He is currently doing his I.Sc. on a scholarship from the college. He also gives lessons to other students.

Indra's second child, a daughter, was not smart and could not make it beyond Grade 8. So Indra arranged for her marriage when she was 18. The youngest daughter attends a boarding school on a scholarship provided by a businessman who collects funds from tourists to send children to school.

BEYOND THE HOUSEHOLD CHORES

Basanti Chaudhary is a 14-year-old Tharu girl of Ward no. 5, Titihiya VDC. She has been working as a domestic in a Brahmin's house in Nepalgunj for the past six years since she was nine. Her parents are farmers and live with their three younger children – two boys and a girl - in the village.

"I wanted to study. So I came here to work so that I could support my studies," she said. She earns Rs. 1,000 a month for her labour. She is a 7th grader at Tribhuvan Lower Secondary School at Karkando, Nepalgunj.

Her days begin as early as 5 in the morning. She cleans the rooms, mops the floor, does the dishes and washes the clothes. "I go to school after completing all the household chores. Sometimes I also cook food when auntie (master) is sick or unable to do so," she says.

During this period, she manages some time for study. When she returns from school, a similar routine begins. She again cleans all the rooms, washes the dishes, prepares snacks and does other work as directed by the masters.

Basanti is hungry by the time she is done with all the household chores, but she gets her share of the food only after all the members of the family have had theirs. The tiring day does not end here - she must wash the dishes again. She then joins her aunt to watch the TV serials. Despite all this, she finds time to study before going to bed at 10.

She watches TV during her leisure. Her favourite shows are *Jeere Khursani* and *Tito Satya* on Nepal Television. With permission from her aunt, at times she also goes to her friend's (Champa) home. She has four close friends in school - Champa, Kamana, Namrata and Danu. She also visits the temples with them. Running is

"We do not know what kind of scholarship or incentive is provided to the children of the Kamaiyas."

Pashupati Chaudhary, 13
Muktinagar, Kohalpur

her favourite game. She also likes dancing. "I can dance to the song of 'Lahana le jurayo ki, bahana le...' very well," she said.

The master's family has five members - aunt, uncle, two brothers and a sister. Uncle works in a government office. "He sometimes helps me with my studies. He also tells me that study makes a person great."

Her daily routine also changes with the length of the days. During summer, she wakes up at 4.30 in order to manage time for the morning classes. She takes bread or noodles to school for tiffin. She finds Nepali easier to master than other subjects. English is the toughest subject.

"I would have liked to stay with my parents in my village, but I don't want to be like other girls there. I'd like to study to have a bright future. I have to be here to fulfil my dreams," she said.

She can visit home once a year during the Maghi Parba, the great festival of the Tharu community. Her father buys her new clothes during the festival. She likes to dress up in pants and kurta. She has bought a pair of pants for Rs. 300 from her earnings.

As she has grown up, her parents want her to come back to the village. "My father says that I can continue with my studies in the village itself. I also long to go to my village."

The aunt says she is very sincere in her studies. "She came here when she was very young, and we have raised her like our daughter," she said. "Though we didn't hold a great job, we supported her studies because she came from a poor family. Now she is grown up. It's difficult to keep someone else's daughter. So we'll send her back."

STRUGGLE FOR AN EDUCATION

Padmakala BK, a 16-year-old girl, studies at Suryodaya Secondary School in Chisapani. She stays in a temporary shelter built near the school premises. She has a mother, five younger sisters and a brother in the family. It's difficult for her mother to support the whole family and also provide for their schooling. The family has not been able to install a door in the hut, making them all the more vulnerable to outsiders.

Some two years ago, Padmakala lost her father, who died of tuberculosis. Although he was provided medicines, lack of care and nutrition ultimately led him to his death. Her father's death was an immense loss since he was the sole breadwinner of the family. They have been facing enormous problems since then. There is no steady income. Her mother sells firewood and does manual labour whenever available.

Sometimes a few social organisations provide a little financial help, which she says is rarely enough to maintain the day-to-day life of such a big family. SAFE/ Nepal (Social Awareness for Education), a

non-governmental organisation, recently gave her some goats to rear.

All the children in the family go to school which is free; however, they are required to pay the exam fees. She also does not have sufficient books. "I have to borrow books from others who are often reluctant," says Padmakala. Anyhow, the children have managed to attend school so far, but

"We Dalits are illiterate, poor and innocent, we do not understand the rules and regulations. We also do not know what kind of services are provided by the government and other organisations for the Dalits, poor, women and children. We also do not know how to improve our access to those facilities and services. We have to pay money for the textbooks in the school, but we cannot get a refund even if we submit the bill to the school."

Yukta Devi Mallik

Ward no. 9, Hattimudha VDC, Morang

the problem of running the family worries her all the time.

According to Padmakala, it would be impossible for families with her social and financial status to send their children to school. "It is the will to overcome these everyday miseries that has kept us going," she says.

"Not that everyone in school looks down on us for being poor and untouchables. Rather they tend to help us if and whenever they can," says Padmakala. "However, there are many people in the village who are illiterate and conservative and tend to frown upon us."

When asked why they are treated like that, she says, "Maybe it's due to lack of awareness that they fail to see everyone as equal." According to her, unless the community is educated and there is awareness, this kind of discrimination will just not fade away.

"Maybe running an adult education programme in our village for the older people will help them to understand the social issues and overcome their bias and prejudices against us," says Padmakala.

All the children have very old, discoloured school uniform, and they have outgrown their clothes. Plan Nepal has provided some assistance to buy cloth for the uniform of her younger sisters and brother, but due to lack of money, they have not been able to have them tailored. So the younger kids have refused to go to school for the last three days. "My uniform is also worn out, but I will mend it and manage it for this year," said Padmakala.

Padmakala considers her family's financial condition to be the root cause of all the problems. "There are many days in a

month when we go hungry," she said. Particularly, when her mother becomes ill and cannot go to work, there is virtually nothing to eat at home. "There is nothing to store for tomorrow. We live on a day-to-day basis. Whatever we have today we consume, and it barely satisfies our hunger."

During the time of this conversation, they actually had had no food for two days. Her mother had not yet returned home from the previous day, and the kids had no idea where she might have gone looking for work. "We feel like committing suicide," a dejected Padmakala said. "It would be better to die than go hungry like this. Maybe it's the way we live that makes people look down upon us."

"I might have been able to concentrate more on my studies if I did not have to worry about all these things," she said. At night, a tiny kerosene lamp provides the only light for them to read and write. As a result, they cannot complete the homework assigned by their teachers. Electric poles have been erected in the village, but they carry no wires.

"The government should provide us land so that we can feed ourselves," says Padmakala. "People who are forced to go hungry should be given employment according to their capacities." She thinks that the Dalit community would benefit greatly if the government introduced programmes that discussed the problems of the underprivileged and indigenous people who have very little share and participation in the present socio-economic and political affairs. She says that the different governmental and non-governmental organisations that have been set up to address their issues should actually take up their cause and be more vocal in uplifting their living conditions.

SHATTERED DREAMS

Seeing the white gown worn by doctors in the hospitals, he used to long to become one. But all his dreams of becoming a doctor and treating the people were suddenly shattered some four years ago while studying in Grade 10 after he was unable to continue with his studies due to financial difficulties. He now works in a hotel in Nepalgunj.

Uttam is a smart young man of 19 years. He always appears calm and is of a quiet nature. He comes from Nawalpur, Ward no. 4 of Baijapur VDC. Besides him, there are seven other members in his family - his parents, an elder brother, a sister-in-law, a younger brother and two younger sisters. None of them go to school these days. All are busy with the house work they are required to do for a living.

Uttam does not remember taking any loans from the Agricultural Development Bank when his parents were part of a joint family. But after his parents started living separately, they were notified that they owed Rs. 21,000 to the bank. His father is worried as he has been told that his share of the land would be put up for sale if he

doesn't pay back the sum. On top of that, Uttam's younger brother suddenly fell ill with encephalitis and had to be treated in a private hospital in Nepalgunj, which was rather expensive. The treatment cost them nearly Rs. 35,000. So Uttam had to leave school to look for a job. He feels it is his responsibility to pay back the money borrowed for his brother's treatment.

"We don't have much land left with us," said Uttam, "may be less than two hectares." The land is also located very far from where they live, so it is difficult for them to make the most of the land. Not much comes from the land either. After his brother fell ill, all of his family members were disheartened. His grandfather died soon after this incident.

Although the treatment was provided for free and there was no charge for the bed, the medicine cost them around Rs. 500-700 everyday. When asked about the nature of the illness, Uttam said, "All I know is that it is caused by mosquito bite."

He was rather sore that he had to quit school. "It is not possible to attend school

since I must work nearly 18 hours a day.” His day starts at 5 in the morning. He is required to do all kinds of work including changing the bed sheet, providing room service and serving the dishes. He is provided three meals a day – breakfast, tea and dinner. He says he would have had to work only 8-9 hours a day had he worked elsewhere. But then finding work is difficult.

Meeting his school friends makes him want to go to school all the more. “I might have to spend my life ploughing the land,” he says, because by the time he pays back the loan from his earnings, he will be past the school-going age. He would like some other job that will give him a little free time for computer lessons. This, he said, would help him keep pace with modern day technology and its applications, otherwise “I will be left behind.”

He said that his employer first agreed to allow him to read and write whenever he was free, but once he joined the hotel, he refused. Whenever he was caught reading a book, his boss would get rather annoyed. He was told to keep busy even if there was nothing to do. That is why he has brought back home those books he had taken with

him while joining the hotel. “I feel terrible when I see these books every time I go home. They bring back memories of my days in school.”

There are a few social organisations that help and encourage young people with their studies, but the problem is “finding the time”. He would prefer someone to teach him, and if that is not possible, then he would like a job in a governmental or non-governmental organisation where it would be possible to study during his free time. “There are plenty of NGOs in Nepalgunj. Maybe I should try my luck there. Should I get a job there, at least I can learn how to operate the computer.”

Uttam has little idea about the government’s plans and programmes on education, health, poverty eradication and family planning. But he thinks it would be nice if the government could help people like him through the state’s various welfare programmes. “We cannot expect all the expenses needed for our education from the government. But the government should really make efforts and take initiatives to help people like us at times of difficulties and grief,” he says.

BEHIND THE PAINS AND PLEASURES

Kamal Thapa, 15, is a boy who is visually impaired. Four out of the nine members in his family share the same fate. His elder brother, who is also visually impaired, teaches at Tribhuvan Secondary School in Kohalpur, on the outskirts of Nepalgunj. Similarly, his elder sister, who is also visually impaired, sells home-made liquor. His father, Bir Bahadur, works in India as a labourer.

Kamal was not visually impaired at birth. His vision started to blur when he was eight years old. His parents got his eyes checked, and the doctor had his eyeballs removed.

He has confronted many more unpleasant moments after becoming visually impaired. At times, people used abusive language. Some people in his village started ignoring and insulting him. "Some people stayed away and did not even want to talk to me," he said.

"My elder bother used to quarrel with those who insulted me. But I thought that remaining quiet was the best policy. Since they cannot see the pains I must endure, it is useless debating with them."

In another incident, a man insulted Kamal by saying that it was useless for a blind person to live. "I have never revealed his name."

Kamal comes from a family with a weak financial background. The family lives in a small hut in 'D' Gaun in Banke, which has been constructed on a plot of unregistered land. The hut does not have separate rooms, so everybody shares one large space to sleep in. However, there is a toilet at home.

Kamal studied up to Grade 3 in Dhangadhi, the frontier city in Far Western Nepal, which is close to India. His family spent a miserable life there. "Since there was no food at home, my elder brothers went begging. When they returned, we used to share what they had brought with them," said Kamal of his childhood days.

Due to abject poverty, an elder brother and sister couldn't join school. However, one of his elder bothers got an education. Despite the many hurdles and hassles, Kamal has been lucky. Hot Nepal, an NGO, rescued him and put him in a school. He studies

at Mangal High School in Nepalgunj and stays in a hostel, which is situated within the premises of the school. According to Bhabuk Jung Thapa, secretary of the Association of the Blind (Netrahin Sangha), Kamal joined here in 1996.

At the beginning of his hostel days, he was not happy. He was often homesick. "I was quite unhappy at the beginning because I was away from my family. I felt lonely and used to weep at times. Later on, the teachers, including Kanhaiya Rana sir, loved me very much. Then I started to enjoy the place," he said.

These days, Kamal loves music more than his studies. He likes to play musical instruments. There is no record of him failing any of the exams, but his results are just about average. "I know that I should study hard, but even then I cannot concentrate on my studies."

This is a clear sign that his interest is deviating towards music. He can play the harmonium, flute, madal and tabala. He has participated in music competitions in Khajura, Kohalpur and Kathmandu and was awarded prizes.

In addition to music, he likes to play chess. He plays chess with his friends, which is especially designed for people who are visually impaired. He also involves himself in extra-curricular activities like quiz contests, public speaking and debates.

Kamal is shy of girls. He hardly talks to them. "I talk to them only if it is necessary," he said. However, he accompanies girls to the cultural programmes and participates with them in group performances.

His ultimate goal is to be a good musician. His parents also want him to become one. Says Kanhaiya Rana, chairperson of the Association of the Blind, a patron organisation for visually impaired people, "He is talented and makes friends easily. He has patience. He hardly gets angry. He can be a good musician. But his only fault is that he does not like to study."

Added Bhabuk, "He really loves music. If there is a musical programme the next day, he will start preparing from 2 a.m. in the morning. But he pays less attention to his studies."

NO BIRTH CERTIFICATE, NO SCHOOL REGISTRATION

Bharat Nepali, 14, lives with his family in Naubasta VDC. He lives in a small hut with his mother and a younger brother at Pitmari Sukumbasi Basti, a settlement of landless people.

“We came here from Jajarkot some 10 years ago. We did not have enough land there. Later on, my grandfather sold all the land we had. My mother told me about it when I was a small child. So I don’t quite remember the details,” he said.

Bharat’s family migrated from the hills to the Terai in search of a better life. But things did not turn out as expected. “My parents devoted their time erecting a small hut during the daytime. But people (could have been government officials) would demolish it at night. My mother used to weep seeing the demolished house,” he said recollecting his memories.

Actually, they shifted here after learning that the government was distributing land to landless people for free. However, they spent almost half a decade for a plot of land and a shelter. After years of struggle,

they received five *katthas* of land, which has yet to be registered.

Bharat’s father turned to drinking and smoking, and spent most of his time playing cards. “He used to spend all his earnings on himself. In the end he suffered from tuberculosis and died last year,” said Bharat.

These series of tragic incidents have put Bharat in a vulnerable condition. He studies in Grade 4 at the age of 14. “I couldn’t join school in time. Since we had no money, my mother could not admit me to a school. Seeing other children go to school, I told my mother, and she got me admitted,” he said.

Although Bharat goes to school, his name is not registered there. Due to lack of a land ownership certificate, his family’s ‘migration’ was rejected by the administration. This means his birth cannot be registered.

“Every time we approach the school for admission, it asks for his birth certificate

which we cannot provide,” Dhani Nepali, Bharat’s mother, said.

According to Dhani, her husband’s citizenship was destroyed when the administration set fire to their settlement. As a result, she, too, is deprived of citizenship. This makes his son’s future vulnerable and could cost him many of his basic rights.

Back home, the situation is just as miserable. There is no bed to sleep on. All the family members sleep on the ground. Worst of all, there is little food. “We must wait for a festival to have meat,” said he.

The produce from the unregistered land can feed the three-member family for just three months. Dhani works hard during the remaining months to make ends meet.

“I earn Rs. 50 a day by working. I have to buy everything for the kitchen out of my daily earnings. It is very difficult for me to

make ends meet,” she said. “My sons are keen on studying. Bharat’s monthly fee is Rs. 40. His admission fee cost Rs. 300. This time, I cleared his dues by selling a goat,” she added.

Right now, Bharat has two sets of school uniform. His younger brother also has two sets. Last year, DOCFA Nepal, a Nepalgunj-based NGO for Dalits, had provided them with the school dresses.

Bharat helps his mother fetch water from a tap, cleans the vegetables and rice for cooking, does the dishes, bathes his younger brother and looks after the goats.

He loves playing games, especially football, volleyball and cricket. However, due to lack of playing things, he plays with home-made things. He uses a piece of wood for a bat and a sock filled with rags for a football. Despite the odds, he is hopeful about his future.

CROSSING THE SOCIAL BARRIERS

Pratima Nepali, 16, studies in Grade 10 at Narayan High School in Nepalgunj. She comes from the Badi community. As Dalits, members of the community are socially, culturally and economically marginalised. The community's women have been traditionally engaged in commercial sex work for a living.

Pratima's parents are illiterate. Her mother, Gofli, can merely sign a document while his father, Gopi Lal, can count money. He is a street vendor.

She ranks just about average in her class of 45 pupils. Twenty of them are girls. She gets up at 5 in the morning and goes for tuition classes. Social Awareness for Education (SAFE), a Nepalgunj-based NGO working with the Badi community, took the initiative for her education. She studied up to Grade 7 in a hostel run by SAFE. She has managed to keep on studying, thanks to SAFE. "I am grateful to SAFE for taking me to a school," she says.

She is the only girl from her community who goes to school. Many of the girls in

her neighbourhood are out of school. Being children of sex workers, their births were not registered. In the absence of proper records, these children are deprived of many opportunities and facilities such as fellowships.

"Many children in our community do not know who their fathers are. Hence, they not only face embarrassment, they are also deprived of citizenship certificates. They should, therefore, be provided with citizenship certificates through the mother," said Pratima.

When she was 12 years old, she suffered from encephalitis. Her parents admitted her to the Bheri Zonal Hospital in Nepalgunj. So

"The teachers ask us to bring a separate copy for each of the subjects and a pen, but I cannot afford them."

Anita Chaudhary, 13
Muktinagar, Kohalpur

she survived. But most of the parents in the community cannot pay for the treatment of their children. "If somebody becomes sick in my home, we can manage for the treatment by borrowing money, if necessary, but not all people in our community can do so," said Pratima. "Because they are very poor, the moneylenders do not trust them."

Social discrimination is very much there in the society. Her classmates, for example, will take her to their homes, but will not allow her to enter. "I don't mind, it doesn't hurt me. At least they don't mistreat me in public places," she said.

Pratima is hopeful about her future. She loves watching television. She likes to play

volleyball and, at times, cricket. She once participated in an inter-school volleyball competition. She has been involved with a child club called Srijana Bal Club since she was in Grade 3.

Right now, she is second secretary of the club. According to Pratima, this club helps parents to get their children vaccinated. Likewise, it inspires and helps guardians to send their children to school. It publishes wall newspapers. It also takes initiatives to keep roads and other public places neat and clean.

Pratima Nepali wants to be a singer. She has won prizes in school song competitions. If the morning is to show the day, then Pratima has a bright future ahead.

HOPE AMIDST UNCERTAINTY

Ruby Bano Halwai, a 10th grader, is a forward looking girl of 16. She lives in a joint family of 15 members and is the third youngest among her six sisters. She has three brothers, too. Her elder brother is married and has a daughter. Ruby studies in a madrasah, Muslim religious school, in Nepalgunj. Her younger sister also studies in the same madrasah. But her younger brother, Raj Halwai, studies in a boarding school. Ruby feels this is discrimination based on gender.

“But I am lucky and happy that at least I go to school, whereas many parents in our community do not send their daughters to school,” she says.

She doesn’t hesitate to talk about the family atmosphere. Her mother and elder sister are very supportive of her. Her mother encourages her to study well so that she has a nice career. “My father is, however, less supportive. I have to ask my father at least four times to convince him to buy me books and pens,” she said.

Her father, Jamil Halwai, owns a furniture industry, but his daughter does not have sufficient school uniform. Ruby has only one set of school dress, and sometimes she attends school in out dress. It is good that her school does not have a strict dress code.

The school she is studying in is not considered a good school. Last year, only 10 per cent of the students passed the SLC exams. The school has neither a library nor well-trained and qualified

“In general, Muslim communities are excluded from all aspects of development. The government should learn from past experience and seriously address the issues.”

Guddu Khan
Ward no. 6, Nepalgunj

teachers. The dropout rate among students is also high. According to Safikuddin Khan, the head teacher, only 60 per cent of the students who enter Grade 1 reach Grade 5.

Khan puts the reason for the high dropout rate and the poor SLC results on the school's lack of financial resources. It is a school run by the community with little

resources, and so it cannot hire good teachers. The people in the area speak Awadhi, the local language, but the students are taught in Urdu, Nepali and English. This causes problems, he says.

The school does not have separate toilets for boys and girls, which is very inconvenient for the girls. "We, therefore, go to the toilet in a group," said Ruby.

Ruby has dreams of becoming a teacher. Given the support she receives, she is hopeful her dream will come true. She would then like to be an agent for change in her community stricken by poverty and superstition.

KEY MESSAGE

The incentives provided to students should be transparent, and the parents and the community should be aware about them. The scholarship and all other incentives should be distributed to the needy children and families.

A WEEKEND BUSINESS THAT PAYS FOR A GIRL'S EDUCATION

Chinta Kumari Nepali, 14, a student, lives in Aalanagar, Basudevpur VDC on the outskirts of Nepalgunj. She spends her weekend selling tree leaves (for making leaf plates). Every Saturday, she gets up at 4 in the morning, and shouldering a bundle of leaves walks for an hour to the Ranjha bus stop near Nepalgunj Airport. She then takes a bus from there to Nepalgunj. At Tribhuvan Plaza, a market hub in Nepalgunj, she sells the leaves, which fetches Rs. 100-200.

To keep her weekend business going, she has to make some preparations. Every Friday, accompanied by friends, she goes to the jungle to collect the leaves. In the evening, she divides up the leaves into small packs - a task she engages in till late in the night. Her mother, Krishna, helps her after finishing the household chores.

Collecting leaves is not an easy task. "The guards of the community forest users' group prevent us from entering the jungle. Also there are the barracks near our village. The soldiers tease us while

going past the barracks to collect the leaves. I am afraid of them," she said.

Chinta Kumari, a Dalit, studies in Grade 8, and the money she makes pays for her books, stationery and even tuition fees. She gives her earnings to her mother for safekeeping. She is the only girl from her community in the village who goes to school. She has two younger sisters and a brother.

Her family's economic condition is very poor. She has only a set of school dress. Her six-member family lives in a small house built on unregistered land. There is no toilet in the home. Her father, Top Bahadur, is a tailor. Under the Balighare Pratha system - a kind of forced labour - he must sew clothes for the so-called upper castes in the village. For the services, he receives a small amount of food grains. To earn some extra money, he sews clothes for other people.

Caste-based social discrimination prevails in her village. Her community is considered untouchable. She has both seen and experienced social discrimination in her

village. For instance, the Dalits are barred from fetching water from the public tap and entering the homes of the so-called upper-caste people. "These practices make me unhappy," she said.

Despite the social discrimination in her village, she has not had any unpleasant experience in school. The only unpleasantness deals with having to share a common toilet with the boys.

According to her, her parents do not discriminate between the son and daughters.

"I am illiterate and poor. An illiterate person can do nothing in these modern times. So I want my daughter to have an education. But I need someone's support to fulfil my dream," said her father.

Chinta Kumari is an average student in her class of 45 pupils. She finds English difficult. She wants to continue studying despite the financial constraints.

Chinta Kumari's dream is to be a doctor. The weekend business has so far paid for her education. But she will need all the support she can to fulfil her larger dream.

GENDER DISCRIMINATION IN EDUCATION

Dhaneshwori Bhatta, 23, of Shantipur, Ward no. 2, Jhalari VDC, is a mother of two children - a son and a daughter. An NGO, Nepal Social Welfare Association (NSWA), has helped her become a teacher at Shanti Primary School, where she teaches Grade 1 students.

“During the teacher’s training, I was taught not to beat the students and to create a student-friendly atmosphere. But the students here do not listen to us, therefore, we beat them lightly at times,” she says.

There are about 250 students in the school, with more girls than boys. This is because most of the boys of the village study at Binashwor Boarding School located nearby. It is mostly girls and boys who are financially weak who enrol in the public schools.

Her husband, Basanta, has two brothers - an elder who is married and the other a bachelor – both of whom live in the joint family. All three brothers are educated. They also have two sisters - Laxmi, 14, and Menaka, 12. They have three bighas

of land. They also have a concrete house with 10 rooms at Jhalari Bazaar. They also have a fancy cloth shop.

Even in Dhaneshwori’s house, there is discrimination between girls and boys. Menaka and Laxmi go to a public school where they study in Grades 4 and 8 respectively. The sons of the elder brother attend a boarding school. In this way, the two sisters feel discriminated. According to the sisters, the youngest of the three brothers, who serves in the army, had suggested sending the sisters to a boarding school, but the other family members had disagreed.

The two sons of Dhaneshwori’s elder brother-in-law say that the number of girls is very low in their boarding school. There is only one girl in Class 4.

In Dhaneshwori’s parents’ home, all her brothers are educated. Her sister-in-law did her M.A. after her marriage. Dhaneshwori also wanted to complete her higher studies, but her parents got her engaged to Basanta. After the marriage, due to household work and the birth of her first

baby, she could not continue with her studies.

However, she has joined college from this year. She got herself admitted with the money she made from teaching. According to her, there is a lot of discrimination between boys and girls in the society. To prove the point, she said that her brother-in-law decided to undergo sterilisation after two sons were born to him. When asked if he would have done the same had two

daughters been born, he said he would have waited for a son.

Dhaneshwori said that the boys came to school throughout the year, whereas girls above 12 years were sent to the fields during the harvesting season by their parents. Girls less than 12 years of age must also graze cattle and do household work. The parents keep them busy in the household chores even though education is free.

On the other hand, girls upon reaching 15 years of age are forced to stop studying as they prepare for their marriage. The parents have no idea about the harm early marriage and poor education do to their daughter's future. Early marriage impacts the girl's health and her whole life, she says.

KEY MESSAGE

Even in financially well-off and educated families, gender discrimination exists. In the same family, sons go to a private boarding school and daughters to a public school. Such practice needs a change.



‘NO PLACE FOR MY CHILDREN IN SCHOOL’

Leela Devi Sunar, 26, lives in Shanti *Tole*, Ward no. 3, Dodhara VDC. She is illiterate. Her marriage was arranged to a boy four years older when she was just 14. Leela’s family lives in a thatch hut and owns only two *katthas* of land. Their only income comes from working as labourers. Leela gave birth to five daughters before a son was born to her. Her son is now 18 months old.

Her four children have not been able to enrol in school because she could not produce either their birth registration certificate or citizenship certificate. They could not obtain citizenship papers because they did not have a migration certificate. To obtain the migration certificate, they must go to Dhakkanghat, from where her husband’s grandparents migrated, but then they don’t have the money to travel there. Her husband has four brothers, and his parents are still living, but nobody has a citizenship certificate.

She wanted to be literate but never got a chance to enrol in a non-formal or adult literacy class. But she got an opportunity

to be a member of a women’s group in the village. After joining the group, she has been able to communicate with outsiders frankly. She has also attended some awareness programmes conducted through the group.

With the help of the women’s group, her first daughter, who is 12 years old, got admitted to school; but the school refused her a scholarship saying that she joined school late. After a few days, she was dropped from the school by the teachers because there was no space in the classroom. There isn’t enough space for some students to sit down, so they must stand during class.

These days, the eldest daughter works in the rice fields to make some money, but the child gets only half the normal daily wage given to adults. It has, thus, been difficult to maintain the family expenses.

“I want my children to attend school, but I can’t do anything,” says Leela. She must either pay for the education or produce a citizenship certificate, neither of which she is capable of doing. “The people of the so-

called upper caste and clever parents enrol their children as soon as the admission opens in the school, but poor, unaware Dalits like us do not know when to get our children admitted,” she added.

She says there should either be another public school in the village or the existing

school should add more classrooms. And there should be enough scholarships for poor and Dalit children.

Talking about traditions in the village, she said that the ‘Chhaokudhi’ system that requires women to live outside their home in a shed when they are having their period should be abolished. “This culture should be done away with to protect women from unnecessary tension.”

She added that the literacy classes should be managed during those seasons when women like her can attend regularly.

KEY MESSAGE

Unless the father has a citizenship certificate, the birth of the children will not be registered. And this is one of the reasons why children do not get admission in schools in some regions.

PROUD OF AN EDUCATION

Fatma Khatun aspires to become a nurse or a teacher someday. She understands that coming from a place where people frown upon daughters going to school, the dream might be hard to realise. But she is confident that someday she will be able to serve the nation like Poonam.

Poonam, is the community mobiliser in her village in Ghuski, Sunsari. It was she who encouraged Fatma to join secondary school and convinced her parents to send her to a regular school instead of the madrasah that Fatma was attending.

Her family was reluctant to send their daughter to a government school in the beginning. The community was not happy about sending daughters to school as they were meant to be at home and not socialising with strangers. But soon her parents realised that schooling was bringing positive changes in Fatma. She was doing a noble job. Her father even bought her a bicycle so that she did not have to walk to school and return home tired.

Fatma is 14 and studies in Class 8 and wishes to complete at least her SLC examinations. If her parents allow her to pursue higher studies, she would like to take a course in teacher or nurse training.

She knows that because she belongs to a poor Muslim family, fulfilling her dreams will not be easy, but she is hopeful. That hope stems from the fact that when she was attending the madrasah, she had never imagined she would be allowed to go to a government school. In the future, she hopes events will take similar positive turns.

Fatma's day starts at 5 in the morning. She helps her mother in the kitchen, sits down to do her morning studies and cycles 45 minutes to school at 8:30. She attends school from 9:30 to 4 and spends some leisure time with her friends after returning from school.

She liked going to the madrasah but says the government school is better as she has been able to learn Nepali and many other subjects that were not offered in the

madrasah. She is proud that she can read, write and speak Nepali, which most people in her village cannot. When she goes to town with her father, she can read the signboards and bargain with the shopkeepers in Nepali.

Apart from going to school, Fatma occasionally volunteers and tells women about the importance of family planning and is involved in the baby weighing campaign. The work pays her Rs. 1,100. If a Class 8 education can fetch her Rs. 1,100 a month, she thinks a nursing or teaching course will definitely make her independent.

She said that initially people ridiculed her and passed comments. The womenfolk would argue that it is Allah's will that they should have children. They could not imagine things like birth prevention. But slowly some women in the village started using contraceptives, while some have even opted for the minilap operation, which is a big achievement for Fatma.

Fatma is proud of her education and the part-time job. Not only does she have a present, she is hopeful of a bright future. But she feels sad for all the children and women who do not have an education and wishes she could do something to raise awareness to put an end to some of the traditional beliefs and superstitions.

Fatma points out another positive aspect of getting an education - getting married to an educated family. She says that if she were illiterate, the groom's family would demand a lot of dowry. But an educated family will ask for little or no dowry at all.

However, she says that she will have to get married by the time she is 20 or else it will be difficult to get a groom. Twenty is the age bar for a girl to get married in her community. Beyond that age, people start speculating that there is something wrong with the girl. It becomes all the more difficult because she will have to marry someone closely related with her family or with someone from the village as that is their custom. The chance of getting married to someone outside the village is little then.

She has no problem with school and participates in a variety of activities. The boys number a little more than girls, but they are all friendly, she says. Nobody has ever been mean to her. It is only the people in the community who comment and make rude remarks about Fatma's schooling. But that does not seem to bother her as she knows she is moving in the right direction towards a brighter future.

Fatma's father is proud of what his daughter is doing, too, and does not regret sending her to school.



GENDER EQUALITY
AND WOMEN
EMPOWERMENT



SOCIAL WORK FOR SATISFACTION AND RECOGNITION

Nirru Thapa, 32, of Ward no.1, Bhaudaha VDC in Morang plays an active role in the women's group. She is just as active at the child development centre and in empowering women. There are six members in her family, including her own mother, husband and three daughters. She lives in a thatch, two-room house, and the family owns 12 *katthas* of land. Both she and her husband have passed the SLC exams. Her husband is a daily wage earner. Her mother helps her with the household chores. The remaining time she spends on social activities.

She got married when she was 18 and came from Dharan to live in Morang. "I had brought some 'daijo' (gifts given by the parents during one's wedding), but they didn't want me to study any further," she said. But she is happy to be involved in various social activities, for which there is support of her husband and mother. Hence, there is an enabling environment for her to devote time and ideas for the sake of the community and help the children, poor and exploited women.

Because she is involved in social activities, she says she is aware of issues pertaining to child rights, women's rights, women empowerment, poverty, gender roles and the importance of education. She has three daughters but no son. There is no remorse, however. Her aim is to make her daughters self-sustaining by providing them a good education. Her husband is also very helpful and understands her feelings, she added.

Recalling her early experiences, she said both men and women in the community used to look down on her when she started involving herself in women's development and child issues with the support of the Women Development Office. Nobody was helpful to her when she initiated awareness raising and group formulating activities. She would be interrupted while speaking to the community. But she did not give up, instead she made even more effort to win them over. Gradually she was able to convince them to work for the poor.



She was able to do it with the help and support of her colleagues of the Women Development Office, UNICEF, local governance programmes and a few other social organisations. With the gradual success, some social workers, educated people and those who were aware about the issues of women and children started to

recognise and appreciate her and her group's efforts.

She says the government should be positive and active in improving the condition of women by conducting awareness and education programmes for them. On top of that, equal rights for women should be legally ensured to protect and promote their fundamental rights. Education and health services should be implemented with community participation based on their needs at the grassroots level.

She further added that mother's groups, women development groups and girls' groups should be extensively mobilised for women empowerment. National and local level planning should also be based on the local and the country's needs. The concerned stakeholders working on women's issues should listen to the voices of the needy women and act accordingly, she says. Last but not least, she wants the authorities to make available citizenship certificates. It has been agreed in principle but has not been put into practice yet.

ACID THROWN ON WIFE'S HEAD

Sadina Khatun, 25, is a resident of Katkappa, Ward no. 18 of Biratnagar sub-metropolitan city. Her maternal home is in Rani in the same city. She was married to three years ago. But she now stays with her parents in Rani after her husband turned violent against her.

Sadina says the wife-husband relation was normal for only about two months after marriage. Then her husband began abusing her. He was said to be having an affair with other woman. It is said he made serious accusations against his wife so that he could continue having affairs with the woman. As a result, he would abuse her verbally and torture her mentally and physically everyday.

Sadina's father-in-law and brother-in-law were aware of the affair her husband was having and the cruelty being inflicted on her. However, they kept quiet. When some neighbours tried to intervene, they were threatened with death by him.

"My husband would beat me with a stick or whatever he could lay his hand on. He

would turn on the volume of the radio so that others could not hear my screams," she said. Moreover, he threatened to kill her if she went and complained to her parents. And she was not allowed to go to her maternal home.

She has a child, a girl. Her parents-in-law were good to her, and she was provided food. Her husband used to sleep with her occasionally. But the violence got worse by the day, and her tolerance was reaching the limits. However, she blames her fate for the unhappy life.

"One day, I thought of committing suicide because I could not tolerate it anymore. But I first decided to go to my parents and tell them all that I was having to bear," she said.

On the way to her maternal home, her husband followed Sadina. He caught up with her near her home and asked for her silver necklace. He said he needed it for some purpose.

"I had no option other than to give it to him. As I was removing the shawl from

my head to give him the necklace, he threw acid on my head,” said Sadina. Her daughter and sister also suffered burns from the acid. While trying to flee, he was caught by her father, uncles and neighbours, and taken to the police station.

I was hoping action would be taken against my husband, she said. “Instead his elder brother deposited a bail of Rs. 60,000, and it has been four days since he’s been out.”

Now he walks around the village freely. Anyone who approaches Sadina for information or photographs is threatened. “What is the use of taking my photo? So what if the news is published in the newspapers? Five or more cases have been filed against him at the police station, but every time he manages to come out without any action taken against him,” she said.

Her parents have sold some cattle and also taken a loan to pay for her treatment. About Rs. 20,000 has already been spent on her treatment, but she has not fully recovered. “I feel very sorry for my parents,” she says. She doesn’t want to go back to her husband and fears for her life. She wants to run a small business so that she can look after herself and her daughter.

KEY MESSAGE

Some women in the village are forced to bear verbal, mental and physical abuse everyday. There should be a local mechanism to monitor domestic violence of an extreme nature.

SOCIAL WORK – A WAY OF SELF-REALISATION

Sita Devi Basnet, 47, of Rampur, Ward no. 7, Mangalpur VDC has six members in her family - her husband, son, daughter-in-law and two grandchildren. Her husband retired as a *khardar*, a non-gazetted II class government official, in 2055 B.S. (1998). Says Sita, “I now have a one-and-a-half storied concrete (pakka) house and 10 *katthas* of land due to our hard work.”

Talking about her childhood days, she said, “My parents had four daughters and a son. They never saw the need of educating their daughters. My father used to say that since we daughters would be leaving for others’ home, we needed to learn how to do household work, not an education in school.”

But Shanti yearned to go to school and become a school teacher. She, however, was able to study only till the primary level and had to suppress her desire to finish school. Because she could not complete her SLC, she wanted to see her daughter go to college. But when her daughter passed the SLC examination, a suitable family came with a proposal for her daughter’s hand. The bridegroom was good

looking, smart and had done his B.A. The marriage was, thus, arranged.

She says higher or technical or vocational education is important for both boys and girls. It might be even more important for the girl because she must leave for her husband’s house. And should her husband try to dominate or neglect her, she will be able to manage a livelihood on her own.

After retiring from government service, her husband got himself involved in social work in the village through an NGO. After some time, he encouraged me to get involved in social activities, said Shanti. Initially, she joined a paralegal committee as a member.

She was involved in raising awareness about simple legal provisions and the processes that needed to be taken for action against exploitation and violence against women in the family and community. Her work also involved creating awareness about income generation activities among the rural women as part of the social and economic empowerment of women. After involving herself for some months in the paralegal committee,

she joined the CLRC, an NGO wing at the community level.

“Through those social organisations, I had to play the role of a lawyer or justice at times. I have always been advocating the fundamental rights of women, and we have received general knowledge on legal matters through various organisations.

“Based on these, I try to settle disputes in our community especially concerning women,” said Shanti.

When a dispute is reported to her or the committee, it is discussed within the team, and they listen to both the parties. The team tries to help in reaching a compromise between the two sides, and if legal action is necessary, the victims are helped with the process necessary to go to the district court.

On the nature of the cases reported, she said they mostly concern separation, partition of property, rape and domestic violence against women.

“I have been involved in settling 11-12 cases,” she said. “Sometimes, the victims come to my house even at midnight. At times, the exploiters (men) throw stones at my house, accusing me of provoking their wives to go against them. Sometimes my children feel that my involvement in social work is disturbing their studies and life. But this is social work, and there is social recognition. I feel proud of my social involvement.”

Says she, “When there are people who are active, clean hearted and motivated, we can do things to change the lives of women in the community.”

NO MORE SORROWS FOR ME

Gyanu Basnet, 34, of Ward no. 10, Bhaktapur municipality is a married woman. She has been staying in a rented room since the last 16 years as she does not have a house of her own. Her mother, Sita, had married a man from Chhaling village of Bhaktapur to become his second wife. Although the first wife had already passed away, the stepsons did not treat Sita well.

Unable to bear the mental anguish and domestic violence, she left the house to live in Bhaktapur. By then, she had two daughters. Sita's husband used to pay the rent of the room until he was alive. After he died, Sita had to meet the entire expenses of running the family. So she became a street vendor like her mother. When her mother became sick for a long time and failed to recover, Gyanu had to carry on the business alone.

As the days passed, she fell in love with a customer who came regularly to buy things like cigarettes, sweets and peanuts. The love affair lasted some months, and the man one day told her he was from Naubise of Dhading. Gyanu was

suspicious if he was not already married. But the boy told her he was a bachelor. So they got married. At that time he used to do house painting work. Their life was somehow going smoothly. He would at times say he had to be at the work site for some days and would be away. Gyanu did not suspect anything.

After they had two daughters, she told her husband to register their births as well as their marriage. He brought his citizenship papers for the purpose of registering the births of their children and their marriage. The address on the citizenship certificate, however, read Tathali, Bhaktapur, and she suddenly felt that something was wrong.

She again requested her husband to register the births of their children and their marriage. Accordingly, he also brought the forms from the ward office but never submitted them, on the pretext that the concerned staff were never there.

After her husband failed to register the births and the marriage for weeks, she came to the conclusion that the man was cheating her. This led to quarrels in the

house. One day, after a hot discussion, he left the house and never came back. Upon enquiring about his whereabouts for months, she came to learn that he was living with his first wife in his village. Gyanu refused to go to her husband's village, blaming everything on her fate.

When Gyanu's mother fell sick for a long period, she sent a message to her husband to come to the hospital. He came and stayed with her for months. He even gave money for the treatment and took great care of her and the mother. And Gyanu conceived for the third time.

Her husband would say, if you give birth to a boy, we will give him to someone; but if you give birth to a girl, we will keep her. This often led to friction between the two.

He often told her that he would take away the baby boy as soon as he was born.

"I, therefore, requested the doctor at the Prasuti Griha (maternity hospital) not to give my child to my husband before I was completely normal," said Gyanu. "Immediately after birth, my husband had come to the hospital to take away the baby, but the doctor refused. After that, we had a quarrel. My husband then told me he would never come back, and he hasn't. I now live with my three children."

The first daughter is sponsored by an organisation with the help of one Indramani, a school teacher; the second daughter is in a children's home at Ekantakuna and is sponsored by one Sunita Thapa, a resident of Jaukhel; and the third baby (son) is 10 months old.

"I am tired of my husband. Even if he came back to me, I will not allow him to enter my room. I tolerated all his exploitation and deceit, I cannot bear any more sorrows in my life," says Gyanu.

KEY MESSAGE

There should be massive awareness about registering events, especially marriages and births immediately so that no woman or child has to face problems.

WE SISTERS ARE NEGLECTED BY OUR FATHER

Adimaya Tamang, 16, of Kakra Bari village, Ward no. 4, Nangkhel VDC studies in Grade 5 at Saraswoti Lower Secondary School. Her father is a carpenter and mother a daily wage labourer. Among the five daughters of her parents, Adimaya is the second eldest. Her parents have no son. Her father usually blames her mother for not conceiving a son, which often disrupts the family environment.

Due to frequent quarrels, her parents live separately although in the same house. All five daughters live with the mother. When Adimaya's mother speaks with other men while at work, her father talks as if she is a loose woman. When the parents start quarreling, he beats his wife and all the daughters. Therefore, they must run away from the house. In the presence of relatives and neighbours, her father keeps quiet, but as soon they leave the house, he starts fighting. The children are badly disturbed by the broken home.

"My mother usually earns Rs. 50-60 a day. With the amount she must manage all the expenses," says Adimaya. "My mother is

very depressed by the environment in the home and the behaviour of my father. Therefore, she says either the father or the mother has to die to bring peace in the house."

She continued, "One day, my father beat my mother badly, which I could not tolerate, and I also beat my father with a stick and ran away for fear of being beaten. The daily quarrels between my parents always haunt my mind, and I cannot concentrate on my studies. We don't even enjoy the festivals.

"The situation at home has frustrated me. Instead of guiding us properly, he mistreats us and does not care about the family. He has given the land certificate (*Lalpurja*) to the land brokers for the purpose of selling it because he does not want to give it to us. Some land has already been sold. He says, 'why to give land to you, you are daughters, not sons.'"

Due to the unhappy environment, Adimaya's elder sister got married to a homeless man. Adimaya is also thinking

of leaving school, but the headmaster has managed to provide her with a scholarship through an organisation, Jeevan Bodh.

During the vacation, she works on a daily wage basis to help with the family expenses. At other times, she helps with the domestic chores while her mother is away at work. She also has other work to

do - guiding her two sisters do their homework. The third daughter has also begun to understand the environment at home; therefore, she does all her work herself. Adimaya is all praise for her mother for taking care of all the daughters and the house. She thinks her father is mentally ill.

Adimaya thinks her father's preference for a son has led to his ill behaviour towards all in the family. She wants to continue her studies but is not sure if she will receive scholarships. Because of an irresponsible father, her mother and the children have no future, she says.

KEY MESSAGE

Awareness against discrimination between sons and daughters should be heightened at the community and family level.

DOMESTIC VIOLENCE DESTROYS FAMILY LIFE

Sabnam Khan, 35, stays with her parents at Masanghat, Ward no. 6 of Nepalgunj municipality. Her marriage was arranged to a man by the name of Madlub Khan from India six years ago. He had come to Nepalgunj for some business matters, and because she was pretty, Madlub's elder brother had proposed the marriage.

Gradually, Madlub and Sabnam came to know each other. After a few months, Sabnam, however, came to know of his drinking habits, which Madlub's brother attributed to bad company. But Madlub promised to stop drinking, and the two were married.

According to Muslim tradition, the bride's parents gave much dowry such as furniture, cash and ornaments worth Rs. 80-90,000. At the time of the marriage, Sabnam had passed Class 8 and had skills in sewing clothes, knitting sweaters and painting fabrics. After two months of marriage, they left for India.

There it suddenly dawned on her that Madlub had married her because of her

skills and that he wanted to use them to improve their living condition. Their life was running smoothly until her husband started drinking again. One day while drunk, she was told that he had another wife and a child. She was shocked and blamed her fate. But she never got a chance to meet them. She thinks the other woman must have run away because of Madlub's habits.

Sabnam's husband began torturing her physically and mentally. Madlub asked her to bring money from her parents to expand

“Women are structurally vulnerable to poverty due to widespread social discrimination and denial of basic rights. There is no way other than to get the women organised so that they are able to fight for their rights and put an end to the discriminatory practices.”

Mandira Poudel
Social Mobiliser

Women Awareness and Income Generation Programme
Women Development Office, Letang, Morang

his business. Sabnam conveyed the message to her parents. Her parents offered Rs. 5,000. Time and again Madlub would pressure Sabnam to bring money from her parents. Her parents would oblige, but it was very difficult for her parents to give money each time because they were also poor.

When she could not bring money from her parents, her husband would drink and beat her. He took her ornaments to pay for his drinking habits. If she tried to run away, he would beat her even more. So she kept quiet.

According to Sabnam, her husband's business didn't have enough capital, therefore, there was little profit. But he liked to present himself as a businessman. Sabnam used to earn money by sewing her neighbour's clothes, but her husband took it all away to spend it on his drinking and other bad habits. Every night he came home drunk.

Her neighbours would often ask why her parents had given her hand in marriage to this man. In India, Sabnam had no one to

turn to except her husband, no matter how abusive. She had no relatives to share her sorrows with.

After two years of marriage, she decided to return to her parents' home. But a few days later, her husband came and beat her up in front of everyone. She then shouted 'talak' (I divorce you) three times, and as per Muslim tradition, they were divorced. Mudlab then left her and returned to India.

These days Sabnam lives with her mother and newly married younger brother. His younger brother is a mechanic who repairs refrigerators. For fear that his neighbours might accuse him of not looking after his sister well, he doesn't allow Sabnam to work. But without his knowledge, she spends her days sewing clothes of her neighbours to make some money.

Although Sabnam was married, she never had a child. She is just 35 and beautiful, so her mother wants her to remarry. But Sabnam is not sure if she will get a good husband. "I will marry only if someone who is truly gentle accepts me. Otherwise it is better to be alone," she says.

SUCCESS AFTER CONTINUOUS STRUGGLE

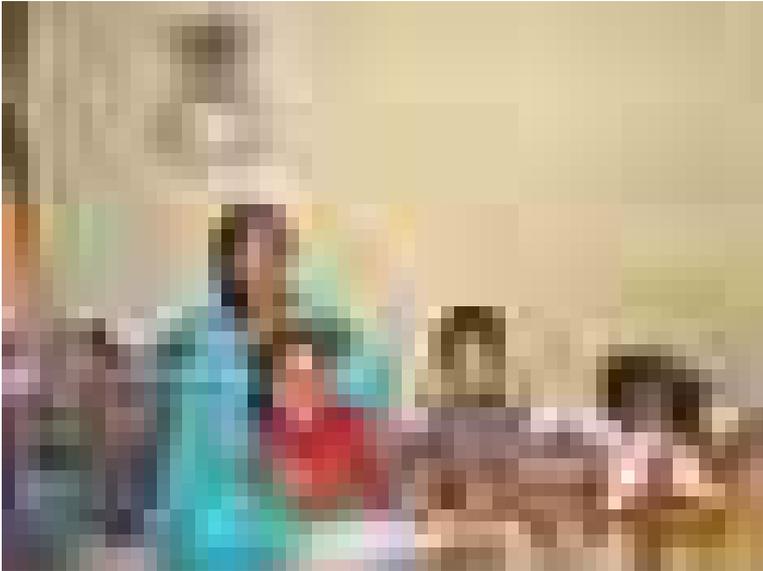
Mina Bagale (Sunar), 33, of Ananda Tole, Ward no. 18, Mahendranagar municipality, is an active social worker in the community. Her father had died of asthma when she was only 12. She is the youngest of her parents' three daughters. Her elder brother went missing at the age of 13 and was located 10 years after. During this period, he had survived working as a dish washer in a restaurant.

After he came back home, the family thought it was time for his marriage, so they went in search of a girl. But after the marriage, the bride's parents wanted the son-in-law to stay with them as they had no son. This led to conflict between the two families, and ultimately the Bagale family broke up. After staying for a few months with his in-laws, he again ran away without so much as leaving a hint, and no one knows where he has gone. They think he is living in India.

Mina used to live with her family in Silgadi. When she was about five years old, the family had migrated to Dang. And after finding her brother, they shifted to Mahendranagar.

In 2050 B.S., she got married to a man at the age of 19, with the hope that her life would improve. Unfortunately, things did not go smoothly. After marriage, Mina started a jewellery workshop with the 30 grams of gold given to her by her parents and her husband. They made jewellery according to the orders placed by the customer. The income helped sustain the family. Even though there was a big age difference between the husband and wife, life was running smoothly.

However, after a few years, a jealous relative tried to drive a wedge between the two. Unable to see that the relative was trying to create a conflict in their otherwise smooth life, the husband started suspecting Mina's character, and there was a gradual change in his attitude and behaviour. Sometimes she had to stay outside the house because of her husband's growing mental and physical torture. And she could not go to her maternal home because it was too far away, and also because she did not have the money to go there. At times, she would cry all day.



In 2060 B.S., she became a member of Srijansil Savings Group. And a year later, she was appointed vice-president of Mahila Adikhar Manch (Women's Rights Forum). Gradually her life started turning normal. Because of her involvement in the group, she came to know about women's rights, how to enjoy them and what the power of the group was.

KEY MESSAGE

Women's group has been a source of inspiration and help for the exploited and marginalised women in rural areas.

The woman who used to be afraid of talking to others became a successful leader and a good social worker. She received various trainings from that institution on women's rights, legal literacy, gender equality and income generating activities. Following the training, she began helping other women who were victims of domestic violence, exploitation and abuse. In the field, too, she proved that she could compete with men. Her husband then began respecting her. They took a Rs. 500,000 loan from bank and built a one-storey house.

Today she is a mother of three children - two sons and a daughter - all of whom go to school. She spends her time helping couples who can't get on smoothly in life. She says drinking is one of the reasons behind family conflicts and domestic violence. So through dramas, cultural programmes and meetings, she tries to convey the message that drinking habits can ruin families.

"But a community cannot do much to control heavy drinking; the whole nation must act against it," she says. "In most cases, the head of the family is a male, so if he takes to drinking, he is incapable of taking the right decision. In such an event, there is neither a present nor future for the families."

WHY ARE ONLY WOMEN PRONE TO DOMESTIC VIOLENCE?

Laxmi Sunar, 22, of Shanti Tole, Ward no. 3, Dodhara VDC lives with her mother and sister-in-law. Her parents are too old to work. Her two elder brothers work as coolies in India. They have built a hut on a small piece of land they own. Among the five daughters, she is the fourth. She has studied up to Class 4.

Her husband was cruel and had many bad habits. She was constantly tortured physically and mentally by her husband and her stepson. Fearing for her life, she has returned to her maternal home.

Six years ago, Purushottam Sunar, 40, used to call regularly on Laxmi's house. He addressed her parents as uncle and aunt. He developed a good rapport with Laxmi and her parents. The poor and innocent family had little idea what sort of person he was. One evening, he barged into the house and shouted, "Listen, my first wife has been telling our neighbour that we two (Purushottam and Laxmi) have been having an affair. Therefore, I want you (Laxmi) to come with me." And he forcefully took Laxmi with him even as the parents looked on.

At that time, she was only 17 years old, whereas the man had children older than Laxmi. "We did not want to give our daughter to that man, but we could not find a way out. She was taken forcefully in front of our eyes, and we could do nothing," said Laxmi's mother.

On the other hand, upon reaching Purushottam's house, Laxmi was badly beaten by the family members. Hearing the noise, the neighbours gathered at the house and held discussions with Purushottam and the family. The family members stopped beating her but would not allow her to enter the house. So she had to spend her night in their saw mill. After months of abuse and torture, she realised that she was pregnant. After that she requested her husband to build her a small hut to live in. A hut was built, but her stepson (Purushottam's son) would not let her live in peace.

One night, her stepson entered the hut and kicked her on the stomach very badly. She lost a lot of blood, and she thought she had lost her baby. So she ran down to the sugarcane field, and the next morning made her way to her maternal home. Seeing her

in such a condition, her parents took her to a nearby hospital with the help of neighbours.

After a few weeks, Purushottam came to take her back. Laxmi's mother would not allow him to do so. But he refused to listen and took Laxmi back again. In the hut, she gave birth to a baby boy all by herself without any help from others.

The next morning, when neighbours informed her mother that Laxmi had given birth, she went to help Laxmi. Instead of letting Laxmi's mother help, Purushottam's family accused her of coming to steal their goods. Somehow she managed to spend five days in the hut and completed the naming ceremony of the baby. Then Laxmi's mother took her back. The torment that the parents had to endure ultimately caused the death of her father.

Laxmi again had to go to her husband's house for the child's rice feeding ceremony. The same night, her stepson entered her hut and beat her up badly and threatened to kill her. She then swore never to return to her husband's house.

When the child was two-and-a-half years old, Purushottam came to Laxmi's maternal home drunk to take the child. Laxmi told him that she would not give him the baby until he was five years old. She tried to convince him that the baby needed to breastfeed, but all in vain. Since then, Laxmi has not spoken to her child. Even when she sees her son on the road, he fears to speak to her apparently because he has been threatened by his father.

"Had my father been around and my brothers been powerful, he would never have dared to treat me this way," said Laxmi. "Instead, I must spend the evenings in my cousin's house for fear of being killed by them."

The local women's organisation has served Purushottam's family a notice several times warning them not to harm Laxmi. But they say they fear no one. "They broke my heart, body and mind. They also took my child away from me," said Laxmi.

The doctor has advised her not to be tense all the time lest she go insane. To keep her mind occupied and free from tension, she helps others in the fields and also earns some money.

She questions, why is it that only women are victims of these forms of domestic violence? Why should we women tolerate violence? Why does a man want to destroy a woman's life? How can a woman like me get help to spend life smoothly?

KEY MESSAGE

There must be efforts to raise massive awareness about domestic violence down to the grassroots level. There must be some institution in villages to listen to cases of violence against women and act upon it. In addition, there should be some supporting organisations to help victims of domestic violence and women who are exploited.

AN NGO STOPS AN EARLY MARRIAGE

Girls in Nagena Kumari Sadha's community are married off by the time they reach 15. She, too, is preparing to get married next year. She has, however, not seen her groom. The bride and groom meet on the wedding day because everything is finalised by their parents. The children, especially the girls, have no say in choosing their life partners.

Nadena feels that women in Nepal are largely dominated by their fathers and brothers in the house. In her home, they make all the decisions relating to the household and also for her three sisters and mother.

There is a belief and custom in her community, as in other communities, that men are the breadwinners and women the homemakers. This notion has been ingrained in the community for centuries, so it is hard for Nadena to go against the wishes and decision of her father. She stays home all day and helps her mother with the domestic chores while the father and brother plough and sow the fields.

Nadena says that the womenfolk have to fulfil the roles that are expected of a woman. Beyond the kitchen, they are allowed to go only as far as the huge tree near the fields where all women and children gather during the afternoons to gossip while the male members are away working in the fields.

"I sometimes feel I am good for nothing, but I was conditioned to think and behave that way. There's nothing the women in this village do except cook, wash, eat and sleep," says she. "Once I had gone to Itahari with my father, where I was overwhelmed to see women riding bikes. Wow!" she exclaimed. It is only on very rare occasions that women get to leave their house to visit somebody or to run an errand but never to work.

Nadena, as all other young girls, is expected to be obedient, submissive and not question the decisions made for her. But she confides that life certainly would have been better if everybody was allowed to attend school, earn for themselves,

choose their life partners and decide when to get married.

“I will literally get beaten if I open my mouth in front of my elders. I do not talk with anyone except the girls. I wish I could convey my feelings to my brothers and father,” she said.

But talking about these things will land her and the family members in big trouble. They would be scorned and could even be boycotted by the community. Nobody would marry her or her sisters. Considering the consequences, it is better for her to keep silent. And she thinks that is why her mother and other women in the village, although they feel there is a need for change, never dare to raise their voice against what has been the norm for centuries.

“They are content with what they are because their mothers and grandmothers have done the same. I am young now and think of a hundred things, but when I get to their age, I may become like them, too,” she said. But she says women are of equal importance as they play the role of a good wife and a good mother, which helps in making family life a success. Sadly, they are not given due recognition for their contribution. Despite the huge compromises and sacrifices, the women are still treated as unequal. They are oppressed, and gender discrimination is pervasive.

Elaborating on her marriage preparations, Nagena says that girls are married as early as 10 or 11 years old when they do not even know what is happening to them. Some are married with young men or boys just a little older than themselves, but in

some cases, when the demand for dowry is less, the girls are married to men of their father’s age. The demand for dowry depends on the family background, looks of the girl and education of the boy.

The girls have no education and know nothing about the outside world, so they have no say in decision making matters. She admits that her parents are uneducated, but they have better experience in life than the youngsters. They help keep the community’s customs and traditions alive, although it is not good to maintain traditions such as marrying off girls at an early age.

“I am not totally against everything. There are some positive aspects in the village too. The men, for instance, are protective of the girls, and they do not like their wives or daughters working for others,” she said. “But not being allowed to speak at all or choose one’s life partner or visit the town without the company of a male member is annoying,” she remarked.

Nadena’s wedding ceremony was stopped by an NGO mid-way this year after they came to know that she hadn’t yet reached the legal age of 18. “They came and disrupted the marriage ceremony that was taking place. I am happy that I will not be getting married for one more year. Father was very annoyed because the expenses have doubled now. He will have to spend the same amount next year,” she said.

The boy and his family have been asked to return next year for the wedding when Nagena will be 18. They went back, promising to come back next year. Nagena awaits the same life she has had in her parent’s home, only it will be in a different place and with strangers.



CHILD HEALTH



AWARENESS AND INCOME INFLUENCE CHILD CARE PRACTICES

Uma Devi Mudiary is an educated woman in the Jhangar community of Bhaudaha VDC, where most of the families still do not send their daughters to high school. “My parents told me not to go to school after primary school. But I insisted on continuing my studies. I passed the SLC exams and married an educated and employed person from our community,” she says. The economic condition of her family is better in comparison to other families as she has 16 *katthas* of land where they grow rice, and her husband, who is a helper with the Nepal Electricity Authority, earns Rs. 7,000 a month.

Uma Devi has a son of 19 months who frequently suffers from cough and respiratory problems. “My son Utsab had pneumonia when he was three months old. So during the winter months, he has cough and pneumonia. Last year, he had more than six episodes of pneumonia. Even during the hot season this year, he had two episodes of the respiratory problem,” she said.

She thinks the cold weather and eating cold things cause pneumonia because

Utsab catches the disease when he drinks cold water and plays in the cold or in the muddy fields. She tries to protect him from catching a cold by having him wear warm clothes and not giving him cold foodstuffs such as lady’s fingers and radish. She massages his chest and back with warm oil when he catches a cold. Despite these efforts, her son usually falls ill. “Pneumonia, diarrhoea and boils/blisters are very common among children in this village,” she says.

Uma Devi knows that pneumonia is a serious illness that can lead to death if not treated properly. She always takes her son to hospital as soon as he has a fever, cold, cough and breathing difficulty. Last month, Utsab had a fever, cough and was breathing noisily. Suspecting pneumonia, he was rushed to the Koshi Zonal Hospital in Biratnagar. She paid Rs. 40 to the rickshaw puller and Rs. 350 to the hospital. She does not consult the local drug retailers or the sub-health post (SHP) staff as she does not have faith in their ability to treat pneumonia and other severe illnesses. The SHP often lacks medicines for infants and children.

**KEY MESSAGE**

Mother's education and household income are factors in improving the people's treatment-seeking behaviour and children's health condition.

Since she knows the symptoms of pneumonia and can afford to pay for the treatment of her kid, she prefers to go to hospital. However, the poor and landless villagers often consult the local drug retailers or go to the SHP situated in Bhaudaha VDC. Since most of the villagers are poor, they cannot feed their children properly. So children are malnourished and morbid. They often suffer from diarrhoea, fever and pneumonia. In most cases, they go untreated for a long time because most of the families don't have money.

Poor people borrow a few rupees and seek treatment when their kids become seriously ill. She agrees that children's health and treatment-seeking behaviour are directly related to the economic condition of the family. If the villagers had sufficient land or had work somewhere, their children would be healthy. So Uma Devi suggests free treatment to the landless and poor families until the government can provide them with land or guarantee employment.

PHC NOT CONTACTED FOR CHILDHOOD ILLNESS

Nikesh Siba, 3, is being cared and raised in a landless Dalit family in Letang VDC. His father works at the cinema ticket counter. His mother, Tara, occasionally collects firewood from the jungle and sells it in the market. Being landless and homeless, they have been living in a rented house at Chaukiline *Tole* in Letang Bazaar.

Nikesh's mother says that he caught a cold and pneumonia when he was four months old. Since then, he has been suffering from these diseases every month. Sometimes he has two episodes of the cold fever and pneumonia in a month. According to his mother, he does not recover from the illness without administering medicine.

Nikesh had diarrhoea and pneumonia last week. In the beginning, he had a cold and cough, and then difficulty with breathing. He also suffered from mild diarrhoea and still passes loose stool. Initially, she prepared a home remedy by boiling basil leaves and ginger and adding honey. The home remedy does not cure the illness, but it provides some relief and acts as a

cough expectorant, she says.

After two days, she consulted a private drug retailer known as the Bangali doctor. The Bangali doctor diagnosed his illness as pneumonia and administered antibiotics and cough syrup. After one week, he recovered.

Tara has never taken his son to the primary health care centre (PHC) located a kilometre away from her home. "I don't like to take my child to the PHC because paediatric drugs are not available there. They examine and prescribe medicines which we must buy in the drugstore," she says.

She added that medicines provided by the PHC do not cure illnesses. Even after visiting the PHC, the drug retailer must be contacted. "If medicines are not available at the PHC, why go there?"

She did, however, take Nikesh to the PHC for immunisation. Most women and children visit the PHC for iron tablets, pregnancy check-up, TT vaccination and



immunisation of children. The attitude and behaviour of the PHC staff towards the visitors are not bad. But she does not go to the health facility because it lacks medicines.

She says the treatment of the drug retailers is comparatively better than that of the PHC. The Bangali doctor has cured her son's illness several times. His treatment failed to work only in a few cases. Six months ago, after Nikesh failed to recover from the treatment of the drug retailers, he was taken to Biratnagar Hospital. His parents spent Rs. 1,200 for his treatment. Normally,

his parents must spend about Rs. 500 each month for the treatment of pneumonia.

The expenses increase when he catches two episodes of the illness in a month or he needs hospital treatment. "All my earnings go in the treatment of my son. Sometimes we have to borrow money from our relatives. Even when we don't have money, we consult the private drug retailers and purchase drugs on credit. He could die if there is a delay of more than two days in seeking treatment," she says.

Tara says she has been facing problems of lodging, fooding and treatment. She would visit a government health facility if quality medicines for children were provided at a low price or at subsidised rates. She thinks treatment should be provided free of cost in government health facilities or it should be affordable to all sections of the community. It is said that the government is providing certain facilities and services to the Dalits, but she complained that she had not received any help so far. She thinks someone else is benefiting on behalf of the Dalits.

"I am not expecting any material help from the government or other agencies. But I do demand that the government guarantee employment to the landless and poor Dalits. If I have regular work, I can earn money and feed my child adequately, buy warm clothes and seek treatment. We cannot do anything without wealth and property. If there is wealth, there is health."

INFANT DIES DUE TO LACK OF MOTHER'S CARE

Phulmaya Chepang, 30, is a resident of Shaktikhor VDC-5 in Chitwan. Being landless, she engages in agriculture labour on a crop sharing basis in the village. Her husband is a labourer building roads and houses and is mostly away from home. He does not support the family because almost all the income goes into his drinking habits. Phulmaya is, thus, responsible for the rearing, care and schooling of her children.

She comes from a marginalised ethnic group, the Chepang. But she got married to a landless Basnet at the age of 17. She is the fourth wife of her husband. The first three wives had already left him when Phulmaya got married. Phulmaya was not aware of her husband's marital status. His relatives cajoled her into marrying Basnet, saying he was an honest and hardworking man. Later, she felt that she had been deceived by her husband and his relatives.

Within a year of the marriage, she gave birth to her first baby. She had another baby after 18 months. After the birth of their second baby, she decided to avoid unwanted pregnancies by using

contraceptives. She used the DMPA injection for six months. Initially, the injection caused unusual bleeding from the vagina. Later her menstruation cycle became irregular. After five years, she had pain in the lower abdomen around the uterus.

After six years, she stopped taking the injection due to health problems though she had no intention of having a third baby. She consulted a Mother and Child Health Worker (MCHW) before stopping it. The MCHW suggested she undergo a minilap operation. But she did not follow the health worker's advice. She thought an operation would weaken her and reduce her working capacity.

Phulmaya again got pregnant the third time after a gap of six years. She faced no health problems during pregnancy and the postpartum period. She gave normal delivery at home, but the newborn was small and underweight. "My husband did not care about my health problems or other difficulties. There was no care and rest during pregnancy because I had no time for rest and no cash to buy adequate food,

lentils and beans. My mother-in-law and other women assisted me during delivery, and they cooked and fed me for 11 days thereafter. They also collected some rice and dal to feed me because I had had no rice for the whole one week,” she said.

The baby had cough and pneumonia after three weeks. Phulmaya consulted a drug retailer, and her baby recovered from the fever and pneumonia after the treatment. However, the baby continued to have coughing problems occasionally.

After a month, she resumed her agricultural and wage labour. She had no time to take proper care of her infant. “I used to suckle the baby before going to work and after returning from the field. Due to improper care, the baby frequently suffered from mild illnesses like diarrhoea, cold and coughs,” she said.

At the end of three months, the baby had a mild fever and cough. She thought it was a mild illness that she would overcome. Even during the time of the illness, the

baby kept sucking at her breasts, although she did not sleep well.

“One day, I went to the paddy field close to the river carrying her on my back because there was no one to look after her. On other days, I would leave her alone on the bed,” said Phulmaya. On the fourth day of the fever and cough, she breastfed the baby and left her sleeping while she went to work. After four hours, she returned home and found her still sleeping.

“I picked up the baby and placed her on my lap to breastfeed her, but there was no response,” she said. “I panicked and hurriedly took her to a drugstore in the village. The drug retailer declared that the baby had died due to pneumonia. I think the baby died on the way.”

Phulmaya’s youngest child died just four weeks after birth due to lack of proper care and treatment. Phulmaya regrets having no time to take care of the baby, and also not being able to gauge the severity of the illness and recognise the symptoms of pneumonia. If she had known how severe the illness was, she might have sought treatment from any of the drugstores or the sub-health post in time. Due to the work burden, she was unable to pay proper attention to the health of her infant. Her mother-in-law blamed her for taking the baby to the paddy field near the river, where she was supposedly attacked by evil spirits.

KEY MESSAGE

Poor mothers in the rural areas, such as caretakers, housewives, wood and fodder collectors, farmers and agricultural labourers, have several responsibilities. They are busy in several activities from dawn to dusk. Even when siblings are sick, they cannot stay home to provide care and treatment. Poverty, improper baby care and ignorance about illnesses and treatment result in poor health and the death of infants.

PERIPHERAL HEALTH SERVICES HAVE POSITIVE IMPACT ON CHILD HEALTH

Chhalimaya Bhujel, 70, is an elderly woman of Mangalpur VDC-6, Chitwan. She lives in a hut with her son, daughter-in-law and grandchildren. She and her husband migrated from Lamjung, a hill district, just before the Nepal Malaria Eradication Programme was initiated in 1959. Due to malaria and frequent attacks by wild animals, it was difficult to survive in the village. She suffered from malarial fever which was cured with Quinet (anti-malaria) tablets. She and her husband felled trees to clear the forest for agriculture. They colonised about four bighas of land, but now she has only one bigha.

She was married in Lamjung when she was 20. She gave birth to eight babies - four sons and four daughters. Unfortunately, three sons and one daughter died in childhood. The first, second and fourth babies died within one year. The sixth one died when it was just one year.

“In our time, there were no health facilities or health workers in the village. We used to consult the traditional faith healers,” she said. “My kids also suffered from diarrhoea

and respiratory problems, which resulted in noisy and difficult breathing. The traditional faith healers would say that the babies were being influenced by the Nepale deuta (gods) as well as evil spirits.”

They exorcised the evil spirits and offered a sacred thread and rice in the name of the deuta (god). They did not allow us to give water or soup of green vegetables to the child suffering from diarrhoea or having difficulty breathing and cough. When a baby died, it was said that the death was caused by the Nepale deuta.

Nowadays, nobody consults the traditional faith healers in the case of diarrhoea, pneumonia or fever. The villagers are aware of childhood illness and seek medical help at the health post and from medical personnel. “I also send my grandchildren to the health post or drugstores when they have a fever, cough, pneumonia and diarrhoea. These days, treatment of childhood illness is easily available in the village. I also give water and Jeevan Jal to the children when they have diarrhoea,” she said.

Immediately after birth, infants are taken to the health posts for immunisation. Her daughter-in-law also took all of her children to the health post. All children are immunised and healthy. There has been no report of children's death for the last 15 years in the village.

"In our time, pregnancy was considered a natural process in life. It was not seen as a health problem even if there were problems," said Chhalimaya. "I never got a health check-up during pregnancy or after delivery. Now pregnant women visit the health facility for check-ups several times. I also encourage my daughter-in-law to go to the health facility for check-ups during pregnancy."

Chhalimaya said she carried very heavy loads on her back and worked on the farm till the labour pain occurred. But nowadays, pregnant women try to avoid carrying and lifting heavy loads during pregnancy. In the third trimester, her daughter-in-law did not engage in hard work on the farm, and she took good rest. Most deliveries still take place at home. However, delivery is usually assisted by a TBA or MCHW or FCHV. If there is any difficulty or complication in delivery, the pregnant woman is immediately rushed to hospital because there is now transportation facility.

KEY MESSAGE

There have been a lot of changes in the area of child and maternal health care practices and in their health conditions. Infant mortality has gone down due to immunisation and access to health services.

The ambulance arrives as soon as it is informed. The umbilical cord is cut by a new blade, and the cord is tied with a clean thread. Goat meat, chicken soup, eggs and dal are given to the mother of the new baby to restore the mother's health. "In our time, we used to eat rice and ghee only for a few days. We had to return to work after the purification ritual, which is done on the 11th day," said Chhalimaya. "These days, mothers take rest even after the purification ritual. They usually go to work on the farm only after two or three months. Things have changed."

Chhalimaya said that she could not avoid unwanted births. Modern women can control births and have babies as per their desire because they are well aware of the means of family planning. The villagers have access to family planning services. She says that her daughter-in-law underwent a minilap operation after having two children. Most women do not have more than three children. Today's children get adequate food and proper care. Some mothers feed additional milk and gruel of *sarbotam pitho*.

Due to adequate care and immunisation, infants and children fall sick less frequently in comparison to the old days. They rarely suffer from serious illnesses because mothers and caretakers seek medical treatment as soon as the symptoms appear. Mothers no longer consult the traditional faith healers for most of the childhood illnesses. Only those children who are born in very poor families lack a proper diet and care, and suffer from illnesses more frequently, said Chhalimaya.

NO TIME FOR INFANTS

Nita Tamang is the five-month-old daughter of Maili Tamang. She has not had anything besides mother's milk during these months. Sometimes she gets to breastfeed only after eight hours as her mother works as a farm labourer far from the village. Her mother says she has to work from early morning till late evening and perform different roles of the mother, housewife, farmer, fodder and wood collector and wage labourer. So she does not have time to take care of her infant. She suckles Nita when she cries. Nita's brother and elder sister look after her when the mother is away from home. Maili's husband sometimes earns some money by working as a wage labourer, which he spends on liquor. He does not take care of the family.

Nita is malnourished and sick. Maili said that she was healthy at the time of birth. Nita started becoming weak and thin three months after birth because her mother breastfed her less frequently. Maili says she can ill afford to stay home to breastfeed and take care of the infant. Since the last 15 days, Nita has been suffering from a cold, cough, fever and diarrhoea.

Initially, she had a common cold and fever for a few days. After three days, she had a high fever, cough and difficulty breathing. She seemed sleepy, drowsy and half-conscious. She could not even open her eyes properly.

Maili thought Nita was influenced by evil spirits and took her to a Bombo, a traditional faith healer in the village. The Bombo pinpointed that Nita was troubled by the Nepale deuta (gods of Kathmandu). Bombo blew a few mantras, lit incense and waved it around the body of the patient to remove the harm induced by the Nepale deuta.

To appease the gods, the Bombo asked Maili to bring duck eggs, some coins, uncooked rice and incense. The next day, Maili collected these materials and went to the Bombo. He asked Maili to offer a coin and sacred thread to the Nepale deuta. After performing the ritual, the Bombo told Maili that Nita would recover from the illness within a few days. She was also told that she should seek medical help if the infant did not recover.

The Bombo's ritual healing did not improve Nita's health condition. After a few days, she took her infant to a drugstore located on the highway at Palanse of Bhaktapur. The drug retailer prescribed some liquid medicines and cough syrup for a few days. "These medicines made a slight difference in the illness, but they did not cure her fully. I don't think the Palanse drugstores provide appropriate medicines. So I did not visit the same drugstore again. After three days, I consulted a drug retailer from Sanga," said Maili.

The drug retailer told her that Nita was suffering from pneumonia and prescribed medicines for pneumonia and cough for seven days. She is still giving the infant these medicines. Maili says the medicines are curing Nita's illness.

The Tamang mothers still believe that childhood illnesses are caused by evil spirits and the Nepale deuta. Therefore, they initially seek help from the traditional faith healers. "If medicine is administered to a patient troubled by Lagu, it causes vomiting and worsens the condition. One should exorcise the evil spirits before seeking medical treatment. That is why I consulted a traditional faith healer who saw that the Nepale deuta had influenced my child," said Maili.

KEY MESSAGE

Many mothers in the rural areas cannot afford to stay home and take care of their infants. They must engage in numerous works, including household chores and agricultural labour, from dawn to dusk. Despite the hard work they put in to earn a living, they are unable to earn much to buy adequate food and clothes for their children. Their children are often victims of malnutrition, diarrhoea and pneumonia, which cannot be prevented by immunisation alone. Their socio-economic condition must improve first.

Traditional healers invoke the Nepale deuta when a child is lethargic and drowsy, suffers from a fever, cough and diarrhoea, and has difficulty breathing. Medical personnel diagnose the symptoms as pneumonia.

She, however, said that the villagers do not totally depend on traditional ritual healing. She, for instance, seeks medical help when exorcism does not cure an illness. But she does not like going to the health post for the treatment of childhood illnesses because it often lacks medicines, and one must go to a drugstore to buy the prescribed medicines. Moreover, the health post is open only during the daytime. And visiting the health post means a whole day is lost. Rather she prefers going to a drugstore in the morning although it is far.

Maili says she would have stayed home to breastfeed her child and give her other food if she came from a well-to-do family and did not have to involve in different activities. When infants and children get adequate food, clothes, care and love, they become healthy, she says.

"I don't have adequate food to eat, clothes to wear and no time to spend with the children. How can we make our infant and children healthy and protect them from illnesses? Even immunisation cannot protect our children against illnesses.

"Nita and other children have been vaccinated against all major diseases. But immunisation alone is not sufficient. The government should offer other facilities like nutritious food, *sarbottam pitho* and vitamins. Medicines for childhood illnesses should be provided free of cost. If this is not possible, they should be made available at subsidised rates," says Maili.

SERVICE ABOVE SELF

Sita Pokhrel is a Female Community Health Volunteer (FCHV) who cannot stop thinking about her patients, no matter what she is doing at home or in her work place. There is a lot to learn from Sita's endeavours and the commitment she shows in helping the patients. She, however, does not receive a salary from the government for her services.

Sita, 44, is from Madan Chowk, Ward no. 2, Rajhaiya VDC. She lives with her husband, son and grandchildren. Having worked in the health sector for nearly a decade, she has gained much experience and expertise in the field.

"Women in the villages are not as open and frank as those in the cities," she says, which at times makes her job difficult. "Here women are shy and unwilling to disclose their problems concerning reproductive health."

The volunteers often need to first get them to overcome their shyness to find out the actual condition of the patient's health. This may involve acquainting oneself with the

patient, being friendly and showing sympathy for their personal and family problems. "Only then can we be in a position to give them proper medical advice," says Sita.

According to her, there are two distinct communities that hold completely different social beliefs and values. Women from the "Pahade" communities can grasp matters very quickly and also easily understand the prescribed treatment. They understand at once what is to be done during pregnancy and what kind of vaccinations to be taken.

On the contrary, women from the Muslim community are hardly willing to answer the

"Muslim women of the Masanghat area are illiterate and do not know anything about immunisation and health facilities."

Gulam Mohammad
Masanghat, Nepalgunj Municipality, Banke

medical queries “which are considered taboo”. Muslim women are not very open about these things, she said. However things are changing. “These days, a few Muslim women come to us with their mother-in-law’s consent for family planning advice.”

The birth rate in the area, which used to be high until a few years ago, has come down drastically. Child mortality has also gone down. “This is because of the growing awareness about family planning, reproductive health system and proper vaccination and fairly adequate medical care,” said Sita. No maternal deaths have been reported during labour since the last nine years.

However, a Muslim child who had not been vaccinated had died. “We really don’t get to know what takes place in the Muslim communities since not all incidents are reported,” she said.

When asked whether she knew anything about the Millennium Development Goals, Sita’s initial response was negative. However, when reminded about the mother-child mortality rate target, she said, “Well, those goals have already been achieved

here.” The only problem faced during delivery is financial, she said.

She complained about a quack from India living in a Muslim community who goes about treating Muslim women. Many health centres also lack basic physical infrastructure. There is only one bed in the centre, which makes it difficult to cope with a number of deliveries at a given time.

When asked about any abortion cases being handled, Sita denied having any knowledge. “If someone wants an abortion, we shall refer her to the Bheri Medical College where the facilities are good.” But it is not easy to send a patient to a better medical facility as there is no ambulance service in the area. “Even a rickshaw would be helpful at such times,” she said.

The health post in the village lacks the necessary physical infrastructure and medical team. None of the volunteers are paid by the government or any organisation. When asked how they can work under such circumstances, Sita said, “Well, more than anything else, we take pride in the fact that we are working to save the lives of babies and mothers.”

FEMALE COMMUNITY HEALTH VOLUNTEERS TREAT POOR CHILDREN

Sudip Singh Dhama is the youngest son of Dhana Devi of Chandani VDC. His father does not take good care of him or other family members. Dhana Devi is, therefore, responsible for earning the family bread and looking after the household.

Dhana Devi has a small piece of land which is not very fertile and is, therefore, unsuitable for growing paddy. The maize produced on the land feeds the family for only one month. Dhana Devi, thus, engages in seasonal agricultural work in the village. But her wages are low and cannot meet the basic needs of the family. So Sudip is poorly fed and looks malnourished, weak and diseased.

Sudip does not have clothes to wear. He usually is naked and plays on the cold floor or in the dirty surroundings. He is always suffering from diarrhoea and pneumonia. At the moment, he also has an earache and a mild fever. Dhana Devi gave him a few tablets provided by the Mother and Child Health Worker (MCHW) who lives just behind her house. Sudip's earache and

swelling around the right ear improved, but the problem has recurred. His mother cannot go to the health post or the drugstore for treatment as she does not have money.

Sudip passes loose stool four or five times a day. A month ago, he suffered from severe diarrhoea. His mother brought two packets of Jeevan Jal (oral rehydration solution) from the MCHW and gave it to Sudip. "He does not like to drink the solution," says Dhana Devi. Sometimes he drinks half a glass, sometimes only a sip. She does not have any buffalo milk to give either, and she cannot afford other milk or food for him. Dhana Devi usually gives him whatever the family has for food, such as rice and chapattis. When he is sick, he tries to suck at the breasts, but there is very little milk.

Even when Sudip suffers from pneumonia and severe diarrhoea, Dhana Devi does not take him to the health post. "I have never been to a health post for treatment. We have to pay some money for registration and medicines. I have no

money to buy even rice and lentils, how can I buy medicine?” she said.

She usually seeks the advice of the MCHW when Sudip suffers from diarrhoea and pneumonia. The MCHW provides Sudip medicines free of cost, and he usually tends to recover immediately. “If the MCHW was to live far from my home, my son would probably have died. She is great.”

Dhana Devi does not know what to do and where to seek treatment. Her husband is least bothered and says childhood diseases take care of themselves. At least Dhana Devi is aware that ORS should be given to a diarrhoea patient, and the chest

and back should be rubbed with warm oil. She has no money to buy warm clothes for the kids. Her husband sold all her gold ornaments, so she possesses nothing valuable to sell.

She says her efforts alone will not protect Sudip from illness and make him healthy. “Although he has been immunised against all diseases, it cannot protect him against diarrhoea and pneumonia. My son continues to live due to God’s blessing.”

Dhana Devi does not expect any substantial help from the government or other agencies. No one sees and realises how appalling her condition is. Previously, the health post used to provide free medicines. She says the government should make health services accessible to the poor by offering free treatment. And also children would suffer less from illness if the government were to provide food and clothing for poor children like hers.

KEY MESSAGE

Poverty is a major factor in making children vulnerable and susceptible to different kinds of illnesses. Helpless mothers cannot seek proper treatment at times of illness. The MCHWs/FCHVs are the main providers of treatment to children from poor families.

LOW BIRTH WEIGHT CAUSES INFANT MORTALITY

Laxmi Sarki, 53, is a Dalit and illiterate. She is from Dodhara VDC-4. She has more than half a bigha of land, whose yield lasts her family of 13 members for four months. All four sons are in India looking for jobs. She has three daughters-in-law and four grandchildren. The youngest daughter-in-law gave birth to a baby that weighed only 1,200 grams, and it died 20 days later.

The youngest daughter-in-law, Gita, had been ill and weak during pregnancy. Gita often fainted after shivering as she suffers from epilepsy. She did not take enough food, which directly affected her foetus. She was taken to hospital, but the treatment only made her condition worse. She went to the PHC for a pregnancy check-up and received iron tablets, but she did not take them.

Her family members thought she was under the influence of evil spirits and a renowned witchdoctor was brought in to exorcise the evil spirits. But the witchdoctor also could not cure her ailment, and she was ill throughout last year.

Gita was weak and unhealthy at the time of delivery. So her family members thought it would be wise to take her to the PHC for delivery because complications could arise. In the first week of Bhadra (August), Gita gave normal delivery at the PHC in Dodhara VDC. But the baby was underweight.

“The baby was slightly bluish in colour and looked unhealthy. I did not expect the baby to survive for long,” said Gita’s mother-in-law. After three hours, the baby began to suck at the breast. For a week, the baby girl occasionally sucked at the breast of her mother. The baby’s skin gradually started changing from bluish to yellow and then red.

After a week, the baby had breathing difficulties and could no longer feed on the breasts. “We didn’t expect medical treatment to improve her health condition. So medical help was not sought,” said the mother-in-law. A FCHV who visited the family told them that the baby could survive if she was taken to the children’s hospital at Khatima in Uttaranchal, India. “My



KEY MESSAGE

Low birth weight is one of the reasons causing infant mortality. In the villages, poor women who are malnourished due to lack of a proper diet and care often give birth to babies with low weight.

daughters-in-law agreed, and we decided to rush her there,” said Gita’s mother-in-law.

At the Khatima Children’s Hospital, the baby was kept in an incubator. After a day of hospitalisation, the baby started sucking breast milk. After a week, she looked healthier, and the doctors advised placing her in the incubator for one more week. However, Gita’s family had already spent Rs. 16,000 and decided to take the baby home.

For two days after being discharged from the hospital, the baby was sucking breast milk. But on the third day, the baby could not breathe and cry properly. The body turned blue and cold. On the fourth day, she stopped breathing.

“If we had money, we could have hospitalised the baby for a month, and she might have lived. But although we are Dalits, we did the maximum we could to save the life of the infant,” said Laxmi. “The baby died because she had no fate and was born to an ill, poor and Dalit mother.”

IRRESPONSIBLE PARENTS

Karuna Pariyar was born on December 30, 2005 and is four months old. She is from Goraspur, Sitapur VDC. Her mother died while giving birth to her. Neither was her mother rushed to hospital nor any services of the health workers taken at the time of delivery. Since her mother died, Karuna could not be breastfed. So she was given buffalo milk. Due to lack of proper care, her health started deteriorating fast.

She is severely malnourished. When she was about two months old, she would cry throughout the night. She had breathing problems also. So after countless sleepless nights, her aunt, Sita Pariyar, took her to the local health post. The baby was referred to the rehabilitation centre at Nepalgunj, run by Saathi, an NGO, on the premises of the Bheri Zonal Hospital.

“She was all skin and bone when she was brought here (March 21, 2006),” health worker Saraswati Acharya at the rehabilitation centre said. She had not been administered polio drops, and she had not been vaccinated against any disease

because it was not possible to pierce her body with a needle. However, she is now getting well. She gets a health check-up three times a week.

According to her aunt, Karuna’s family environment was not pleasant. Her parents used to quarrel almost everyday. Both parents - Putali Pariyar and Babu Ram Pariyar - were chain smokers and heavy drinkers.

“Karuna’s mother used to drink and smoke instead of having a decent meal. “I often told her that drinking and smoking would harm the baby in the womb. But she never listened,” said Sita.

Karuna’s family lives in a thatch hut. Her father, a tailor, is the sole breadwinner of the family. His earnings cannot support the family’s needs. There is no food, yet he spends heavily on liquor. Sanitation is poor as there is no toilet.

(This profile was prepared on April 20, 2006. After four days, Karuna had fallen ill and died.)



M A T E R N A L H E A L T H



POOR PREGNANT WOMEN HAVE NO ACCESS TO ESSENTIAL HEALTH SERVICES

Banu Khatun, a landless and helpless pregnant woman, lives in a rented hut in southern part of Biratnagar. She has two children. Her husband lives in Bihar, India with his second wife. Five years ago, her husband had married a woman from Bihar without the knowledge of Banu. It was only last year that she came to know about it. Occasionally, he comes to visit Banu, but he doesn't support her. Instead, she has to provide him food and shelter when he comes to her.

Previously, Banu used to wash clothes for a landlord to make some money. But after suffering from TB a year ago, she gave up such work. She has since then been begging in the streets. She makes about Rs. 30-100 a day. With her earnings, she eats and feeds her kids. When there is no money, they could go hungry for several days.

She cannot walk for several hours now as she is 10 months into her pregnancy. Sometimes, her elder son goes begging and collects a few rupees. Her delivery

date is nearing, but she has never been to a health post for a pregnancy check-up. She, however, visited the health post last year to seek treatment for her TB. She received medicines from the DOTS centre situated in Ward no. 22 of Biratnagar.

"After completing the course, I went to the health post to consult the health staff. I told them I was pregnant, and the staff scolded me. They told me I should have avoided it since I was weak, and I could suffer from other health problems," she said. "I hear that the health post provides iron tablets for pregnant women. But due to the fear of the staff, I have not gone there. The health workers and volunteers are not concerned about our health. They distribute Jeevan Jal, deworming and iron tablets to those who may not need them."

Banu is expecting a baby within a week, and so she stays home. "I have not collected rice and dal for the postpartum period. I don't have a single rupee. I have not had any food since yesterday. I feel weak. I cannot go out begging. Tomorrow I will send my elder son to beg," she said.



A day before, she had met the traditional birth attendant (TBA) and requested her to assist her during delivery. But she asked for some money in advance. Since she had none, the TBA told her to seek the assistance of the women volunteers.

Her neighbours are also poor, and she doesn't expect anything from them. Her husband does not look after her. She is banking on her son to bring some money home so that she can have rice and vegetables. "I will live only if my relatives assist me during delivery, otherwise I will die," she said.

KEY MESSAGE

For desperately poor mothers, care during pregnancy and safe delivery are hard to come by. Very poor mothers who are landless and homeless have no access to the different kinds of health services. Their health problems do not come to the notice of the health workers and volunteers such as TBAs and FCHVs.

Her younger son is also suffering from a mild fever and diarrhoea. She has no money and so is not seeking any treatment for him. She has no idea if the FCHVs (Female Community Health Volunteers) provide Jeevan Jal free of cost because she has never received medicines or help from the health volunteers. The TBA and an NGO worker suggested that she consult a FCHV about her health and her son's illness. But Banu is not interested as she knows that the FCHV will not come to her home to offer any kind of assistance. She is mentally prepared to face any problem that may arise at the time of delivery.

Banu does not expect much from the government. She does not know much about the efforts being made by the government to improve the health of infants and mothers. She knows only that the government provides iron tablets to pregnant women and pills (contraceptive) for married women.

She does not want to be a beggar. She wants to do something for a livelihood. Were the government or an NGO to provide her with some money, she wants to start a small business such as a retail shop or teashop.

"I urgently need some food and clothes for my delivery. I would appreciate if someone could help and feed me for at least a week after delivery. After a week, I could go out begging," she said.

EFFORTS TO GIVE BIRTH TO A HEALTHY BABY TURN FUTILE

Lila Niraula is a 28-year-old married woman. She lives with her husband in Letang VDC, located at the foothills of the northern part of Morang and western part of Jhapa district. It is inhabited by migrants from the hills. She is a Brahmin by caste. Due to poverty and lack of employment in the country, her husband left for Saudi Arabia to work immediately after marriage. He returned home in April last year. On six katthas of land, they have built a small hut where they have been living since last winter.

Last year, she became pregnant but gave birth to a still baby. During the entire pregnancy period, she did not face any health or pregnancy-related problem. As a woman who has passed high school, she is quite aware of the need to take good care during pregnancy.

“I visited the PHC in Letang to have check-ups more than four times. My husband also took me to a private clinic in Biratnagar twice,” she said. “The doctor told me that my health and condition of the foetus were both alright and I did not have to worry

about my pregnancy. I was happy that I would have a healthy baby soon. But my dreams were dashed...”

The delivery did not take place on the date given by the doctor. She began to fear something was wrong. She consulted the nurse at the PHC who said that normal delivery could take place 15 days after the delivery date even, and she was told not to worry. The nurse advised her to come to the PHC when the labour pains began. On the ninth day, she felt pain around the lower belly at about 3 in the afternoon. She decided to go to the PHC for a safe delivery.

Her husband went to arrange for an ambulance. Within an hour of the labour pain, she was in the PHC. The nurse and doctor told her that the foetus was well and that she would give birth to a baby in 3-4 hours. But after two hours, the nurse told her husband that she should be rushed to the nearest hospital.

Half an hour later, an ambulance arrived to take her to the Amda Hospital in Jhapa, a



journey of nearly two-and-a-half hours. The doctor there, upon examining Lila, told her that she had arrived late. There was no heart beat in the foetus. After an hour, doctors took out the dead baby.

KEY MESSAGE

Literate women know about the need for care during pregnancy and about safe delivery. In order to ensure safe delivery, peripheral health facilities need to be equipped with delivery facilities and modern equipment.

“I felt very sorry and wept. The doctor told me that had I arrived in the hospital just an hour early, the baby could have been saved,” she said.

Lila could not figure out what led to the death of the baby all of a sudden. “Nobody goes to the hospital before the labour pain begins. There was no delay from our side in seeking medical help.”

In addition to the regular health check-up, Lila had avoided heavy work such as carrying and lifting things during pregnancy and took good rest at home. She consumed fruits, Horlicks, green vegetables and other nutritious food items. She visited the PHC several times although she had no health problem. Fourteen days after the unsuccessful delivery, she bled heavily and became senseless. She was rushed to the Koshi Hospital in Biratnagar where she was hospitalised for three days. She is well now.

“We did the maximum we could to have a healthy baby, but all our efforts turned futile,” she says. She, however, does not want to blame anyone. Last year, her neighbour faced a similar problem and gave birth to a still baby. She says the hospitals should do research to find out why the foetus passed out excrement and died.

MARGINALISED PREGNANT WOMEN RARELY VISIT HEALTH FACILITY

Phulmaya Darai, 21, who lives in a Darai settlement in Gaurigunja, Bharatpur municipality is eight months pregnant. She comes from a marginalised ethnic community of Chitwan. Her husband is a tractor driver. Her mother-in-law and father-in-law sell their labour to the landlord during the planting and harvesting seasons because they have only a small plot of non-irrigated land that supports them for only about three months.

Phulmaya married Aitaram Darai last year, and they rented a room at Bharatpur Bazaar. So she did not have to work in the fields. Immediately after marriage, she conceived a child. Although she is literate, she never visited any hospital for a clinical check-up until she had some problems.

Last month, she felt weak and giddy and had a slight pain in the lower belly. So her husband took her to the Bharatpur Hospital for a pregnancy check-up on a Tuesday at the end of the month of Shrawan (August). But she could not get a check-up as the clinic is not open for mothers on that day. She was asked to visit the MCH clinic after

three days. Instead, she and her husband went home so that his mother could take care of her problems. For the last one month, she has been staying at home with her mother-in-law.

Phulmaya told her in-laws about her health condition and the date due for delivery. Her mother-in-law asked her if she had received a pregnancy check-up and TT vaccination in hospital. She knew that Phulmaya did little for her health. So the mother-in-law told her son to take his wife to a health post for a medical check-up.

“I feel that the political parties and civil society organisations have only used the Darai community (for their interest) and have not worked for us. They always force us to join demonstrations, protests and campaigns, but the gains are not shared with us.”

Mangal Ram Darai
Chairperson, Nepal Darai Utthan Sangh
Bharatpur, Chitwan, Nepal

Phulmaya felt somewhat awkward to go to the health post and said that she was alright and that there was no need to go there. But her mother-in-law insisted. After a few days, Aitaram and Phulmaya visited the health post. But they did not meet the doctor or other health staff there because they were on strike. There was only a peon who gave her iron pills.

They returned home and told the mother what had happened. A week passed, but the giddiness, weakness and slight pain in the lower abdomen persisted. So her mother-in-law took her to a lady doctor's clinic located near the village. After a physical examination, the doctor said that she had no health problems and the giddiness was due to weakness. She gave Phulmaya a TT injection and prescribed some vitamins, and advised the mother-in-law to feed her nutritious food such as meat, beans, dal and green vegetables.

Said Phulmaya's mother-in-law, "I know pregnant women should eat meat and other nutritious food. But we can have meat only when we earn some money. We usually consume green vegetables which we collect in the jungles and from the river banks or grow on the farm. The doctor prescribed vitamin syrup, but we could not buy it because we had no money. Sometimes, we do not even have money to buy flour to make porridge. Sometimes we work on an empty stomach. Had there been a lot of money, I could have purchased meat, eggs and vitamins for my pregnant daughter-in-law.

"When we can rest depends upon the work burden and the season. In September, we

do not get any wage work. Therefore, we stay home. During the paddy transplantation and harvest season, we are busy, and we do not even have time to talk to each other. Even pregnant women have to work on the farm at the risk of their health."

She said that the life of the poor is uncertain. There is no fixed schedule of what they will eat or do. The care of the pregnant women depends on the family income and the burden of work.

Phulmaya is going to have a baby next month. She is not sure if she will deliver the baby at home or in hospital. Her mother-in-law had delivered all of her babies at home, and no one went to hospital for delivery then. The mother-in-law is not thinking of taking Phulmaya to a hospital for delivery. It is beyond her means because the hospital charges more than Rs. 2,000 for a delivery. She will, therefore, seek the help and assistance of the TBA or a nurse who lives in the village. Most pregnant women have no problem delivering babies at home. Sometimes the delivery will take place on the farm or on the way home because poor women must work in the fields until the labour pain begins.

But both Phulmaya and her mother-in-law know that they need to go to hospital for a safe delivery. The health post lacks a delivery room and other facilities. The hospital, however, does not provide anything. All things required before and after delivery must be bought. If all the money is spent in the hospital, then the family cannot buy food and meat for the mother. "Therefore, we do not think of going to the hospital for delivery," said both Phulmaya and her mother-in-law.

Phulmaya says pregnancy check-ups and delivery services in hospital should be free for the landless and the poor. In addition, nurses and ANMs should be assigned to work in the villages so that the villagers can avail of their services any time.

KEY MESSAGE

The socio-economic status influences the care of pregnant women and mothers. There is very little awareness that women should have check-ups before, during and after delivery. Knowledge and information alone may not lead to any change in the health seeking behaviours due to factors such as family income, occupation, affordability, and distance and accessibility to a health facility.

NEPAL *BANDH* LEADS TO MATERNAL DEATH

Muna Bharati of Shaktikhor VDC died at the age of 17 immediately after giving birth to a baby due to lack of health services in August 2005.

Her maternal home is in Gorkha district, and she got married when she was 16 to a man who was constructing a road in Gorkha. After their marriage, she went to live in her husband's home in Shaktikhor village. The husband also stayed home and engaged in agricultural labour in the village. According to Devi, Muna's sister-in-law, and other relatives, Muna and her husband loved each other very much and led a very happy life. But their happiness was cut short within a year of marriage.

Muna's husband took great care of her during the pregnancy period. Both husband and wife visited the sub-health post several times for check-ups. She was vaccinated against tetanus and received iron tablets from the health post. She also consumed meat, beans, milk and green vegetables available in the village. Devi said that Muna was healthy and happy. At the end of the eighth month of the pregnancy, she

had febrile illness. Her husband took her to the SHP for consultation. Despite the treatment, she did not recover.

After two weeks, Muna complained of a pain in the lower abdomen. Her husband brought home a MCHW of the SHP for a check-up. The MCHW told Muna's husband that it was not yet delivery time because the delivery date was more than 30 days away. The MCHW suggested he take her to hospital as she had some health problems.

Muna's husband accepted the MCHW's advice and tried to rush her to Bharatpur Hospital. Unfortunately, there was not a single bus running on the road because of a five-day *bandh*. There was no telephone service to contact an ambulance. There was no way of reaching her to Bharatpur Hospital, which is 20 km from the village. The next day, she had labour pain and gave birth to a baby.

Her health condition was not bad till the time of delivery. However, immediately after delivery, Muna became restless and fell



unconscious. Her health started gradually deteriorating. Her husband and neighbours tried to coax a bus driver and the owner to take Muna to hospital, but they were unwilling to take the risk. After an hour, her husband brought a local health worker who tried to inject saline water into the veins. Only one bottle was used up. After three hours, she breathed her last.

Devi and other relatives said that Muna had been suffering from a fever for several days and that the febrile illness had affected the internal parts of the abdomen that stimulated the premature birth. They also said that she ate meat, chilly, sour curd and cow's milk that caused *kuphat*, a severe form of febrile illness in which the internal parts rot. Traditionally, people with fever avoided meat, eggs, fish, curd, sour food and cow's milk. Devi sees no obvious reason for Muna's death because there was no massive bleeding after delivery.

Muna had given birth to a live girl. Her husband and Devi tried to save the baby by giving her cow's milk. But the baby could not drink the milk in adequate quantity and also could not digest it. The baby girl died on the 18th day of her birth.

Muna's husband and Devi said that Muna could have been rushed to the Bharatpur Hospital and her life saved had there been no strike or *bandh* over several days. Although her husband was poor, he took good care of his pregnant wife and was ready to rush her to hospital regardless of the expenses.

KEY MESSAGE

In the rural areas, pregnant women are dying during delivery time as they have no access to a hospital and skilled birth attendants. Political conflicts and repeated *bandhs* badly affect the villagers in accessing health services. Especially pregnant women and children fall victim to the conflict and *bandhs*.

PREGNANT WOMEN WORK TILL THE LABOUR PAIN BEGINS

Phulmaya Tamang, 29, of Kankra Bari village in Nangkhel VDC-4 is expecting a baby. Her family consists of her husband, father-in-law and two children. She has four ropanis of terraced land on a steep slope below the community forest. The unproductive land yields very little grain, which is hardly sufficient to feed her family for three months. She, therefore, works as a labourer in and around the village. Her husband goes to the *bensi* (low land) of Bhaktapur to work as a seasonal agricultural labourer. She is busy with her household chores, farm work and wage labour.

She has been pregnant four times. The first pregnancy ended in a miscarriage in the eighth month. The following two years saw her giving birth to two babies. Next month, she will be having another baby after an interval of two years. She has not visited the health post for a check-up, although a FCHV had advised her to do so.

Says Phulamaya, “I have not taken any vitamins or iron tablets. I have not been vaccinated either. I am alright till now and don’t see the need to visit the health post.

I also feel ashamed to talk to the health post staff because they ask about my pregnancy and sexual organs. During my second pregnancy, I visited the health post once, but they asked shameful and personal matters in front of other people. So I do not like to attend the health post.

“Moreover, I have no time to go to the health post because I have to work from early morning till evening, and I have many responsibilities to attend to such as looking after the children, cattle, poultry and crops. I do not have time to think of my body and health. I am always thinking of what needs to be done and what to eat.”

Phulmaya has heard from the health worker that pregnant women should take meat, eggs, beans, fruits and green vegetables, and not lift or carry heavy loads. But it’s hard for her to follow these instructions. “We sometimes eat *dhido* (a dough made from water mixed with cornflour) with ground chilly and salt. Sometimes, we eat one meal a day. We have no money to buy food. How can we afford meat, eggs and other nutritious foodstuffs?” she questioned.

However, she collects green vegetables, including nettle leaves and edible ferns, from her *bari* (terraced land) and the jungle. “I have to carry bundles of grass and fodder on my back everyday and water from the tap in a vessel. If I stopped working because I am pregnant, who will work and feed me? I must work until my labour pain starts,” she said.

Her delivery date is just a month away, but she has made no preparations. “We do not make any preparations to deliver a baby. And I do not even know what preparations should be made or where the delivery will take place. It could happen in the *bari/khet* (farmland) or on the way home.” Her first baby was born in a courtyard, and the second one on the floor just outside the door.

According to Tamang culture, a postpartum mother must be given plenty of meat, particularly chicken, soup and rice beer. Better-off households feed a woman several chickens during the postpartum period. Poor people give only one or two.

Phulmaya’s husband said that five months back, he had bought five chicks to raise them, but only two are alive. He said it was necessary to prepare beer and chicken for delivery. He also knows that delivery kits (*Sutkeri Samagris*) are available in the market.

But her husband said that the money that goes to buying the delivery kit could be used to buy chicken as meat is most essential. Women gather at the home when the delivery time arrives. Usually the older women attend and assist in the delivery. After the birth, they cut the umbilical cord and dispose off the placenta, and take care of the baby.

Even after delivery, Phulmaya will hardly be able to rest for more than two weeks. During her previous delivery, she went out on the 16th day to bring home manure in a basket from the farm. She could not breastfeed the infant regularly after a month because she was mostly working outside the home. She said that she had no time, money and the resource to take care of her body and the kids.

Her children have been immunised against all major diseases as the immunisation teams visit the village each month. But she has no intention of going to the health post even for delivery. “I may have a health check-up and take iron tablets and vitamins and other services if the health workers come to our village to help poor pregnant women like me,” says Phulmaya.

KEY MESSAGE

Access to a health facility in the rural areas is constrained by not only distance and the location of the facility, but also by socio-cultural factors and the burden of work. Some pregnant women are embarrassed to visit a health facility and talk about their pregnancy. They still consider pregnancy and delivery as normal processes that do not require medical assistance. Moreover, poor women do not have the time to take care of their health and consult the health personnel.



BADI WOMEN AWARE OF HEALTH PROBLEMS

Renu Nepali, 21, a mother of two children, is an inhabitant of Pragatishil *Tole*, Nepalgunj municipality. She is a Badi woman, whose community earned its livelihood singing, dancing and selling sex. Until recently, they were stigmatised by the society.

“Badi women were forced to become sex workers by the well-off people who invited them to sing and dance on special occasions and festivals,” says Renu. “Badis have now given up their occupation with the support they receive from various organisations including SAFE Nepal.”

Renu and her family members were never involved as commercial sex workers. She is well informed about family planning methods, pregnancy care, safe delivery, infant and child care, sexually transmitted diseases and HIV/AIDS. She used the DMPA (Depo Provera) injection to avoid unwanted pregnancies after the birth of the first baby. She gave birth to the second baby last year when the first child was four years old.

During her pregnancy, she faced no health problem. She had visited the Bheri Zonal Hospital for a check-up and TT vaccination. Renu says that due to growing awareness, most women now visit a health facility for a pregnancy check-up. Says her mother-in-law, “In our time, there was no such thing as a pregnancy check-up. No one visited the hospital. Now, most women visit a hospital or health facility during pregnancy.”

“Doctors in the government hospital usually make haste and do not look after the patients if they are from a poor and Dalit background. The facilities meant for the poor and disadvantage people, if there are any, are not provided to the poor but to the rich.”

Mina Bagali

Mahendra Nagar Municipality, Kanchanpur



She delivered her second baby at the Bheri Zonal Hospital. There were no complications either during delivery or after. She was discharged from the hospital after one day. She came back home where her mother-in-law took care of her. She had plenty of soup and meat during the postpartum period. However, on the 13th day of delivery, she suffered from massive bleeding from the uterus and fainted. Her husband once again rushed her to the Bheri Zonal Hospital.

Doctors assumed that the bleeding might have been caused by particles or pieces of the pregnancy tissue left behind in the uterus. So they decided to perform a curette to clean the uterus. Three days

later, she was discharged from the hospital. She has had no problems since.

Renu thinks a hospital might not be the best place for normal delivery. “If there is a trained Traditional Birth Attendant in a settlement, there is no need to go to hospital for delivery. I would not have gone to hospital had there been a TBA in our *tole* (area). I went to hospital to give birth only because my husband works there as a peon,” she said.

She was admitted to the ward in the evening and delivered the baby at midnight. “I think the doctors and nurses did not take proper care of me and must have left pieces of placenta behind. This resulted in heavy bleeding,” she said.

The government hospital is always crowded. Doctors and nurses despise the poor and give less attention to patients with a poor family background, she said. “The poor cannot go to a private nursing home or hospital for treatment and delivery, although they provide better care.”

She says that government hospitals should be accessible and affordable to all sections of society. Hospitals must render maternity and delivery services to the poor and landless women who cannot afford them. The TBA or local birth attendant also charges more than Rs. 500 for a delivery. Poor women who are unable to pay the sum must give birth without any help.

Most Badis are landless and jobless. So they face economic hardship and various health problems. Renu says that were it not for NGOs like SAFE, Badi women would have to resort to their traditional occupation. But NGOs cannot render services over a long period of time. The government should, therefore, have a perspective to raise the socio-economic condition of the Badi community and also improve their health status.

KEY MESSAGE

Although Badis are socio-economically deprived and an oppressed community, they have changed their occupation and risky behaviour, and are trying to adopt a new pattern of life with the support of NGOs and INGOs. Since they participate in different activities and discuss their problems, including health ones, in a group, they are aware about the care of the mother and child and prevention of HIV/AIDS. The Badis live in a transitional phase and need support from different sectors.

WOMEN HIDE PROBLEM OF PROLAPSED UTERUS

Sumitra Poudel of Bageswori VDC, who was suffering from prolapsed uterus, was finally treated in a hospital when she was 51 years old with the help of health volunteers and NGO workers. She is a high caste Brahmin of the hills. Her family had migrated to Banke from Myagdi district 30 years ago. She had sufficient land - three bighas - and belonged to a middle class family of farmers.

She is a mother of two sons and three daughters. The elder son and daughter are already married. Her first son was born 34 years ago. Since then, she has had the problem of the uterus.

“After my first born, I did not take proper rest and care. After just 11 days of the delivery, I began working outside the home and lifted and carried heavy loads that caused a partial prolapse of my uterus. Some portion of the uterus came out, and I pushed it in myself,” she said.

Every time she lifted a heavy load, the uterus would come out. But she would not tell anyone, not even her husband. She

thought it was a mild problem that occurred with women. She occasionally felt a mild pain in the lower abdomen. Despite the problem, she gave birth to four babies. “I thought it did not require medical treatment,” she said. She never went to a health post or hospital for medical check-ups.

“Uterus prolapse is a major health problem of mothers. But they are shy to reveal their problem to others. So the government should train health workers, social workers and volunteers to conduct awareness campaigns at the village level and make women aware of their health problems. There should be provision for free operation/surgery and treatment for poor and helpless mothers suffering from such problems.”

Shova B.K.

Social Mobiliser

Manakamana Tole, Bageswori VDC, Banke

Even after reaching 46 years, her menstrual cycle did not stop. Last year she had two periods (menstrual flows). There was excessive bleeding during her menstruation, which could have been due to the problem of the uterus. After bleeding heavily, she became weak, and her legs began to swell. The intensity of the pain around the uterus also increased. This happened during the winter season, and she thought that it was due to the effect of the cold.

She took soup made of cumin seeds with black pepper to neutralise the effect of the cold and correct the swelling problem, but the swelling did not diminish. The uterus would protrude even while doing normal work. Only then did she tell her husband and daughter about the problem.

An operation, she thought, would cure her ailment. But her family was undecided. They did not know which hospital to refer to for the treatment of uterine prolapse. “We normally do not go to hospital until the illness is very serious. We may not have sought treatment had the severity of her problem not increased,” said Sumitra’s husband. “Also a field worker of a local NGO (RSDC), Goma B.K., gave us good advice.”

About two months back, Sumitra’s daughter had mentioned the problem to Goma. After getting all the details of the health problem, she suggested surgery. Goma also assured all the help in getting appropriate treatment. Sumitra’s name was listed among the women with prolapsed uterus and forwarded to the RSDC for consultation and treatment at the Nepalgunj Medical College Teaching Hospital in Kohalpur, Banke. The RSDC and the Teaching Hospital have been co-operating in the treatment of women with prolapsed uterus since the last two years. Two weeks before, Goma took Sumitra to the Teaching Hospital, where Sumitra’s uterus was removed. She is taking bed rest and feels well. She hopes to recover soon.

Sumitra has realised that women should not hide their health problems. Since she was unaware of the consequences of not treating the prolapsed uterus, and shy of revealing it, she hid her problem for a long time. Goma said that many women still hide their problem and feel ashamed and awkward to talk about it in front of others. She said there were more than a dozen women who had uterus problems in the locality, but most of them have already been treated.

Sumitra says the government should identify women who face problems of the uterus and assist them in finding treatment in hospital. And health workers and volunteers must be trained in detecting problems of the uterus so that there is increased awareness.

KEY MESSAGE

The problem of prolapsed uterus is common among mothers living in the rural areas. They do not seek medical help until they are severely ill and then try to get help from the health workers and volunteers. The existing peripheral health services are grossly inadequate to address such health problems of the mother.

WHY VILLAGERS SHY AWAY FROM HEALTH FACILITIES

Khagisara Thapa Magar lives in a joint family of 17 members near the PHC in Dodhara VDC. She belongs to the Magar ethnic group. She has three sons and three daughters-in-law, four daughters and six grandchildren. Only recently, her second eldest daughter-in-law, Reshmi, died two days after giving birth at the PHC. Khagisara blames the death on the mishandling by the birth attendants.

“Prior to this, Reshmi had given birth twice. She usually gave birth within an hour of undergoing labour pain,” said Khagisara. The third time, she experienced labour pain in the evening around eight o’clock. Since she could not give birth even after an hour, she was taken to the PHC for safe delivery. “We thought it would be good for her if she was to be assisted by a doctor and nurses.”

A nurse and an auxiliary nurse midwife (ANM) attended to her case in a delivery room. After an hour, she gave normal birth to a baby girl. After the birth, Reshmi got up and talked. But both the nurse and the ANM were fresh recruits and had little skills in handling the placenta. After cutting the

umbilical cord, the placenta moved back into the uterus. After half an hour of delivery, the nurse and the ANM inserted their hands into the uterus in turns and forcefully tried to draw the placenta out.

“My two sons were outside the delivery room. My youngest daughter-in-law was with the nurse and said she saw the nurse insert her right hand up to the elbow, and you could see the movement of the hand around the navel,” said Khagisara. Being an illiterate woman, the daughter-in-law could say nothing.

Together with the placenta, the nurses also pulled out other things from the uterus. There was massive bleeding, and Reshmi lost consciousness. The nurses were nervous and told Khagisara’s sons that her condition was very serious, and that she needed to be rushed to the hospital in Mahendranagar.

It was around 11 at night, and it was not possible to hire a vehicle. After an hour of massive bleeding, she was driven to the hospital on the back of a motorcycle.

Unfortunately, on arrival at the hospital, she was pronounced dead. The doctors said that a postmortem needed to be performed to find out the cause of the death. But Khagisara's sons refused and brought the dead body home without getting a postmortem done.

The dead body was kept at home for two days. On the day after the incident, the villagers surrounded the PHC to protest against the carelessness of the birth attendants. The relatives and neighbours of Reshmi demanded an investigation into her death before cremating the dead body. The in-charge of the PHC told the people who had gathered there that Reshmi had died due to heavy bleeding after delivery and, therefore, the staff were not at fault. The village leaders also took the side of the PHC staff and would not allow Khagisara and her sons to file a complaint.

"They wanted us to keep silent on the incident. Nobody has heard us as we are poor and illiterate," said Khagisara. "Later, some people told us that an investigation could be launched and a case filed against the nurses. We know that the nurses killed our healthy daughter-in-law. But we are helpless and can do nothing."

Instead of taking action against the nurses, the District Health Office transferred them to another place. They were replaced by the experienced nurses who had previously been working at the

PHC. The villagers were happy to see the highly skilled and familiar staff at the PHC.

Reshmi's baby girl died after a month, probably, because she could not digest buffalo milk. Khagisara could not afford powder milk and did not take her to hospital because she had no money. "Where there is money, there is life and treatment. If we had money, we could have filed a case against the nurses," said Khagisara.

Reshmi's second son has been badly affected by a DPT vaccine. Although he is three years old, he cannot stand and walk. He has been paralysed and crippled. When it was time for the third dose of the DPT vaccine, Khagisara's grandchild had a high fever. So Reshmi took him to the PHC for consultation and treatment. The health staff gave the DPT vaccine on the thigh. After the vaccination, he cried frequently and became sick for several days. He grew lean and thin. The DPT injection affected his nerves, and his body was paralysed. "Other children of the same age play and run around. My grandchild cannot do anything himself."

Khagisara was told by the health workers that giving birth at a health facility reduces the harm and saves the mother's life and that immunisation protects children from disease and paralysis. But her experience says otherwise. For her family, the health facility has not been a good experience.

Khagisara thinks her daughter-in-law would not have died had she not gone to the PHC, and her grandson would have been healthy if he had not been vaccinated during a fever. So she did not send her youngest daughter-in-law to the PHC during the time of delivery. She says that if the government wants to provide quality health services to the villagers, then well-trained nurses and health workers must be appointed. Otherwise, it is better to close down such facilities.

KEY MESSAGE

The PHC is supposed to be the best place for delivery services in the rural areas. But in the absence of medical doctors, it provides sub-standard health services to the villagers. Nurses, ANMs and health workers carry out the delivery. Sometimes, innocent women and children become victims of their inefficiency. The bad behaviour and incompetence of the staff at the PHC or health post discourage the villagers from seeking medical help there.



HIV/AIDS AND
MALARIA AND OTHER
MAJOR DISEASES



DRUG ABUSE, HIV/AIDS AND TB

Abhimanyu Regmi used to live with his parents in Biratnagar municipality until some years ago. After the death of his parents, he got into bad company and sold all his land. He is now alone and is undergoing rehabilitation at Navakiran Plus, a treatment and care centre for those with HIV and drug addicts.

Recalling his past, Abhimanyu said, “Six years ago, I was working in a jute mill and used to earn some money. But I quit the job after I fell into the company of bad friends. I left home without informing my parents. I, along with my friends, usually roamed about, drank and smoked cigarettes with hashish.”

Initially, they tried Phensidyle cough syrup and tranquilisers. Then he became an injecting drug user (IDU). He had sex with commercial sex workers without using a condom.

“We did not care much about what type of girls they were because all we wanted were drugs and girls. We forgot about the consequences of such behaviour. I had

heard about AIDS as being a dangerous and communicable disease. But I was not well informed about how it spreads or how it could be prevented. Had we been aware, we could have done something to prevent it,” said Abhimanyu.

But it’s too late for Abhimanyu to regret now. He is diseased, landless and helpless. Due to his drug habits and carelessness with women, Abhimanyu started becoming lean and thin and weak. Two years ago, he had chronic cough and chest pain. Initially he tried some cough syrup and pain killers, which gave him temporary relief. He thought that smoking and drugs had resulted in the chronic illness. When he began to vomit blood, he knew he had contracted TB and went to the chest clinic in Biratnagar for treatment.

His blood test revealed that he was also HIV positive. He thought he would die soon and was very worried about his life. His health began deteriorating further due to excessive worry. But hopes were high after counseling by doctors, NGO workers and friends. He gave up his smoking and drug

habits. He recovered from TB after taking the prescribed course for eight months from a DOTS centre. His maternal uncle took care of him during the long months that he was undergoing treatment.

After recovering, a friend of his told him that Navakiran Plus - a branch of the national NGO, Navakiran, in Kathmandu that is working in the field of HIV/AIDS - provides treatment and care for people with HIV at the treatment and care centre in Biratnagar. "I had heard that persons with HIV could live for several years and spend normal lives. I learnt more about HIV/AIDS and coping strategies at the centre. I also felt I would live several years if there was support," he said.

After counseling, he was sent to Kathmandu for investigation and treatment because he had some health problems such as chest pain and cough. He stayed at the rehabilitation centre of Navakiran in Kathmandu for eight months where he

received Anti-Retroviral Therapy (ART). After eight months, he was sent to Navakiran Plus of Biratnagar where he has been living for the last five months.

"I could have died if I had not received support from my maternal uncle and Navakiran Plus. I would have tried to protect myself from HIV infection if I had been aware about HIV/AIDS and its mode of infection such as needle sharing and sexual intercourse with unknown women," he said.

He does not know what the government is doing for people with HIV and for the prevention of the disease in the population. He thinks there are many persons living with HIV in the villages who might be hiding their problems due to lack of information, counseling and access to a rehabilitation centre. He wants to engage himself in creating awareness or assisting people with HIV.

Says Abhimanyu, "If the government really wants to prevent HIV/AIDS, it should make the people aware about it, identify the hidden cases and establish institutions like Navakiran Plus in different parts of the country where the victims are provided food, shelter and treatment."

KEY MESSAGE

Needle sharing and unsafe sex are major risk factors in the transmission of HIV/AIDS among the youth. Most of them seek medical help only when they begin to suffer from a severe illness. They need proper information, counseling and guidance with harm reduction strategies in the early stage of drug addiction.

DOTS ADDS ADDITIONAL BURDEN ON THE POOR

Manaklal Mudiary, 50, of Bhaudaha VDC has no land. He belongs to the Jhangar community, an indigenous group of the Terai, and has just recovered from second grade tuberculosis. He lives with his 12-year-old son. Manaklal, who has been facing economic hardships since childhood, says there has been no change in his life over the decades. He still ekes out a living as a seasonal wage labourer, doing rice planting, harvesting, land digging and ploughing work. His wage is hardly sufficient to pay for two square meals a day.

Manaklal has already suffered two episodes of tuberculosis in his life. The first episode he suffered when he was 36 years old and the second one only last year. The first time he was ill, he spent a year consulting the traditional faith healers and using herbal medicines to treat his chronic illness. After all local efforts failed to improve his condition, he finally visited the chest clinic in Biratnagar. With the medicines provided by the clinic, he recovered from TB.

Last year again, he suddenly felt weak and had a chest pain, and suffered from a mild fever and chronic cough for several months. Initially, he consulted a drug retailer and took cough syrup and antipyretic tablets. It gave him only temporary relief. He suspected TB after he started coughing and saw blood in the phlegm. Although he was aware of his illness, he could not go to the chest clinic in Biratnagar because he had no money. He also did not visit the sub-health post in Bhaudaha VDC, which is just 2 km from his village.

“I did not know that the SHP provided medicines for TB free of cost,” he said. Three months after the TB symptoms first appeared, an educated neighbour took him to the SHP for diagnosis and treatment. The SHP staff referred him to the Ilaka Health Post located in another VDC. After three days, he visited the health post where his sputum was examined, and he was diagnosed with TB. The health post then referred him back to the SHP in Bhaudaha VDC for treatment. He completed the course under the DOTS programme two months ago.

He says he would have died had the government not provided medicines free of cost through the SHP. However, it was difficult going to the SHP everyday for two months. “For poor people like me, it is very difficult to go to the SHP daily for the medicines. They did not allow me to take the medicines at home,” he said. As a result, he could work only for half a day in the afternoon. It would also have been impossible for him to take a rickshaw to the hospital or the chest clinic in Biratnagar daily. If there had been no SHP in his VDC, he could not have completed the full course of the treatment over eight months.

Although he has completed the course, he is not sure if he has fully recovered because he occasionally has chest pain and spits sputum mixed with blood. Last month, he again visited the SHP for a check-up. But the staff told him that such symptoms were normal and it was not essential to have his sputum examined. He could not visit the hospital because he had no money.

KEY MESSAGE

Poor and disadvantaged people do not know where to go for the diagnosis and treatment of TB. So they do not seek medical help as soon as the symptoms appear. The poor people in the villages still face difficulties visiting a health facility daily for the medicines. Diagnostic services and treatment centres need to be expanded with a view to increasing their coverage.

“We don’t have the facility here to do a phlegm examination. We must go either to Biratnagar or the Ilaka Health post, which takes a whole day,” says Manaklal. “Sometimes, the staff can ask us to come for several days.” Moreover, the staff at the health post does not examine the sputum at the request of the patient.

Manaklal is aware that TB can be transmitted from one person to another. His son has been having a mild fever and cough for several days. “But I cannot take my son to the Biratnagar hospital or the Ilaka Health Post because I can’t pay for the transportation,” he said.

He is also not happy with the attitude of the staff at the health post or hospital as they do not pay proper attention to the health problems of the poor. “I have to pay for everything such as registration, laboratory test and medicines. The treatment is free only when one has been diagnosed with malaria or TB. But the poor could go undiagnosed for several months,” he added.

He wants the government to provide free treatment for all kinds of illnesses for the poor and landless. The government should also have TB diagnosis services in the SHP and establish a TB treatment centre in each village, he says. And having the FCHVs administer the medicines to the TB patients would save a lot of trouble for them.

BED-NET ALONE CANNOT PREVENT MALARIA AND KALAAZAR

Urmila Devi Mandal, 48, suffers from both malaria and Kalaazar. She lives with her husband and five children in a small thatch hut in Tetrigachhi *Tole* of Rangeli VDC. She has two katthas of land which is still unregistered. Her husband works in a Marwadi's shop at Rangeli Bazaar. She occasionally engages as an agricultural labourer in the village. She is a woman leader in her settlement.

Most of the villagers are landless and work in the landlord's fields. They often lack food and clothing, and suffer from various illnesses including TB, ARI, Kalaazar and malaria. In August 2005, Urmila had a headache, bodyache and pains in the joints. She also had chills and shivered with fever on alternate days. Initially, she thought this was due to hard work and getting drenched in the rains during the transplantation season. So she took Cetamol tablets, but her fever showed no improvement. Five days later, she went to the Rangeli Hospital where she was diagnosed with malaria. With treatment, however, she recovered.

Two years ago, Urmila had a similar headache, bodyache and pain in the lower limbs. She lost her appetite and started vomiting. Thinking this was due to overwork and exertion, she took antipyretic tablets bought from a medical shop. After a week, the right portion of her body started turning black. She had no idea that she was suffering from Kalaazar.

She then visited the Rangeli Hospital which is 3 km from her village. The doctor

“Even though insecticide-treated nets have been distributed by the Public Health Office, all poor households do not get them. There is no inquiry as to whether the poor have got them or not, or whether they are facing problems getting such nets.”

Bir Singh Negi

A landless

Kasarol, Jhalari VDC, Kanchanpur

presumed it was Kalaazar and told her to go to Biratnagar Hospital for treatment. “Being a talkative and conscious woman, I told the doctor that I had no money to go to Biratnagar and should, therefore, be treated at the Rangeli Hospital itself,” she said.

The doctor asked her to pay Rs. 150 for the laboratory tests. That day, she was not carrying much money, so she had to come home. Her husband borrowed Rs. 200 from a neighbour, and the next day, she was off to the Rangeli Hospital. The blood report showed she was suffering from Kalaazar and received appropriate treatment. “Had I not been diagnosed at the Rangeli Hospital, I might have gone untreated for several days and died for lack of treatment,” he said.

Until a few years ago, Urmila had no knowledge what caused Kalaazar. Even the doctor and nurses of the hospital did not tell her how it was caused and how it could be prevented. She came to know that it is caused by the bite of the sand fly while participating in a health and sanitation training organised for the community. Earlier, there was the notion that severe malaria leads to Kalaazar.

KEY MESSAGE

The poor and landless people of the Terai live in thatch huts in muddy and damp places which are excellent breeding grounds for mosquitoes and sand flies. Personal efforts such as using bed-nets and keeping the surroundings clean cannot protect them from vector-borne diseases. In order to prevent and reduce the incidence of malaria and Kalaazar among the poor and marginalised communities, the government should direct its efforts towards improving their economic condition, introducing community-based interventions, spraying insecticides and distributing insecticide-treated nets.

“There are many mosquitoes and sand flies in and around our hut because it is attached to the animal shed, and the floors are damp during the rainy season,” said Urmila. Her family used bed nets while going to bed, but they could not protect them from malaria and Kalaazar. “Sand flies, which are very small, enter the mosquito-nets and bite us, she said. “The villagers can be bitten by the mosquitoes and sand flies any time, anywhere.”

Apart from using the bed-nets, she has been keeping her surroundings clean to ward off the mosquitoes and sand flies. During the rainy season, there is sludge, mud and water all around, which attract mosquitoes and sand flies. She thinks personal efforts alone will not prevent the occurrence of malaria and Kalaazar.

The huts in the village were sprayed with insecticides a few years ago when many villagers suffered from Kalaazar and malaria. Insecticides have not been sprayed in the village for the last three years, although it is done regularly in areas where there are influential leaders. “We don’t have political leaders who will put forward our needs and demands to the concerned authorities,” says Urmila. “Malaria, TB and Kalaazar occur more frequently among the poor. But the poor do not get health services from the government.”

Urmila wants the government to distribute insecticide-treated nets, spray insecticides every year, establish a blood examination facility in each health post and provide free treatment for malaria and Kalaazar patients so that no one has to die for lack of treatment.

TB REPEATEDLY ATTACKING THE POOR

Bir Bahadur Rana, of Sharanpur village in Mangalpur VDC, is a TB patient. He lives with his wife and eight-month-old son. He is a Magar, an ethnic group that lives in the hills. His father and grandfather migrated from the adjacent hills 40 years ago. He is poor and owns only a small hut. He says he never had an education or a good job because he is a son of a poor man. So he had to face economic hardships and engage in difficult works. He started working as a wage labourer from his late childhood. He worked as a helper and mason to his father for several years. Since the last two years, he has been driving a tractor of his landlord. The landlord makes him work from morning till midnight.

Because he had to work day and night without a proper diet and rest, he contracted tuberculosis. “I do not smoke and drink, but I am suffering from TB. In our village, most of the TB patients are non-smokers and young. But they are poor and physically weak. I think that a poor and weak person easily contracts the disease,” he says.

He is only 27 years old, but he has suffered two episodes of TB. Three years ago, he was diagnosed and treated for TB. “I recovered from TB after undergoing a full course of treatment. During the month of Asar (June-July), I again contracted TB,” said Bir Bahadur. “I had to drive a tractor till midnight. One night, I returned home at 2 a.m. I felt very hot and became restless. So I took a bath in cold water. The next day, I had a headache, body ache, chest pain and fever. I thought it was due to exertion and overwork in the hot season, and decided to take some Cetamol tablets.

“The government has provided free medicines to the TB patients. TB is cured if the patients take medicines regularly.”

Bhim Bahadur Tamang
Mangalpur VDC, Chitwan

But even after two days, the pain did not go away.”

After four days, he went to the Sharadanagar Ilaka Health Post for treatment. The staff there suspected TB and advised him to visit the health post the next day with the morning’s sputum/phlegm for examination. On the fifth day, the health staff told him he had TB and that he should contact the nearest health institution, the SHP of Mangalpur VDC. After showing his cough examination report, the SHP staff gave him TB medicines. He has been taking the medicines for the last two months. He visits the Mangalpur SHP everyday for the medicines and injection.

“I am facing a financial crisis and am in an unpleasant situation. I have to attend the SHP everyday for the medicines. I cannot engage in wage labour, and my wife too, cannot work as a wage labourer since she has a small baby,” he said.

“Last week, I tried driving a tractor, but I could not. Now I am not doing anything. I have already spent what I had saved from my previous earnings. I borrow some food grains and money from relatives to sustain my life. My parents sometimes give me some rice and dal. I am confident that I will recover from my illness and be able to resume my work soon. The health post staff told me to have meat, fish and nutritious food items so that I can be fit

for work soon. But I don’t have a single penny to purchase even rice and dal,” he said. “If I discontinue the treatment and engage in some work to earn, I shall never recover from my illness.”

Added Bir Bahadur, “It is difficult for me to attend the SHP everyday for the medicines. The SHP staff do not allow me to take the medicines at home. In the middle of Bhadra (September), it was difficult for me to get treatment at the SHP because it was closed for more than a week due to the nationwide strike of the health workers. However, they gave me medicines and injections for 10 days before closing it. I had to contact and pay a drug retailer for his services. During the conflict, the health post, however, did not shut down for long, and so no one faced much difficulty.”

Bir Bahadur says that the government has been doing commendable things for TB patients by providing free treatment through the SHP facility. Otherwise it would be beyond the capacity of the poor like him to get treatment and recover fully. Those who live far from the SHP facility must spend two hours each day reaching the SHP. Considering the problem of the patients, he wants the government to establish a village treatment centre between two or more villages so that a patient can get a complete course of treatment without any difficulty.

Even though villagers have been getting treatment, the number of TB patients has not declined in Sharanpur village, where most of the people are poor. The government should provide not only free treatment but also employment opportunities or income generating activities so that the poor can earn and have meat, eggs, fish and other nutritious food, says he.

KEY MESSAGE

TB is a result of socio-economic deprivation. The government’s efforts at controlling TB through the medical approach will not address the socio-economic problems of the poor and may not be successful in controlling TB among the poor. Only eradication of poverty can lead to sustainable control and prevention of the disease.



HIV PATIENT LIVES FOR HER DAUGHTER

Suk Maya Gurung, 24, of Ladari, Chainpur VDC, is relieved to learn that her daughter, who is seven years old, does not carry the HIV virus. Eight years ago, Suk Maya came to know that she was HIV positive. The young woman, who was suffering from a fever and had sores all around her waist, had this story to tell.

“I was infected by my husband who worked in India for 15 years. We got married after he returned from India,” said Suk Maya. “I came to know he was suffering from AIDS only when he was about to die, and a doctor advised me to have a check-up as well. At that time I didn’t quite understand what HIV/AIDS was, although I had heard some rumours.”

When she found out that she was carrying the virus, she kept silent and didn’t tell this to anyone for five years for fear of being excluded by the society. “Our society then treated people with HIV with fear and contempt. The doctor told me to have nutritious food but said nothing more.”

Her husband eventually died. “I was very angry with him, but what could I do?” said Suk Maya. “Later, when my parents and the community came to know that I had HIV, I was treated like an outcaste.”

There was a small unused concrete enclosure meant for the cows next to her parents’ house, where she lived for eight years with her daughter. “I think they treated me badly because they had heard rumours about HIV/AIDS but didn’t know what it was exactly. I myself used to think that even touching an infected person would spread the virus.”

But there has been a sea change in the attitude and behaviour of Suk Maya in recent years. This she contributes to the exposure she got after joining a local organisation, Samudahik HIV/AIDS, that works to create awareness on HIV/AIDS and women trafficking. “After working with others like me for two years, I’m a different person now. I talk to people about my disease and am no longer afraid of what they say,” she said. Twenty women, all of whom were infected with HIV by their

husbands who worked in India, run the organisation.

Says Tara Khadka, an assistant village facilitator (VF), “We have seen many changes in Suk Maya in the past two years. Earlier she used to look so sad, afraid and would always be crying, but now look how she expresses herself. She is busy spreading awareness about the issue and doesn’t have time to sit and brood.”

Suk Maya smiles and agrees. “I knew I had to live for my child. If I die, who will look after her? That has given me the strength to bear any insult. Earlier I used to curse my husband, too, but now after meeting so many others who suffer like me, I console myself. Work now keeps me busy, and it pays me, too, so I’m independent. I tell other women to get the blood of both the partners checked before getting married and to use condoms.”

Talking about her hopes, Suk Maya says, “I wish to give my child an education and see her grow. I want to live for her.” Speaking about the changes she’s observed in the attitude of people around her, she said, “People who used to look down on me now try to get close to me, and I think they are nice to me because of my work. Earlier people used to think

that only prostitutes were infected with HIV/AIDS, but not now. People who don’t know me are still shocked when I tell them that I’m HIV infected. They are astonished to see a normal woman like anyone else because they think we must be looking like corpses (laughs).”

Adds Tara, “It used to be very difficult for us to even broach the topic in the villages, but now people listen and ask questions. I think because of the media and also because more people can read, many people now know about HIV/AIDS. Earlier even educated people didn’t know what it was.”

Suk Maya hasn’t taken ARV - a life enhancing drug for HIV positive people yet. “I plan to get myself checked soon and see if I need to take it. I’ve heard that it’s given free to 4,000 people,” she said. She informed that all women who had HIV in her village were either infected by their husbands who had worked in India or were sex workers who had returned from cities in India.

The society seems to be learning to cope with people with HIV. “But to be honest, out of 10 people, there will always be three who will pass judgment and be nasty to us,” concluded Suk Maya.

NEEDLE SHARING BEHIND HIV INFECTION AMONG INJECTING DRUG USERS

Sakrish, 33, is an injecting drug user (IDU) from Bhaktapur who is HIV positive. His father is a college lecturer, and his brother a businessman. He's had to face many tragedies, difficulties and frustrations in life which pushed him into drugs. He says peer pressure and bad company forced him into drugs.

Sakrish says he cannot live without drugs. He has been taking drugs since he was 15 years old. When he was 12, he began smoking secretly. He was good in studies until he passed the test (send-up) examinations for the SLC. After the send-up, he took coaching classes to prepare for the SLC exams during the four-month gap.

During that period, he was free and went out with friends, all the time giving the impression that he was studying with them. Actually, he was meeting people who had given up their studies and were into drugs. Under peer pressure, he also began abusing drugs. Most of his friends were IDUs, and Sakrish, too, became one. In his very first attempt, he got addicted. He sat

for the SLC examinations but failed. He would inject drugs into his veins before entering the exam hall.

Initially, he received the drugs free from his friends. After some days, he had to purchase them. He would spend about Rs. 100 a day because one injection cost around Rs. 80. He did not steal from home to sustain his habit. Instead he worked as a tourist guide in Bhaktapur city for several years. His parents did not know that he was abusing drugs.

"However, seven years ago, I fell ill. My mother enquired how I was, and I told her I had abscesses on my arms. And that is how I revealed myself. She also found syringes in the room. So it was only natural that my mother reported her suspicions to my father," said Sakrish.

His parents then sent him to an ashram for rehabilitation. He was made to undergo a blood test at the Teku Public Health Laboratory for HIV and found himself reacting to the ELISA Test. But he was not told he was HIV positive. After six months, he was out of the ashram, having stopped

taking drugs. “But barely three months out, I started injecting drugs again. I still take them, although I have reduced the frequency to thrice a week,” he said.

Sakrish says he must have been infected with HIV while sharing needles. “I have no interest in sex. Our group had six persons. We had three syringes, and three vials of injection. One injection would be shared by two persons,” said Sakrish. “The syringe was used repeatedly several times without sterilising it. We used to adopt such practice before 1990 when we had not heard about AIDS. We had no idea drug users could contract HIV through a shared needle.”

Sakrish shared needles with his friends until a few years back. But he no longer does so. He now works as a peer educator

at the Drop in Centre (DIC) of Siddhi Memorial Foundation in Bhaktapur. “I meet drug users and provide them disposable syringes. I teach them about the harm reduction strategy and HIV/AIDS,” he said.

Sakrish says he would have stayed away from drugs had he known about its harmful effects and HIV. He thinks people start abusing drugs because there is no guidance, lack of opportunities for doing something and unemployment.

“If the government is serious about preventing or controlling drug abuse in the country, it must totally close all national and international routes of drug supply,” he says. “Instead of arresting and torturing the abusers, the government should identify and give them counsel. Behaviour cannot be changed by force and oppression.”

He wants the government to increase the budget for controlling drug abuse and HIV/AIDS, and establish rehabilitation centres in different parts of the country. Sufficient knowledge and information about drug addiction and HIV/AIDS should be given to the students, general public and those who are at risk of HIV infection such as drug users and sex workers, he added.

KEY MESSAGE

Needle sharing is a major risk factor in HIV transmission among the urban youth. Injecting drug users (IDU) in Nepal are threatened not only by their risky behaviour but also by governmental and social responses that still follow the punitive model for prevention. IDUs still lack access to proper information and counseling about the risk of needle sharing behaviour. Even those who do have a little understanding tend to be negligent because they do not sterilise the syringe or use chemicals to disinfect the needle. All this signals that the harm reduction programme and HIV/STI prevention services for IDUs are grossly inadequate, and there is growing HIV prevalence among the IDUs.

A FAMILY OF TB PATIENTS

Fifty-four-year-old Balmukunda Sangachhe is a poor and helpless tuberculosis patient. He has suffered two episodes of TB. At present, he is suffering from chronic cough, asthma, liver disorder, anaemia and swellings in the body. When we approached him for the interview, he was sleeping on a mat outside the door of his house. When he was fit, he used to weave the famous *Bhadgaonle topi* (black cap).

He now depends on his wife, who works on the loom, for a living. If there is some earning, he gets food. Otherwise, he goes hungry for several days. But his wife is also a TB patient, and she cannot work on the loom long hours. She earns Rs. 20-25 a day when she is working.

Until six years ago, in addition to weaving the black cap, he used to work in the field. "I became weak and thin because of overwork and a poor diet. I used to smoke and drink. I still drink occasionally. But I contracted TB not because I smoked and drank but because of poverty and lack of a proper diet," he said.

A few of his neighbours who were rich also suffered from TB. They, however, soon recovered after treatment. But he had a relapse just two years after recovering. His wife and youngest daughter were also afflicted with TB. "I think TB mainly attacks poor families like mine," he said.

Six years ago, he suddenly felt weak and giddy. He also lost appetite. There was chronic cough and a mild fever in the evening. Later, he fell severely ill, and while coughing, blood was noticed in the sputum.

"The number of TB patients is high among the landless and poor communities. The poorest of the poor do not get food and shelter during illness and treatment. There should be a programme for rehabilitating such poor and helpless patients."

Madhav Ram Barma
District Programme Coordinator
Nepal Tuberculosis Control Association, Banke

He then visited the clinic of the District Public Health Office (DPHO), and the doctors referred him to the Thimi Tuberculosis Centre. After examining his sputum and X-ray, the doctors diagnosed him with TB and prescribed medicines for eight months. They advised him to contact the DPHO and take the prescribed medicines.

Following the treatment, he recovered. But the symptoms reappeared after two months. Upon contacting the DPHO, he was again referred to the tuberculosis centre. The second time, he was treated with injections and pills. He completed the course of the treatment for the second time and was found to be free of TB.

“But again I have been sick for the past six months. I have been repeatedly attacked by the disease because I am weak, helpless and poor,” he said. But his neighbours said that he has failed to recover fully from TB due to negligence and drinking habit even during the treatment period.

Balmukunda has cough, chest pain and asthma. His face, legs and abdomen are all swollen. He also suffers frequently from a mild fever. He thinks TB is destroying his internal organs and giving him other troubles. After these symptoms appeared, he visited the clinic of the DPHO. The medical staff informed him that his illness was not due to TB alone and was referred to the Bhaktapur Hospital, where doctors advised him to undergo an ultrasound test and get a chest X-ray. He was told to come to the hospital the following morning with Rs. 600.

“I did not even have Rs. 5 with me. I could not even collect Rs. 50 for my treatment. So how could I pay such an amount? My wife is also sick. She cannot work and earn. I am helpless. I have nowhere to go for treatment,” he said. “Whenever I have Rs. 5, I purchase Diuretic tablets to reduce the swellings in the body. I cannot go to the Thimi TB Centre to confirm whether I have TB or other illnesses as well because I cannot afford the bus fare and the user fee of the hospital. If I have TB, the government health institutions provide medicines free of cost. For other illnesses, treatment costs money.”

He thinks there are different kinds of TB, and only some types are transmitted from one person to another. “I was severely ill and could not walk for about two months when I was afflicted with TB. Last year, my daughter also suffered from TB. But she was only moderately ill for a few days. My wife had symptoms of TB four months ago. Her illness was, however, less serious compared to mine. My wife felt better two months after starting the treatment. Different medicines were prescribed for me and my daughter,” he said.

Balmukunda says he did not transmit TB to his wife and daughter. They had TB because they were weak and anaemic due to the work burden and lack of a proper diet. He thinks he and his family would not have suffered from TB if they had wealth and property. He might have recovered fully from TB if he had consumed meat, eggs, beans, fruits and vitamins during the course of the treatment. He is still hopeful of recovering from his illness.

Says he, “I may recover fully if I get help and proper treatment from the government or some philanthropic institutions. I can resume my work and earn some money as soon as I recover and feel well.” He hopes nobody will have to face such problems due to poverty and illness.

KEY MESSAGE

Poverty is the fundamental cause of tuberculosis. Although treatment is free, a desperately poor person will have a hard time recovering fully. Rather, the whole family may be afflicted by the disease. TB causes debility in the patient and badly affects the economic condition of the family. Especially those who are old and have had more than two episodes of TB may not get proper treatment and care. Such persons may pass on the infection to the community. Obviously, TB continues to spread among the poor.

WOMEN WITH HIV ARE STILL LOOKED DOWN UPON

Durga BK, a Dalit, has HIV. She is 33 years old and a widow. Her husband's house is in Achham district in western Nepal. But her husband died 12 years ago of HIV and tuberculosis. Five years after the death of her husband, it became known that she and her son were also infected with HIV. The two were not allowed to stay with other members of the family. So she came to stay in her maternal uncle's home at Musariya, Ward no. 7, Kailali district. She is currently living and undergoing treatment at Tanwipriya Women's Rehabilitation Centre.

When she was 17, she was married to a man who used to work in Mumbai, India. Her husband took her there immediately after the marriage. To her sadness, her husband began falling sick time and again just a few months after their marriage. She could not understand why he fell sick so often. Even when sick, her husband would not stop drinking.

After a year of their marriage, a son was born. After two years of their marriage, her husband's health deteriorated badly, and he was not able to work anymore. So they returned home to their village in Achham,

and her husband died a few months later. Some villagers said that he died of TB, while others said he had AIDS. Durga, however, had no idea of what he had died as her husband never said anything about his disease. Only much later did a friend of his in Mumbai reveal that her husband had AIDS.

When her son was six years old, he would have fever and diarrhoea very often. When his disease could not be cured after prolonged treatment, his blood was tested in hospital, which revealed he had HIV. After her in-laws came to know about it, they accused Durga of transmitting the virus to her son after being infected by other men. Her brother-in-law said that her husband had died of excessive drinking and TB, not AIDS. Everybody would abuse her in the family.

"They did not want to sit with me, did not let me touch the food or allow me to go to the kitchen," she said. They thought HIV could spread from one's breath, so everybody stayed away from me." She was, therefore, compelled to leave home and come to Kailali, where she met her maternal uncle. Her uncle assured her all the help and took her to his home. He also

gave her 14 katthas of land, but all the money went into the treatment of her son.

Three years ago, her son's health grew critical and was taken to Jhansi, India for treatment. After his blood sample tested HIV positive, the doctors referred him to a hospital in Lucknow. But there, too, the doctors said he could not be treated and asked her to take him home. So on returning to Nepal, she went to the hospital in Dhangadi, which again referred the boy to the hospital at Nepalgunj. After 15 days of treatment at the NSARC clinic near the Bheri Zonal Hospital, her son showed some improvement. She then returned to Kailali with her son. She used to travel to the hospital from Kailali whenever her son got sick.

Recalling her son's death, she said with tears in her eyes, "Last year, when my boy was seriously ill, the NSARC sent us to an institution called 'Navakiran' in Kathmandu at its own expense. But he failed to recover even after two months of treatment in Kathmandu. So I returned to Nepalgunj and kept him in the NSARC. There were swellings in the body, and he died in February last year."

After losing her son, she did not know where to go. But a doctor at the NSARC told her not to worry. Since she, too, had HIV, she was asked to stay at the

rehabilitation centre where she is provided food, shelter and treatment.

"I have been staying in this rehabilitation centre for the last seven months. Initially, I thought I would die soon since I was also very weak, but the doctors and nurses comforted me," she said. "I now feel more comfortable and think I will live longer to do something. I even feel that I do not have HIV. I think anxiety is the most dangerous disease, which has now been removed."

She went to Kailali to meet her maternal uncle last Dasain. He asked her to stay with him, but she could not stay there for more than two days. There was nobody to talk to her. The villagers despise people with HIV, so she returned to Nepalgunj.

There are other HIV infected women in Musariya. A woman's husband had died of AIDS, and she committed suicide by hanging. For fear of being ridiculed, and the stigma it carries, many women refuse to undergo a check-up in hospital. People who are rich go to India for treatment while those who are poor die for lack of treatment. "Had my maternal uncle and Dr. Shakya not helped me, I would also have met the same fate, that is, committed suicide," she said.

Durga wants the government to do a number of things in a bid to prevent HIV and provide solace to those who already have it. "There are many donor agencies helping us. The NSARC was constructed with foreign assistance. The government should launch awareness programmes in the villages," she says. "Youths who go abroad should be told how HIV is transmitted and how one can protect oneself from contracting HIV. The government should have programmes to visit the villages and identify people with HIV/AIDS and give proper counseling. Only then can the spread of HIV/AIDS be controlled."

KEY MESSAGE

Poverty, unemployment and HIV infection are intertwined. Most youths in the far-western part of Nepal temporarily migrate, live and work in the urban areas of India, and some of them return with HIV. The virus is then transmitted to their unsuspecting wives. In some cases, the victims are despised both at home and in the society, compelling them to leave home and fend for themselves. It might be difficult to prevent and control the spread of HIV/AIDS without addressing the co-factors.

NEPALESE RETURN WITH HIV/AIDS FROM FOREIGN LANDS

Yam Bahadur Gurung of 32 years is infected with HIV. His family, comprising his parents, wife, two sons and a daughter, lives in Bageswori VDC. He comes from a poor family. By profession, he was a truck driver but has stopped driving due to poor health.

Eleven years ago, Yam Bahadur had gone to Mumbai to work. "My father was a poor farmer. He had no money. Paddy produced from his own land was hardly sufficient to feed the family for the whole year. Due to poverty, I could not continue my studies after primary school," said Yam Bahadur. "There were no jobs in Nepal. So my father told me to go to India and work. There I started working as a helper in a truck."

After five years, he started driving trucks and got a raise. Most drivers used to visit brothels when they had the time. So he also began visiting one once a month with his friend. He had sex without using a condom, but he had no idea about the consequences. He contracted gonorrhoea twice but was cured. "But I do not know when I got the HIV infection," he said.

A year ago, he came home for Dasain and went to Delhi after the festival. Immediately upon resuming work, he had a mild fever, common cold, cough and diarrhoea. He sought treatment in a drugstore, but he never fully recovered. However, he continued driving for three months. He became weak and thin, and was unable to carry on with his job. Three months later he was back in his home village.

He told his wife and parents that he was not well and could not drive a truck. But Yam Bahadur had no idea that he was carrying the HIV virus, until a friend, who was also a driver, advised him to have a blood test. Bhim Bahadur Ghale, Chairman of Junkiri Club, upon hearing of Yam Bahadur's symptoms also advised him to undergo a blood test.

Bhim took Yam Bahadur to the NSARC situated behind the Bheri Zonal Hospital. The blood test showed that he was carrying the HIV virus. "I felt very bad. I thought it was the end of me because I had heard that HIV/AIDS is a dangerous and incurable disease," he said.

The staff at the NSARC gave him counsel on AIDS. They advised him to visit the NSARC frequently, where he meets and interacts with people with HIV. “I came to know that there are many people suffering from HIV and that HIV alone does not kill the patient.”

Yam Bahadur grew thin and weak. After a few months, in April 2006, the NSARC sent him to Kathmandu for a CD4 count and further medical examination. In Kathmandu, Navakiran managed for his blood and sputum test and X-ray. The sputum test and X-ray report confirmed that he was also suffering from TB. Upon returning to Nepalgunj, the doctor at the NSARC advised him to go to the nearest health facility for treatment.

Since the last four months he has been taking medicines from the Khajura PHC in Bageswori VDC. He receives ART (anti-

retroviral therapy) from the NSARC. He feels fine, and there is no cough or pain in the chest. Previously, he used to have herpes zoster (*janai khatira*). “I can drive a small vehicle now, but I don’t know who will rent me a car as I have no connections,” he said.

Regretting his risky behaviour, he said that had he known about how HIV/AIDS is transmitted or prevented, he would have used a condom while having sex. He hopes no one will have to become a victim of HIV/AIDS due to ignorance and lack of information.

He wants the government to create opportunities for employment and introduce income generation activities in the country to cut down on the number of people going to foreign lands. Those who go to India to work should be well informed about the risks of HIV transmission and means of prevention, he says.

Recently, some local NGOs in Nepalgunj have started providing HIV-related information to people going to India for work. He says the government should initiate such activities in different parts of the country. Many people in the rural areas still hide their problems, so they should be identified, and support, care and treatment provided to them. And ART should be available in the health posts and sub-health posts. “I will not have to go the NSARC or hospital for ART if it is available at the local health facilities,” he says.

KEY MESSAGE

Many poor youths go to different cities of India to work. Most of them are involved in menial work. Ignorant and poorly informed about the risks of unsafe sex, they often visit the red light areas where the likelihood of contracting HIV/AIDS is high. Instead of earning some money, they contract the HIV virus and also become victims of TB and other opportunistic infections. Some persons are knowingly or unknowingly transmitting HIV to their wives in the rural areas. In order to reduce the incidence of HIV infection among the youth in the rural areas, HIV/AIDS awareness programmes need to focus on the young generation who move to foreign lands for work.

FREE TREATMENT FOR TB HAS LITTLE MEANING FOR THE POOR

Balrani and her husband, Bisram Chaudhary, are freed bonded labourers. They have been living in a hut at Muktinagar Bankhet, Rajhena VDC since the last six years after being freed. The government has provided them a small plot of land (four katthas) where only maize and mustard seeds will grow. They meet the family's needs for less than two months.

According to Tharu culture, they should take four meals a day. Nowadays, they can hardly manage a meal a day. Bisram works as a mason and Balrani as a seasonal agricultural labourer.

Balrani has two sons and a daughter. The youngest one, Bishal, is 17 months old. He frequently suffers from cold, cough and pneumonia. He has been thin and weak since birth. He has received all the vaccines. However, immunisation has not been able to protect him from pneumonia and TB.

Her elder son was struck by TB when he was two years old. Her husband also

suffered two episodes of TB. He did not get proper treatment during the first episode because he consulted a private clinic and bought expensive medicines from the drugstore. Last year he was diagnosed properly and got good treatment at the government health institution. She thinks TB was transmitted from the father to the sons.

Bishal had at least five episodes of cold, cough, fever and pneumonia in winter. Sometimes, blood was noticed in the cough. In the month of Chaitra (March-April), Bishal fell severely ill and consulted a drugstore in Kohalpur who told her that he had TB. The drug retailer suggested getting an X-ray in hospital. Because she had no money, she could not take his son to hospital.

However, the drug retailer gave some medicines which gave symptomatic relief for a week. Even during the summer and rainy season, he suffered from cold and cough several times. Ten days ago, he had cough and fever. She has not consulted any hospital or drugstore for the last six months because there is no money.

Instead she has been consulting the traditional faith healers in the Tharu community, called Guruwa. Guruwa is cheap and easily accessible. “I usually consult the traditional faith healer before administering any medicine,” she said. Guruwa pointed out that her son was under the influence of evil spirits (Bhutta/Masan) and gave him some herbal preparation after exorcising the evil spirits. Guruwa also gave a wooden amulet to be worn around the neck. Her son has been wearing the amulet since the last three months.

“Guruwa told me that wearing an amulet protects a sick person from evil spirits and severe illness. I also gave him some herbal medicines provided by Guruwa. For the cold, I mix kerosene, mustard oil and herbs, and massage his body with the preparation. As a result, he has not been severely ill. But he will recover fully only he is treated for TB,” said Balrani.

The Nepalgunj Medical College Teaching Hospital is 2 km from her home. The health post is 4 km away from her village. But

she has never been to the teaching hospital at Kohalpur or the health post because one needs to pay for the registration, X-ray, blood and cough test. The Bheri Zonal Hospital in Nepalgunj is comparatively cheaper than the teaching hospital. But she doesn't have the money to travel to go there by bus. “The health post provides free medicines for TB. But they ask the patients to show the X-ray and other medical reports to confirm that they are suffering from TB,” she said.

Her husband received free medicines at the health post after undergoing all the tests at the Bheri Zonal Hospital. During the summer and rainy seasons, her husband does not have a regular income. “So we will take our son to the hospital for diagnosis and treatment only when my husband is able to earn and save some rupees,” she said.

Balrani is not very aware of the diagnostic and treatment services provided for TB patients. No one has told her where they are provided free of cost. She does not know who the health volunteers and health workers are in the village. She would have taken her son for treatment if someone had told her where to take him. Apart from free medicines, she wants the government to establish a TB diagnostic facility at the health post or provide free diagnostic services, including X-ray, at the different health institutions or hospital for the poor.

KEY MESSAGE

Free medicines for TB are provided only after a thorough check-up and diagnosis, which costs money. It is not possible for the poor to pay for these services. Hence, unless the diagnosis part is free of cost, controlling or preventing TB among the poor will be poor.

COMMUNICATION AS KEY TO COMPLETING TB TREATMENT COURSE

Harising Saud, 67, is a tuberculosis patient. He hails from Chandani VDC. He migrated to Chandani VDC from Darchula district 31 years ago. He has two-and-a-half bighas of land, which grows sufficient food to feed his family of 13 members for the whole year.

Both his sons work in India. So he must do all the farm work besides collecting firewood to cook the food. He says that hard work and overwork in old age have made him weak and prone to illness.

Last year, after the rice transplantation was over, Harising spent his days collecting firewood and logs from the banks of the river. Due to overwork and the rains, he felt weak and had a headache, body ache, a mild fever and cough. The body temperature kept fluctuating at irregular intervals.

He thought he was suffering from malaria and took some antipyretic tablets himself. He also drank tea with black pepper for the cold and cough. There was some relief, but he did not recover fully.

“I thought I would be alright after some days, instead I felt weak. The cough did not get any better, and I also had a mild fever every evening. I thought it was due to weakness of the body and the burden of work,” Harising said.

According to him, the villagers do not seek treatment until the illness is severe and they are unable to carry on with their routine work. Thus, Harising’s cough and chest pain got worse. After three months, he began to cough sputum with blood daily. In Mangsir (early December), one night, he vomited more than one litre of blood and fell severely ill. He was then taken to the health post at Chandani, 2 km away from his home, by his neighbours.

The health post staff suspected TB and was referred to the Dodhara PHC in the next village. There Harising was diagnosed with TB after a sputum examination. He thought he caught TB because he did not fully recover from cough and malarial fever and his liver and lungs were damaged.

The PHC at Dodhara referred him back to the health post at Chandani for treatment. The health post usually provided him medicines for a week. So every week, Harising or one his family members had to visit the health post for more medicines. He was told to undergo the medication for several months and not to miss any of the medicines even for a day.

He was also told that some TB patients recovered after four or five months of treatment. So Harising stopped taking the medicines after five months as he felt better. He was thinking of consulting the health post staff before stopping the medication, but he had no time to visit the health post due to farm work.

Said Harising, “I thought taking medicines for five months would be sufficient for me. I was not advised to take the medicines for eight months.” Two months later, the health post staff marked him as a defaulter,

and a health worker visited Harising’s home to find out whether he was still alive or had gone somewhere. When the health worker found out that Harising had not completed the course, he was told to attend the Dodhara PHC for a sputum examination.

He was diagnosed with TB and has since been taking the prescribed medicines from the health post. “This time I won’t stop taking the medicines until I get an order from the health post,” he said. He has been told to visit the Dodhara PHC after three months of medication. “I will visit the PHC after one month and follow their advice,” he said.

Harising complained that the treatment providers do not like to talk with the patients about the risks and the duration of the treatment. “We are told so many things in a minute that the patients cannot remember all of them.”

He can afford to go to Khatima, India should an X-ray report be necessary. But he is happy to visit the health post for the medicines which are available free of cost. He is thrilled that the health post staff sought him out and provided the necessary treatment two months after discontinuing the medication. He is feeling well and recovering. His appetite has also improved.

KEY MESSAGE

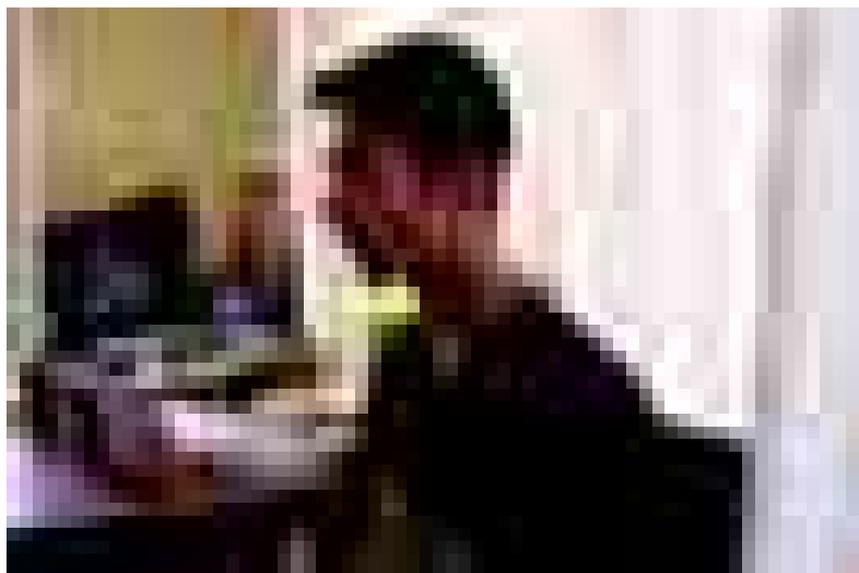
Taking medicines over a long period of time is certainly difficult for everyone. The patient is not solely at fault when the treatment course is broken. Defaulters and treatment failures are indications of the poor health service system. Interaction between the TB patient and treatment providers is essential for the successful completion of the treatment course.

HIV PATIENT DREAMS OF CHILD

Thirty-year-old Khagendra Khadka, a resident of Dharan, is a HIV carrier, but he is in the best of spirits these days. He got married four months ago. Although his wife knew about Khagendra's infection, she insisted on marrying and even wants to have a baby if HIV is not transmitted to the infant.

Khagendra recalls how he used to be an injecting drug user. Fourteen years ago, as a bus conductor, he started with alcohol, slowly advancing to tablets and then injections. That is how he contracted HIV seven years ago. It's been three years since he quit drugs, but he is combating HIV his own way. He believes that the best way to live with HIV is to exercise daily, have a healthy diet and lead a happy life.

Khagendra was brought to the Kirat Yakthung Chumlung (KYC) rehabilitation centre, where he stayed for eight months. He was then offered a job as a volunteer at the centre for a year. He also volunteered with Action Aid for a HIV awareness programme for 10 months. Currently, he holds a temporary job with



Crisis Management that guides youth addicted to drugs and with HIV/AIDS.

As far as treatment is concerned, Khagendra is not very worried about his illness right now as a CD4 count showed less than 200, but that was years before. He plans to come to Kathmandu sometime and take the test again. The transport,



accommodation, food and the test mean heavy expenses. He says he has not been able to come to Kathmandu because of his poor economic condition. He has also not taken any medication as advised because the CD4 count is below 200.

Khagendra had never fallen ill all these years, but in April 2006, he was detected with jaundice. He is a little paranoid after the sickness and wants to take a test as soon as possible.

Three years ago, he did not want to live, but after the rehabilitation and his marriage, Khagendra very much wants to. He has held consultations with the doctors and hopes that someday he will be able to lead a normal life like other men his age. Thoughts of his wife, having a child someday and working for the betterment of the community make him want to live a long life.

REGULAR TREATMENT CURES TB

Kiran Shrestha was diagnosed with tuberculosis when he was 10 years old. Two years after being diagnosed, he is not sure if he has recovered. Kiran recalls his mother's friend suggesting him to visit the local health centre as he looked very weak and underweight.

Kiran persistently coughed, and his chest hurt. He felt feverish at night and dizzy during the daytime. "I would even vomit and not feel like eating at all. I did not know what was happening to me, but the chest pain made me feel as if I would die any moment," he said.

An X-ray examination and a sputum test revealed he had TB. "I used to think it was dangerous, but the doctor was very kind and said I must take care of my health for at least six months and I would be cured." Kiran started taking the DOTS (Direct Observed Therapy Short course) treatment but does not know if he has been cured.

He took the prescribed medicines for six months, slept well and tried to eat as

healthy a food as he could. He did his best to follow what the doctor had advised as he was told that not taking medicines regularly would leave the bacteria in the lungs, and there will always be that risk of contracting it again. "I don't feel dizzy or the chest pain. I don't even cough anymore, so I think I am okay now," he said.

Kiran thinks he would not have contracted the disease had he been vaccinated with the BCG vaccine. Kiran's father died when he was four years old. He could stay with

"The poor and the landless suffer more frequently from illnesses including TB and malaria. They often lack money for treatment. The government should take care of them. There should be provision of free treatment for the poor."

Shyamlal Mudiari
Bhaudaha VDC, Morang

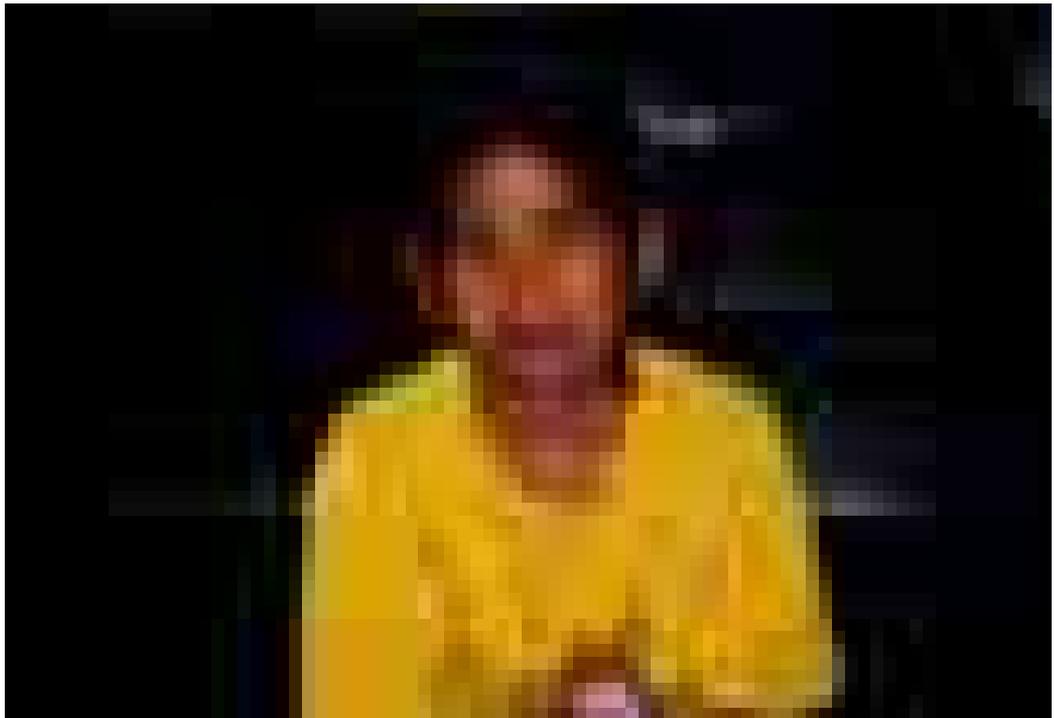
his mother for two years only thereafter as she migrated to Kathmandu, leaving him at the mercy of his elder brothers. His brothers found jobs and left Kiran to fend for himself in the streets when he was just eight.

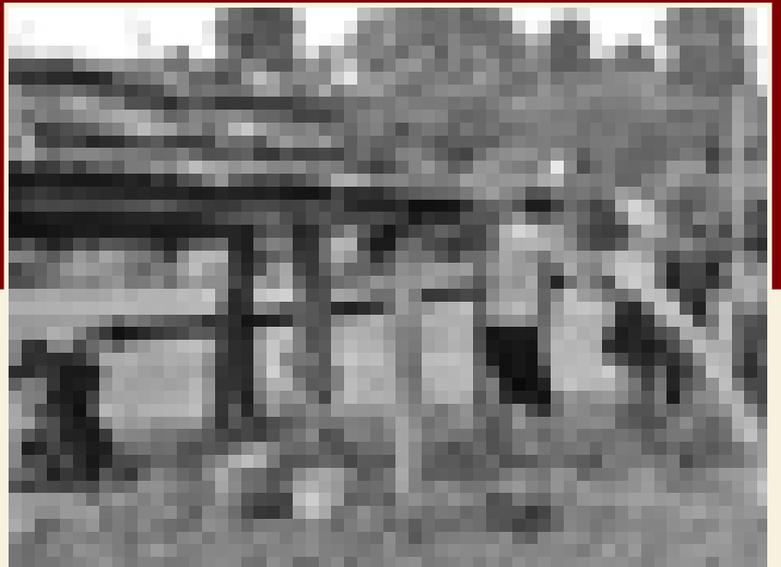
Kiran is with a drugs rehabilitation centre in Dharan. He was brought there from the streets two months ago. Coming from a broken family and all by himself at a very early age, Kiran started sniffing glue and drinking alcohol. He would roam the corners of the town with his friends collecting plastic bags to sell.

The money he made was just sufficient to buy him a day's meal. But whenever he

made more money than usual, he made sure he ate well as advised by the doctor. Sometimes, he would go to a restaurant with his friends to eat. When there was no money, he would scavenge in the heaps of garbage and eat whatever he could lay his hands on.

At the rehabilitation centre, he is happy to get regular meals. Free from illness, as he would like to believe, or addiction, Kiran enjoys going to school, something that he had never experienced as a street child. The rehabilitation centre sponsors his studies in a regular government school. At the rehabilitation centre, he likes spending time with the senior boys or watching television.





ENVIRONMENTAL
SUSTAINABILITY



WATER, WATER EVERYWHERE, BUT NOT A DROP TO DRINK

Budhiya Mudiary, a housewife who lives in Ward no. 1 of Bhaudaha VDC, Morang, doesn't know her age. She thinks she is about 20, but she has a son of 14 years. She also has two daughters aged seven and five years. She is not even sure when her marriage took place.

Her parents' home was in Inaruwa, Sunsari district, which had no problem with water. They had a well and two tube wells. But when she came to this village after getting married, the house did not have its own tube well. There was one public tube well, built by the Nepal Red Cross Society, which was shared by six or seven households. "I felt very awkward going to the public tube well the very next morning of our marriage to collect water," she said.

After a few years of marriage, the tube well stopped functioning. They had to depend on a private tube well next to her house. Her husband never fetches water. Neither do her children. Fetching water is her sole responsibility. She can collect water only after the owner has taken a bath, washed

the kitchen utensils and drawn enough water to meet the household needs. The water from the tube well contains iron because her teeth have turned black, and her clothes turn yellowish after washing. She now uses the water only for washing the kitchen utensils and clothes.

She uses water from another tube well owned by a *Mukhiya* (a village leader) for drinking purposes. This tube well is located about 100 m from her home. Some say the tube well is a public one, but the *Mukhiya*

"There is heavy presence of arsenic in the water but there is no alternative to the tube well water. We hear there are arsenic filters, but none of the organisations have brought them here. And we don't understand how poison mixed with water can be filtered."

Shiva Lal Rana Tharu

Teacher, Kasarol, Ward no. 6, Jhalari VDC, Kanchanpur

claims it is his. Irrespective of who owns the tube well, Budhiya has no option other than to carry 4-5 *gagris* (water vessels) each day. No arsenic test has been conducted in this village.

Budhiya's daughter, Amrita, aged 7, frequently suffers from pneumonia, cough and diarrhoea. She does not know how her daughter catches these diseases.

To cook her meals, she uses dried cow dung and straw as fuel. Since they do not keep their own cattle and land, she along

with her children collect cow dung, leaves and straw in the village and from other public places. She has not heard of the improved smokeless stove. As the cow dung and straw do not burn for a long time, she prepares just rice. Therefore, they have plain rice with cooking oil and salt.

Her husband seems little bothered by the hassles which Budhiya faces while fetching water. Budhiya has repeatedly asked her husband to build a tube well of their own, but it has been postponed time and again. "If we had our own tube well, I would have more time for my children and household chores," she says. "Also there is no latrine in our house; hence, we have to go to the bushes to defecate. We are poor, so we cannot afford to build one."

Added she, "Had the government provided a tube well to the poor like us, our life would have been more comfortable."

KEY MESSAGE

The poor are not able to invest in water and sanitation facilities. As a result, women and children face tremendous trying to cope with these problems. The government and other social organisations should focus their programme and projects on women and children.

SELLING FIREWOOD KEEPS FAMILY GOING

Letang VDC lies 12 km north of Kanepokhari on the East-West Highway. All the inhabitants are migrants from the hill districts of Taplejung, Bhojpur, Sankhuwasabha and Panchthar. The VDC takes its name from Letang Bazaar which has about 2,500 houses. Among them, about 200 houses are involved in selling firewood to the inhabitants of the bazaar for a livelihood. The firewood is brought from the Kharlang community forest, where once a week on Wednesdays, they are allowed to cut wood. There is no other forest nearby.

A few years back, a massive campaign was launched to promote improved smokeless stoves in the village. Many households adopted the stove, but it was soon dismantled as it was inconvenient for large families although it saved considerable amounts of firewood.

Dil Maya Shrestha is dependent on selling firewood for a livelihood. She is about 50. Her husband died 15 years ago, leaving behind a son and three daughters for her to look after. All of her children, except for

one daughter, are deaf and dumb. A daughter is married while the remaining two work as domestics in others' houses. The son helps Dil Maya at home and works as a labourer in the village.

The Shrestha family had land and a house in the bazaar area. The land was provided by the government for the victims of the flood in 2022 B.S. But after Dil Maya lost her husband, she sold the land to repay the Rs. 20,000 loan taken for the treatment of her husband who had been suffering from ARI. She sold the land for Rs. 60,000 and

“Those who have land have built a toilet, but we have no land and must depend on the public toilet. The municipality is doing nothing for us.”

A local person
Ward no. 19, Hadtali Haat
Rani, Biratnagar municipality, Morang



repaid the loan. Whatever money was left was spent on meeting the daily expenses. The family now lives in a rented thatch house.

Every Wednesday, she can collect two bundles of firewood from the community forest, which fetches about Rs. 100 in the

KEY MESSAGE

Many poor people are dependant on a scarce natural resource like firewood. Their livelihood is at risk in the absence of alternative employment opportunities.

market. Therefore, she can earn about Rs. 400 a month. As about 90 per cent of the inhabitants of Letang Bazaar use firewood for cooking, she has quite a good market, although she cannot collect much firewood. She also collects grass in the community forest, which can be done everyday. But life becomes hard when the community forest is closed for three months from Asar to Bhadra (June-August) each year. "When the forest is closed, I do the dishes and wash clothes for others. I cannot do other hard work," she said.

She also uses firewood to cook. "Earlier, we had kerosene stoves, but when the price went up, we switched to firewood," she said. There is no electricity in the house, and she cannot afford kerosene.

Letang Bazaar consumes a huge amount of locally-made liquor, which requires a lot of firewood to distil. Similarly the bazaar has many hotels that, too, consume a lot of firewood. Although some have introduced liquid petroleum gas to cook their meals, about 90 per cent of the families still use firewood for cooking. The community forest is, thus, under great pressure to supply firewood to the inhabitants.

Says Dil Maya, "If there were other employment opportunities in the village, I would stop selling firewood."

AN ACTIVIST TRIES IMPROVING WATER AND SANITATION

Dinesh Kumar Mahato, 27, is from Nuniya *Tole*, Ward no. 5 of Rangeli VDC. He has passed SLC and is responsible for looking after a family of seven members. His parents are old and cannot work now. They have about 0.7 hectares of land, the produce of which meets the needs of the family for six months only. The remaining six months are hard times for the family.

Given the poor economic condition at home, Dinesh left for Malaysia where he worked for about three years. He returned eight months ago, but all his earnings went into the marriage of the eldest sister and for a gall stone operation of his mother.

In his village of 120 households, Dinesh is the secretary of the water supply and sanitation management committee formed with the support of NEWAH, an NGO helping out with water and sanitation schemes. As he was the only person in the village with SLC, the villagers had appointed him secretary of the committee.

Dinesh's house has a tube well and a latrine. The tube well was built by his

father 10 years ago and the latrine more recently. But he is not content with having these facilities for his family alone. There are only 10 tube wells in the village, but no public ones. So about 10-15 households must fetch water from one private tube well.

“There are more than 100 people in our village who are speech and hearing impaired. The people used to drink water from the Chisang River, and I think this is the reason behind it. After piped water from different sources was supplied in 1986, no one was born with hearing or speech impairments. Every time I gave birth, I feared that my child would be born with faults. I have five sons who are, fortunately, normal. Now no mother has to worry.”

Sunita Adhikary

Sidhartha Line, Ward no. 6, Letang Bazaar
Letang VDC, Morang

As a woman in the village put it, it is very uncomfortable to draw water from a private tube well, but there is no alternative. There were dug wells in the past, but none of them are functioning now. NEWAH is the first agency to have come to the village to support the community.

Children are not allowed to collect water from the tube wells as they tend to splash water around and make the surroundings dirty. Sometimes women quarrel over their turn while staying in a queue. The neighbours are allowed to collect water only after the owner has finished drawing enough water for the household.

“At times, we cannot prepare meals for our children if it takes a long time to fetch water. So they miss school. We also don’t have large vessels to store water for emergency situations,” said a woman from the village.

The water from the tube well water is not very good. It contains iron. The clothes generally turn yellowish when washed in the water. “So we wash our clothes after long intervals to prevent them from turning

yellowish fast,” said Nirmal Devi, Dinesh’s mother.

When water is placed in a pot for about 1-2 hours, red materials are precipitated at the bottom. The villagers think that iron causes stones (gall stone) to form in the stomach. Says Kalpana, a Grade 7 student, “We are sick of the iron in our water. We want to get rid of it.”

Sanitation is equally poor in the village with only 10 per cent of the total households having latrines. The rest of the population defecates on the outskirts of the village. And children defecate in the open in the gullies of the village. “As the people are very poor, they cannot afford to build latrines. Diarrhoea, jaundice, cold and cough are common in the village, especially among children,” says Dinesh.

When there are no latrines, women are the ones who face greater difficulties. Women must go to the village outskirts before the sun rises. The men go after sunrise. While a woman is defecating, and if a man comes along, she will stand pretending she is doing nothing. To defecate, sometimes a woman will have to sit and stand three times.

People in the village are excited that a water and sanitation project has been launched. The poor people will have a public tube well soon from which they will be able to draw water without much inconvenience.

KEY MESSAGE

Access to clean and safe water and sanitation facilities is the basic right of the people. Social activists can play the role of a catalyst to bring changes among the people if an enabling environment can be created through policies and programmes.

SLUM SEEKS BETTER SANITATION

Since the last eight years, Manoj Kumar Chaudhary has been working as a labourer in Biratnagar Jute Mill. His father also used to work in this factory until he died. Manoj is now 32 years old and looks after a family of eight members - wife, mother, sister, four children and himself. The first daughter is eight years old whereas the youngest son is six months old.

The jute mill has provided shelter to the workers on the mill premises in Ward no. 19 of Raniban in Biratnagar. More than 500 compact houses are built in this area. They have been living here for years now since the time of Manoj's grandfather. As the houses were closely built and compact, there was no place for building latrines. Hence, the families used to defecate in the open until a few years back.

It was only in 2000 that the Biratnagar municipality built a public toilet near the settlement. The facility is used by more than 500 households with a population of 3,000. Initially the municipality had a plan to generate bio-gas from the public toilet.

The capacity of the septic tank was very small, so the waste used to overflow and spread to the surroundings. "The pigs and chickens feed on the waste. The place is like hell," says Manoj. During the dry period, there is a foul smell, and in the rainy season, the septic overflows and pours into the yards and even into the kitchens of the households.

The facility has 20 toilets - 10 for men and 10 for women. In the morning, one must

"I have attended a lot of training on sanitation and hygiene conducted by NEWAH. Now I have built a toilet and wash my hands with soap. I also encourage people to do the same to be safe from various diseases like diarrhoea and dysentery."

Urmila Devi Mandal

Vice Chairperson, Users' Committee
Tetrigacchi Tole, Ward no. 4, Rangeli VDC, Morang

queue for about 15-30 minutes. Those who can't wait for their turn will defecate in the open. There is a tube well near the toilet. Neither the municipality nor any other agency has taken the responsibility of repairing and maintaining the toilets. As a result, the toilets are overflowing with excrement all the time, and the whole settlement smells.

Because of the poor sanitation, Manoj's family members often fall sick. "Everyday, someone falls sick. The same is with the other households. Last month, all of my four children had diarrhoea and fever for three days," said Manoj. Cough and diseases of the stomach and skin are other common ailments prevalent in the settlement.

When someone falls sick, it is customary to wait for one or two days to see if the patient will recover. If not, the patient is taken to a nearby drugstore where the drug retailer prescribes some medicines after a check-up. If the drug retailer prescribes

four tablets, Manoj will buy only one. According to him, the drugstore always tries to sell more medicines than necessary.

Manoj earns Rs. 3,000 a month and spends about Rs. 500 on the treatment of his family members. "If I could save the Rs. 500, I could have bought another half bag of rice to feed my family," he says. Manoj understands that these diseases are due to human wastes surrounding their settlement. He is aware that one should wash hands after visiting a toilet. "This morning I washed my hands with soil and water; I always do that. Since we cannot afford soap, every family member in the home washes hands with soil and water," he said.

His family has a private tubewell built a few years ago. Previously, they used to fetch water from a public tubewell which stopped functioning for lack of repairs and maintenance. The depth of his tube well is 45 feet, so he thinks the water is safe for drinking.

Manoj wants to control the flow of human waste flowing from the septic tank, but he is helpless. He thinks that the municipality should take the responsibility of managing the public toilet. He also suggests starting a sanitation and hygiene campaign in the slum so that cleanliness can be maintained.

KEY MESSAGE

It is not important to build public toilets, they must also be regularly maintained. Ownership is important in keeping the slums clean. The municipality should take the responsibility of maintaining cleanliness in such areas by mobilising the local residents and groups.

HOUSEWIFE SWITCHES FROM FIREWOOD TO BIO-GAS

Kalpana Adhikary, 37, hails from Torikhet, Ward no. 14 in Bharatpur municipality. She is a housewife who lives with her husband and two children. The family built a new house in 1998 after splitting from the joint family. They have about 0.7 hectares of land which is sufficient to feed the family round the year.

When she was married, she used to cook with firewood, which was available near the village. With the passage of time, it became difficult to get firewood. She then bought a kerosene stove, which she used for about 10 years.

“When the price of kerosene went up significantly, we gradually switched to stoves that used husks of rice and wood dust that were easily available in the district. The price of rice husks was significantly lower than that of kerosene, but it took a longer time to cook the meal,” she said. “Then came the turn of gas (cylinder) stoves, which we used for a couple of years. But with gas becoming expensive, we were once again forced to change our fuel.”

Her husband is an accountant in a village school. As her children go to school, there is no one to look after the farm and livestock. It was, therefore, difficult for them to have a bio-gas plant although they could afford to build one. They had been planning to keep a few cows since a couple of years and build a bio-gas plant. However, they have only one cow. They

“If I had not installed a bio-gas plant, I would need a bundle of firewood everyday which would cost about Rs. 120. Thus, I save about Rs. 3,600 every month. Previously I had not connected the latrine to the bio-gas plant as elderly members of the family did not like it. Now I have it connected. Every household should connect the latrine to the bio-gas plant. The elderly members have also now realised the resource of the latrine.”

Saraswati Adhikari
Housewife

Torikhet, Ward no. 14, Bharatpur Municipality, Chitwan



then thought of connecting the latrine to the bio-gas plant, which is very common in the village these days. Until a few years ago, most people, especially the old people, did not like the idea of generating bio-gas from human waste, thinking it will emit a foul smell.

“However, since ours is a nuclear family, there is no objection to using bio-gas generated from cattle and human waste,” says Kalpana.

KEY MESSAGE

Bio-gas is a sustainable alternative fuel that can be promoted among the middle class families in the villages. Policies and programmes should also be formulated to promote the technology among the poor.

Kalpana’s calculation shows that the family would need about 10 litres of kerosene a month, whereas a cylinder of gas would last three months. Considering that the price of kerosene is Rs. 50 a litre and that of a cylinder of gas Rs. 1,200, the cost of fuel for one month comes to around Rs. 500.

“But since the prices of these fuels go up almost everyday, I opted for bio-gas,” says Kalpana. It cost about Rs. 23,000 to install the plant; of which Rs. 5,500 was provided as subsidy while the rest was borne by the family. She returned the cylinder to the gas dealer three months back.

“The bio-gas plant generates sufficient gas in summer, but it is likely to be insufficient during the winter. However connecting it to the latrine will help generate the gas necessary for the family,” says Kalpana. The bio-gas plant has saved the family considerable sums of money that went into buying a cylinder of gas, kerosene or rice husks.

Her husband, Mohan, sees multiple benefits in using a bio-gas plant as compared to firewood. “Bio-gas is the only alternative in the absence of firewood,” says he. “It is easy to cook and also easy to clean the pots as it doesn’t leave black soot at the bottom. Also there is no smoke which is hazardous to health. It is particularly ideal for hot, tropical areas like our village.”

There is one more benefit. Mohan wants to use the slurry on their farm instead of the chemical fertilisers he has been using until now.

NOT SCARED OF WILD ANIMALS WHILE GOING TO TOILET

Im not scared of wild animals,” says Sita Poudyal, a 10-year-old who studies at Sri Rab Rapti Vidyalaya, a government primary school in Lotharkhola village, Piple VDC. The school stands on elevated land close to a river, and across the river begins a stretch of the Chitwan jungle. Sita and her friends walk 10-15 minutes to the edge of the jungle every time they need to attend to the calls of nature since they do not want to use the one and only toilet in the school. Some 270 students attend the primary school, but there are only two toilets in the school - one for the children and the other, which is kept locked, for the teachers.

Says Sita, “I wish there was a separate toilet for girls in my school as the one we have is very dirty and crowded. I never go in there. Instead, my friends and I walk to the jungle. Yes, there are wild animals in there, but I’m not scared. They’ll run away when they see us.”

Sita and her friend, Pramila Hamal, 11, haven’t encountered any wild animals so far, but they know that there are tigers, rhinos and wild elephants lurking in the



jungle, and so they must be on their guard. To be on the safe side, the girls form a group of four or more when they make the trip.

In addition to the risky trip that they make at least once during the school hours, they also lose a lot of time - about 20 minutes - going back and forth. Sometimes their teachers scold them when they are late. “But we can’t scold our teachers who are late most of the time. Sometimes they are half an hour late, and, of course, they leave when the bell rings,” said Pramila. Both Sita and Pramila said that they liked to study and wished they didn’t have to



waste so much time everyday waiting for their teachers.

Asked why the children could not use both the toilets, Tika Dutta, the administration chief of the school, replied, "Who will clean the toilets if the children are allowed to use the other toilet as well? You should see the condition of the children's toilet! And water

is scarce here, and we cannot afford to hire someone to clean it."

Shortage of drinking water is another problem as the only hand pump that stands outside the school doesn't work. "You have to pour a mug of water and pump it very hard to make it work. And to get that mug of water, we have to go to the village," said Sita. So when the children need to drink water, they walk five minutes to a nearby village where some house owner is kind enough to give them some water.

"In summer, when the temperature soars to 40 degrees Celsius, it gets so hot that we feel, thirsty and tired all the time," said Sita. The girls said that much of the problem would go away if the water pump was to start functioning.

Tika Dutta said that the school authorities were aware of the problems but added, "Without money, there is nothing we can do. The District Education Office is always short of money, and all the children who come here are from a very poor background. So there's no way we can raise any money from the community." He said that other schools in the area also suffered from similar water and sanitation problems.

DALIT WOMEN BARRED FROM DRAWING WATER

Rupa Sunar, who grew up in Koteswor, Kathmandu, came to Kapahiti of Changu Narayan VDC in 2002 after her marriage. She is now 22 and has a daughter who is three years old. She lives in a joint family of seven members. The family has a small patch of land on which stands their house with a kitchen garden. Her husband and brother-in-law are employed in the Nepalese Army as blacksmiths, which is their traditional occupation. They still have a smithy in their house, but lies idle as they are employed in the army.

The income of her husband and brother-in-law does not meet their family requirement as they don't have farmland. To support the family, Rupa has joined the agricultural group, village development women's group and VDC group in the village. In each group, she must deposit Rs. 20 every month under the savings and credit programme. As member of the village development women's group, she was entitled to a pair of hybrid pigs for only Rs. 100. She now keeps three pigs in a pen.

"Although rearing pigs gives good income, it is dirty work. My daughter and children of my brother-in-law always suffer from one disease or the other, mostly diarrhoea, cough, cold and fever. I know all these diseases are due to the poor sanitation around our house," she says. She, thus, tries hard to keep the house yard and the surroundings clean.

"We don't have farm land. Therefore, we have built a pit latrine. Compost cannot be made from human waste in such latrines. In our village, people who don't have farm land have built such latrines. The Sulabh latrine can also produce compost, but it takes a long time - more than two years. If I had farm land, I would have built an Ecosan latrine as it is a compost latrine and can produce manure in six months."

Dharma Maya Raajbahak
Housewife

Tigani, Ward no. 3, Madhyapur Municipality, Bhaktapur

“Flies are the major problems in April-May, and, hence, diseases usually strike during these months. In the case of minor diseases such as cough, we treat them at the household level, but for diarrhoea and dysentery, we take our children to the nearby health post which is an hour on foot,” she said. Jeevan Jal (oral rehydration solution) is available free of cost at the health post.

She knows how to prepare Jeevan Jal. Six glasses of water are boiled and cooled, and a packet of Jeevan Jal is added to it. “Since we visit the health post immediately after a disease strikes, there have been no deaths in my home or among our neighbours,” said Rupa.

There is a temporary latrine at the back of the house. Every member uses the toilet, but sometime children defecate in the yard and surroundings. Whenever she sees excrement, she throws it in the toilet. She and other members of the family wash their hands with soap after defecating.

Although she grew up in Kathmandu, she studied only up to the primary school as her poor parents couldn't afford the education after that. In her parent's village, there was no feeling of untouchability. In Kapahiti, however, the custom of untouchability is very strong.

“I felt so humiliated when I came to this village and found this custom. When I went to the nearby water point to fetch water on the very second day of my marriage, I was told to stay away until everyone had drawn water and gone away,” she said. It took time for her to adapt to the custom.

The name of the village is derived from the word ‘water’. ‘Kapahiti’ in Newari means “cloth washing waterspout”. There are three natural water points in the village - for Brahmins, for Kamis (blacksmiths) and for Chhetris and are known accordingly as Bahun Dhara, Kami Dhara and Chhetri Dhara respectively. Although the water points are meant for different castes, anybody can collect water from any of the points. But Rupa and other so-called untouchables are not allowed to stand on the same stone slab while the high-caste women are fetching water.

“When people are poor, others will dominate. So is the case with us. Moreover, we are few in number and not well organised. If we were to be organised, the other castes would not be able to discriminate against us in this way.”

KEY MESSAGE

Disadvantaged communities face discrimination while accessing natural resource and water facilities, especially if they are poor, disorganised and uneducated. Therefore, such people need to be organised to increase their access to the natural resources and other facilities by empowering them through education and economic opportunities.

FAMILY SUFFERS DUE TO LACK OF LATRINE

Sanu Tamang, 27, is illiterate and lives in Kakra Bari, Ward no. 3 of Nangkhel VDC. He lives in a joint family of eight members, who include his wife and a son of two-and-a-half years. His family has two ropanis of upland and two ropanis of low land. The harvest from these fields meets the family's needs for only three months. For the remaining months, they work as labourers in the village and in Bhaktapur city.

Sanu collects milk in the village and carries it to a local milk cooperative in Bhaktapur bazaar. He earns Rs. 30 a day for working about four hours - one hour for collecting milk, three hours walking up and down. With the wages, he buys rice and cooking oil for the day. In the day time, he also works as a coolie, carrying goods for the houses under construction in the village. But work is not available round the year.

His younger brother is also married and has a child. They have only three rooms in the house, which is becoming difficult to house the increasing number of family members. They want to build a new house,

but they have no money. "Since we don't have enough space in the house, we have not been able to build a latrine. If I had the money, I would have built a new house with a latrine for about Rs. 10,000," said Sanu.

He lives in a Tamang community of 20 households. About 50 per cent of the households have latrines, while the others go to the nearby forest to defecate. "As the

"We have a plan to have 100% latrine coverage in the village, as a few households are still without one. They lack land to build a latrine. Therefore, we are planning to connect their latrines to the sewer lines so that minimal space is required for building a latrine."

Sunkaaji Raajbaahak

Chairperson, Tigani Community Development Committee
Tigani, Ward no. 3, Madyapur Municipality, Bhaktapur

forest is near, we at times question, why build a latrine? Instead of water, we use leaves of trees and bushes or stones to clean ourselves after defecating. As a result, we have haemorrhoids. It is best to use water after defecating,” said Sanu. At night, as it is difficult to go to the forest, he and the family members use the yard behind the house to relieve themselves.

World Vision, an INGO, is active in the village. He has heard that it provides some support to build latrines. Although it provides some support, the family would still need to come up with about Rs. 5,000. Therefore, he is not interested in participating in the World Vision programme.

His son frequently suffers from diarrhoea. “Three months ago, my son suffered from a severe bout of diarrhoea. But I don’t know the reason. I took him to the traditional faith

healer for treatment. Later I went to the health post and brought a package of Jeevan Jal. Only after seven days did my son recover. Diarrhoea is very common in our village,” said he.

The village also lacks safe drinking water as the water is brought straight from a stream. He has never boiled water or filtered it before drinking.

Sanu is enthusiastic about building a latrine if he has the money. He is also interested in receiving training in building latrines. He says that if he knows how to build a latrine, he could build one at a low cost.

He says that he and his neighbours lack knowledge about preventing diseases because most of the villagers are illiterate. Apart from diarrhoea among children, fever, dysentery and typhoid are other common diseases in the village.

KEY MESSAGE

Due to lack of awareness about sanitation and hygiene as well as resources, the poor people have no latrines in their homes. A massive awareness campaign along with a wide range of technical options for building latrines should be promoted in such illiterate and poor communities.

“Although many diseases break out here, there are no deaths. This is because there is a health post, which is an hour on foot. We believe in the traditional faith healer, but we also take the sick to hospital,” Sanu said.

TOTAL SANITATION APPROACH TO BETTER LIVING

Dande Damai, 48, who lives in Dalaipur, Ward no. 9 of Kamdi VDC, has a wife, four sons and a daughter. The daughter and the eldest son are married, whereas the next two sons, aged 18 and 14, are out of school. Presently only the youngest son, aged 12, attends a public school in Grade 6. He has four *katthas* of land and a house built on public land.

Dande's family is one of 145 Dalit families out of the 238 households in the village. The major occupation of Dande is sewing clothes for the local *bistas* (clients). Until last year, he was sewing clothes for 14 *bistas* in Dalaipur and another 13 *bistas* from the neighbouring Khajuradi village. Every year, each *bista* family used to give him about 20-50 kilos of food grains, which means he received about 10 quintals of grains a year.

Last year, his wife and granddaughter were humiliated while trying to draw water from a tube well of a *bista*. Dande was so upset by the incident that he decided to discontinue his services to the *bistas* in both the villages. Instead he is determined

to build a tube well for each of the Dalit households and demolish the system of untouchability. He has formed a Pidit Dalit Uthan Nagarik Samaaj (Disadvantaged Dalit Upliftment Civil Society) and is working to empower the Dalits in the community.

Plan Nepal has implemented a number of programmes in Dalaipur since 1995. They include the construction of water and sanitation facilities, and creating awareness. "About 200 tube wells have been built over the years, but the Dalits have not benefited," he says.

As Plan Nepal didn't help build latrines, the village had very few latrines. Defecating in the open was quite common. As a result, the yards and road sides were dirty and smelled badly. "When my children were small, they often suffered from diarrhoea and dysentery. I think it was because the flies that were carrying dirt contaminated our food," said Dande. "But now I have become quite aware."

Until NEWAH, an NGO, came to the village and launched the Community Led Total



Sanitation (CLTS) programme and introduced a number of ignition PRA tools and awareness activities, Dande was unaware about the quantity of excrement that flies were dropping on people's food.

The ignition tools used by the NGO included showing open defecation areas with yellow colour on a community map, arranging walks along the defecation areas in the village to create awareness, publishing the names of those people who do not build latrines and establishing a

norm to fine anyone who defecates in the open.

“We villagers came to the conclusion that a person was consuming a minimum of one kilo of excrement a year. So it was decided that this had to stop, and the best way was to stop defecating in the open. This way, flies cannot carry dirt in their legs and pass it on to our mouths,” said Dande. With the knowledge, he also built a latrine, but a door has yet to be fixed.

Following the introduction of ignition tools through the CLTS approach, every household has built a latrine - either temporary or permanent. Dande is happy and says, “After the introduction of the total sanitation approach, every household in the community has built a latrine, and defecation in the open has stopped completely.”

The community itself carried out a well-being classification. The community people were divided into two groups - ultra poor and non-poor. Everyone in the community was provided material support to build the latrines. The non-poor had to contribute Rs. 500 in cash whereas the poor did not have to contribute anything except local materials and their labour.

KEY MESSAGE

The total sanitation approach has been an effective tool in creating awareness among the people and stopping defecation in the open. Such an approach is most appropriate for improving sanitation among the disadvantaged communities.

Dande, who is also the advisor of the sanitation users committee, is quite happy to see a latrine in each household. He is also actively involved in building a tube well for each of the households in collaboration with the NGO.

SOCIAL ACTIVIST TRIES AT IMPROVING SANITATION

Guddu Khan, 35, is a carpenter by profession and lives at NP Marg, Ward no. 6 of Nepalgunj municipality. Since last year, Masanghat, next to NP Marg, has been used as a dumping site for the solid waste generated by the municipality. Both metal and non-metal waste is discarded here. Even the carcasses of animals are dumped. Although the dumping site is owned by two individuals, the pollution from the solid waste has affected the whole community living nearby. About 50 households are directly affected by the waste dumped at Masanghat. Guddu's family is one of them.

"The waste gives out foul smell day in day out. Children in this area have especially been affected by the garbage. A child died four months ago from an unknown disease, and I think it was due to the pollution caused by the solid waste," says Guddu. "There are always swarms of flies and mosquitoes, and fever, diarrhoea and dysentery have become very common these days."

Dogs and foxes are seen dragging away the dead bodies of animals. Although NP

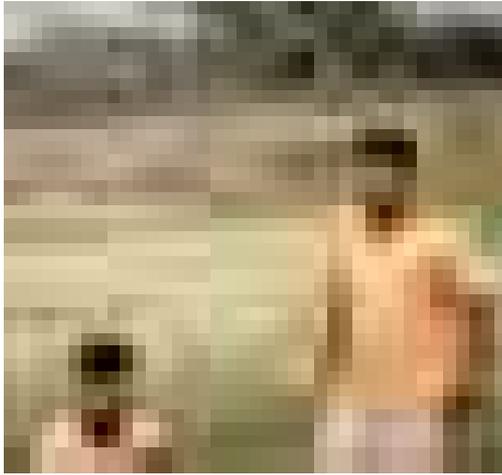
Marg is located in the municipality, this place is neglected. There are no sweepers to regularly clean the roads or the side drains. Only once a year does the municipality dispatch people to clean the streets and the drains.

The people in the village are also uneducated, and the neighbours, too, throw all their waste at the dumping site. The solid waste is also thrown into the drains, which causes clogging. Guddu says that

"My father was a butcher, I am into it, and so is my son. The local administration comes to pick up the monthly charge from us, but we don't know whether it is a government tax or a No. 2 tax (illegal tax). We simply pay the tax and do our business as usual."

Kaiyum Koreshi

A butcher, NP Marg, Ward no. 10
Nepalgunj Municipality, Banke



it is the responsibility of the municipality to see that the drains are maintained and the solid waste is managed properly. “The municipality instead has only added to the existing problems.”

Only about 20 per cent of the households in the village have latrines. Most of the people still defecate in the open in the drains, rivers, bushes or on the road sides. Women go to defecate early in the morning by covering their heads with a piece of cloth.

KEY MESSAGE

Water logging and unmanaged municipal waste cause serious health hazards. In the absence of an organised voice of the people, they are neglected. It is the responsibility of the municipality to manage the problem before it becomes too serious and not wait till there are elected representatives in the local bodies.

Water logging is a big problem in the village as it is lowland. Even if someone builds a latrine, it is submerged in water. People in these areas are, thus, discouraged from building and using the latrines due to this problem. However, the village has sufficient number of tube wells.

Guddu and other social activists have visited the municipality office a couple of times with the request that the dumping site be shifted. But the municipality has been indifferent to the request. “As there are no elected representatives in the municipality, no one listens to us. I think our problem will remain the same until the next municipal elections,” says Guddu. “We pay taxes to the municipality, but it is unfortunate that it refuses to look into our problem.”

Guddu and other young activists sometimes launch campaigns to increase awareness among the people about the need to keep the village neat and clean. A campaign has been launched asking people not to throw solid waste in the streets or into the drains.

“The municipality should manage the solid waste through consultation with the local people. The solid waste can be dumped in an open space near the Duduwa Nala, which is about five kilometres from the municipality,” says Guddu. “The solid waste must eventually be disposed at Duduwa Nala after treatment.”



MODEL EX-KAMAIYA CAMP

Bina Tharu, 15, is the first daughter of Somal Tharu, an ex-Kamaiya. She settled in Rajhena camp, Ward no. 4 of Rajhena VDC about five years ago when the government declared an end to the Kamaiya system in 2000. Her father used to work for a landowner as a Kamaiya in Bankatwa VDC. Bina has two brothers, aged 12 and 8, and they go to school in the camp.

She left school this month, where she was studying in Grade 6. Her mother died last month, and her father pulls a rickshaw. So the responsibility of running the house has fallen on her shoulders. Her father goes to Kohalpur Bazaar at 6 a.m. looking for customers and returns at 7 in the evening. In between, he comes home for lunch at noon. Bina has to cook and make preparations to send her brothers to school.

Fortunately, Bina has a tube well in the courtyard. Previously, a tube well was shared by five households. Last year, NEWAH, an NGO, provided support in building a tube well which is now shared by two households. "The tube well is located on the premises of our house,

which has eased my household chores. It has saved my time," she says. "Arsenic tests have been conducted two or three times, but the results have yet to arrive. The depth of the tube well is about 130 feet, hence the quality of water is good."

When they lived in Bankatwa as Kamaiyas, they did not have their own tube well and latrine. "Now I am happy and proud that we have our own tube well and even a latrine," she said. The toilet was built three years ago with support from an NGO. "Thanks to the NGO for building the latrine, as it has made our life so easy; otherwise we would have had to go far from here to attend to our calls of nature," she said.

"In the camp, everyone has a latrine. No one defecates in the open. Every household keeps the yard and trail in front of the house neat and clean. You can see how clean our village is!" she added.

The government gave each of the ex-Kamaiyas four *katthas* of land, on which they have built their home. They also received Rs. 10,000 to build the house.



KEY MESSAGE

The integration of water and sanitation and a clean environment brings positive changes in the community.

There are about 150 households in the camp. They were settled in 2001. Many NGOs and government agencies are carrying out development activities in the camp. As a result, every household in this camp has a latrine, while two households share a tube well. Somal - Bina's father - received a rickshaw through a group loan facilitated by one of the NGOs. He has already paid back the loan and now owns the rickshaw.

Bina is aware about hygiene and says one should wash his/her hands with soap after visiting the toilet. "NEWAH also advised us to build a *chang* (a rack for drying kitchen utensils) near the tube well. When I finish washing the utensils, I put them on the *chang* the whole day. The sunlight kills the germs if there are any," she said.

Since the last one year or so, no one from Bina's family has suffered from diarrhoea, dysentery or cholera. "How can anyone fall sick when we have maintained such neatness and cleanliness in our house and village?" she questioned.

WOMEN INCONVENIENCED BY LACK OF LATRINE

Himali Chidimar, 12, is the youngest daughter of Gomiya and Rajkanni of Belashpur, Ward no. 16 of Nepalgunj. Her eldest sister, Ram Sariya, whom Plan Nepal had sponsored, was married seven years ago when she was just 10 years old. After marriage, she left school where she was studying in Class 5.

Himali studied up to Class 5 and left school this year. Himali's younger brother is in Grade 5. It is an irony that Himali, who is also sponsored by Plan Nepal, had to leave school after being unable to pay Rs. 440 for registration and an additional Rs. 300 for the Grade 6 books.

But this time, her mother has made no plans to get her married. Gomiya is aware that early marriage is not good and is also against the legal system of Nepal. "Ram Sariya wanted to study further, but we did not fulfil her desire. Instead we got her married at an early age. We could not say no to our culture," says Gomiya.

Himali wanted to be a teacher, but she is already out of school. "There is money

coming in our name, but we cannot attend school," said Himali hinting at NGOs.

By tradition, Chidimars hunt wild birds by establishing mobile camps. But Gomiya's generation abandoned the occupation and went into farming. But they have little land, so they work the land of others. When he is free, Rajkanni also works as a labourer.

They live in their own house, but the backyard is very small. Hence, there is no place for building a latrine. Plan Nepal had

"In order to solve drinking water problem I had no option other than to build the well on my own with the money earned from doing labour work. I have built a well and installed a hand pump. Now I feel proud that I have built a well myself."

Aitaram Darai

Salyani Darai Tole, Ward no. 8
Bharatpur Municipality, Chitwan

provided materials to build a latrine five years ago. Concrete rings and a slab with a pan were placed on the road leading to the house. But they never built the latrine. A tube well was constructed near the latrine pit. “We never used the latrine as my parents said that when a latrine pit and tube well are built together, the water is polluted. That is why we never built the superstructure or used the latrine,” she said.

KEY MESSAGE

Despite the necessity and desire, some people are simply unable to build a latrine. Tube wells should be constructed a bit far from the latrine. Lack of simple technical know-how affects the lives of the people.

“Latrines are especially necessary for women, hence, we would like to have a latrine near our house. But we don’t have the land and money to build one. I hear it costs about Rs. 10,000 to build a latrine,” said Gomiya. “A small patch of land at the back of our house is on sale. If we had Rs. 35,000, we would buy it from our neighbour and build a latrine.”

“In the absence of a latrine, we are forced to go to the fields to defecate. We girls and women go to the field early in the morning,” said Himali. “If we are near someone’s house, they throw stones at us from the roof. Therefore, we have to go a bit far into the open field. Our mothers cover their heads with a piece of cloth while attending to the call of nature.”

NO LATRINE FACILITY DUE TO WATER LOGGING

Samim Banu Siddhiki, 35, a Muslim by religion, lives with her husband and five children at NP Marg, Ward no. 10 of Nepalgunj municipality. She has two sons and three daughters. The eldest son is 13 years and the youngest daughter two years. The eldest son studies in Grade 5. Her husband is a salesman who goes from house to house selling ladies' ornaments. He rides a bicycle and sells goods worth Rs. 200-300 a day and makes a profit of about Rs. 80-100. He begins work at 5 in the morning and returns home at 9 in the evening.

Samim is literate having attended the madrasah (Muslim primary school). "As Muslims, we cannot adopt family planning methods. But because my husband has to work more than 15 hours a day to feed the family, I have adopted temporary contraceptive methods so as not to have more children," she said.

A month ago, they bought a readymade home built on one *kattha* of land for Rs. 200,000. The house does not have a latrine, although it has a tube well. So they have built a temporary urinal in a corner at the back.

Samim wants a latrine, but they don't have the money. She is also frustrated that the area surrounding her home is water logged and dirty. In front of the house, the municipality's waste is dumped. Next to it, local entrepreneurs keep their donkeys. She regrets not noticing all these things before buying the house. "But there is nothing I can do now except get used to the poor sanitation all around," she said.

"Look, there are two nice latrines built with bricks, but they are under water. Unless the municipality can provide an appropriate drainage system, a permanent structure cannot be built in the area. I hear it costs about Rs. 10,000-15,000 to build a latrine, which is beyond our capacity," she added.

As they don't have their own latrine, they must defecate in the open. Samim goes out early in the morning. "In daytime, I use my neighbour's latrine. But my children use the open spaces or places around the house."

Even though Samim's family has been in this village for only a month, her children have suffered from diarrhoea, and they

have vomited a couple of times. “The poor sanitation in and around the house is to blame. Water logging, the donkeys and

defecting in the open have resulted in the poor sanitation,” she said.

When the children suffer from diarrhoea, she waits for a few days to see if they will recover on their own. The last time her daughter had diarrhoea, she recovered on her own in two days.

Despite the many problems, the family doesn’t have a clue as to how they can be overcome.

KEY MESSAGE

Diarrhoea is the most common disease that occurs in the absence of latrines. Human waste management must be taken up seriously in the rural areas.

A SQUATTER WOMAN WHO LOST HER HUSBAND TO TYPHOID

By the time Basanti Sunar was 35, she had given birth to five daughters and one son. The two eldest daughters are already married, whereas all the other children, except the youngest daughter, who is seven years old, are studying in the local school. Although they lived on a small patch of public land, and her husband used to pull a rickshaw in Mahendranagar, they were a happy family. Occasionally, Basanti also worked as a labourer to support the family.

However, a year back, her husband died, leaving the responsibility of raising all the children to Basanti. He had a fever for several days. So Basanti took her husband to a nearby hospital. But the medicines given by the hospital did not improve his condition, so she took him to a hospital in India, near the Indo-Nepal border. They returned with more medicines. Unfortunately, her husband could not be saved even though she had taken some loan from a neighbour for his treatment.

Doctors told her that her husband was suffering from typhoid. "Typhoid is caused

when fever gets worse," she said, apparently unaware that it is caused by contaminated water. They do not own a tube well and draws water from a neighbour's facility.

She has been to India for different reasons and seen the Indian government provide water and latrine facilities to the poor. "Water and latrine facilities are our basic right. Therefore, the Nepal Government should provide these facilities free of cost to the poor and Dalits like us," she says.

In the village, there are 16 Dalit families including that of Basanti. Almost all of them have been living on public land for the past several decades. They came from Dadeldhura and settled here as squatters. Basanti's family has a small thatch house. She had taken a loan of Rs. 10,000 for the treatment of her husband and does not know how she is going to repay it.

After her husband's death, she has become not only helpless but has also lost all hope. She works as a labourer, but her earnings cannot feed her children and pay



for the school fees. Therefore, her third daughter, Sharada, has quit school. However, Pushpa, the fourth daughter who is 14 years old, and son, 11, are still studying.

Says Pushpa, “I don’t know when I, too, will have to leave school due to our poverty.” Basanti says money is essential to provide an education, but how can the poor afford it? Sharada helps her mother in the kitchen so that she can go out in time to work as a labourer. Basanti does mostly agriculture-related work such as paddy transplanting, harvesting and collecting grass. Her daughters also occasionally work as labourers to pay for the school fees, books and stationery. However, such work is available only at times at the local level.

No one has a toilet in the house in this village. The adults defecate in the nearby street, whereas the children do so in the courtyards and village trails. As this is public land, no one wants to invest money on a latrine. The women get up early in the morning and head for the road sides. Then it’s the turn of the men. “Men do not have much of a problem during the day. But we women must finish our thing when it is still very dark,” said Basanti.

KEY MESSAGE

Poor people receive little support in meeting their basic water and sanitation needs. Poor sanitation results in poor health and makes them even poorer. Programmes and projects should focus on the poor, Dalits and landless people so that they can also contribute to the national endeavour of eradicating poverty.

DEPLETING FORESTS MAKE FIREWOOD COLLECTION DIFFICULT

Saraswati Kumari Chaad, 17, lives in a joint family at Pipalchour, Ward no. 6 of Suda VDC. She studied up to Grade 4 and left school seven years ago. Her parents, grandmother, five sisters and one brother make up the family members. Her family has 14 *katthas* of land, but it is not irrigated. Her father works in India as a labourer and returns home once a year with about Rs. 5,000.

She is the second among the five sisters. Her elder sister is married, and the third one also left school a few years ago. However, the two other younger sisters and brother are attending school. It looks as if the children study only till the primary level and drop out. Apart from farming, their main occupation is collecting and selling firewood from the Amar Community Forest, which is a two-hour walk from their home.

“As there was very little income, I had to leave school to sell firewood,” said Saraswati. She goes to the forest at noon after the meal and returns with a bundle

of firewood at 5 in the evening. The next morning, she is bound for Mahendranagar and is usually back by 9 am. Saraswati, thus, spends about five hours collecting firewood and four hours selling it. She makes about Rs. 50-60 for every bundle of firewood sold.

Saraswati and her younger sisters take turns collecting and selling firewood on alternate days. About 80 villagers are

“The community forestry users’ group probably has the largest network of organisations across the country. Many Community Forestry Users’ Groups have the ability to contribute to poverty reduction initiatives.”

Madan Joshi
Chairman

Shree Batavaran Community Forestry Users’ Committee
Jhalari VDC, Kanchanpur

involved in selling firewood from the community forest. About 1,000 families are members of the community forest, but Saraswati's family is not.

"As my father is not here, the users' committee did not ask us to be its member. Since we are not a member, we cannot legally collect firewood in the community forest," said Saraswati. Therefore, Saraswati sometimes goes to the government forest, which is located a bit further. If the caretakers of the forest see her, her firewood is confiscated. She must also pay a fine of Rs. 25 for using a sickle and Rs. 50 for an axe.

"We have to collect wood to keep our stomachs full. We want to do something else as selling firewood is not a prestigious occupation. Moreover, deforestation is taking place rapidly," she said. "Once the forest is gone, it will also be the end of us."

Until a few years back, the woods were within an hour's walking distance. Now it takes about two hours, an indication of how fast the forests are depleting.

In this village, nobody keeps a buffalo or cow, only a few goats for income generation. Since they don't have cattle,

they can't adopt bio-gas stoves to save on firewood. Moreover, they can't afford the Rs. 15,000 to install a bio-gas plant. Out of the 1,000 families in the VDC, 275 families are very poor, most of whom are from Pipalchour village, a survey has shown.

As an alternative to selling firewood, Saraswati has started a grocery shop in the village. She also keeps about 10 goats. When she goes to the forest to collect firewood, she also takes the goats for grazing. She uses the money from the grocery and sale of goats to sew new cloths, celebrate festivals, buy books and stationery for her sisters and brother, and for medical treatment.

Saraswati's house has no latrine. "We don't need a latrine as long as the forest is nearby. But with the forest gradually diminishing, we now have to start thinking of building a latrine," said Saraswati.

There is a gravity water supply system in the village which was built a long time ago. The source of the system is a river, which, however, generally washes away the intake and collection chamber. When it is functioning, about 10 households share a public tap. When the water system breaks down, one must walk for about an hour to fetch water.

According to tradition, a woman having a period is not allowed to take water from the public tap or bathe there. "So during the four days of our period, instead of trying to be clean, we are forced to stay untidy," said Saraswati.

KEY MESSAGE

Many a villager has taken up selling firewood as a livelihood. But with no proper forest management plan, they are likely to be affected as the forests are fast depleting. The government should, therefore, take initiatives to engage them in other occupations and income generating activities.

ALTERNATIVE ENERGY WOULD REDUCE FIREWOOD USE

Gopal Damai Pariyar, 32, is the second child of Mani Damai's four sons and a daughter. All the four sons live in separate houses next to each other. Gopal has studied only up to Grade 4. All the four brothers only have a primary education. His father was a tailor by profession, but he quit the work after his eyesight got poor. None of his sons adopted the traditional tailoring work.

Gopal chose to play in a band in the village. He gets to attend about 10 wedding ceremonies a year and makes about Rs. 500 per occasion. He also runs a small grocery shop. He owns about four *katthas* of land. Even with all these engagements, it is difficult for him to manage two square meals a day. He, therefore, also works as a labourer in the village.

Although Gopal only has a primary education, he does not repent. "Education alone does not help, we also need luck. Not all educated people find employment," he says.

Gopal's family is not a member of the community forest. "I have heard that a

member gets firewood at half the price charged non-members. But even if we want to become a member, the elite group does not want us. Not a single Dalit is a member of the community forest," he said.

Gopal also sees no reason why he should seek membership of the community forest. "Why should we pay Rs. 155 to the community forest a year when we can collect firewood from the river banks for free?"

"The poor households should also be provided with privileges to install bio-gas plants. Bio-gas hasn't reached the poor people. Rather this programme has benefited the better-off people in the country."

Gyanendra Bahek

Chairperson, Dodhara Savings and Credit Co-operative
Dhodhara VDC, Kanchanpur district

Until a few years ago, Gopal's family used to sell firewood for some income. But after a forest caretaker confiscated his wood and axe, he stopped selling firewood. "But we must start thinking of alternative energy sources as there is limited firewood to collect from the river banks and also because we are not members of the community forest," says he.

There are about 25 Dalit households in the locality, but none of them use bio-gas or an improved cooking stove to cook meals. The Nepal Red Cross Society has divided the community into three classes - poor,

middle class and rich. Gopal's family falls in the poor category.

"We are poor, so how can we install a bio-gas plant? Also we do not have cattle. "If we are given improved cooking stoves, it would be very good for us because it would save our time in collecting firewood," said Gopal's father, Mani. It is an irony that Gopal's village lies in the programme area of the Nepal Red Cross Society which is promoting the improved cooking stove under their community development programme.

Gopal built a latrine a few years ago after he and his wife attended a sanitation and hygiene training. They also have their own tube well. An arsenic test conducted by an NGO showed that the water did not contain the harmful element. The water is warm during winter, so instead of storing water, the family takes a bath near the tube well.

KEY MESSAGE

The poor and Dalits are underprivileged and have no access to bio-gas and improved cooking stoves, which could curtail the use of firewood and reduce the pressure on the natural resource.

SUMMARY OF MAJOR FINDINGS

The survey for collecting the 'Voices of People' on various aspects of development concerning the Millennium Development Goals (MDGs) was carried out in six districts, namely, Banke, Bhaktapur, Chitwan, Kanchanpur, Morang and Sunsari. A participatory methodology was followed for collecting the profiles based on which this report has been prepared. In the process, the District Development Committees, the local government line agencies and grassroots communities were involved.

Based on the inputs from them, including the individual interviewees, this report has been compiled by experts, and the summary of the major findings is presented in this section. The summary attempts to capture the key findings. They include the type of profile, major reasons for the present condition of the poor people, their coping strategies in combating the situation and the concerns that the people wish to convey to the policy planners for immediate action. In short, this report presents the difficult situation the poor people are encountering. It shows that while the country is making good progress in reducing poverty, those who are trapped in it live miserable lives and, thus, calls for immediate and effective action by the government.

Poverty and Hunger

In general, the people selected for the profile come from the poorest of the poor families. The faces of poverty include a woman-headed family unable to feed its

many children; a middle aged man injured during childhood and disabled for life; a Dalit woman struggling for dignity and self pride; a family with more than 25 members struggling to feed them properly; a young boy who must sacrifice his desire to study so that he can work to sustain the family; and a family that has lost all its land in a flash flood.

The difficult life apart, the poor people, especially the Dalits and minority groups, find themselves also trapped in a vicious cycle of other complicated problems. They include the loss of confidence due to the humiliation and distrust by the rich families. The poor people seem to be more vulnerable to exploitation as a result of their ignorance and isolation. They desperately seek access to services, information and opportunities, which are often systematically denied or deprived, making their lives even more difficult. And usually they are not in a position to demand or bargain.

In most cases, the causes of poverty are multi-dimensional and are structural in nature. Most people believe that they are poor because of their fate and that they can do nothing to overcome it, which, in fact, is a result of the existing social system and tradition. Unequal distribution and fragmentation of natural resources like land are resulting in poverty for many people. Some people are poor as they have lost their land in natural calamities like floods and landslides. Excessive consumption of alcohol is also a cause of poverty in many communities. Most families do not have enough food grains to last a year, making food security a big problem.

In spite of the hard life, the poor people have their own coping strategies to overcome the abject poverty that they are trapped in. Their traditional knowledge and skills together with the hard work they put in on the farm - no matter how small - are one of the strategies for survival. Many poor families are forced to send their children to work as domestics or put them in other difficult working conditions at the cost of their education and other opportunities. Many poor families work on others' land on a 50:50 crop sharing basis, which helps support their livelihood to some extent. In some cases, poverty forces family members to go out begging for survival.

Typically many poor families do not have access to the service packages offered by the government, (I)NGOs or donor-supported programmes largely because they either live in the remote areas or do not have access to information. Hence, they do not trust these service delivery mechanisms. However, the people have trust and confidence in the locally formed savings and credit schemes or co-operatives. Many poor people have been able to improve their lives through the micro-enterprises that they have started with a small loan.

Education

Illiterate women in the village are still deprived of a non-formal education although they want to read and write. Due to ineffective delivery of non-formal education classes, many participants are still not able to read and write, and cannot keep simple accounts. A few children from the poor families do not attend school regularly because they are hungry or because they must work to contribute to the family income.

Some primary schools lack basic facilities like toilets, while others do not have separate facilities for boys and girls. As a result, girls upon reaching 12 or 13 years drop out of school.

Some teachers have been found humiliating and ignoring students especially from the Dalit and minority ethnic groups. And some teachers discriminate against students from the Badi community. This calls for behaviour change on the part of the teachers as their attitude has adversely affected these children's learning environment.

Usually, the older girls from poor families cannot attend school because they must look after the younger siblings. These unfortunate children have missed an opportunity of getting even a basic education.

Poor parents think they do not need to pay any fees because primary education is said to be free. But schools are found charging fees under different headings, such as for examinations. The scholarships provided to girls and children of poor families, martyrs and Dalits should be distributed in the school or village through the school management committee in the presence of ward members and community leaders so that the needy get them, and also to prevent their misuse.

Due to the growing awareness about the importance of education and the school welcome programme, there is heavy pressure of students on the schools. Therefore, some primary schools lack classrooms and space to accommodate all of them. Hence, some students must drop out of school.

Gender Equality and Women Empowerment

Savings and micro credit, skill development, awareness raising programmes and income generation activities conducted by women's groups are some of the initiatives taken to raise the social and economic status of women in the villages.

Women who engage in social work enjoy prestige in the community. They are happy to work for the rights of women as this has raised the status of women. However, this calls for the sacrifice of their time and other resources.

Some women covered in the profiles suffer from inhuman domestic violence, especially from their husbands and close relatives. Women, in general, and especially from the poor families are subject to verbal abuse, and mental and physical torture everyday. The major causes of domestic violence are related to *dahej* (dowry) in the Terai and excessive drinking by men elsewhere. Some women are also abandoned by their husbands.

Girl traffickers are active in the country, and many innocent girls and women fall prey to their false promises of jobs and a better lifestyle. In some places, women don't get the allowance meant for the helpless and widows. In other cases, such women get only half the amount they are supposed to receive.

Even in well-off and educated families, gender discrimination exists. In the same family, sons will attend a private boarding school while the daughters will go to a public school. Daughters in the poor families normally must perform all the domestic chores, which is one of the reasons why they drop out of school.

Child Mortality

Children from poor, Dalit and marginalised groups often suffer from malnutrition, diarrhoea and pneumonia. The poor mothers who are overburdened with work don't have the time and resource to look after their children. They usually do not consult the health care providers for several

days in the case of a childhood illness because they do not have money. Only educated and better-off mothers seek treatment from a health facility and hospital as soon as the symptoms appear. Case studies indicate that illiterate, poor and marginalised mothers are poorly informed about immunisation and where to get treatment. They also have little knowledge about Jeevan Jal (ORS packet). They do not benefit from the basic health services and facilities provided them by the government as they do not reach out to the poor families.

Child health services, including treatment of childhood illnesses, should be provided free of cost to the poorest section of the community. The government should train and recruit health workers from the same community so that they can effectively communicate in the local dialect to improve the health-seeking behaviour of the mothers. Furthermore, pro-poor health strategies and uplift of the socio-economic status of poor communities are essential for preventing diseases such as pneumonia and diarrhoea.

At present, most pregnant mothers visit a health facility at least once for a check-up and receive iron tablets for free. However, desperately poor mothers are still deprived of maternal health services, including iron tablets, from available health facilities. Those mothers who cannot manage two square meals a day do not have access to nutritious food and adequate rest and care during pregnancy. Poor women engage in various works, including carrying water and loads, until the labour pain starts. Premature labour and miscarriage occur in some pregnant mothers due to lack of rest, nutrition and care even at the end of the third trimester. They usually visit a health facility or consult a local health care provider when they suffer from serious health problems.

Maternal Health

Delivery in the rural areas usually takes place at home as they have no access to a hospital facility and maternity services. Mothers who live near a health facility prefer to deliver their baby at a health facility. The poor women, however, cannot afford to deliver in a hospital. Peripheral health facilities, including the PHC, are not well equipped to handle complications during delivery. Women die due to the negligence and inadequate skills of the health workers and poor infrastructure. Even after delivery, mothers do not get proper rest and care.

Those who suffer from uterine prolapse say they were back to doing hard work, such as carrying heavy loads, after just two weeks of delivery. Women usually hide their problems of the uterus for several years because they are shy to talk about it or seek medical help. They seek help only when a medical camp is organised in the village. They want such medical camps to be held periodically and free treatment for those mothers who are referred to hospital for uterine prolapse.

HIV/AIDS

In the rural areas, young people go to foreign lands to work and some of them return with HIV/AIDS and transmit it to their unsuspecting wives. In the urban areas, injecting drug users (IDU) often get infected with HIV due to their needle sharing behaviour. Sex workers are exposed to the risk of HIV infection since they are not well informed about how HIV is transmitted and about the risk reduction strategies. They tend to seek help from whatever health facility and services are available when they suffer from health problems.

The poorest of the poor are found to be repeatedly afflicted with TB even after treatment. The reason they have TB is

because they engage in hard work for several hours everyday without a proper diet and rest. They seek treatment for TB from a health facility only after they spot blood in their sputum.

Like TB, malaria also mostly affects the poor who sleep without bed nets in poorly constructed huts. Efforts such as burning the husks of paddy and using untreated bed nets are not sufficient to protect the villagers from malaria. All families living in the high risk malaria zones are not provided with insecticide treated nets (ITN). Anti-malarial activities such as regular spraying of insecticides, promotion of ITNs and early diagnosis and treatment in endemic areas are not carried out regularly.

Anti-malarial and anti-TB drugs are provided free of cost through the peripheral health institutions, including the SHP, that lack microscopic diagnostic facilities such as blood smear examination for malarial parasites and sputum examination for TB. Patients do not get anti-malarial and anti-TB drugs from a government health facility until the laboratory diagnosis confirms them as patients of malaria and TB.

There is a case of a 17-month-old child not receiving treatment for TB because free diagnostic services were not available near the village. Free treatment will not make much sense unless diagnostic services for malaria and TB are initiated at the SHP facility and DOTS centres are established in each village.

Water and Sanitation

The national sanitation coverage as of 2004 is 39%. The coverage is less than 20% in the Terai region. On the contrary, the national water supply coverage is 72%. The water supply coverage in the Terai region is more than 90%. This shows that the gap between water supply and sanitation

is over 30%, and the gap in the Terai is especially wide, more than 70%.

In the Terai, open defecation is rampant and widely practised. Low literacy, cultural taboos, lack of land, water logging, high water table and, most importantly, poverty are reasons why people don't build latrines there. In the Terai, there are less technical choices for building low cost and hygienic latrines due to the high water table. As there are places such as rivers, forests, highways, ponds and rice fields where people can defecate in the open, people do not see the necessity of building a latrine.

In the schools, although there are latrines, these facilities are not child or gender friendly. The school and public latrines must be maintained regularly so that they can be used. In the urban and slum areas, the sanitation and drainage problem is even worse. Lack of a proper drainage system, disposal facilities, treatment plants and dumping sites are the major problems. The poor financial condition and low technical capacity of the municipalities and local authorities have only complicated the problems.

As a result of the poor sanitation and unhygienic practices, diarrhoea, dysentery, skin and water borne diseases are common. Since people fall sick very frequently, it has decreased the ability of the people to contribute to their family and to the national per capita income.

Although water supply coverage is satisfactory in the Terai regions, its quality is questionable especially if it is a shallow tube well. Iron and arsenic contamination is a major problem in the Terai. The poor people

don't have their own private tube wells and must draw water from a neighbour's facility, which causes a lot of stress. In the hills, water quality is comparatively better, but accessibility, reliability and quantity are major problems there. Dalits are not allowed to draw water from public taps, restricting easy access to water facilities. Women during their period are also not be allowed to touch a public tap.

Energy

People's access to natural resources such as forests and national parks for firewood has increased in the recent years. However, the poor people's access to these resources is restricted. The indigenous and poor people living on the periphery of the community forest and national parks have been displaced, forcing them to search for alternative occupations. As they don't have an education, knowledge and skills for an alternative livelihood, they are compelled to lead very poor lives.

With the growing population, firewood, which used to be available in abundance in the past, is getting scarce. So people have started opting for kerosene and cooking gas. But with the hike in the price of petroleum products, people in the rural and semi-urban areas have started to adopt bio-gas for cooking and lighting purposes. This option is, however, suitable for middle class families as a good amount must be invested to install a bio-gas plant although a heavy subsidy is available. The poor people must, however, depend on the forest for firewood. The firewood is also sold in the market.

CONCLUSION AND RECOMMENDATIONS

In general, it was observed that poverty is the overarching issue that affects all other six goals. Most people featured in the profiles believe that their problems related to health, education and environmental protection could be solved if income was to increase and regular sources of income were ensured. Most cases taken up in the profiles are consequences of the age-old system and structure, and they can be addressed only with serious political will. However it was also observed that gender discrimination is not limited to poverty alone. This is a complex issue and relates to other social norms and practices.

Maternal health cannot be improved by just providing pregnant women with iron tablets.

Since there is a realisation about the importance of latrines and the consequences that one must face due to poor sanitation, individuals, NGOs and the government have been making every effort to increase sanitation coverage. The concept of Community Led Total Sanitation (CLTS), School Led Total Sanitation (SLTS), shared latrines, ecological sanitation, linkage of the latrine component to savings and credit, poverty-focused sanitation programme and sanitation mart have recently been initiated to accelerate the pace of sanitation coverage in Nepal.

For reasons unknown, people were reluctant to talk about the effects of the conflict on the individual or the family. Most people, despite admitting that the conflict had an impact on them, would only explain the effect at the community or district level

and not at the family or individual level.

The impact of the conflict as explained by the people in the profiles includes loss of business opportunities due to the frequent *bandhs*, migration of young people to the nearby towns in search of safer havens to avoid harassment by the conflicting forces and also lack of employment opportunities. Interestingly, most communities wanted to project their villages as being safe from the conflict. Nevertheless, some people mentioned in the profiles were either injured, disabled or had lost a family member. The reluctance of the people to express the impact of the conflict on their lives could be due to the fear of impending danger.

Based on this participatory study, the following is a set of recommendations to overcome the situation of poverty and achieve the intended development objectives:

- Introduce a mandatory mechanism in every development or service delivery project to identify the poorest of the poor through a participatory process like poverty mapping so that access of the excluded community is enhanced.
- Generate employment at the local level or promote self-employment through skill development so that the people can start a business on the basis of locally available resources.
- Given the importance of non-formal education in the overall development process, classes that focus on the communities in the remote areas should be made more effective and functional. And a needs based

- functional literacy programme should also be promoted at the community level.
- Ensure the regularity of poor children in the school. The school tiffin programme should be made available to the poorer communities at least for about four months when there is shortage of food.
 - Awareness on child rights should be promoted and a child-friendly environment should be built in all the primary schools through appropriate and cost effective means of communication.
 - A strong and effective local mechanism to monitor and act against extreme forms of domestic violence in the community should be developed and operationalised. It could be done through local paralegal committees by delegating some legal powers to them so that they can solve minor problems.
 - A massive awareness raising activity should be conducted down to the grassroots level. There should be provision for strong legal action with a strong participatory monitoring process.
 - There should be massive awareness regarding event registration such as marriages and births immediately after they take place so that no woman or child is denied registration.
 - Victims of alcoholism feel that 75 per cent of the problems in the home are due to excessive drinking. Some legal provision could be developed and implemented to effectively control alcoholism.
 - Health issues cannot be addressed in isolation, so maternal health, TB, HIV/AIDS and malaria should be linked to development activities that help improve the socio-economic condition of the poor and ensure their access to food, clothing and health services. Awareness campaigns should focus on the high-risk groups and on the rural areas. Counseling and voluntary HIV testing and ARV drugs should be provided free of cost through the peripheral health facilities so that the poor can avail of such services in their locality.
 - Multi-pronged strategies and a multi-sectoral approach are necessary to meet the development goals, such as the MDGs, and address those health problems of the mother and child that are due to the poor socio-economic environment.
 - The total sanitation approach focuses on at least stopping open defecation and giving subsidies to those clusters where 100% of the households have latrines.
 - Accelerate poor-focused programmes to create alternative job opportunities and income generating activities deemed necessary to reduce pressure on the forest.



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