NEMAF, established in 2007, is a Madhesh based civil society organization working with expert knowledge on the issues of Madhesh/Tarai. NEMAF seeks to contribute to a socially, politically and economically developed Madhesh/Tarai. The creation and strengthening of critical mass has been sought through research, informed advocacy, strengthening of both Right Holders and Duty Bearers and publication at various levels.

NEMAF has implemented various projects with support from many donor and international funding agencies (such as Governance Facility, Wageningen University, IWMI, DanidaHUGOU, giz, Saferworld, UNDP/ SPCBN, UNESCO). The projects were mostly aimed at creating an informed understanding about Madheshi issues amongst a wide group of stakeholders and collecting evidence for socioeconomic, socio-political, conflict transformation and the other issues of development.

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TRACKING LOCAL GOVERNANCE AND ACCESS TO BASIC SERVICES

(An analysis of public perception across former 30 VDCs of 5 districts of Mithila Belt in Madhesh/Tarai)

Report
December 2017

NEMAF नेपाल मधेश फाउण्डेशन
NEPAL MADHESH FOUNDATION

HCR

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Acknowledgement

This report is the result of a primary research conducted by NEMAF in the months starting from September to November 2017. A household survey was developed by Himalaya Comprehensive Research. on the request of NEMAF and then carried out across the 30 former VDCs of 5 districts of Mithila Belt in Madhesh/Tarai region of Nepal. The survey team was led by Pawan Kumar Sen and was coordinated by Tula Narayan Shah and Krishna Kumar Sah. The research team included Sirjana Shah Chand and Krishna Prasad Ligal.

The team prepared the data analysis of the survey results, which formed the basis for the report. This analytical report was authored by Pawan Kumar Sen and edited by Krishna Kumar Sah. NEMAF wishes to thank Governance Facility for supporting the process of the survey. NEMAF would also like to thank all the people that participated in the survey process, including supervisors, field enumerators, NEMAF's District Offices and its team as a whole.

Abbreviations and Acronyms

CS/DK	Couldn't Say/Don't Know
DDC	District Development Committee
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GoN	Government of Nepal
HDI	Human Development Index
HH	House Hold
IPFC	Integrated Plan Formulation Committee
KII	Key Informant Interview
LBs	Local Bodies
LGCDP	Local Governance and Community Development Programme
MCPM	Minimum Conditions and Performance Measure
N	Number
NEMAF	Nepal Madhesh Foundation
NGO	Non-Governmental Organization
OBC	Other Backward Class
SVAG	Strengthening Voice and Accountable Governance
TV	Television
VDC	Village Development Committee
WCF	Ward Citizen Forum

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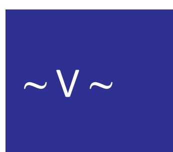

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CHAPTER 1

INTRODUCTION

1.1 Brief Introduction of the Project

Nepal Madhesh Foundation (NEMAF) has been implementing a project entitled "Strengthening Voice and Accountable Governance in the Mithila Belt of Madhesh/Tarai" (SVAG project hereinafter) for three years (15 December 2015 to 14 December 2018) in former 20 Village Development Committees (VDCs) in five Tarai districts: Saptari, Siraha, Dhanusha, Mahottari and Sarlahi (four VDCs from each of the programme districts), with financial support from the Governance Facility.

The project aims to improve both the demand and supply sides of local governance in order to contribute in development activities at local levels. On one hand, it aims to strengthen the capacity of local communities to gain knowledge, skills and abilities, and utilize their rights to play active roles in decision-making, planning and managing local development activities. While on the other hand, the project supports to capacitate local-level state service providers (VDC offices, health facilities and schools in particular) to improve quality services and sensitize them to provide quality services without discrimination and delay.

Numerous studies commissioned by different national and international organizations have mentioned that the overall governance in Nepal is poor due to various reasons, including political instability, long political transition and lack of elected governing bodies at district and local levels (NEMAF 2015: 13). The governance situation is even weaker in the Madhesh/Tarai because of poor security, weak rule of law and high human rights abuses. High levels of corruption and lack of transparency and accountability in the management of local development funds have further jeopardized the governance situation in the Madhesh/Tarai (NEMAF 2015: 13). In this context, NEMAF has identified - poor governance, inadequate capacities of the service providers to deliver services accountably, and less informed and empowered local citizens to influence decisions and make service providers accountable - as the main issues for the project to address (NEMAF 2015: 13-14). Poor planning processes, limited use of disaggregated data for planning, poor use of accountability tools such as public audits, social audits and public hearings, inadequate understanding of required working modalities and skills, and lack of transparency regarding the decisions made by the local authorities, have all contributed towards poor governance in the Madhesh/Tarai (NEMAF 2015: 14).

NEMAF's theory of change believes that the status of local people in Madhesh/Tarai will not improve unless problems of weak governance and weak rule of law (including corruption, poor service delivery, unequal power relations, and caste- and gender-based violence) are resolved, and that local citizens and organizations are empowered to improve overall governance and to promote social change in their communities (NEMAF 2015: 7).

The project recognizes that discrimination free local governance cannot be realized unless women, poor people, Dalits, Other Backward Classes (OBCs), Muslims and Janajatis have an equal presence and access in the planning and decision-making processes. Therefore, the project has focused on the empowerment of local communities, by strengthening and mobilizing Civil Pressure Groups (CPGs). These are community-based informal organizations that are formed by including local people (mostly women) of Dalits and other disadvantaged groups (DAGs). These CPGs have been formed with the main objective of strengthening community solidarity to raise voices against misconduct and inefficient delivery of services and to ensure that the services are delivered to the local people without any discrimination and delay.

The project has formed 80 CPGs in 20 project VDCs of the 5 project districts (4 CPGs in each VDC). Each group consists of 15 members. They are composed of 64 percent women and 36 percent men. Majority of the members have been identified based on multiple levels of discrimination and hence reflect the most marginalized in their communities. A few members are also from advantaged groups so as to create an environment for both the discriminated and non-discriminated communities to work together, and contribute towards social cohesion (HURDEC 2016: 3).

In addition, the project is also working to capacitate the state service providers to improve overall governance and accountability at local levels by making them responsible to local service receivers, irrespective of their caste/ethnicity, gender, class and religion. In order to achieve this goal, NEMAF has adopted a human-rights-based approach; whereby local communities or service receivers are the "right holders" and state service providers are the "duty bearers".

So, the project was implemented with the main objective of supporting the creation of critical citizens, who are empowered and can claim their rights with the local service providers, and demand good governance and accountability from them. Correspondingly, the service providers have also been strengthened to respond to the increased demands from the public side with improved accountability.

During the first year of the project, activities concentrated on building the capacity of both rights holders (i.e. local communities) and duty bearers (i.e. service providers). These activities were linked with direct involvement of the right holders in actual planning and functioning processes of the VDC offices, health facilities and schools to increase awareness and knowledge of the right holders, and to strengthen the capacity of the duty bearers. Second year activities consolidated the increased awareness and knowledge of the right holders and the strengthening of the capacities of the duty bearers. This was done by engaging the right holders and duty bearers constructively; with a view to make them more accountable and more efficient in service delivery. The same activities shall be continued in the third year as well. Simultaneously, lobbying and advocacy related activities shall also be conducted throughout the project duration.

By the end of the project, two outcomes are targeted to be achieved: a) Right holders actively engage in local-level planning processes and benefit from improved accountability of the duty bearers; b) Responsive and efficient services are delivered by the duty bearers to the empowered local communities (NEMAF 2015: 5-6 & 17, HURDEC 2016: 9).

1.2 Location of the Project Area

Saptari, Siraha, Dhanusha, Mahottari and Sarlahi, which belong to the Mithila Belt of Madhesh/ Tarai, are the study area of this project. These districts were selected because they represent the Mithila Belt, have low Human Development Indices (HDIs) and poor performance in local governance as shown by their failure in the government's Minimum Condition and Performance Measure (MCPM) (NEMAF 2015: 24).

All project districts have lower HDI indicators than the national average. The average adult literacy of these five districts is 40 percent, while the national average is 59.29 (NEMAF 2015: 13). Mahottari has the lowest adult literacy rate i.e. 37.04. Sarlahi's is 38, Siraha's 39.96, Dhanusha's

41.89; while the highest is in Saptari i.e. 45.44. Health indicators are also poor; with high child marriages, high malnutrition and pneumonia. Gender discrimination, domestic violence of various forms and social evils, such as child marriages and dowry customs, are also quite common in these districts. (CBS, 2012)

Within 5 districts, the project locationswere chosen because of the existing low HDI levels, poor quality of services availability, perception of high corruption and poor accountability of the selected service providers (schools, health facilities and the VDCs).

The project covers four former VDCs from each of the five districts. These VDCs have been selected considering a geographical coverage of VDCs near the highway, near the border area and in the centre of the districts (NEMAF 2015: 24). The VDCs that are covered by the project in the five districts are shown in the following table.

Table 1.1 : VDCs under the Project by District

S.N.	District	Former VDC	New structure
1	Saptari	Goithi	Tirhut Rural Municipality
2	Saptari	Dadha	Mahadewa Rural Municipality
3	Saptari	Raipur	Rupani Rural Municipality
4	Saptari	Maleth	Rajbiraj Municipality
5	Siraha	Laxmipur Patari	Laxmipur Patari Rural Municipality
6	Siraha	Maheshpur Patari	Laxmipur Patari Rural Municipality
7	Siraha	Pokharvinda	Laxmipur Patari Rural Municipality
8	Siraha	Pipra Pra. Dha.	Laxmipur Patari Rural Municipality
9	Dhanusha	Paudeshwar	Aurahi Rural Municipality
10	Dhanusha	Mansinghpatti	Janakpur Sub Metropolitan city and Haspur Municipality
11	Dhanusha	Tarapatti Sirsiya	Mithila Bihari Municipality
12	Dhanusha	Thera Kachuri	Mithila Bihari Municipality
13	Mahottari	Pigauna	Jaleshwar Municipality
14	Mahottari	Nainhi	Jaleshwar Municipality
15	Mahottari	Simardahi	Matihani Municipality
16	Mahottari	Kolhuwa Bageya	Ekdara Rural Municipality
17	Sarlahi	Kabilashi	Kabilashi Municipality
18	Sarlahi	Pipariya	Kabilashi Municipality
19	Sarlahi	Pidari	Haripur Municipality
20	Sarlahi	Farhadwa	Haripur Municipality

1.3 Context of the Midline and Citizen Perception Survey

NEMAF commissioned a Lalitpur based consulting firm, Himalaya Comprehensive Research (HCR), in September 2017 to undertake the midline and citizen perception survey to assess the impacts of SVAG project on local governance focussing service providers (VDC/ward offices, health facilities and schools) and service receivers (i.e. local communities). The task involved mapping people's perception as well as tracking trends and results at the household and public institutional levels, by comparing the results with a baseline survey conducted in June 2016. The citizen perception survey was also to serve as a midline evaluation based on the M&E framework of the project. The midline evaluation and citizen perception survey was intended to cover all of the project's on-going activities in all of the five project districts.

The main evaluation questions were based on the following themes:

Effectiveness: How effective is the project in developing accountability of the service providers and creating empowered citizens?

Outcomes: Is the project on the right track to achieving its intended outcomes?

***Relevance**:* How appropriate is the project design in the local context?

Efficiency: How efficiently does NEMAF manage the project?

Coordination: What effect has the project had on the partnership between NEMAF, the service providers, the CPGs, local communities and other relevant actors?

Beneficiaries' satisfaction: How satisfied are beneficiaries with the project?

Sustainability and Replicability: How sustainable and replicable is the project model?

1.4 Methodology of the Midline and Citizen Perception Survey

The midline and citizen perception survey has employed a mixed-method approach – both quantitative and qualitative. The survey has been conducted not only in 20 programme VDCs, but also in another 10 VDCs of the five districts, where the programme is not being implemented. The main reason to include those non-programme VDCs (i.e. Control Group) is to compare the study findings from them with those from the programme VDCs (i.e. Treatment Group). According to the principles of quasi-experiment, this is necessary to get a clear picture of the project impact. Inclusion of the Control VDCs in the study gives an opportunity to measure the impact of the project in the Treatment VDCs against the Control VDCs.

Table 1.2: Treatment and Control VDCs with their Poverty Rates by District

District	Treatment VDC	Control VDC
Saptari	Goithi (45.7%)	Diman (43.5%)
	Dadha (45.7%)	
	Maleth (38.2%)	Patthargada (34.9%)
	Rayapur (37.2%)	
Siraha	Laxmipur Patari (35.2%)	SitapurPra. Dha. (36.9%)
	Maheshpur Patari (47.0%)	
	Pokharvinda (47.0%)	Kharukyahi (47.0%)
	Pipra Pra. Dha. (45.5%)	
Dhanusha	Mansinghpatti (27.8%)	Hansapur Kathpulla (27.8%)
	Paudeshwar (21.8%)	
	Tarapatti Sirsiya (17.8%)	Mithileshwor Mauwahi (20.5%)
	Thera Kachuri (17.8%)	
Mahottari	Pigauna (11.6%)	Dhirapur (14.0%)
	Simardahi (24.6%)	
	Nainhi (19.3%)	Sisawakataiya (24.1%)
	Kolhuwa Bageya (20.3%)	
Sarlahi	Kabilashi (17.7%)	Kiranpur (20.3%)
	Farhadwa (17.7%)	
	Pipariya (13.3%)	Hempur (15.5%)
	Pidari (15.3%)	

Source: Central Bureau of Statistics 2070 BS.

Two Control VDCs have been identified in each of the five districts, making the total of 10 Control VDCs. These Control VDCs have been identified based on the poverty rate (as per the Nepal Living Standard Survey 2010/11) and geographical proximity. In other words, VDCs whose poverty rates are similar to their Treatment VDCs and whose geographical locations are nearby to

their Treatment VDCs are identified to be the Control VDCs. The following table gives the list of the Control VDCs with their respective Treatment VDCs.

In addition to the citizen perception survey, institutional surveys of the VDC offices, health posts and schools have been carried out too from both the treatment and control VDCs.

Apart from the citizen perception survey and institutional surveys, FGDs and KIIs with both of the service receivers and service providers have been conducted. The main purpose of conducting the FGDs and KIIs is to further triangulate and validate findings from the quantitative perception survey.

1.4.1 Quantitative Method: the Citizen Perception and Institutional Survey

The citizen perception survey of 750 sample size, and institutional surveys of VDC offices, health posts and community schools located in both the treatment and control VDCs were conducted under the quantitative method in this survey. Though all the 30 VDC offices, 30 health posts and 30 community schools were targeted to include in the institutional surveys, only 26 VDC offices, 27 health posts and 28 community schools could be surveyed due to various reasons.

Sample Size

The citizen perception survey with 500 local people of 18 years of age and above from the 20 programme VDCs (Treatment Group) and another 250 local people of the same age category from another 10 non-programme VDCs (Control VDCs) have been conducted. All the respondents of the survey have been selected randomly from the selected area, which is explicitly explained below.

Sampling Design

Three-stage random sampling technique has been employed in the citizen perception survey. At first, wards and then, households were selected. Subsequently, one respondent was selected for interview from the sampled household. Detailed procedures are explained in the following sub-sections.

Stage-I: Selection of Wards

The primary sampling units (PSUs) in this survey are wards – the smallest administrative unit in Nepal. In the first stage, 10 wards have been selected from the programme VDCs of each district using Probability Proportional to Size (PPS) sampling with the population size as a measure of size of a unit (based on the ward population CBS 2012). In total, 50 sample wards have been selected from the programme VDCs of the five districts. This technique ensures the proportional representation of the local population as per its composition in terms of caste/ethnic groups, religions, age groups and other demographic variables.

Similarly, 5 wards have been selected from the non-programme VDCs of each district using Probability Proportional to Size (PPS) sampling with the population size as a measure of size of a unit. In total, 25 sample wards have been selected from the non-programme VDCs of the five districts.

By employing this standard procedure, 50 sampled wards from the programme VDCs (Treatment Group) and another 25 sampled wards from the non-programme VDCs (Control Group) have been selected from the five districts. They are shown in Annex-1.

Stage-II: Selection of Enumeration Areas (EAs) or Sub-wards

In the second stage, Enumeration Areas (EAs) or sub-wards have been selected from the sampled wards using simple random sampling. This means that the sampled ward have been divided into several sub-wards based on the distribution of settlements in that particular sampled ward. Then, one EA or sub-ward was selected randomly by using a table of random numbers.

Stage-III: Selection of Respondents

In the third stage, households have been selected from a comprehensive list of households of the sampled EA (or sub-ward) using systematic sampling technique i.e. by skipping a certain number of households (also known as sampling interval). The size of the sampling interval is based on the number of households available in a particular sample site and the number of households to be selected. Finally, one respondent was selected for interview using Kish Grid from the total household members aged 18 and above.

1.4.2 Qualitative Methods: FGDs and KIIs

Ten FGDs and 15 KIIs have been conducted in this survey. FGDs were held with 2 groups of local beneficiaries (including male and female) in each of the 5 districts, leading to 10 FGDs in total. In each district, 3 KIIs have been held. Altogether, 15 KIIs were conducted (covering CPG representatives, District EducationOfficials, Women Development Officials, LGCDP Focal Persons, District Planning Officials, political party representatives and District Coordinators of NEMAF). Each FGD has included 8-10 participants and taken 45 minutes to 1 hour at the most. It took about an hour to complete a KII in most of the cases and more than that in some cases. (Please see Annex-2 for grouping of target people for the FGDs and KIIs with schedule.)

Formulation of Check-lists

Check-lists of the FGDs and KIIs were formulated by HCR with NEMAF's inputs.They were created with a view to cover key questions and indicators mentioned in the project's framework so that findings from the citizen perception survey could be supplemented, triangulated and validated by findings from the FGDs and KIIs.

1.5 Structure of the Report

The report begins with the introduction chapter that includes a brief introduction of the SVAG project, locations of the project and methodology of the midline and perception survey. Then, it is followed by second chapter which describes the respondents' profile. third chapter is about decision makings in families on various matters and activities. Fourth chapter discusses about the public's perception toward local services and facilities. Then, the report analyses the public's perception toward services and responsibilities of VDC offices, health facilities and community schools in chapter five, six and seven respectively. Chapter eight concentrates on the situation of child marriage and dowry custom. Chapter nine highlights on the situation and public's awareness on gender-based violence. Situation of internal and international migration is discussed in chapter ten. Finally, the report ends up with conclusions in chapter eleven.

1.6 Limitation of the Survey

The survey has some limitations too. But, these limitations are within the boundary of scientific research exercise. First of all, the survey includes only 20 programme intervened VDCs and their corresponding 10 control VDCs from the five programme districts in its sample. Therefore, findings of this survey cannot be generalized for the entire five districts. It is generalizable only for these treatment and control VDCs.

Another limitation is that sample size for the treatment VDCs and control VDCs are not equal. The sample size for the treatment VDCs is 500 respondents while that for the control VDCs is 250. This means that they have different margins of error. Statistically, the survey produces results at +/- 4.4 percent of margin of error at 95 percent confidence interval in the treatment VDCs while the margin of error is +/-6.2 percent in the control VDCs.

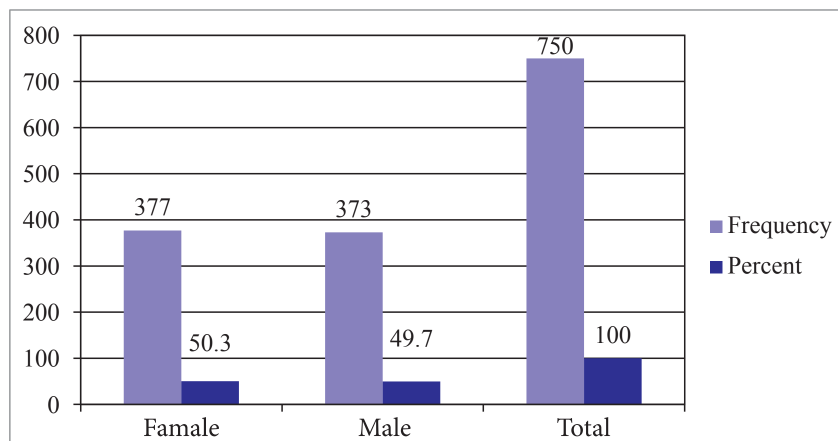
CHAPTER 2

RESPONDENTS' PROFILE

2.1 Demographic Composition

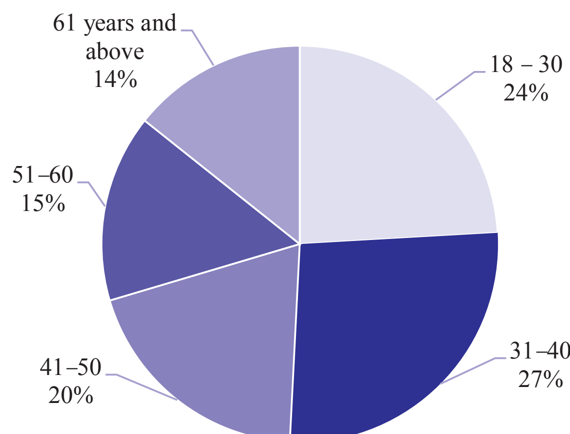
Of the 750 respondents interviewed, 50.3 percent are female and 49.7 percent are male. So, the sample is almost equally divided across male and female.

Figure 2.1: Sex Composition of the Sample



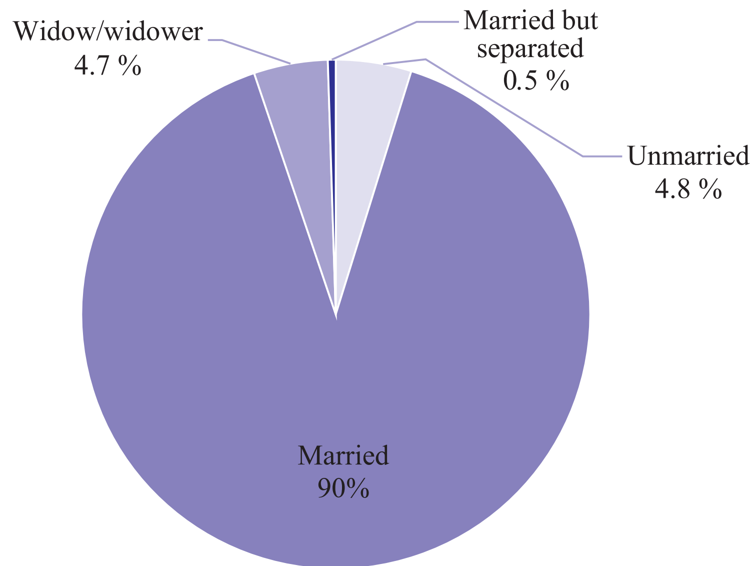
About 24 percent of the respondents represent the young generation (between the ages of 18 and 30). Another 27 percent belong to the age group between 31 and 40 while some 20 percent belong to that between 41 and 50. Proportion of those who are aged between 51 and 60 is 15 percent. Remaining 14 percent belong to the old generation (i.e. above 60 years).

Figure 2.2: Age Group Composition of the Sample



Ninety percent of the respondents interviewed are married while only 5 percent are unmarried. Another 5 percent are widows or widower. There are also few people who are married but now separated.

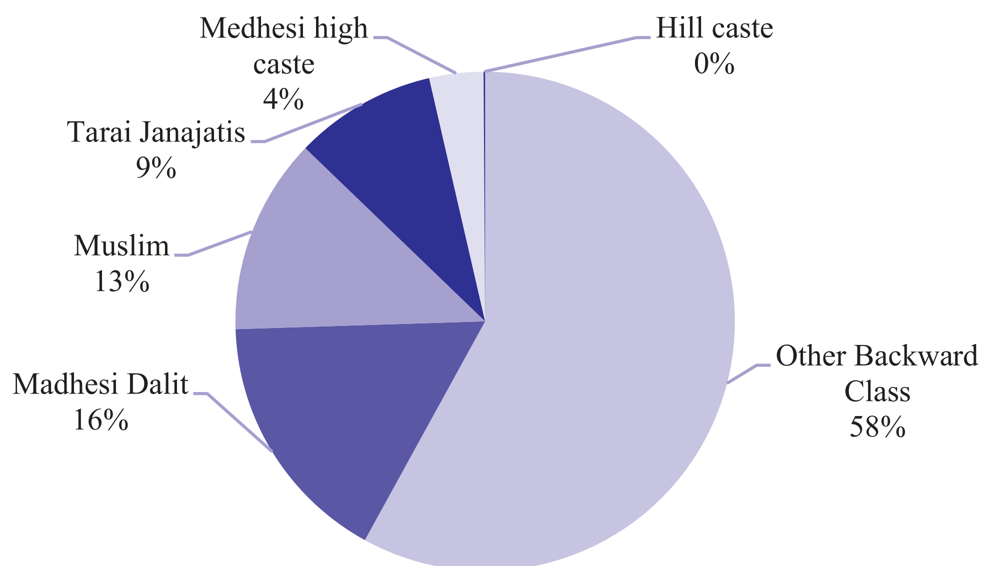
Figure 2.3: Marital Status of the Sample



2.2 Social Composition

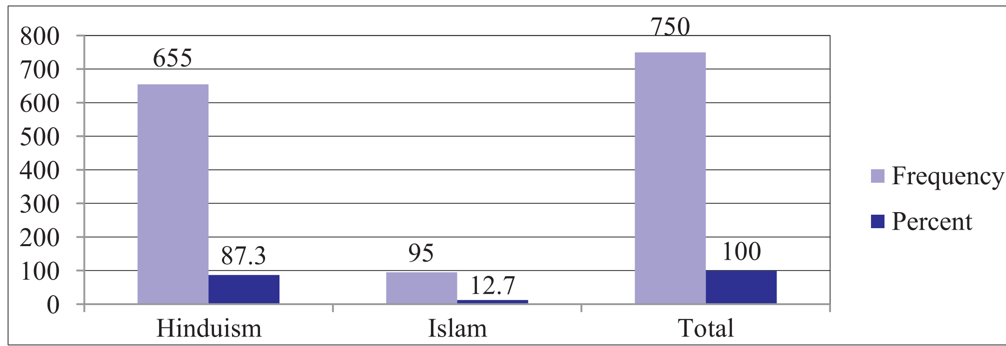
Most of the people included in the sample of the survey are from Other Backward Class of Tarai (58 percent), which is logical because this group constitutes the largest proportion of the population in the five programme districts. Almost 17 percent of the respondents belong to Madheshi Dalits. Muslims constitute near about 13 percent. Proportion of Tarai Janajatis is 9 percent. Madheshi high caste such as Brahman, Rajput and Kayastha comprises about 4 percent.

Figure 2.4: Composition of Broad Group of Caste/Ethnicity of the Sample



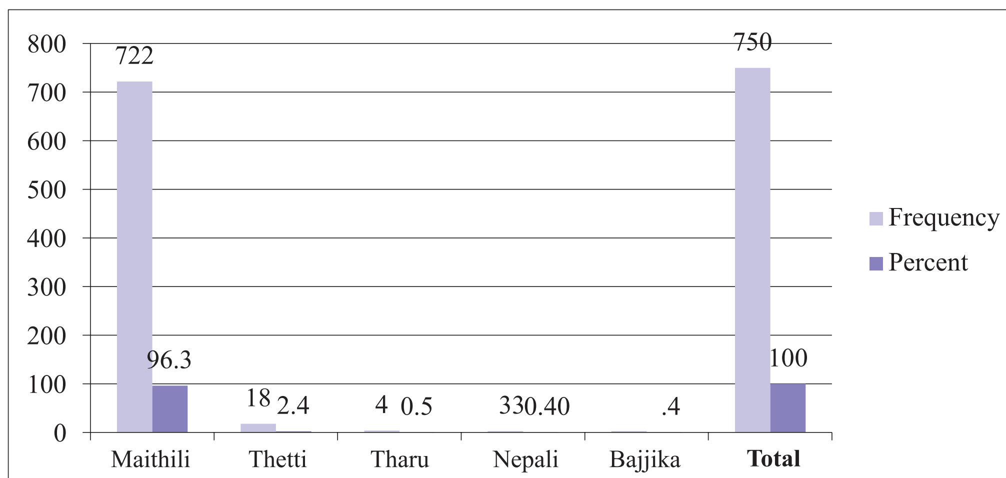
When the sample is broken down by religious affiliation of the respondents, the sample broadly represents the population living there. Eighty-seven percent are Hindus while another 13 percent are Muslims.

Figure 2.5: Religious Composition of the Sample



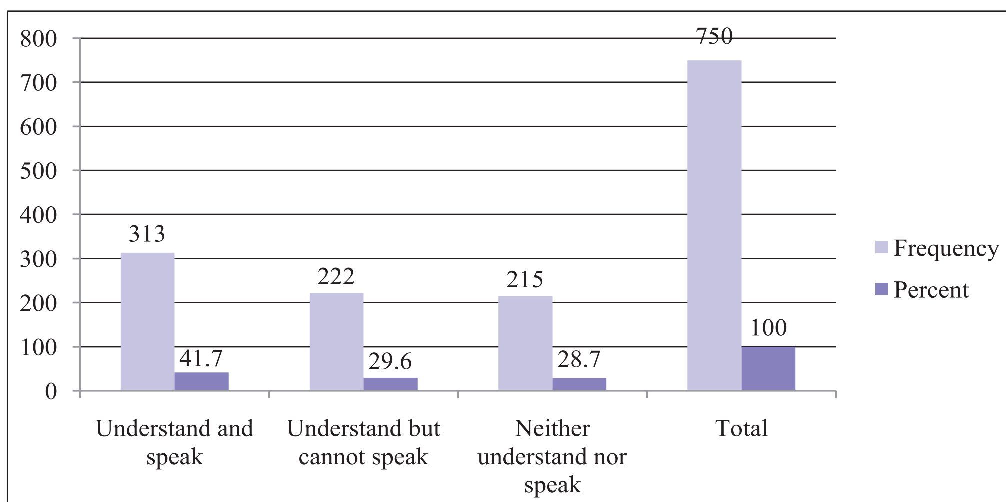
Almost 96 percent of the respondents speak Maithili as a mother tongue. There are very few people in the sample whose mother tongues are other than Maithili.

Figure 2.6: Mother Tongue of the Sample



About 42 percent of the respondents can both understand and speak Nepali language while 30 percent can understand it, but cannot speak. Another 29 percent can neither understand Nepali nor speak.

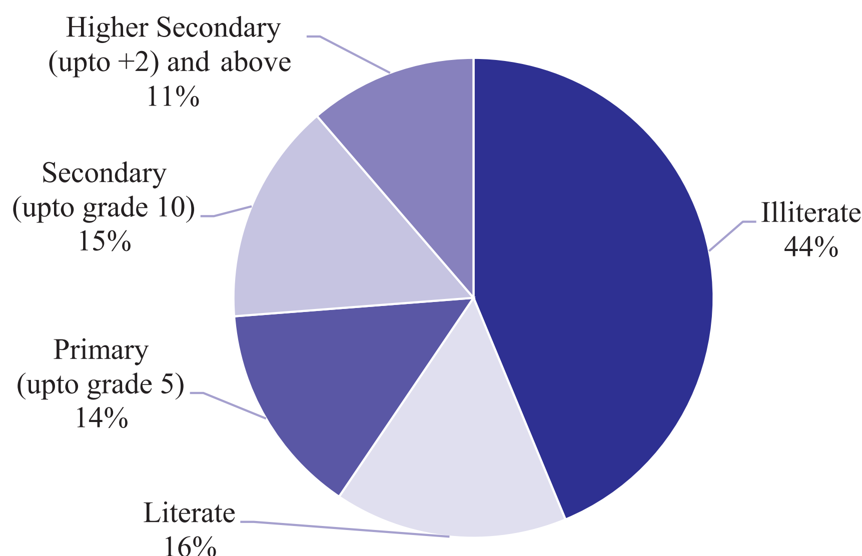
Figure 2.7: Understanding and/or Speaking Capacity of Nepali Language of the Sample



2.3 Educational Status

In terms of educational status, proportion of those who are illiterate is 44 percent. About 16 percent are literate. Proportions of those who have completed primary level and secondary level are 14 percent and 15 percent respectively. Another 11 percent of the respondents reported that they completed higher secondary level or above.

Figure 2.8: Educational Status of the Sample



2.4 Occupation and Source of Income

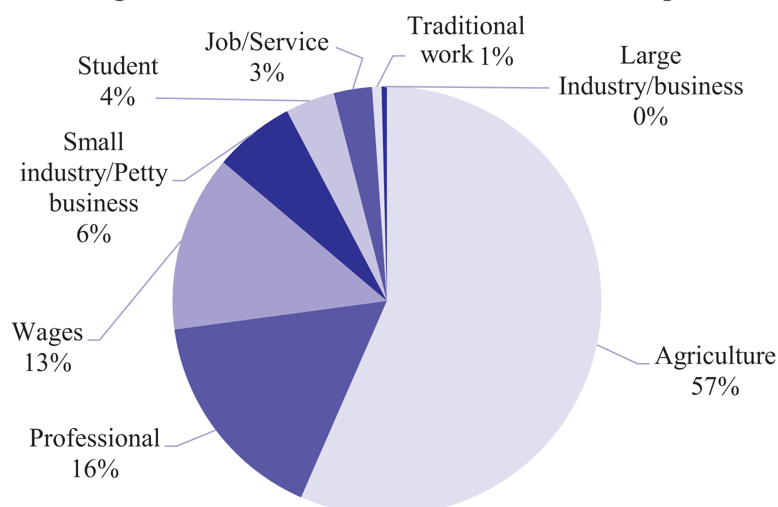
Majority of the respondents (60 percent) are involved in agriculture. About 19 percent of the respondents are working as daily wage labourers. Some 5 percent owns small industries or business. Professional workers are 3 percent.

Table 2.1: Occupational Composition of the Sample

	Frequency	Percent
Agriculture	453	60.4
Daily wages	141	18.8
Housewife	51	6.8
Small industry/business	36	4.8
Professional work	23	3.1
Student	21	2.8
Job	20	2.7
Traditional profession	4	0.5
Large industry/business	1	0.1
Total	**750**	**100**

The main occupation of the respondents matches with the main source of income of the respondents. About 57 percent say that their main source of income is agriculture. Another 16 percent claim that their main source of income is professional works followed by wage-based labours. For 6 percent, income comes mainly from small industries and petty business. About 3 percent of the respondents do jobs or services to earn their income.

Figure 2.9: Main Source of Income of the Sample



2.5 Income Status

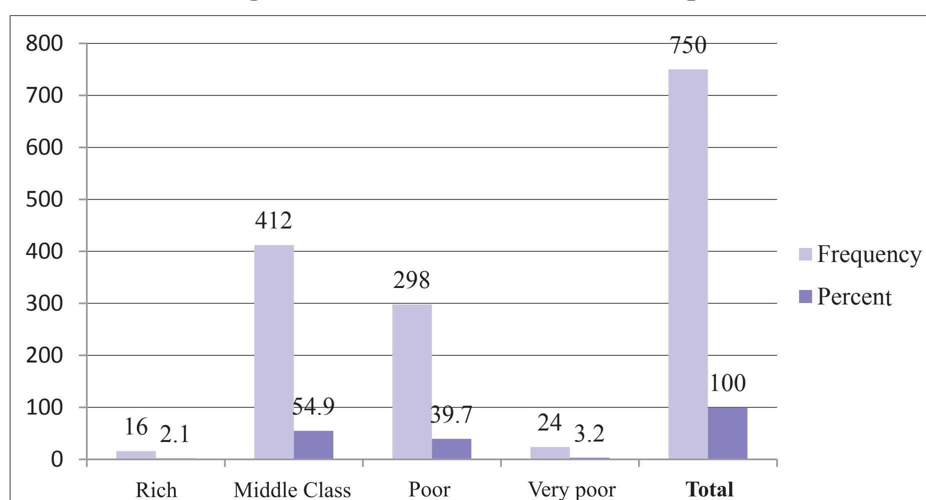
About 21 percent of the respondents mention that they spend less than Rs. 5,000 on average every month while another 37 percent say they spend between Rs. 5,001 and Rs. 10,000. Nineteen percent say that they spend between Rs. 10,001 and Rs. 15,000 while another 13 percent say between Rs. 15,001 and Rs. 20,000.There are few respondents who spend more than Rs. 20,000.

Table 2.2: Average Monthly Expenditure of the Sample

	Frequency	Percent
Rs. 5,000 and Less	155	20.7
Rs. 5,001 - 10,000	277	36.9
Rs. 10,001 - 15,000	145	19.3
Rs. 15,001 - 20,000	97	12.9
Rs. 20,001 - 25,000	41	5.5
Rs. 25,001 and above	35	4.7
Total	**750**	**100.0**

Most of the respondents think that they belong to either middle class (55 percent) or poor class (40 percent). Only 2 percent claim that they are rich while another 3 percent claim they are very poor. But it is worthwhile to mention that income class discussed here was not determined by a rigorous technique based on an analysis of economic activities. It was simply determined as per the responses given by the respondents.

Figure 2.10: Income Class of the Sample



2.6 Usage of Media

Most of the respondents always or sometimes use either radio or TV for information and news. Internet is also moderately used among them followed by newspapers and magazines.

Table 2.3: Use of media for information and news

	Always	Sometimes	Never	NA	CS/DK
Newspaper/Magazine	1.7	18.3	35.7	44.1	0.1
Radio/FM	23.6	40.7	32.9	2.7	0.1
TV	32.0	35.9	29.9	2.1	0.1
Internet	7.2	12.8	30.9	44.5	4.5

2.7 Disability in the Family

Ninety percent of the respondents say that none of their family members are disabled. However, 10 percent of them say that some of their family members are disables. Amongst these 10 percent, 61 percent respondents have physical disabilities in their households, while 16 percent mention that some of their family members could not see properly and another 16 percent reported to need psychiatric help. A small proportion of the respondents also has members who could not hear and speak properly (7 percent). Four percent say that they have members with hearing problems. Some 3 percent has reported to have members with multiple disabilities.

CHAPTER 3

DECISION MAKING IN MITHILA BELT

3.1 Decision Makers in Various Matters and Activities

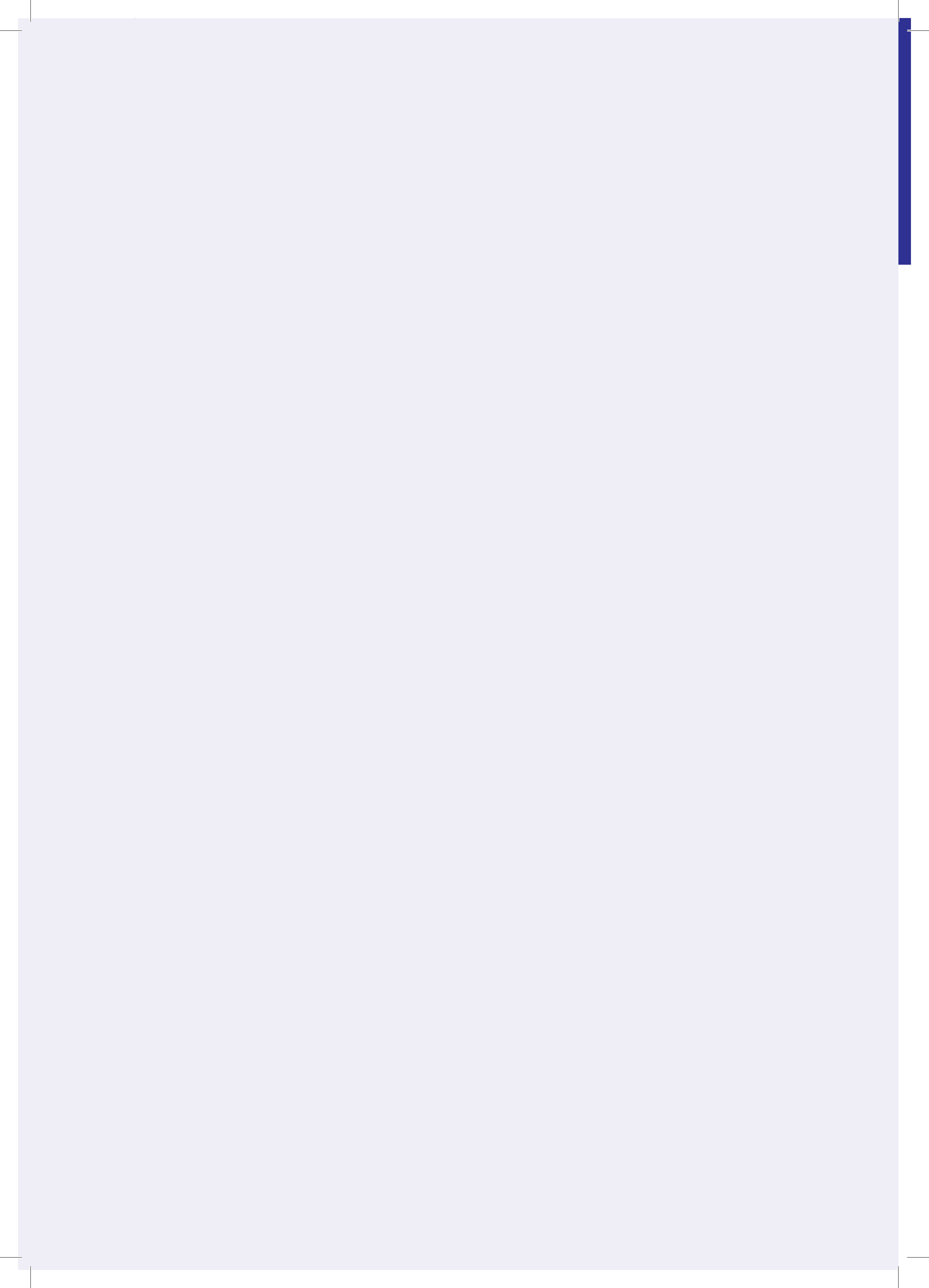
The survey sought to uncover primary decision makers in the family regarding various family matters and activities. In this context, the survey asked who takes the decision in their families particularly on the matters regarding: (a) family budget, (b) property sales/purchase, (c) food, (d) social relations, (e) marriage issues, (f) employment, (g) family requirements, (h) health issues, and (I) education.

The findings reveal that it is basically male household heads who primarily take family decisions in almost every issue and activity in both the treatment and control VDCs. But in the cases of social relations and marriages, higher proportion says that decision is made jointly in both the treatment and control VDCs.

Overall, the survey shows that it is basically the male household heads who are taking the decisions in almost of the matters, followed by joint decision making. Decisions made by the female household heads are consistently in third for all types of the matters. Meanwhile, even though the responses on decision-making are consistent between both treatment and control VDCs, proportion of the respondents who say that decisions are taken jointly is slightly higher in the treatment VDCs.

Table: 3.1: Main actors taking family decisions on various issues by treatment and control VDCs [Base = 750]

Matters/Activities	Treatment					Control				
	Male HH Head	Female HH Head	Male Member (Not HHH)	Female Member (Not HHH)	Jointly	Male HH Head	Female HH Head	Male Member (Not HHH)	Female Member (Not HHH)	Jointly
Family Budget	57.6	13.6	3.0	1.2	24.4	59.6	14.4	3.6	1.2	20.8
Property sales/purchase	52.2	10.6	2.2	1.2	33.6	55.2	9.6	1.6	.8	32.4
Food	47.8	20.6	2.8	3.8	25.0	53.6	23.6	.8	1.6	20.0
Social relation	38.4	10.8	2.2	1.8	46.8	44.0	13.2	1.6	1.6	39.2
Marriage	43.4	9.0	2.0	1.8	43.8	41.6	9.2	1.2	1.2	46.4
Employment	44.6	11.4	3.4	1.6	38.6	48.0	12.8	1.6	.8	36.4
Family requirement	46.8	15.2	2.6	2.2	33.0	54.8	15.6	.8	.8	27.6
Health issues	43.6	14.6	3.2	1.8	36.6	55.2	14.4	2.0	.8	27.2
Educational issues	46.0	12.8	3.4	1.4	36.4	56.0	14.0	2.0	.8	26.8



CHAPTER 4

PUBLIC'S PERCEPTION TOWARD LOCAL SERVICES AND FACILITIES

4.1 Improvement in services and facilities

The survey read out the various statements regarding situation of development issue, living standards of people, law and order, and corruption to understand whether public are agreed or disagreed to these statements. Majority of respondents, around 69 percent in treatment areas as compared to control (61 percent), agreed that development infrastructure has increased. Similarly, an overwhelming majority of people (over eighty percent) in both areas-treatments and control- agreed with the statements- people's living standards had been improved and the situation of law and order is good now.

The share of respondents who agreed with the statement- development works were slow due to the absence of elected local body in the past- is higher in both areas (63 percent for treatment vs. 86 percent for control). This issue also came up during the FGDs during which many of the participants had remarked similar opinions to *"...because there were no elected representatives, the deliver of services was poor"* (FGD with men in Dhanusha). Interestingly, when asked whether the recently formed local bodies would expedite development activities faster, only 56 percent in the treatment and 41 percent in the control areas said yes. One reason for less optimism during the FGDs and KIIs was of the general belief that while they were happy that elections had taken place, doubts still remained. "*They (the elected representatives) have committed for the improvement of services, but we have yet to see whether that will happen or not*" (FGD with women in Siraha).

Meanwhile the percentage of respondents who agreed that bribery and corruption had increased is slightly higher in the control than the treatment (82 percent vs. 76 percent) areas.

Table 4.1: Percentage of respondents who agreed or disagreed with various statements

	Statement	Treatment		Control	
		Agree	Disagree	Agree	Disagree
A	Infrastructure of development has been increased.	68.6	30.8	61.2	38.4
B	People's living standard has been improved.	87.0	12.6	86.8	12.0
C	Situation of law and order is good now.	83.2	16.4	82.8	16.8
D	Development works were slow due to absence of elected local body in the past.	63.0	34.8	68.0	28.4
E	Bribery and corruption have increased.	75.8	22.2	82.4	16.8
F	Recently formed local body expedites the development activities fast.	56.2	31.2	41.2	28.8
	N	500		250	

4.2 Experiences of discrimination in various institutions

It is often heard that certain official or stakeholders discriminate differently such as based on caste, religion, economic level, gender, regions and party affiliation of people. In order to document information regarding whether or not people had experienced discrimination, the survey, KII and FGDs asked the question about whether the respondents had faced any discrimination based on people's caste, religion, economic level, gender, regions and party affiliation.

On this regards, the survey first asked the question to all the respondents whether or not they had experienced discrimination from traditional authorities. The findings of the research shows that around one quarter of the respondents experienced discrimination based on class in the treatment VDCs while this figure was 18 percent in the control VDCs. Proportion of respondents who said they experienced discrimination from traditional authorities is higher in terms of political affiliation (29 percent), untouchability (23 percent), caste (19 percent), ethnicity (13 percent) and regions (11 percent) in the treatment VDCs. A similar trend is seen in the control VDCs as well. Having access to various political parties was an issue that emerged during the KIIs and FGDs, with many of the participants remarking that rather than complain to the authorities (about the lack of services), they would rather go to the political parties to 'get things done'. KIIs with the political party representatives also agreed, one UML party leader in Saptari noted that "*people in this area do not go directly to the service providers if they have a problem, instead they go to political parties and through them to create pressure to get their work done*" (KII with UML leader in Saptari)

Though the majority of respondents said they had experienced discrimination from traditional authorities, those who said they experienced discrimination from traditional authorities are slightly lower in the control VDCs as compared to the treatment VDCs. Normally people are less likely to experience discrimination based on genders as compared to other basis of discrimination.

Table 4.2: Percentage of respondents who experienced or did not experience discrimination from traditional authority

	Basis of discrimination	Treatment		Control	
		Yes	No	Yes	No
A	Class (Rich and Poor)	23.6	76.2	18.0	81.6
B	Caste (Higher and Lower)	19.2	80.8	13.2	85.6
C	Untouchability (Dalits and non-dalitis)	23.4	76.2	16.4	81.6
D	Ethnicity (Caste and Ethnic groups)	17.6	81.2	8.4	88.4
E	Religion (Hindu and Islam)	12.6	86.0	9.6	88.0
F	Gender (Male and Female)	8.0	91.8	2.4	96.4
G	Region (Hill People and Madheshi)	11.2	85.2	6.4	88.4
H	Party affiliation (yours' vs. theirs parties)	28.8	69.0	26.4	72.4

When asked the question about facing discrimination from government officials such as VDC secretaries, teachers, health service providers, the majority of respondents reported that they had not experienced any kind of discrimination from government officials. Very few reported discrimination, and amongst them the proportion of respondents who reported that they had experienced discrimination was slightly higher in the treatment VDCs than the control VDCs.

In addition, the study shows that people are likely to experience discrimination from government officials in terms of party affiliation as compared to other basis of discrimination. Proportion of respondents who said so in terms of party affiliation is 18 percent in the control VDCs and 17 percent in the treatment VDCs. The detail findings are presented in the table 4.3. Meanwhile from the FGDs, in addition to the party affiliations, class also emerged as important issue with many of the participants

(who had faced discrimination) noting that the richer people received services much more efficiently and quicker, compared to the poor. "*If we go to the VDC, the rich and those who have personal contacts get their work done quickly, while the poor have to wait*" (FGD with men in Dhanusha), and "*sometimes at the health post, the richer are treated quickly and given better medicine, while the poor are provided with the cheaper ones*" (FGD with women in Sarlahi) were some of the commonly held perception among the study population.

Table 4.3: Percentage of respondents who experienced or did not experience discriminations from the government officials (VDC, School, health facilities etc.)

	Basis of discrimination	Treatment		Control	
		Yes	No	Yes	No
A	Class (Rich and Poor)	9.8	89.4	10.4	88.4
B	Caste (Higher and Lower)	8.8	90.4	4.8	93.6
C	Untouchability (Dalits and non-dalitis)	8.6	90.0	6.4	90.4
D	Ethnicity (Caste and Ethnic groups)	8.0	90.4	4.8	92.0
E	Religion (Hindu and Islam)	6.2	91.8	3.6	93.2
F	Gender (Male and Female)	4.8	94.2	1.6	96.8
G	Region (Hill People and Madheshi)	6.4	89.6	3.6	90.8
H	Party affiliation (yours' vs theirs parties)	16.8	81.0	18.0	80.4

As in the earlier case too, an overwhelming majority of respondents of both the treatment and control VDCs reported that they did not experience any kind of discrimination from elected representatives/local political leaders. Nevertheless, those who said that they experienced discrimination from these stakeholders is higher in terms of party affiliation in both the treatment and control VDCs. The detail is presented in the table 4.4.

Table 4.4: Percentage of respondents who experienced or did not experience discriminations from elected representatives/local political leaders

	Basis of discrimination	Treatment		Control	
		Yes	No	Yes	No
A	Class (Rich and Poor)	11.0	87.2	10.0	86.4
B	Caste (Higher and Lower)	8.2	90.0	3.6	92.4
C	Untouchability (Dalits and non-Dalits)	7.6	90.6	5.6	90.8
D	Ethnicity (Caste and Ethnic groups)	5.8	91.8	4.0	90.8
E	Religion (Hindu and Islam)	5.4	91.6	3.2	92.4
F	Gender (Male and Female)	4.0	94.2	2.4	94.8
G	Region (Hill People and Madheshi)	7.2	87.6	5.2	88.4
H	Party affiliation (yours' vs. theirs parties)	29.6	67.2	30.4	66.4

The overall findings suggests that even though the vast majority of informants reported that they had not experienced any kinds of discrimination from traditional authorities, government officials, and elected representatives/local political leaders. However, amongst those who did mention that they had experienced discrimination is slightly higher for traditional authorities as compared to government officials and elected representatives/local political leaders. Furthermore, while the survey showed that people reported to experience more discrimination on the basis of party affiliation, the KII and FGD findings showed that class was also perceived to be important, with many people believing that the richer people received better and more efficient services, than those who are poor.

4.3 Awareness of people

Nepal government has provisioned some compulsory mechanisms to implement with an objective to make the activities of schools, heath post and VDC offices transparent, and make these institutions more responsible, transparent and participatory. In this context, all the respondents were asked whether or not they knew about these mechanisms like social audits, public audits, public hearings, citizen charters, ward citizen Fora, children's meeting, integrated plan formulation processes, citizen awareness centres, community mediation centres, and reconciliation centres.

To understand the public's awareness about these mechanisms two different questions were asked, the first asked question was- did they know one year ago and second asked question was- do they know now. An overwhelming majority of respondents of both the treatment and control VDCs said that they did not know these mechanisms one year ago and the same is true for the second question as well. However, the proportion of respondents who said they now know for both questions is significantly higher in the treatment VDCs as compared to the control VDCs.

Higher proportion of respondents reported that they know about these mechanisms now as compared to those who said they know about these mechanism one year ago in treatment VDCs and the same trend is emerged in control VDCs as well.

In addition, the research shows that the majority of people know about reconciliation centre, citizen charter, ward citizen forum, children meeting, citizen awareness centre, and community mediation centre as compared to other mechanisms social audit, public audit, public hearing, and integrated plan formulation process. The same trend is seen in both treatment and control VDCs.

Table 4.5: Awareness of people about various mechanisms established by government of Nepal to make the institutions transparent and participatory

	Mechanism	Treatment				Control			
		Did you know one year ago?		Do you know now?		Did you know one year ago?		Do you know now?	
		Yes	No	Yes	No	Yes	No	Yes	No
A	Social audit	15.8	83.8	25.0	74.8	8.4	91.6	14.0	86.0
B	Public audit	16.2	83.6	26.0	73.8	7.2	92.8	12.0	87.6
C	Public hearing	17.4	82.6	24.6	75.4	7.6	92.4	13.2	86.4
D	Citizen charter	32.2	62.4	33.6	60.2	16.8	78.0	19.2	75.6
E	Ward citizen forum	28.4	67.2	31.0	63.8	16.0	79.2	18.0	76.8
F	Children meeting	28.0	66.6	30.2	63.6	21.6	73.2	22.0	72.8
G	Integrated plan formulation process	16.6	73.6	18.2	71.0	8.4	86.4	9.2	85.6
H	Citizen awareness centre	24.0	69.2	25.8	67.0	14.0	80.8	14.8	80.0
I	Community mediation centre	25.0	69.6	28.8	64.8	15.6	80.8	19.6	76.8
J	Reconciliation centre	38.2	59.8	43.2	53.6	29.2	67.6	32.8	63.6

With respect to the citizen charters, many of the participants noted that they had been posted at the VDC offices, mostly with the support of NGOs. However, even though they had been posted, there were mixed feelings regarding their relevance. Some of the participants were positive and remarked, "W*e now know the types of services the VDC is providing*" (FGD with Janajati men in Sarlahi), while others pointed out the fact that "*not everyone can read and so to them it does not have any use for them*" (FGD with women in Sarlahi).

Percentage of CPG members who are aware of rights, entitlements and services is also calculated separately for 2016 and 2017. The following table shows the level of awareness of the CPG members by mechanism. In average, 48 percent of the CPG members are found to be aware in 2016 while 58 percent are aware in 2017.

Table 4.6: Proportion of the CPG members who said that they were aware about various mechanism established by government of Nepal to make the institutions transparent and participatory

		2016 (%)	2017 (%)
A	Social audit	42	58
B	Public audit	41	60
C	Public hearing	44	61
D	Citizen charter	53	55
E	Ward citizen forum	55	60
F	Children meeting	48	53
G	Integrated plan formulation process	38	44
H	Citizen awareness centre	49	55
I	Community mediation centre	48	59
J	Reconciliation centre	61	73
	Average	47.9	57.8

Average percentage of the CPG members who said that they were aware about these different mechanisms and tools are further used to calculate no. of the CPG members who are aware of their rights, entitlements and services. The no. of the CPG members who are aware of these things are calculated by multiplying the total no. of CPG members formed by NEMAF (i.e. 1,200) by the average percentage. In this way, no. of the CPG members is estimated to be 576 and 696 in 2016 and 2017 respectively.

Table 4.7: No. of the CPG members who are aware of their rights, entitlements and services

Baseline 2016	Midline 2017	Target for Year-2 (2017)
576	696	1,000

4.4 Participation of People in CPG's Programmes

Another question in this section was asked about whether or not people participated in social programmes organized by civil pressure groups. The survey reveals that the majority of the people did not participated in these programmes in the treatment VDCs. Only 4 percent said they participated in such programmes in the treatment VDCs. It is understandable that none of the people participated in such programmes in the control VDCs since CPGs do not organize their programmes in the control VDCs. It is worthwhile to mention here that 4 percent of the total adult population (>18 years) in the treatment VDCs participating in CPGs' programmes is still huge in terms of number. KII with the CPG members indicated that they had been active in organizing such types of events and that 20-50 people do turn up to the events and that "participation has been increasing" (KII with CPG member in Mahottari).

Table 4.8: Have you participated in social programmes organized by civil pressure groups (e.g. counselling, motivational programmes, awareness campaigns, seminars, workshops etc.)

207	Treatment (Only Non-CPG Member)	Control
Yes	3.8	0.0
No	95.8	98.8
DK/CS	0.5	1.2
N	400	250

Percentage of the people in the treatment VDCs who said that they had participated in social programmes organized by CPGs (i.e. 4 percent) is further used to calculate no. of people participated in such programmes. The no. of the people participated in such programmes is calculated by multiplying the total adult population (>18 years) of the treatment VDCs (i.e. 72,202; based on a fact of the National Population Census 2011 that 58 percent of the total Tarai population is above 18 years of age [Central Bureau of Statistics 2012]) by this percentage. In this way, no. of the people participated in social programmes organized by CPGs is estimated to be 2,888 in 2017.

Table 4.9: No. of the people participated in social programmes organized by CPGs

Baseline 2016	Midline 2017	Target for Year-2 (2017)
NA	2,888	2,000

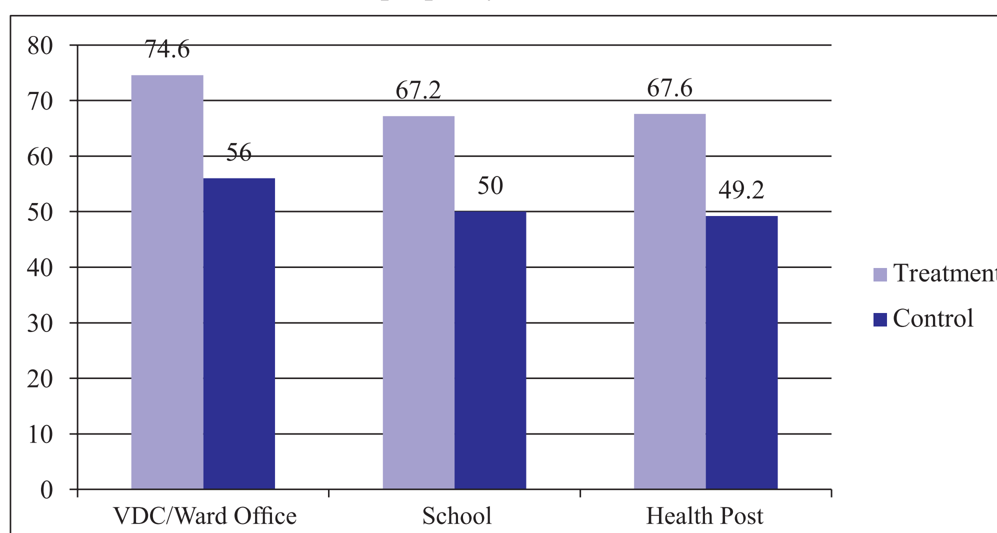
4.5 Accountability of Local Service Providers

The survey revealed that about 75 percent of the local public living in the treatment VDCs think that VDC/ward officials are accountable to the people. Meanwhile the proportion of the respondents who think similarly in the control VDCs is only 56 percent. The KIIs and the FGDs indicate that one main reason is because of the increased awareness by locals of their entitlements and services that should be provided by the government public services. According to the District Planning Officer in Sarlahi, NGOs, CWFs and CACs have played a key role on this regard, by raising people's awareness in recent years. The information disseminated by the media was also identified as being a contributing factor by politicians during KIIs.

Likewise, the proportion of people who think so with regard to schools is 67 percent in the treatment VDCs and 50 percent in the control VDCs. Here to, the District Education Officer of Siraha expressed his view that "*before people were backward and did not know about their rights. But, in recent years they have become aware and so come to the meetings for discussion on progress*". Similarly, this proportion is 68 percent in the treatment and 59 percent in the control VDCs in the context of health posts. Overall, these data indicate that more people in the treatment VDCs think positively about the service providers than those in the control VDCs.

Meanwhile, the FGDs and KIIs indicated that the main reason why others did not think VDCs were accountable to the people was due to the general lack of education and awareness. "*People are uneducated and just do not know their rights*" and " *government people have a traditional mindset and do not worry about what the locals will say*" were some of the commonly echoed points by politicians during the KIIs.

Figure 4.1: Proportion of the local public who said that the following service providers are accountable to the people by Treatment and Control VDCs



The proportion of the local public who said that the services delevered by VDC offices has been increased to 75 percent in 2017 from 52 percent in 2016. The proportion for schools is also higher in this year (67 percent) compared to that in the last year (50 percent). The target set for schools for the Year-2 is 60 percent. So, the target is met in the context of schools too. This percentage for health facilities has also grown in 2017 from 53 percent in 2016 to 68 percent in 2017 for which the target was set at 63 percent for the Year-2 (i.e. 2017).

Table 4.10: Percentage of Citizens Expressing that Accountability of Public Bodies has improved

Service Provider	Baseline 2016	Midline 2017	Target for Year-2 (2017)
VDC Offices	52%	75%	62%
Health Facilities	53%	68%	63%
Schools	50%	67%	60%

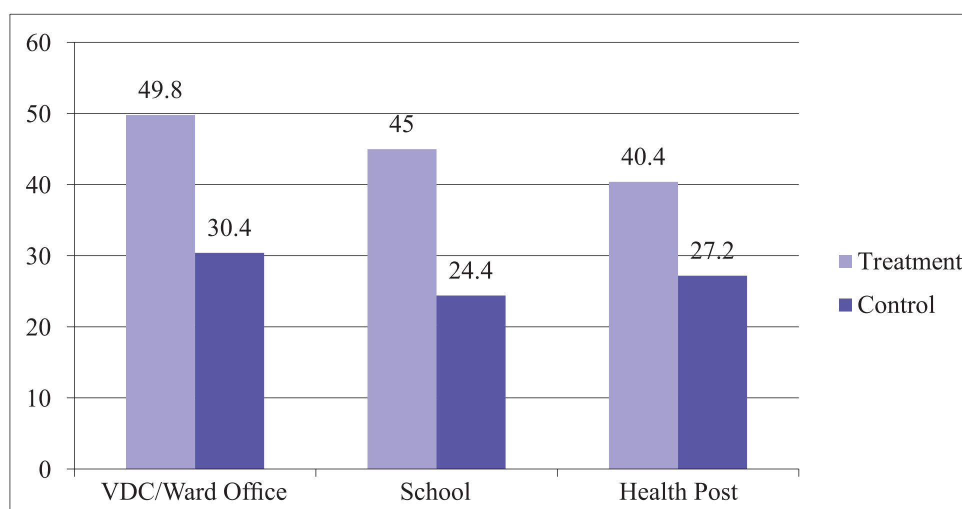
Proportion of the people, who think that the service providers are accountable, is the highest in the treatment area of Siraha (88 percent) followed by Saptari (77 percent), Dhanusha (71 percent), Sarlahi (69 percent) and Mahottari (68 percent). Comparison across the districts shows that better accountability of the VDC/ward offices is perceived in the treatment VDCs than the control VDCs of all districts, except Saptari where the situation is almost the same. In the context of the health post too, better accountability has not been observed in the treatment VDCs of Saptrai.

Table 4.11: Proportion of the local public who said that the following service providers are accountable to the people by District of Treatment and Control Areas

	Treatment					Control				
	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
VDC/ Ward Office	77.0	88.0	71.0	68.0	69.0	76.0	50.0	56.0	44.0	54.0
School	71.0	77.0	72.0	57.0	59.0	60.0	46.0	54.0	40.0	50.0
Health Post	68.0	78.0	68.0	60.0	64.0	66.0	24.0	56.0	44.0	56.0

According to the public's perception, more people think that all the three types of the service providers have been delivering the services timely in the treatment VDCs than the control VDCs. However, it should be borne in mind that the proportion of those who said that they delivered the services on time was not very high within the treatment VDCs even though it was higher than that in the control VDCs.

Figure 4.2: Proportion of the local public who said that the following service providers delivered the services timely whenever they visited them to access the entitled services by Treatment and Control VDCs



The proportion of the local public who said that the services delevered by VDC offices has been increased to 50 percent in 2017 from 39 percent in 2016. Even though the proportion for schools is slightly higher in this year (45 percent) compared to that in the last year (44 percent). This percentage for health facilities has even declined in 2017 from 42 percent in 2016 to 40 percent in 2017. It means only VDC offices have increased the service delivery massively and schools very slightly. However, health facilities resemble decreasing the service delivery.

Table 4.12: Percentage of Citizens Expressing Timely Delivery of Entitlements by Service Providers

Service Provider	Baseline 2016	Midline 2017	Target for Year-2 (2017)
VDC Offices	39%	50%	50%
Health Facilities	42%	40%	52%
Schools	44%	45%	55%

Looking at the district level, it is found that timely delivery of the services from the VDC/ward offices and health posts is pronounced highest in the treatment VDCs of Sarlahi district (59 percent and 53 percent respectively) while it is the highest in Dhanusha (53 percent) with regard to the schools.

Table 4.13: Proportion of the local public who said that the following service providers delivered the services timely whenever they visited them to access the entitled services by District of Treatment and Control Areas

	Treatment					Control				
	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
VDC/Ward Office	51.0	43.0	52.0	44.0	59.0	58.0	24.0	20.0	18.0	32.0
School	47.0	35.0	53.0	39.0	51.0	40.0	22.0	24.0	8.0	28.0
Health Post	27.0	37.0	45.0	40.0	53.0	50.0	12.0	26.0	20.0	28.0

Only 25 percent of the local people in the treatment VDCs think that they know how and where they can register complains if they are dissatisfied with the service quality delivered by the service providers in the treatment VDCs. Even though this percentage is higher than that in the control VDCs (19 percent), this is not satisfactory.

Among those who know about how to register complains, only 10 percent have registered complains in the treatment VDCs. This percentage is almost in the control VDCs too. Furthermore, the majority of the participants of the FGD reported that there were no complaint boxes in the VDCs and many were not aware of how to formally register complains (FGD with Muslim men in Mahottari). Instead, they said that most of the complains were made verbally to the service providers, but, that this had its drawback as they were not taken seriously. "*No one complains, because it is useless*" (FGD with Janajati men in Sarlahi). Going to politicians to exert pressure was also noted to be general practice of people who had contacts.

The service providers, however, had a different perspective. The district education officer in Siraha expressed his opinion that the complains, once received, were sent to the appropriate departments and were addressed. He remembered that when they received complains about Dalit students not receiving scholarships, inquiries were made, and later the students got their scholarships.

Table 4.14: Proportion of the local public who said that they knew how and where they could register complains in case they were unsatisfied with the quality of services delivered by local service providers and that of those who have registered complains by Treatment and Control VDCs

	Treatment	Control
Who knew	24.8	18.8
Who registered (base = who knew)	9.7	10.6

Awareness of registering complains is quite high in the treatment VDCs of Dhanusha (38 percent). It is also worthwhile to mention that the awareness is even lower in the treatment VDCs of Saptari (20 percent) than the control VDCs (32 percent).

Table 4.15: Proportion of the local public who said that they knew how and where they could register complains in case they were unsatisfied with the quality of services delivered by local service providers and that of those who have registered complains by District of Treatment and Control Areas

	Treatment					Control				
	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Who knew	20.0	26.0	38.0	18.0	22.0	32.0	18.0	16.0	12.0	16.0
Who registered (base = who knew)	20.0	11.5	10.5	5.6		12.5	11.1	12.5	16.7	

Overall, the findings from the surveys, KIIs and FGDs reveal that awareness and monitoring of the delivery of services has been increasing in the study sites, especially in the treatment groups due to the work of NGOs, such as NEMAF, to raise awareness. However, much more effort is still required to ensure that the services are delivered in a timely manner.

However, a very few complaints about quality of services delivered by government agencies have been officially recorded in all the service providers: VDC offices, health facilities and schools. According to the data obtained from the institutional survey conducted in all of these three service providers, only 1 complaint was recorded in the offices of the treatment VDCs both in 2016 and 2017 despite the fact that target was set at 40 complaints for the Year-2 (i.e. 2017). Only 2 complaints were

recorded in health facilities of the treatment VDCs in 2017, which was nil in 2016. Number of formal complaints has even declined in schools of the treatment VDCs from 5 in 2016 to nil in 2017.

Table 4.16: No. of Complaints Recorded by Citizens about Quality of Services Delivered

Service Provider	Baseline 2016	Midline 2017	Target for Year-2 (2017)
VDC Offices	1	1	40
Health Facilities	0	2	40
Schools	5	0	40

FGDs have provided a plenty of evidences that people complain about quality of services delivered by the three service providers, but only orally, not in a written form. Because of this, no. of formal complaints recorded in documents is always low or non-existent. FGDs conducted with Muslim men in Mahottari, OBC women in Sarlahi, Janajati men in Sarlahi and Muslim women in Saptari show that local people always complain about weaknesses and deficiencies of the service providers orally. They neither formalize their complaints in a written form nor drop their complaints in complaint boxes. So, their complaints are never recorded. Therefore, low existence or non-existence of the formal complaints of the people in the service provides does not indicate that local people does not have any complaints. They have a lot of complaints indeed, but they always do it informally, so their complaints always go unrecorded.

Among those who complained to the VDC offices in the treatment area, none of them think that their complaints were addressed in satisfactory manner. But 68 percent of those who complained to the health facilities think that their complaints were addressed in satisfactory manner. This percentage is 100 percent in the context of schools.

The proportion for VDC offices has been remained the same in 2016 and 2017 (0 percent in the both years). The target set for VDC offices for the Year-2 (i.e. 2017) is 10 percent. So, the target is not met. The proportion for health facilities is increased to 68 percent in 2017 from 0 percent in 2016, and met the target, which is set at 10 percent for the Year-2. This percentage for schools has reached 100 percent in 2017 from 0 percent in 2016 for which the target was set at 10 percent for the Year-2. So, only VDC offices have not met the target in 2017.

Table 4.17: Percentage of Citizens Reporting that Their Complaints were Addressed in Satisfactory Manner

Service Provider	Baseline 2016	Midline 2017	Target for Year-2 (2017)
VDC Offices	0%	0%	10%
Health Facilities	0%	68%	10%
Schools	0%	100%	10%

4.6 Confidence in Ability to Exercise Their Rights and Roles

The survey found that about 25 percent of the local people in the treatment VDCs reported that they were confident in their ability to exercise their rights and roles. This percentage was calculated by summing up of proportions of those who said that they were 'very confident' and 'confident' to do so. Even though this proportion is slightly higher in this year compared to that in the last year (22 percent).

Table 4.18: Percentage of Citizens Reporting Improved Confidence in Their Ability to Exercise Their Rights and Roles

Baseline 2016	Midline 2017	Target for Year-2 (2017)
22%	25%	35%

CHAPTER 5

PUBLIC'S PERCEPTION TOWARDS SERVICES AND RESPONSIBILITIES OF VDC OFFICES

5.1 Efficiency of VDC/ward secretary

The survey attempts to understand the perception of the public regarding the efficiency of VDC and ward secretary as compared to past years. In this regards, the first question that was asked to all the respondents was- do you think that the work efficiency of VDC/ward secretary improved during the last year as compared to 2 years ago. In response, some 22 percent of the treatment group respondents said yes, while those who said yes was 12 percent in control groups. Proportion of respondents who said no in this regard is significantly higher in the control VDCs (84 percent) than the treatment VDCs (52 percent). The second question in this context was- do you think that the work efficiency of VDC/ward secretary has improved this year compared to the last year. In response to this second question, a higher proportion of respondents in both the treatment and the control VDCs said that efficiency had improved this year compared to the last year.

The survey findings reveal that compared to the past years, the efficiency of VDCs and ward secretary has been improving. This was further corroborated by the KIIs and FGDs who remarked that compared to the past years, the delivery of services by the VDC secretaries had become more efficient. Many of the FGD participants noted that in the past there were always delays. One Dalit woman in Saptari remarked that "…*he (VDC secretary) would always tell us to come tomorrow, but, now things are quicker*". Another woman in Sarlahi noted that "*if we take all the necessary documents now, then we can get our work done. But, before it would take days*".

Table 5.1: Responses on efficiency of VDC and ward secretary

		Response	Treatment	Control
	Do you think that work efficiency of VDC/ward secretary was improved last year compared to 2 years ago?	Yes	22.1	11.7
		No	51.8	83.8
		CS/DK	26.1	4.5
	Do you think that work efficiency of VDC/ward secretary has been improved this year compared to last year?	Yes	42.9	42.1
		No	31.8	52.6
		CS/DK	25.3	5.3

The institutional survey of VDC offices also shows that more people are receiving various services such as births registration from the VDC offices of the treatment VDCs in FY 2073/74 (i.e. 2017) than in FY 2072/73 (i.e. 2016). The following table shows that numbers of people who registered births are higher in the later fiscal year compared to the former fiscal year.

Table 5.2: Number of People Who Registered Births in VDC Offices of the Treatment VDCs in FY 2072/73 and 2073/74

	FY 2072/73 (2016)	FY 2073/74 (2017)
No. of people who registered births	2876	3151

In FGDs conducted with Muslim men in Mahottari, Dalit men in Siraha, Muslim women in Saptari and Dalit women in Saptari, participants told that quality services provided by VDC offices improved a lot after the intervention of NEMAF. Specifically, women participants pointed out that VDC offices did not take fines for late birth registrations because of regular monitoring of CPG members.

Despite the improvements in services there is however room for more improvement. As, not all the KII and FGD participants were satisfied with the delivery of services. The charging of fees was one issue that many of the KII and FGD participants had complains about. "*I had to pay NRs 10 for the registering the birth of my son*" (FGD with Janajati men in Sarlahi), and "*I was charged NRs 50 for the secretary's help and he did not give me a receipt*" (FGD with Muslim women in Saptari) were some of the common complains. Others however noted that while it was true that in past they had had to pay the secretaries for their help, "…*after the trainings provided by the NEMAF, we know that we do not need to pay for registering the births within 35 days*" (FGD with Muslim men in Mahottari).

Some discriminatory practices were also reported by some of the participants during the FGDs. One man remarked that "*the secretary does the work of the rich quickly, but, we are made to wait*" (FGD with Janajati men in Dhanusha). A dalit woman also mentioned that "*I was asked to come the next day, even though I had been waiting for hours*" (FGD with Dalit women in Saptari).

5.2 Awareness and participation in social audit

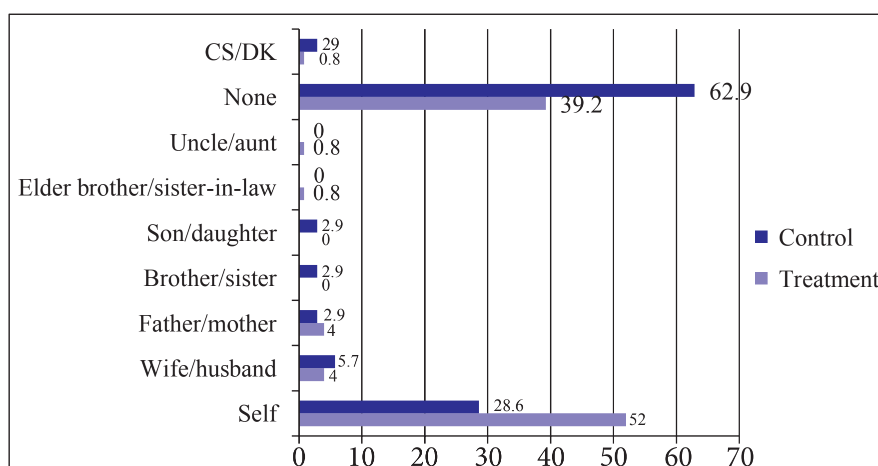
The survey also sought to understand public awareness and participation in social audit as well as what types of suggestion and issues they raised. Even though the vast majority of respondents of both the treatment and the control areas said that they had not heard about social audits, the findings show that around one quarter (25 percent) of the respondents in treatment VDCs reported that they had heard about social audits, as compared to 14 percent in the control VDCs. On the other hand, most of the CPG members (58 percent) reported that they have heard about this, still 42 percent said they had not heard.

Table 5.3: Are you or any of your family members heard about social audit event last year?

	Treatment	Control	CPG member	Non CPG member
Yes	25.0	14.0	58.0	16.8
No	74.6	86.0	42.0	82.8
CS/DK	.4			.5
Total	100.0	100.0	100.0	100.0
N	500	250	100	400

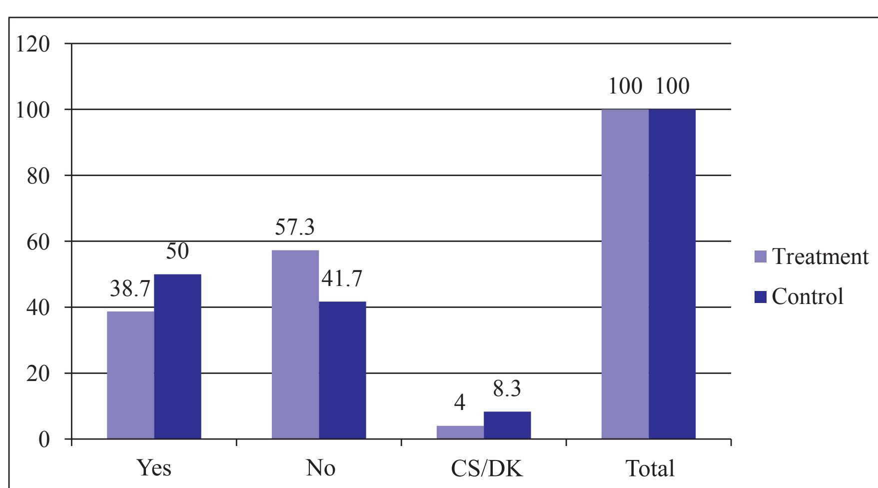
To those people who had heard about social audits in the past year, a further question was asked- who participated in that event?. The responses of the respondents reveal that most of the respondents themselves had participated in that event, and that this proportion is significantly higher in the treatment (52 percent) than the control VDCs (29 percent). Focus group discussions with CPG members also indicated that they had conducted social audit in the previous fiscal year and that locals averaging between 20 and 50 participated in such events. Furthermore, it was noted that it is generally the poorer households, with daily wage labourers, who do not participate as they cannot afford to miss a single days work (FGD with CPG in Saptari).

Figure 5.1: Who did participate in that event? [Percentage based on multiple responses]



A follow up question was further asked to those respondents who said that they had participated in the social audits- Any of participants speak about issues or make suggestions at social audit? In response to this question, most of the control VDCs respondents said that they had made some suggestions or raised issues (50 percent), compared to the treatment VDCs (39 percent).

Figure 5.2: Did any of participants speak about issues or make suggestion at social audit?



Even though only few people said that they had made suggestions or raised issues, these participants had raised prominent issues of local areas in the social audits. In the treatment VDCs the suggestion or issues that were raised by the participants were concerned with the construction of the roads, without destroying any building (17 percent), improving the quality of education/providing higher education (17 percent), utilizing the development budget (14 percent), and building public toilets (10 percent). Furthermore, around seven percent of the respondents said that participants raised issues related to cleanliness, eradication of discrimination, drinking water facilities, work on

time, irrigation, and material needs for health post. Respondents of the control VDCs also reported that they raised the same types of issues during the social audits.

Of these respondents who said that they had made suggestions/raised issues a further question was asked- whether or not these suggestion or issues were addressed by the subsequent action of the VDCs. Here, the majority of the treatment VDCs respondents said that very little action (51 percent) was taken while those in the control VDCs reported no action taken at all. This was further supported by the findings from the FGD and KII, where the participants noted that "*people only talk, there is no implementation*" (FGD with Janajati men in Sarlahi), "*we raise issues, but, they are rarely addressed*" (FGD with Dalit women in Saptari). The service providers meanwhile point towards the lack of resources to the delays in implementation. For example, the district planning officer in Sarlahi remarked that "*before one VDC secretary had to oversee the work of 3-4 VDCs, so it is hard to address all the issues coming up*", the district education officer in Siraha also noted that "*some issues are immediately addressed, while others are not, it all depends upon the nature of the issue and whether we have the resources or not*".

Amongst those who said the issues were implemented, it was consistent at 17% in both the control and treatment groups.

The findings of the survey reveal that the level of awareness as well as participation is higher in the treatment VDCs than the control VDCs. In addition, a higher proportion of respondents in control VDCs shows interest to participate in social audit events. Even if small share of participants raised or made suggestions in the social audit, these suggestion and raised issues are noteworthy for the development of the local areas as well as community as a whole.

5.3 Awareness and participation in public audit

The survey also asked questions to understand public awareness and participation during public audits. In addition, the survey explored the types of issues and suggestions that the participants had raised during the public audit. The findings reveal that around 26 percent of the people in the treatment VDCs said that they or any other member of their family had heard about public audit. Proportion of respondents who said they heard was twice in the treatment as compared to the control VDCs (26 percent against 12 percent for control). The share of respondents who said they had heard was significantly higher amongst CPG members (60 percent).

Table 5.4: Are you or any of your family members heard about public audit event last year?

	Treatment	Control	CPG member	Non CPG member
Yes	25.8	12.4	60.0	17.3
No	73.8	87.2	39.0	82.5
CS/DK	.4	0.4	1.0	.3
Total	100.0	100.0	100.0	100.0
N	500	250	100	400

The respondents, who had heard about public audit, were further requested to mention who had participated in the events. The majority of the respondents in the treatment VDCs (53 percent) said that they themselves had participated. Proportion of respondents who said so is again significantly higher amongst CPG member (80 percent) compared to non-CPG members (29 percent). During the FGDs with the CPGs it was further revealed that women face difficulties in coming to public audit due to the lack of time. In most cases women were reported to be too busy with household chores and taking care of the children to take part in public audit.

Table 5.5: Who did participate in that event?

	Treatment	Control	CPG member	Non CPG member
Self	52.7	29.0	80.0	29.0
Wife/husband	3.9	9.7	3.3	4.3
Father/mother	4.7	3.2		8.7
Son/daughter	0.8	3.2	1.7	0.0
None	38.8	58.1	15.0	59.4
Total	100.0	100.0	100.0	100.0
N	129	31	60	69

The respondents who said someone was participated in the event were further asked whether or not the information provided in that event was useful and sufficient. Most of the respondents in both the treatment and control VDCs were of the opinion that the information provided was useful. However, some 19 percent in the treatment VDCs and 15 percent in the control VDCs said that it was not useful at all. Proportion of those who said not useful is slightly higher amongst CPG members (22 percent) as compared to non CPG members (14 percent).

Table 5.6: Do you think the information provided in the event was useful and sufficient?

	Treatment	Control	CPG member	Non CPG member
Not useful at all	19.0	15.4	21.6	14.3
Useful	67.1	69.2	72.5	57.1
Very useful	1.3	7.7	0.0	3.6
CS/DK	12.7	7.7	5.9	25.0
Total	100.0	100.0	100.0	100.0
N	79	13	51	28

The respondents who said someone had participated in public audits were further requested to mention whether or not the participants had made any suggestions or raised issues. Around one third of respondents (34 percent) reported that the participants had made suggestions and raised issues in the treatment VDCs, which is higher than the control VDCs (23 percent); this share of respondents is higher amongst CPG members (37 percent).

Table 5.7: Percentages of people who made suggestions or raised the issues at public audit

	Treatment	Control	CPG member	Non CPG member
Yes	34.2	23.1	37.3	28.6
No	62.0	69.2	58.8	67.9
CS/DK	3.8	7.7	3.9	3.6
Total	100.0	100.0	100.0	100.0
N	79	13	51	28

The suggestions or issues that raised by these participants are very weighty for the development of local areas and community. The suggestions mostly include road construction (33 percent), transparency in work (20 percent), and improvement of school management (17 percent). Other suggestions or issues raised by participants include village development, regarding tap facility, education, electricity, and irrigation facility.

Table 5.8: Major issues or suggestions made at public audit

	Treatment	Control	CPG member	Non CPG member
Improvement of health service	11.1		10.5	12.5
Regarding road construction	33.3	33.3	26.3	50.0
Build toilet	3.7		5.3	
Improvement of school management	18.5		21.1	12.5
Transparency in work	18.5	33.3	21.1	12.5
Regarding tap facility	7.4		10.5	
Regarding village development	3.7	33.3		12.5
Provide free tuition for students	3.7		5.3	
Maintenance of ward building	3.7		5.3	
Provide irrigation facility	3.7		5.3	
Regarding electricity	3.7		5.3	
Total	100.0	100.0	100.0	100.0
N	27	3	19	8

The respondents who said that participants made suggestions or raised issues were again asked the question about whether or not these suggestions or issues were addressed by subsequent actions of the VDC. In response to this question, the majority in both the treatment and control VDCs said it was addressed. The CPG members during the FGDs noted that issues raised regarding school management and services provided by the health post were generally addressed. One CPG member in Dhanusha noted that, "*we raised the issue of the irregularities of the doctors, who were never present. Later, we saw that they came to the health post on time*" another FGD participant remarked that "*teachers have started to come to school on time after we complained during a public audit*" (FGD with Dalit women in Sarlahi).

Table 5.9: Do you think the points raised and indicated during the planning were addressed by subsequent actions of the VDC?

	Treatment	Control
No actions taken at all	25.9	33.3
Very little action observed	66.7	66.7
Major actions or change observed	7.4	0.0
Total	100.0	100.0
N	27	3

With regards to the public audit, the last question asked to all the respondents was to explore how interested people could participate in future public audit events. Responses of public indicate that most of them are interested to participate in the event. The share of respondents who showed interest was higher in the control VDCs (85 percent) than the treatment VDCs (77 percent) and least amongst CPG members (68 percent) as compared to non-CPG members (80 percent).

Table 5.10: Are you or any of your family members interested in participating in future Public Audit events?

	Treatment	Control	CPG member	Non CPG member
Yes	77.2	85.2	68.0	79.5
No	11.0	10.0	0.0	13.8
CS/DK	11.8	4.8	32.0	6.8
Total	100.0	100.0	100.0	100.0
N	500	250	100	400

Similar to social audits, the findings of the survey reveal that the level of awareness as well as participation seems to be higher in the treatment VDCs than the control VDCs. In addition, higher proportion of respondents in control groups show interest to participate in public audit events. Even if small share of participants raised or made suggestions in the public audit, these suggestion and raised issues are noteworthy for the development of the local areas as well as community as a whole. As the findings from the KII and FGDs show that in many of the cases, the issues raise, especially those pertaining to the management of schools and health facilities are addressed later on.

5.4 Awareness and participation in public hearing

The study also sought to explore the people's awareness and participation regarding the public hearing. Moreover, the study explores issues and suggestions that were raised during the public hearing as well as to discover whether or not the suggestions or issues made by the participants were addressed by VDCs in their action. With regards to public hearings, 25 percent in the treatment VDCs said that they or another member of their family had heard about the public hearings in the last year against 13 percent in the control VDCs. The proportion of respondents who are more likely to say this was also higher amongst CPG members (61 percent) than the non-CPG members (16 percent).

Table 5.11: Percentage of people who heard and participated in public hearing event in the past year

	Treatment	Control	CPG member	Non CPG member
Yes	24.6	13.2	61.0	15.5
No	75.0	86.4	39.0	84.0
CS/DK	0.4	0.4	0.0	0.5
Total	100.0	100.0	100.0	100.0
N	500	250	100	400

The respondents said they or anyone of their family members had heard about public hearings in the last year were also further requested to mention who had participated in the events. In this case too, the majority of informants (50 percent) in the treatment VDCs said that they themselves had participated in the events. This share of respondents is also significantly lower in the control VDCs. Also, this proportion is higher amongst CPG members (79 percent) compared to the non-CPG members (23 percent).

Table 5.12: Who did participate in that programme?

	Treatment	Control	CPG member	Non CPG member
Self	50.4	33.3	78.7	22.6
Wife/husband	5.7	6.1	6.6	4.8
Father/mother	2.4	0.0	0.0	4.8
Elder brother/sister-in-law	0.8	0.0	0.0	1.6
Uncle/aunt	0.8	0.0	0.0	1.6
None	40.7	60.6	16.4	64.5
N	123	33	61	62

Amongst those who said that someone had participated in the public hearings, the majority in both the treatment (66 percent) and control VDCs (69 percent) reported that the information provided during the events were useful.

Table 5.13: Do you think the information provided in the event was useful and sufficient?

	Treatment	Control	CPG member	Non CPG member
Not useful at all	19.2	23.1	21.6	13.6
Useful	65.8	69.2	70.6	54.5
Very useful	4.1		2.0	9.1
CS/DK	11.0	7.7	5.9	22.7
	100.0	100.0	100.0	100.0
N	73	13	51	22

Like the earlier questions, these respondents were also asked whether or not the participants of the public hearing events made any suggestions or spoke about any issues. In response to the question, 33 percent in the treatment VDCs and 39 percent in the control VDCs mentioned that the participants had made suggestions or spoke about some issues.

Table 5.14: Did any of participants speak about issues or make suggestion at public hearing events?

	Treatment	Control	CPG member	Non CPG member
Yes	32.9	38.5	41.2	13.6
No	61.6	53.8	56.9	72.7
CS/DK	5.5	7.7	2.0	13.6
Total	100.0	100.0	100.0	100.0
N	73	13	51	22

The respondents who said that participants had made suggestions or spoke about some issues were further requested to mention about what types of suggestion or issues they made or spoke in the public hearing. Even though less number of participants made suggestions or spoke about some issues, these issues and suggestions are very relevant and significant in the local context for the betterment of the society and community as a whole. The suggestions and issues included road construction, utilization of development budget, drainage system, adequate number of teachers in the school, and public toilets.

The same respondents were also requested to discover whether or not these suggestion and issues raised by participants were addressed in action by the VDCs. In response, the majority mentioned

that they were addressed by VDCs in their subsequent actions. Nonetheless, around one third said that they were not addressed in action by VDC. The responses of the people are consistent in both treatment and control VDCs.

As in the case of social audit and public audit, the findings of the survey reveal that level of awareness as well as participation regarding public hearing seems to be higher in the treatment VDCs than the control VDCs. In addition, higher proportion of respondents in control VDCs shows interest to participate in public hearing events. Though small share of participants raised or made suggestions in the public hearing, these suggestion and raised issues are very important for the development of the local areas as well as community as a whole.

5.5 Social security allowance

The government of Nepal has been providing various types of social security allowances to people. In particularly, the government provides five different types of social security allowance-senior citizen, single women, disabled, conflict victim and Dalit students allowance based on some defined measures and parameters. To discover the various issues as to social security allowance, some questions regarding this issue were asked to understand the perspectives of the public. An overwhelming majority of respondents in both the treatment and control VDCs said that they know about social security allowance. These findings were also in line with the FGDs, which indicated that the majority of the participants were aware about the types and amount provided. In most of the cases the work done by the CPGs in making people aware of these allowances was positively acknowledged. "*Before the money (coming for the senior citizens) would be pocketed by the officials, because no one knew how much was coming. But, now this is not the case, as we all know*" (FDG with Muslim women in Saptari).

Table 5.15: Do you know about social security allowances?

	Treatment	Control	CPG member	Non CPG member
Yes	94.6	96.4	98.0	93.8
No	5.4	3.6	2.0	6.3
Total	100.0	100.0	100.0	100.0
N	500	250	100	400

To measure the knowledge of the respondents about the different types of security allowance, the survey asked the question- do you know how many types of social security allowance are being provided?, most of them in both the treatment (36 percent) and control VDCs (46 percent) reported two types of security allowances being provided

Table 5.16: Do you know how many types of social security allowances are being provided?

	Treatment	Control	CPG member	Non CPG member
One	13.3	13.3	6.1	15.2
Two	35.7	45.6	30.6	37.1
Three	29.0	29.0	29.6	28.8
Four	13.1	6.2	22.4	10.7
Five	6.6	4.1	11.2	5.3
None identified	0.2	0.0	0.0	.3
CS/DK	3.2	3.7	0.0	4.0
N	473	241	98	375

The survey also attempted to discover how many households were receiving the allowances. In addition, it also asked whether or not they received the full amount on a timely basis without any difficulties and extra fee. Little more than one third of respondents mentioned that their households were receiving the security allowances. Amongst those who received the security allowances, an overwhelming majority in both the treatment and control VDCs reported that they received the full amount. This was also corroborated by the FGDs during which the participants noted that "*now everyone knows about the allowances and so we go to collect*" (FGD with Muslim men in Mahottari). Another participant noted that "*after the senior citizen cards were distributed by the VDC, it is now easier to get the senior citizen allowance*" (FGD with Muslim men in Mahottari). Dalit parents also noted that "*Dalit students are receiving the Dalit scholarships*" (FGD with dalit women in Sarlahi).

Likewise, majority in both treatment and control VDCs pointed that they received it in a timely manner. Though there were a few cases, which came up during the FGDs, which noted some delays. "*We only received last year's money, now*" (FGD with Muslim women in Saptari).

Similarly, although the majority of respondents (83 percent in both type of VDCs) reported that they did not pay any extra fee to get the entitled allowances, some sizeable number of respondents (17 percent) said that they paid extra fee to get the allowance.

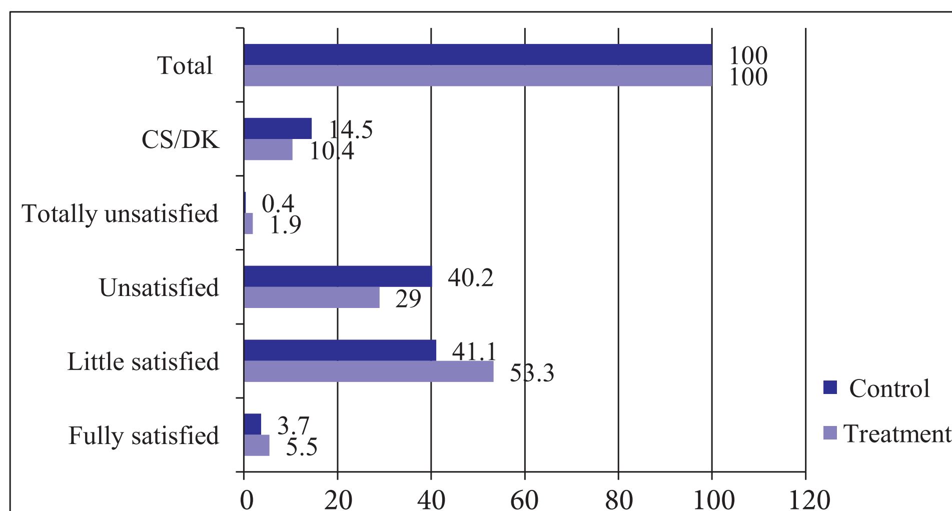
These respondents who are saying their households are receiving allowance were also asked whether or not they face any difficulty to receive the allowance. In response to this question, over ninety percent in both the treatment and control VDCs said they did not face any difficulty to receive the allowance.

Table 5.17: Proportion of household receiving allowance

	Questions	Treatment		Control	
		Yes	No	Yes	No
A	Do you or any member of the household receive such allowances?	35.1	64.9	32.8	67.2
B	Did you receive the full amount?	95.2	4.8	91.1	8.9
C	Did you receive timely?	74.1	25.9	79.7	20.3
D	Did you pay any extra fees/amount to get the entitled allowances?	16.9	83.1	16.5	83.5
E	Did you face any difficulty to receive the allowances?	7.2	92.8	7.6	92.4

In response to the question of satisfaction with regard to service provided by ward and VDC office, over half (59 percent) perceived the service to be satisfied in the treatment VDCs including fully satisfied (6 percent). This proportion is only 45 percent in the control VDCs. However, it is worthwhile to mention that remarkable proportions of people in both the treatment and control VDCs are unsatisfied with the services.

Figure 5.3: How satisfied are you with the services provided by ward/VDC office?



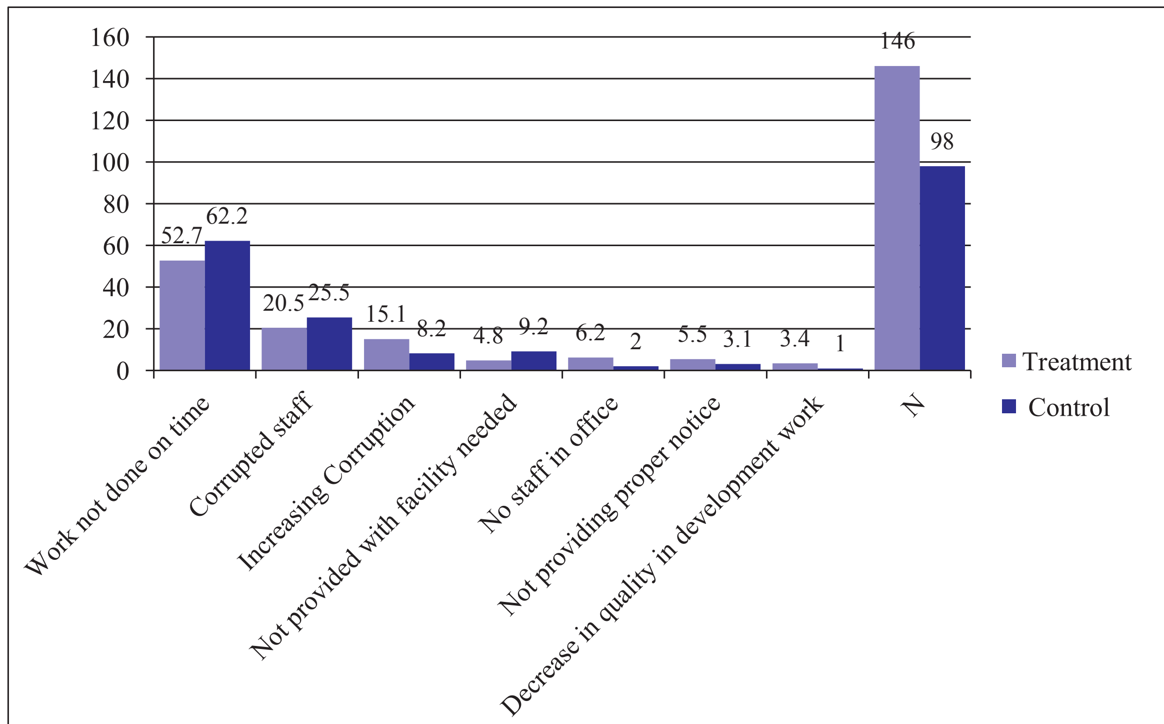
A follow up question for the reasons for satisfaction or dissatisfaction was asked to those who were satisfied or dissatisfied with the services provided by ward and VDC offices. Those who were satisfied with the services mentioned two main reasons in both treatment and control VDCs - receiving the services on time and receiving the allowance on time. The majority of the FGD participants also echoed the same view that they were satisfied with the timely delivery of services. KII with LGCDP workers further added that one reason why the services had improved was because people were now aware of their entitlements, through the work of NGOS and NEMAF, and this had been reflected in them being empowered and demanding their allowances (KII with LGCDP workers in Mahottari and Dhanusha).

Table 5.18: Reasons for satisfaction and dissatisfaction with services provided by ward/VDC

Reasons for satisfaction	Treatment	Control
Received service on time	76.7	73.1
Good behaviour	3.2	2.8
Staff come on time	3.6	1.9
Satisfied with government facility	8.2	7.4
Raised social security allowance	1.4	2.8
Provided allowance on time	13.3	20.4
Raised elderly allowance	.7	
Satisfied with the work of ward office regarding road construction	1.4	.9
N	279	108

Similarly, those who were dissatisfied with the services also mentioned two main reasons in the both treatment and control VDCs - not receiving services on time and corrupted staff.

Figure 5.4 : Reasons for dissatisfaction and dissatisfaction with service provided by ward/VDC



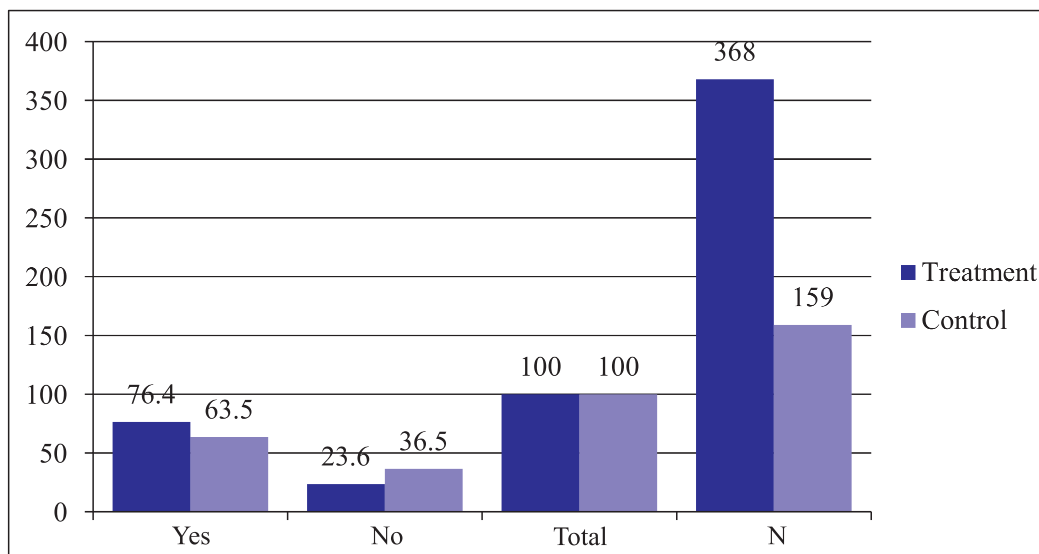
CHAPTER 6

PERCEPTION TOWARDS SERVICES AND RESPONSIBILITY OF HEALTH FACILITIES

6.1 Difficulties in Health Service

The survey revealed that most of the people living in the treatment VDCs and control VDCs had visited the health facilities last year. However, all of them did not get the health services as per their needs. But still, the majority of the locals received health services as per their needs last year. In the treatment VDCs, about 76 percent of the people got the services as per their needs, while only 64 percent received the service as per their needs in the control VDCs. So, getting of the health services as per the people's requirement was higher in the treatment VDCs than the control VDCs.

Figure 6.1: Did you get the health service as per your need last year?



Among those who had visited the health facilities during the last year, most of them did not face any difficulties while getting health services. Only few had to face some difficulties. However, women in control VDCs had faced more difficulties than in the treatment VDCs.

Table 6.1: Did you have to face any difficulty to get the health services last year?

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	17.8	14.9	10.5	24.3	14.3	15.4
No	82.2	85.1	89.5	75.7	85.7	84.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	281	101	133	148	49	52

Unavailability of medicines was the main difficulty in the both the treatment and control VDCs experienced by the respondents during last year while accessing the health services. This problem was more pronounced among women of the treatment VDCs. The lack of medicine also emerged as the most significant issue during the FGDs and KIIs. Many of the participants noted that "*they (health facility staff) used to always tell us that there was no medicine and so go to the shop to buy*" (FGD with Muslim women in Saptari), while others reported "*we could not even get jeevanjal*" (FGD with dalit women in Saptari). KIIs with political leaders also echoed this general perception. One congress member noted, "*before, everyone knew that the medicine coming for the locals was being sold at private clinics. Leaving only the most common and cheapest medicines at the health posts*" (KII with congress member in Sarlahi).

But, now, almost all the participants reported increased availability of medicine. "*Before the health post didn't provide any medicine, but, after we went there and told the staff that we know medicine is coming to the post from the center, they have started to provide medicine*" (FGD with Muslim women in Saptari).

Table 6.2: If yes, please mention which of the following difficulties you encountered while accessing health related services

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Inadequate information available/provided	28.0	33.3	28.6	27.8	28.6	37.5
Absence of officials in many visits	32.0	33.3	35.7	30.6	42.9	25.0
Felt discriminated	10.0	13.3	14.3	8.3	14.3	12.5
Demanded bribe		13.3			14.3	12.5
No availability of medication/medicine when required	70.0	66.7	92.9	61.1	71.4	62.5
Uncooperative attitude	22.0		7.1	27.8		
N	50	15	14	36	7	8

The absence of health staff was also identified by the survey findings and the FGD as being significant. During a few of the discussions, the participants noted "*before they (health post staff) used to open the centre whenever they liked*" (FGD with Muslim men in Mahottari), but, now the timings are much more regular.

Questions on the services for this year were also asked. The survey findings showed that the majority of the respondents did receive treatments as per their needs in both the treatment and control groups. The percentages were also slightly higher than those of the previous year, indicating an improvement in the services. Like last year, getting of the health services as per the people's requirement is higher in the treatment VDCs than the control VDCs with slightly increment in both types of VDCs.

Table 6.3: Have you got the health service as per your need this year?

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	77.0	65.2	77.8	76.1	61.9	68.1
No	23.0	34.8	22.2	23.9	38.1	31.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	313	132	158	155	63	69

The institutional survey of health posts also shows that more people are receiving various health services from their nearby health posts in the treatment VDCs than the control VDCs. Also, more people have received health services from health posts in FY 2073/74 than FY 2072/73. The following table shows that numbers of infants fed with polio drops, infants vaccinated and women who visited health posts for prenatal test are higher in the treatment VDCs than the control VDCs in both fiscal years. The number is even higher in the later year. But number of women who visited there for safe delivery is lower in the treatment VDCs than control VDCs.

Table 6.4: Number of people who received various health services from health post in FY 2072/73 and 2073/74 in treatment and control VDCs

	FY 2072/73		FY 2073/74	
	Treatment	Control	Treatment	Control
No. of infants fed with polio drops by health post	5703	3118	7823	3802
No. of infants vaccinated by health post	9975	4882	10957	8481
No. of women who visited health post for prenatal test	1815	847	3050	1020
No. of women who visited health post for safe delivery	0	80	71	133

Like the previous year, most of the people who visited the health facilities did not have to face any difficulties to get the health services. Only few of them had had to face some difficulties. However, women have faced more difficulties than men in the treatment and control VDCs.

Table 6.5: Have you faced any difficulty to get the health services this year?

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	13.7	18.6	10.6	16.9	15.4	21.3
No	86.3	81.4	89.4	83.1	84.6	78.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	241	86	123	118	39	47

Like in previous year, the unavailability of medicines was the main difficulty in the treatment VDCs while accessing health services. Similarly, this problem was more evident among women of the treatment VDCs.

Table 6.6: If yes, please mention which of the following difficulties you encountered while accessing health related services

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Inadequate information available/provided	24.2	50.0	23.1	25.0	50.0	50.0
Absence of officials in many visits	30.3	25.0	30.8	30.0	33.3	20.0
Felt discriminated	12.1		23.1	5.0		
Demanded bribe	6.1	18.8		10.0	16.7	20.0
No availability of medication/medicine when required	75.8	43.8	92.3	65.0	83.3	20.0
Uncooperative attitude	33.3	18.8	7.7	50.0		30.0
N	33	16	13	20	6	10

6.2 Satisfaction with the Health Services

There was a moderate level of satisfaction among the people with the services provided by health posts. However, proportion of the satisfied people is higher in the treatment VDCs than the control VDCs (48 percent vs. 35 percent). Women seem to be more satisfied than their male counterparts with the health posts' services in the both treatment and control VDCs.

Table 6.7: How much satisfied are you with the service provided by health posts?

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Fully satisfied	7.0	2.0	5.6	8.5		4.0
Little satisfied	40.6	32.8	48.8	32.3	40.8	24.8
Unsatisfied	43.2	52.4	33.7	52.8	44.8	60.0
Totally unsatisfied	4.0	5.2	5.2	2.8	4.8	5.6
CS/DK	5.2	7.6	6.7	3.6	9.6	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	500	250	252	248	125	125

The main reason of satisfaction as identified by the local people is supply of medicine when needed, followed by good treatment services in the both treatment and control VDCs.

Table 6.8: Reasons of satisfaction

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Provided with the medicine facility needed	79.4	74.7	89.8	65.3	82.4	63.9
Good treatment service	59.7	47.1	49.6	73.3	39.2	58.3
Good HP management	7.1	4.6	6.6	7.9	3.9	5.6
Provided awareness on family planning	.4		.7			
Nearer	.8		1.5			
Need to increase the variety of the medicine		1.1				2.8
Good management for women	1.7	1.1	.7	3.0	2.0	
N	238	87	137	101	51	36

Interestingly, the FGDs and KIIs further identified that one reason why there had been improvements in the supply of medicine was because of greater monitoring by CPG members and locals. For example people noted "…*after we went there and told the staff that we know medicine is coming to the post from the center, they have started to provide medicine*" (FGD with Muslim women in Saptari) and "…*previously no one knew that medicine was coming to the facilities from the center, but, now we know and demand for them*" (FGD with CPG women in Siraha).

Meanwhile, the main reason for dissatisfaction, as identified by the local people, was the lack of medicine in the both the treatment and control VDCs.

Table 6.9: Reasons of dissatisfaction

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Lack of quality medicine	22.9	25.0	28.6	18.8	30.6	20.7
Do not give time	3.0	4.2	3.1	2.9		7.3
Lack of specialized doctors	1.7	2.1		2.9		3.7
They provide same medicine for all types of disease.	3.8	5.6	4.1	3.6	6.5	4.9
Lack of facility service/health service/management	20.8	23.6	16.3	23.9	29.0	19.5
Staff do not come on time	31.4	21.5	19.4	39.9	14.5	26.8
Ask money for medicine	3.8	4.9	7.1	1.4	4.8	4.9
Provide medicine for known persons only/discrimination	2.1	2.1	3.1	1.4	4.8	
Medicine not provided on time	43.6	42.4	39.8	46.4	38.7	45.1
No notice provided	2.5	.7	4.1	1.4		1.2
Do not provide all medicines	5.1	4.9	4.1	5.8	6.5	3.7
Dirty HP	.8			1.4		
HP is far	1.7	.7	3.1	.7		1.2
Vaccination for babies(3 months old) arenot properly done		.7			1.6	
N	236	144	98	138	62	82

6.3 Work Efficiency of the Health Services

Compared to the past two years, only 33 percent of the local people think that work efficiency of the health post workers had improved in one year ago in the treatment VDCs. Proportion of those who think so is even lower in the control VDCs (26 percent).

Table 6.10: Did you think that work efficiency of the health post workers have been improved in one year ago compared to two years ago?

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	33.0	26.0	31.7	34.3	27.2	24.8
No	60.6	68.8	57.9	63.3	64.8	72.8
CS/DK	6.4	5.2	10.3	2.4	8.0	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	500	250	252	248	125	125

Compared to the previous year, 59 percent of the local people think that work efficiency of the health post workers have been improved in this year in the treatment VDCs. Proportion of those who think so is only 42 percent in the control VDCs. These findings were also corroborated by the FGDs and KIIs, where the general perception was of improvement in services from health facilities. " *Before there used to be delays, but, now services have improved*" (FGD with women CPG members in Siraha), and "*we are satisfied, but things can still improve*" (FGD with women in Sarlahi).

The findings from the survey, KIIs and FGDs indicate that the efficiency of the health facilities have been improved significantly in the NEMAF's intervention area compared to other areas. One reason being the greater awareness of people about the types of services and medicine coming to the health posts, and the greater monitoring done by the CPGs.

During the FGDs, the participants also noted that while services had improved, there was still room for improvements in terms of more hospital beds and birthing centres.

Table 6.11: Do you think that work efficiency of the health post workers have been improved in this year compared to one year ago?

			Treatment		Control	
	Treatment	Control	Female	Male	Female	Male
Yes	59.0	42.0	60.7	57.3	44.8	39.2
No	35.6	52.0	29.8	41.5	46.4	57.6
CS/DK	5.4	6.0	9.5	1.2	8.8	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	500	250	252	248	125	125

CHAPTER 7

PUBLIC'S PERCEPTION TOWARDS SERVICES OF COMMUNITY SCHOOLS

7.1 Types of School

The survey shows that most of the households have children of school going age and that most of them go to school (about 98 percent in the both the treatment and control VDCs). Among them, most of them go to community schools. But it is worth-mentioning that more girls are admitted in community schools than boys, in the both the treatment and control VDCs. On the other hand, significantly more boys are enrolled in private schools than girls in the both treatment and control VDCs.

Table 7.1: Types of school

		Treatment	Control
	Community School	68.0	68.9
	Private school	44.2	39.9
	Traditional school	2.0	1.6
	Total	100.0	100.0
	N	391	193
Community school	Boys	68.4	69.2
	Girls	81.6	74.4
	Total	100.0	100.0
	N	266	133
Private school	Boys	80.3	93.5
	Girls	53.8	36.4
	Total	100.0	100.0
	N	173	77
Traditional school	Boys	50.0	33.3
	Girls	87.5	100.0
	Total	100.0	100.0
	N	8	3

Among the Madheshi high caste in the treatment VDCs, more girls are attending their education in the private schools than boys. But, the situation is opposite among other communities.

Table 7.2: Types of school by Caste/Ethnicity in Treatment VDCs

		Madheshi Dalit	Muslim	Tarai Janajatis	Medhesi high caste	Other Tarai backward class
Community School		84.4	50.9	55.3	53.3	70.8
Private school		20.3	45.5	52.6	66.7	47.9
Traditional school			14.5			
Total		100.0	100.0	100.0	100.0	100.0
N		64	55	38	15	219
Community school	Boys	79.6	71.4	57.1	75.0	65.2
	Girls	75.9	67.9	85.7	87.5	85.2
	Total	100.0	100.0	100.0	100.0	100.0
	N	54	28	21	8	155
Private school	Boys	92.3	76.0	80.0	70.0	81.0
	Girls	46.2	56.0	55.0	80.0	51.4
	Total	100.0	100.0	100.0	100.0	100.0
	N	13	25	20	10	105
Traditional school	Boys		50.0			
	Girls		87.5			
	Total		100.0			
	N		8			

In the control VDCs, more boys are enrolled in private schools than girls across all communities.

Table 7.3: Types of school by Caste/Ethnicity inControl VDCs

		Madheshi Dalit	Muslim	Tarai Janajatis	Medhesi high caste	Other Tarai backward class
Community School		86.7	59.1	81.3	75.0	64.5
Private school		20.0	36.4	31.3	25.0	47.1
Traditional school			13.6			
Total		100.0	100.0	100.0	100.0	100.0
N		30	22	16	4	121
Community school	Boys	61.5	84.6	76.9	100.0	66.7
	Girls	76.9	69.2	84.6	66.7	73.1
	Total	100.0	100.0	100.0	100.0	100.0
	N	26	13	13	3	78
Private school	Boys	83.3	100.0	100.0	100.0	93.0
	Girls	16.7	12.5	40.0		42.1
	Total	100.0	100.0	100.0	100.0	100.0
	N	6	8	5	1	57
Traditional school	Boys		33.3			
	Girls		100.0			
	Total		100.0			
	N		3			

7.2 Services from Community Schools

The institutional survey of community schools shows that more Dalit and DAG children are awarded scholarship in the treatment VDCs in Academic Session of 2017 than that of 2016.

Table 7.4: Number of Dalit and DAG Children Who Received Scholarship from Community Schools in Treatment VDCs in 2016 and 2017

	2016	2017
No. of Dalit and DAG students who were awarded scholarship	1,002	1,214

In FGDs conducted with Muslim men in Mahottari, Dalit men in Siraha and Dalit women in Saptari, participants told that they were now aware of the provision of scholarships to Dalit and DAG children in schools after the intervention of NEMAF. Now, they can talk to schools and demand for it if eligible children do not receive the scholarship.

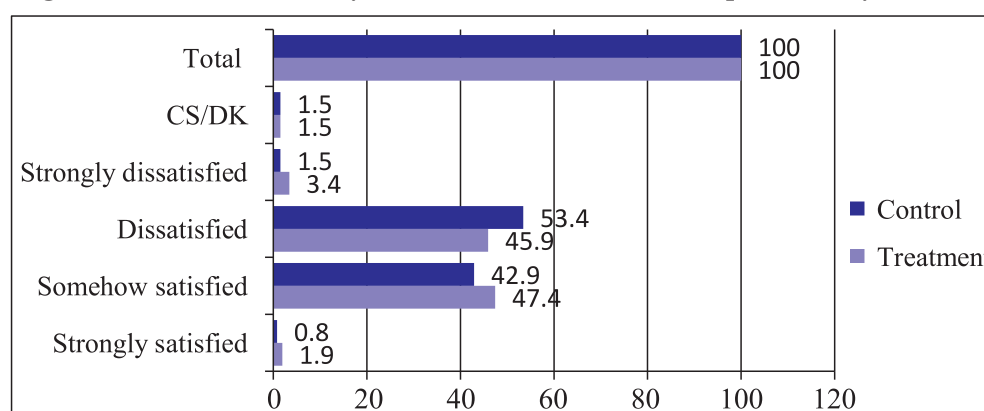
Table 7.5: No. of Citizens Accessing Basic Services from Schools

Baseline 2016	Midline 2017	Target for Year-2 (2017)
1,002	1,214	1,200

7.3 Satisfaction with the Schools

Proportion of the people who are strongly or somehow satisfied with the services provided by schools is slightly higher in the treatment VDCs than the control VDCs.

Figure 7.1: How much are you satisfied with the services provided by a school?



The level of satisfaction is highest in Siraha district in the both treatment and control VDCs, while it is the least in Mahottari, in the both types of VDCs.

Table 7.6: How much are you satisfied with the services provided by a school? Breakdown by District in Treatment VDCs

	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Strongly satisfied	4.9		2.4	2.9	
Somehow satisfied	43.9	65.3	46.3	40.6	43.9
Dissatisfied	39.0	32.7	48.8	50.7	53.0
Strongly dissatisfied	7.3	2.0	2.4	5.8	
CS/DK	4.9				3.0
Total	100.0	100.0	100.0	100.0	100.0
N	41	49	41	69	66

Table 7.7: How much are you satisfied with the services provided by a school? Breakdown by District in Control VDCs

	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Strongly satisfied			3.7		
Somehow satisfied	45.0	61.5	51.9	13.3	46.7
Dissatisfied	55.0	38.5	40.7	83.3	46.7
Strongly dissatisfied				3.3	3.3
CS/DK			3.7		3.3
Total	100.0	100.0	100.0	100.0	100.0
N	20	26	27	30	30

Good service is mostly pronounced reasons of satisfaction in the treatment VDCs while good quality education is the one in the control VDCs. When asked what type of services had improved, the FGD participants mostly noted the regular opening of school hours along with the increased attendances of teachers as being significant. "*Teachers now come at 10 am*" (FGD with dalit women in Sarlahi). Regular provision of scholarships to dalit students was also noted to be an important aspect of the types of facilities being provided (FGD with dalit women in Sarlahi).

Interestingly, the reasons for the improvement in services were attributed towards greater awareness on the part of parents about government school opening hours and the scholarships that are provisioned. Many of the KII participants noted that they were now aware of the standard school opening hours and so had been monitoring this. Furthermore, the CPG members also informed the researchers that through their monitoring and complains to the school management committees, timings of the teachers had improved (KII with CPG members in Dhanusha and Siraha). Furthermore the district education officer in Siraha also mentioned that when complains are made, for example Dalit students not receiving their scholarships, then these issues are addressed immediately" (KII with district education officer in Siraha).

Table 7.8: Reasons of satisfaction

	Treatment	Control
Provided good service	61.8	39.7
Good quality education	46.6	53.4
Cheap	3.1	
Notify while providing education materials	7.6	8.6
No security issue of child, while the school is inside the	3.1	10.3
Full class/no leasure period		1.7
Extra curricular activities is provided	.8	
Good facility provided for poor children	.8	
Provided free examination facility until class 12		1.7
Provide schorlarship	1.5	3.4
N	131	58

People who have said that they were dissatisfied with the services of the schools, mentioned no quality education, as the mostly identified reason behind that in the both treatment and control VDCs. In the FGDs as well a few of the participants reported that the education taught in the government schools was weak (FGD with Janajati men in Sarlahi). As mentioned earlier, the extra fees charged by the schools was also one important source of dissatisfaction expressed during the FGDs and KIIs. "*These extra fees make it very difficult for poor people*" (FGD with women in Sarlahi).

Table 7.9: Reasons of dissatisfaction

	Treatment	Control
No quality education	68.7	67.1
On the time of school, held more political activities/programmes	6.9	6.8
Not provided facility service on time	6.1	8.2
Call for extra tuition	1.5	
Do not provide educational materials	6.1	5.5
Do not get any notification from education department	3.8	2.7
Do not provide full set of books	22.1	21.9
Do not provide uniform each year	.8	2.7
Students are not allowed to use the education materials	.8	
Do not take care of the students	1.5	
Discrimination among students	1.5	2.7
Lack of teachers in school	.8	
No computer facility in government school		1.4
Facility/service only provided for Dalit	.8	1.4
One teacher teach 3-4 subjects	1.5	2.7
Need of desk and bench in school	.8	1.4
Need of toilet in school/No toilet in school	.8	
Should provide scholarship facility	2.3	4.1
Teachers are mostly absent/ do not come on time		6.8
No extra curricular activities provided		1.4
N	131	73

7.4 Work Efficiency of the School Teachers

In the local people's perception, work efficiency of the school teachers have been improved significantly in this year than the last year in the both treatment and control VDCs. Level of increment is even higher in the treatment VDCs than control VDCs in this year (52 percent vs. 40 percent).

Table 7.10: Work efficiency of school teachers by Treatment and Control VDCs

		Treatment	Control
Did you think that work efficiency of the school teachers have been improved in one years ago compared to two years ago?	Yes	29.4	20.8
	No	59.4	65.6
	CS/DK	11.2	13.6
Do you think that work efficiency of the school teachers have been improved in this year compared to one year ago?	Yes	52.2	40.0
	No	37.0	45.6
	CS/DK	10.8	14.4
Total		100.0	100.0
	N	500	250

Going by district, scale of increment is highest in Siraha district (from 21 percent to 66 percent) in this year in the treatment VDCs.

Table 7.11: Work efficiency of school teachers by District in Treatment VDCs

		Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Did you think that work efficiency of the school teachers have been improved in one years ago compared to two years ago?	Yes	42.0	21.0	39.0	24.0	21.0
	No	44.0	72.0	45.0	65.0	71.0
	CS/DK	14.0	7.0	16.0	11.0	8.0
Do you think that work efficiency of the school teachers have been improved in this year compared to one year ago?	Yes	54.0	66.0	52.0	38.0	51.0
	No	33.0	27.0	32.0	53.0	40.0
	CS/DK	13.0	7.0	16.0	9.0	9.0
	Total	100.0	100.0	100.0	100.0	100.0
	N	100	100	100	100	100

It has been observed that scale of growth of work efficiency of the school teachers in the public's perception positive in this year in the control VDCs too. But, the scale of the growth is lower compared to that in the treatment VDCs.

Table 7.12: Work efficiency of school teachers by District in Control VDCs

		Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Did you think that work efficiency of the school teachers have been improved in one years ago compared to two years ago?	Yes	32.0	14.0	30.0	10.0	18.0
	No	50.0	78.0	58.0	76.0	66.0
	CS/DK	18.0	8.0	12.0	14.0	16.0
Do you think that work efficiency of the school teachers have been improved in this year compared to one year ago?	Yes	44.0	46.0	42.0	20.0	48.0
	No	40.0	44.0	40.0	66.0	38.0
	CS/DK	16.0	10.0	18.0	14.0	14.0
	Total	100.0	100.0	100.0	100.0	100.0
	N	50	50	50	50	50

Overall, the findings from the survey, KIIs and FGDs show that while the education services are still weak despite the improvements in the efficiency of the school teachers. The roles played by CPGs were identified as being important for making locals aware of the school times and scholarship provisions, which they monitored and had led to improvements.

CHAPTER 8

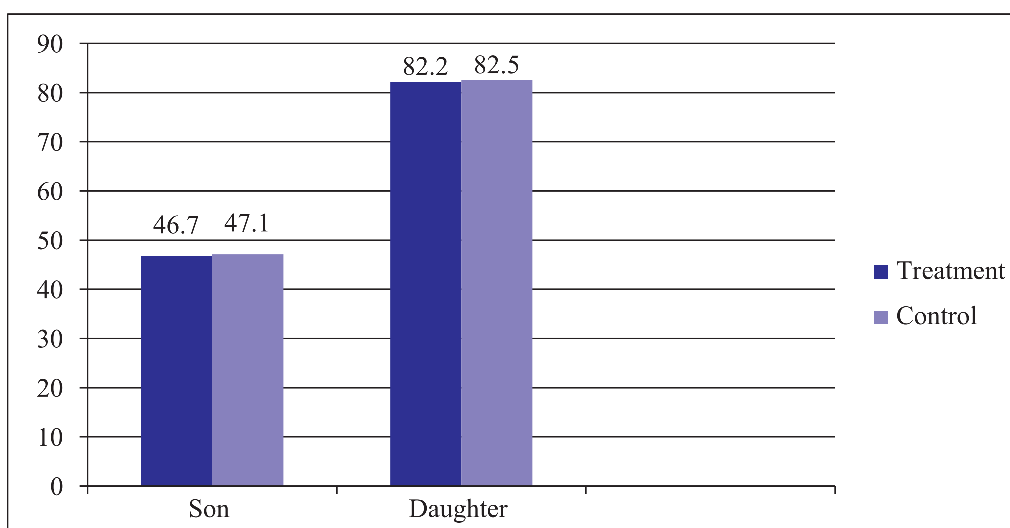
SITUATION OF SOCIAL EVILS: IN THE CONTEXT OF CHILD MARRIAGE AND DOWRY CUSTOM

8.1 Situation of Child Marriage

In this study, marriage is considered "child marriage" if the age of the groom or the bride is less than 20 years at the time of marriage.

The findings from the survey and focus group discussions show that child marriage is still practiced widely and is on the rise - in both the control and treatment VDCs. In the majority of cases it is the girls who are married as soon as they reach puberty, in comparison to boys. The majority of the public married off their daughters at ages less than 20 years in both the treatment (82 percent) and control (83 percent) VDCs. Whereas, in the case of their sons, the percentages were lower at 47 percent for the both treatment and control VDCs.

Figure 8.1: Proportion of respondents who got their children married at less than 20 years of age by Types of VDCs



Early child marriage was reported across all the different caste and ethnic groups. Furthermore, the findings from the survey show that the practice of child marriage is highest among Madheshi high castes in the control VDCs. It is also very high among Muslims in both treatment and control VDCs.

Table 8.1: Proportion of those who got their children married at less than 20 years of age by VDCs and Caste/Ethnicity

	Treatment					Control				
	Madheshi Dalit	Muslim	Tarai Janajati	Madheshi High Caste	OBC	Madheshi Dalit	Muslim	Tarai Janajati	Madheshi High Caste	OBC
Son	61.1	63.0	38.9	33.3	39.2	60.0	83.3	25.0	100.0	31.6
Daughter	81.8	89.3	64.3	83.3	82.7	90.9	90.9	80.0	100.0	77.4

Note: This finding is based on a filtered question. The question was asked to those respondents only who were married. So, the base of this question is too small.

The proportion of people who claim that they know about child marriages is quite high amongst all the caste and ethnic groups, in the both treatment and control VDCs.

Table 8.2: Do you know about child marriage?

	Treatment					Control				
	Madheshi Dalit	Muslim	Tarai Janajati	Medhesi high caste	OBC	Madheshi Dalit	Muslim	Tarai Janajati	Medhesi high caste	OBC
Yes	75.9	73.9	83.7	90.5	87.0	63.4	73.1	95.0	100.0	67.1
No	22.9	26.1	16.3	9.5	13.0	34.1	26.9	5.0		31.0
CS/DK	1.2					2.4				1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	83	69	49	21	277	41	26	20	5	158

However, when further probed, it was revealed that even though an overwhelmingly high majority of the respondents claim to know about the minimum legal age of marriage in the both treatment (91 percent) and control VDCs (90 percent), only very few of them actually know the legal age of marriage (which is 20 years for both boys and girls). Those that did know the actual legal ages were those that belonged to the CPGs or other NGO associated groups, who had been informed during trainings about the legal ages.

The main reasons identified by the public in marrying off their children early in the both treatment and control VDCs include risk of not being able to find a good husband/wife later on, financial problems; difficulty in getting married when older; customary practices and the lack of awareness.

Table 8.3: Reasons for child marriage

	Treatment	Control
Good partner cannot be found later	33.0	35.2
Girls adjust better at in-laws place if married early	4.9	3.3
It is difficult to get married at later stage	22.2	23.1
Parents perceive that early marriage ensures protection	5.9	6.6
Girls are 'Laxmi of other's home', better if they get married at early age	1.1	2.2
Society respects parents if their children get married at early age	4.3	4.4
This is a traditional custom	33.0	28.6
Due to pressure from family members	7.0	13.2
Due to financial problem and poverty	24.9	36.3
Due to lack of education	7.6	5.5
To fulfil the responsibility of home	13.5	8.8
Living in a joint family, dowry burden will be shared	3.8	2.2
Lack of awareness	17.8	11.0
Fear of bad company	.5	
Prestige/respect	1.1	
Fear of love marriage	.5	2.2
N	185	91

In addition, the findings from the Focus Group Discussions revealed that another important reason for early child marriage, especially for girls, is that they are often regarded as a 'burden' for their families. Hence, they seek to unload them as soon as possible. For example during one focus group a Muslim women remarked "*I have 4 daughters. If I marry off the eldest as soon as possible, then it will be easier to marry the others*" (FGD with Muslim women in Siraha). Others also expressed similar sentiments, which were also related with dowries. "*If you can marry off your daughter at a young age, then you pay less dowry*" (FGD with men in Siraha).

Another important perception, with came across in most of the focus group discussions amongst men, women and different castes/ethnic groups was the 'fear of elopement' and/or 'unmarried pregnancies'. Hence, to prevent that from happening and 'losing face in the community' they prefer to marry off their daughters early. "*If we don't marry them early, then they may elope and we will never be able to show our faces*" (FGD with women CPG in Saptari).

The consequences of child marriage are deeply harmful. People noted that the health of both the mother and child are at risk. Many of the focus group discussion sentiments echoed that "*girls have problems related to their uterus when they marry early*" (FGD with CPGs in Siraha) and that "*both the mother and child will be at risk during the pregnancy as her body will not be fully developed*" (FGD with Muslim women in Saptari). Others also noted that "*the mother will find it difficult to take of the child, as she herself will still be a child*" (FGD with women in Saptari).

8.2 Prevention to the Child Marriage

Most of the survey respondents think that the child marriage can be stopped by conducting awareness programme or street drama (about the legal ages as well as the social, psychological and economic consequences), followed by giving good education and/or punishing the perpetrators.

Table 8.4: In your opinion, what should be done to stop the child marriage?

	Treatment	Control
Awareness programme/activities like street drama	68.2	62.4
Good education	21.6	17.6
Punishment should be given	19.6	10.8
Dowry system should be minimized/eradicated	.4	.4
Need pressure group in the community	3.0	4.0
Proper legal implementation	.8	1.2
CS/DK	13.4	22.0
N	500	250

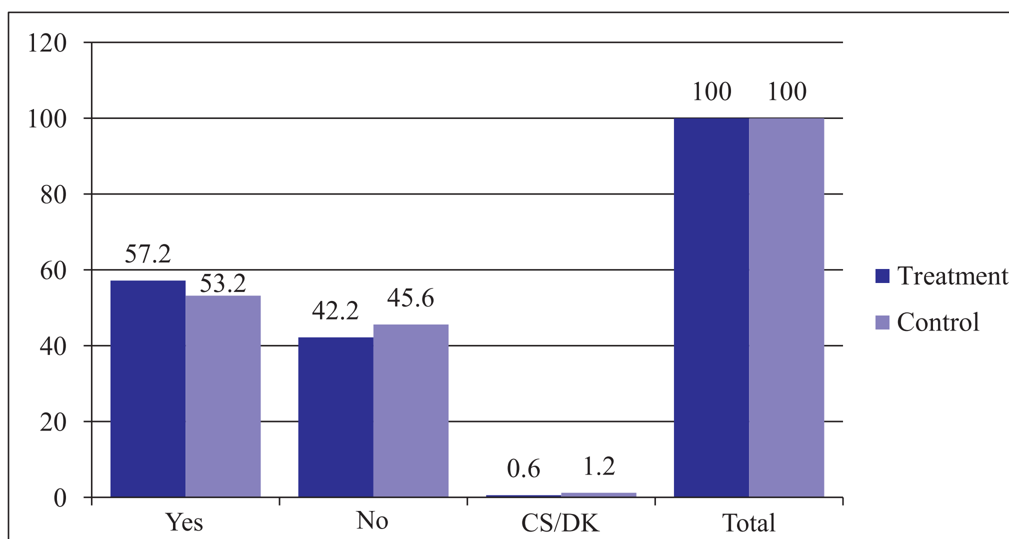
The Nepalese government has committed to ending child marriage by 2030, in line with the Sustainable Development Goals (which includes the target of eliminating all harmful practices, such as child, early and forced marriage and female genital mutilations). Accordingly, under the present law, any adults who are involved in child marriage practices are committing crimes and subject to prosecution. However, despite these laws, there was little evidence to show that the government was working effectively to prevent child marriages or punish the perpetrators in study areas.

In all the focus group discussions, the respondents reported to weak enforcement of the laws against child marriage. "*People know that child marriage is illegal, but, it is only on paper. This practice is still going on in my community*" (FGD with men in Siraha). Similarly, others noted that "*so far no one has been punished*" (FGD with women in Dhanusha). It is therefore not surprising that many indicated that stricter punishment for the perpetrators would greatly lead to the eradication of the practice. "*People will only stop if the government jails people*" was a view that was expressed by many, including the Muslim women in Saptari. They noted that civil organizations, like NEMAF, should become more active in raising this issue (FGD with women in Sarlahi).

8.3 Situation of Dowry Custom

The survey findings revealed that more than half of the respondents had either taken or given dowries in the both the treatment (57 percent) and control (53 percent) VDCs. Worryingly, focus group discussions also revealed that this practice is on the rise with demands increasing drastically. One woman in Saptari remarked that "*before people only asked for dhoti and kurthas, but, now it is for gold and motorcycles*" (FGD with women in Saptari).

Figure 8.2: Respondents who have taken or given dowries in a marriage



This practice was more common amongst Muslims in the both the treatment (62 percent) and control (69 percent) VDCs, followed by Other Backward Classes (OBCs).

Table 8.5: Dowry Practice by Caste/Ethnic Groups

	Treatment					Control				
	Madheshi Dalit	Muslim	Tarai Janajati	Madheshi high caste	OBC	Madheshi Dalit	Muslim	Tarai Janajatis	Medhesi high caste	OBC
Yes	48.2	62.3	55.1	47.6	59.9	43.9	69.2	40.0	40.0	55.1
No	49.4	37.7	44.9	52.4	39.7	53.7	30.8	60.0	60.0	43.7
CS/DK	2.4				.4	2.4				1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	83	69	49	21	277	41	26	20	5	158

Surprisingly, the findings also showed that the respondents in the treatment groups were on average taking more dowry (cash, jewellery and/or goods) estimated to be worth Rs. 2,66,740 compared to Rs. 2,44,155 in the control VDCs. In the treatment VDCs, the range of the dowry was between Rs. 3,000 and Rs. 25 lakhs while in the control VDCs it was between Rs. 10,000 and Rs. 9 lakhs.

Table 8.6: Amount of dowry taken and given by Types of VDCs

		Treatment	Control
Amount of dowry taken including cash, jewellery and goods (in Rs)	Mean	2,66,740	2,44,155
	Minimum	3,000	10,000
	Maximum	25,00,000	9,00,000
Amount of dowry given including cash, jewellery and goods (in Rs)	Mean	3,54,480	3,28,687
	Minimum	8,000	4,000
	Maximum	20,00,000	10,00,000

The average amount of dowry given (including cash, jewellery and goods) was also higher in the treatment VDCs at Rs. 3,54,480 compared to Rs. 3,28,687 in the control VDCs. In the treatment VDCs, the range of the amount of the dowry given was between Rs. 8,000 and Rs. 20 lakhs while it was between Rs. 4,000 and Rs. 10 lakhs in the control VDCs.

In the treatment VDCs, the amount of dowry taken was highest among Madheshi Dalits, while in the control VDCs, it was highest among Madheshi high castes. The amount of dowry given was highest among Other Backward Classes in the treatment VDCs, while it was highest among Madheshi high castes in the control VDCs.

Table 8.7: Amount of dowry taken and given by Types of VDCs and Caste/Ethnic Groups

	Treatment					Control				
	Madheshi Dalit	Muslim	Tarai Janajatis	Medhesi high caste	OBC	Madheshi Dalit	Muslim	Tarai Janajati	Medhesi high caste	OBC
Amount of dowry taken including cash, jewellery and goods (in Rs)										
Mean	2,91,783	2,74,808	2,50,000	2,66,429	2,61,848	1,86,154	1,77,091	2,16,667	3,50,000	2,76,595
Min.	6,000	15,000	10,000	65,000	3,000	10,000	25,000	50,000	2,00,000	11,000
Max.	25,00,000	15,00,000	10,00,000	5,00,000	16,00,000	7,00,000	5,00,000	5,00,000	5,00,000	9,00,000
Amount of dowry given including cash, jewellery and goods (in Rs)										
Mean	2,73,806	2,82,564	3,62,500	3,38,333	3,95,036	2,13,462	2,99,600	4,52,857	4,75,000	3,38,590
Min.	25,000	50,000	30,000	1,00,000	8,000	10,000	4,000	50,000	3,50,000	20,000
Max.	10,00,000	8,00,000	15,00,000	5,00,000	20,00,000	8,00,000	9,00,000	10,00,000	6,00,000	10,00,000

The most pronounced reasons for taking or giving dowry from the survey include: traditional custom and the safeguarding the future of a daughter in the both treatment and control VDCs. The focus group discussions further showed that people believe that providing dowries "guarantees the future" of their daughters. These beliefs were found to be rooted in patriarchal beliefs, which continue to persist within the study population. "*The boys family will look after the girl for her whole life*" (FGD with upper caste women in Mahottari) and "…*her in-laws will treat her well, so we need to give dowries*" (FGD with Muslim women in Saptari) were some of the common perceptions that were reported across all the study sites.

Table 8.8: What were the reasons to take or give dowry?

	Treatment	Control
It increases the social status	21.0	27.8
It safeguards the future of a daughter	59.4	62.4
To cover wedding expenses of a son	11.9	13.5
To ascertain right of a daughter on the property of her husband	3.1	3.0
To cover study expenses of a son	3.8	3.8
It is a traditional custom since the ancient time	62.2	50.4
CS/DK	0.0	.8
N	286	133

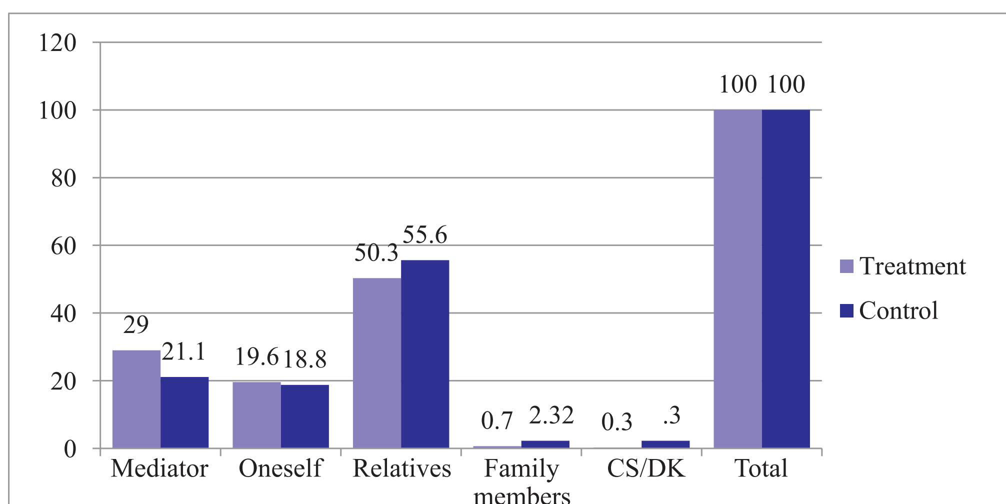
Conversely, the inability to provide dowries was seen to hamper the prospective of the girls from getting married and her happiness later on. One Muslim woman in Saptari remarked that "*I have six daughters, but, my eldest who is studying in class 12 is still unmarried because I cannot afford to provide any dowry*" (FGD with Muslim women in Saptari). Others reported that "*if dowries are not provided then there is always the risk of the girl being badly treated by her in-laws*" (FGD with CPG in Siraha).

Dowries were also seen as a source of income for the husbands' family. Many of the participants in the focus group discussion remarked that since they had invested a lot in their son's education which enabled him to gain a good job, it was the obligation of the girl's family to reciprocate. People generally remarked that "*the groom's family say that my son is very well educated and so you must provide dowries*" (FGD with upper caste women in Mahottari).

Increasing social status, by giving more dowries, was also a reason for an increase in the practice, especially amongst the more well-off households. "*People want to show-off their wealth and so provide their daughters with cash, gold and motorcycles*" (FGD with CPGs in Siraha).

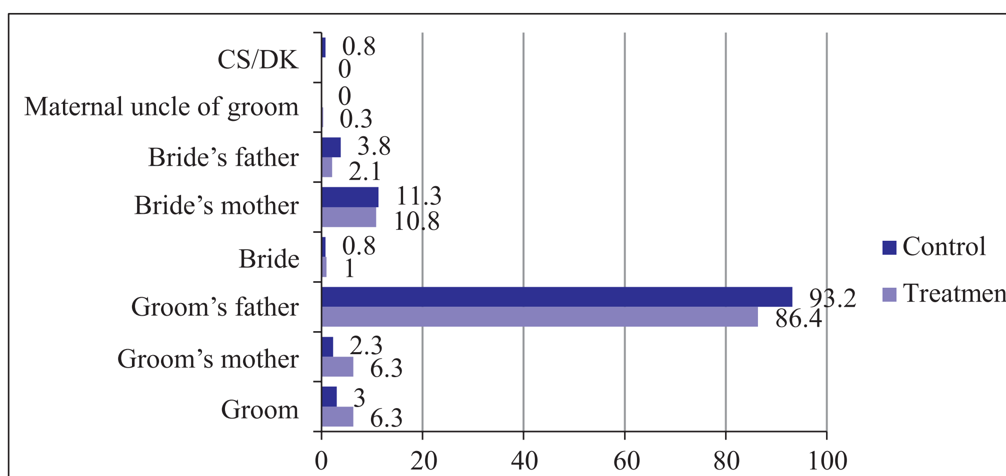
In most of the cases, it was the relatives who convey the messages related to the dowry in the both treatment and control VDCs.

Figure 8.3: Who did you convey the messages related to dowry through?



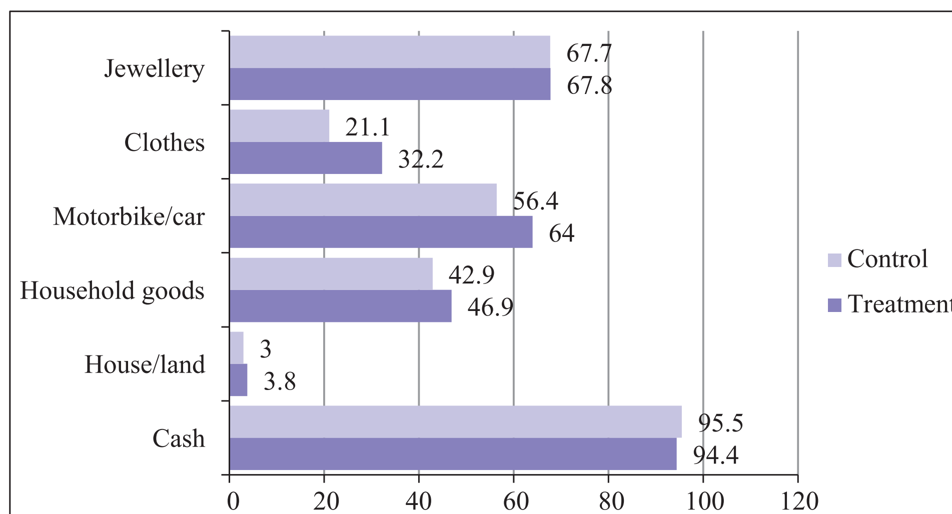
Interestingly, it is overwhelmingly the grooms' fathers who are the more interested in dowries, in the both treatment and control VDCs. The situation is the same across the districts and amongst different castes/ethnicities. As mentioned earlier, the justification for the need was to "balance the investment" that they had already made on their son's education (FGD with men in Saptari).

Figure 8.4: Who is more interested on dowry? By Types of VDCs



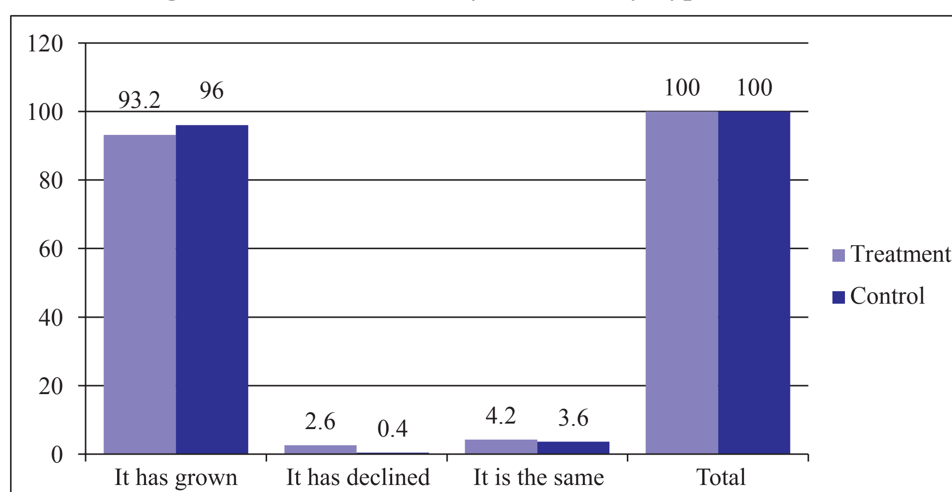
The table below shows that in both the control and treatment groups, cash was the most commonly provided dowry item, followed by jewellery and motorbike/cars.

Figure 8.5: Main dowry items 806



Worryingly, the findings of the survey show that the custom of dowries has grown tremendously, in the both treatment and control VDCs. As the proportion of those who said that it has grown was more than 90 percent in the both types of VDCs. The situation is the same across the districts and amongst different castes/ethnicities. This was also corroborated by the focus group discussions, where all the participants remarked that the practice was on the rise.

Figure 8.6: Status of Dowry Practices by Types of VDCs



Surprisingly, the findings also revealed that the education levels have no impact on the eradication of the custom. Instead, the respondent reported that the practice is even more pronounced amongst educated families in the both treatment and control VDCs.

Furthermore, nearly half of the respondents noted that the practice has actually increased in recent times.

Table 8.9: Impact of Education on Dowry Practice by VDCs

	Treatment	Control
It has declined in educated families	20.4	17.2
It has grown in educated families	51.6	45.6
No impact of education at all	26.2	34.4
CS/DK	1.8	2.8
Total	100.0	100.0
N	500	250

Amongst the five districts, Saptari was the only district where the least proportion of the respondents (27 percent) said that the custom had grown in the educated families. This was in stark contrast to the other four districts, where most of the respondents reported increases amongst educated families. Furthermore, most of the people living in the treatment VDCs of Saptari think that there has been no impact of education on dowry customs.

Table 8.10: Impact of Education on Dowry Practices in Treatment VDCs

	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
It has declined in educated families	10.0	10.0	34.0	26.0	22.0
It has grown in educated families	27.0	66.0	46.0	57.0	62.0
No impact of education at all	62.0	22.0	17.0	15.0	15.0
CS/DK	1.0	2.0	3.0	2.0	1.0
Total	100.0	100.0	100.0	100.0	100.0
N	100	100	100	100	100

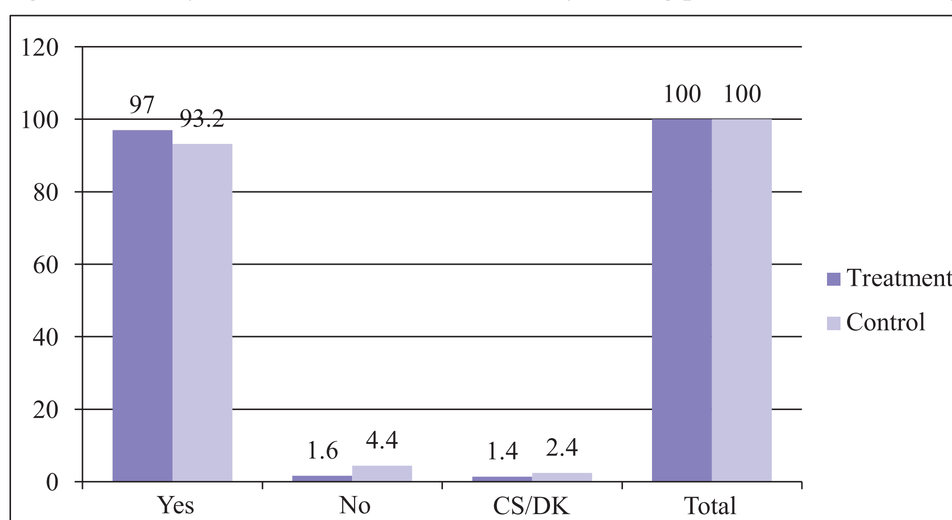
Similar findings were also seen in the control VDCs, where Saptari was the only district where the least proportion of the people (26 percent) said that the dowry custom had grown in the educated families, while the proportion of respondents who said that it had grown was quite high in the other four districts.

Table 8.11: What is the impact of education on the dowry? By District in Control Area

	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
It has declined in educated families	10.0	12.0	24.0	24.0	16.0
It has grown in educated families	26.0	44.0	38.0	58.0	62.0
No impact of education at all	62.0	44.0	30.0	16.0	20.0

An overwhelming majority of the respondents think that the dowry custom is a big problem in the society, in the both the treatment and control VDCs. The public's perception in this regard is same in all districts and castes/ethnicities.

Figure 8.7: Do you think that custom of dowry is a big problem in our society?



The main reasons for regarding dowries as a problem include the both the financial consequences on the bride's family as well as the demands on her physical and psychological well-being. The situation is same in all districts and castes/ethnicities.

Table 8.12: Why is the dowry custom a big problem? By VDCs

	Treatment	Control
It increasesloans and financial problems	65.8	65.2
It causes family disputes	4.5	6.0
It increases stress among family members	2.3	3.0
It increases the rate of suicides	2.5	2.1
It is traditionally accepted	4.5	2.6
People want to collect money who have invested on their sons' education	1.0	1.7
Not getting proper bride-groom as per family's choice	3.3	1.7
It is not possible to get daughters married without dowry	28.0	33.5
No proper law and rule	1.2	2.6
It increases violence		.4
CS/DK	.8	.9
N	485	233

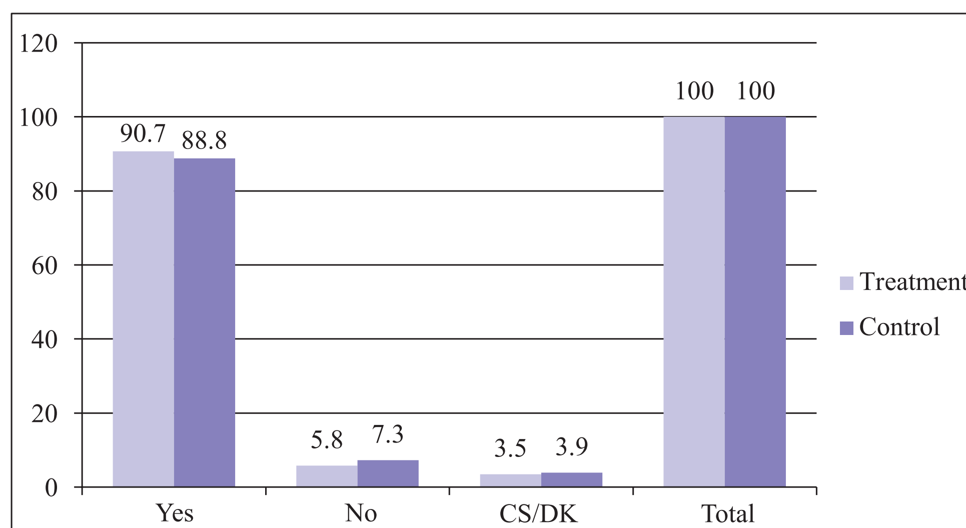
The participants in the focus group discussions noted that in many cases people have sold off their lands and/or other assets, thereby deteriorating their financial situations. "*Families have become poorer and are in bad financial state*" (FGD with women CPG in Siraha) was a sentiment that was commonly expressed along with "*people have sold their lands to pay for the dowries*" (FGD with CPG in Dhanusha).

For the women, the problems associated with dowries do not end with the marriage. The focus group participants remarked that in many cases, if the appropriate amount demanded by the groom's family is not paid, then it can often lead to the daughter-in-laws being physically and mentally abused. One woman in Saptari noted that "*without dowries there is always the risk that the girl will be badly treated and in extreme circumstances even killed*" (FGD with women in Saptari). Other women in Mahottari also expressed the view that "…*the constant pressure and torture on the daughter-in-law can also drive her to commit suicide*" (FGD with upper caste women in Mahottari).

8.4 Awareness: Dowry as a Crime

Eventhough the dowry custom is very common in Tarai/Madhesh, an overwhelming majority of the people (living in the both treatment and control VDCs) are aware that taking dowry is a crime in Nepal. The situation of awareness is same across all districts and castes/ ethnicities.

Figure 8.8: Do you know that taking dowry is a legal crime in Nepal?



People perceive that proper implementation of laws, education to girls, rejecting dowry by educated people and raising awareness of local people can reduce or stop dowry customs in the both the treatment and control VDCs. Almost similar perceptions have been reflected in all districts and castes/ethnicities.

Table 8.13: In your opinion, how the custom of dowry can be reduced or stopped?

	Treatment	Control
By not taking dowry by educated people	41.4	34.8
By making daughters educated	50.7	51.5
By reducing the marriage expenses	8.0	6.0
By implementing the law	51.1	54.1
By rising awareness of general public	30.5	36.5
By organizing the communal marriages		.4
Close to watch to each other	.6	.4
CS	3.1	1.7
N	485	233

With respect to the proper enforcement of dowry related laws, focus group participants further added that "p*eople who inform the police about dowry related crimes should be secretly rewarded"* (FGD with upper caste women in Mahottari). But, there were also others who cautioned against reporting to the police, as it would negatively affect the girl. "She will lose face in society" and "no one will want to marry her" (FGD with CPG in Siraha). Either way, this is a complex problem with no easy solution. Though the same focus group discussion participants also remarked that a greater awareness (through house-to-house) campaigns by pressure groups would be a step in the right direction to tackle the problem.

CHAPTER 9

PUBLIC'S PERCEPTION ON GENDER-BASED VIOLENCE

9.1 Awareness toward Gender-Based Violence

The survey shows that there is not a remarkable difference between the locals living in the treatment VDCs and control VDCs on their awareness towards gender-based violence. Proportion of those who said they know about the gender-based violence was 69 percent in the treatment VDCs, while it was 62 percent in the control VDCs. So, the difference is not significant. In both the treatment and control VDCs, more men were found to be aware than women. The difference is even more in the treatment VDCs (men: 86 percent, female: 53 percent). Findings from the FGDs with men and women however showed that the awareness levels were similar. While some women said that "*I am not aware (of gender based violence)*" (FGD with women in Sarlahi) others were able to clearly articulate that "*gender-based violence is when men suppress women and seek to dominate them through various ways*" (FGD with Muslim women in Saptari). Similarly, there were men who were not aware, while others remarked that "*gender based violence occurs when men seek to control women*" (FGD with men in Dhanusha).

Table 9.1: Do you know about gender-based violence? By VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	69.4	62.0	52.8	86.3	52.8	86.3
No	30.6	38.0	47.2	13.7	47.2	13.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	500	250	252	248	252	248

Going by districts, Sarlahi (87 percent) and Mahottari (71 percent) are the districts where a high proportion of the people living in the treatment VDCs have said that they know about the gender-based violence. In the control VDCs, this proportion is highest in Mahottari (78 percent).

Table 9.2: Do you know about gender-based violence? By VDCs and District

	Treatment					Control				
	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Yes	61.0	62.0	66.0	71.0	87.0	66.0	38.0	62.0	78.0	66.0
No	39.0	38.0	34.0	29.0	13.0	34.0	62.0	38.0	22.0	34.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	100	100	100	100	100	50	50	50	50	50

In the understanding of those who claimed that they know about gender-based violence, verbal insults and physical assaults/ beatings were mostly regarded as gender-based violence in both the treatment and control VDCs. If disaggregated by sex, similar perceptions were found in both the treatment and control VDCs. During the FGDs, some participants also identified the discriminator behavior towards women as a consequence of traditional patriarchal attitudes (FGD with women in Mahottari). It is also worth-mentioning that significant numbers of men, from both types of VDCs, identified sexual assault as the gender-based violence.

Table 9.3: What is gender-based violence? By VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Verbal insult	93.1	91.6	94.7	92.1	94.3	89.4
Physical assault/beating	83.9	87.1	85.7	82.7	84.3	89.4
Sexual assault	27.1	29.0	12.8	36.0	12.9	42.4
Emotional abuse	6.6	4.5	2.3	9.3	1.4	7.1
Threat	12.1	7.7	10.5	13.1	8.6	7.1
Excluded from economic resources	2.3			3.7		

Amongst the various causes for gender-based violence, dowry was identified as the main reason in both the treatment and control VDCs, followed by poor economic conditions, unemployment, infertility and not bearing a son. There is not much difference in this regard between men and women in both the treatment and control VDCs. These issues also emerged during the FGDs with both men and women. Many noted that the inability of providing sufficient dowries often led the daughter-in-laws to be ill-treated by their husbands (and his family). "*If the dowry is not enough, then the girl is badly treated. In some cases she can also be killed*" (FGD with Muslim women in Saptari).

Table 9.4: What are the two main reasons to become a victim of gender-based violence? By VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Dowry	63.1	69.7	60.2	65.0	81.4	60.0
Remittance	5.5	2.6	3.8	6.5		4.7
Infertility	21.6	29.0	15.8	25.2	28.6	29.4
Not bearing a son	19.0	20.0	30.8	11.7	28.6	12.9
Poor economic condition	32.0	22.6	31.6	32.2	21.4	23.5
Unemployment	27.7	23.2	22.6	30.8	22.9	23.5
Uneducated community/family	4.6	5.8	2.3	6.1		10.6
Lack of awareness	.3	1.3		.5		2.4
Dispute with neighbor	.3			.5		
Drug addiction	4.6	3.9	6.8	3.3	1.4	5.9
Feelings	1.7	1.3	1.5	1.9		2.4
Affection with other women		.6			1.4	
Patriarchal society		.6				1.2
Poverty	.6	.6	1.5		1.4	
CS/DK	.9	1.9	.8	.9	1.4	2.4
N	347	155	133	214	70	85

In addition, during the FGDs, the participants also strongly expressed the view that gender-based violence was caused by the lack of education and awareness levels that resulted in women getting abused (FGD with women in Mahottari). A few also remarked that alcohol consumption (by the husband) coupled with financial difficulties at home led to men beating their wives (FGD with Dalit women in Saptari).

When the survey respondents were asked about different statements with regards to gender-based violence, no significant differences were seen between the people's perception in the treatment and control VDCs. Majority of the people show their agreement with the statement. The highest level of agreement has been recorded with the statement: "Women and men have equal importance, but women are given less importance in practice". Public's agreement or disagreement with these statements is not significantly different by sex.

Table 9.5: Agreement or disagreement with the following statements by VDCs and Sex

		Treatment	Control	Treatment		Control	
				Female	Male	Female	Male
A. Women and men have equal importance, but women are given less importance in practice.	Agree	82.6	79.6	82.1	83.1	80.0	79.2
	Disagree	17.4	19.6	17.9	16.9	18.4	20.8
	CS/DK		.8			1.6	
	Total	100.0	100.0	100.0	100.0	100.0	100.0
B. Women should obey the order of their husbands, mother-/father-in-laws, brother-/sister-in-laws after marriage.	Agree	52.8	56.4	51.6	54.0	52.0	60.8
	Disagree	47.2	42.8	48.4	46.0	46.4	39.2
	CS/DK		.8			1.6	
	Total	100.0	100.0	100.0	100.0	100.0	100.0
C. It is unacceptable to do verbal insult and threat to women.	Agree	69.0	70.8	67.9	70.2	72.0	69.6
	Disagree	29.6	24.8	29.4	29.8	19.2	30.4
	CS/DK	1.4	4.4	2.8		8.8	
	Total	100.0	100.0	100.0	100.0	100.0	100.0
D. It is unacceptable to do physical assault to women.	Agree	69.6	70.0	69.4	69.8	72.0	68.0
	Disagree	29.2	25.6	28.2	30.2	19.2	32.0
	CS/DK	1.2	4.4	2.4		8.8	
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	N	500	250	252	248	125	125

Whatever the situation is, most of the public living in both the treatment and control VDCs disagree with a "husband's verbal abuse to his wife". Intensity of disagreement is even higher among women in both the treatment and control VDCs.

Table 9.6: Agreement and disagreement with a husband'sverbal abuse to his wife in the following situations by VDCs and Sex

		Treatment	Control	Treatment		Control	
				Male	Female	Male	Female
She does not do household chores responsibly	Agree	25.0	25.6	15.1	35.1	20.0	31.2
	Disagree	74.8	74.4	84.9	64.5	80.0	68.8
	CS/DK	.2			.4		
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She disobeys her husband or other members	Agree	26.6	22.8	16.7	36.7	17.6	28.0
	Disagree	73.4	77.2	83.3	63.3	82.4	72.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She refuses to have sexual relations with her husband	Agree	3.8	4.4	3.2	4.4		8.8
	Disagree	96.2	95.6	96.8	95.6	100.0	91.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
Husband suspects that she is unfaithful	Agree	3.6	3.2	4.0	3.2	1.6	4.8
	Disagree	96.4	96.8	96.0	96.8	98.4	95.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She is infertile or does not bear a son	Agree	1.2	.4	2.0	.4		.8
	Disagree	98.8	99.6	98.0	99.6	100.0	99.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She does not bring enough dowry	Agree	2.6	.4	4.4	.8		.8
	Disagree	97.4	99.6	95.6	99.2	100.0	99.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	N	500	250	252	248	125	125

Like in the case of verbal abuse, an overwhelming majority of the public living in both the treatment and control VDCs disagree with a husband physically hitting his wife, whatever the situation is. Intensity of disagreement is high among both women and men in both the treatment and control VDCs.

Table 9.7: Agreement and disagreement with a husband'sphysical hit to his wife in the following situations by VDCs and Sex

		Treatment	Control	Treatment		Control	
				Female	Male	Female	Male
She does not do household chores responsibly	Agree	13.6	9.6	5.2	22.2	.8	18.4
	Disagree	86.4	90.4	94.8	77.8	99.2	81.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She disobeys her husband or other members	Agree	14.2	9.6	4.8	23.8	.8	18.4
	Disagree	85.8	90.4	95.2	76.2	99.2	81.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She refuses to have sexual relations with her husband	Agree	3.2	2.8	3.6	2.8	.8	4.8
	Disagree	96.8	97.2	96.4	97.2	99.2	95.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0
Husband suspects that she is unfaithful	Agree	3.2	1.6	4.4	2.0	.8	2.4
	Disagree	96.8	98.4	95.6	98.0	99.2	97.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0

She is infertile or does not bear a son	Agree	1.2	.4	2.0	.4	.8	
	Disagree	98.8	99.6	98.0	99.6	99.2	100.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
She does not bring enough dowry	Agree	2.6	.4	4.0	1.2	.8	
	Disagree	97.4	99.6	96.0	98.8	99.2	100.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
	N	500	250	252	248	125	125

9.2 Victims of Gender-Based Violence

Very few people mentioned that they or any member of their families were victims of the gender-based violence in both the treatment and control VDCs. However, it is noticed that about 8 percent of women living in the treatment VDCs have said that they have become victims of this violence.

Table 9.8: Do you or any member of your family have to become victims of gender-based violence? by VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Yes	4.0	3.2	7.5	1.9	4.3	2.4
No	95.7	96.1	92.5	97.7	94.3	97.6
CS/DK	.3	.6		.5	1.4	
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	347	155	133	214	70	85

Among those who or whose family members have become victims of the gender-based violence, neighbours, family members, maternal family support and CBOs are ones where they sought for help.

Table 9.9: Have you ever sought help from anyone about these violent behaviours? By VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Family member	21.4	40.0	20.0	25.0	33.3	50.0
Friend	7.1	0.0	0.0	25.0	0.0	0.0
Nobody	14.3	20.0	20.0	0.0	33.3	0.0
Neighbour	35.7	0.0	40.0	25.0	0.0	0.0
Maternal family support	21.4	20.0	30.0	0.0	33.3	0.0
CBOs	21.4	20.0	10.0	50.0	0.0	50.0
N	14	5	10	4	3	2

Most of them go nowhere to get additional help. However, it is found that some of them go to community mediation centres. During the FGDs, the participants also noted that the victims of gender-based violence had nowhere to turn to for help (FGD with women in Mahottari) and that in many instances, cases are not reported to the police (FGD with men in Dhanusha). While others mentioned that even if cases are filed, then the delivery of justice takes to long and till then the accused will have already fled the area (FGD with men in Dhanusha).

Table 9.10: Which organization did the person you approached for help suggested to go to get additional help? by VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
NGO	0.0	20.0	0.0	0.0	0.0	50.0
Social worker	7.1	0.0	0.0	25.0	0.0	0.0
Community mediation centre	14.3	0.0	0.0	50.0	0.0	0.0
Police	7.1	0.0	0.0	25.0	0.0	0.0
Traditional leader in the community	7.1	0.0	10.0		0.0	0.0
No where	64.3	60.0	80.0	25.0	66.7	50.0
CS/DK	7.1	20.0	10.0		33.3	
N	14	5	10	4	3	2

They think that problems will remain same even if they go somewhere to seek the additional help. This is the reason why most of them do not seek for the additional help. Furthermore, the discussions also revealed that the general perception the communities is that even when cases are filed, through political pressure and money, the cases are not addressed and so most people do not think it is worth the trouble (FGD with men in Dhanusha).

Table 9.11: If you did not seek additional help what was the reason? By VDCs and Sex

	Treatment	Control	Treatment		Control	
			Female	Male	Female	Male
Legal support/services too complicated/complex	14.3	40.0	10.0	25.0	33.3	50.0
The problems will remain same	28.6		10.0	75.0	0.0	0.0
Victim have to bear more trouble	21.4		20.0	25.0	0.0	0.0
Fear of reaction of family or in-laws	21.4		30.0		0.0	0.0
Fear of social stigma	21.4	20.0	20.0	25.0	0.0	50.0
Bring shame to family/ affect family prestige	7.1	20.0	10.0		33.3	0.0
CS/DK	21.4	20.0	30.0		33.3	0.0
N	14	5	10	4	3	2

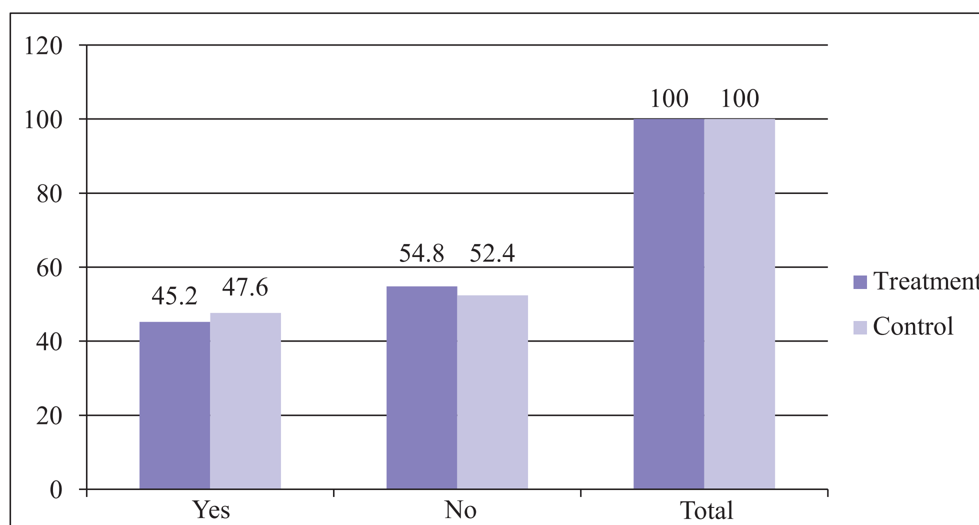
CHAPTER 10

SITUATION OF MIGRATION

10.1 Situation of International and Internal Migration

Almost half of the households in both the treatment (45 percent) and control (48 percent) VDCs mentioned that at least one family member had gone outside (either foreign country or another place within the country) for employment.

Figure 10.1: Has any member of your family gone outside (foreign or another place within the country) for employment? By VDCs



Proportion of households with migrant family members was the highest in Siraha, in both the treatment and control VDCs,while the lowest was recorded in Sarlahi.

Table 10.1: Has any member of your family gone outside (foreign or another place within the country) for employment? By VDCs and District

	Treatment					Control				
	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi	Saptari	Siraha	Dhanusha	Mahottari	Sarlahi
Yes	50.0	56.0	42.0	52.0	26.0	56.0	64.0	54.0	38.0	26.0
No	50.0	44.0	58.0	48.0	74.0	44.0	36.0	46.0	62.0	74.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	100	100	100	100	100	50	50	50	50	50

The mean age of the migrant workers is 30 years, in both the treatment and control VDCs. While the average years lived abroad is around 3 years in the treatment VDCs and 2 years in the control VDCs. Most of the migrant workers are men in the both types of VDCs. Also, it was found that majority of the migrant workers have completed either primary level or secondary level education. Most of the migrant workers are agriculturalists followed by daily waged labourers and students.

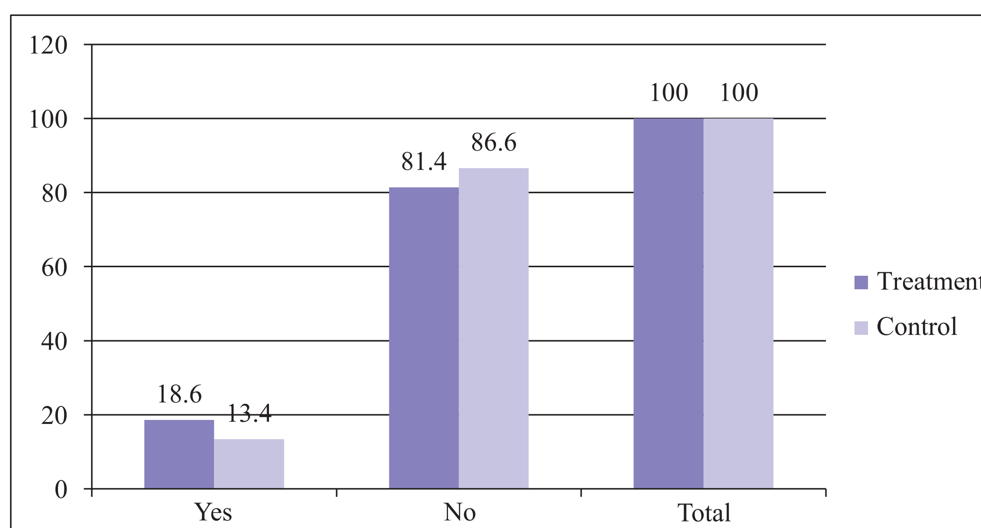
Table 10.2: Demographic Information of Migrant Workers by VDCs

		Treatment	Control
Mean age of migrant persons		30.0	30.2
Average years lived in outside		2.9	2.2
Sex	Female	2.1	1.3
	Male	97.9	98.7
	Total	100.0	100.0
Education	Illiterate	12.5	11.9
	Literate	11.8	10.6
	Primary (up to grade 5)	28.8	27.8
	Secondary (up to grade 10)	33.7	36.4
	Higher Secondary and above	13.2	13.2
	Total	100.0	100.0
Occupation before going outside	Agriculture	40.6	42.4
	Daily wages	19.8	17.2
	Small industry/business	5.2	5.3
	Job	2.1	.7
	Student	19.4	19.9
	Professional work	3.5	.7
	Traditional profession	.7	
	Skilled labour	2.1	1.3
	Unemployed	6.3	7.9
	Business	.3	.7
	Foreign employment		4.0
	Total	100.0	100.0
Types of Employment	Internal	15.6	11.3
	Foreign	84.4	88.7
	Total	100.0	100.0
Foreign Employment	India	9.9	12.7
	Gulf countries	65.0	59.0
	Malaysia	23.5	28.4
	Korea	.4	
	US	1.2	
	Total	100.0	100.0
Internal Employment	One village to another village	20.0	17.6
	Village to city	80.0	82.4
	Total	100.0	100.0

Most of the migrant workers have gone outside of the country. Very few have migrated to another place within the country in search of employment. Most of the people who have gone abroad go to gulf countries followed by Malaysia and India. In the case of internal employment, the majority of the people go to cities from their villages.

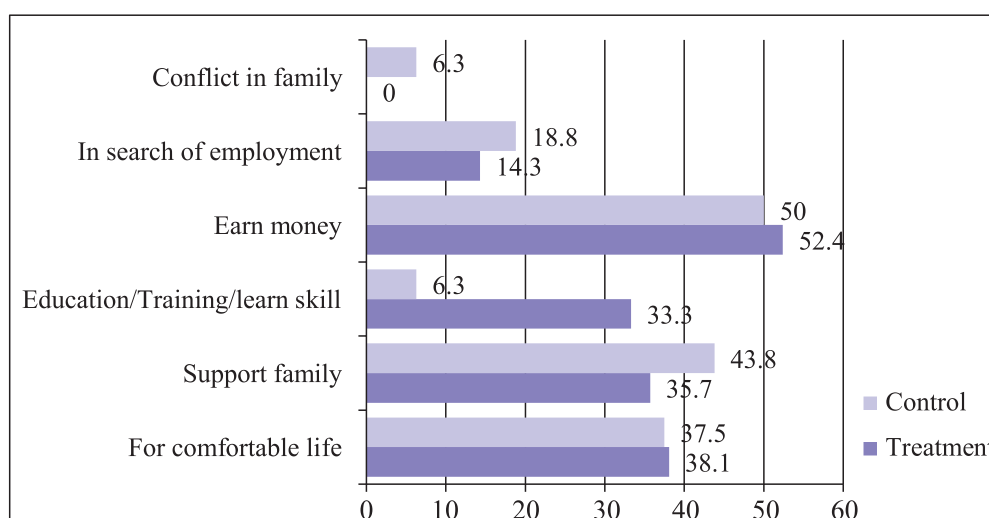
The survey revealed that family members of about 18 percent households have internally migrated (i.e. within the country) in the treatment VDCs while this proportion is 13 percent in the control VDCs.

Figure 10.2: Has any member of your family internally migrated? By VDCs



The major three reasons of the internal migration are found to be earning money, comfortable life and supporting their families.

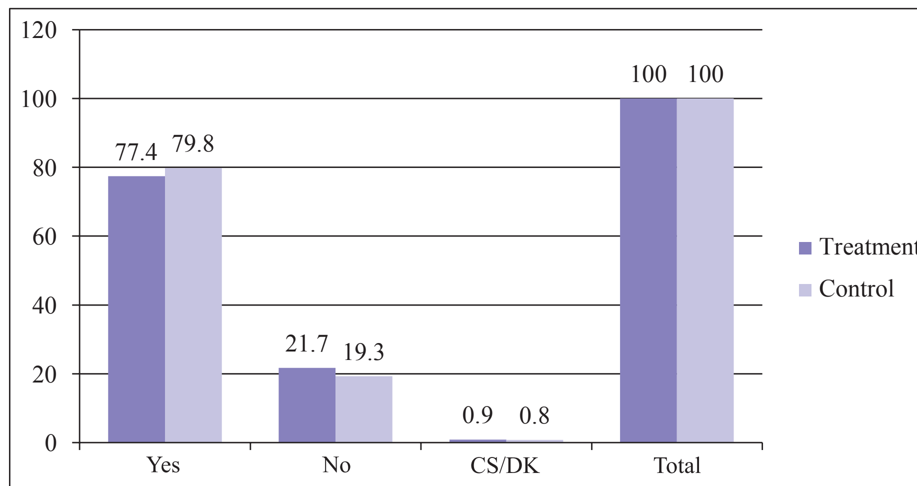
Figure 10.3: If internally migrated, what were the major three reasons? By VDCs



10.2 Economic Aspect of Migration

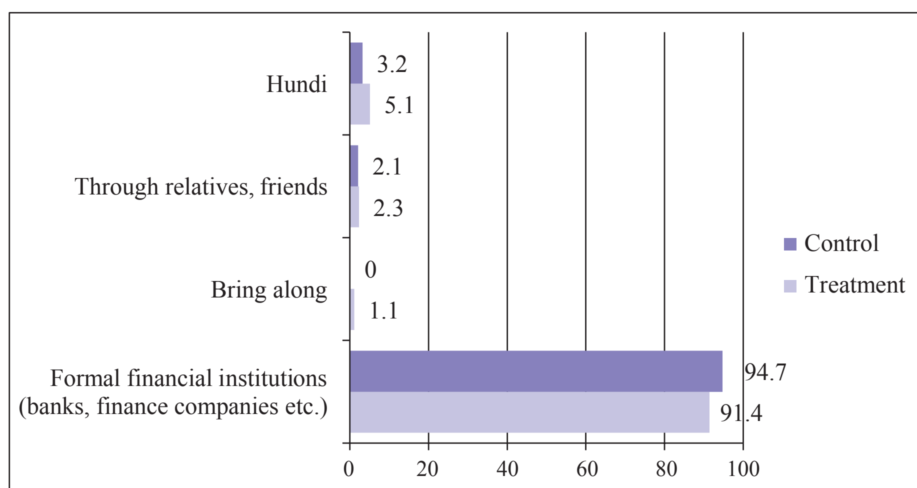
More than one-third of the people in the both treatment (77 percent) and control (80 percent) VDCs said that their family members who have gone outside for employment are sending money to them.

Figure 10.4: Is the member who went outside for employment sending money to the family? By VDCs



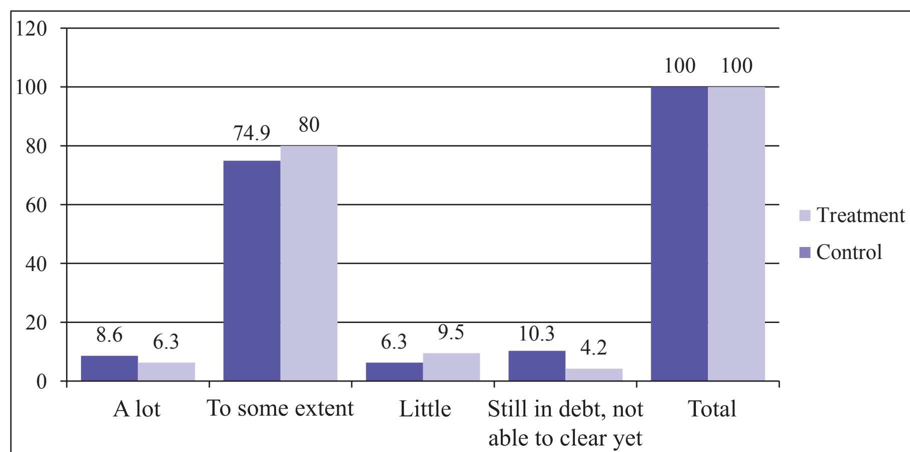
Mostly used channel to sending money is formal financial institutions such as banks, financial companies etc.

Figure 10.5: What channel do they usually use to send the money? By VDCs



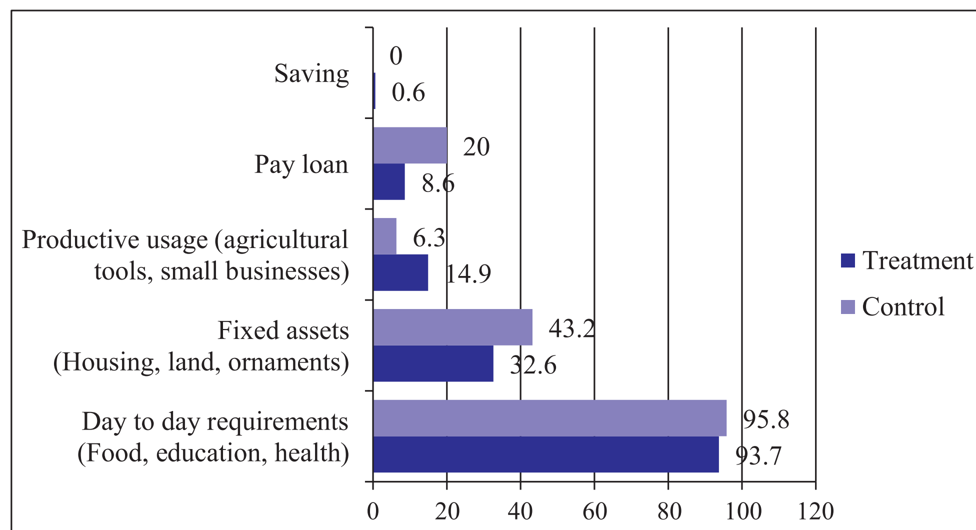
Most of them mentioned that the family's economic status has been improved to some extent only from the remittance in the both types of VDCs. Very few people think that economic status of their families has been improved a lot.

Figure 10.6: If they send money, how much your family's economic status has been improved from the remittance? By VDCs



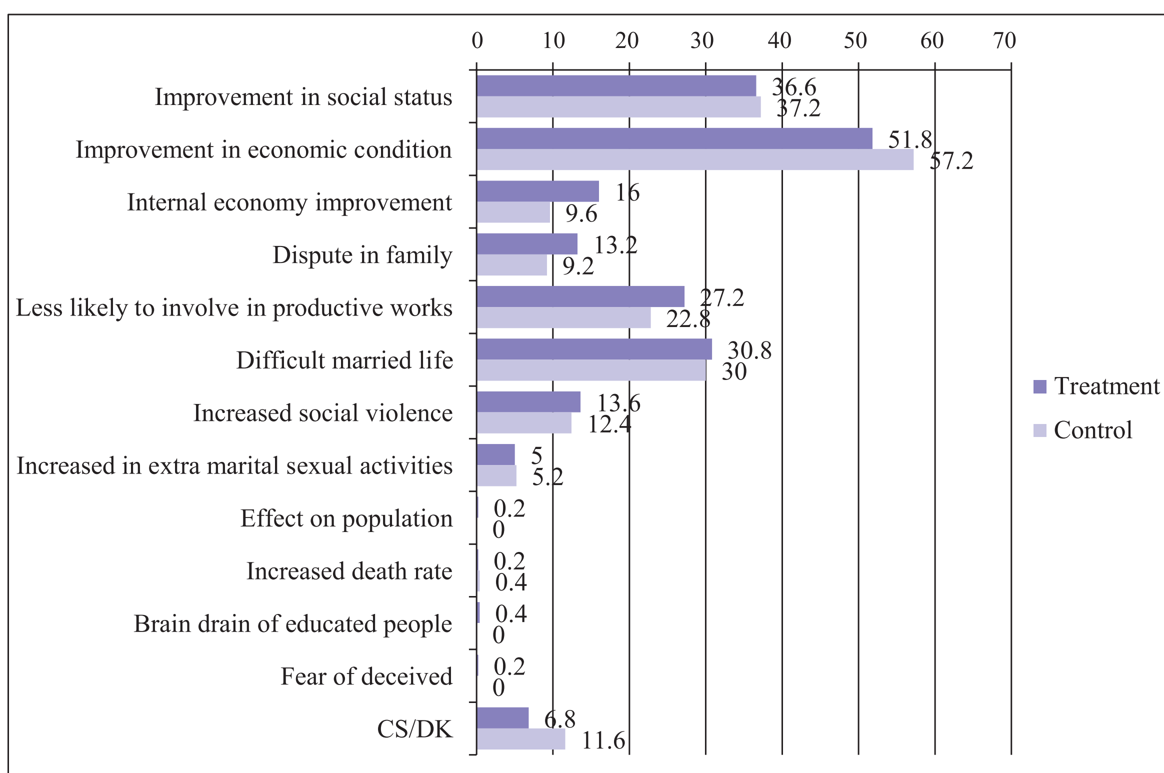
Most of the people mentioned that the remittances that they received were spent on day-to-day requirements such as food, education and health. Significant number of them further said that they used it for buying fixed assets such as houses, lands and ornaments. Few people also mentioned that they used it for paying loans.

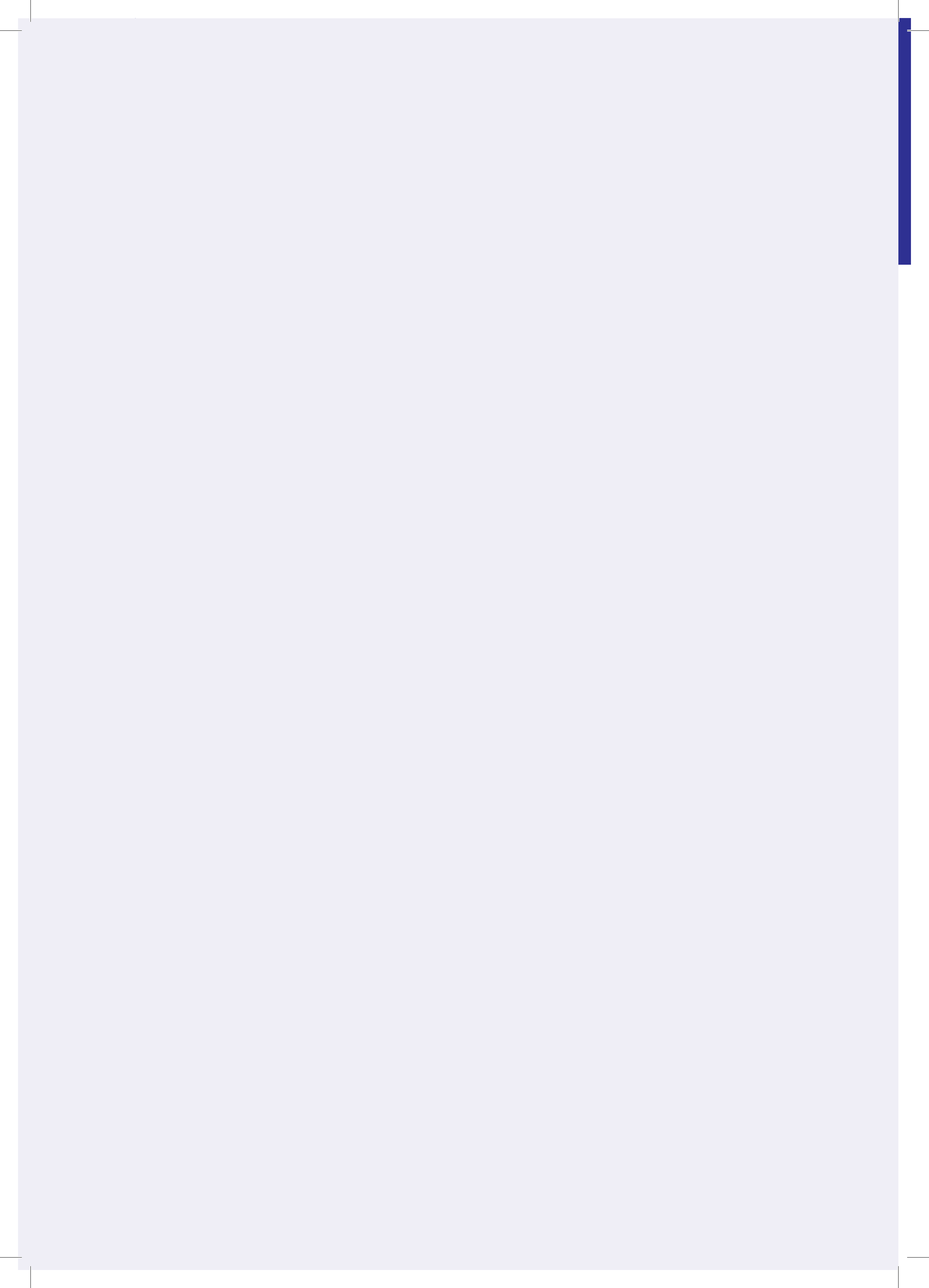
Figure 10.7: What are remittances used for? By VDCs



Improvement in economic condition is the mostly pronounced positive impact of migration that people have identified. People have also identified improvement in social status as the important positive impact of migration. On the other, they have also identified difficulty in married life and people's less involvement in productive works as the negative impact of migration.

Figure 10.8: Impacts of migration By VDCs





CHAPTER 11

CONCLUSION

The Midline and Citizen Perception Survey 2017 reveals that the SVAG project is quite effective in improving accountability of the service providers in its programme VDCs. Proportion of the people who expressed that accountability of the service providers has improved is higher in the treatment VDCs than the control VDCs. Also, this proportion is higher in 2017 than 2016 in the treatment VDCs in the context of all three service providers: VDC offices, health facilities and schools with the target met. More public think that discrimination based on caste/ethnicity has decreased at the service providers in recent years. These findings reveal that the project is on the right track to achieve its intended outcomes.

More people are receiving basic services from the service providers in the treatment VDCs than the control VDCs. This trend is increasing in the treatment VDCs in 2017 than 2016. This shows that accessibility of the general public to basic services has increased. In addition to it, more proportion of citizens report that they are confident to exercise their rights and roles in 2017 than 2016. But this improvement still lacks sufficiency to meet the set target.

The survey finds that more people are satisfied with the services provided by the three service providers in the treatment VDCs than the control VDCs. This finding is further corroborated with another one, which reveals that proportion of the people expressing timely delivery of services by the service providers is higher in the treatment VDCs than the control VDCs. Also, more proportion of people living in the treatment VDCs think that the service providers are timely delivering services in 2017 than 2016. However, targets set for health facilities and schools are not met in 2017.

Local people are not in habit of complaining officially even if they have complaints about quality of services delivered by the service providers. They find themselves comfortable to complain only orally, but they are not interested to record their complaints formally.

The survey also discloses a fact that many people in the programme VDCs are not attending social actions organized by CPGs. They are unaware of the CPGs' activities. Despite this fact, CPGs' social actions have met the target in 2017. Even though CPG members are more aware of the accountability tools provisioned by the government compared to other general public, there is still a big space to improve among CPG members' awareness because a big proportion of the CPG members still does not know about those tools. No. of CPG members who are aware of rights, entitlements and services is still low and below the target as of 2017. This indicates that the project's intervention with CPG members is not enough and effective. Since the CPGs are formed by NEMAF, effective implementation and efficient management of the project are issues that should be brought under review after this midline evaluation. Also, most of the local political leaders are unaware of the NEMAF's activities and so recommended the need for information dissemination. In spite of

these, the model of the project has a high potentiality of replication in other VDCs of the programme districts.

This study shows that child marriages are still quite common and are on the rise - in both the control and treatment VDCs. It is, in most of the cases, the girls who have to become victims of child marriages because they are married as soon as they reach puberty. Fear of daughters' eloping is a strong motive for parents in marrying their daughters at early age. Dowry custom is another social evil in the Mithila belt of Madhesh. Taking or giving dowries are widely practised in both the treatment and control VDCs. It is even worried to know that this practice is on the rise with increased demands. It is really surprised to know that the practice is even more pronounced amongst educated families in the both treatment and control VDCs. In the context of gender-based violence, still a big proportion of people living in both type of VDCs are ignorant about it though majority thinks that they know about it. However, women, in particular, are not forthcoming in discussing gender-based violence.

Overall, the project is moving in a right direction and achieving its goal. However, social evils such as child marriages, dowry custom and gender-based violence are not being effectively addressed. One of the reasons might be that SVAG project does not include these things in its framework. But, these are the important issues to be addressed in coming days.

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Annex-1: Sampling Distribution in the Treatment and Control VDCs

Sampled Wards from the Treatment VDCs

District	VDC	WARD	Sample Size
Saptari	Dadha	2	10
	Dadha	5	10
	Dadha	9	10
	Goithi	7	10
	Maleth	3	10
	Maleth	7	10
	Raypur	1	10
	Raypur	3	10
	Raypur	6	10
	Raypur	8	10
Siraha	Laxmipur Patari	2	10
	Laxmipur Patari	4	10
	Laxmipur Patari	8	10
	Maheshpur Patari	2	10
	Maheshpur Patari	6	10
	Maheshpur Patari	9	10
	Pipra Pra.Dha	4	10
	Pipra Pra.Dha	8	10
	Pokharbhinda	3	10
	Pokharbhinda	7	10
Dhanusha	Kachuri Thera	2	10
	Kachuri Thera	6	10
	Kachuri Thera	9	10
	Manshingpatti	5	10
	Paudeswor	1	10
	Paudeswor	4	10
	Paudeswor	8	10
	Tarapatti Sirsiya	2	10
	Tarapatti Sirsiya	5	10
	Tarapatti Sirsiya	8	10
Mahottari	Kolhuwa Bageya	1	10
	Kolhuwa Bageya	3	10
	Kolhuwa Bageya	5	10
	Kolhuwa Bageya	8	10
	Nainhi	2	10
	Nainhi	4	10
	Nainhi	8	10
	Pigauna	4	10
	Simardahi	1	10
	Simardahi	5	10

Sarlahi	Farhadwa	1	10
	Farhadwa	5	10
	Farhadwa	9	10
	Kabilasi	3	10
	Kabilasi	7	10
	Kabilasi	9	10
	Pidari	1	10
	Pidari	7	10
	Pipariya	2	10
	Pipariya	4	10
Total	**20**	**50**	**500**

Sampled Wards from the Control VDCs

District	VDC	WARD	Sample Size
Saptari	Diman	4	10
	Diman	7	10
	Patthargada	2	10
	Patthargada	6	10
	Patthargada	9	10
Siraha	Kharukyanhi	4	10
	Kharukyanhi	8	10
	SitapurPra.Da.	3	10
	SitapurPra.Da.	6	10
	SitapurPra.Da.	9	10
Dhanusha	Hansapur Kathpulla	1	10
	Hansapur Kathpulla	3	10
	Hansapur Kathpulla	6	10
	Mithileshwor Mauwahi	2	10
	Mithileshwor Mauwahi	6	10
Mahottari	Dhirapur	3	10
	Dhirapur	6	10
	Dhirapur	9	10
	Sisawakataiya	3	10
	Sisawakataiya	8	10
Sarlahi	Hempur	1	10
	Hempur	5	10
	Hempur	7	10
	Kisanpur	1	10
	Kisanpur	6	10
Total	**10**	**25**	**250**

Annex-2: Grouping and Schedule of FGDs and KIIs

Grouping and Schedule of FGDs in the Five Districts

District	Title	VDC	Group	Cond. Date
1.Dhanusha	Civil Pressure Group (NEMAF)	Tarapatti Sirsiya	Female	2074-6-29
	Other Backward Class	Therakachuri	Male	2074-6-29
2.Mahotari	Muslim	Simardahi	Male	2074-6-31
	High Caste People	Pigauna	Female	2074-6-31
3.Sarlahi	Janajati	Pipariya	Male	2074-7-6
	Other Backward Class	Pidari	Female	2074-7-6
4. Siraha	Dalit	Pipra Pra Dha	Male	2074-7-7
	Civil Pressure Group (NEMAF)	Pokharbhinda	Female	2074-7-7
5. Saptari	Muslim	Maleth-9	Female	2074-7-8
	Dalit	Raipur-2/3	Female	2074-7-8

Grouping and Schedule of KIIs in the Five Districts

S.N.	Date	Name	Post	District	VDC/Office
1	11/2/2017	DanikantJha	DEO Officer	Dhanusha	District Education Office
2	11/3/2017	RambhajanYadav	LGCDP Focal Person	Dhanusha	District Coord. Committee
3	10/22/2017	Mira Mishra	Chief WDO Officer	Dhanusha	Women Dev, Office
4	10/16/2017	Shree Kishore Yadav	CPG-Male	Dhanusha	Mansighpatti
5	10/18/2017	Abhiram Sharma	RaJaPa Leader	Mahottari	District HQ
6	11/3/2017	Shailendra Pandey	LGCDP Focal person	Mahottari	District Coord. Committee
7	10/18/2017	Indira Khatun	CPG-Female	Mahottari	Nainhi
8	10/24/2017	Pushkar Mani Ghimire	District Planning Officer	Sarlahi	District Coord. Committee
9	10/24/2017	Nagendra Kumar Ray	Congress Leader	Sarlahi	Malangwa
10	10/24/2017	Anju Mishra	CPG-Female	Sarlahi	Kabilashi
11	10/24/2017	Buddhiman Dunuwar	DEO Officer	Siraha	District Education Office
12	10/25/2017	Shital Devi Das	CPG-Female	Siraha	Maheshpur
13	10/25/2017	Bhupesh Kumar Bhup	District Coordinator	Saptari	NEMAF
14	10/25/2017	Dinesh Kumar Yadav	Sa.Sa. Forum Leader	Saptari	Rajbiraj
15	10/25/2017	Shambhu Yadav	UML Leader	Saptari	Rajbiraj

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	Ravi Vern Chaudhary
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	Sanjaya Kumar Mandal
	Samjhana Kumari Dhami
	Indu Chaudhary
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	Kavita Kumari Das
	Raj Kumar Das
	Rajesh Kumari Singh
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