

Final Report

Baseline Study of GAC Project

WASH Recovery Assistance to Earthquake-Affected Communities of Dhading and Sindhupalchowk, Nepal

Submitted to:

CARE Nepal



Prepared by:

Nepal Development Initiative Consulting Pvt. Ltd.

Shree Durbar Tole Pulchok, Lalitpur, Nepal

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ACRONYMS AND ABBREVIATIONS

DDC	District Development Committee
DWS	Drinking Water Schemes
FGD	Focus Group Discussion
GAC	Global Affairs Canada
HH	House hold
KAP	Knowledge Attitude and Practice
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
NDI	Nepal Development Initiative Consulting Pvt. Ltd.
O&M	Operation and Maintenance
PoU	Point of Use
RM	Rural Municipality
ToR	Terms of Reference
UC	Users' Committee
VDC	Village Development Committee
VMW	Village Maintenance Worker
WASH	Water Sanitation and Hygiene
WASH-CC	Water Sanitation and Hygiene Coordination Committee
WSS	Water Supply Schemes

EXECUTIVE SUMMARY

CARE Nepal is implementing the Global Affairs Canada (GAC) funded project Wash Recovery Assistance To Earthquake-Affected Communities of Dhading and Sindhupalchowk from February 7, 2017. The goal of the project is to see improved well-being and resilience of women, men, girls and boys in targeted earthquake-affected areas of Nepal. A baseline study was conducted in order to collect baseline data for the logical model based on the indicators set in the Performance Measurement Framework (PMF) which will guide to set forth the project target and against which the success can be measured at the end-line.

Methodology

The baseline survey included both quantitative and qualitative methods. Field data were collected during 17th to 25th September, 2017. Primary data were collected through field assessment (HH survey, FGDs and KIIs) and secondary data were collected through review of project documents and logical framework. A total of 415 HHs were sampled for the HH survey which was distributed amongst 6 former Village Development Committees (VDCs). Twelve FGDs and ten KIIs were conducted in the two districts. The data from HH survey were triangulated through FGDs, KIIs and field observation.

Key Findings

Intervention Logic	INDICATORS	Baseline Findings	Remarks
ULTIMATE OUTCOME			
Improved well-being and resilience of women, men, girls, and boys in targeted earthquake-affected areas of Nepal	% of resilient women, men, girls and boys	0	None of the respondent HH met all the criteria set forth for resilience
INTERMEDIATE OUTCOME			
1100-Increased consumption of potable water by EQ-affected population especially by women, men, girls, boys, elderly persons, PWD and members of the Dalit caste in Dhading and Sindhupalchowk.	# of EQ affected men and women with access to potable water	NA	Out of the 50 EQ affected men and women with access to potable water, 28 were female.
	% of target population reporting that they use the water and are satisfied	1.20	The satisfaction has been measured in terms of quality, quantity, accessibility and reliability.
	% of female drinking water users committee members who feel they are able to participate in decision making	NA	UCs in the sampled VDC were either recently formed or not formed at all due to the change in local bodies.
1200 Increased use of improved sanitation services by earthquake affected population especially by women, men, girls, boys, elderly persons and those living with disabilities and members of the Dalit caste in Dhading and Sindhupalchowk districts.	# of earthquake affected men and women with access to improved sanitation facilities	NA	Out of 338 earthquake affected men and women with access to improved sanitation facilities, 178 were female
	% of target population using latrines constructed/rehabilitated by the project that report satisfaction with the facilities	43.37	52.6% of the respondents who have latrine in their HH reported that their latrines were totally damaged by the earthquake
	# of wards declared ODF	3 (out of 7)	The ODF data for Panchpokhari Thangapal RM has not been updated yet.
	% of female WASHCC members who feel they are able to participate in decision making	NA	WASH-CC in the RMs had not yet been formed yet.
1300 Equally improved level of Hygiene Practices	# men and women surveyed that report that they have been	NA	75 respondents reported that they have received WASH message in the

amongst all household members in Dhading and Sindhupalchowk	reached by CARE hygiene awareness campaigns		past 6 months out of which 11.3% were from door to door visit.
	% of target populations in target area practicing the 6 key hygiene messages	0	Practice level was found to be highest for latrine use whereas lowest for Hand washing.
	% of female ward level sanitation and hygiene promotion committee members who feel they are able to participate in decision making	NA	No ward level sanitation and hygiene committee had been formed at the time of study.
IMMEDIATE OUTCOME			
1110 Increased and equal access to potable, adequate and sustainable drinking water amongst earthquake affected communities (especially marginalized women and adolescent girls).	# of men and women with access to newly constructed/rehabilitated water systems	NA	Out of 22 men and women with access to newly constructed/rehabilitated water systems, 11 were female.
	% of tested water samples that meet the National Drinking Water Quality Standard after rehabilitation	NA	21% of the respondent report that the water at their source has been tested for quality
1120 Improved capacity of inclusive water user committees and rural municipalities to identify, construct, and maintain drinking water systems.	# of water user committees and rural municipalities that have develop gender responsive WASH Plan	NA	Out of the 2 UCs in Dhading district none had developed a WASH plan yet.
	% of gender inclusive water user committees meeting on a regular basis (once per month)	NA	No UC meeting had been held yet.
	% of rehabilitated/constructed drinking water systems being maintained by water user committees/rural municipalities	NA	The two UCs from Dhading had been maintaining one DWS each.
1210 Increased and equal access of earthquake affected communities (especially marginalized women and adolescent girls) to improved sanitation services.	# of men and women who have accessed improved sanitation services	NA	Even though 82.4% have access to improved sanitation facility, only 1.2% had features for PWD.
1220 Improved capacity of local institutions to identify, construct, and maintain sanitation facilities and services.	% of constructed improved sanitation facilities maintained by local institutions	NA	The schools did not have proper sanitation facilities whereas the health posts had well equipped latrines and hand washing stations but were not properly managed.
1310 Increased and equal access of individuals in affected communities to improved hygiene facilities.	# of men and women who have access hygiene facilities in the home	NA	None of the respondents reported to have access to all six key hygiene facilities.
	# of targeted institution with handwashing and hygiene facilities	NA	None of the local institution had hand washing and hygiene facilities that are all child, gender and disabled friendly.
1320 Improved knowledge of communities (especially marginalized women and adolescent girls) and local institutions to identify and promote hygiene issues.	# of local institutions that are delivering hygiene promotion activities	5 (out of 5)	All of the local institutions were reported to have delivering hygiene messages
	% of target population, able to demonstrate knowledge of key hygiene messages	2.65	5.8% of the respondent correctly demonstrated all six steps for handwashing

**The individual criteria for calculation of indicators has been included in Annex V.*

Key Recommendations

1. Any further intervention should prioritize forming and sustaining the users committee and WASH CC.
2. Female members should be included UCs and WASH CCs in key positions in the future.
3. Physical infrastructures related to water supply and sanitation needs to be constructed in the target areas. If possible, existing facilities should be expanded to cover the wider areas.
4. An immediate feasibility survey of the facilities which are not functioning and the facilities damaged by the EQ is recommended.
5. Future interventions should have a clear provision of developing and sustaining proper sanitation facilities in the schools.

INTRODUCTION

BACKGROUND

The devastating earthquakes that struck Nepal on 2015 and its subsequent earthquake caused severe damage to water, sanitation and hygiene (WASH) services and infrastructure. Even though many national, international and Government Agencies have intervened in the WASH sector, gaps still remain. The Organization's multi-sectoral needs assessment conducted in October 2015 showed major gaps in WASH, especially in Dhading and Sindhupalchowk.

The Global Affairs Canada (GAC) Project namely Wash Recovery Assistance To Earthquake-Affected Communities of Dhading and Sindhupalchowk, Nepal will take into account the specific rights, needs and vulnerabilities of marginalized people, in addition to the multiple barriers they face, in an effort to promote equitable access to WASH services and to strengthen community institutions and participation. Women and girls are disproportionately affected by the unavailability of improved water systems as they are responsible for fetching and managing water at the household level. The Project will build on the Government of Canada's response to the humanitarian crisis in Nepal and meet the remaining WASH needs in the targeted areas.

The goal of the project is to see improved well-being and resilience of women, men, girls and boys in targeted earthquake-affected areas of Nepal. The project has anticipated three intermediate outcomes:

1. Increased consumption of potable water by EQ-affected population especially by women, men, girls, boys, elderly persons, PWD and members of the Dalit caste in targeted VDCs of Dhading and Sindhupalchowk;
2. Increased use of improved sanitation services by earthquake affected population especially by women, men, girls, boys, elderly persons and those living with disabilities and members of the Dalit caste in targeted VDCs of Dhading and Sindhupalchowk districts; and
3. Equally improved level of Hygiene Practices amongst all household members in targeted VDCs of Dhading and Sindhupalchowk districts.

STUDY AREA

The project covered two districts namely; Dhading and Sindhupalchowk. The targeted rural/municipalities of the two districts has been shown in Table 1 and Figure 1.

Table 1: Project Districts and Former VDCs

Province /Districts	Rural Municipalities /Village development committee (vdcs)
Dhading (former VDCs-3)	Ganga Jamuna Rural Municipality : 5(Fulkharka), 6 (Baseri), 7 (Budathum),
Sindhupalchok (Former VDCs-3)	PachpokhariThangpalGuapalika (Baskharka, Baruwa, Bhotang)

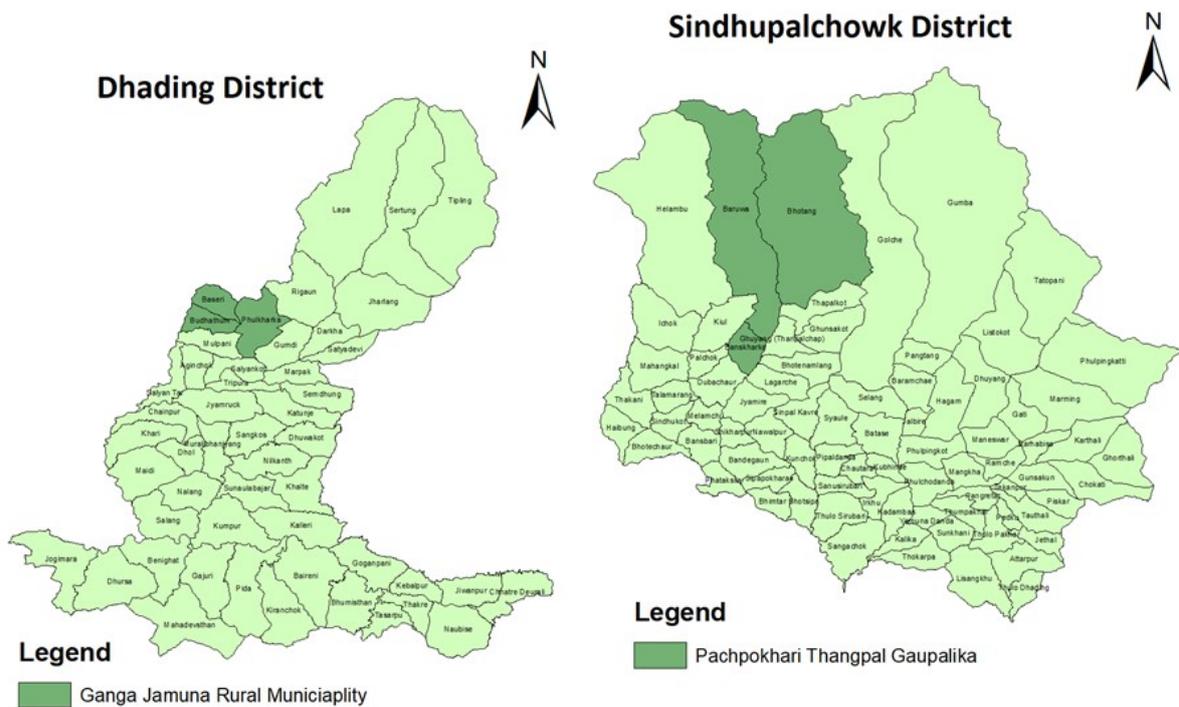


Figure 1: Project Districts and Former VDCs

OBJECTIVES OF THE STUDY

The study aimed to establish baseline value on the project indicators as provided in the project logical framework. The logical framework of the project has been included in Annex I.

TECHNICAL APPROACH AND METHODOLOGY

The assessment was carried out using both quantitative and qualitative methodologies. The study team designed the survey tools and questionnaires to achieve the stated objectives. These tools were used to generate the aggregated baseline value against the project indicators set in the project log frame. The quantitative survey was done using a mobile application named Kobo Collect.

SAMPLING PROCEDURE

The study covered six former VDCs of two earthquake affected districts namely Dhading and Sindhupalchowk. Based on the Population Census of 2011, the six VDCs consists of a population of 18,189 and 4244 households. A random sampling approach was applied for the sample size. Based on the CBS 2011 data of the selected VDCs, the sample size was determined using the following random sampling formula:

$$n = \frac{n'}{1 + \frac{n'-1}{N}}$$

Where,

n = sample size

N = population size = 18,129

$$n' = \frac{z^2 * p * q}{e^2}$$

z = error risk = 1.96 for 95% confidence level

p = expected prevalence = 0.5 (50%)

q = 1 – p = 0.5

e = margin of error = 0.05 (5%)

The above formula gives us a sample size of 377 households. Assuming a 10% non-response rate, a sample size of 415 HHs was taken. The sample size was used for HH survey. The distribution of sample size has been shown in the Table 2.

Table 2: Distribution of Sample Size

District	Former VDCs	Sample Size
Sindhupalchowk	Baruwa	77
	Baskharka	70
	Bhotang	29
Sub-Total		174
Dhading	Budatham	51
	Baseri	77
	Phulkharka	113
Sub-Total		241
Total		415

The following criteria was used for selection of wards and HHs:

- Wards were selected on the basis of the intervention areas
- Representative of male and female headed HHs
- A mix of large/small land owning HHs
- HHs in the center/margins of the community

DESIGN AND FINALIZATION OF SURVEY TOOLS

The study team developed and finalized various qualitative and quantitative tools and questionnaires to acquire the baseline information as stipulated in the project log frame. The tools and questionnaires for the survey were submitted to CARE Nepal before mobilization of the enumerators into the districts. The tools were then finalized after incorporating feedback. After the finalization, the questionnaire for HH survey were integrated into Kobo Collect and tested for any errors. The topics covered by the survey tools are shown in Table 3.

Table 3: Topics covered by the survey tools

S.No.	Tools	Parameters
1	Household Survey	<ul style="list-style-type: none">Demography and socio economic featuresWASH infrastructures6 key hygiene messages (Knowledge, Attitude and Practice)
2	Focus group discussion (FGDs)	<ul style="list-style-type: none">WASH status of communityWASH infrastructures and functionality in community and local institutionsGESI in User's Committee and groups
3	Key Informant Interview (KII)	<ul style="list-style-type: none">ODF statusWASH infrastructures and functionality in community and local institutionsGESI
4	Observation	<ul style="list-style-type: none">Functionality of WASH infrastructuresHygiene practices

SELECTION AND TRAINING TO THE ENUMERATORS

Six enumerators fulfilling the selection criteria were selected for the fieldwork. In order to prepare the enumerators for effective data extraction using the given tools, they were given a one-day orientation training. The training was led by the Team Leader. The training included orientation on the data collection tools, use of mobile application as well as the skills required for conducting the survey, FGDs and KIIs. The training also covered a role-play to help the enumerators understand the ethics and integrity and help them learn the dos and don'ts while interviewing individuals in community or among the stakeholders. They were also briefed on the overall objective of the study.

DATA COLLECTION

The survey team used the following approaches for data collection and management:

DOCUMENT REVIEW

The main objective of reviewing past and current documents was to gather information on the project districts, their WASH status, recovery and reconstruction activities and survey methodologies. A list of documents deemed relevant to the study was prepared. The documents included project log frame, reports on previous assessments and documents on WASH recovery activities of concerned sector organizations. In addition, further information were gathered through internet research and available information on websites of concerned agencies. The information gathered were also used to develop survey methodologies and data collection and analytical tools. Following documents were reviewed for the study:

- Project Implementation Plan

- Logical Framework
- DMEL Framework
- NPHC CBS 2011 data for Dhading and Sindhupalchowk
- CARE Nepal Earthquake Response: Multi Sector Recovery Needs Assessment, 2015

HOUSEHOLD SURVEY

As per the sample design, 415 HHs from the CARE intervention areas were randomly selected for the HHs surveys. The HH survey was conducted using Kobo Collect. The questionnaire used for the HH survey has been included in Annex II. The topics covered in the HH survey has been included in Table 3 above.

FOCUS GROUP DISCUSSION (FGD)

Ninety people participated in the FGDs among which 36 were male and 54 were female. The criteria for selection of FGD participants and location were finalized in consultation with CARE Nepal. FGDs were carried out with the following groups:

- Water User's and Sanitation Committee (Both Male and Female)
- Mother's Group
- School girls
- Beneficiaries (Male and Female Group)

Verbal consent were taken from the participants prior to the discussion. School authorities were asked for consent before performing FGDs with the school girls. User's committee were found only in Baruwa and Bhotang former VDCs of Sindhupalchowk district. WASH CC was not formed in any of the districts. A total of 12 FGDs were conducted in the selected two district; five in each district. The checklist used to guide the FGD has been included in Annex II.

KEY INFORMANT INTERVIEWS

One to one interviews were conducted with the following stakeholders:

- Rural Municipality Officials
- Health Post In-charge
- School Representatives
- WSSDO Representative
- Village Maintenance Workers

Checklists were used by the team to guide the KII. The checklist has been included in Annex II. The team interviewed 12 individuals throughout the study. All interviews were conducted in private setting and each interlocutor was asked for informed consent before conducting the interviews.

OBSERVATION

Site observation of some of the existing infrastructures and WASH practices done in order to verify the data from HH survey, interviews and discussions. Observation at HH level were also performed in order to capture the knowledge and practices for sanitation of the respondent. Similarly, the study team also visited the Health Post and Schools in the target communities in order to take note of the facilities available within the premises. A checklist was used in order to guide the observation process. The observation checklist has been included in Annex II.

The summary of the field works has been shown in Table 4.

Table 4: Summary of field activities

SN	Data Collection Tool	Target Group/ Source of Information	Number	Total
1	Household Survey	Randomly selected HH from target VDCs	415	415
2	Focus Group Discussion	Water User's and Sanitation Committee	2	12
		Mothers Group	2	
		School girls	2	
		Beneficiaries	6	
3	Key Informant Interview	Representatives from Rural Municipality	2	12
		Health Post In-charge	3	
		Representative from School	4	
		WSSDO Representative	2	
		Village Maintenance Workers	1	
4	Observation	Observation at HH level, community infrastructures and institutions like schools and health posts	5 institutions (3 HPs and 2 Schools)	-

DATA MANAGEMENT AND ANALYSIS

The information collected each day through HH survey was submitted through the mobile application by the enumerators. The data was downloaded in the form of a spreadsheet. The data was manually cleaned of any inconsistencies. For the analysis of the data, SPSS and Excel was used. For qualitative data, field scripts were transcribed manually. Further processing was done through data recorded in the form of audio and visual data (photographs). The findings were disaggregated as per the gender, ethnicity, age, vulnerability and location.

KAP CALCULATION

The KAP score was computed using the data from the HH survey. Score for each of knowledge, attitude and practice was calculated out of a total of 60 i.e. 10 for each hygiene message. Then, the scores were given a weightage of 50, 30 and 20 for knowledge, attitude and practice respectively and summed to obtain a KAP score out of 100. Detailed method for KAP calculation has been included in Annex IV.

LIMITATIONS OF THE STUDY

The study team has identified the following limitations of the study:

- FGDs were expected to be conducted with the UCs and WASH-CC. Due to change in local bodies, the UCs and WASH-CCs were either recently formed or had not been formed yet. So, FGDs were conducted with the local beneficiaries wherever the committees were not formed. This modality was revised after thorough consultation of CARE Nepal, field coordinators and the local authorities.
- Out of the 90 HH sampled in Baruwa VDC of Sindhupalchowk, only 77 HHs could be covered due to the unavailability of the HH members. Nonetheless, the remaining sample size was covered from Baskharka VDC of the same district.

DATA QUALITY CONTROL

Data Quality was maintained throughout the collection to the analysis of the data. The following measures were taken for quality assurance:

- While translating the field script of qualitative survey, from Nepali language to English, special consideration was given to its accuracy through repetitive cross-checking
- In case of unavailability of data, the value was assumed through published literatures and the findings of the previous studies.
- Efforts were made to maintain the privacy and confidentiality of the conversations. All possible measures were taken in order to avoid any unintended influence on the participant's response. Respondents were ensured of the privacy and confidentiality and they were briefed regarding the use of the aggregated data and findings and not the individual responses.
- The team leader closely supervised and monitored all the project activities.

ETHICAL CONSIDERATIONS AND CONSENT PROCESS

For the soundness of the study the researchers followed the ethics and consent process as specified by NDI. The following process was applied for gathering the consent of the respondents:

- The participants were given information about their involvements in the study and the requirements (time, topics of discussion, tasks, etc.). They were also informed about the intended use of the provided data.
- The participants were requested to agree to discuss on a certain topic for a specified amount of time.
- Verbal consents were taken from the participants prior conducting the FGDs and KIIs.

DEMOGRAPHIC INFORMATION

SEX, AGE AND ETHNICITY

Out of the 415 respondents in the HH survey, 50.1% were female and 49.9% were male. The number of respondent by different age groups has been shown in Figure 2. The average age of the respondent was found to be 47 while the youngest and oldest respondents were of the age 19 and 90, respectively. The disaggregation of number of respondents on the basis of former VDCs, ethnic community and gender has been shown in Table 5.

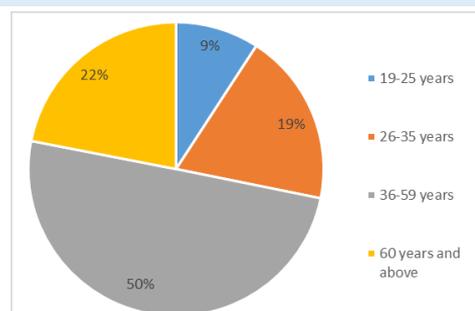


Figure 2: Percentage of respondents from different age groups

Table 5: Number of respondents by ethnicity

Ethnicity of the Respondent	Dhading	Sindhupalchowk	Total
BCT	139	1	140
Dalit	11	6	17
Janajati	76	167	243
Newar	15	0	15
Total	241	174	415

HOUSEHOLD INFORMATION

Nearly one quarter of the households included in the survey were female headed while 75.9% of the HHs were male headed. About 70.4% of the HH heads fall in age group of 20 to 59 years with only 29.2% being of the age above 60 and 0.2% being of the age below 20. The average size of the HH was found to be 3.74. This is lower than the national average of 4.88¹ members per household. The average male to female sex ratio of the respondent HHs was found to be 0.97, which is slightly higher than the national figure of 0.95².

CHARACTERISTICS OF THE RESPONDENT AND VULNERABILITY FACTORS

The proportion of HH with different vulnerability factors is shown in Table 6.

Table 6: % of HHs with different vulnerability factors

Vulnerability Factors*	Dhading	Sindhupalchowk	Total
Female Headed HH	27.8	19.0	24.1
HH with members over the age of 60	47.3	32.8	41.2
HH with pregnant woman	2.5	3.4	2.9
HH with lactating woman	9.1	9.8	9.4
HH with disability**	4.6	12.6	8.0
HH with single woman	23.2	10.9	18.1
(*)choice of multiple responses per HH			
HH with any of two vulnerability	22	13.8	18.6
HH with any of three vulnerability	8.3	5.7	7.2
HH with any of four vulnerability	1.2	1.1	1.2

(**) Among the different disabilities, Physical Disability is the most prevalent which is present in 54.5% of the disabled, followed by Visual Disability (15.2%), Speech Disability (9.1%), Deaf Blind (6.1%), Hearing Disability (3%) and Mental Disability (3%). About 9.1% of the disabled have multiple disabilities.

¹ National Population and Housing Census, 2011, CBS

² National Population and Housing Census, 2011, CBS

KEY FINDINGS

The findings have been presented below on the basis of the indicators set forth in the project log frame.

ULTIMATE OUTCOME

Improved well-being and resilience of women, men, girls, and boys in targeted earthquake- affected areas of Nepal

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
% of resilient women, men, girls and boys	0	0	0 (out of 415)*

**None of the HH met all the individual criteria for improved well being and resilience to increased access to safe water, improved sanitation and hygiene practices. Those respondents that meet all the criteria set forth has been defined as resilient*

The target communities showed better resilience towards accessing potable water, than for sanitation services and hygiene facilities. The details on individual criteria has been included in Table A of Annex V. The proportion of respondents fulfilling different number of criterias has been shown in Table B of Annex V. About 64% of the respondents fulfilled at least 10 criterias for resiliency, among which only 3.4% are from Dalit community and 31.8% are females. About 4.5% of the respondents meet 5 or lower number of criterias. Discussion on the intermediate outcomes of the project has been done in the subsequent headings.

INTERMEDIATE OUTCOME

1100: INCREASED CONSUMPTION OF POTABLE WATER BY EQ-AFFECTED POPULATION ESPECIALLY BY WOMEN, MEN, GIRLS, BOYS, ELDERLY PERSONS, PWD AND MEMBERS OF THE DALIT CASTE IN DHADING AND SINDHUPALCHOWK.

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# of EQ affected men and women with access to potable water (respondents)	-	-	-
% of target population reporting that they use the water and are satisfied	2.07	0	1.20
% of female drinking water users committee members who feel they are able to participate in decision making	-	-	-*

**The baseline value for this indicator could not be calculated because the UCs were established in only two former VDCs of Dhading, which were recently formed, and had no committee meetings held at the time of study*

Table C in Annex V shows the criteria set forth for potability of water. Out of the 50 respondents who had access to potable water, 22 were male and 28 were female. Out of whom only four respondents were from Dalit community whereas 33 were from BCT community, 12 were from Janajati community and one was from Newar community. Out of the 1.2% reporting that, they use the water and are satisfied, 0.72% were male and 0.48% were female. About 0.96% of the respondents reporting that they use the water and are satisfied were from BCT community and 0.24% were from Janajati community. Table D in Annex V shows the criterias for satisfaction with water usage.

At household level both male and female participants of all the FGDs in Sindhupalchowk District revealed that there is active participation of women in making WASH decisions in their communities. However, in Dhading, the case is different. The FGD participants believed that the male members of the society make most of the WASH decisions, and the female members were usually not involved in such activities. The UCs in the sampled former VDCs were either recently formed or not formed at all due to the change in local bodies. Therefore, no UC meetings had taken place so far.

Table 7 shows proportion of HHs using various sources of drinking water.

Table 7: % of HH with different sources of drinking water

Source	District		Total (%)
	Dhading(%)	Sindhupalchowk(%)	
Piped water into house	0.41	0.57	0.48
Piped water in public tap	13.69	40.23	24.82
Piped water to yard	65.98	58.62	62.89
Protected spring water	3.32	0.57	2.17
Rain water collection	0.41	0.00	0.24
Unprotected spring	15.35	0.00	8.92
Surface water	0.83	0.00	0.48

FGDs with UCs and the beneficiaries from both the districts also revealed that the major source of water in their community is spring water piped into household, yards or public taps. FGDs with UCs also revealed that there are no public taps in the Bhotang-4 and Baruwa-2 in Sindhupalchowk, whereas In Budatham-5, Dhading, although there are public taps present, there is no flow of water through it.

Out of 415, 63.6% of the respondent reported to have piped connection in to their HH/yard among which 0.24% say that their piped connection is not functional. However, it was revealed through FGDs and observation that the connections were non-engineered and mostly brought through public taps into the yards. Figure 3 shows proportion of HHs reporting different features of water source and satisfaction with quality and quantity. About 38.5% of the respondent report that water from their source is available for 24 hrs a day all time of the year. Spending high time on queuing is indicating that inadequate water points or inadequate yield of the water points serve the population. It could be due to the poor planning of the water supply system or an imbalance in the demand and supply of the water.

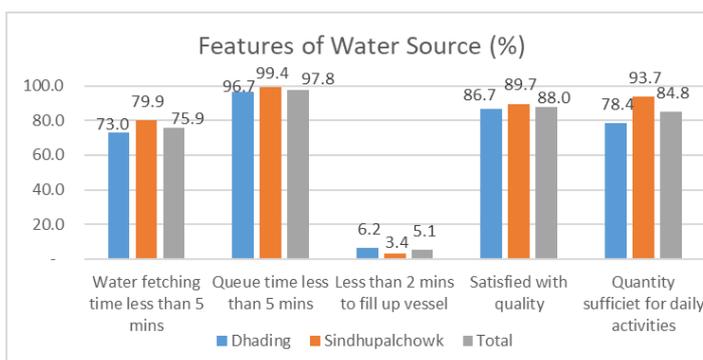


Figure 3: % of HH reporting different features of their source of water

The proportion of HHs with different average volume of water consumed per person per day is shown in Table L of Annex V. The average volume of water consumed per person per day in the two districts is 33.34 L.

Out of 415 respondents, 20.7% reported that the water at their source has been tested for quality whereas 6.3% are unaware of the tests. Most of the UC members and the beneficiaries are unsure about the testing of water quality at the water sources. The UC at Bhotang-4 and Baruwa-2, Sindhupalchowk, reveal that they are unaware of the tests in recent times even though it has been

conducted in the past. In Budatham-2, Dhading, the beneficiaries reveal that tests has been conducted for only one of their water sources out of three. All of the FGDs with UCs and the beneficiaries also reveal that none of their water sources has been registered. They neither have a water safety plan for the source nor an operation and management fund. All the FGD participants reported that there are risks of contamination in their water source except for one, where the UC members revealed that their source is inside a forest and have lower risks of contamination. However, none of the FGDs has reported any outbreak of diseases due to water source contamination.

The FGD participants show concerns towards the resilience of the Drinking Water Schemes (DWS) due the damages caused by the earthquake of 2015. They reported drying up of sources and damages to the pipelines. The UC in Bhotang-5, Sindhupalchowk, revealed that the earthquake of 2015 triggered landslide, which buried the pipelines. The FGD participants at Bhotang-5, Sindhupalchowk and Dhading ensure that the DWS in their communities have not affected the surrounding environment. However, the UC of Baruwa-2 revealed that the leakages from the pipes have triggered landslides in their community.

IMMEDIATE OUTCOME

1110 Increased and equal access to potable, adequate and sustainable drinking water amongst earthquake affected communities (especially marginalized women and adolescent girls).

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# of men and women with access to newly constructed/rehabilitated water systems	-	-	-*
% of tested water samples that meet the National Drinking Water Quality Standard after rehabilitation	-	-	-*

**The indicator values tol be calculated at endline*

Out of the 63.6% of the respondents who have access to piped connection into house/yard, 22.4% are from BCT community, 3.9% are from Dalit Community, 35.9% are from Janjati community and 1.4% are from Newar community. The FGDs and KIIs have also reported reduction in water yield due to drying and shifting of sources after the earthquake and damage in DWS infrastructures such as pipelines and intake structures. The public taps had been damaged as well by the earthquake. The FGDs and KIIs also report that rehabilitation activities had been carried for some of the DWS by various organizations including CARE Nepal. The water at most of the sources had not been tested recently, as reported by the UC members.

Ms. Sabitri Thapa, Auxiliary Nurse Midwife at Baseri Health Post, Dhading said, *“People in this community are not satisfied with the drinking water they use since the water tank is not in good condition. Storm water enters into the water tank (reservoir). The source also dries up during winter. These problems lead to the fact that users at the downstream areas do not get the water. There is no one to serve as a Maintenance Worker.”*

1120 Improved capacity of inclusive water user committees and rural municipalities to identify, construct, and maintain drinking water systems.

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# of water user committees and rural municipalities that have develop gender responsive WASH Plan	-	-	-
% of gender inclusive water user committees meeting on a regular basis (once per month)	-	-	-
% of rehabilitated/constructed drinking water systems being maintained by water user committees/rural municipalities	-	-	-

**Indicator values to be calculated at endline*

Since the UCs have been either recently formed or had not yet been formed, no specific WASH plans have been developed by the UCs. No formal meetings of the UCs had been held yet. The FGDs with UCs in Bhotang-4 and Baruwa-2, Sindhupalchowk, reveal that they each manage one DWS. Both of the UCs have over 45% female members in the UC with female members in executive positions. Most of the VDC do not have a village maintenance worker. The UC or beneficiaries themselves usually do the repair and maintenance works. FGDs with UCs revealed that the UCs do not have appropriate toolkits for repair and maintenance. They report that the repair works have to be carried out numerous times in a year. In case of pipe leakage, they use bamboo pieces to repair. They use *Hasiya* and *Khukuri* to cut the bamboo.

KII with the representative from Ganga Jamuna Rural Municipality revealed that they have not prepared any WASH plan for the rural municipality. However, Surya Man Dong, representative from Panchpokhari Thangapal Rural Municipality, Sindhupalchowk, said, “Yes, the rural municipality have developed a WASH plan. It is gender responsive and planning to increase women’s participation. Everyone should use toilet compulsory and should manage waste disposal. We are planning to implement One House One Tap and One Meter System. None of community people can throw waste materials wherever they like. These are the policies currently implemented in this rural municipality. If they do not agree, they do not get their earthquake victim incentive.”

1200 INCREASED USE OF IMPROVED SANITATION SERVICES BY EARTHQUAKE AFFECTED POPULATION ESPECIALLY BY WOMEN, MEN, GIRLS, BOYS, ELDERLY PERSONS AND THOSE LIVING WITH DISABILITIES AND MEMBERS OF THE DALIT CASTE IN DHADING AND SINDHUPALCHOWK DISTRICTS.

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# of earthquake affected men and women with access to improved sanitation facilities	-	-	_*
% of target population using latrines constructed/rehabilitated by the project that report satisfaction with the facilities	32.36	58.62	43.37
# of wards declared ODF	-	3 (out of 7)	-
% of female WASHCC members who feel they are able to participate in decision making	-	-	_**

*Indicator values to be calculated at endline

**WASH-CC had not been formed during the time of study

Out of 81.4% of the respondent having access to improved sanitation facility, 38.55% were male and 42.9% were female. About 30.6% were from BCT community, 3.37% were from Dalit community, 43.86% were from Janajati community and 3.61% were from Newar community. The proportion of HH using various types of latrine is shown in Table 8.

Table 8: % of HHs with different types of latrines

	Type of Latrine	Dhading(%)	Sindhupalchowk(%)	Total (%)
Improved Sanitation Facility	Flush/pour to piped sewer system	0.0	0.0	0.0
	Flush/pour to septic tank	48.5	6.3	30.8
	Flush/pour to pit	16.2	60.9	34.9
	Composting toilet	0.0	0.0	0.0
	VIP Latrine	0.4	0.0	0.2
	Pit Latrine with Slab	25.7	1.1	15.4
	Improved Facility Total	90.9	68.4	81.4
Unimproved Sanitation Facility	Flush/pour elsewhere	0.4	0.0	0.2
	Pit Latrine without Slab/open pit	0.8	0.0	0.5
	Bucket and hanging toilet	0.0	0.6	0.2
	Unimproved Facility Total	1.2	0.6	1.0
	No latrine	7.9	31.0	17.6

About 98.8% of the latrines did not have any features available to ease the access to the Physically Weak and Disabled (PWD). Only 0.6% of the latrines had handrails on the way to the latrine and 0.3% had ramps leading to the latrine whereas 0.3% of the respondents were unaware of such features in their latrine. About 64.6% of the latrines had lock and bolts from inside. Only 5.8% of the latrines had piped water supply whereas only 10.5% of them had access to soaps for handwashing. Only 5.3% of the latrines had waste bins in the inside premises

A total of 52.6% of the respondents who had latrine in their HH reported that their latrines were fully damaged by the earthquake whereas 42.4% reported that their latrines were partially damaged and 4.7% said that their latrines were not damaged.

Interviews with WSSDO representative informed that not all the wards in both the rural municipalities have been declared ODF. Three out of seven wards in Ganga Jamuna RM had been declared ODF whereas the information in Panch Pokhari Thangapal RM was yet to be updated. The FGD and KII participants revealed that, people usually openly defecate when they are not at home. While working in fields, fetching grass and fodder, people tend to defecate openly in bushes/fields. The female member of the UCs and communities, during the FGDs, revealed that they did not use latrine when they were away from home. There were no restrictions for them to use latrines during menstrual cycle.

Omhari Tamrakar, Engineer at WSSDO, Dhading said, "Baseri was declared as ODF once, after EQ some toilets have been destroyed with house collapsed and recovery is going on. 24 former VDCs have been declared out of 50 VDCs, progress is going on with the help of various INGO/NGOs toward district ODF. Fulkharka and Bhudhathum is moving toward ODF with the help of RIMS (NGO). As per Sanitation Master Plan 2011 (Issued by Government of Nepal), there is a mechanism for co-ordination, for WASH and ODF. V-WASH-CC (Village Water sanitation and Hygiene co-ordination committee) and Ward WASH-CC under chairmanship of current Rural Municipality chairperson and current ward chairperson are formed respectively. Under that committee all local stakeholders (schools, political parties, CBOs,

Civil society, Water users committee) are involved to upgrade sanitation status of concerned former VDC or current ward. They are responsible for it.”

The WASH Coordination Committee in Ganga Jamuna Rural Municipality, Dhading had not yet been formed during the time of study. In Panchpokhari Thangapal Rural Municipality, Sindhupalchowk, even though the rural municipality representative ensured the formation of WASH-CC, no committee members were available for group discussions.

IMMEDIATE OUTCOME

1210 Increased and equal access of earthquake affected communities (especially marginalized women and adolescent girls) to improved sanitation services.

Indicator	Baseline Value		
	Dhading (out of 241)	Sindhupalchowk (out of 174)	Total (out of 415)
# of men and women who have accessed improved sanitation services	-	-	-*

**Indicator values to be calculated at endline*

As discussed earlier, 81.4% of the respondent HH have access to improved sanitation facility whereas 17.6% do not have latrines in their HH at all. Only 7.6% of the HH having latrine use water and cleaning reagent to clean their latrine. The remaining use only water. FGDs with the UCs and local beneficiaries reveal that all the members of their community including marginalized and disadvantaged groups are receiving equal access to sanitation services.

1220 Improved capacity of local institutions to identify, construct, and maintain sanitation facilities and services.

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
% of constructed improved sanitation facilities maintained by local institutions	-	-	-*

**Indicator values to be calculated at endline*

All the FGDs and KIIs revealed that the schools in their communities did not have proper sanitation facilities. The FGDs with school girls revealed that the students were not at all satisfied with the sanitation services they were receiving at their school. The school girls reported that even though there were separate latrines for boys and girls and few were being constructed, the latrines did not have adequate privacy and are poorly maintained. The girls also complained about the unavailability of soaps, water supply and waste bins in the latrine. They also report that the schools do not have a hand washing stands.

Through the FGDs, it was revealed that the health posts have well equipped latrines and hand washing stations but are not properly managed. The latrines do not have MHM facilities. The handwashing stations have been reported to lack water supply in some of the facilities. None of the HPs were reported to have disabled friendly services.

1300 EQUALLY IMPROVED LEVEL OF HYGIENE PRACTICES AMONGST ALL HOUSEHOLD MEMBERS IN DHADING AND SINDHUPALCHOWK

Indicator	Baseline Value		
	Dhading (out of 241)	Sindhupalchowk (out of 174)	Total (out of 415)
# men and women surveyed that report that they have been reached by CARE hygiene awareness campaigns	-	-	-*
% of target populations in target area practicing the 6 key hygiene messages	0	0	0
% of female ward level sanitation and hygiene promotion committee members who feel they are able to participate in decision making	-	-	-*

**Indicator values to be calculated at endline*

Only 18.3% of the respondent HH reported to have received WASH messages in the past six months among which 7.5% were male and 10.6% were female. About 10.6% were from BCT community, 0.5% were from Dalit community, 4.6% were from Janajati community and 2.4% were from Newar community. The proportion of HH receiving different types of hygiene messages is shown in Table J of annex. According to the KIIs, organizations like RIMS and Sahayatri are also promoting WASH in the target districts, apart from CARE.

Out of 415 respondents, about 11.3% had reported to have received WASH messages through door to door visits. None of the HHs were found to be practicing all six hygiene messages. The proportion of HH practicing different hygiene messages is shown in Table 9.

Table 9: % of HHs practicing different hygiene messages

WASH Practice	Dhading (%)	Sindhupalchowk (%)	Total (%)
Use of latrine	97.5	66.1	84.3
Handwashing	6.2	0.0	3.6
Food hygiene	4.1	21.3	11.3
Water Treatment	27.0	14.4	21.7
Waste Management	17.8	16.1	17.1
MHM	22.8	5.2	15.4

Only 12.3% of the respondents were found to be practicing at least three out of six key hygiene messages. Dhading has higher proportion of HHs (16.2%) practicing at least three out of six key hygiene messages than Sindhupalchowk (6.9%). Further information on the practice of the respondents has been given in the KAP section below.

As already discussed above, the UCs and WASH-CC had either been formed recently or had not been formed yet. The members had not been involved in committee meetings and are yet to present any cases of gender exclusivity. However, most of the FGD members from Dhading felt that females weren't usually involved in decision making activities, whereas in Sindhupalchowk, the case was different. But, the school representatives from both Dhading and Sindhupalchowk believed that the female participation is increasing and had been given a priority.

IMMEDIATE OUTCOME

1310 Increased and equal access of individuals in affected communities to improved hygiene facilities.

Indicator	Baseline Value		
	Dhading (out of 241)	Sindhupalchowk (out of 174)	Total (out of 415)
# of men and women who have access hygiene facilities in the home	0	0	0
# of targeted institution with handwashing and hygiene facilities	-	-	-*

**Indicator values to be calculated at endline*

None of the respondents was reported to have access to all the key 6 hygiene facilities. Table E of Annex V shows different values of different parameters included in this indicator.

The 2 institutions that were targeted in this baseline evaluation were schools and health posts, health posts have well equipped facilities but are poorly maintained. The sanitation and hygiene facilities at health post, although were gender friendly, were not disabled friendly and lacked proper management

Schools do not have good handwashing and hygiene facilities. School girls were not at all satisfied with the MHM facilities available to them at school. They obtained the sanitary pads through the female teachers. The latrines were found without door and locks and lacked adequate privacy. The school girls also reported that adequate water and dustbin was lacking in their schools. The light in the toilet use to be inadequate. The girls reported problems for pad disposal as well. They had to either leave the pad on the floor or had to carry the used pad with them for disposal in river. Female FGD members also complained about the lack of availability of pads in shops.

The school and health post representative reported that they usually burnt the solid waste generated in the institute.

1320 Improved knowledge of communities (especially marginalized women and adolescent girls) and local institutions to identify and promote hygiene issues.

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# of local institutions that are delivering hygiene promotion activities	3 (out of 3)	2 (out of 2)	5 (out of 5)
% of target population, able to demonstrate knowledge of key hygiene messages	4.5% (out of 241)	0 (out of 174)	2.6% (out of 415)

All of the representatives from HPs and Schools reported that their institutes had been involved in promoting WASH activities. The school representatives revealed that the promotion material for WASH activities had been included in the course curriculum of the children. The HPI also reported to have promoted hygiene activities to the patients in their HPs.

Mr. Yadu Bahadur Reshami, In-charge at Budhathum Health Post, Dhading says, "Yes, since we all are health workers, we raise awareness of each person that comes here on nutrition, water purification, hygiene. We also provide training to health volunteers on WASH."

Out of the the 415 respondents, 11 demonstrated knowledge on hand washing, 8 were from BCT community and 3 were from Newar community whereas 9 were male and 2 were female. Only 5.8% of the respondent were correctly able to demonstrate all six steps for handwashing. About 13.5% were able to demonstrate atleast one step for hand washing. Further detailed on knowledge level of the respondent has been given in the KAP section below.

KNOWLEDGE, ATTITUDE AND PRACTICE

The average KAP score of the respondents covered by the study was found to be 61.25. Dhading had higher average KAP score of 63.92 than Sindhupalchowk (57.54). Only 0.2% of the respondents had the score above 80, 61.9% had scored in the range 60 to 80, 36.4% had scored between 40 to 60

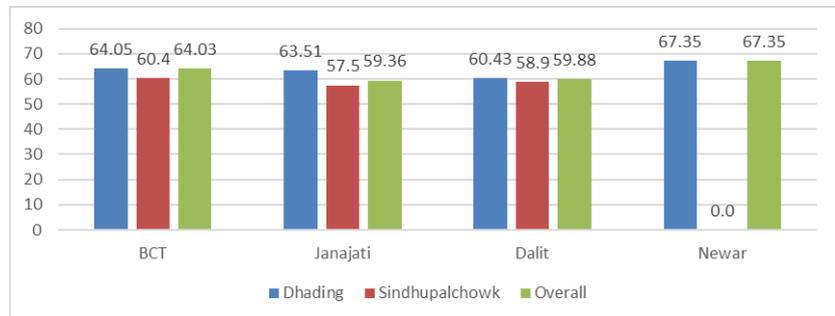


Figure 4: Average KAP score of different ethnic groups

and only 1.4% of the respondent had scored below 40. About 55.9% of the respondents had scored above the average score of 61.25. Figure 4 shows average KAP scores of different ethnic groups.

The respondents of the age group 20 to 59 were found to have the highest KAP average of 62.26, followed by age group 10 to 19 (60.33) and respondents above the age of 60 were found to have the lowest KAP average (57.73). Female and male respondents were found to have almost equal KAP average.

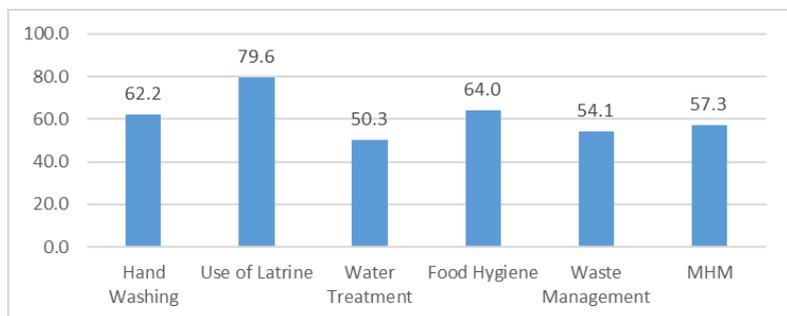


Figure 5: Average KAP score for different hygiene messages

The knowledge, attitude and practice of the respondents for different hygiene messages is been shown in Figure 5. Figure 6 shows individual scores for knowledge, attitude and practice for six key hygiene messages. Calculation values for KAP has been shown in Table M of Annex V.

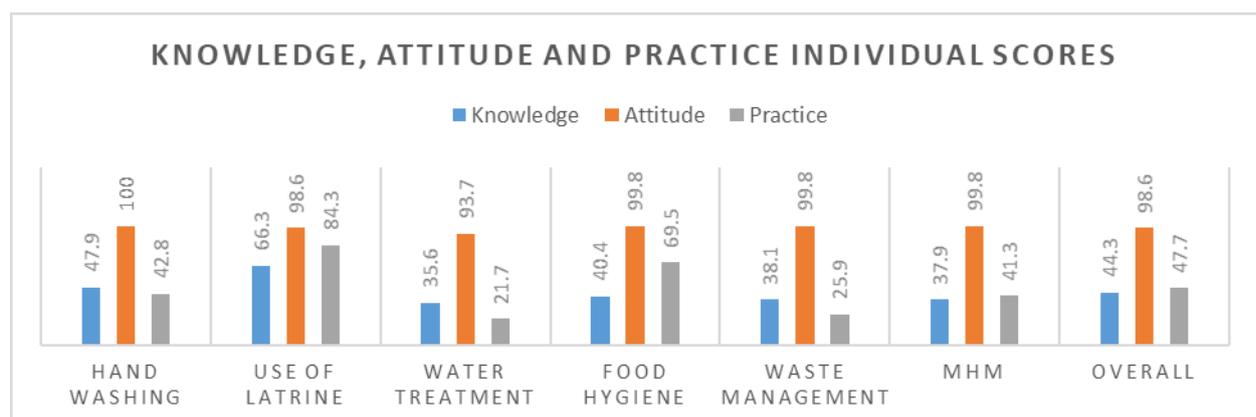


Figure 6: Individual Scores for Knowledge, Attitude and Practice for Six Hygiene Messages

Water treatment at PoU

Knowledge

A clear picture on the knowledge of the respondents on water treatment methods among the two districts is shown in Figure 7. None of the respondents had knowledge on all four methods. Out of the 13.3% who are unaware of any water treatment methods, 11.1% were from Janajati community.

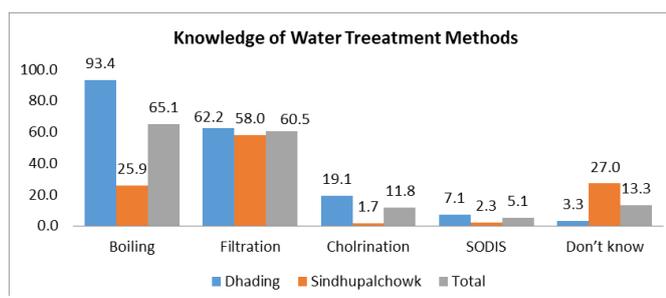


Figure 7: Bar-diagram showing % distribution of knowledge on water treatment methods

Attitude

About 93.7% of respondents think that it is important to treat water before drinking. Among the 6.3% who think water treatment is not necessary, 3.86% were females.

Practice

Although most people were able to identify the water treatment method (knowledge), very few are putting them in practice. Figure 8 shows the different water treatment methods used by the respondents. Out of the 78.3% of the HH that do not treat water at PoU, 46.02% were from BCT community, 3.13% were from Dalit community, 46.51% were from Janajati community and 2.65% were from Newar community. About 18.79% of the HH not treating water were female headed.

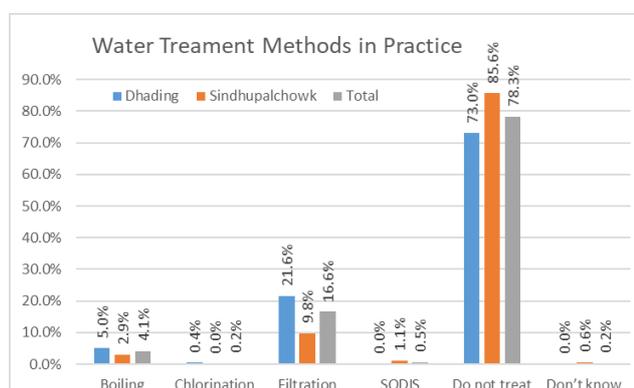


Figure 8: Proportion of respondents using different water treatment methods

Food Hygiene

Knowledge

Table 10 shows the proportion of HHs with knowledge on different reasons of food contamination. Only one of the respondents had knowledge on all the reasons of food contamination.

Table 10: % of HHs with knowledge on different reasons of food contamination

Reasons for food contamination	Dhading(%)	Sindhupalchowk(%)	Total(%)
Left Uncovered	94.2	67.2	82.9
Touching with dirty hands	50.2	48.3	49.4
By flies and other vectors	41.9	70.1	53.7
Use of unclean utensils	25.7	6.9	17.8
food is not properly cooked	19.1	1.1	11.6
When food is stale	44.8	2.3	27.0
Don't Know	0.4	0.6	0.5

About 46.3% out of 415 respondents could identify atleast 3 of the above mentioned reasons for food contamination, among which 22.7% are male and 23.6% are female.

Attitude

Out of the 415 respondents in the two districts 99.8% believe that maintaining good food hygiene reduces the chances of illness.

Practice

Table 11 shows the food hygiene practices of the respondents.

Table 11: % of HH with different food hygiene practices

Food Hygiene Practices	Dhading (%)	Sindhupalchowk (%)	Total (%)
Cover Cooked Food	97.9	90.8	94.9
Do not eat stale food	71.0	15.5	47.7
Do not eat meat of sick and dead animals	97.1	86.8	92.8
Wash raw fruits and vegetables	100.0	99.4	99.8
Utensil Drying Racks present	4.1	23.0	12.0

Figure 9 disaggregates the HHs without food hygiene practice according to ethnicity and gender of the HH head.

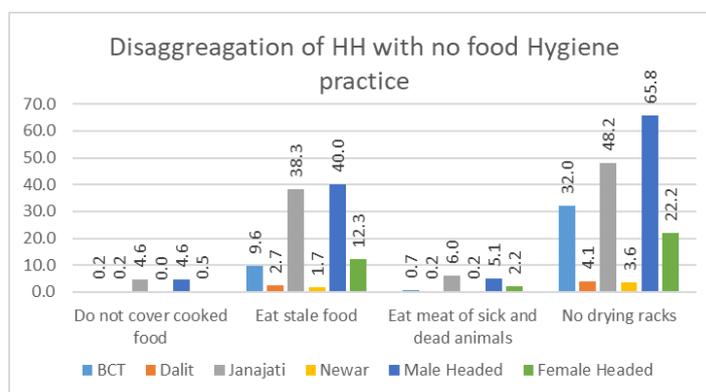


Figure 9: % of HH according to ethnicity and gender of HH head with no food hygiene practice

Hand Washing

Knowledge

The percentage of people with knowledge on critical times for washing hands is shown in Figure 10. Only 2.65% of the respondents had knowledge on all the critical times of hand washing.

About 13.5% of respondents were not aware of hand washing steps. Out of total respondents, only 5.8% were correctly able to demonstrate all the six steps of hand washing. Out of the 13.5% of the respondent with no

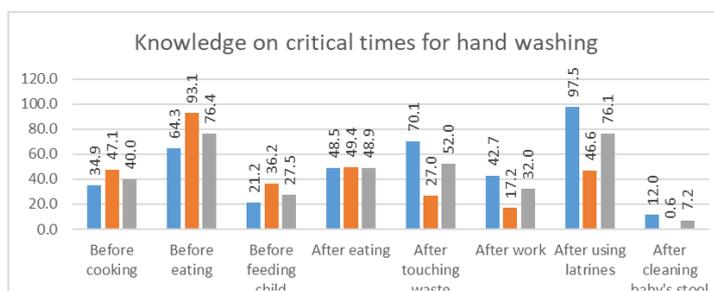


Figure 10: Bar-diagram showing indicators of knowledge on critical times for hand washing

knowledge on hand washing steps, 3.6% were from BCT community, 0.5% from Dalit community and 9.4% were from Janajati community.

Attitude

All the respondents from the respective districts showed positive attitude towards washing hands.

Practice

None of the respondents practiced hand washing during all the critical times. A detail comparison between washing hands with water only and with soap and water is shown in Figure 11.

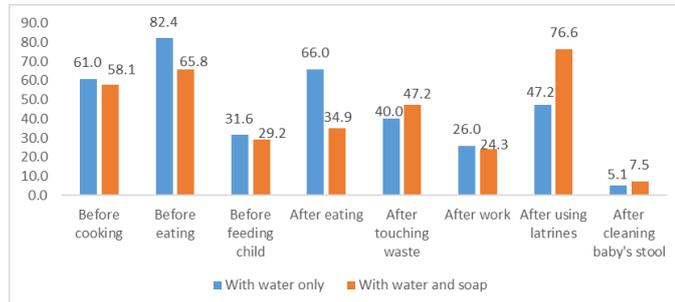


Figure 11: Comparison of washing hands practice

Use of Latrine

Knowledge

Only 4 out of 415 respondents were unaware of the consequences of open defecation, out of which all of them were female. About 3 of the respondent without the knowledge on consequences of open defecation were from Janajati community and the remaining were from BCT community. About 92% of total population had knowledge that open defecation can cause diseases but only 42.5% knew that it also causes environmental pollution.

Attitude

Out of total population, only 96.6% of respondents had positive attitude towards use of Latrine in Sindhupalchowk whereas all the people had positive attitude in Dhading. Among the respondents not using latrine, answered that they had no practice of using latrines. All the respondents who reported that they did not like using latrines were from Janajati community. Out of the 6 respondent who reported that they do not like using latrine, 4 were female.

Practice

Out of 415 respondents, 84% declared that everybody in the HH uses the latrine. About 15.7% of the HH reported to have at least one member who does not use latrine among which 14.5% were from Janajati community.

Waste Management

Knowledge

The knowledge of the respondents on SWM practices has been shown in Figure 12.

Out of the 16 respondents who did not have knowledge in solid waste management, 9 were female. About 9 of them were from Janajati community whereas 4 were from BCT community and 3 were from Newar community.

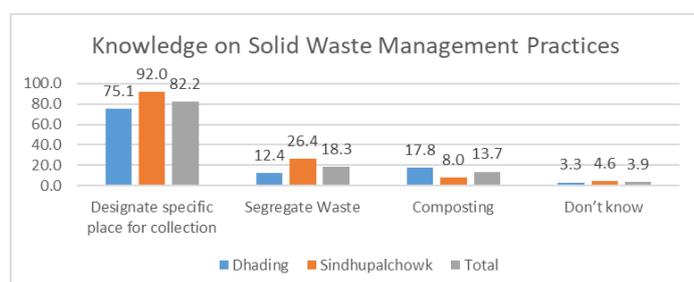


Figure 12: % of respondents with knowledge on different SWM methods

Attitude

Almost all of the respondents from both Dhading and Sindhupalchowk districts had positive attitude towards waste management to reduce instances of diseases.

Practice

Out of total respondents only 17.1% had fixed place for waste disposal and 33.3% used segregation for waste management. Different mode of disposal of collected solid waste is shown in Table 12.

Table 12: % comparison of mode of solid waste disposal

Disposal of waste	Dhading (%)	Sindhupalchowk (%)	Total (%)
Composting	13.3	3.4	9.2
Dispose on the road	1.2	1.1	1.2
Dispose at collection site	4.6	56.9	26.5
Dispose in the river	19.5	3.4	12.8
Burn	53.1	32.8	44.6
We have Collection service	0.4	0.0	0.2
Other	7.9	2.3	5.5

The figure matches with the FGD findings, as most of the people (44.6%) reported to burn their solid wastes.

Proportion of HH using different methods for sewage disposal has been shown in Figure 13. Out of 82.9% of HH not having fixed place for solid waste collection, 50.36% were from Janajati community whereas 26.75% were from BCT community, 3.13% were from Dalit community and 2.65% were from Newar community. About 62.65% of them were male headed households.

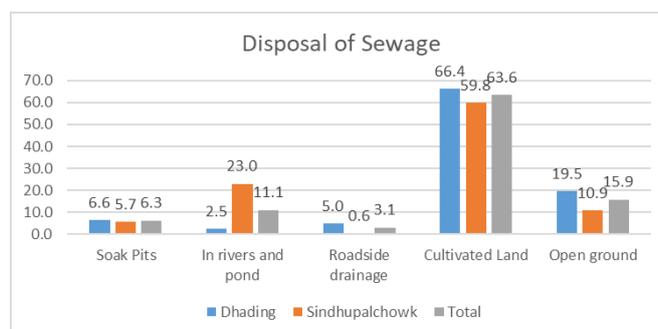


Figure 13: % of HH using different methods for sewage disposal

Menstrual Hygiene Management

Knowledge

A detail comparison between the knowledge in MHM services required to women in the two districts is given in Table 13.

Table 13: % of HH with knowledge on different MHM services required to women

MHM services required to female	Dhading	Sindhupalchowk	Total
Sanitary pads	21.2	42.5	30.1
Clean Clothes	87.1	51.7	72.3
Clean water	65.1	6.9	40.7
Washing stations	7.9	9.8	8.7
Do not need anything	1.2	1.1	1.2
Don't Know	8.7	24.1	15.2

Out of 16.4% of respondent without knowledge on the MHM services required to women, 10.8% were from Janajati community whereas 3.9% were from BCT community, 1.4% were from Dalit community

and 0.2% were from Newar community. About 12.3% of them were male and 4.1% were female respondents.

Attitude

All the respondents from Dhading felt that sanitary services were required to female during menstruation whereas only 99.4% responded positively in Sindhupalchowk.

Practice

Figure 14 shows all the facilities available to women during menstruation period. Almost all of HHs responded that the adolescent girls in their HH attended school during menstruation.

Out of 56.9% of HH with female without access to sanitary pads, 31.6% were from Janajati community whereas 20.2% were from BCT community, 2.7% were from Dalit community and 2.4% were from Newar community. About 41.7% of them were male-headed households.

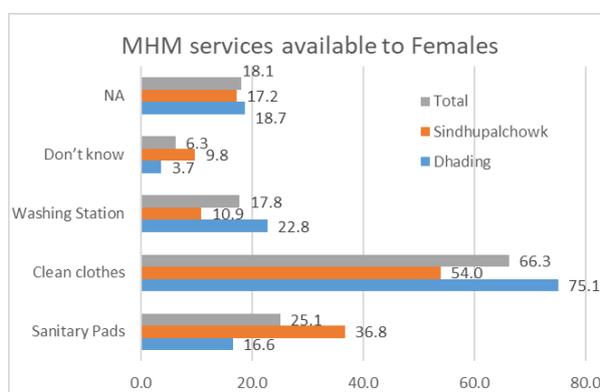


Table 14 shows the proportion of HH where the females dispose the used pads using different methods.

Table 14: % of HHs with different modes of disposal of sanitary pads

Disposal of Pads	Dhading	Sindhupalchowk	Total
Waste bins in latrine	0.0	0.0	0.0
Along with other wastes	9.1	31.6	18.6
Burn	14.5	29.9	21.0
Reuse	36.5	12.6	26.5
Don't know	4.6	6.3	5.3
NA	35.3	19.5	28.7

DMEL INDICATORS

Indicator	Baseline Value		
	Dhading	Sindhupalchowk	Total
# and % of disaster/crisis-affected people supported through/by CARE who had access to safe drinking water and adequate sanitation facilities and/or used adequate hygiene practices	0	0	0
# of women & girls taking on leadership positions in the community/ vdc/district level	-	10 (out of 10)	10 (out of 10)

The access to safe drinking water and adequate sanitation facilities can be tied with the resiliency of the respondent. Using same criteria, it was found that none of the respondent had access to safe drinking water and adequate sanitation facilities. The two FGDs with the UCs in Sindhupalchowk reported that there were more than 41% female in the UCs with all of them in leadership positions.

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

The following conclusions were made based in the findings:

WATER SUPPLY

Even though most of the respondents had piped connection into HH or yard, it was found that the connection was mostly non-engineered and brought through public taps. The high average time to fill up a vessel questions the reliability of the connection. Over 66% of the respondents believed that the water from their current source is available all year. FGDs in the districts revealed that people were concerned with the drying up of water source in dry season and water being turbid during monsoon season. This showed the efforts were needed towards water sources protection so that sources with reduced yield are used properly. The average consumption of water per day per person is also lower than the standard of 45 L. The average consumption in Sindhupalchowk (24.3 L) is lower than that in Dhading (39.9). Even though most of the people showed satisfaction with the quality and quantity of water supplied, there are still rooms for improvement.

As reported by the UCs, due to absence of VMWs, the committee members themselves have to carry out the repair and maintenance works. With absence of appropriate tools, the repair and maintenance works are even more challenging. Most of the UC members and the beneficiaries were unsure about the testing of water quality at the water sources. All of the FGDs with UCs and the beneficiaries also revealed that none of their water sources has been registered. They neither had a water safety plan for the source nor an operation and management fund. The UC members and the beneficiaries also showed concerns about the resiliency of the DWS. Most of the female participants in the FGDs and KIIs believe that most of the WASH decisions are taken by the men, but the participation of women in taking the decisions is increasing. It has been reported that all of the WASH services are equally available to all members of the society.

SANITATION

Even though over 82% of the respondents have latrines in their HH, only 81.4% have access to improved sanitation facility. Hand rails, ramps and other support structures are available in very few of the latrines. Only 5.8% of the latrines had piped water supply whereas only 10.5% of them had access to soaps for handwashing. Waste bins were present inside only 5.3% of the latrines. Over half of the respondents say that their latrine was fully damaged by the earthquake. Most of the respondents without a latrine in their HH prefer defecation in bushes and fields. However, it was found through the FGDs that, the community members usually openly defecate only when they are away from home or in fields. Very few people (7.6%) use cleaning reagent to clean their latrines.

All the FGDs and KIIs revealed that the schools in their communities do not have proper sanitation facilities. The FGDs with school girls revealed that the students were not at all satisfied with the sanitation services they are receiving at their school. It has been reported that even the status of the available services is poor. There were complains about the privacy of the sanitation facilities and access to water, soaps and waste bins.

HYGIENE

None of the HHs were found to be practicing all six hygiene messages. Only 12.3% of the respondents were found to be practicing at least three out of six key hygiene messages. Practice of latrine use was higher amongst the key hygiene messages and practice for hand washing was found to be the lowest. None of the respondents practiced hand washing during all the critical times. Very few of the respondent HH had a designated hand washing station in their HH. Only 21.7% HH treat water at PoU. Less than 18 % of the HHs had fixed place for waste collection in their HH. Majority of the HHs were found to burn their wastes. Also, majority of the HHs disposed the sewage into cultivated land. Most of the females use pads made out of cloths and reuse them after washing. Most of the women who use sanitary pads dispose them off at the rivers. Only 18.3% of the respondent HH reported to have received WASH messages in the past six months.

The women and school girls showed dissatisfaction towards the MHM services available to them. The school girls complained about the lack of privacy at school and difficulties for disposal of the sanitary pads.

KNOWLEDGE, ATTITUDE AND PRACTICE

The average KAP score was higher in Dhading than in Sindhupalchowk. More than half of the respondents had a score above the average KAP score. People from BCT and Newar community had higher KAP average than people from Dalit and Janajati communities. However, the male and female respondent had almost equal KAP average.

KAP level of the respondents was found to be highest for use of latrine and lowest for water treatment. The attitude of the respondents was highly positive for all of the hygiene messages. The KAP survey indicated gaps mostly at the practice level.

RECOMMENDATIONS

The following recommendations are made based on the findings:

1. Any intervention on WASH sector in the target VDCs of both the districts should prioritize forming and sustaining the users committee and WASH CC for smooth planning, construction, operation and maintenance of the infrastructures and the overall Program.
2. One fourth of the surveyed households were found to be female headed. These female members should be included in UCs and WASH CCs at key positions in the future for raising and addressing women's WASH concerns.
3. The coverage of water supply and sanitation in the sampled VDCs was extremely low. In order to ensure universal coverage of water supply and sanitation in the target areas, physical infrastructures related to water supply and sanitation needs to be constructed. If possible, existing facilities should be expanded to cover the wider areas.
4. An immediate feasibility survey of the facilities (ex. public tap stand posts) which are not functioning and the facilities damaged by the EQ is recommended.
5. Similarly, a mechanism of continuous guidance for the operation, maintenance, and management of the facilities needs to be provided to the local authorities and UCs and WASH-CCs should be developed.
6. It has been reported in one of the FGDs that the pipe leakage has triggered landslide in the community. It is recommended to check the existing systems in the target communities of any structural damages.

7. The respondents mentioned that the communities were operating without any repair and maintenance toolkit and Village Maintenance Workers (VMWs). The distribution of the toolkits should be ensured and the proper usage is closely monitored. A policy framework in this regard is recommended. Prior to supporting the UCs with water testing kits, proper training should be provided to the UCs on how to use the kits and as well as on proper book keeping and financial management.
8. The KAP survey identified gaps in knowledge and practice of the respondents. Low hygiene and sanitation practices were reported amongst the respondents. The awareness campaign and capacity building activities should more focus on these aspects.
9. Proper support should be provided to the local authorities particularly the rural municipalities for the selection of the UCs and WASH-CC such that the committees are inclusive with respect to gender and marginalized communities.
10. Future interventions should have a clear provision of developing and sustaining proper sanitation facilities in the schools.

Terms of Reference (ToR) for Consultancy services for**Baseline study of GAC Project****WASH RECOVERY ASSISTANCE TO EARTHQUAKE-AFFECTED COMMUNITIES OF DHADING AND SINDHUPALCHOWK, NEPAL****1. Introduction**

The Nepal earthquake and the subsequent aftershock caused severe devastation to homes, livelihoods, and private and public properties, including considerable damage to the sanitation infrastructure. The Government of Nepal and many agencies addressed immediate needs but there are still critical WASH gaps. The Organization's multi-sectoral needs assessment conducted in October 2015 highlighted some of the unmet needs in the areas of Gorkha, Dhading and Sindhupalchowk which include:

- 44% of households (HHs) in the Organization's operational areas reported having to reduce drinking, cooking, bathing and/or washing activities in the past month due to the shortage of water;
- 47.8% of respondents did not wash their hands before eating in the last 24 hours;
- 66.9% of HHs do not have piped water into their home or plot which means that the majority of women and girls are spending time fetching water from outside the home;
- 42.6% HHs in Sindhupalchowk and 19.1% HHs in Dhading are using shared toilets (shared by 20 people or less). Women, men, girls and boys are sharing the same toilets which can raise concerns about privacy and increase the risk of sexual violence; and
- Dalits (the untouchables in Hindu caste system who comprise historically disadvantaged communities, traditionally excluded from societies) and other socially excluded groups (e.g. elderly persons and persons with disabilities) still face discrimination in access to necessary services and are hard hit by the earthquake.

Findings of the assessment show major gaps in WASH, especially in Dhading and Sindhupalchowk:

- 16% of HHs in Dhading and 19.1% HHs in Sindhupalchowk areas are using compromised sources of drinking water;
- 16% HHs in Dhading and 18% HHs in Sindhupalchowk are using compromised sanitation facilities and 5.7% of all households (in all districts) using no facilities at all (defecating in the open). Among the 3 districts assessed, the proportion of HHs reporting using no facilities (defecating in the open) was highest in Dhading, where 7.3% of all HHs reported using the bush, field, river or open areas;
- 42.6% of HHs are using a shared toilet in Sindhupalchowk; and
- 45.1% and 33.1% of overall HHs in Dhading and Sindhupalchowk reported having to reduce at least one of these basic activities (drinking, cooking, bathing or washing) due to shortages of water.

The Project will take into account the specific rights, needs and vulnerabilities of marginalized people, in addition to the multiple barriers they face, in an effort to promote equitable access to WASH services and to strengthen community institutions and participation. Women and girls are disproportionately affected by the unavailability of improved water systems as they are responsible for fetching and managing water at the household level. The Project will build on the Government of Canada’s response to the humanitarian crisis in Nepal and meet the remaining WASH needs in the targeted areas. One of the lessons learned during the emergency phase is instead of providing blanket subsidies for latrine construction at the HH level (the approach used in emergency phase), it is more important to support Village Water Sanitation and Hygiene Coordination Committees (VWASHCC) in their role, for instance, by providing rewards once a VDC is declared open defecation free.

2. Goal and Objectives of the project

The goal of the NERF project is to see improved well-being and resilience of women, men, girls and boys in targeted earthquake-affected areas of Nepal. The project has three intermediate outcomes:

- 1) Increased consumption of potable water by EQ-affected population especially by women, men, girls, boys, elderly persons, PWD and members of the Dalit caste in targeted VDCs of Dhading and Sindhupalchowk;
- 2) Increased use of improved sanitation services by earthquake affected population especially by women, men, girls, boys, elderly persons and those living with disabilities and members of the Dalit caste in targeted VDCs of Dhading and Sindhupalchowk districts; and
- 3) Equally improved level of Hygiene Practices amongst all household members in targeted VDCs of Dhading and Sindhupalchowk districts.

3. District & VDCs to be covered

Project location

Province /Districts	Rural Municipalities /Village development committee (vdc)
Dhading (former VDCs-3)	Ganga Jamuna Rural Municipality : 5(Fulkharka) , 6 (Baseri), 7 (Budathum),
Sindhupalchok (Former VDCs-3)	Pachpokhari Thangpal Guapalika (Baskharka, Baruwa, Bhotang)

4. Objectives and Scope of the Consultancy

4.1 Review of existing baseline data, relevant reports, legislation, etc.

- Desk review of existing baseline data and relevant reports from the two districts Dhading and Sindhupalchowk conducted of various completed project.

4.2 Collect Baseline data, through:

Collect baseline data for the logical model based on the indicators set in the Performance Measurement Framework (PMF). Consult PMF and DMEL Framework for CARE Nepal. **The data collection should be done in mobile apps.**

- Household survey
- Hold meetings with all Interested and Affected Parties (IAPs) i.e local communities, government authorities, developers, investors, NGOs etc. on the proposed Action (e.g. latrine construction, well construction, hygiene promotion) to gather baseline data.

4.3 Report writing and sharing of the Report

- Collate all the information from the field and produce a baseline report
 - Detail data collection methodology
 - Findings and Recommendation
- Share the Baseline Data and the Baseline Report with CARE Nepal and relevant stakeholders

5. Methodology

The consultant should propose detail methodological framework and tools for the study in view of the project measurement framework (PMF) and other project documents. Also it is expected to include detail framing of methods of selecting the sample HHs, appropriate sample size (at 90% CI of total target) and data collection methods in methodological framework. The study should undertake a quantitative and qualitative assessment on the indicators of the project established in the log frame, more specifically, according to PMF. The consultant will be responsible for designing and conducting the baseline study, including proposing appropriate methodology, designing tools, developing questionnaire and other instruments, data collection and analysis and submitting final reports. The consultant is responsible (but not limited to) to:

- Propose appropriate methodology of the study
- Design the survey tools and instruments.
- Include DMEL indicator in the design process (Consult with CARE)
- The proposed methodology and design of the survey and reporting format should be finalized in consultation with sector experts including M&E, after pilot testing the tools.
- Conduct field visit to collect data as per the survey design/methodology
- Clean/compile and analyze data collected
- Present key preliminary findings with the CARE Nepal team for feedback.
- Prepare draft evaluation report based on the feedback/discussion during preliminary findings sharing.
- Finalize both the reports after incorporating feedback from /in consultation with CARE Nepal team.
- Submit the final report with data sheet to CARE Nepal.

6. Working Modality

The consultant will visit project areas and will cover 3 VDCs of Dhading and 3 DVCs of Sindhupalchowk. The following tentative activities are suggested:

- Discuss/interact with the CARE Nepal district earthquake project response team and country offices staff;
- Review all projects' relevant documents for reference/background information;
- Prepare a detailed methodology and timeline for final evaluation in close consultation with WASH Specialist, M&E and Gender Advisor;
- Plan field visit and interactions with implementing partners, external stakeholders (government line agencies like District Water and Sanitation Office, District Women and Children Office; while conducting FGDs different groups as mentioned in the log frame Men, Women, Adolescent girls, Elderly and persons with disabilities should be consulted.
- Coordinate with WASH, M&E and Gender advisor to review the tools and methodology; and
- Analyze the information/data collected from the interactions, discussions and sharing from all levels and compile in electronic copy of data base and detailed final report (draft) for comment and finalization

Consultant is suggested to propose methodology using following outline.

7. Role of CARE and partners

The Consultant will be responsible for carrying out all aspects of the Baseline Report in Dhading and Sindhupalchowk and at CARE Nepal will be assisted by the Project Manager or Project manager's designate. The specific roles and responsibilities are outlined below:

Consultant

- Responsible for overall coordination of the baseline in the two districts Dhading and Sindhupalchowk
- Review existing baseline data, relevant reports, etc.
- Coordinates all aspects of the Baseline (scoping, screening, data collection, verification assessments, etc).
- Responsible for collection and collation of data, including writing and submission of the Baseline Report

CARE Nepal

- Provision of local data for the two districts.
- Support for local level coordination.

8. Timeline

The consultant should submit a work plan and timetable which allows for the deliverables outlined above to be achieved in line with the dates specified below.

Tentative start date is from First Week of September 2017 and should be completed by 21st October 2017.

	Timeline	
	Sep 2017	Oct 2017

Deliverable		Responsible	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd
1.	Review of existing baseline data, relevant reports, legislation, etc.	Consultant	√	√					
2.	Collect Baseline data gathering through surveys	Consultant		√	√				
3.	Report writing	Consultant					√	√	
4.	Sharing of the first draft Report							√	
5.	Finalization of the Report and sharing with CARE Nepal								√

9. Deliverables

The study team will produce the following deliverable to CARE Nepal.

- a. Final proposal showing methodology and data collection techniques and tools, structure of report along with technical and financial components, organizational/personal capacity statement (experience letters, resume of PI and Co-PI) .
- b. Development of data collection tools and database
- c. Completed/filled data collection tools/questionnaire
- d. Presentation of initial findings
- e. Draft of baseline study report
- f. Final copy of the baseline study report with executive summary
- g. Original and cleaned database in relevant software including quantitative data sheet, tabulation/ analysis sheets, original/extended field notes, audio tapes, and transcribed materials.

10. Qualification and competency

The interested consultant should have a long history of experience in WASH, Environmental Sciences, health, Built Environment, and water and sanitation with preferred background and experience in carrying out environmental Impact Assessment and ability to employ participatory methodologies as well as facilitate Public meetings. He/She must have the following skills and qualifications:

- Expertise on Water and Sanitation, Environmental studies/sciences, Built Environment, Civil engineering.
- Sound knowledge and practical experience in fields of environmental sciences, and water and sanitation.
- Proven ability to work with community members and understanding community dynamics
- Able to work independently and accomplish tasks within a short period of time
- Able to travel and work in remote rural areas

- Proficiency in the local language

11. Submission of Proposals

The proposal can be sent by post, hand delivered or e-mailed so as to reach CARE by 28th Aug 2017. The proposal must be sent to Procurement Associate, Yogesh Chapagain, email: yogesh.chapagain@care.org and Ms. Anila Nakarmi, Admin Manager, CARE, Kathmandu. email: anila.nakarmi@care.org.

The focal point of communication for this TOR is Procurement Associate, Yogesh Chapagain, email: yogesh.chapagain@care.org

12. Study and Award of Consultancy

CARE will evaluate the proposals and award the assignment based on technical and financial criteria. CARE reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder. Only the successful applicant will be contacted.

The technical and financial proposals will be evaluated based on following criteria:

I. Technical

- Understanding and interpretation of the ToR
- Methodology to be used in undertaking the assignment (including sample size, adaptation of study design and tools)
- Time and activity schedule

II. Financial

- Proposed budget
- Cost per unit sample

III. Organizational/Personnel Capacity Statement

- Relevant experience related to the assignment
- Curriculum Vitae with relevant references

13. General Terms and Conditions

- Primary data collected by the consultant for the use of study, reports and documents prepared during the assignment cannot be used by the consultant for other purposes. All the documents prepared by the consultant should submit to CARE at the end of study. CARE has sole ownership of all final data and information. Findings shall not be shared or reproduced without permission of CARE.
- For the quality assurance, the completion of assignment and submission of the final output/deliverables, study shall be done by the CARE.
- The consultant shall be solely responsible for his/her own insurance CARE will not bear any cost in this regard.
- The consultant or any other field enumerators will not in any way harass the respondent by asking, probing any question beyond the scope of the ToR.

- The consultant must demonstrate high ethical and moral standards and will respect the rights and privacy of the respondents while collecting information /storing information and transferring information.
- Due to time limitation, the study must be completed within the assigned time frame. Request for no cost extension of time will only be entertained in exceptional cases (such as long term unrest or bandhs hindering data collection), for which CARE's prior written approval for the same shall be necessary.

ANNEX II-PROJECT MONITORING FRAMEWORK

ANNEX II-PROJECT MONITORING FRAMEWORK							
Title	WASH Recovery Assistance to Earthquake-Affected Communities of Dhading and Sindhupalchowk						
Country/Region	Nepal						
EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	DATA SOURCES	DATA COLLECTION METHODS	FREQUENCY	RESPONSIBILITY
ULTIMATE OUTCOME							
Improved well-being and resilience of women, men, girls, and boys in targeted earthquake-affected areas of Nepal	% of resilient ² women, men, girls and boys	0 (out of 415)	80% of surveyed of population (SAVDD) with improved well-being and resilience tied to increased access to safe water, improved sanitation and hygiene practices	Baseline and endline survey of target population	<ul style="list-style-type: none"> • Baseline and Endline survey 	Beginning of project, End of project	CARE
INTERMEDIATE OUTCOME							
1100 Increased consumption of potable water by EQ-affected population especially by women, men, girls, boys, elderly persons, PWD and members of the Dalit caste in Dhading and Sindhupalchowk.	# of EQ affected men and women with access to potable water	NA	8250 EQ affected individuals (SADD) with access to potable water	Beneficiaries	<ul style="list-style-type: none"> • Analysis of beneficiary list 	Quarterly	CARE
	% of target population reporting that they use the water and are satisfied	1.2% (out of 415)	80% of target population reporting that they are satisfied with their water	Beneficiaries	<ul style="list-style-type: none"> • Analysis of health post records • Baseline and Endline KAP survey 	End of project	CARE
	% of female drinking water users committee members who feel they are able to participate in decision making	NA	60% of female drinking water users' committee members who feel they are able to participate in decision making	Drinking water user committee members	<ul style="list-style-type: none"> • FGD/KII 	End of project	CARE
1200 Increased use of improved sanitation services by earthquake affected	# of earthquake affected men and women with access to improved sanitation facilities	NA	3250 earthquake affected individuals (SADD) with access to improved sanitation facilities	Beneficiaries Construction records	<ul style="list-style-type: none"> • Analysis of beneficiary database 	Quarterly	CARE

population especially by women, men, girls, boys, elderly persons and those living with disabilities and members of the Dalit caste in Dhading and Sindhupalchowk districts.	% of target population using latrines constructed/rehabilitated by the project that report satisfaction with the facilities	43.37% (out of 415)	80% of target population using latrines constructed/rehabilitated by the project that report satisfaction with the facilities	Beneficiaries	• Endline KAP survey	End of project	CARE
	# of wards declared ODF	NA	6 wards declared ODF	Ward records ODF declaration	• Observation	End of project	CARE
	% of female WASHCC members who feel they are able to participate in decision making	NA	50% of female WASHCC members who feel they are able to participate in decision making	Female WASHCC members	• Baseline and Endline KAP survey • Endline KIIs and FGD with female/male members of committee • Meeting minutes	Beginning of project, End of project	CARE
1300 Equally improved level of Hygiene Practices amongst all household members in Dhading and Sindhupalchowk	# men and women surveyed that report that they have been reached by CARE hygiene awareness campaigns	NA	650 individuals (SADD) surveyed that report that they have been reached by CARE hygiene awareness campaigns	Door to door log sheet of Beneficiaries	• HHs survey • Final evaluation	End of project	CARE
	% of target populations in target area practicing the 6 key hygiene messages	0 (out of 415)	60% of target populations in target area practicing the 6 key hygiene messages	Beneficiaries Community leaders (especially women's leaders) Mothers' and women's groups members and adolescent girls	• KAP survey • HHs survey,	End of project	CARE

	% of female ward level sanitation and hygiene promotion committee members who feel they are able to participate in decision making	NA	50% of female ward level sanitation and hygiene promotion committee members who feel they are able to participate in decision making	Endline KIIs and FGD with female members of committees Meeting minutes	<ul style="list-style-type: none"> • Endline KIIs and FGD with female members of committee • Meeting minutes 	End of project	CARE
IMMEDIATE OUTCOME							
1110 Increased and equal access to potable, adequate and sustainable drinking water amongst earthquake affected communities (especially marginalized women and adolescent girls).	# of men and women with access to newly constructed/rehabilitated water systems	NA	8250 of target population (SADD) with access to newly constructed/rehabilitated water systems	Technical survey House hold survey Project book	<ul style="list-style-type: none"> • Analysis of beneficiary database 	Quarterly	CARE
	% of tested water samples that meet the National Drinking Water Quality Standard after rehabilitation	NA	100% of tested water samples that meet the National Drinking Water Quality Standard after rehabilitation	Test results	<ul style="list-style-type: none"> • ENPHO Test Kit 	At least 3 times (Pre, during and post construction)	CARE
1120 Improved capacity of inclusive water user committees and rural municipalities to identify, construct, and maintain drinking water systems.	# of water user committees and rural municipalities that have develop gender responsive WASH Plan	NA	32of water user committees and rural municipalities that develop a gender responsive WASH Plans	Water user committee members Rural municipality	<ul style="list-style-type: none"> • Analysis Gender responsive WASH plans 	End of project	CARE
	% of gender inclusive water user committees meeting on a regular basis (once per month)	NA	80% of gender inclusive water user committees meeting on a regular basis (once per month)	Water usercommittee members Records of meeting minutes and attendance records	<ul style="list-style-type: none"> • Review of meeting minutes and attendance records 	Quarterly	CARE

	% of rehabilitated/constructed drinking water systems being maintained by water user committees/rural municipalities	NA	80% of rehabilitated/constructed drinking water systems being maintained by water user committees/rural municipalities	Water user committees/rural municipalities	Sustainability/functionality monitoring	End of project	CARE
1210 Increased and equal access of earthquake affected communities (especially marginalized women and adolescent girls) to improved sanitation services.	# of men and women who have accessed improved sanitation services	NA	3250 of persons (SADD) that have access to improved sanitation services	Beneficiary list	<ul style="list-style-type: none"> • Analysis of beneficiary list 	Quarterly	CARE
1220 Improved capacity of local institutions to identify, construct, and maintain sanitation facilities and services.	% of constructed improved sanitation facilities maintained by local institutions	NA	50% of constructed improved sanitation facilities maintained local institutions	Local institution staff	<ul style="list-style-type: none"> • Observation 	End of project	CARE
1310 Increased and equal access of individuals in affected	# of men and women who have access hygiene facilities in the home	0 (out of 415)	27,781 (SADD) targeted persons that have access to hygiene facilities in the home	Beneficiaries	<ul style="list-style-type: none"> • Analysis of beneficiary database 	Quarterly	CARE

communities to improved hygiene facilities.	# of targeted institution with handwashing and hygiene facilities	NA	27 institutions (9 Health post and 18 schools) handwashing and hygiene facilities	Institution log book Photographs	• Observation	End of project	CARE
1320 Improved knowledge of communities (especially marginalized women and adolescent girls) and local institutions to identify and promote hygiene issues.	# of local institutions that are delivering hygiene promotion activities	5 (out of 5)	2 local institutions that are conducting hygiene promotion activities	Institution log book Institution staff Beneficiaries	• Baseline and Endline reports	Beginning and end of project	
	% of target population, able to demonstrate knowledge of key hygiene messages	2.65% (out of 415)	75% have knowledge of critical handwashing times	Beneficiaries	• KAP Survey	End of project	CARE
OUTPUTS							
1111 Gender-sensitive household, community, and institutional drinking water systems (gravity water system or rain water harvesting or solar pumping) rehabilitated or constructed	# of water systems rehabilitated or reconstructed,	N/A	30 of water systems that have been rehabilitated or constructed	Field reports Water system completion report	• Field observation • Photographs (before after project)	Beginning and end of project	CARE
	% of public tap stands that have gender and child friendly public tap stands	NA	80% of public tap stands that have been rehabilitated/constructed with washing space a child friendly	List of public tap stands with location	• Photographs	End of project	CARE

1121 Gender balanced users' committee/groups and mothers' groups trained on construction, water safety and environment management.	management# of mixed-sex committee/groups and mothers' groups trained on construction, water safety and environment management	N/A	42 (30 WUC and 12 MGs) committee/groups (30% women) and mothers' groups trained on construction, water safety and environment management	Training attendance	<ul style="list-style-type: none"> • Observation • Training report 	Monthly	CARE
1122 Operation and management guideline, repair and maintenance tool kit guideline developed and users' committees and Village Maintenance Workers (VMW) trained.	# of operation and management guidelines, repair and maintenance tool kit guidelines developed	N/A	1 operation and management guidelines and 1 repair and maintenance tool kit guidelines developed	Guidelines O&M Plan	<ul style="list-style-type: none"> • Guidelines 	End of project	CARE
	# of mixed-sex committees trained	N/A	30 committees (with a minimum of 50% women membership) trained	Training attendance	<ul style="list-style-type: none"> • Observation • Training report 	After completion of event	CARE
1123 Public and gender sensitive audit, with male and female stakeholders, on rehabilitation and construction of drinking water systems conducted, and, project details displayed on information boards.	# of gender sensitive public audits conducted	N/A	30 gender sensitive public audits conducted	Field Reports Public audit report	<ul style="list-style-type: none"> • Observation • Public audit report 	After completion of event	CARE
	# of project information boards on display	N/A	30 project information boards on display	Field Reports	<ul style="list-style-type: none"> • Output reporting • Observation • Photographs 	Quarterly	CARE

1124 Strategic drinking water supply and sanitation master plan prepared with Rural/Municipal level stakeholders.	# of rural/municipal level water supply and sanitation master plans developed and endorsed by the local government	N/A	2 rural municipal district water supply & sanitation master plans developed and endorsed by the rural municipals	Field Reports Endorsed master plan	<ul style="list-style-type: none"> • Observation • Analysis of master plan 	Quarterly	CARE
1125 Potablewater testing kits provided to Water Supply Sanitation unit of rural/municipal in both project districts.	# of potable water testing kits provided to WASH Unit of Rural/Municipal	N/A	6 potable water testing kits provided to WASH unit of rural/municipal	Handover report	<ul style="list-style-type: none"> • Handover record 	Monthly	CARE
1126 Local masons, plumbers and village maintenance workers including women and girls trained on basic construction, maintenance and applying resilience measures to build back better.	# of local masons, plumbers and trained on basic WASH facility construction and maintenance	N/A	120 (60 masons/plumber + 60 Village Maintenance Worker) local masons, plumbers and trained (at least 50% female) (SADD)	Training attendance	<ul style="list-style-type: none"> • Observation • Training report 	After completion of event	CARE
1127 Prepare water safety plan of each drinking water supply systems.	# of water safety plans prepared	N/A	30 of water safety plans prepared	WSP preparation workshop	Event report	After completion of event	CARE

1211 Gender-sensitive household and institutional latrines rehabilitated/constructed.	# of gender segregated institutional latrines constructed that are accessible to PWD	N/A	24 (12 male and 12 female) PWD accessible institutional latrines constructed	Institutional staff Students	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE
	# of 'world-day' WASH related celebration events organized	N/A	10 of 'world-day' WASH related celebration events organized	Beneficiaries World-Day participants	<ul style="list-style-type: none"> • Event report • Photographs 	After completion of event	CARE
1212 Open Defecation Free plans developed and implemented	# of ODF plans developed	N/A	6 ODF plans developed	ODF plan	<ul style="list-style-type: none"> • Event report • Photographs 	After completion of event	CARE
	# of wards determined to follow open defecation free practices	N/A	6 wards determined to follow open defecation free practices	Field Report Ward level reports Minute	<ul style="list-style-type: none"> • Minute 	Monthly	CARE
1221 Waste water managed at public water collection points such as public/institutional taps.	# of public water collection points with proper drainage and waste water collection pit	N/A	18 public water collection points with proper drainage and waste water collection pit	Engineer/construction reports	<ul style="list-style-type: none"> • Output reporting • Observation • Photographs 	Quarterly	CARE
1222 Incinerators/decomposition pits constructed at Health Posts.	# incinerators/decomposition pits constructed	N/A	6 incinerators/decomposition pits constructed	Engineer/construction reports	<ul style="list-style-type: none"> • Output reporting • Observation • Photographs 	Quarterly	CARE
1223 Capacity of WASHCC (Coordination Committee) strengthened to maintain total sanitation.	# of gender balanced WASHCC trained on total sanitation	N/A	30 gender balanced WASHCC trained on total sanitation	Training attendance	<ul style="list-style-type: none"> • Observation • Training report 	After completion of event	CARE
	# of sanitation champions identified and mobilized	N/A	6 sanitation champions identified and mobilized	Profile of sanitation champions	<ul style="list-style-type: none"> • Database of mobilization of sanitation champions 	Quarterly	
1224 Local government oriented to recognize and begin acting on minimum gender	# of local government entities that are adhering to the 5 minimum gender commitments for WASH programming	N/A	At least 5 local government entities adhering to the 5 minimum gender commitments for WASH programming	Minutes	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE

commitments for WASH.							
1225 Rural municipal level WASH strategies/policies formulated.	# of rural municipal level WASH strategies/policies formulated	N/A	2 of rural municipal level WASH strategies/policies formulated	WASH strategies/policies	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE
1311 Use of locally available latrine cleaning and hand washing materials promoted at household level.	# of HH that received hygiene promotion message	N/A	5657 HHs receive hygiene promotion messages	Beneficiary households	<ul style="list-style-type: none"> • Analysis of beneficiary analysis 	Quarterly	CARE
1312 Institutional latrine cleaning materials distributed and hand washing platforms constructed in schools and health posts.	# of institutions (schools and health posts) provided with latrine cleaning kits	N/A	24 institutions provided with latrine cleaning kits	Handover	<ul style="list-style-type: none"> • Handover 	Quarterly	CARE
	# of hand washing platforms constructed in schools and health posts	N/A	24 hand washing platforms constructed in schools and health posts	Engineer/construction reports	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE
1313 Latrine cleaning and hand washing sets distributed to most vulnerable and displaced households.	# of displaced HHs supported with latrine cleaning and hand washing set	N/A	200 vulnerable HHs supported with latrine cleaning and handwashing set	Beneficiary households	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE
1321 Door to door hygiene and sanitation	# of HHs reached through door to door hygiene promotion activities	N/A	6000 HHs reached through door to door	Beneficiary households	<ul style="list-style-type: none"> • Output reporting • Baseline and Endline reports 	Quarterly	CARE

awareness campaigns conducted			hygiene promotion activities				
1322 Community and institutional sanitation consultations, and capacity building workshops held with schools, health posts and other community institutions.	# of schools, health posts and community institutions sensitized through consultations and workshops	N/A	18 schools, 9 health posts and 54 community institutions sensitized	Event report	• Event attendance	After event completion	CARE
	# of schools, health posts having Child, Gender and Disability (CGD) friendly water, toilet, hand washing and menstrual hygiene facilities	N/A	18 schools and 6 health posts having Child, Gender and disability (CGD) friendly water, toilet, hand washing and menstrual hygiene facilities	Students Health post staff Field Reports	• Output reporting • Observation	Quarterly	CARE
1323 Interactive Behavior Change Communication (BCC) sessions with community groups (women, mothers, adolescent girls, children, teachers, and parents) conducted.	# of BCC sessions conducted with community groups	N/A	864 BCC sessions conducted	Event report	• Event attendance	After event completion	CARE
	% of women, men, mothers, adolescent girls, children, teachers and parents in the target area practicing at least three of six key hygiene messages	TBD	60% women, men, mothers, adolescent girls, children, teachers and parents practicing at least three of the six key hygiene messages in the target area	Beneficiaries (women, men, mothers, adolescent girls, children, teachers and parents in the target areas)	• KAP Survey	End of project	CARE
1324 Hygiene Information, Education and Communication (IEC) materials disseminated through local radio campaigns.	# of hoarding board installed with 6 key hygiene messages	N/A	60 hoarding boards installed with 6 key hygiene messages	Field Reports	• Output reporting • Observation • Photographs	Quarterly	CARE
	# of episodes aired through local FMs on hygiene information	N/A	108 episodes aired through local FMs on hygiene information	Media mobilization record	• Output reporting • Observation	Quarterly	CARE

1325 World hand washing day, water day, toilet day, environment day, menstruation day celebrated.	# of celebration day events conducted	N/A	12 celebration day events conducted	Event report	<ul style="list-style-type: none"> • Event attendance 	After event completion	CARE
1326 Gender balanced ward level sanitation and hygiene promotion committees formulated and strengthened.	# of gender, balanced hygiene promotion committees formulated and strengthened	N/A	54 gender balanced hygiene committees formed and strengthened	Hygiene promotion committee members	<ul style="list-style-type: none"> • Output reporting • Observation 	Quarterly	CARE
1327 Gender balanced local resource personnel, such as FCHVs and sanitation champions, trained and mobilized.	# local resource personnel trained and mobilized	N/A	108 local resource personnel trained and mobilized	Event report	<ul style="list-style-type: none"> • Event attendance 	After event completion	CARE

Baseline Survey of GAC Project

Household Survey

पृष्ठभूमि | General background

1. **सर्भेक्षण मिति | Date of Survey**
2. **सर्भेक्षण भईरहेको स्थानको जि.पी.एस. | Geographical Location - GPS**
3. **सर्भेक्षकको नाम लेख्नुहोस् | Name of the enumerator**
4. **सर्भेक्षण भईरहेको जिल्लाको नाम | Name of the district where the survey is being conducted**
 - सिन्धुपाल्चोक | Sindhupalchowk
 - धादिङ | Dhading
5. **सर्भेक्षण भईरहेको गाविस अथवाको नाम छनौट गर्नुहोस् | Name of the VDC/Municipality, where the survey is being conducted**
 - फुलखर्का | Fulkhark
 - बसेरी | Baseri
 - बुढाथुम | Budatham
 - बाँसखर्का | Baskharka
 - बरुवा | Baruwa
 - भोताङ्ग | Bhotang
6. **वडा नम्बर | Ward number (VDC Wise)**
7. **गाउँपालिकाको नाम | Name of the Rural Municipality.**
 - गंगा जमुना गाउँपालिका | Ganga Jamuna Rural Municipality
 - पाँचपोखरी थँङ्गपाल गाउँपालिका | Pachpokhari Thangapal Gaupalika
8. **वडा नम्बर | Ward number (According to the rural municipality)**
9. **उत्तरदाताको नाम लेख्नुहोस् | Name of the respondent**
10. **उत्तरदाताको लिंग छनौट गर्नुहोस् | Gender of the respondent**
 - पुरुष | Male
 - महिला | Female
 - अन्य | Other
11. **उत्तरदाताको परिवार कुन जातिय समुदायमा पर्छ? Ethnicity of the respondent**
 - दलित | Dalit
 - नेवार | Newar
 - जनजाती | Janajati
 - ब्राह्मण/क्षेत्री/ठकुरी | Brahmin/Chhetri/Thakuri
 - मुसलमान | Muslim
 - मधेशी | Madhesi
 - अन्य जातजातीहरू | Other caste
12. **उत्तरदाताको उमेर | Age of the respondent**
13. **उत्तरदाताको फोन नं. | Phone number of the respondent**
14. **सरकारी प्रमाणपत्र नं. | .Government ID.**
15. **क्येर प्रमाणपत्र नं. | .Care ID.**

Demographic Information

16. तपाईंको घरपरिवारको घरमुलीको लिंग के हो? What is the gender of the head of your HH?
- पुरुष|Male
- महिला|Female
-अरु|Other
17. तपाईंको घरपरिवारको घरमुलको उमेर कति हो ?What is age of the head of your household?
18. तपाईंको घरपरिवारमा कति जना पुरुष ६० वर्षमाथिको उमेरका हुनुहुन्छ? How many male members in your HH are above 60 years old?
19. तपाईंको घरपरिवारमा कति जना महिला ६० वर्ष माथिको उमेरका हुनुहुन्छ? How many female members in your HH are above 60 years old?
20. तपाईंको घरपरिवारमा कति जना पुरुष २० देखि ५९ वर्षसम्मका हुनुहुन्छ? How many male members in your HH are 20 to 59 years old?
21. तपाईंको घरपरिवारमा कति जना महिला २० देखि ५९ वर्ष सम्मका हुनुहुन्छ? How many female members in your HH are 20 to 59 years old?
22. तपाईंको घरपरिवारमा कतिजना पुरुष १० देखि १९ वर्ष सम्मका हुनुहुन्छ? How many male members in your HH are 10 to 19 years old?
23. तपाईंको घरपरिवारमा कति जनामहिला १० देखि १९ वर्ष सम्मका हुनुहुन्छ? How many female members in your HH are 10 to 19 years old?
24. तपाईंको घरपरिवारमा कतिजना पुरुष ६ देखि ९ वर्ष सम्मका हुनुहुन्छ? How many male members in your HH are 6 to 9 years old?
25. तपाईंको घरपरिवारमा कतिजना महिला ६ देखि ९ वर्ष सम्मका हुनुहुन्छ? How many female members in your HH are 6 to 9 years old?
26. तपाईंको घरपरिवारमा कतिजना पुरुष बालक (६ वर्ष मुनिका हुनुहुन्छ? How many male members in your HH are below 6 years old?
27. तपाईंको घरपरिवारमा कतिजना महिला बालिका (६ वर्ष मुनिका हुनुहुन्छ? How many female members in your HH are below 6 years old?
28. तपाईंको घरपरिवारमा कुल पुरुष सदस्यहरूको संख्या :Total male members in your HH:
29. तपाईंको घरपरिवारमा कुल महिला सदस्यहरूको संख्या :Total female members in your HH:
30. तपाईंको घरपरिवारमा कुल सदस्यहरूको संख्या :Total members of your HH:
31. तपाईंको घरपरिवारमा कोहि गर्भवती महिला छ?Are there any pregnant women in your HH ?
छ|Yes
छैन|No
32. छ भने कति जना ?If yes, how many?
33. तपाईंको घरपरिवारमा अकल महिलाहरु कति जना छन् । How many single women are there in your HH?
34. तपाईंको घरपरिवारमा सन्नपान गराउने महिला कति जना छन् ? (बच्चा जन्मेको २ वर्षसम्म (How many lactating mothers are there in your HH?) upto 2 years of new born baby)
35. के तपाइको घरपरिवारमा अपांगता भएका व्यक्ति हुनुहुन्छ? Is there anyone in your HH with disability?
- हुनुहुन्छ|Yes
- हुनुहुँदैन|No
36. अपांगता भएका व्यक्तिहरूको संख्या कति छ? What is the total number of people with disability?
37. अपांगता भएका व्यक्तिमा कस्तो प्रकारको अपांगता रहेको छ? उपयुक्त सबैमा चिन्ह लगाउनुहोस्।What is the type of disability present?
- शारिरीक अपांगता | Physical disability
- दृष्टि सम्बन्धि अपांगता | Visual disability

- सुनाई सम्बन्धि अपांगता | Hearing disability
- बहिरा दृष्टि बिहिन | Deaf blind
- बोलाई सम्बन्धि अपांगता | Speech disability
- बौद्धिक तथा मानसिक अपांगता | Intellectual/mental disability
- अरु | others

WASH Condition in HH and Community

38. हाल तपाईंको घरपरिवारले प्रयोग गर्ने खाने पानीको मुख्य श्रोत के हो? What is the key source of drinking water for your HH currently?) Take Photograph of the Source)

- घर भित्र जडित पाइप धारा | Piped water into house
- घरको आँगनसम्म आएको पाइपधारा | Piped water to yard
- सार्वजनिक धारा | Piped water in public tap
- सुरक्षित इनार | Protected Dug well
- ट्यूबवेल | Tube well
- सुरक्षित मूलकोपानी | Protected Spring water
- आकासे पानी संकलन | Rainwater collection
- असुरक्षित इनार | Unprotected Dug well
- असुरक्षित मूलकोपानी | Unprotected Spring water
- सतहको पानी) खोला, नदी, पोखरी तथा ताल (| Surface water (Stream, River, Pond or Lake)
- ट्रकबाट ढुवानी गरिएको पानी | Supply from Water Tank
- जार/बोटलको पानी | Jar/Bottled Water
- थेलामा ल्याएको सानो ट्याङ्क ड्रम | Cart with small tank drum
- थाह छैन |-Don't know

39. खानेपानीको श्रोत अथवा पानीको उपलब्धतामा के-कस्तो समस्या छ? What major problems do you have to report on accessing to water sources?

- पानीको मुहान सुकेको | Water source has dried
- मुहानमा पानीको मात्रा घटेको | Water yield has reduced
- पानीको गुणस्तरमा हास आएको | Water quality has deteriorated
- पानीको मुहानटंकी भत्केको | Intake was damaged
- पानी संकलन टंकी भत्केको | Reservoir was damaged
- पाईपलाईन भत्केको | Pipeline was damaged
- अन्य संरचनाहरू भत्केको | Other structures were damaged
- पानीको श्रोत सम्मको दुरी बढेको | It has increased walking distance
- समुदायमा पानीको अभावले गर्दा द्वन्द्व बढेको | There has been increased conflict in the communities
- केहि समस्या छैन | There is no problem
- थाह छैन |-Don't know

40. तपाईंको खानेपानीको श्रोतबाट दिनमा कति घण्टा पानी आँउछ ?For how many hours in a day, is the water available from your current source?

41. के तपाईंले प्रयोग गर्ने खानेपानीको स्रोतमा पनि वर्षभरि उपलब्ध छ ?Is the water available throughout the year?

- छ | Yes

छैन।- No

थाह छैन।-Don't know

42. छैन भए ?कति महिनाको लागि उपलब्ध छ ,If not for how many months is the water from the source available?

43. के तपाईंको घरमा पाइप धारा जडित छ ?Does your HH have a piped connection for water supply?

-छ। Yes

छैन।- No

थाह छैन।-Don't know

44. के जडित पाइप धाराबाट पानी आउँछ ?Is water available from the piped connection?

-आउँछ। Yes

आउँदैन।- No

थाह छैन।-Don't know

45. के तपाईंले प्रयोग गर्ने खानेपानीको गुणस्तर) स्वाद, गन्ध र रङ्ग (प्रति तपाईं सन्तुष्ट हुनुहुन्छ? Are you satisfied with the physical quality of the water (taste, odour and colour) of the drinking water available?

- सन्तुष्ट छु। Yes

- सन्तुष्ट छैन। No

थाह छैन।-Don't know

46. के उपलब्ध पानी तपाईंको दैनिक कृयाकलापको लागि पर्याप्त छ ?Is the available water sufficient for your daily activities?

- छ। Yes

- छैन। No

थाह छैन।-Don't know

47. के सार्वजनिक स्रोतहरू र खानेपानी योजनाहरूमा पानीको गुणस्तर परीक्षण गरिएको छ? Has the quality of water at public sources and DWS been tested?

- छ। Yes

- छैन। No

थाह छैन।-Don't know

48. तपाईंको घरपरिवारका सदस्यलाई सबभन्दा नजिकैको खानेपानीको स्रोतसम्म जान र पानी भरेर घरसम्म फर्कन सामान्यतया कति समय लाग्छ? How long does it take to fetch water from nearest water point?

- घरमै जडित वा आँगनमा धारा भएको ले खासै समय लाग्दैन। Water source within the house/yard

- ५ मिनेटजति लाग्छ। Less than 5 minutes

- ५ देखि १० मिनेटलाग्छ। 5-10 minutes

- १० देखि १५ मिनेटलाग्छ। 11-15 minutes

- १५ देखि ३० मिनेटलाग्छ। 15-30 minutes

- ३० मिनेट भन्दा बढी लाग्छ। More than 30 minutes

थाह छैन।-Don't know

49. तपाईंलाई पानी थाप्न कति बेर लाइन बस्नु पर्छ ?How long do you have to wait in a queue to access the water?

- घरमै जडित वा आँगनमा धारा भएको ले खासै समय लाग्दैन।Water source within the house/yard
- ५ मिनेटजति लाग्छ।Less than 5 minutes
- ५ देखि १० मिनेटलाग्छ।5-10 minutes
- १० देखि १५ मिनेटलाग्छ।11-15 minutes
- १५ देखि ३० मिनेटलाग्छ।15-30 minutes
- ३० मिनेट भन्दा बढी लाग्छ।More than 30 minutes
- थाह छैन।-Don't know

50. एक गात्री पानी भर्न कति समय लाग्छ?How long does it take to fill up one vessel of water?

51. तपाईंको घरबाट पानी लिन को जान्छ ?Who usually fetches water in your home?

- वयस्क महिला।Female Adults
- वयस्क पुरुष।Male Adults
- महिला बालबालिका।Female Children
- पुरुष बालबालिका।Male Children
- सबै मिलीजुली।- Mutual

52. के पानी लिन जाँदा तपाईंका घरपरिवारका सदस्य जातीयलैङ्गिक या अन्य कुनै रूपको भेदभावमा पर्नु ,
?भएको छ While fetching water, have you family members been a victim of ethnic ,gender based or any kind of discrimination?

- छ।Yes
- छैन-।No
- थाह छैन।-Don't know

53. के तपाईं पानी लिन जाँदा सुरक्षित महसुस गर्नु हुन्छ ?Do you feel safe while going to fetch water?

- गर्छु।Yes
- गर्दिन-।No
- थाह छैन।-Don't know

54. सामान्यतह दिनमा कति भाडाँ/गाँत्रीवाल्टी/ पानी ओसारु हुन्छ? How many buckets/vessels/containers of water do you usually fetch?

55. औसतमा एउटा भाँडामा कति लिटरमाना/ पानी जान्छ? What is the volume of each bucket/vessel/container (in liters/mana)?

56. अहिले के तपाईंको घरमा शौचालय छ? Is there a latrine in your household?

- छ।Yes
- छैन।No

57. छैन भए तपाईंका घर परिवारका सदस्य दिसा पिसाबका लागि कहाँ जान्छन्? If no, where does your family members go for defecation?

- छिमेकीको शौचालय।Neighbor's Latrine
- सार्वजनिक शौचालय।Public Latrine
- खोला छेउ।River side
- झाडी खुला ठाउँमा।/Bushes/Field

थाह छैन | Don't know

58. भुकम्पले गर्दा के तपाईंको शौचालयमा क्षति पुगेको थियो? Was your latrine damaged by the earthquake?

- पूर्ण क्षति भएको थियो | Yes, fully damaged
- आंशिक क्षति भएको थियो | Yes, partially damaged
- केहि भएको थिएन | No, it was not damaged
- थाह छैन | Don't know

59. अहिले तपाईंको घरमा भएको शौचालय कस्तो प्रकारको हो? What type of latrine do you have now? (Verify by observation/take photographs)

- पानी खन्याएर ढलमा जाने | Flush/pour flush to piped sewer system
- पानी खन्याएर सेप्टिक ट्याङ्कमा जाने | Flush/pour flush to septic tank
- पानी खन्याएर खाल्टामा जाने | Flush/pour flush to pit
- कम्पोस्ट गर्ने शौचालय | Composting toilet
- भी पी शौचालय | आइ. VIP latrine
- स्लाब भएको खाल्टे शौचालय | Pit latrine with slab
- पानी खन्याएर अन्य ठाउँमा जाने | Flush/pour flush elsewhere
- खुल्ला खाल्टे शौचालय | Pit latrine without a slab/open pit
- बाल्टी तथा भुन्डिएको शौचालय | Bucket and hanging toilet
- थाह छैन | Don't know

60. तपाईंको घरको शौचालय सफा राख्नको लागि कस्ता सामग्रीहरू प्रयोग गर्नुहुन्छ? What materials do you use to keep your latrines clean?

- पानीले मात्र सफा गर्ने | Only by water
- पानी र हारपेक वा अन्य रसायनले सफा गर्ने | Water and Cleaning reagent
- थाह छैन | Don't know

61. तपाईंको शौचालयमा शाररिक कमजोरि तथा अशक्तता भएका मानिसका लागि के ?के सुविधाहरु छन्- What features are available in the latrine for physically weak and disabled (PWD) people?

- शौचालयसम्म पुग्ने बाटोमा हात समाउन मिल्ने रेलिड | Handrails (on the way)
- शौचालयको भित्र सहयोगी संरचना | Support Structure inside the latrine
- राम्प | Ramps
- केहि सुविधा छैन | No features are available
- थाह छैन | Don't know

62. तपाईंको शौचालयको ढोका भित्रबाट चुकुल लगाएर बन्द गर्न मिल्छ? Does your latrine have bolts/lock in the door from inside?

- मिल्छ | Yes
- मिल्दैन | No
- थाह छैन | Don't know

63. के तपाईंको शौचालयमा पाइप धारा को व्यवस्था छ? Does the latrine have piped water supply?

- छ | Yes
- छैन | No
- थाह छैन | Don't know

64. के तपाईंको शौचालयमा हात धुन साबुनको व्यवस्था छ? Does the latrine have provision of soap for washing hands?

- छ | Yes

- छैन | No

थाह छैन | Don't know

65. के तपाईंको शौचालयमा फोहोर फाल्न कुनै भाडाको व्यवस्था छ? Does the latrine have provision of waste bins?

- छ | Yes

- छैन | No

थाह छैन | Don't know

66. के तपाईंको घरमा हातधुनको लागि कुनै निश्चित ठाउँ तोकिएको छ? (कता छ भनेर देखाउन लगाएर हेर्नुहोस्) (Does your HH have designated hand washing stand/facilities? (Verify by observation and take photograph))

- छ | Yes

- छैन | No

थाह छैन | Don't know

67. हात धुने स्थानमा साबुन र नियमित पानीको व्यवस्था छ ? Does the hand washing stand have soap and regular water supply?

- छ | Yes

- छैन | No

थाह छैन | Don't know

68. के तपाईंले बिगत दुई महिनामा सरसफाइ बारे केहि प्रचार सुचना पाउनु भएको छ ? Have you received any promotional Hygiene messages in the past six months?

- छ | Yes

- छैन | No

थाह छैन | Don't know

69. त्यो सुचना के बारे थियो ? What was the message about?

-हात धुने | Hand Washing

-शौचालय प्रयोग गर्ने | Use of Latrine

-खाने कुरा स्वच्छ राख्ने | Food Hygiene

-पानी शुद्धिकरण गर्ने | Water Treatment at PoU

-फोहोरमैला व्यवस्थापन | Waste Management

-महिनाबारि स्वच्छता व्यवस्थापन | Menstrual Hygiene Management

थाह छैन | Don't know

70. तपाईंले त्यो सुचना के मार्फत पाउनु भयो ? From where did you get the message?

-घर घर भ्रमण | Door to Door Visit

-प्रशिक्षण / कार्यशाला | Training/Workshop

-रेडियो टिभी | Radio/Tv

-फ्लायर्स प्याम्फलेट | Flyers/Pamphlets

थाह छैन |-Don't know

WASH Knowledge

71. तपाईंलाई पानी शुद्धिकरण गर्ने के-कस्ता घरायसी तरिकाहरूको बारेमा थाहा छ? What point of water treatment are you aware of? (Select all possible responses)

- पानी उमाल्ने | Boiling

- पानी छान्ने | Filtration

- पानी शुद्धिकरणको लागि औषधिहरू प्रयोग गर्ने | Chlorination (Piyush, Aquatab, Water guard, etc.)

- सूर्यको प्रकाश प्रयोग गरी किटाणु मार्ने | SODIS

थाह छैन |-Don't know

72. तपाईंको विचारमा ?खाने कुरा कसरी दुषित हुन्छ ,In your opinion, how does food get contaminated?

-नछोप्दा | When left uncovered

फोहोर हातले छुँदा |- Touching with dirty hands

झिगा तथा अरु किराहरूले गर्दा |- By flies and other vectors

फोहोर भाडो प्रयोग गर्दा |- Use of unclean utensils

खाने कुरा राम्ररी नपकाउँदा |- When the food is not properly cooked

खाना बासी- हुँदा | When food is stale

थाह छैन |-Don't know

73. हामीले कुन कुन महत्त्वपूर्ण समयमा हात-हातधुने गर्नुपर्छ? What critical time do we need to wash our hands?

- खाना पकाउनु अघि | Before cooking

- खाना खानु अघि | Before eating

- बाल बच्चालाई खाना खुवाउनु अघि | Before feeding a child

- खाना खाए पछि | After eating

- फोहोर मैला छोए पछि | After touching waste

- कुनै पनि काम सकिएपछि | After work

- शौचालयको प्रयोग गरे पछि | After using latrines

- बालबच्चाको दिसापिसाब धोए पछि | After cleaning baby's stool

- माथिको कुनै पनि क्रियाकलाप पछि हात धुनु पर्दैन | Do not need to wash hand

थाह छैन |-Don't know

74. Ask the respondent to show the hand washing process.

75. खुला ठाउमा दिसा गर्दा के? के नकारात्मक असरहरू पर्न सक्छ- What do you think are the consequences of open defecation?

-रोग लाग्न सक्छ | Can cause diseases

वातावरण दुषित हुन्छ |-Can cause environmental pollution

थाह छैन |- Don't Know

केहि पनि हुँदैन |-No problem

76. तपाईंको घरको फोहोरमैला कसरी व्यवस्थापन गर्न सकिन्छ ?How can you manage your HH waste?

- संकलनका लागि निश्चित ठाउँ तोक्ने । Designate a specific place for collection
विभिन्न प्रकारका फोहोर छुट्टयाउने ।-Segregate waste
कम्पोस्ट गर्ने ।-Composting
थाह छैन ।-Don't know

77. महिनाबारि हुँदा महिलाहरुलाई कुन ?कुन सेवा उपलब्ध हुनु पर्छ-What services should be available to women during their menstruation?

-प्यादहरु । Sanitary pads
सफा कपडाहरु ।-Clean clothes
सफा पानी ।-Clean water
सफाइका लागी स्थान ।- Washing stations
थाह छैन ।-Don't know
कुनै पनि चाहिँदैन ।-Do not need anything

WASH Attitude

78. तपाईंको विचारमा के पिउन अघि पानी शुद्धिकरण गर्न जरुरी छ ?Do you think it is necessary to treat water at PoU?

-छ । Yes
-छइन । No

79. छैन भए किन छैन ?If no, why not?

-महङ्गो छ ।It is expensive
पानी सफा छ ।-Water is safe
कसरी गर्ने थाह छैन ।-Don't know how to treat
बनी परिसक्यो ।-We are used to it
अन्य ।-Others

80. के तपाईंलाई शौचालय प्रयोग गर्न मन लाग्छ ?Do you like using latrines?

-मन लाग्छ । Yes
मन लाग्दैन ।-No

81. लाग्दैन भए किन लाग्दैन ?If no, why not?

-टाढा छ । Located far
पानीको व्यावस्था छैन ।-No water supply
खुला ठाउँमा गर्ने बानी छ ।-Habit of openly defecating
शौचालय फोहोर छ ।-Latrines are dirty
चलन नै छैन ।-No practice
अन्य ।-Others

82. के तपाईंलाई हात धुन मनलाग्छ ?Do you like washing hands?

-मनलाग्छ । Yes
मनलाग्दैन ।-No

83. लाग्दैन भए किन लाग्दैन ?If no, why not?

- पानी छैन | Lack of water
- हात सफा नै हुन्छ | Hands are usually clean
- बानी | Habit
- अन्य | Others

84. महिनाबारी हुँदा महिलाले सरसफाइका सुविधाहरु पाउनु पर्छ ?Should women have access to sanitation services during their menstruation?

- पर्छ | Yes
- पर्दैन | No

85. तपाईंको विचारमा फोहोरमैला व्यवस्थापन गर्नाले रोगहरुको प्रकोप कम हुन्छ ?Does managing the HH wastes reduce the instances of diseases?

- हुन्छ | Yes
- हुँदैन | No

86. तपाईंको विचारमा खानामा दुषण हुन नदिएमा रोगहरुको प्रकोप कम हुन्छ ?Does maintaining food hygiene reduce the instances of diseases?

- हुन्छ | Yes
- हुँदैन | No

WASH Practices

87. तपाईंको घरपरिवारमा क ?कसले शौचालय प्रयोग गर्दैन-Who doesn't use the latrine in your HH?

- बृद्ध महिला | Elderly Female
- बृद्ध पुरुष | Elderly male
- वयस्क- पुरुष | Adult Male
- वयस्क महिला | Adult Female
- पुरुष बच्चाहरु | Male Children
- महिला बच्चाहरु | Female children
- सबै प्रयोग गर्छन | Everybody uses
- कसैले प्रयोग गर्दैनन् | Nobody uses
- थाह छैन | Don't know

88. तपाईंको घरपरिवारका सदस्यहरुले कति बेला र के गरेपछि पानीले हातधुने गर्नुहुन्छ? (सबै सम्भावित जवाफहरु छनोट गर्नुहोस्) (What are the critical time when your HH members wash hands with water? (Select all possible responses)

- खाना पकाउनु अघि | Before cooking
- खाना खानु अघि | Before eating
- बाल बच्चालाई खाना खुवाउनु अघि | Before feeding a child
- खाना खाए पछि | After eating
- फोहोर मैला छोए पछि | After touching waste
- कुनै पनि काम सकिएपछि | After work
- शौचालयको प्रयोग गरे पछि | After using latrines
- बालबच्चाको दिसापिसाब धोए पछि | After cleaning baby's stool
- माथिको कुनै पनि क्रियाकलाप पछि हात धुने गरेको छैन | Do not wash hand

थाह छैन I-Don't know

89. तपाईंको घरपरिवारका सदस्यहरूले कति बेला र के गरेपछि साबुनले हातधुने गर्नुहुन्छ? (सबै सम्भावित जवाफहरू छनौट गर्नुहोस् (What are the critical time when your HH members wash hands with soap? (Select all possible responses)

- खाना पकाउनु अघि | Before cooking
 - खाना खानु अघि | Before eating
 - बाल बच्चालाई खाना खुवाउनु अघि | Before feeding a child
 - खाना खाए पछि | After eating
 - फोहोर मैला छोए पछि | After touching waste
 - कुनै पनि काम सकिएपछि | After work
 - शौचालयको प्रयोग गरे पछि | After using latrines
 - बालबच्चाको दिसापिसाब धोए पछि | After cleaning baby's stool
 - माथिको कुनै पनि क्रियाकलाप पछि हात धुने गरेको छैन | Do not wash hand
- थाह छैन I-Don't know

90. के तपाईंले घरमा खानेकुरा र खानेपानी छोप्रे गर्नुभएको छ? Do you cover cooked food and water containers?

- छन् | Yes
 - छैनन् | No
- थाह छैन I-Don't know

91. के तपाईंका घरपरिवारका सदस्य बासी खाना खाने गर्छ ? Does your family members eat stale food?

- गर्छ | Yes
 - गर्दैन | No
- थाह छैन I-Don't know

92. के तपाईंका घरपरिवारका सदस्यले रोगी तथा मृत जनावारका मासु खाने गरेका छन् ? Does your family members eat meat of sick and dead animals?

- छ | Yes
 - छैन | No
- थाह छैन I-Don't know

93. के तपाईंका घरपरिवारका सदस्य खान अघि तरकारी तथा फलफुल पखाल्ने गर्छ ? Does your family members wash the raw vegetables and fruits before eating them?

- गर्छ | Yes
 - गर्दैन | No
- थाह छैन I-Don't know

94. के तपाईंको घरमा धोएको भाँदाहरू सुकाउन र्याक छ ? Are there drying racks for washed utensils in your HH?

- छ | Yes
- छैन | No

थाह छैन | Don't know

95. तपाईंले घरमा खानेपानी शुद्धिकरण गर्नुहुन्छ कि हुदैन, अथवा जस्तो अवस्थामा छ त्यस्तै अवस्थामा प्रयोग गर्नुहुन्छ? Does your HH treat water before drinking or uses it as it is available?

- शुद्धिकरण गरिन्छ | Yes, we treat water

- संकलन हुँदाको अवस्थामा जस्तो छ, त्यस्तै उपयोग गरिन्छ | No, we use as it is available

थाह छैन | Don't know

96. गर्नुहुन्छ भए कुन प्रकृयाबाट गर्नु ? If yes what method do you use?

- पानी उमाल्ने | Boiling

- पानी छान्ने | Filtration

- पानी शुद्धिकरणको लागि औषधिहरू प्रयोग गर्ने | Chlorination (Piyush, Aquatab, Water guard, etc.)

- सूर्यको प्रकाश प्रयोग गरी किटाणु मार्ने | SODIS

थाह छैन | Don't know

97. के तपाईंको घरमा फोहोरमैला संकलन गर्न को लागि तोकिएको स्थान वा खाल्डा वा भाँडा छन्? Does your HH collect solid waste in a fixed place or in a bin/pit? (Verify by observation and take photograph)

- छन् | Yes

- छैनन् | No

थाह छैन | Don't know

98. के तपाईंको परिवारका सदस्यले विभिन्न प्रकारको फोहोरमैला छुट्याउने गर्छ ? Does your family member segregate different types of wastes?

- गर्छ | Yes

गर्दैन | No

थाह छैन | Don't know

99. संकलन गर्नु भएको फोहोरमैलाको के गर्नु हुन्छ ? What do you do with the collected solid waste?

-कम्पोस्ट गर्ने | Composting

-बाटोमा फाल्ने | Dispose on the road

संकलन स्थलमा फाल्ने | Dispose at a collection site

नदिमा-फाल्ने | Dispose in the river

जलाउने | Burn

घरमै संकलन गर्न आउँछ | We have collection service

-अन्य | Other

थाह छैन | Don't know

100. तपाईंको घरको तरल फोहोर कहाँ निपटान हुन्छ ? Where does the sewage from your house get disposed off?

-ढलमा | In the drains

खाल्टामा | Soak pits

-खोला वा पोखरीमा | In rivers or ponds

-बाटो छेउको ढलमा | Roadside drainage

-खेतमा | Cultivated Land

-खुला मैदानमा | Open Ground

थाह छैन |-Don't know

101. **महिनाबारि हुँदा तपाईंका घरका महिलाहरुलाई के कस्ता-सेवाहरु उपलब्ध छन् ?What facilities are available to the female member in your HH use during their menstrual cycle?**

-प्याद | Pads

-सफा कपडाहरु | Clean Clothes

-सफाइको लागि ठाउँ | Washing Stations

-N/A

थाह छैन |-Don't know

102. **महिनाबारि हुँदा प्रयोग गरिएको प्यादहरु कहाँ फ्याल्नु हुन्छ ?Where does the pads used during menstruation gets disposed off?**

-शौचालयमा भएको पेटीमा | Waste bins in latrines

-अन्य फोहोर सँगै | Along with other wastes

-जलाउने | Burn

-फेरी प्रयोग गर्ने | Reuse

-N/A

थाह छैन |-Don't know

103. **के महिनाबारि हुँदा तपाईंका घरका बालिकाहरु विध्यालय जान्छन् ?Do the adolescent girls in HH go to school schools/college during their period?**

-जान्छन् | Yes

-जाँदैन |-No

- N/A

थाह छैन |-Don't know

Baseline Survey of GAC Project

Focus Group Discussion (For UCs)

Informed Consent

Hello. My name is _____, (the other member of the team will also introduce him/herself) and I am working for CARE Nepal. We are conducting a survey and would appreciate your participation in this survey. I would like to ask you a few questions about your access to water and sanitation system. You have been asked to participate in this study because your personal views and exercise as community member is important to us. The discussion usually takes around 40 minutes to complete. Whatever Information you provide will be kept strictly confidential.

Participation in this meeting is voluntary and you can choose not to answer any individual question or all of the questions. You can stop the discussion at any time. However, we hope that you will participate in this discussion since your views are important.

District		Date	
Former VDC		Ward No (VDC wise)	
Rural Municipality		Ward No (RM wise)	
Total No of Participants		Male	Female
Facilitator		Documenter	

1. What is the main source of drinking water in your community? And how many systems are there in the community? How many systems are maintained by the UC?
तपाईंको समुदायमा खानेपानीको मुख्य स्रोत के हो? र समुदायमा कति प्रणाली छन्?
2. How did the earthquake affect the water supply system? What was the condition before earthquake? How many have been rehabilitated/reconstructed so far?
भुकम्पले पानी आपूर्ति प्रणालीमा केकस्ता प्रभाव पारेका छन्-? भुकम्प अगाडि के स्थिती थियो ? हालसम्म कति आयोजनाहरुको पुनर्स्थापना?पुननिर्माण भइसकेको छ/
3. How many public taps are present in your community? Were they damaged by the earthquake? How many have been rehabilitated? Does it have a washing space? Are they gender and child friendly?
तपाईंको समुदायमा कति वटा सार्वजनिक धारा छन्कति ?के ति धाराहरुमा भुइचालोले क्षति पुर्याए ? के ति धाराहरु लैङ्गिक तथा बाल मैत्री छन् ?वटाको मर्मत सम्हार भयो
4. Are the water sources registered?
के पानीका स्रोतहरु दर्ता गरिएका छन्?
5. Does the source have any risk of contamination? Has there been any instances of outbreak of Water Borne Diseases due to source contamination?
के पानीको स्रोतमा प्रदूषणको कुनै जोखिम छ? के स्रोत प्रदूषणको कारण पानी जन्य रोगको माहामारिको कुनै घटना घटेको छ?
6. Is the source and the system resilient to calamities? Has the DWS infrastructure been damaged in the last five years?
के पानीका स्रोत र प्रणालीहरुमा प्रकोपहरुको सामना गर्ने क्षमता छ ?के पछिल्लो पाँच वर्षमा DWS पूर्वाधार क्षतिग्रस्त भएको छ?
7. What impacts does the DWS have in the surrounding environment?
DWS ले वातावरणमा के?कस्तो असर पारेको छ-

8. Does the community have Village Maintenance Workers (VMWs)?
के तपाईंको समुदायमा VMWहरु छन्?
9. Does the UC have appropriate repair and maintenance toolkits? How often is the maintenance work of the DWS carried out?
के UC संग उपयुक्त मरमत र हेरचाह सामग्री छ? DWS को रेखदेख कार्य कति पटक गरिन्छ?
10. Has the quality of water at public sources and DWS been tested? Does the quality meet the National Drinking Water Quality Standard?
के सार्वजनिक स्रोतहरू र खानेपानी योजनाहरूमा पानीको गुणस्तर परीक्षण गरिएको छ? के त्यो गुणस्तर National Drinking Water Quality Standard अनुसार छ?
11. Does your water system implement Water Safety Plan?
के तपाईंको पानी आयोजनाले जल सुरक्षा योजना लागू गर्छ?
12. Do you UC has O&M plan? Does your Rural Municipality has WASH Plan (Confirm if they have VWASH plan). If yes: Is it gender responsive?
के UC संग सञ्चालन र व्यवस्थापन योजना छ ?के तपाईंको गाउँपालिकासँग WASH योजना छछ ? भने के त्यो योजनालैङ्गिक उत्तरदायी छ?
13. Is there any operation and maintenance fund? How is fund collected and managed?
मर्मत तथा सम्हारका लागि कुनै छुट्टै कोष छ? यस कोषका लागि रकम कसरी संकलन तथा व्यावस्थापन गरिन्छ?
14. Are the people of disadvantaged and marginalized groups receiving equal access to clean drinking water and other sanitation services?
के पानी तथा सरसफाईका सेवाहरू सबै विपन्न र दलित समूहका मानिसलाई समान उपलब्ध छन्?
15. What is the status of women's participation in making WASH decisions? Do the women feel that they can participate in WASH decision making?
पानी तथा सरसफाई सम्बन्धमा निर्णय लिने कुरामा महिला सहभागिताको स्थिति कस्तो छके ? महिलाहरूWASH सम्बन्धी निर्णयमा भाग लिन सक्छन् भन्ने कुरा महसूस गर्छन्?
16. How many members are there in the WUSC? (No. of men and Women) How many UC meetings are held yearly? Are the meeting inclusive?
WUSCमा कति जना सदस्यहरू छन्) ?पुरुष र महिलाको संख्या(वर्षमा कति वटा UC बैठक आयोजित हुन्छ?के ति बैठक समावेशी हुन्छन् ?
17. How does the committee handle the agenda raised by the female members of the UC?
तपाईंको समितिले महिलाले उठाएको एजेन्डा कसरी समाधान गर्छ?
18. How many women are currently in the executive positions? How many marginalized people are currently in the executive position?
हाल कति जना महिला कार्यकारी पदमा छन्? हाल कति जना विपन्न वर्गका मानिस कार्यकारी पदमा छन्?

19. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरु उनीहरुले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य ?
? समस्याहरु के के हुन्
20. Have your committee members received any training on construction, water safety and environmental management? If yes, from where did you receive the training? How many female members received the training?
के तपाईंले पानी तथा सरसफाईका सेवाहरुको निर्माण, पानी सुरक्षा तथा वातावरण व्यवस्थापन कुनै पनि प्रशिक्षण प्राप्त गर्नु भएको छ? छ भनेकति जना महिला सदस्यले ?कहाँ बाट प्राप्त गर्नु भयो ,
?प्रशिक्षण प्राप्त गर्नु भयो
21. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विद्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरुमा हात धुने ठाउँ तथा सरसफाईका सुविधाहरु छन्के ?
बालबालिका ,ति सुविधाहरु लैङ्गिक तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरुमा MHM सेवाहरु छन् ?
)पानी(फोहोर पेटि ,
22. What activities have been planned for the promotion of WASH practices?
WASH अभ्यासहरुको प्रचारको लागि के?कस्ता कार्यहरुको योजना गरिएका छन्-

For Female Members only:

23. Are you satisfied with the MHM services available in your society? What problems do you have to face to access those services?
के तपाईंले पाउनु भएको MHM सेवाहरुबाट सन्तुष्ट हुनुहुन्छ? ति सेवाहरु उपलब्ध गराउन केकस्ता -
?समस्याहरुको सामना गर्नु पर्छ
24. Does GBV exists in your society? What types of GBV did you face while fetching water?
के तपाईंको समाजमा लैङ्गिक हिंसा हुन्छ?कस्ता लैङ्गिक हिंसाको सामना गर्नु भयो-पानी लिन जाँदा के ?
25. In which time your family member do not use toilet (focus for menstrual period)
तपाईंको घर परिवारका सदस्य कुन बेला शौचालय प्रयोग गर्दैनन्) ?महिनाबारे बारे अनुसन्धान(

Baseline Survey of GAC Project

Focus Group Discussion (For WASH CC)

Informed Consent

Hello. My name is _____, (the other member of the team will also introduce him/herself) and I am working for CARE Nepal. We are conducting a survey and would appreciate your participation in this survey. I would like to ask you a few questions about your access to water and sanitation system. You have been asked to participate in this study because your personal views and exercise as community member is important to us. The discussion usually takes around 40 minutes to complete. Whatever Information you provide will be kept strictly confidential.

Participation in this meeting is voluntary and you can choose not to answer any individual question or all of the questions. You can stop the discussion at any time. However, we hope that you will participate in this discussion since your views are important.

District		Date	
Former VDC		Ward No (VDC wise)	
Rural Municipality		Ward No (RM wise)	
Total No of Participants		Male	Female
Facilitator		Documenter	

1. What is the main source of drinking water in your community? And how many systems are there in the community?
तपाईंको समुदायमा खानेपानीको मुख्य स्रोत के हो? र समुदायमा कति प्रणाली छन्?
2. How did the earthquake affect the water supply system? What was the condition before earthquake? How many have been rehabilitated/reconstructed so far?
भुकम्पले पानी आपूर्ति प्रणालीमा केकस्ता प्रभाव पारेका छन्-? भुकम्प अगाडि के स्थिति थियो ? पुननिर्माण भइसकेको/हालसम्म कति आयोजनाहरुको पुनर्स्थापनाछ?
3. How many public taps are present in your community? Were they damaged by the earthquake? How many have been rehabilitated? Does it have a washing space? Are they child friendly?
तपाईंको समुदायमा कति वटा सार्वजनिक धारा छन्के ति धाराहरुमा भुइचालोले क्ष ?ति पुर्याएकति ? ?के ति धाराहरु लैङ्गिक तथा बाल मैत्री छन् ?वटाको मर्मत सम्हार भयो
4. Are the people of disadvantaged and marginalized groups receiving equal access to clean drinking water and other sanitation services?
के पानी तथा सरसफाईका सेवाहरु सबै विपन्न र दलित समूहका मानिसलाई समान रुपमा उपलब्ध छन्?
5. What is the status of women's participation in making WASH decisions? Do the women feel that they can participate in WASH decision making?
पानी तथा सरसफाई सम्बन्धमा निर्णय लिने कुरामा महिला सहभागिताको स्थिति कस्तो छ? के के महिलाहरु WASH सम्बन्धी निर्णयमा भाग लिन सक्छन् भन्ने कुरा महसूस गर्छन्?
6. How many members are there in the WASH CC? (No. of men and Women)
WASH CC मा कति जना सदस्यहरु छन्) ?पुरुष र महिलाको संख्या(
7. How many women are currently in the executive positions? How many marginalized people

are currently in the executive position?

हाल कति जना महिला कार्यकारी पदमा छन्? हाल कति जना विपन्न वर्गका मानिस कार्यकारी पदमा छन्?

8. How does the committee handle the agenda raised by the female members?
तपाईंको समितिले महिलाले उठाएको एजेन्डा कसरी समाधान गर्छ?
9. Have your committee members received any training on construction, water safety and environmental management? If yes, from where did you receive the training? How many female members received the training?
के तपाईंले पानी तथा सरसफाईका सेवाहरूको निर्माण, पानी सुरक्षा तथा वातावरण व्यवस्थापन कुनै पनि प्रशिक्षण प्राप्त गर्नु भएको छ? छ भएकति जना महिला सदस् ?कहाँ बाट प्राप्त गर्नु भयो ,यले प्रशिक्षण प्राप्त गर्नु भयो?
10. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरू उनीहरूले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य ? समस्याहरू के के हुन् ।
11. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विध्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरूमा हात धुने ठाउँ तथा सरसफाइका सुविधाहरू छन्के ? बालबालिका ,ति सुविधाहरू लैङ्गिक तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरूमा MHM सेवाहरू छन् ?)पानी(फोहोर पेटि ,
12. Has your ward been declared ODF zone? If yes, has a ODF plan been developed? Are the community people determined to follow ODF practices?
के तपाईंको गा?स खुला दिसा मुक्त क्षेत्र घोषित भएको छ.वि. छ भने, के ODF योजना विकसित भएको छ? के समुदायका मानिसहरूलाई ODF प्रथाहरू अपनाउन प्रतिबद्ध देखिन्छन्?
13. Has your WASH CC has developed WASH Plan? If yes, is it gender responsive?
के तपाईंको WASH CC ले WASH योजना बनाएको छ छ भने के त्यो योजना ?लैङ्गिक उत्तरदायी छ?
14. What WASH strategies/policies are currently implemented in this VDC?
यस गा कस्ता-मा हाल के.स.वि.WASH नितीहरू लागु भएका छन् ?
15. What activities have been planned for the promotion of WASH practices?
WASH अभ्यासहरूको प्रचारको लागि के?कस्ता कार्यहरूको योजना गरिएका छन्-

For Female Members only:

16. Are you satisfied with the MHM services available in your society? What problems do you have to face to access those services?
के तपाईंले पाउनु भएको MHM सेवाहरूबाट सन्तुष्ट हुनुहुन्छ? ति सेवाहरू उपलब्ध गराउन केकस्ता - ?समस्याहरूको सामना गर्नु पर्छ

17. Does GBV exists in your society? What types of GBV did you face while fetching water?
के तपाईंको समाजमा लैङ्गिक हिंसा हुन्छ?कस्ता लैङ्गिक हिंसाको सामना गर्नु भय-पानी लिन जाँदा के ?
18. In which time your family member do not use toilet (focus for menstrual period)
तपाईंको घर परिवारका सदस्य कुन बेला शौचालय प्रयोग गर्दैनन्) ?महिनाबरि बारे अनुसन्धान(

Baseline Survey of GAC Project

Focus Group Discussion (Mother's Group)

Informed Consent

Hello. My name is _____, (the other member of the team will also introduce him/herself) and I am working for CARE Nepal. We are conducting a survey and would appreciate your participation in this survey. I would like to ask you a few questions about your access to water and sanitation system. You have been asked to participate in this study because your personal views and exercise as community member is important to us. The discussion usually takes around 40 minutes to complete. Whatever Information you provide will be kept strictly confidential.

Participation in this meeting is voluntary and you can choose not to answer any individual question or all of the questions. You can stop the discussion at any time. However, we hope that you will participate in this discussion since your views are important.

District		Date		
Former VDC		Ward No (VDC wise)		
Rural Municipality		Ward No (RM wise)		
Total No of Participants		Male		Female
Facilitator		Documenter		

1. Have you received any training related to WASH practices? के तपाईंले पानी तथा सरसफाई अभ्यासबारे प्रशिक्षण पाउँनु भएको छ?
2. What key hygiene messages are you aware of? तपाईंलाई सरसफाईका कुनकुन मुल सुचना बारे थाह - ?छ
3. What is the status of women's participation in promoting WASH practices? पानी तथा सरसफाई अभ्यासहरूको प्रचारमा महिला सहभागिताको स्थिति कस्तो छ?
4. Have your institution been involved in promoting WASH messages? If yes what was the program about?
के तपाईंको संस्था पानी तथा सरसफाइ बारे सुचना प्रचारमा संलग्न भएको छ?छ भए त्यो कार्यक्रम के बारे थियो ?
5. What is the status of women's participation in making WASH decisions? Do the women feel that they can participate in WASH decision making?
पानी तथा सरसफाई सम्बन्धमा निर्णय लिने कुरामा महिला सहभागिताको स्थिति कस्तो छ?
के महिलाहरू WASH सम्बन्धी निर्णयमा भाग लिन सक्छन् भन्ने कुरा महसूस गर्छन्?
6. What do you feel about the sanitation practices of your community members? तपाईंलाई आफ्नो समुदायका सदस्यहरूको सरसफाई अभ्यासहरू कस्तो लाग्छ?
7. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरू उनीहरूले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य ? समस्याहरू के के हुन् ।
8. Is the public taps in your community gender and child friendly? If yes, how?
के तपाईंको समाजमा भएको सार्वजनिक धाराहरू लैङ्गिक तथा बालबालिका मैत्री छन्?

9. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विध्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरुमा हात धुने ठाउँ तथा सरसफाईका सुविधाहरु छन्के ति ? बालबालिका ,सुविधाहरु लैङ्गिक तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरुमा MHM सेवाहरु छन्) ?पानीफोहोर , (पेटि
10. Are all the women ,men and people of disadvantaged and marginalized groups receiving equal access to clean drinking water and other sanitation services? What problems are faced by them?
के पानी तथा सरसफाईका सेवाहरु सबै महिला ,पुरुष ,विपन्न र दलित समूहका मानिसलाई समान रुपमा उपलब्ध छन्? उनीहरुले के?कस्तो समस्याहरु सामना गर्नु पर्छ-
11. Are you satisfied with the MHM services available in your society? What problems do you have to face to access those services?
के तपाईंले पाउनु भएको MHM सेवाहरुबाट सन्तुष्ट हुनुहुन्छ? ति सेवाहरु उपलब्ध गराउन केकस्ता समस्याहरुको - ?सामना गर्नु पर्छ
12. Does GBV exists in your society? Which type of GBV did you face while fetching water?
के तपाईंको समाजमा लैङ्गिक हिंसा हुन्छ कस्ता लैङ्गिक हिंसाको सामना गर्नु-पानी लिन जाँदा के ?भने?
13. In which time does your family member do not use latrines? (Focus on menstrual period)
तपाईंको घर परिवारका सदस्य कुन बेला शौचालय प्रयोग गर्दैनन्) ?महिनाबरि बारे अनुसन्धान(

Baseline Survey of GAC Project

Focus Group Discussion (For School Girls)

Informed Consent

Hello. My name is _____, (the other member of the team will also introduce him/herself) and I am working for CARE Nepal. We are conducting a survey and would appreciate your participation in this survey. I would like to ask you a few questions about your access to water and sanitation system. You have been asked to participate in this study because your personal views and exercise as community member is important to us. The discussion usually takes around 40 minutes to complete. Whatever Information you provide will be kept strictly confidential.

Participation in this meeting is voluntary and you can choose not to answer any individual question or all of the questions. You can stop the discussion at any time. However, we hope that you will participate in this discussion since your views are important.

Name of School			
District		Date	
Former VDC		Ward No (VDC Wise)	
Rural Municipality		Ward No (RM)	
Total No of Participants		Male	Female
Facilitator		Documenter	

1. What problems do you have to face at home and at school during your menstruation? Do you come to school during your menstruation?
महिनाबारि हुँदा घरमा र विध्यालयमा केके महिनाबारि हुँदा ?कस्ता समस्याहरु भोग्नु पर्छ- तपाईं विध्यालय आउनु हुन्छ?
2. Does the school have separate latrines for male and female students?
के विध्यालयमा महिला र पुरुषका लागि अलग शौचालय छन्?
3. Do you feel that the latrine have adequate privacy?
तपाईंलाई शौचालयमा पर्याप्त गोपनियता छ जस्तो लाग्छ?
4. What facilities are available in the latrine? (water supply, soap, waste bins)
शौचालयमा के ?के सुविधाहरु छन्-पानी(फोहोर पेटी ,साबुन ,
5. Are you satisfied with the MHM facilities available in the school? What are the major problems?
के तपाईं विध्यालयमा उपलब्ध MHM सुविधाहरुबाट सन्तुष्ट हुनुहुन्छ?यसमा मुख्य समस्याहरु के छन् ?
6. How do you dispose the sanitary pads?
तपाईं प्याडहरु कहाँ फ्याक्नु हुन्छ?
7. Are there hand washing facilities in the school? Is there regular water supply and access to soap?
के तपाईंको विध्यालयमा हात धुनलाई व्यवस्था छ? के हात धुने ठाउँमा नियमित पानी तथा साबुनको व्यवस्था छ?
8. How often do the children suffer from water borne diseases? Has there been any instances of wide spread epidemic?

विधार्थीहरु पानी जन्य रोगहरुबाट कत्तिको बिरामी हुन्छन्? ?तो महामारिको कुनै घटना घटेको छ?

9. Who usually fetches water at home? What problems do you have to face while fetching water?

घरमा धेरै जसो पानी लिन को जान्छ?कस्ता समस्याहरुको सामना गर्नु पर्छ-पानी लिन जाँदा के ?

10. What types of GBV did you face while fetching water?

पानी लिन जाँदा के?कस्ता लैङ्गिक हिंसाको सामना गर्नु भय-

11. In which time your family member do not use toilet (focus for menstrual period)

तपाईंको घर परिवारका सदस्य कुन बेला शौचालय प्रयोग गर्दैनन्) ?महिनाबारि बारे अनुसन्धान(

Baseline Survey of GAC Project

Checklist to Guide the KII

Discussion Points with Rural Municipality Representative:

1. What is the main source of drinking water in your community? And how many systems are there in the community?
तपाईंको समुदायमा खानेपानीको मुख्य स्रोत के हो? र समुदायमा कति प्रणाली छन्?
2. How did the earthquake affect the water supply system? What was the condition before earthquake? How many have been rehabilitated/reconstructed so far?
भुकम्पले पानी आपूर्ति प्रणालीमा केकस्ता प्रभाव पारेका छन्-? भुकम्प अगाडि के स्थिती थियोहालसम्म कति ?
?पुननिर्माण भइसकेको छ/आयोजनाहरूको पुनर्स्थापना
3. Are the people of disadvantaged and marginalized groups receiving equal access to clean drinking water and other sanitation services?
के पानी तथा सरसफाईका सेवाहरू सबै विपन्न र दलित समूहका मानिसलाई समान रूपमा उपलब्ध छन्?
4. What is the status of women's participation in making WASH decisions? Do the women feel that they can participate in WASH decision making?
पानी तथा सरसफाई सम्बन्धमा निर्णय लिने कुरामा महिला सहभागिताको स्थिति कस्तो छ? के महिलाहरू WASH सम्बन्धी निर्णयमा भाग लिन सक्छन् भन्ने कुरा महसूस गर्छन्?
5. How many members are there in the WASH CC? (No. of men and Women)
WASH CC मा कति जना सदस्यहरू छन्) ?पुरुष र महिलाको संख्या(
6. How many women are currently in the executive positions? How many marginalized people are currently in the executive position?
हाल कति जना महिला कार्यकारी पदमा छन्? हाल कति जना विपन्न वर्गका मानिस कार्यकारी पदमा छन्?
7. Have your committee members received any training on construction, water safety and environmental management? If yes, from where did you receive the training? How many female members received the training?
के तपाईंले पानी तथा सरसफाईका सेवाहरूको निर्माण, पानी सुरक्षा तथा वातावरण व्यवस्थापन कुनै पनि प्रशिक्षण प्राप्त गर्नु भएको छ? छ भनेकति जना ?कहाँ बाट प्राप्त गर्नु भयो ,
?महिला सदस्यले प्रशिक्षण प्राप्त गर्नु भयो
8. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरू उनीहरूले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य ?
समस्याहरू के के हुन् ।
9. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विद्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरूमा हात धुने ठाउँ तथा सरसफाइका सुविधाहरू छन्के ति ?
बालबालिका ,सुविधाहरू लैङ्गिक तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरूमा MHM सेवाहरू छन्) ?पानीफोहोर ,
(पेटि

10. How many wards in your rural municipality been declared ODF zone? If yes, has a ODF plan been developed? Are the community people determined to follow ODF practices?
के तपाईंको गा स खुला दिसा मुक्त क्षेत्र.वि.घोषित भएको छ? छ भने, के ODF योजना विकसित भएको छ?
के समुदायका मानिसहरुलाई ODF अभ्यासहरु अपनाउन प्रतिबद्ध देखिन्छन्?
11. What WASH strategies/policies are currently implemented in this rural municipality?
यस गा कस्ता-मा हाल के.स.वि.WASH नितीहरु लागु भएका छन् ?
12. Have your Rural Municipality developed a ??WASH plan?? If yes Is it Gender Responsive
के तपाईंको गाउँपालिकासँग WASH योजना छ छ भए के त्यो योजना ?लैङ्गिक उत्तरदायी छ?
13. What activities have been planned for the promotion of WASH practices?
WASH अभ्यासहरुको प्रचारको लागि के?कस्ता कार्यहरुको योजना गरिएका छन्-
14. Which institutions have been involved in promoting WASH activities?
WASH अभ्यासहरुको प्रचारको लागि कुनकुन संस्थाहरु संलग्न- छन्?

Baseline Survey of GAC Project

Checklist to Guide the KII

Discussion Points with Health Post In-charge

1. Have you received any training related to WASH practices? के तपाईंले पानी तथा सरसफाई अभ्यासबारे प्रशिक्षण पाउनु भएको छ?
2. What is the status of women's participation in promoting WASH practices? पानी तथा सरसफाई अभ्यासहरूको प्रचारमा महिला सहभागिताको स्थिति कस्तो छ?
3. Have your institution been involved in promoting WASH messages? If yes what was the program about?
के तपाईंको संस्था पानी तथा सरसफाई बारे सुचना प्रचारमा संलग्न भएको छ छ भने त्यो कार्यक्रम ?के सम्बन्धि थियो?
4. What is the status of women's participation in making WASH decisions? पानी तथा सरसफाई सम्बन्धमा निर्णय लिने कुरामा महिला सहभागिताको स्थिति कस्तो छ?
5. What do you feel about the sanitation practices of your community members? तपाईंलाई आफ्नो समुदायका सदस्यहरूको सरसफाई अभ्यासहरू कस्तो लाग्छ?
6. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरू उनीहरूले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य समस्या ?हरू के के हुन् ।
7. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विद्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरूमा हात धुने ठाउँ तथा सरसफाईका सुविधाहरू छन्के ति ? बालबालिका ,सुविधाहरू लिङ्ग तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरूमा MHM सेवाहरू छन्) ?पानीफोहोर , (पेटि
8. Are you satisfied with the MHM services available in your society?
के तपाईंको समाजमा उपलब्ध MHM सेवाहरूबाट सन्तुष्ट हुनुहुन्छ?
9. How often do the people in your community suffer from water borne diseases? Has there been any instances of wide spread epidemic?
तपाईंको समुदायका बासिन्दाहरू कतिको पानी जन्य रोगबाट पीडित हुन्छन्? ब्यापक महामारीको कुनै घटना घटेको छ?
10. What does your institute usually do with the collected solid wastes?
तपाईंको संस्थाले संकलन गरेको फोहोर मैलालाई कसरी व्यावस्थापन गर्छ?

Baseline Survey of GAC Project

Checklist to Guide the KII

Discussion Points with School Representative

1. Have you received any training related to WASH practices? के तपाईंले पानी तथा सरसफाई अभ्यासबारे प्रशिक्षण पाउनु भएको छ?
2. What is the status of women's participation in promoting WASH practices? पानी तथा सरसफाई अभ्यासहरूको प्रचार प्रसारमा महिला सहभागिताको स्थिति कस्तो छ?
3. Have your institution been involved in promoting WASH messages? If yes what was the program about?
के तपाईंको संस्था पानी तथा सरसफाइ बारे सुचना प्रचारमा संलग्न भएको छ? छ भने त्यो कार्यक्रम के बारे थियो ?
4. Do you think the school children are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंका विद्यार्थीहरू उनीहरूले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्/छैनन् भने यसमा मुख्य समस्याहरू के के हुन् ?
5. Does your institutions hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के तपाईंको संस्थामा हात धुने ठाउँ तथा सरसफाइका सुविधाहरू छन् के ति सुविधाहरू ? लिङ्गबालबालिका , तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरूमा MHM सेवाहरू छन्) ? पानी(फोहोर पेटि ,
6. Are the children satisfied with the MHM services available in your school?
के तपाईंको विद्यालयमा उपलब्ध MHM सेवाहरूबाट विद्यार्थीहरू सन्तुष्ट छन्?
7. How does your institute manage waste generated during menstrual period?? (pad and clothes)
तपाईंको संस्थाले महिनाबारि हुँदा उत्पन्न फोहोर कसरी व्यवस्थापन गर्नु हुन्छ) ? प्याद(कपडा ,
8. How often do the children suffer from water borne diseases? Has there been any instances of wide spread epidemic?
तपाईंका विद्यार्थीहरू कतिको पानी जन्य रोगबाट पीडित हुन्छन्? ब्यापक महामारीको कुनै घटना घटेको छ?
9. What does your institute usually do with the collected solid wastes?
तपाईंको संस्थाले संकलन गरेको फोहोर मैलाको के गर्छ?

Baseline Survey of GAC Project
Checklist to Guide the KII

Discussion points with Village Maintenance Workers:

1. How did the earthquake affect the water supply system? What was the condition before earthquake? How many have been rehabilitated/reconstructed so far?
भुकम्पले पनी आपुर्ती प्रणालीमा केकस्ता प्रभाव पारेका छन्-? भुकम्प अगाडि के स्थिती थियो ?
?पुननिर्माण भइसकेको छ/हालसम्म कति आयोजनाहरुको पुनर्स्थापना
2. How many public taps are present in your community? Were they damaged by the earthquake? How many have been rehabilitated? Does it have a washing space? Are they child friendly?
तपाईंको समुदायमा कति वटा सार्वजनिक धारा छन्कति ?के ति धाराहरुमा भुइचालोले क्षति पुर्याए ?
?के ति धाराहरु लैङ्गिक तथा बाल मैत्री छन् ?वटाको मर्मत सम्हार भयो
3. Are the people of disadvantaged and marginalized groups receiving equal access to clean drinking water and other sanitation services?
के पानी तथा सरसफाईका सेवाहरु सबै विपन्न र दलित समूहका मानिसलाई समान रुपमा उपलब्ध छन्?
4. Do you think the community people are satisfied with the water they are using? If no, what are the major reported problems?
के तपाईंको समुदायका वासिन्दाहरु उनीहरुले प्रयोग गर्ने पानीबाट सन्तुष्ट छन्छैनन् भने यसमा मुख्य ?
समस्याहरु के के हुन् ।
5. Does the institutions like schools and HPs have hand washing stations and appropriate sanitation facilities? Are the facilities gender, child and disabled friendly? Does the facilities have MHM services? (water supply, waste bins)
के विध्यालय र स्वास्थ्य चौकी जस्ता संस्थाहरुमा हात धुने ठाउँ तथा सरसफाईका सुविधाहरु छन्के ?
ति सुविधाहरु लैङ्गिकबालबालिका , तथा अपाङ्ग मैत्री छन्? के ति सुविधाहरुमा MHM सेवाहरु छन् ?
)पानी(फोहोर पेटि ,
6. How many Village Maintenance Workers (VMWs) are there in your Rural municipality? How many are male and how many are female?
तपाईंको गाउँपालिकामा कति जना VMWहरु छन्? कति जना पुरुष छन् र कति जना महिला छन्?
7. Do you have appropriate repair and maintenance toolkits? How often is the maintenance work of the DWS carried out?
के तपाईंहरु संग उपयुक्त मरमत र हेरचाह सामग्री छ? DWS को रेखदेख कार्य कति पटक गरिन्छ?
8. Has the quality of water at public sources and DWS been tested? Does the quality meet the National Drinking Water Quality Standard?
के सार्वजनिक स्रोतहरु र खानेपानी योजनाहरुमा पानीको गुणस्तर परीक्षण गरिएको छ? के त्यो गुणस्तर National Drinking Water Quality Standard अनुसार छ?
9. Does your water system implement Water Safety Plan?
के तपाईंको पानी आयोजनाले जल सुरक्षा योजना लागू गर्छ?

10. Do you UC has O&M plan? Does your Rural Municipality has WASH Plan (Confirm if they have VWASH plan). If yes: Is it gender responsive?
के UC सँग सञ्चालन र व्यवस्थापन योजना छ ?के तपाईंको गाउँपालिकासँग WASH योजना छछ ?
भने के त्यो योजनालैङ्गिक उत्तरदायी छ?
11. Is there any operation and maintenance fund? How is fund collected and managed?
मर्मत तथा सम्हारका लागि कुनै छुट्टै कोष छ? यस कोषका लागि रकम कसरी संकलन तथा व्यावस्थापन गरिन्छ?
12. Have you received any training on construction, water safety and environmental management? If yes, from where did you receive the training?
के तपाईंले पानी तथा सरसफाईका सेवाहरुको निर्माण, पानी सुरक्षा तथा वातावरण व्यवस्थापन कुनै पनि प्रशिक्षण प्राप्त गर्नु भएको छ? छ भने?कहाँ बाट प्राप्त गर्नु भयो ,

Baseline Survey of GAC Project

Observation Checklist

Take photos wherever possible.

1. Health Posts and Schools

- a. Is there a handwashing station? Does it have regular supply of water and soap?
- b. Are there separate latrines for male and female?
- c. Does the latrine allow privacy to the occupant?
- d. Does the latrine have hand washing station with access to water supply and soap?
- e. Does the hand washing station and latrine have good drainage?
- f. Is the facilities accessible by disabled?
- g. Are the facilities clean?
- h. How is the solid waste managed?
- i. What is the source of water?

2. Drinking water schemes

- a. What is the source of drinking water? Is the source properly managed? Is the scheme functional?

3. Community Level

- a. How is the solid waste managed?
- b. Is there a public latrine? How is it managed? Is it gender and child friendly?
- c. Is there a hand washing station in the public latrine? Is there access to water supply and soap?
- d. Are the public taps gender and child friendly?
- e. Does the public tap have a good drainage?
- f. Where does the sewage get disposed off?

4. Household Level

- a. Drinking water source
- b. Type of Latrine and Facilities inside latrine (waste bins, water supply, soap, privacy features)
- c. PWD accessible (ramps. Railings. Support structures)
- d. Hand washing station and facilities (water supply, soap, drainage)
- e. Solid and liquid waste management (waste bins/pits, disposal)
- f. Drying racks, provision of covers for water containers
- g. MHM practices, disposal of pads

ANNEX IV-FGD PARTICIPANT LIST

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	School girls			
District	Dhading	Date	2074-06-02	
Former VDC	Budathum	Ward No (VDC wise)	5	
Rural Municipality	Ganga samung	Ward No (RM wise)	7	
Total No of Participants	6	Male	Female	6
Facilitator	Nitu pokharel	Documenter	Sunita Pandey	

SN	Name	Sex	Age	Contact No.	Signature
1.	Sangita Shrestha	fe	17	9810315161	
2.	Ritu Gurung	"	16	9806738218	
3.	Iskwoy Alikahi	"	17	9823069802	
4.	Manita Thapa Magar	"	18	9813991848	
5.	Pupina Thapa Magar	"	17	9818354275	
6.	Denita Shrestha	"	18	9819198512	
7.	Sujita Shrestha	"	17	9807397372	

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	UGEST COMMUNITY			
District	Dhading	Date	2074-06-03	
Former VDC	Budathum	Ward No (VDC wise)	5	
Rural Municipality	Ganga Jamuna	Ward No (RM wise)	7	
Total No of Participants		Male	Female	✓
Facilitator	Sunita Pandey	Documenter	Nitu pokharel	

SN	Name	Sex	Age	Contact No.	Signature
1.	सुमिता खत्री सुमिता खत्री	fe	86	9203333	
2.	सविता नेपाली	"	28	9 -	
3.	नरना देवी याया	"	38	9805866701	
4.	धनुज अधिकारी	"	25	9802298958	
5.	उमिला खत्री	"	34	9805286666	
6.	सुमिता खत्री	"	82	989099966	
7.	सुमित्रा खत्री	"	70	98080909966	

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	USESH COMMUNITY		
District	Dhading	Date	
Former VDC	Budathun	Ward No (VDC wise)	5
Rural Municipality	Ganga Jamuna	Ward No (RM wise)	7
Total No of Participants	8	Male	<input checked="" type="checkbox"/>
Facilitator	Nitu Pokharel	Documenter	Sunita Pardey

SN	Name	Sex	Age	Contact No.	Signature
1.	राम व. शर्मा		60	9808597295	[Signature]
2.	बिना व. शर्मा		68		[Signature]
3.	बिना व. शर्मा		70	9808768195	[Signature]
4.	नारायण व. शर्मा		57	9808480947	[Signature]
5.	बिना व. शर्मा		65	9813455032	[Signature]
6.	बिना व. शर्मा		66	9813607112	[Signature]
7.	महातन्त्र रेग्मी		48	9808423336	[Signature]
8.	दिपेन्द्र जंग पौडेल		31	9801920920	[Signature]

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Mother's Ceroup (आमा समूह)		
District	DHADING	Date	2074/06/05
Former VDC	Phulkharka	Ward No (VDC wise)	09
Rural Municipality	Ganga-Jamuna	Ward No (RM wise)	05
Total No of Participants	10	Male	
Facilitator	Sonkha Neupane	Documenter	Sunita Khana

SN	Name	Sex	Age	Contact No.	Signature
1.	राजमाया धले	F	28	9861866199	[Signature]
2.	तिरुमाया धले	"	31	9843628657	[Signature]
3.	बिना धले	"	20	9860841917	[Signature]
4.	शाबती धले	"	34	9843353031	[Signature]
5.	बिना धले	"	25	9843253684	[Signature]
6.	डिलमाया धले (अध्यक्ष)	"		9860397283	[Signature]
7.	पूणिमा धले	"	30	9843253683	[Signature]
8.	धनमाया "	"	40	—	[Signature]
9.	रत्नमाया "	"	32	9861771899	[Signature]
10.	दिप्या "	"	30	—	[Signature]

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Beneficiaries (Male)		
District	Sindulpanchok	Date	7-6-2074
Former VDC	Banekharika	Ward No (VDC wise)	6
Rural Municipality	Panchpokhari	Ward No (RM wise)	1
Total No of Participants	7	Male	7
		Female	0
Facilitator	Bishnu Gautam	Documenter	Narayan Wagle

SN	Name	Sex	Age	Contact No.	Signature
1	शुभिन बोम्जन	M	39	9803449860	[Signature]
2	साइबो दोङ	M	80	980341298	[Signature]
3	पेम वर बोम्जन	M	83	97979978820	[Signature]
4	दावसाइ.बो बोम्जन	M	24	981884408	[Signature]
5	जिमी पार्वेज	M	82	9813176425	[Signature]
6	फुर्पासंबो दोङ तामाङ.	M	89	97076332236	[Signature]
7	अलिमान दोङ.	M	26	808262828	[Signature]

नोट: निम्न भएका सात भाषीका निम्न व्यक्ति ल' हाम्रा नमरडाँ।

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Beneficiaries (Female)		
District	Sindulpanchok	Date	17-06-07
Former VDC	Banekharika	Ward No (VDC wise)	5
Rural Municipality	Panchpokhari	Ward No (RM wise)	1
Total No of Participants	6	Male	0
		Female	6
Facilitator	Bishnu Gautam	Documenter	Narayan Wagle

SN	Name	Sex	Age	Contact No.	Signature
1	दावसाया तामाङ.	F	65		[Signature]
2	सुवसाया "	F	30	981878452	[Signature]
3	निम कुमारी "	F	50		[Signature]
4	जमुनाशाया साइबो	F	38		[Signature]
5	सुवसाया साइबो	F	20	9803208786	[Signature]
6	दासी तामाङ.	F	60		[Signature]

नोट: भाषीका निम्न व्यक्ति निम्न भएका हाम्रा नमरडाँ।

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	P School Girls (Bhim Bidhyashram MV)		
District	sindupanchok	Date	2074-06-07
Former VDC	Baskharka	Ward No (VDC wise)	5
Rural Municipality	PachPokhari	Ward No (RM wise)	6 (Bhim Bidhyashram MV)
Total No of Participants	7	Male	0
Facilitator	Narayan Wagle	Female	7
		Documenter	Bishnu Kanta Gautam

SN	Name	Sex	Age	Contact No.	Signature
1	शशी वामिः	f	19	98100552	(Signature)
2	सम्पना वामिः	f	18	9813833735	(Signature)
3	पद्मा देवः	f	15		(Signature)
4	पञ्जला देवः	f	15		(Signature)
5	नविना वामिः	f	19		(Signature)
6	पञ्जला देवः	f	17		(Signature)
7	संजिता वामिः	f	16		(Signature)

नोटः- ~~किरसन भरडा~~ कउन गण्डिका निज गण्डिका हस्तागत गर्न नसकेका

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	sindupanchok Beneficiaries (female)		
District	sindupanchok	Date	2074-06-07
Former VDC	Baruwati	Ward No (VDC wise)	2
Rural Municipality	PachPokhari	Ward No (RM wise)	2
Total No of Participants	7	Male	0
Facilitator	Narayan P. Wagle	Female	7
		Documenter	Bishnu Kanta Gautam

SN	Name	Sex	Age	Contact No.	Signature
1	डीमा तामाङ	F	17	9614973055	(Signature)
2	वासन्ती "	F	25	9616866648	(Signature)
3	काठुण्डा माया "	F	43	9614972960	(Signature)
4	बुद्धी "	F	31		
5	सौम्यमा "	F	61		
6	साकु "	F	50	9615350978	
7	माया "	F	40		

नोटः- किरसन भरडा कउन गण्डिका निज गण्डिका हस्तागत गर्न नसकेका

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Beneficiaries		
District	Sindhupalchok	Date	2-6-2074
Former VDC	Bhotang	Ward No (VDC wise)	4
Rural Municipality	Panchpokhari	Ward No (RM wise)	3
Total No of Participants	8	Male	4
Facilitator	Narayan p.d.wagle	Female	4
		Documenter	Rishnu kanta Gautam

SN	Name	Sex	Age	Contact No.	Signature
1	राजु लामा	M	28	9808697825	
2	श्रीमा "	F	37	9749628079	श्रीमा
3	तोकी "	F	21		तोकी
4	नरयान "	F	40		
5	रुषा "	F	50		
6	कुलसुता "	M	37	9801877024	कुलसुता
7	गणेश "	M	38		गणेश
8	रत्नमान "	M	43		रत्नमान

नोट: निम्न भएकै कारण माथीका लिस्ट गपती लै हस्ताक्षर गर्न नसकेका।

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Mothers Group		
District	Sindhupalchok	Date	2074-06-07
Former VDC	Baskharuka	Ward No (VDC wise)	6
Rural Municipality	Pachpokhari	Ward No (RM wise)	1
Total No of Participants	7	Male	0
Facilitator	Rishnu kanta Gautam	Female	7
		Documenter	Narayan p.d.wagle

SN	Name	Sex	Age	Contact No.	Signature
1	सुलभाया लामा	F	38	9803745905	सुलभाया
2	पासाय भुषी कोट	F	40	9808170658	पासाय
3	सोल्मा खजना	F	39	9823289780	सोल्मा
4	कुसुमाया लामा	F	45		
5	साई/सोल्मा कोट	F	34	9823289480	साई
6	जोबनाया खजना	F	41	9818548038	जोबनाया
7	होनाया कोट	F	37		होनाया कोट

नोट: निम्न भएकै कारण हस्ताक्षर गर्न सकेका।

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Users Committee (Male)		
District	Dhading	Date	2074/06/02
Former VDC	Baseesi	Ward No (VDC wise)	08 and 07
Rural Municipality	Leangda Jamuna	Ward No (RM wise)	06
Total No of Participants	09	Male	Female
Facilitator	Shankar Neupane	Documenter	Sunil Khana

SN	Name	Sex	Age	Contact No.	Signature
1.	महादेव झाधिमोदी	♂	26	981838214	[Signature]
2.	दिकर झापा	♂	20	9808628065	[Signature]
3.	जागरु झाधिमोदी	♂	66	9808758594	[Signature]
4.	अशोक झापा	♂	47	9813598214	[Signature]
5.	गोपाल झाधिमोदी	♂	68	9806496700	[Signature]
6.	मिन झाधिमोदी	♂	22	9810113842	DIC
7.	बालक झापा	♂	26	9806785984	[Signature]
8.	शिव झाधिमोदी	♂	28	9806785984	[Signature]
9.	मोहन झापा	♂	36	9868777778	[Signature]

Baseline Survey of GAC Project

Focus Group Discussion Participation List

FGD with:	Users Group (Female)		
District	Dhading	Date	2074/06/03
Former VDC	Baseesi	Ward No (VDC wise)	8 and 7
Rural Municipality	Leangda-Jamuna	Ward No (RM wise)	6
Total No of Participants	6	Male	Female
Facilitator	Shankar Neupane	Documenter	Sunil Khana

SN	Name	Sex	Age	Contact No.	Signature
1.	कोपिला श्रेष्ठ	महिला	42	9803401177	[Signature]
2.	कोपिला श्रेष्ठ		36	9824114402	[Signature]
3.	दानकुमारी श्रेष्ठ		70	9813418121	[Signature]
4.	राम कु. श्रेष्ठ		57	9808758597	[Signature]
5.	कोपिला खड्का		40	9823377830	[Signature]
6.	शारदा लामिछाने		30	9818182501	[Signature]

ANNEX IV-KAP CALCULATION

The KAP score was computed using the data from the HH survey. Score for each of knowledge, attitude and practice was calculated out of a total of 60 i.e. 10 for each hygiene message. Then, the scores were given a weightage of 50, 30 and 20 for knowledge, attitude and practice respectively and summed to obtain a KAP score out of 100.

The score for knowledge, attitude and practice each were computed using the following method

Hygiene Message	Question	No. of positive answers out of the number of positive options (x)	Score out of 1 (y)	Score Out of 10 (z)
Hand Washing	Question 1	x11	y1=(x11+x12)/number of positive options	z1=y1*10
	Question 2	x12		
Use of Latrine	Question 1	x21	y2=x21/number of positive options	z2=y2*10
Water Treatment at PoU	Question 1	x31	y3=(x31+x32)/number of positive options	z3=y3*10
	Question 2	x32		
Food hygiene	Question 1	x41	y4=(x41+x42+x43)/number of positive options	z4=y4*10
	Question 2	x42		
	Question 3	x43		
Waste Management	Question 1	x51	y5=(x51+x52)/number of positive options	z5=y5*10
	Question 2	x52		
MHM	Question 1	x61	y6=x61/number of positive options	z6=y6*10

Score out of 60 (n)	$z1+z2+z3+z4+z5+z6$
Knowledge (weightage=50)	$K=(n/60)*50$
Attitude (weightage=30)	$A=(n/60)*30$
Practice (weightage=20)	$P=(n/60)*20$
KAP Score (out of 100)	$K+A+P$

ANNEX V-TABLES

Table A: Individual Criteria for % of resilient women, men, girls and boys

Criteria	Dhading	Sindhupalchowk	Total
Improved source of drinking water	83.8	100	90.6
Water available throughout the year	76.76	51.14	66.0
HH having piped connection	66.8	59.19	63.6
Water available from piped connection	66.39	59.19	63.4
Water fetching time less than 5 minutes	73	79.9	12.6
Queue time less than 5 mins	96.7	99.4	34.5
Time to fill up one vessel less than 2 mins	6.2	3.4	5.1
Satisfied with water quality	86.7	89.7	88.0
Quality of water at public sources and DWS been tested	34.0	2.3	20.7
Water sufficient for daily activities	78.4	93.7	84.8
Average water consumption per person per day above 45 L	26.97	8.62	19.28
Latrine available in HH	92.12	68.97	82.41
Improved Sanitation Facility	90.87	68.39	81.4
At least one PWD services available	0.9	1.67	1.2
latrine have bolts/lock in the door from inside	72.07	50.83	64.62
Latrine have provision of piped water supply	4.95	7.50	5.85
Latrine have provision of soap for washing hands	8.56	14.17	10.53
Latrine have provision of waste bins	0.00	15.00	5.26
HH have designated hand washing stand/facilities	30.29	1.72	18.31
Hand washing stand have soap and regular water supply	2.90	0.00	1.69
Female member in HH have access to MHM services during their menstrual cycle	3.31	1.17	2.4
HH collect solid waste in a fixed place or in a bin/pit	17.84	16.09	17.11
HH treat water before drinking or uses it as it is available	26.97	14.37	21.69

Table B: No of criteria fulfilled by different HH for resiliency

No. of Criteria Fulfilled (out of 21)	District			Ethnicity				Sex	
	Dhading	Sindhupalchowk	Total	BCT	Dalit	Jana jait	Newar	Male	Female
18	0.4	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.2
17	0.4	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.2
16	0.8	2.3	1.4	0.5	0.0	1.0	0.0	1.2	0.2
15	4.1	0.0	2.4	1.9	0.0	0.5	0.0	1.2	1.2
14	11.6	1.1	7.2	2.7	0.0	4.6	0.0	2.7	4.6
13	12.4	4.6	9.2	4.1	1.0	3.9	0.2	3.1	3.6
12	16.2	12.6	14.7	5.3	0.7	7.7	1.0	8.2	6.5
11	16.2	17.8	16.9	6.5	1.2	9.2	0.0	7.7	9.2
10	14.1	9.2	12.0	4.6	0.5	6.7	0.2	6.0	6.0
9	10.4	20.1	14.5	3.1	0.5	10.1	0.7	7.7	6.7
8	7.5	12.6	9.6	2.9	0.0	5.8	1.0	5.8	3.9
7	2.9	8.0	5.1	1.2	0.0	3.6	0.2	2.4	2.7
6	1.7	3.4	2.4	0.5	0.2	1.7	0.0	1.4	1.0
5	1.2	6.9	3.6	0.2	0.0	3.4	0.0	2.2	1.4
4	0.0	1.1	0.5	0.0	0.0	0.5	0.0	0.2	0.2

Table C: Individual Criteria for # of EQ affected men and women with access to potable water

Criteria	Dhading	Sindhupalchowk	Total
Improved source of drinking water	83.8	100	90.6
Water available throughout the year	76.76	51.14	66.0
Water available from piped connection	66.39	59.19	63.4
Water available throughout the year	76.76	51.14	66.0
Quality of water at public sources and DWS been tested	34.0	2.3	20.7

Table D: Criteria for % of target population reporting that they use the water and are satisfied

Criteria	Dhading	Sindhupalchowk	Total
Water fetching time less than 5 minutes	73	79.9	12.6
Queue time less than 5 mins	96.7	99.4	34.5
Time to fill up one vessel less than 2 mins	6.2	3.4	5.1
Water available throughout the year	76.76	51.14	66.0
Satisfied with water quality	86.7	89.7	88.0
Quality of water at public sources and DWS been tested	34.0	2.3	20.7
Water sufficient for daily activities	78.4	93.7	84.8
Average water consumption per person per day above 45 L	26.97	8.62	19.28

Table E: Criteria for # of men and women who have access hygiene facilities in the home

Criteria	Dhading	Sindhupalchowk	Total
Latrine have provision of soap for washing hands	8.56	14.17	10.53
Latrine have provision of waste bins	0.00	15.00	5.26
Hand washing stand have soap and regular water supply?	2.90	0.00	1.69
Female member in HH have access to MHM services during their menstrual cycle	3.31	1.17	2.4
HH collect solid waste in a fixed place or in a bin/pit	17.84	16.09	17.11
Family member segregate different types of wastes	0.0	0.6	0.2
Sewage disposed off sanitarly	11.6	6.3	9.4
HH treat water before drinking using any one of the method	26.97	14.37	21.69
Adopt all food hygiene practices	2.9	4.02	3.37

Table F-Number of Respondents by ethnicity and sex

District	Rural Municipality	Former VDC	Ethnicity of the Respondent					Gender of the Respondent		
			BCT	Dalit	Janajati	Newar	Total	Female	Male	Total
Dhading	Ganga Jamuna Rural Municipality	Baseri	61	5	1	10	77	37	40	77
		Budathum	39	0	11	1	51	37	14	51
		Fulkharka	39	6	64	4	113	65	48	113
		Sub-Total	139	11	76	15	241	139	102	241
Sindhupalchowk	Pach Pokhari Thangapal Rural Municipality	Baruwa	1	6	70	0	77	28	49	77
		Baskharka	0	0	68	0	68	32	36	68
		Bhotang	0	0	29	0	29	9	20	29
		Sub-Total	1	6	167	0	174	69	105	174
Total			140	17	243	15	415	208	207	415

Table G-% of respondent that report different water fetching time

Time to Fetch Water	Dhading	Sindhupalchowk	Total
Water Source within house/yard	66.4	59.2	63.4
Less than 5 minutes	6.6	20.7	12.5
5 to 10 minutes	12.9	16.7	14.5
11 to 15 minutes	7.1	2.3	5.1
15 to 30 minutes	5.8	1.1	3.9
More than 30 minutes	1.2	0.0	0.7

Table H-% of respondent that report different queue time for fetching water

Queue to Fetch Water	Dhading	Sindhupalchowk	Total
Water Source within house/yard	66.4	59.2	63.4
Less than 5 minutes	30.3	40.2	34.5
5 to 10 minutes	2.1	0.6	1.4
11 to 15 minutes	0.8	0.0	0.5
15 to 30 minutes	0.4	0.0	0.2
More than 30 minutes	0.0	0.0	0.0

Table I-% of respondent that report different time required to fill up a vessel

Time to fill Vessel	Dhading	Sindhupalchowk	Total
1 to 2 minutes	6.2	3.4	5.1
3 to 5 minutes	91.3	58.0	77.3
6 to 10 minutes	2.5	37.4	17.1
11 to 15 minutes	0.0	1.1	0.5

Table J-% of respondent receiving different hygiene messages

WASH Message Type	Dhading	Sindhupalchowk	Total
Hand Washing	29.5	1.1	17.6
Use of Latrine	24.5	1.1	14.7
Food Hygiene	12.0	0.0	7.0
Water Purification	7.5	0.0	4.3
Waste Management	7.1	1.1	4.6
Menstrual Hygiene Management	2.9	0.0	1.7
Have not received any message	69.7	98.3	81.7
Don't know	2.9	0.0	1.7

Table K-% of respondent that report different receiving WASH messages from different medium

Source of WASH Message	Dhading	Sindhupalchowk	Total
Door to Door Visit	64.4	0.0	61.8
Training/Workshop	21.9	0.0	21.1
Radio/TV	12.3	66.7	14.5
Flyers/Pamphlets	0.0	33.3	1.3
Don't Know	0.0	0.0	0.0

Table L-% of respondent that report different average water consumption per person per day

Water Volume per person per day (L/day/person)	Dhading	Sindhupalchowk	Total
Less than 15 L	13.7%	36.8%	23.4%
16 to 30 L	36.1%	43.1%	39.0%
30 to 45 L	23.2%	11.5%	18.3%
More than 45 L	27.0%	8.6%	19.3%

Table M: Criteria for KAP calculation

Hygiene Message	KAP	Criteria	Dhading	Sindhupalchowk	Total
Hand Washing	Knowledge	All four methods of water treatment at PoU	1.2	0.6	1.0
		All critical times for hand washing	4.6	0.0	2.7
	Attitude	Need to wash hand	100.0	100.0	100.0
	Practice	Wash hand with water at all critical times	5.0	0.6	3.1
		Wash hand with soap and water at all critical times	5.4	0.0	3.1
Use of Latrine	Knowledge	Consequences of open defecation	29.5	39.1	33.5
	Attitude	Like using Latrine	100.0	96.6	98.6
	Practice	Everybody in HH use latrine	97.5	66.1	84.3
Water Treatment	Knowledge	All four methods of water treatment at PoU	1.2	0.6	1.0
	Attitude	Water Treatment to reduce WB diseases	96.3	90.2	93.7
	Practice	Treat water at PoU	27.0	14.4	21.7
Food Hygiene	Knowledge	All reasons for food contamination	0.4	0.0	0.2
	Attitude	Food Hygiene to reduce WB diseases	100.0	99.4	99.8
	Practice	Cover food	97.9	90.8	94.9
		Do not eat stale food	71.0	15.5	47.7
		Do not eat meat off sick/dead animals	97.1	86.8	92.8
		Wash raw fruits and vegetables	100.0	99.4	99.8
Having drying racks for washed utensils	4.1	23.0	12.0		
Waste Management	Knowledge	Solid waste management	0.0	4.6	1.9
	Attitude	Waste Management	100.0	99.4	99.8
	Practice	Having fixed place for solid waste collection	17.8	16.1	17.1
		Waste seggregate	28.6	39.7	33.3
		Appropriate Disposal of solid waste	18.3	60.3	35.9
Appropriate Disposal of sewage		9.1	28.7	17.3	
MHM	Knowledge	services during menstruation	0.0	0.0	0.0
	Attitude	Services should be availavle to women	100.0	99.4	99.8
	Practice	Female have access to washing station and pads/clean clothes during menstruation	3.3	1.1	2.4
		Appropriate Disposal of sanitary pads	45.2	44.3	44.8
		Girls attend schoold during period	35.7	10.9	25.3

Table N: Criteria for % of target population using latrines constructed/rehabilitated by the project that report satisfaction with the facilities

Criteria	Dhading	Sindhupalchowk	Total
Latrine Available	53.5	29.3	43.4
Latrine fully damaged by earthquake	16.6	24.1	19.8

Table O: Criteria for % of target populations in target area practicing the 6 key hygiene messages

Hygiene Message	Criteria	Dhading	Sindhupalchowk	Total
Latrine use	Everybody Uses Latrine	97.5	66.1	84.3
Hand Washing	Practice hand washing with soap at 6 critical times	6.2	0.0	3.6
Food Hygiene	Cover food	97.9	90.8	94.9
	Do not eat meat of sick and dead animal	97.1	86.8	92.8
	Wash raw fruits and vegs	100.0	99.4	99.8
	Drying racks	4.1	23.0	12.0
Water Treatment at PoU	Water Treatment	27.0	14.4	21.7
Waste Management	Fixed place for solid waste	17.8	16.1	17.1
MHM	Female have access to washing station and pads/clean clothes during menstruation	22.8	5.2	15.4

ANNEX VI-BASELINE STUDY TEAM

The baseline study team consisted of the following members:

Core Team

SN	Name	Position
1	Nawa Raj Khatiwada, D.Eng.	Team Leader
2	Ms. Rita Khatiwada	GESI Expert

Field Team

SN	Name	District
1	Mr. Shankar Neupane	Dhading
2	Mr. Sunil Khanal	Dhading
3	Ms. Sunita Pande	Dhading
4	Ms. Nitu Pokharel	Dhading
5	Mr. Narayan Wagle	Sindhupalchowk
6	Mr. Bishnu Kanta Gautam	Sindhupalchowk