Volume 9, Issue 3, December 2005

The RECONSTRUCTION

Rural Reconstruction Nepal (RRN) Newsletter

EDITORIAL

RRN's Contribution towards Easing the Present Difficult Situation

Nepal used to be a land of peace. It is now going through an unpleasant and awkward situation characterised by political instability, conflict, internal and external displacement of people. The conflict has badly affected the country's economic growth, physical infrastructure, information and communication processes, tourism, foreign investment, employment, education and the private sectors. Due to these problems, GDP growth has also declined, as poverty and unequal socio–economic conditions have increased. Tens of thousands of people have been killed, displaced and injured as a consequence of the ongoing conflict between the government and the rebels.

Despite the convoluted situation facing the people in all segments of the society, development agencies are still struggling to restore peace in order to ease the pain of the people and move towards progress. Like other development agencies, RRN has also been endeavouring to implement programmes that construe a practical solution to the challenges. RRN has now implemented projects in 23 districts of Nepal and has engaged in successful development work. Through its development projects, RRN has been able to strengthen the socio–economic conditions at the local level by bringing community people together to identify, prioritise and implement projects of collective urgency. Engaging the community members in the implementation and monitoring of their schemes has contributed to institutionalising local leadership and community governance, and has been one of the main underlying causes of our continued success even during these times of conflict. Issues such as pro–poor policies; promotion and protection of economic, social and cultural rights; good governance; and conflict transformation are all high up on RRN's agenda. As well as addressing some of the root causes of the conflict, such as discrimination, poverty, marginalisation, inequality and lack of services, development projects have given the people options – economic options – but also opportunities to overcome social, cultural and political difficulties and differences.

RRN has utilised the knowledge it has gained over the years to help give some guidance to others about how to implement conflict–compatible development projects. When conflicts rage in any country, they

Inside

affect all members of the society, but those who suffer most are those already at the bottom margin of society. These are the most impoverished and discriminated people – in Nepal, they include the Dalits, indigenous people, women and children. Neglected as they are, they are vulnerable and risk being caught up and compelled to participate in the violence. To RRN, working in the conflict means focusing mainly on these people and inculcating in them a sense of confidence and hope, in order to overcome poverty, isolation and negligence, the very factors which are often deemed to be the root causes of the conflict.

RRN's experience suggests that rural development is the main way to cut the tentacles of conflict. The kind of development that people understand and are capable of undertaking themselves, one that ensures immediate livelihoods to the people and offers them prospects for the future while drying up the reservoir of frustration. We hope that the knowledge RRN has gained will have significant implications for others working in conflict–ridden Nepal and elsewhere. But ultimately, it is our hope that one day all development organisations do not have to consider how to work in conflict upon the realisation of peace, prosperity and the absence of violence.

In this issue, we present articles, case studies and activities derived from RRN programmes that are currently taking place in the midst of the conflict. We hope you'll find them useful. This publication attempts to keep you updated on RRN's activities and the current initiatives of its programmes. In the next issue, we will be printing your expressed views and ideas on the topics presented.

Thank you.

Ms. Satisara Starts Vegetable Farming after Irrigation Support from RRN's Community Support Programme

Ruplal Aidi
Monitoring Officer, Nepalgunj, Banke

Satisara Budha, 35, of Kotgaun VDC–1, grows vegetables in an exceptional way in Rolpa. Most rural Nepalese are bound to practice traditional agricultural activities due to their lack of knowledge and resources. Rural people live in hill areas where there is no access to irrigation facilities and other basic infrastructures of health, education, agriculture, road and transport. Therefore, the life of the rural hill population is difficult and diverse.

However, Satisara has found a way to change her life pattern from growing cereals to now growing vegetables. After the construction of an irrigation canal at Madichaur in Kotgaun VDC–1 in Rolpa District, she engaged herself in agricultural activity away from the normal agriculture practices of growing traditional wheat and maize and began to grow seasonal as well as off seasonal vegetables. In the year 2005, RRN facilitated and provided support for the construction of the Parewa Khola irrigation system under the community support programme funded by DFID. After the construction of the irrigation canal lining, the rural community people from the area started growing green vegetables. Like many other people in her community, Satisara is one of the women who successfully diverted her agriculture practices from growing traditional cereal crops to off–season vegetable production through the medium of greenhouse vegetable cultivation. Along with irrigation support, RRN provided the rural community with a five–day off–season vegetable cultivation training.

Satisara has now acquired knowledge of growing off–season vegetable cultivation in a greenhouse. She has kept aside her 0.15–hectare (3 ropani) of land for growing vegetables and is now cultivating off–season vegetables along with other seasonal vegetable crops including winter vegetable crops. She says, "Earlier I had no idea about growing vegetables in a progressive way. Moreover, we had no irrigation facility."

Before the start of the irrigation project, the rural populations were engaged in extensive farming. They had to invest huge labour costs in large areas with very little production output. The farmers were dependent on the seasonal monsoon for water for the crops. Whenever drought occurred, as a result of the climate change, the

Ms. Satisara Budha, putting manure in her commercial vetable garden

output used to be lower. However, now after the construction of this irrigation system in Madichaur, the farmers' life patterns have been changed. Women in the community, like Satisara have started semi commercial vegetable farming. Satisara has allocated a separate plot of land for vegetable farming, and she plans to increase the area gradually over time. She has been doing intensive farming in a limited space of land and trying her level best to achieve maximum production. She has been receiving support from her husband, Mr. Kul Prasad Budha, for this new undertaking.

Satisara hopes to receive good returns from the vegetable farming, which includes cabbage, cauliflower, potatoes, onion and garlic crops. She has already earned 25000.00 Nepali rupees from the sale of vegetables and still there is another plot of vegetable crop which is likely to be ready for harvesting. In total, Satisara expects to earn about 40,000.00 Nepali rupees after the complete sale of the vegetables from her field. In addition, Satisara does not include the vegetables which she and her family consume in the total sale. She has also noticed that her children have been healthier ever since she began to grow and consume the seasonal and off–season vegetables. They seem to be getting an adequate supply of nutrients required for their proper growth and development for physical fitness. As her husband and she have started closely cooperating in the work of the vegetable farming, they have also seen an increase in their overall level of happiness, with steady cash transactions, good schooling for their children and a very tasty food supply adding to their good health all now readily accessible.

Furthermore, Mr. Govinda Mishra, RRN's Assistant Social Mobilisation Officer in Rolpa, adds that such good results, which are on the increase can continue to be achieved from projects such as these, if RRN and the rural community people work together jointly hand in hand. He believes that this kind of project and cooperation can become a model for the economic and social empowerment of the general community people. He says, "I feel very satisfied with the social mobilisation activities taking place here as I see this greenery in the field throughout the year." ✍

Issues of People's Health in Nepal

Dr. Rishi Raj Adhikari
Project Director, Community Support Strategy, RRN/DFID

1. Background

The poor socio–economic condition of the people in Nepal has a direct effect on their health conditions. Though the government, and non–government and private organisations have been working for a long time to improve the health service available, these services have proved untimely, inadequate and of less quality in many parts of the country, especially in the remote and the rural areas.

In 1978, the governments of the world came together to sign the Alma Ata Declaration that promised "health for all by 2000." Health services were to become the focal issue of equity, social justice and human rights. However, inequity, injustice and poverty are still persistent and have had severe negative impacts on the livelihoods of the majority of the poor and socially disadvantaged people. These people continue to lack access to resources, thus rendering the goal of 'health for all' still elusive.

The problem the Alma Ata faced was that the promise of 'health for all' was never taken seriously and as such, was subsequently marginalised in health policy discussions on the country–wide level. As the year 2000 approached, it appeared that governments around the world were quietly forgetting the promise of "health for all by 2000." To remind people of this forgotten commitment, the First People's Health Assemble (PHA I) was organised in Savar, Bangladesh in 2000. The representatives discussed the adverse impact of Structural Adjustment Programmes on people's health and the role of the World Bank, IMF and WTO in pushing these policies. The assembly in a single voice condemned these institutions and governments who had been willingly pursuing these anti–people policies. PHA I also criticised the multi–national corporations that used their money–power to push for policies which put profits before people, and the proponents of liberalisation who recommended that governments should cut expenditure in the social sector like health and education. During the second People's Health Assembly held in Cuenca, Ecuador in July 2005, the issues raised in the first assembly were reiterated and a strong voice was raised on the need to dump the current patent regime, to obtain "health for all, NOW" and to create a campaign to heal the planet. PHA2, as it became known, also saw the launching of Global Health Watch, an alternative world health report.

Today the focus is on achieving the Millennium Development Goals (MDGs) with its targets by 2015 and trying to meet all the health services indicators as set by the MDGs. The MDGs health goals have focused on such indicators as reduced maternal mortality, reduction in child mortality, reduction in HIV/AID prevalence, malaria, TB and other such diseases.

2. Health Status

A large number of rural Nepalese still die from preventable and curable diseases. According to the health ministry report (HMG/N, 2003), diarrhoea, Acute Respiratory Infections (ARI) and Measles are some of the major causes of child mortality and debilitating diseases. Infectious diseases and nutritional deficiencies are some of the major causes of child morbidity, disability and mortality. More than 20,000 children die of diarrhoea–related diseases every year. According to the ministry, ARI is one of the major health problems among children under five, and is responsible for many deaths. Malaria is a major vector–borne disease prevalent in 65 districts, TB is still a major killer, and HIV/AIDS is raging throughout the country at an unprecedented rate.

The national health policy was adopted in 1991 to bring about improvement in the health conditions of the people. The primary objective of the policy was to extend the primary health care system to benefit the rural population from modern medical facilities and trained health care providers. The policy particularly highlighted preventive, curative and basic primary health care services.

In addition, community participation is increasingly felt as a crucial aspect in health care planning and management of services. At the community level, participation of female community health volunteers

(FCHVs), traditional birth attendants (TBAs), and other community leaders is very encouraging in terms of educating and empowering rural communities to improve their standards of health and sanitation. Their roles have been vital in referrals to peripheral health facilities like health posts and sub–health posts.

The health ministry has developed a 20– year Second Long–Term Health Plan (1997–2017). This major landmark in the health sector serves as a roadmap in health sector reform that could ultimately improve access to health care for the whole population, and in particular those who are needy and lack access to basic health services. The plan has well addressed the key issues like disparity in health care, gender sensitivity, and equitable community access to quality health care services. The plan also envisions a health care system with equitable access and quality services in the urban and rural areas.

The long term plan aims to reduce the maternal mortality rate to 250 per hundred thousand births, infant mortality rate to 34.4 per thousand live births and reduce the under–five mortality rate to 62.5 per thousand. It also ambitiously aims to increase the life expectancy to 68.7 years and reduce the total birth rate to 3.05. Undoubtedly, there are many challenges ahead to meet these ambitious targets successfully in the present context.

There has been significant progress in maternal and child health, family planning and other health care service delivery and management over the years. Based on the Asia Pacific Report on MDG II goals from 1990 – 2000, the under–nutrition rate dropped from 20% to 17%; the mortality rate for children under five went from 145% to 82%; and infant mortality from 100% to 61% (UNESCAP/UNDP/ADB, 2005). The Tenth Plan has set an objective of making health care services easily available, and developing human resources that support poverty reduction. Decentralisation in the health sector is expected to facilitate VDCs in participatory planning in health care so that issues of community participation, local ownership, gender and health, and local health needs will be addressed and integrated into the VDCs' annual development plans.

Primary Health Care (PHC) outreach clinics have been established in the VDCs in order to improve accessibility and coverage by providing health education; counselling and IEC; family planning services such as pills, condoms, Depo Provera; basic maternity services; as well as minor treatments, referrals and follow ups. However, in the absence of supportive supervision and monitoring from district health offices, health posts and sub–health posts, these initiatives have thus far lacked success. Strong political will and commitment is extremely important to reach the goal of "health for all"(HMG/N, 2003). Due to policy lacuna and lack of commitment by the key actors including the government, the planned programme and activities have been immobilised by the general lack of lustre. Instead of inclusion of the poor, marginalised and destitute in the health service delivery, exclusion and inequality has rather been the norm. There continues to be a stark difference between the rich and the poor in many of the health indicators (IMR, U5MR, Immunization, ANC (TT +2) and delivery by Health Worker) as evidenced from the tables below.

Technical inputs in health services have resulted in increased cost of production and marketing. In addition, the cost recovery system carried out by the government has further aggravated the situation with a devastating impact on the income–poor and social–poor sectors of society. The poor have no income to pay for the medicines and related medical services. The privatisation of the health service system has instead benefited the better off of the Nepalese society and significantly excluded the more needy section of the community: the poor, women, dalits, ethnic minorities and other destitute people. Thus, the health service system has tended to be in favour of the rich and people already privileged in the urban setting (Onta, 2005).

The inequalities exhibited spatial dimensions between the districts, western districts being the worst hit as evidenced by table two. The statistics as reported in the worst–off districts in both tables can also be said to reflect some of the root causes of the on–going conflict involving the poor and marginalised communities.

Table 1.

Indicators	Poor	Rich
IMR	96.5	63.9
U5 MR	156.3	82.7
Immunization	32.4	71.1
ANC (TT +2)	16.6	57.4
Delivery by HW	2.9	33.7
(Onta, 2005)		

(Onta, 2005)

Table 2.

Indicators	National average	Worst District	Best District
Life expectancy	60.9	44.0	71.3
Proportion of <40	17.7	40.3	6.0
IMR	68.5	161.2	24.0
TT2	45.3	12.5	63.5
Delivery by HW	12.7	2.7	22.2

(Onta, 2005)

3. Issues of People's Health: Many socio–economic, cultural, administrative and technological factors have a direct negative impact on the health of the general masses in the country. The following factors had been presented in the 'sharing meetings' in different districts by the participants themselves:

Poverty: People are of the view that their poverty and low income is the main hindrance towards accessing required health services.

Lack of Awareness: Due to lack of social awareness and lack of other physical facilities, the people in the communities have not been practicing hygienic behaviour.

Lack of Education: Lack of education is a very important and unavoidable component for the improvement of community health. Without proper education, little improvement in the health status of people can be reached.

Food deficiency /nutrition /balanced diet: Nutritional deficiency and overall lack of food consumption are the predisposing factors for health problems. Due to the lack of awareness and their overall poor economic conditions, people in the community do not have access to a balanced diet.

Hard work: People work very hard and thus, have little time to take proper care of their health.

Clean drinking water and sanitation: In the remote communities, there is a lack of clean drinking water and people are not aware of how improper sanitation can have detrimental health consequences.

Treatment access: The health facilities are both lacking and not accessible in the remote and rural areas. The available health facilities are often too far for people to walk to receive treatment, and are overloaded with patients as their coverage area often extends over a considerable distance.

Lack of medical supplies and the well–trained medical staff: People do not have access to the quantity of medicine, medical equipment, and available medical staff needed for proper treatment. This is a result of the inadequate supply available of each in comparison to the number of people who require them.

Use of witch doctors: People neglect the disease in the early stage, and instead consult witch doctors. Only when their condition becomes serious, do they seek medical care. Modern medical technologies are often the last alternative chosen, as people are not confident in its ability to effectively treat their illnesses.

Lack of sharing: People tend to not want to talk about their diseases to others in the initial stage, even to the family member, until their condition becomes serious.

Use of local herbal medicines: Though the use of indigenous medical knowledge, resources and technology can be helpful in curing medical conditions, at times people use them without proper processing or using the wrong raw materials required.

Mother and child mortality: Generally, people do not have a good understanding of proper maternal and child care. Many problems related to inappropriate nutrition, primary health care, sanitation, balanced diet, etc. cause high mortality rates among women and children.

Women and fasting: Women in Nepali culture observe frequent fasting. It is also customary for women to wait for their husbands and other senior members of the family to eat first. As a result, many times whether voluntarily or involuntarily, women do not eat for a long period of time. This custom has extremely negative consequences on the health of women.

Transmission of diseases: Because of the lack of knowledge available, people sit together with patients with contagious diseases and are consequently infected, as well.

Training: Medical staff members are not properly trained and often lack encouragement and enthusiasm in their performing their jobs.

Conflict: Ongoing strikes and blockades are negatively affecting the delivery of health services. The data collected from the field clearly indicates that very poor standards of health care are given to the impoverished people who live in remote and rural areas of the country.

4. Conflict and its effect on health

Since the start of the conflict twelve years back in Nepal and the mobilisation of the army by the state, the death of security personnel, rebels, and the innocent civilians has risen to astronomical rates. In addition, health professionals have also been casualties. The rebels often use health personnel to treat their wounded comrades, thus putting the medical ethics of the prior in jeopardy. When medical assistance is given to the rebels without appropriately notifying the authorities, these medical professionals also suffer being branded as 'supporters to the terrorists' and are liable to be prosecuted.

The conflict has affected people's access to health facilities as follows:

– The lack of transportation and the inability of qualified health personnel to travel owing to frequent local and national strikes, road blockades and ambush strikes have caused many disturbances in the delivery of timely medical care. As the conflict rages on and escalates, further health care restrictions have resulted. The rebels claim to have control or influence over 80% of rural Nepal. In addition, the rural population is afraid of being associated with allegations of supporting the rebels and therefore, it is difficult to collect data on the impact on health. Porters carry medicine and supplies for the clinics in many parts in the country due to bad conditions of the roads and rugged mountain that make it difficult to drive. Rebels have found it easy to intercept the porters and confiscate the supplies en route.

– Medical personnel have been staying in district headquarters and are reluctant to travel to remote locations in the interior of the districts where there is more need for public health care support.

– Checkpoints, curfews, blockades, the psychology of danger in travelling, damaged culverts, bridges etc. hinder the free and timely movements of health personnel, patients, and medical supplies. Sometimes patients needing emergency health care die on the way or before, especially women in labour.

– Many health facilities have been destroyed. According to the local human rights organisation, INSEC, at least 40 rural health posts were destroyed between January 2002 and December 2004. The rebels burn the medical supplies. Sometimes the army blocks the delivery of medical supplies in order to prevent it from reaching the rebel held areas. Thus, the ordinary people in that area suffer. Health workers said that their posts were usually attacked when they refused to give medical aid to the rebels. The supply of medicine, which used to be distributed free by the government, have now been severely restricted and in many places stopped entirely. Ordinary people even with a minor disease have to go to the capital city for treatment, which is totally unrealistic given the poverty and geographical realities of Nepal.

– Health outreach programmes, family planning camps, and maternal and child health have been disturbed due to lack of safety. The Vitamin A distribution programme has also suffered due to lack of supervision and monitoring.

– Similarly, the child immunisation programmes have also been affected negatively due to breakage of cold chain despite assurance by the warring parties.

– ARI has affected up to a million children. There are also concerns that many primary health initiatives in the remote areas have been closed as they are being forced to register with the Maoists before launching any programme. "In Nepal, chronic political instability has made it difficult for patients to receive care in a weakened health care system already hindered by poverty and insufficient medical personnel and supplies," said the 2003–2004 activity report of the medical NGO, Medicines Sans Frontiers (MSF). MSF was forced to curtail its activities in Jumla, one of Nepal's poorest districts in the mid–west.

– Health education programmes are on the decline with the danger of a rise in communicable diseases, health workers say. "All this is the reality today and if we don't take appropriate measures there could be serious outbreaks of disease in rural Nepal that we would be powerless to prevent," explained a foreign health expert working with the health ministry.

5. Conclusion

Health is the most important asset human beings possess. Almost every child born is healthy. However, it is the environment and the political, social, economic and cultural impacts that result in the problems to his/her health. It is extremely important for everyone to be aware of his/her health issues. Regular check–ups and unhindered conversation on health issues amongst family and community members reduces the socio–health problems like mother–child mortality and the problems of contagious diseases. The current conflict, and particularly the 'only armed response' policy of the current state, is hampering health services to a great extent. The policy of the government on privatisation and cost recovery, and the lack of allocation of sufficient resources in the health sector and its urban bias coupled with lack of commitment have caused the demise of earlier plans for the "Health for All" initiative.

6. Recommendations

- Reorientation of health care system towards more pro–poor and rural bias.
- Moving the system closer to the people, not away from them.
- Private sector and market forces must not hold primary responsibility.
- The health system should allocate an appropriate place for the private sector.
- The private sector must not swell at the cost of public sector.
- Cost recovery should be considered based on the socio–economic condition of the people.
- Improve efficiency without reducing the investment in public sector.
- Well– being of the citizen should be the priority of the state.
- Tie up health sector development with poverty alleviation programmes.
- Bring peace to the country even by implementation of a 'give and take' approach amongst the warring parties.
- Wide–ranging awareness campaigns for respecting human rights and humanitarian concerns relevant to both warring sides.
- Strengthen health facilities/programmes in the rural areas.
- Lobby to both sides to allow free flow of medical supplies, especially life saving drugs.
- Make programmes efficient and transparent to the communities.
- Enhance level of involvement of communities in the health delivery programme.
- Devolve programmes and make it more flexible to respond rapidly to the changing environment at the local level.
- Staff should be oriented on Conflict Sensitive Development/Risk Management.
- Work through non–political and respectful local organisations.
- Enhance the coordination between relevant organisations.
- Sufficient infrastructure should be constructed like maternity service facilities with sufficient drugs and equipment.
- Awareness programmes about seasonal diseases should be done frequently in the rural community.
- Quarterly Mobile Health Camps should be organised (e.g. for eye, gynaecology, school students)
- Efforts should be given to eradicate Encephalitis diseases as soon as possible.
- Qualified and adequate doctors should be available in the district and VDC level health facilities.

7. References

- HMG Nepal, Health Ministry. 2003. Annual Report.
- INSEC. 2004. Annual Report
- Medicins Sans Frontieres (MSF). 2004. Nepal Activity Report.
- Onta, Sharad. 2005. Peoples Health Agenda. Paper presented at the National Consultative Meeting on PHA II. Kathmandu.
- UNESCAP/UNDP/ADB. 2005. MDG Asia Pacific Report, presented at ADB in the Philippines.

RRN's Impact on Rural Nepal

Bharat Karki
RRN–Nepalgunj

Nepal is a hilly and landlocked country. Most of the population of this country lives in the rural area. At present, more than 80 percent of the total population lives in the rural area.

Though it is a small country, Nepal is rich in natural resources like water and forests. We all are familiar with the popular saying "**Green forest, the wealth of Nepal**". Nepal is the second richest country in the world in terms of water resources. All these various natural resources in Nepal are not being channelled in an appropriate and fiscally sound way.

Nepal is one of the most underdeveloped countries in the world. Because of the political instability in the country, the development of the nation has grown increasingly stagnant. The people in positions or power do not put much thought towards the development of the nation. Corruption and the use of violence are widespread. As a result, it is often different I/NGOs, CBOs and other organisations that have taken it upon themselves to initiate many social development and infrastructural projects in the rural areas of Nepal. Among these organisations, RRN, one of the leading NGOs in Nepal, has been working for more than one and half decade in the movement for economic and social development, cultural rights and the development of the proper infrastructure for livelihood opportunities. Modernisation could be a way forward in order to facilitate the introduction of additional livelihood opportunities, so as to contribute to the lives of individual Nepalese, as well as the nation as a whole. Therefore, RRN has initiated different programmes and strategies in order to bring about the desired social reform more rapidly into the rural area. RRN's development projects have especially focused on assisting the Dalit and Kamaiya groups in the mid–western region of Nepal. RRN has received a great deal of recognition for this kind of work in the field of rural development.

RRN's approach is a four–fold one, aimed to increase livelihood opportunities for the rural people. RRN works to increase the literacy rate, and improve health, sanitation and knowledge of these issues through various types of skills development trainings and knowledge–enhancing programmes for marginalised people. It has brought safe drinking water and the resources to the rural areas to help the deprived population and empower them to create sustainable development. RRN has initiated many changes in people's attitudes towards health, sanitation and education that have contributed to improving the lives of many of the beneficiary groups. Additionally, in the health sector, RRN's focus on preventive rather than curative measures has already provided various kinds of physical, social and economic benefits to the rural communities.

I believe that RRN is a kind of learning centre for social development. Through the years, RRN has contributed its skills and knowledge to its development programmes. It has also provided educational and economic support, and additional employment opportunities in Nepal.

In conclusion, I would like to offer my beliefs on the work performed by RRN. I believe that RRN is a kind of learning centre for social development. Through the years, RRN has contributed its skills and knowledge to its development programmes. It has also provided educational and economic support, and additional employment opportunities in Nepal. As an RRN staff member myself, I am of the conviction that RRN is one of the country's foremost leaders in social development. I believe this organisation has made a direct and positive impact on the communities and has used its organisational strategies in a constructive manner to help the rural people.

Road to Destination Siraha

Bikram Rana
District Engineer, RRN Siraha

Nepal is burning, caught in a protracted armed conflict with its democratic process on hold. The development process in the country seems to be at a standstill. All the organisations working amidst the conflict situation have a common goal: "Good Governance." They have begun to execute their goal in the nation through the eradication of poverty, provision of livelihood, and the creation of good health, better education, self–governance and a corruption–free society. Though the conflict has produced duress throughout the nation, it also has produced some unlikely good results. It has decreased the number of cases of fraud in the rural areas, which has a chance to save the ill society yet from the depths of forgery and corruption.

The Siraha district, population of 5,25,840 and a density of 338 persons per km, is the not the only area of the country facing stagnation; it seems as it is a reality for the whole nation. Despite this difficult situation, RRN has successfully sown the seeds for corruption–free development work in Siraha and the projects it has executed are transparent, which seems to be a milestone in Siraha's case. As the old proverb goes: "it is easier to wake a sleeping man up than a man who only pretends to be asleep." As is the case in Siraha, the people here are aware of development but being accustomed to the opaque behaviour of their development partners, demonstrate and expect the same kind of behaviour from RRN.

However, RRN in Siraha has established and demonstrated transparency in its projects with their concerned stakeholders. Siva Charan Mahato of Mohanpur, Siraha says, "People feel very positive about RRN's programme and its strategies to execute the projects." He added, it would be much better if the local people were enrolled as RRN staff. In fact, his belief corresponds with RRN's finding in its Annual Report 2004 in which it is pointed out that "The project staff, with the exception of technical experts, should be local."

Our job is not just to talk about action, but to actually reconcile the communities and create from within them, a corruption free society. The road to destination Siraha has been built, now it is our turn to walk on the road.

A Sucess Story

Yubaraj Adhikari, SMO, RRN, Solukhumbu

Dambar Singh Rai, 28, married, of Lokhim VDC–2, Solukhumbu was a local unemployed young man. He worked daily as a labourer on the agricultural lands of the other farmers in order to sustain his six family members. When Rural Reconstruction Nepal started the Rural Community Infrastructure and Livelihood Support Programme (RCILSP) in Solukhumbu in November 2004, he took the opportunity to enrol himself in RRN/DFID's 45– day electro–mechanic maintenance training.

Upon completion of the training, Dambar established a service and sales centre for electronic equipment, in Lokhim VDC–4, Sitakhum. Today, he is servicing the electronic equipment for people throughout the Lokhim, Jubu and Deusa VDCs, and includes a door–to–door service and participation in the weekly Haat bazaar to increase business profits. RRN has helped Dambar to establish his service centre with 6000.00 as seed money. In addition, Dambar has invested NRs. 7000.00 of his own money. As of July 2005, he has served nearly 345 persons.

He earns around NRs.4000–4500 per month in the maintenance and selling of electronic equipments, such as radios, calculators, watches and B/W televisions. In the future, he is interested in expanding his service centre and managing all the maintenance equipment. Dambar hopes that at some point in the future, local consumers will buy and service their electronic items locally instead of going outside for these services.

As the case of Dambar shows, RRN's programmes have the opportunity to create livelihoods and self–employment through training courses. With such initiatives, the local poor people can also receive empowerment and encouragement. As Dambar reflects, "Now I am a successful entrepreneur in my community. I do not need to go elsewhere to find a job like my friends must do. I can afford all my family's expenses through this profession."

In the future, Dambar thinks to take a refresher training course, as well as receive additional training in colour television and CD player maintenance which are in public demand. He would like RRN to renew the initial seed money, which could support the extension of his service centre.

In conclusion, it can be said that anyone can achieve success through strong motivation, hard work and the extension of a good business/training opportunity. Self–employment and financial independence are important hallmarks of confidence–building.

Better Water Use? Manage Knowledge

Cecial Adhikari
UNESCO–IHE, Delft, Netherlands

Background and Problem Description

Many organisations throughout the world have emerged with the common objective of providing better water service facilities to their local communities. However, such organisations do not work in tandem.

Nepal is one of the countries in the world where people lack adequate acccess to water and sanitation. Among other factors, lack of effective information flow has been realised as one of the major contributing hindrances to development initiatives. People still do not realise that information is a valuable resource, comparable to human and financial resources.

Field studies, evaluation reports, training notes, research publications, and case study reports are at times difficult to access. They are sometimes kept in undisclosed locations, are not user–friendly and/or are voluminous. Often the existence of reports or documents that sit in the drawers of individuals are unknown to others and hence, are duplicated– a waste of financial resources.

In Nepal, expertise information within such reports does not reach other experts within the field, and as such, it has become very difficult for coordination and synergy to occur within this sector. Organisations publish resource materials with important information, but circulate only among a handful of individuals and organisations without systematic information sharing on a wider scale.

Why Knowledge Management (KM)?

Data is comprised of numbers and facts, and information is often organised into this useful form. Knowledge is the ability to use information to achieve a useful end. Knowledge management is about organising this process – on both personal and organisational levels.

Knowledge Management aims to facilitate the supply of the right knowledge to the right person at the right time. The development of electronic media has offered new tools that have made it easier to find, accumulate and transfer information. Other tools have included face–to–face interactions, and networks among like–minded organisation including international and national forums. In Nepal, the difficulty comes if related people on projects become unavailable, leave the organisation, or do not package and store information in a way that is easy to access.

Knowledge Management aims to facilitate the supply of the right knowledge to the right person at the right time. The development of electronic media has offered new tools that have made it easier to find, accumulate and transfer information.

Practicing Knowledge Management

Knowledge Management can be practiced on three levels. The first is the personal level on which individuals acquire and create knowledge, manage documents, share learning and collaborate with colleagues. Ideally, every person takes responsibility for what he or she knows, does not know or wants to know. This makes it easier to implement KM initiatives on the organisational level with a focus on creating, capturing and re–using knowledge to attain the organisation's objectives. Efforts on this level should be directed at establishing a culture of openness and knowledge sharing as well as encouraging face–to–face and interpersonal communications. Finally, KM can take the form of networking, where staff members come together to share information, skills and experiences.

Constraints

In Nepal, the constraints on the personal level include ignorance, lack of a standard system, lack of knowledge and skill, lack of relevant human resources, unclear and unbalanced job responsibility,

and a lack of basic facilities like electricity, computers or internet access.

At the community level, constraints are the continued enforcement of traditional practices (and an unwillingness to change), lack of training support, and lack of basic facilities in the rural areas including the knowledge and skills to use ICT tools.

Lastly, the constraints at the organisational level include unhealthy competition, lack of innovation, working without understanding its relevance, lack of training support, unclear job responsibility, inappropriate distribution of ICT resources within the organisation, and a lack of the proper utilisation of available resources or facilities. Many organisations have libraries but in many cases, they are not systematically managed and cannot be accessed by all. Some organisations have not yet developed their websites, which can often serve as a very effective tool for information dissemination.

Knowledge is power. Many benefits can be achieved with its management such as the possibility to change from unhealthy to healthy competition, give rise to a new culture of innovation and creativity, as well as increase in efficiency and effectiveness.

Recommendations and Scaling Up

Knowledge is power. Many benefits can be achieved with its management such as the possibility to change from unhealthy to healthy competition, give rise to a new culture of innovation and creativity, as well as increase efficiency and effectiveness.

Further actions for the knowledge management would be:

- Replication of success stories
- Promotion of new ICT technologies
- Strengthening of the existing information sharing process
- Development of resource centres
- Promotion of face to face communication meetings
- Networking at national and international levels to create and share success stories
- Discussion forums

For scaling up the practice of knowledge management, the following is suggested:

- Development of strategic planning
- Weekly sharing
- Access to information, ICT and its use
- Sharing – internal and external
- Creation of opportunities for capacity building through participation in meetings, trainings, workshops, seminars and conferences
- Field visits (community level)
- Exposure visits (national and international level)
- Agreement/coordination among like–minded organisations for a common understanding
- Access to ICT and its use
- Regularisation of sharing
- Define Knowledge and KM according to the Nepali context.
- Consensus building, and being proactive to grab opportunities for sharing, and advocacy
- KM with the active participation of government offices

References

- Knowledge management explained, online publication, www.irc.nl
- Knowledge management: worth the effort?! Workshop report, 20 September 2004 jointly organised by Nepal Water for Health (NEWAH) and IRC
- Design of and practical experiences with the Learn@WELL knowledge management module by Jaap Pels and Frank Odhiambo ✍

RRN's Work with Conflict–Affected People in the Context of Jiwan Ra Jibika Karyakram, Phase II (JJ Phase II), a Life and Livelihood Programme

Prem Shrestha
Programme Coordinator, RRN Centre

What does RRN stand for? (Concept and Ethics)

RRN from the very beginning of its establishment has been endeavouring to ensure JUSTICE, EQUALITY, PEACE and PROSPERITY and thereby IMPROVE the LIVES of the RURAL POOR PEOPLE.

For the last one and half decades, RRN has worked to achieve its mission and goals by delivering services and utilities to those people in need. The organisation has done this through the implementation of a wide range of programmes varying from the construction of large–scale infrastructure facilities like road construction, establishment of micro–hydro electricity, the protection of water springs and the observation of the local cultural festivals through the process of people's participation.

RRN's community based project, Jiwan Ra Jibika Karyakram; a Life and Livelihood Programme addresses the plight of conflict–affected children, youths and single women implemented with the financial support of World Education.

Moreover, despite the threat of risk while implementing its programmes, the field staff of RRN and its volunteers have with full enthusiasm and dedication pushed on in order to reach the poor people in the conflict zones.

Recently, RRN has initiated more than a half dozen full fledged programmes aimed to attain its millennium goals through the Four Fold Principles. Jiwan Ra Jibika Karyakram (JJ Phase II); a Life and Livelihood Programme is among the newly operational RRN community based projects.

Why JJ Phase II?

Since the outbreak of the People's War (on 13 February 1996), as of August 2005 at least 365 children have been killed, several dozens seriously injured, more than 2,000 orphaned and more than 35,000 have been displaced. Approximately 12,786 people have lost their lives, 5,205 are missing and many others have been abducted. As a result, the live of many children, youth and women have been adversely affected either economically, mentally or/and physically. If no efforts are made to overcome their problems, they may suffer even more and their situation might drastically worsen further.

RRN's community based project, Jiwan Ra Jibika Karyakram; a Life and Livelihood Programme addresses the plight of conflict–affected children, youths and single women implemented with the financial support of World Education. This programme has successfully seen equitable project benefits in the target community. The present ongoing programme is the outcome of the phased out programme, Asahaya Bal Balikakolagi Jiwan Ra Jibika Karyakram. Because of the overwhelming demand at the grass–roots level and the need to continue to support the target population, the second phase of the programme has begun after extensive modification in the project design and models. Once more, this second phase has been made possible by the financial support of the World Education.

What is the aim of JJ II?

Jiwan Ra Jibika Karyakram, Phase II in this new broadened module aims to support the children affected by the conflict by providing them with the opportunities to ensure basic education in formal schools and a normal life through the process of psychological treatment.

Similarly, this programme addresses the efforts made to improve the economic and social status of the conflict affected youths and single women through small scale income generating enterprises and employment, with more vocational and livelihood trainings opportunities becoming available for them.

In order to ensure that quality education and that the economic status of the schools are up to par, this programme targets the neediest schools by assisting them with some infrastructural support and federalising the Parents Teachers Association (PTA) so to make them more capable through the distribution of peace materials in the schools.

The specific goals and objectives of the Jiwan Ra Jibika Karyakram, Phase II are:

- To assist the conflict affected and displaced youths and widows by ensuring they receive the proper opportunities for generating income through the support of livelihood trainings (Enterprises Development Training) and vocational education (Vocational Skill Development Training);
- To provide community based psychosocial counselling and referral services to the conflict affected and displaced orphans, disabled children and youths, children and youths at risk and the single women so that they can attempt to live their lives normally;
- To manage an academic scholarship programme for ensuring basic education for the conflict affected and displaced orphans, disabled children and the children at risk through the process of enrolling them in formal schooling;
- To support and enhance the participation of the communities and the stakeholders in the schools of the conflict affected areas and assist these schools in running more smoothly and make them more capable by ensuring the quality of education they dispense.

Who can benefit from the project outcome?

The following target people can ultimately enjoy the project's benefits:

- Conflict affected displaced orphans, disabled and children at risk;
- Conflict affected displaced youths and widows; and
- Youths at risk and vulnerable to conflict.

What will we achieve during the project cycle?

During the project period, it has been proposed that in order for the project undertaking to be successful, the following activities in the project districts must occur:

- 30 project staff, including the social workers, will be trained on TOT through a 5–day Psychosocial Counselling Training at the district level, who in turn will conduct the community based trainings in the project districts;
- At least 90 social workers who have played key roles in the communities will receive a 3– day Community Based Psychosocial Counselling Training at the community–wide level, and will ultimately assist the programme in delivering counselling services to the conflict affected community;
- A minimum of 900 conflict affected children, youths and widows shall receive counselling services on different matters;
- 100 children, youths and widows who have been severely affected by the conflict shall receive the appropriate assessment and referral services on related matters;
- More than 500 displaced, conflict affected and orphaned children will continue their basic education and will be provided with enrolment in formal schools through academic scholarships.
- Four Education Motivators will be assigned to the programme and will be made well versed in the management of PTA and quality education through the process of PTA Training;
- 40 PTAs in 40 schools will be made financially sound by involving them in income generating

activities through the formation of the PTA and will receive support with matching funds. Additionally, these PTAs will be brought into a strong networking chain and will have regular meetings at the district–wide level;

- 200 youths and widows affected by the conflict will hopefully have their lives transformed into better ones by employing them in certain vocational activities. They will also receive vocational skill development trainings;
- 160 vulnerable students will be involved either off time or after school in income generating vocational activities and will receive a six months long school based vocational training course at school. This will help them to continue their formal education;
- Some 8 economically weak schools in the conflict affected areas will receive physical support for their rehabilitation and thereby increase the smooth operation of their service facilities;
- More than 100 single women (widows) will be enlisted to enhance their skills and knowledge base by developing and running micro enterprises and providing them with opportunities to improve their life style through the process of income generating activities, livelihood trainings and micro finance support;
- 25 schools will be chosen as 'zones of peace' and mechanisms to ensure the quality of education within them will be carried out, as well as the distribution of peace materials.

How will we achieve the goals and objectives to ensure that the target population benefits?

In order to successfully implement the project activities and achieve the proposed result of the programme, the following strategies and methodologies will be employed:

- Enhance the capacity building of the community so that standards of identifying conflict affected children can be made by the community;
- In order to involve the agencies working in the communities in identifying the children and help them to maintain systematic records, the communities will provided with community–based trainings;
- Strengthen the district –level coordination and the information flow system in the context of the children, youths and the widow;
- Provide community based trainings to the social workers and volunteers to ensure effective counselling;
- Provide psychosocial counselling services to the conflict affected children, youths and single women (widows);
- Establish adequate linkages and assist in the referral services of the worst conflict affected people cases;
- Make available the opportunities of education and employment to conflict affected children through the process of scholarship support and school based vocational training;
- Manage viable market–based vocational skill training for the youths and single women (widows);
- Manage livelihood trainings for single women (widows) and provide them with in–group micro–finance support in running small–scale enterprises;
- Develop mechanisms for creating jobs employment and for ensuring job employment for those who have received vocational skills trainings;
- Provide assistance for infrastructural support to schools and arrange vocational skills trainings and materials for students in schools;
- In order to ensure quality education in schools, the Parents Teachers Association will also be provided with assistance in income generation;
- Provide the necessary materials to schools for peace education.

The implementation of this programme

This project is being implemented in six districts of four cluster areas as follows:

1. Bhojpur and Sankhuwasabha Districts
2. Jhapa and Morang Districts
3. Surkhet District
4. Rolpa District

The project has been designed for a period of 18 months from June 15, 2005 to December 2006.

What have we achieved in JJ I & II so far?

The following are the beneficiaries of different groups who have been receiving a variety of service deliveries from the project:

Service Deliveries	Children / Youths			Youths / Widows				Grand Total	No of VDC	No of School
	Boys	Girls	Total	Male	Female	Widows	Total			
Psycho Social Counseling	999	901	**1900**	149		212	**361**	**2261**	**116**	**219**
Scholarship Support	733	593	**1326**					**1179**		
Vocational Trainings	144	17	**161**	156	115	79	**350**	**511**		
Capacity Building Training				191	113		**304**	**304**		
Total	**1876**	**1511**	**3387**	**496**	**228**	**291**	**1015**	**4402**		
School Strengthening										
Support / PTA etc	SS	LSS	PS	**Total**						
	14	15	12	41						

What have we learned from the project?

If we are to achieve the objectives of the project and deliver services to the target population, we should keep in mind that the following must be transformed into action:

- Prior to the implementation of any development projects, the executing agency should conduct an orientation for the project team.
- If we are to reach the target community, a thorough primary baseline survey in which the community participates should be executed.
- An information sharing and orientation on the projects should also be disseminated amongst different locally–based stakeholder groups.
- The design and planning of the projects should be done following a thorough interaction with the field staff.
- A concrete and a cost effective network system for ensuring a smooth flow of information should be established in the conflict areas.
- The recruitment of Community Level Mobilisation staff should be selected from the project areas.

Knowledge Management: an essential tool

Rachana Rasaily
Gender and Social Justice Unit, RRN

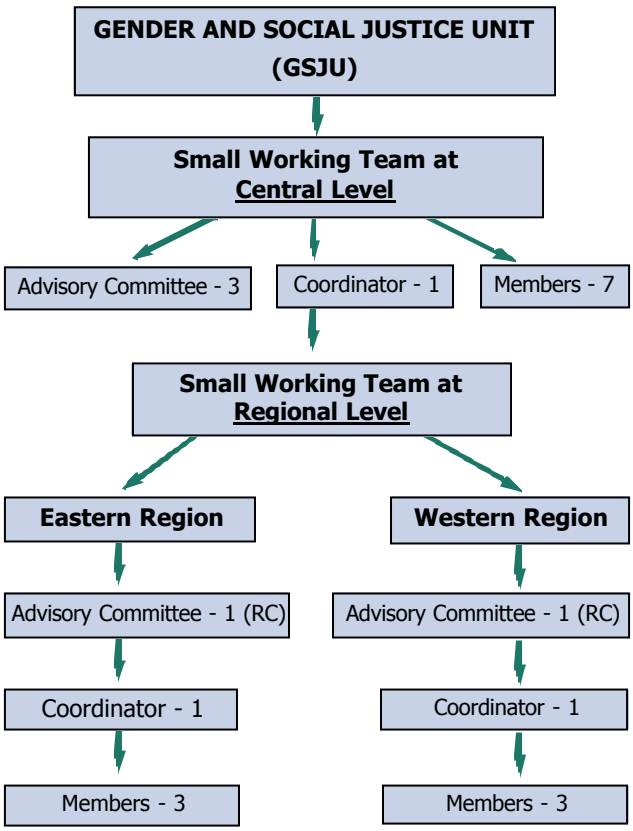
After reading Cecial's paper entitled "Better Water Use? Manage Knowledge" (page 11) focusing on Knowledge Management (KM), I began to think about the issues that the Gender and Social Justice Unit (GSJU) has started working on, that is the issues related to gender and social exclusion. Gender and social exclusion is a cross–sectoral factor in the development process that is not an issue on its own, but rather a social issue.

I realised that to create a political will that would enable gender mainstreaming on an organisational level, firstly we should sensitise the organisation's decision–makers as well as other actors from different levels (i.e. from the central, regional and district levels including community level) about such matters. To do so, more collaborative work must occur with the other staff members of the organisation. Unless and until the sharing of knowledge happens in practice, developmental change will be impossible. In order to incorporate mainstream gender understanding on the different levels of the organisation, facts and figures will only serve to keep us informed about the present context while the actual sharing of knowledge and the use of that knowledge will facilitate the flow of that knowledge to the right person at the right time. (See the article on page 11 for more information on this concept.) The sharing of knowledge and the use of knowledge ought not to be sufficient unless it is practiced on the personal level, organisational level and when networking with other like–minded stakeholders from both national and international organisations.

GSJU heading towards more collaborative work

The RRN's Gender and Social Justice Unit (GSJU) has begun gearing up to actively begin the process of sensitising the staff members of the organisation to the need for increased gender awareness in all RRN's work on both the individual and organisational levels. For instance, recently, a Working Team (WT) under the Gender and Social Justice Unit (GSJU) has been formed. This was the first achievement of the unit itself, and successfully brought together many staff members to begin the work on sensitising and practicing the treatment of women as equal partners in the social development process of Nepal. The team will be responsible for addressing gender and social inclusion/exclusion issues at different levels, such as the organisational and communal levels at which RRN works, and will then assess how various development approaches affect the lives of the rural poor men and women and other disadvantaged groups like ethnic minorities and Dalits. The team will also be responsible for monitoring and evaluating the implementation and impact of RRN's development projects and policy advocacy initiatives from a gender and social inclusion perspective. I am sure that the team will be able to utilise our individual skills and collectively use them to work together to meet the goals of the WT.

GSJU and its Structure



In today's ever–changing workplace, more work is being performed in a team capacity. Thus, GSJU, too, saw fit to utilise a working team that can serve as a cord between the community and central administration levels in order to meet RRN's ultimate vision of creating a world where there is **JUSTICE, EQUALITY, PEACE** and **PROSPERITY** for all citizens– men and women and disadvantage groups (DAGs) alike.

An Overview of the School Support Programme

Er. Nirajan Pokharel
District Engineer, RRN Khotang

'Good education and health are the fundamental rights of children'. However, in underdeveloped countries like Nepal, access to social services is problematic. Strikes, Bandhas, and the use of schools as headquarters by the security forces and the Maoists both, are some factors that have acted as a constraint to quality education.

Khotang is a remote district in the eastern region of Nepal with 76 VDCs. In Khotang district, there are four higher secondary schools, 57 secondary schools, 58 lower secondary schools, 345 primary schools and 45 educational child development centres. But almost all schools suffer from poor infrastructure and/or a disruptive learning environment. Due to the lack of furniture, many students are forced to sit on moist ground, and stones or straw mats, which they must carry from their own home. In the rainy season, many students are forced to sit on a wet surface in the classroom. The old CGI sheets and thatch coverings of the school buildings often leak during the rainy season. Such poor infrastructural conditions are the reason that many children leave their schools every year.

Since October 2004, RRN has initiated the Rural Community Infrastructure and Livelihood Support Programme (RCILSP) in 15 different VDCs in the Khotang district– that is Dhitung, Houchour, Nunthala, Nerpa, Chiuridanda, Khalle, Laphyang, Temma, Yamkha, Dandagaun, Sapteswor chhitapokhari, Chhorambu, Batase, Mattim, and Faktang, In these VDCs, there is one higher secondary school, 14 secondary schools, 11 lower secondary schools and 77 primary schools.

One of the major activities of the RCILSP is the integrated support element. Support is given for building construction (rehabilitation or new construction), roofing the school buildings, and toilets and furniture. The school building support programme is comprised of two kinds of scheme. For primary schools, two–room blocks are constructed with each room measuring 14'x18' and in secondary schools, two room blocks are constructed with each room measuring 14'x22'. Up until September 2005, 11 school blocks have been constructed. RRN also

financially supported the acquisition of non–local materials, as well as transportation and skilled labour costs. Additionally, the local community supported the project through use of local labour to construct the school blocks. The cost of schemes varied from NRs 130000 to 224000, of which, the community was responsible for 25%to 30% of the total cost.

In the roofing support programme, new GI sheet are put on the existing buildings. The cost of the scheme varied from NRs 64000 to 167000. In the toilet support programme, a two–room toilet with a septic tank is built in the schools. Separate toilets are made for girls and boys. Up until September 2005, four roofing support schemes and one toilet support scheme had been completed.

The school support programme of the RCILSP has been found to be a very effective mechanism in improving the educational sector. The community has started to see new possibilities with the activity of RRN.

The furniture support programme provides wooden desks, benches, tables, chairs, cupboards, armed benches, black boards, etc, to the classrooms. Again, the local community is supported with the use of local hardwood and local carpenter labour. By September 2005, 33 school furniture support schemes have been completed. The cost of schemes varied from NRs 20000 to 60000.

Overall impression and impact

Through the school support programme, 10515 (5185 male, 5330 female) students have benefited. Among them, have been 1503 Dalits, 4182 Hill ethnic groups and 5030 BCN. More than 85% of the children are from poor and marginalised groups.

So far, the construction activity has been quick and the infrastructure has been constructed in clear view. The selection and implementation of the schemes has been fair and transparent. RRN has successfully assisted the Dalit, poor and marginalised communities with the implementation of this programme. As such, there has been growing demand from the other VDCs in Khotang that this programme be implemented in their schools as well.

The community participation in the construction of the school buildings has been very encouraging. Many of the community and school leaders have praised the work of RRN's RCILSP. The Headmistress of the Dalit Janajagaran primary school, Dhitung Urmila Devi Aryal said, "RRN has reached the Dalit community in providing the benefits of the project. The work it has done has been exemplary." The President of the Users' Committee of the Namobuddha Primary school, Nunthala, Shanti Devi Tamamg added, "RRN has done great work in our area and we are hopeful that another new programme can be implemented here." The Headmaster of the Jalapa secondary school, Nunthala, Hem Raj Rai also remarked that, "RRN has done very good work in a difficult environment." Lastly, the Users' Committee President of the Roshabhanjyang primary school, Sapteswor Chhitapokhari, Balram Dahal said, "RRN proved that if the people want development activity, it is still possible despite living in the conflicting situation. We hope that RRN would launch broad support programmes in the coming days."

Conclusion and Recommendations

The school support programme of the RCILSP has been found to be a very effective mechanism in improving the educational sector. The community has started to see new possibilities with the activity of RRN. Yet our task is not finished. In Khotang district, more educational sector improvement is needed. In the coming days, more broad school support programmes should be launched like the school fencing playground scheme, the addition of drinking water provisions and other important infrastructural structures.

RRN Activities

The Exposure Visit of RRN's Western Senior Staff Members

A nine–day exposure visit programme was organised for the senior staff members from six districts (Kanchanpur, Bardiya, Banke, Dang, Salyan and Rolpa) from November the 20th to the 27th, 2005. The objective was to share and learn from the experiences of others, thereby broadening the knowledge of the staff. The visit was planned to take place in the eastern districts where RRN's activities were taking place. The district coordinators, the project engineers, social mobiliser officers and the assistant to the social mobiliser officers all participated in the exposure visit. During the event, we visited the rehabilitation schemes of the irrigation projects, the drinking water supply programme sites, culverts and check dams; attended the briefing orientation session held by the regional coordinators, district coordinators; and participated in the informal interactions with the UG and RRN staff in the eastern region. It was a great learning session for all who participated.

We were highly inspired by the friendly and forward nature of the community people and the staff, the beauty of the nature and well implemented project schemes, which we will all remember fondly. We were most fascinated to learn about some of the schemes which utilised different technologies, the cultural differences between the eastern and western regions, and the greater number of VDCs in the eastern districts as compared to western region.

The exposure visit was worth the planning effort, as it was an eye opening experience in how such innovative ideas implemented in the eastern region as a canal gate check dam, water filtration bed, the construction of a strong retaining wall, and furniture design could be replicated here in the western region.

It was observed that the eastern communities utilised more advanced tactics than the western region in every aspect. The project schemes were implemented with excellent efforts and were completed in good form. The collaboration sought with other stakeholders in the eastern region seems to have been a very positive experience, and indeed increased RRN's credibility in helping the rural people improve their quality of life. As a whole, we saw broader ideas being implemented pertaining to technical, social–cultural diversity, geological aspects of the programmes, and the community reacted very positively towards the development efforts initiated by RRN. The people of the communities were very open and proactive in their communities' development efforts. It was noticed that the Siraha and Saptari districts were highly influenced by the culture of Bihar–India. We were very impressed by the community dialogue which stressed the maintenance of transparency and visibility in the project schemes. The community owned the projects themselves, and members participated equally on the projects, with representation by all gender, ethnic and ethnic minority groups exhibited. The collaboration of other stakeholders on the project schemes was also commendable.

Exposure Team Observing Irrigation Scheme in Saptari

Reported by: Ruplal Aidi. Monitoring Officer, Nepalgunj, Banke

For more information, please contact:
Rural Reconstruction Nepal (RRN), GPO Box: 8130, Lazimpat, Kathmandu, Nepal.
Tel: 977–1–4415418, Fax: 977–1–4418296, Email: rrn@rrn.org.np, Website: http://www.rrn.org.np