

**Study Report**  
**on**  
**Assessment of Gender Gaps and Social Norms about Food and Nutrition**  
**Women in Climate-Resilient Agri-Systems for Enhanced Nutrition (WE CAN)**  
**Sanfebagar Municipality & Chaurpati Rural Municipality, Achham District,**  
**Sudurpashchim Province**

**Submitted**  
**To**  
**SAMABIKAS Nepal, Achham District**

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# CKNOWLEDGEMENT

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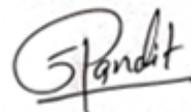
I want to express my sincere gratitude to SAMABIKAS Nepal for the opportunity to contribute to the assessment of Gender Gaps and social norms related to food and Nutrition under the project 'Women in Climate-Resilient Agri-Systems for Enhanced Nutrition' (WE CAN), implemented in Sanfebagar Municipality and Chaurpati Rural Municipality of Achham District, Sudurpashchim Province. My heartfelt thanks go to WHH (Welthungerhilfe), the funding agency, for their continued commitment to promoting gender equity and nutrition-sensitive agriculture in Nepal.

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## ABBREVIATIONS/ACRONYMS

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ASDP	=Agriculture Sector Development Project
CSE	=Community Sexuality Education
CBOs	= Community-Based Organizations
CSOs	=Civil Society Organizations
FCHVs	=Female Community Health Volunteers
FGD	=Focus Group Discussion
GESI	=Gender Equality and Social Inclusion
GoN	= Government of Nepal
HHQ	= Household Questionnaire
HHs	=Households
HHS	=Household Survey
IFAD	= International Fund for Agriculture Development
KII	=Key Informants' Interview
LNFSSC	=Local Nutrition & Food Security Steering Committee
MIYCN	=Maternal, Infant, and Young Children Nutrition
MoALD	=Ministry of Agriculture & Livestock Development
MoEST	=Ministry of Education, Science and Technology
MSNP	=Multi-Sector Nutrition Programme
NGOs	=National Government Organizations
NCD	=Non-Communicable Diseases
NPC	=National Planning Commission
NPHC	= National Population and Housing Census
PWD	=People with Disability
RM	= Rural Municipality
SDG	=Sustainable Development Goals
UN	= United Nations
WE CAN	= Women in Climate -Resilient Agriculture System for Enhanced Nutrition
WFP	= World Food Programme
WHH	=Welthungerhilfe/World Hunger Help

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# PART-ONE

## 1. EXECUTIVE SUMMARY

### 1.1 Overview of the Assessment

Achham District, located in Sudurpashchim Province, faces significant challenges in food and nutrition security due to its remote terrain, limited access to services, and deep-seated inequalities. Women, adolescent girls, Dalits, and other marginalized groups are particularly vulnerable, experiencing the impact of gendered social norms, discriminatory practices, and insufficient institutional support.

To address these critical issues, SAMABIKAS Nepal, in collaboration with PeaceWin and WAC Nepal, and with the support of BMZ/WHH, conducted a comprehensive assessment of Gender Gaps and Social Norms in Food and Nutrition. This assessment was carried out as part of the "Women in Climate-Resilient Agri-Systems for Enhanced Nutrition (WE CAN)" project, targeting approximately 2,500 marginalized households across Sanfebagar Municipality and Chaurpati Rural Municipality.

The Gender and Food Security Assessment in Sanfebagar Municipality and Chaurpati Rural Municipality of Achham District reveals persistent challenges in food sufficiency, nutrition, and gender equity, despite gradual improvements driven by education, social mobilization, and local government initiatives. Household Survey (HHS) data show that most families face chronic or seasonal food shortages, with 45.5% sustaining themselves for only three to six months annually. Dietary diversity remains limited, as households consume vegetables more regularly but report low and irregular intake of animal-based proteins. Cultural practices such as Chhaupadi and food taboos during menstruation and the childbirth period further restrict women's access to nutritious food, while caste-based discrimination continues in over 150 households, though it is declining. Outmigration of men, driven by lack of local livelihood opportunities, has left women to shoulder disproportionate burdens of subsistence farming, childcare, household management, and resource collection.<sup>1</sup>

The assessment highlights deep gender disparities in roles, resources, and decision-making. Women are central to agriculture and household food security but have minimal land ownership, limited access to credit, inputs, or technical training, and weak participation in decision-making processes. Cooperatives and local programs have expanded women's engagement in vegetable farming, goat rearing, and poultry, improving food availability and income control. Yet structural barriers—poor irrigation, climate shocks, wild animals' attack (on farm), pest damage, weak markets, and lack of extension services—constrain productivity and resilience. Social norms continue to reinforce unequal workloads and limited public participation for women and marginalized groups.

To advance gender equality and enhance nutrition outcomes, the project strongly advocates for expanding community awareness campaigns. These campaigns should specifically target nutrition, health, menstruation, and social inclusion, with a particular focus on women, adolescent girls, and

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<sup>1</sup>HHS- August, 2025 under Assessment of Gender Gaps and social norms related to food and Nutrition, WECAN Project, presented in Annex-3

marginalized groups. It is crucial to eliminate discriminatory food restrictions during menstruation and to provide additional nutritious support during this period. Furthermore, raising awareness among parents, schools, and community leaders regarding the dignity and rights of adolescent girls is paramount. Effective multi-stakeholder collaboration, involving government agencies, NGOs, INGOs, and local leaders, is essential for sensitizing communities, enforcing relevant laws, and fostering sustainable social change.

A key pillar of the recommendations is the strengthening of nutrition-sensitive and climate-resilient agriculture. This involves reinforcing collaboration with municipal and ward-level agriculture offices and cooperatives for effective planning, implementation, monitoring, and evaluation. Programs should prioritize promoting women-friendly livelihood opportunities, investing in low-cost, high-yield women-friendly technologies, and supporting commercialized and organized production systems. The promotion of locally available nutritious crops, climate-resilient varieties, improved technologies, value chain development, and women-led cooperatives is vital for enhancing household food security and generating income. Additionally, providing education, vocational/technical training, and access to information for women, adolescent girls, and Dalit communities is recommended to improve their knowledge, participation, and empowerment.

Human Capital & Gender Empowerment prioritizes protecting the next generation, especially girls, through education support (scholarships, meals, flexible hours) and eradicating child marriage via legal enforcement and economic incentives. This secures rights and opportunities for girls as the foundation of development. Securing Livelihoods & Assets reduces risks from human-wildlife conflict using deterrents, community guarding, and advocacy for crop insurance, ensuring agricultural stability and encouraging investment. Economic Empowerment diversifies income sources through women-led agrovets, off-farm enterprises, and commercial vegetable and poultry farming. These initiatives enhance productivity, nutrition, and local commerce, especially benefiting women and landless households. Value Addition establishes small-scale processing units to reduce waste, extend shelf life, and generate higher profits from local produce, creating jobs and boosting local markets.

Finally, sustained investment in essential infrastructure and effective program management with result monitoring is crucial for the long-term success of these interventions. Infrastructure improvements, including irrigation systems, water management, tunnels, storage, and collection centers, will significantly support climate-resilient agriculture and nutrition. Targeted food and nutrition interventions for vulnerable households should be linked with income-generating opportunities, accompanied by result based monitoring and accountability mechanisms to ensure efficiency and impact. By integrating awareness, livelihood support, education, and infrastructure development, the WE CAN project aims to eradicate harmful practices, promote equitable nutrition, and empower women and adolescent girls in Sanfebagar and Chaurpati municipalities.

## PART-TWO

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## 2. INTRODUCTION

### 2.1 Background

Achham District, located in the far western hills, is one of the most disadvantaged regions in the country. The Far-West Province (Sudurpashchim) is home to approximately 2.7 million people (2021 census)<sup>2</sup> and has the third-highest Multi-Dimensional Poverty Index (MPI) in Nepal. Approximately 25.3% of its population, or around 631,000 individuals, experience multidimensional poverty. Poor nutrition (25%) and limited years of schooling (20%) are the main drivers of this poverty.<sup>3</sup>

Although nearly 60% of the province is forested, agriculture and forestry remain the backbone of the local economy, contributing 37% to provincial GDP (2020). More than one-third of the population lives below the poverty line, and three out of four employed people depend on agriculture for their livelihoods. However, most farming is small-scale and subsistence-oriented, leaving households vulnerable to food insecurity.

The WE CAN Project focuses on two of the most marginalized areas in Achham District, Sanfebagar Municipality and Chaurpati Rural Municipality. It targets about 2,500 marginalized households (around 10,375 people) across selected wards. These communities face multiple challenges<sup>4</sup>:

- High out-migration of men for work, mainly to India, has left nearly half of households female-headed.
- Low literacy rates, with around 43% of women and 71% of men unable to read or write.
- Entrenched caste and gender discrimination, particularly affecting Dalit households, who often have larger family sizes and face greater poverty.
- Small landholdings, usually less than 0.5 hectares, are combined with poor access to schools, health posts, paved roads, markets, and financial services.
- Increasing burden on women for farming and household care, but with limited rights and support.

To address these challenges, SAMABIKAS Nepal, a rights-based organization founded by gender and rights activists, is implementing the *Women in Climate-Resilient Agri-Systems for Enhanced Nutrition (WE CAN)* project in Achham District. The project is financially and technically supported by BMZ/WHH Germany, in partnership with PeaceWin and WAC Nepal.

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<sup>2</sup> CBS-2021

<sup>3</sup> Nepal MPI, 2021

<sup>4</sup> ToR on Assessment of Gender Gaps and Social Norms in relation to Food and Nutrition, Sambikas Nepal, Achham, May-2025

## 2.2 Target Groups<sup>5</sup>

- 2,500 marginalized households (approx. 10,375 people) in Sanfebagar and Chaurpati.
- Predominantly women-headed households and Dalits.
- Families with low income, frequent food shortages, and reliance on subsistence farming.
- Communities facing discrimination and poor access to services, technologies, and productive assets.

## 2.3 Goal

**Overall Goal:** Foster climate-resilient local food systems and empower women in Achham.

### Specific Goal

- Enable 2,500 marginalized households, mostly women-headed, to improve their nutrition and exercise their rights to food security and climate change adaptation.

## 2.4 Expected Outputs<sup>6</sup>

- I. Smallholder farmers adopt nutrition-sensitive, climate-resilient practices.
- II. Community-based organizations (CBOs) advocate for nutrition and climate rights.
- III. Local governments integrate climate-resilient agriculture and food security into their planning.
- IV. Partner NGOs strengthen capacity in agriculture, governance, and civil society.

## 2.5 Objectives of the study<sup>7</sup>

The overall objective of this assessment is to provide a comprehensive analysis of structural, social, and systemic gender inequalities and existing capacities, particularly in relation to decision-making around food access and control over resources. It aims to explore how gender norms shape behaviors, practices, and power dynamics within households and communities, ultimately influencing food and nutrition related decision making. The specific objectives of the study are as follows:

- Identify and analyze gender gaps in access to nutrition services and food at household and community levels.
- Examine patriarchal norms, food practices, roles and responsibilities in food production, preparation, distribution and consumptions and stereotypes that affecting women marginalized groups and communities

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<sup>5</sup> Final Proposal BMZ, NPL, GESI Assessment-Part-II

<sup>6</sup> Ibid, Part-II

<sup>7</sup> ToR on Assessment of Gender Gaps and Social Norms in relation to Food and Nutrition, ,Sambikas Nepal, Achham, May-2025

- Understand and assess the influence of socio norms, cultural beliefs and barriers limiting women's nutritional rights, dietary behavior, intra household food balance, control over resources and decision-making power.
- Generate evidence-based recommendations for the design of gender-responsive and socially inclusive interventions and approaches for further project implementation and advocacy.

### 3. RATIONALE OF THE STUDY

Nepal is a medium-ranked country in the context of HDI. As per the HDI Report 2025(UNDP), it has ranked 145 positions out of 193 countries.<sup>8</sup> In Nepal, the status of Far-west Province is 5th position (HDI Value: 0.601), which reflects ongoing challenges, particularly in per capita income and gender disparities.<sup>9</sup> On the other hand, Nepal has committed to achieving/contributing to the UN Sustainable Goals (2015-2030) on “End of hunger, achieve food security and improved nutrition, and promote sustainable agriculture.” The other goal of SDG is to “Achieve gender equality and empower all women and Girls.<sup>10</sup>” Moreover, the national food security status is that nearly 4.6 million people (15.8% of the population) are facing food insecurity at varying levels. Chronic malnutrition remains high: 32% of children under five are stunted, reflecting long-term food and nutrition insecurity. National self-sufficiency in cereals has improved, but dependency on imports (especially rice, wheat, and vegetable oils) continues. Climate change, price volatility, and poverty are the biggest national challenges to food security. As far as the food security status is concerned, it reports higher food insecurity prevalence than the national average.<sup>11</sup>

A significant share of households face seasonal hunger, particularly in hill and mountain districts such as Achham, Bajura, and Mugu. Limited irrigation, poor connectivity, and reliance on rain-fed subsistence farming deepen vulnerability. Malnutrition is more severe compared to the national average. Migration (especially male out-migration to India) helps through remittances but leaves women with greater agricultural burdens. Food prices in remote, Far-Western hill/mountain areas are substantially higher due to transportation difficulties. While food insecurity is a nationwide challenge in Nepal, the Far-West region is disproportionately worse off. Its remoteness, weak infrastructure, reliance on rain-fed agriculture, and higher malnutrition levels make it more vulnerable compared to the national average. Any food security strategy must prioritize climate-resilient agriculture, improved connectivity, nutrition-sensitive programs, and women’s empowerment in the Far West.<sup>12</sup>

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<sup>8</sup> HDI Report, 2025

<sup>9</sup> List of Nepalese provinces by Human Development Index, WIKIPEDIA-2024

<sup>10</sup> <https://sdgs.un.org/goals>

<sup>11</sup> Sapkota, BD; State of Food Security and Hunger in Nepal, 2022

<sup>12</sup> Sapkota, BD, State of Food Security and Hunger in Nepal, 2022

Hence, tracking the context of Nepal and Far-western Province, Achham district is also facing major gender gaps and inequalities in access to food and nutrition in Sanfebagar and Chaurpati local levels. The society is deeply influenced by patriarchal norms, food taboos, and stereotypes. These social and cultural factors significantly affect the women's access to nutrition services, their ability to consume nutritious food, and ultimately their overall nutritional status. In this context, the Assessment on Gender Gaps and Social Norms about Food and Nutrition task has been offered to be carried out for the team of experts.

#### 4. STUDY COVERAGE

Under the WE CAN Project, SAMABIKAS Nepal engaged consultants/experts to conduct an 'Assessment of Gender Gaps and Social Norms in Food and Nutrition.' As outlined in the ToR, the study covered the following areas:

- i. **Literature Review:** Reviewed existing literature and secondary data on gender and nutrition in the region.
- ii. **Field Data Collection:** Conducted qualitative research through FGDs, KIIs, and household-level interactions with women, men, youth, adolescent girls, marginalized groups, persons with disabilities (PWDs), elderly people, health workers, and local government representatives.
- iii. **Stakeholder Analysis:** Examined the role and engagement of different units under local government, CSOs (NGO federation, Dalit network, Cooperatives, Farmers groups, etc), and community leaders (Ward representatives), including their interventions.
- iv. **Gender and Social Norms Assessment:** Identified key disparities and norms influencing:
  - Household food distribution
  - Women's access to nutritious food and services
  - Decision-making power over food production and consumption
  - Taboos and restrictions
- v. Analyzed data using a GESI lens (please use the gender analysis Matrix) and provide actionable recommendations (by whom, when, and how?)
- vi. Ensured diversity disaggregated data to capture the intersectional dimension of Inequalities.

#### 5. LIMITATIONS OF THE STUDY

While the study made sincere efforts to cover all areas outlined in the ToR, certain challenges, such as adverse situations, time limitations, and limited resources, created a few gaps. As a result, the report could not fully address the following areas:

- i. The study team was unable to capture the direct voices of the Mayor, Deputy Mayor, and Chief Administrative Officer from both selected local levels. Most of the Palika executives were on leave during July, following the end of the fiscal year's financial closure.

- ii. Due to time and resource constraints, the study team could not engage with the provincial policymakers working on food security and nutrition.
- iii. The sample size for men, elderly people, and persons with disabilities was smaller than expected, which limited the depth of representation from these groups.
- iv. Certain sensitive issues, such as the continuing practice of *Chhaupadi* (menstrual seclusion), were found to still exist in reality. However, it was challenging to gather a comprehensive picture due to social and political restrictions.
- v. Accessing sufficient secondary data at the district and Palika level—especially related to gender gaps, food security, and nutrition—was particularly difficult.

## PART-3

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### 6. LITERATURE REVIEW

Gender Equality and Social Inclusion (GESI) has become a cornerstone of Nepal’s development planning, especially in food security and nutrition. Over the past decades, the country has adopted progressive laws and policies that guarantee equality, promote women’s empowerment, and recognize food sovereignty as a fundamental right. Yet, entrenched gender norms, traditional practices, and structural inequalities continue to hinder women, Dalits, and other marginalized groups from fully realizing these rights. These barriers are particularly pronounced in remote and disadvantaged regions such as Achham District in Sudurpashchim Province, where social norms intersect with poverty, food insecurity, and weak institutional reach.

This literature review examines existing literature and legal and policy frameworks, the national and regional food and nutrition situation, and the ways gender and social norms shape food systems. It further highlights the relevance of these dynamics for the WE CAN project in Sanfebagar Municipality and Chaurpati Rural Municipality.

#### 6.1 Few Literature Review On Food Security And Gender Gaps:

- i) The Food Security Atlas of Nepal 2019 highlights how the country’s diverse culture and social norms influence food production, access, and usage, often creating inequalities within households, especially affecting women’s autonomy. Food security in Nepal depends on four key aspects: availability, access, utilization, and stability, but the nation faces challenges like high unemployment—around 11.4%—and a largely informal labor sector, with many young people seeking work abroad, contributing remittances that support families. Women generally have less

access to education, employment, and resources, though there has been some progress in female asset ownership. The country relies heavily on cereal crops like rice, maize, and wheat, but faces production deficits, especially in rice, leading to imports. Diverse food sources like fruits, vegetables, spices, livestock, and fisheries play crucial roles in nutrition and food security. Migration helps families cope but also worsens issues like family separation and reduced productivity. Chronic food insecurity affects many households, with strategies such as borrowing or buying less preferred foods. Overall, Nepal's food security challenges require a coordinated, multi-sectoral effort, considering factors like urbanization and climate change that will influence future strategies.<sup>13</sup>

- ii) A view on State of food security and Hunger in Nepal-2022<sup>14</sup> describes and summarizes that Food insecurity and hunger remain critical challenges in Nepal, driven by poverty, climate vulnerability, structural inequalities, and limited access to nutritious food. While some progress has been made in reducing undernutrition, a significant proportion of the population—particularly women, children, and marginalized groups—continues to face inadequate food consumption, poor dietary diversity, and malnutrition. Regional disparities are stark, with Karnali and Madhesh provinces experiencing the highest levels of food insecurity, compounded by poverty, remoteness, and weak infrastructure. Child stunting, underweight, and anemia remain widespread, reflecting the deep interlinkages between food insecurity, gender inequality, and poor health outcomes. Climate shocks, migration, and rising food prices further exacerbate vulnerabilities, pushing many households into negative coping strategies. Addressing hunger in Nepal requires integrated efforts that strengthen food systems, promote equitable access to resources, empower women, enhance resilience to climate risks, and ensure that policies and programs translate into tangible improvements in nutrition, livelihoods, and social protection for the most vulnerable communities.
- iii) A study on Gender-based violence (GBV) in Nepal<sup>15</sup> remains a pressing human rights, social, and public health challenge despite significant legal and policy progress. Nearly one in four women and girls face some form of violence, yet underreporting persists, with only 28% seeking help. Women from marginalized groups, including those with disabilities or from disadvantaged castes and ethnicities, are particularly vulnerable. Data reveals alarming trends: high rates of child marriage in Karnali and Madhesh, intimate partner violence especially in Madhesh, and a predominance of male perpetrators, with women and girls making up almost all victims. Domestic violence constitutes nearly 80% of reported GBV cases, while sexual violence—including rape and attempted rape—accounts for the majority of police-reported incidents. Cyber violence is also emerging, with most cases linked to social media and disproportionately affecting women. These figures highlight the urgent need for stronger prevention, reporting, protection, and support mechanisms, requiring coordinated efforts across government, civil society, and citizens to ensure dignity, security, and equal rights for all.

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<sup>13</sup> The food security atlas of Nepal-2019, National Planning Commission and WFP

<sup>14</sup> Sapota, BD, The State of Food Security and Hunger in Nepal-2022

<sup>15</sup> Gender based Violence in Nepal-2024, HERD International

- iv) The summary of the ASDP (GoN-IFAD) developed ‘Gender Equality and Social Inclusion (GESI) Strategy and Action Plan’<sup>16</sup> outlines the ASDP’s GESI Strategy and Action Plan to address poverty and social exclusion in Nepal, particularly in the Karnali Province. The document identifies two main types of exclusion: economic and social, affecting various groups including the poor, women, Dalits, Adibasi Janajatis, and people with disabilities. The strategy’s primary objective is to create a common understanding of GESI issues among ASDP staff and partner organizations and provide strategic guidance for incorporating GESI into all program activities, including planning, implementation, monitoring, and reporting. The report highlights that despite favorable national and international policies, their weak implementation, combined with informal social norms, continues to hinder progress. To combat this, the strategy focuses on three key areas of change: improving access to livelihood assets and services, increasing the voice and influence of marginalized groups, and supporting more inclusive policies. The plan details specific actions such as promoting inclusive participation, allocating resources to disadvantaged groups, using a gender-sensitive monitoring and evaluation system, and piloting a household methodology to empower households to address inequalities. Ultimately, the strategy aims to ensure that women and other excluded groups are actively and meaningfully involved in value chain development and other project activities.
- v) The review of 30 national food and nutrition policy documents in Nepal<sup>17</sup> reveals that while the country has made notable progress in addressing under-nutrition through supplementation, fortification, breastfeeding promotion, and multi-sector nutrition plans, there are significant gaps in policy coherence, implementation, and monitoring. Most policies continue to focus on child under-nutrition—stunting, wasting, and micronutrient deficiencies—while rising challenges of over-nutrition and diet-related non-communicable diseases remain largely neglected. Efforts to strengthen food security and sustainable food systems have emphasized increasing production and access, but less attention has been given to food quality, dietary diversity, and resilience to shocks. Weak inter-sectoral coordination, insufficient human resource capacity, inadequate funding, and limited ownership at local levels undermine effective delivery of programs. Research, monitoring, and evaluation systems are underdeveloped, with poor data quality and lack of nutrition-specific surveillance. Despite strong constitutional provisions on the right to food and food sovereignty, and opportunities through international partnerships and national commitments to SDGs, Nepal’s nutrition policy landscape requires stronger governance, integrated approaches, and sustained investment to address the double burden of malnutrition and ensure long-term food and nutrition security.
- vi) The recent study on *Chhaupadi Pratha* in Far Western Nepal (focusing Achham and Baitadi)<sup>18</sup> reveals how deeply entrenched cultural, religious, and social beliefs perpetuate the harmful practice of isolating women during menstruation and childbirth. Despite being outlawed,

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<sup>16</sup> GESI Strategy and Action Plan, ASDP-(GoN-IFAD), 2021

<sup>17</sup> Adhikari N and others, Nutrition and food security in Nepal: Narrative review of Policies-2023

<sup>18</sup> Dawadi, P, Menstruation, Segregation and Religious Faith: A Case Study of Chhaupadi in Far Western Nepal-2025

Chhaupadi continues due to fear of divine punishment, patriarchal traditions, and community pressure, forcing women into unsafe huts with poor sanitation, food restrictions, and exposure to health and safety risks. This results in physical harm, psychological distress, stigma, and violation of women's fundamental rights. Cases from rural Achham and Baitadi highlight both the suffering caused by this practice and the gradual resistance emerging through education, activism, and awareness. Ultimately, the study underscores that menstruation is a natural biological process, and Chhaupadi is a superstition rooted in inequality; ending it requires strong legal enforcement, community awareness, and empowerment of women to claim dignity, safety, and equal rights.

## **6.2 Legal and Policy Frameworks on GESI, Food, and Nutrition**

### **6.2.1 Constitution, Acts and major Policies:**

**Nepal's Constitution (2015)** provides the foundation for equality and inclusion. Article 18 prohibits discrimination, Article 42 guarantees women's rights, and Article 36 ensures the right to food sovereignty. The Constitution also places special emphasis on maternal and child health as part of the Right to Health (Article 35).<sup>19</sup> Building on these provisions, several key policies shape Nepal's food and nutrition landscape:

In terms of gender equality and social inclusion (GESI), the Constitution explicitly prohibits discrimination on any grounds and secures women's rights. The National Gender Equality Policy (2020) further reinforces these commitments by aiming to eliminate discrimination and strengthen women's empowerment. Additionally, harmful practices such as Chhaupadi were criminalized in 2017, following a 2005 Supreme Court ruling, with penalties imposed on those enforcing it.

At the provincial level, Ministries of Agriculture and Land Management play a key role in adapting federal agricultural guidelines and managing large-scale agricultural projects, serving as a bridge between federal directives and local implementation. Local governments prepare municipal agriculture plans that promote nutrition-sensitive agriculture, such as kitchen gardens and nutrient-rich crops, while food security coordination committees, often headed by mayors, facilitate cross-sectoral coordination. Special programs target vulnerable groups, including pregnant and lactating women, marginalized communities such as Dalits and Janajatis, and poor households. Despite these efforts, findings from household surveys from a recent study under WE CAN indicate that 45.5 percent of households are food secure for only three to six months of the year.

### **6.2.2 Food Security & Sovereignty**

As discussed above, food security and sovereignty are also firmly grounded in constitutional provisions. Likewise, the '**Right to Food and Food Sovereignty Act (2018)**' provides the legal framework for food security, assigning implementation roles to local governments.

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<sup>19</sup> Constitution of Nepal-2072, Fundamental Right, Part-3, Nepal Law Commission

At the provincial level, Ministries of Agriculture and Land Management play a key role in adapting federal agricultural guidelines and managing large-scale agricultural projects, serving as a bridge between federal directives and local implementation. Local governments prepare ‘**Municipal agriculture plans**’ that promote nutrition-sensitive agriculture, such as kitchen gardens and nutrient-rich crops, while ‘**Food security coordination committees**, often headed by mayors, facilitate cross-sectoral coordination. Special programs target vulnerable groups, including pregnant and lactating women, marginalized communities such as Dalits and Janajatis, and poor households. Despite these efforts, findings from household surveys indicate that 45.5 percent of households are food secure for only three to six months of the year.

### 6.2.3 Nutrition & Health

Nutrition and health frameworks further reinforce these commitments. As mentioned above Article 35 of the prevailing Constitution ensures the Right to Health, with particular focus on maternal and child health. Accordingly, the National Nutrition Policy and Strategy (2020) also developed that emphasizes a multi-sectoral, food-based approach to reducing malnutrition and prioritizes vulnerable groups. Similarly, the National Nutrition Programme (NNP), implemented by the Ministry of Health, delivers supplementation, growth monitoring, and malnutrition management.

At the provincial level, Health Directorates coordinate implementation of federal programs such as the NNP across districts, focusing on supply chain management, supervision, and monitoring of local facilities. Locally, municipal health plans prioritize reducing stunting, wasting, and anemia, with health facilities overseeing service delivery at health posts. The Female Community Health Volunteers (FCHVs) network plays a crucial role in community-based nutrition activities, while awareness campaigns promote maternal nutrition, infant and young child feeding (IYCF), and sanitation practices.

## 6.3 Food and Nutrition Situation in Nepal

Food insecurity and malnutrition remain persistent challenges in Nepal. National data show that 15.8% of the population, about 4.6 million people, are food insecure. Among women of reproductive age, 35.7% suffer from anemia, and exclusive breastfeeding rates have not shown significant improvement. According to analytical report of WFP Nepal<sup>20</sup> and NDHS report-2022<sup>21</sup>, Nepal is generally stable with minimal acute food insecurity for most of the population, this masks severe localized crises; chronic food insecurity is widespread, evidenced by a high child stunting rate of 31.5%, and vulnerable groups in remote regions experience stressed to crisis levels of hunger due to interconnected drivers including poverty, economic shocks, climate-related disasters, subsistence agriculture, and deep-rooted geographic and social disparities.

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<sup>20</sup> Nepal Country Strategic Plan-(2024-2028), WFP Nepal

<sup>21</sup> NDHS Report-2022

Although Nepal has made progress in reducing stunting, other challenges are emerging. Urbanization has contributed to rising rates of obesity and diabetes, while climate change, food import dependency, and rising prices have increased the vulnerability of poor and marginalized households.

#### **6.4 Regional Context: Sudurpashchim Province and Achham District**

The Far-Western region, including Achham, faces deeper and more complex food and nutrition challenges than the national average. Food insecurity is widespread due to reliance on rain-fed agriculture, poor irrigation facilities, weak market access, and recurring seasonal hunger. Remote locations often experience inflated food prices, making diverse and nutritious diets unaffordable for poorer households.

Nutrition indicators in Far-western (Sudurpashchim) are among the worst in Nepal, with stunting rates surpassing 40% in some districts. Cereals with limited intake of protein, fruits, and micronutrients dominate diets. High male out-migration over 90% in Achham, according to recent household surveys (Annex-3), has led to the feminization of agriculture. While remittances provide income, women carry the dual burden of farming and household care, often without equal rights to land, productive resources, or decision-making.<sup>22</sup>

WFP in Nepal also reported<sup>23</sup> that Far-western Province is Nepal's most food-insecure region, characterized by chronic and seasonal hunger driven by a combination of high poverty, heavy reliance on remittances due to significant out-migration, and an acute agricultural deficit that forces households to depend on food markets. This vulnerability is exacerbated by recurring climate shocks like droughts and floods, poor infrastructure leading to high food prices, and low agricultural productivity, resulting in a prolonged lean season from May to August, where families resort to negative coping strategies such as reducing meals and taking on debt, ultimately contributing to high rates of malnutrition.

However, the persistent gap between Nepal's progressive policies and the realities on the ground underscores the need for context-specific interventions. For women-headed households, Dalits, and the most vulnerable groups in the Far-West, social and institutional barriers remain strong.

#### **6.5 Implementation Gaps/Constraints**

Literally, there are a few Gaps/Constraints in relation to prevailing Food and Nutrition initiatives, which are elaborated below very briefly as follows:

**Coordination Gaps:** During the study, the team found Vertical (between federal, provincial, and local) and Horizontal (between health, agriculture, and education) gaps that resulted the inadequate outcomes that are restricting sustainable investments under food and nutrition sector programmes.

**Capacity Constraints:** Provinces and municipalities suffer from a lack of skilled human resources, technical knowledge, and managerial capacity to implement complex, multi-sectoral policies.

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<sup>22</sup> Sapkota, BD, State of food security...2022

<sup>23</sup> Annual Report-2024, WFP Nepal

**Financial Gaps:** Policies are ambitious but are not backed by sufficient and predictable budget allocations, leading to under-resourced programs.

**Social and Cultural Barriers:** Progressive laws are consistently undermined by deep-rooted patriarchal norms, caste-based discrimination, and harmful traditional practices that are slow to change.

## 7. Taboos and Restrictions:

### 7.1 Menstruation (Chaupadi)

Menstruating women are considered ritually impure and untouchable. They are banished from the home to sleep in isolated, often dangerous menstrual huts (*chhau goth*). The belief is that violating these rules will bring misfortune upon the family, such as the death of livestock, crop failure, or illness of relatives. They are prohibited from:

- Touching men, children, and even elderly family members.
- Entering the kitchen, touching kitchen utensils, or cooking food.
- Consuming nutritious foods like milk, yogurt, meat, fruits, and sometimes even lentils. Their diet is restricted to dry foods, salt, and rice.
- Using public water sources or community taps.

In fact, menstruation is a natural biological process without which human civilization would cease to exist. It is the most dignified and human process and should not be seen as a subject of discrimination and exclusion. According to a study by the UN Harmful Practices Working Group in Nepal led by UNESCO, 89% of girls and women in the country experience restrictions during menstruation. In Achham, a Far West region in Nepal, 60% of women cannot sleep in the same house as the rest of the family while on their periods. And Chhaupadi — a dangerous socio-cultural practice in which women are asked to stay in small sheds away from home during menstruation — is still practiced, despite being outlawed by the Supreme Court of Nepal in 2005.<sup>24</sup>

### 7.2 Marriage (Child and Arranged Marriage)

Girls are often seen as an economic burden or a means to form social alliances. It is mainly driven by poverty, the need to ensure marriage before pre-marital sex (to protect "family honor"), and deep-seated patriarchal values that prioritize sons over daughters. 6.4 This leads to:

- **Child Marriage:** Girls are married well before the legal age of 20, cutting short their education.

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<sup>24</sup> <https://www.unesco.org/en/articles/working-together-break-silence-menstrual-taboos-nepal>

- **Arranged Marriage without Consent:** Girls and women have little to no say in choosing their partners.<sup>25</sup>

### 7.3 Childbirth and Postpartum

Childbirth is seen as polluting, and the mother and newborn are believed to be vulnerable to evil spirits and capable of bringing bad luck. The impurity associated with childbirth extends the practices similar to Chaupadi. Women are often forced to give birth in an animal shed or a separate, unclean room. After childbirth, the mother is considered impure for a longer period (up to 21 days or more) and remains segregated. Postpartum nutrition is often neglected due to food taboos and economic constraints, leading to malnutrition and weakness.<sup>26</sup>

### 7.4 Education

The education to girls is not a taboo in the ritual sense, but deep-seated gender bias creates significant barriers. Mainly, the Girls' education is deprioritized in favor of sons, especially beyond the primary level. Once they reach puberty, parents often pull girls out of school due to fear of elopement, which would bring social shame, or to get them married. Lack of separate and private sanitation facilities in schools makes managing menstruation impossible, forcing girls to miss school or drop out entirely. The perceived return on investment is higher for boys, who are expected to support their parents in old age. Girls who will join their husband's household are seen as temporary members.<sup>27</sup>

## 8. DEMOGRAPHIC STATUS CHAURPATI RM AND SANFEBAGER MUNICIPALITY

### 8.1 Chaurpati Rural Municipality:

<sup>25</sup> <https://www.hrw.org/report/2016/09/09/our-time-sing-and-play/child-marriage-nepal>

<sup>26</sup> Eliciting Child Birth and Postnatal culture practices and believes in Nepal-2016; Sheetal Sharma and others(<https://springernature.com/gp/open-science/about/the-fundamentals-of-open-access-and-open-research>)

<sup>27</sup> Literature review on harmful practices in Nepal-2020; United nations Nepal(<https://nepal.unfpa.org/sites/default/files/pub-pdf/Literature%20Review%20on%20Harmful%20Practices%20in%20Nepal.pdf>)

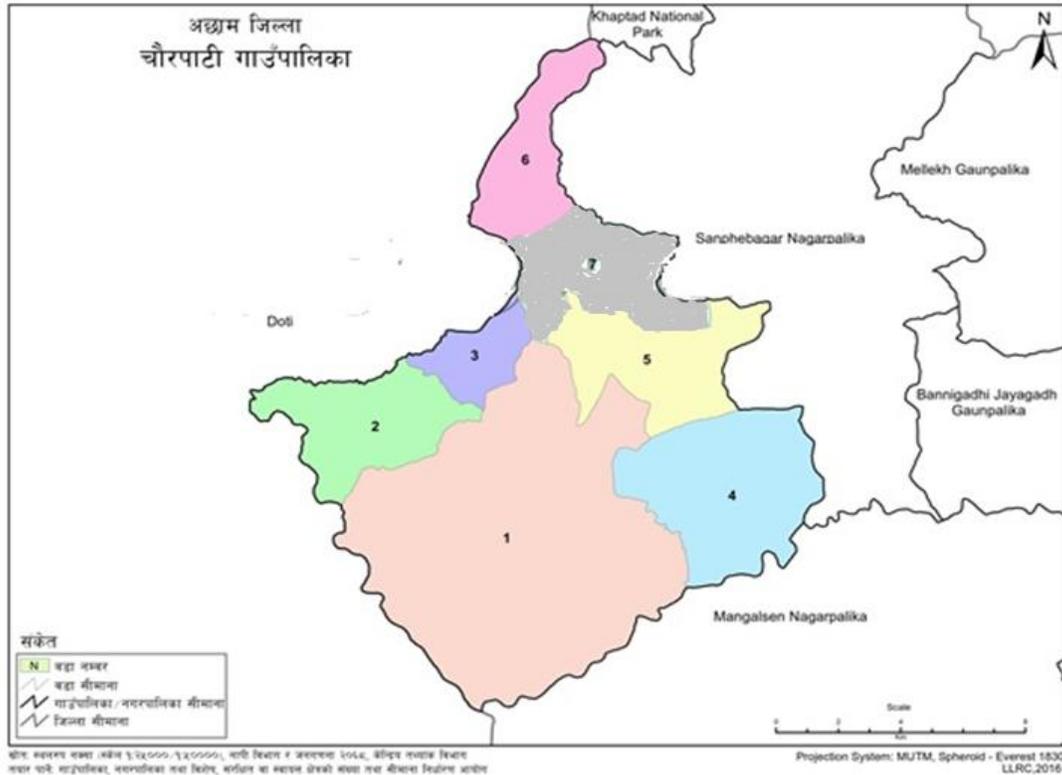


Figure 1

**Chaurpati** is a Rural Municipality situated under the Far-western Province in Achham District. It has a population of 25149. The land area is 82.16 km<sup>2</sup> (70.33 sq mi). Geographically, it lies at 29°18'78" North Latitude and 81°14'24" eastern Longitude. It is situated from 530 m to 2300 m amsl. It was formed by merging former Siudi, Sokot, Payal, Lunnga, Marku, and Duni Village Development Centres(VDCs). Currently, it is divided into 7 administrative wards. Chaurpati Rural Municipality is located in the hilly and mountainous ecological belt. The municipality's landscape is dominated by hills, forests, rivers, and fertile agricultural land. Its geographical diversity supports different crops, vegetables, and fruits. The main rivers are the Kailash Khola, Budhiganga River, and other smaller streams.

At the time of the Census 2021, Chaurpati Rural Municipality had a population of 21,681 people, indicating a population decline of around 1.42% the earlier census 2011(Earlier Population 25,215). The female is dominant in size (56.3%) over the male (43.7%). Sex ratio per 100 females is 77.76%. If we look at the caste-wise distribution, Chhetri is the dominant population, and Dalit (Bishwokarma, Pariyar, and Mijar) is in second position; accordingly, Brahmin is in third position. The Population details of Chaurpati Rural Municipality are given as follows:

**Ward-wise Population of Chaurpati Rural Municipality:**

**Table 1**

Ward	Number of households	Population			Average household size	Sex ratio	% of Household Head		Remarks
		Total	Male	Female			Male	Female	
<b>All Wards</b>	<b>4811</b>	<b>21681</b>	<b>9484</b>	<b>12197</b>	<b>4.51</b>	<b>77.76</b>	<b>47.31</b>	<b>52.69</b>	
1	1002	4970	2270	2700	4.96	84.07	63.17	36.83	
2	814	3766	1556	2210	4.63	70.41	36.73	63.27	
3	581	2792	1222	1570	4.81	77.83	44.75	55.25	
4	870	3612	1522	2090	4.15	72.82	46.32	53.68	
5	626	2704	1206	1498	4.32	80.51	53.99	46.01	
6	491	2133	935	1198	4.34	78.05	40.53	59.47	
7	427	1704	773	931	3.99	83.03	33.72	66.28	

Source: NPHC 2021

**Total Population by Caste and Ethnicity of Chaurpati****Table 2**

Caste/ethnicity	Population		
	Total	Male	Female
<b>All Caste</b>	<b>21681</b>	<b>9484</b>	<b>12197</b>
Kshetri	14804	6519	8285
Bishwokarma	2891	1193	1698
Pariyar	1901	848	1053
Mijar	825	341	484
Brahman – Hill	715	314	401
Thakuri	482	233	249
Sunuwar	10	5	5
Sonar	10	6	4
Others	43	25	18
<b>Percentage</b>	<b>100</b>	<b>43.74</b>	<b>56.26</b>

Source: NPHC 2021

## 8.2 Sanfebagar Municipality:

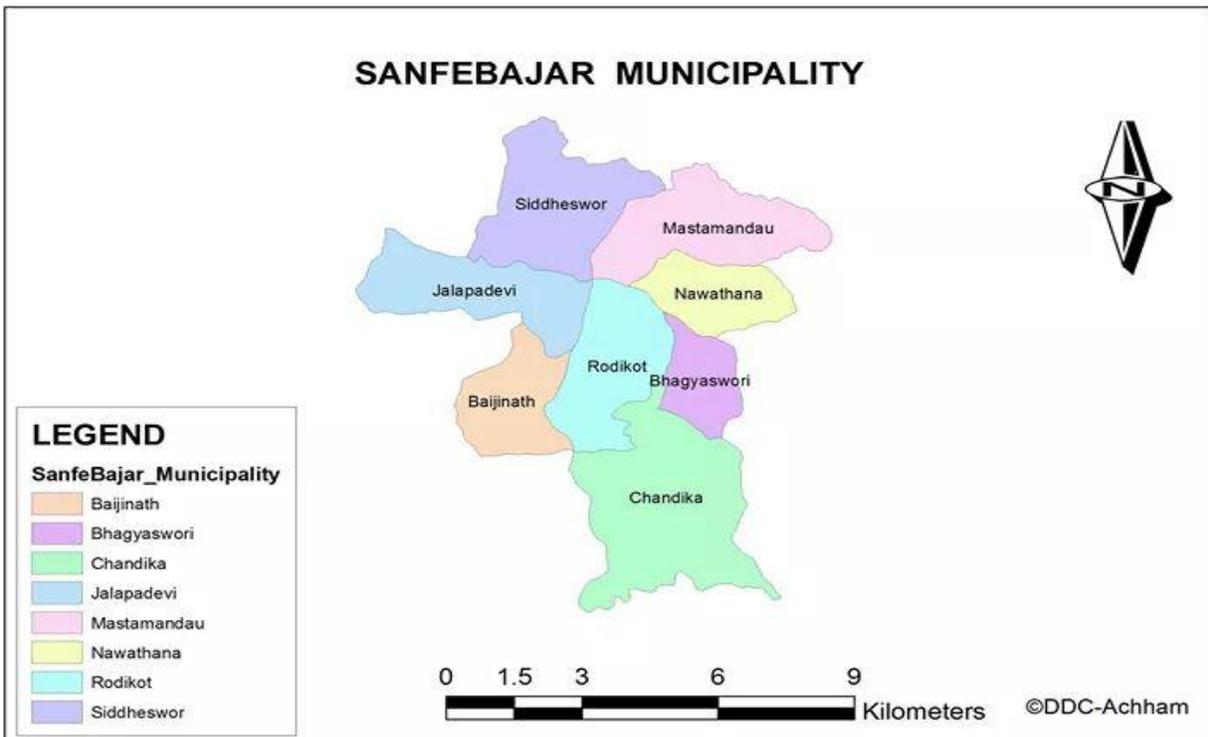


Figure 2

**Sanfebagar** is a Municipality situated in the Far-western Province in Achham District. It has a population of 25891. The land area is 166.73 km<sup>2</sup>. Geographically, it lies at 29°5'40" North Latitude and 81°53'40" eastern Longitude. It is situated from 550 m to 3300 m amsl. It was formed by merging the former 1 Municipality and 6 VDCs, respectively, Budhakot, Ghughurkot, Devisthan, Khaptad, Babla, and Patakot. Currently, it is divided into 14 administrative wards. Sanfebagar Municipality is located in the hilly and mountainous ecological belt. The municipality's landscape is dominated by hills, forests, rivers, and fertile agricultural land. Its geographical diversity supports different crops, vegetables, and fruits. The main rivers are the Kailash Khola, Budhiganga River, and other smaller streams.

At the time of the Census 2021, Sanfebagar Municipality had a population of 25891 people, indicating a population decline of around 2.6% annually than the earlier census 2011 (Earlier Population 34,128). The female is dominant in size (54.5%) over the male (45.5%). Sex ratio per 100 females is 83.6%. If we see the caste-wise distribution size, Chhetri is the dominant population, and Dalit (Bishwokarma, Pariyar, and Mijar) is in second position; accordingly, Brahmin is in third position. The Population details of Sanfebagar Municipality are given as follows:

## Ward-wise Population distribution status of Safebar Municipality, NPHC 2021<sup>28</sup>

**Table 3**

Ward	Number of households	Population			Average household size	Sex ratio	% of Household Head	
		Total	Male	Female			Male	Female
<b>All Wards</b>	<b>6311</b>	<b>25891</b>	<b>11789</b>	<b>14102</b>	<b>4.10</b>	<b>83.60</b>	<b>57.14</b>	<b>42.86</b>
1	283	1088	502	586	3.84	85.67	59.36	40.64
2	433	1666	726	940	3.85	77.23	49.88	50.12
3	847	3111	1508	1603	3.67	94.07	63.16	36.84
4	945	3553	1766	1787	3.76	98.82	52.06	47.94
5	317	1357	579	778	4.28	74.42	53.31	46.69
6	193	753	317	436	3.90	72.71	57.51	42.49
7	353	1363	621	742	3.86	83.69	60.91	39.09
8	367	1409	620	789	3.84	78.58	62.4	37.6
9	403	1725	728	997	4.28	73.02	51.61	48.39
10	521	2263	997	1266	4.34	78.75	56.62	43.38
11	330	1639	737	902	4.97	81.71	47.88	52.12
12	293	1379	679	700	4.71	97.00	71.33	28.67
13	551	2367	1026	1341	4.30	76.51	64.43	35.57
14	475	2218	983	1235	4.67	79.60	51.79	48.21

**Table 4**

<b>Total Population by Caste and Ethnicity of Sanfebagar, NPHC-2021<sup>29</sup></b>			
Caste/ethnicity	Population		
	Total	Male	Female
<b>All Caste</b>	<b>25891</b>	<b>11789</b>	<b>14102</b>
Kshetri	15792	7210	8582
Bishwokarma	3544	1572	1972
Pariyar	2180	942	1238
Mijar	1570	690	880
Brahman – Hill	1311	618	693
Thakuri	529	239	290
Gharti/Bhujel	181	72	109
Sonar	175	82	93
Musalman	142	67	75
Sanyasi/Dasnami	122	62	60

<sup>28</sup> Nepal Population and Housing Census-2021

<sup>29</sup> Ibid.-2021

Total Population by Caste and Ethnicity of Sanfebagar, NPHC-2021 <sup>29</sup>			
Caste/ethnicity	Population		
	Total	Male	Female
Foreigner	85	76	9
Tharu	82	56	26
Magar	37	17	20
Rai	35	21	14
Tamang	14	10	4
Newa:(Newar)	14	10	4
Badi	14	6	8
Yakthung/Limbu	13	7	6
Kalwar	10	7	3
Others	41	25	16

## 9. METHODS/METHODOLOGY

The assessment followed a participatory, inclusive, and gender-transformative approach to explore gender gaps and social norms influencing food and nutrition security in Sanfebagar Municipality and Chaurpati Rural Municipality of Achham District. The process ensured meaningful participation of women, men, adolescents, Dalits, Janajatis, persons with disabilities, elderly people, and other marginalized groups. The Achham meeting decided to 10% sample from 2500HHs from 100 groups of 11 wards of Chaurpati and Sanfebager municipality during the joint meeting of all partners of WHH. A mixed-methods design was applied, combining both qualitative and quantitative approaches. The Gender Equality and Social Inclusion (GESI) lens and the Gender Analysis Matrix were systematically applied to identify structural barriers, power relations, and enabling factors.

### 9.1 Preparation and Tool Finalization

At the outset, a consultation meeting was organized in Sanfebagar with representatives from SAMABIKAS Nepal, Peace Win, and WAC Nepal. During this meeting, the consultant's expert shared the proposed data collection themes and draft tools, including questionnaires designed for household surveys (HHS), focus group discussions (FGDs), and key informant interviews (KIIs), which were developed using the KOBO Toolbox.



Figure 3



Figure 4: Stakeholders consultation meeting

The meeting included rigorous discussion on sample size, potential stakeholders, household selection, and required human resources. Feedback from stakeholders was incorporated to revise and finalize the tools in line with the ToR. This ensured that both qualitative and quantitative aspects of the study were adequately addressed.

## 9.2 Mobilization of Enumerators for Household Survey

The household survey (Annex-3) served as the primary source of quantitative data. Ten trained enumerators were mobilized to collect data using KOBO-based questionnaires. Prior to deployment, enumerators received orientation on research ethics, gender sensitivity, and the use of KOBO tools.

The enumerators successfully gathered data on gender roles, intra-household food distribution, social norms, access to nutrition services, and decision-making dynamics. A total of 279 households were interviewed out of 250 HHs across the targeted wards. The 10 Enumerators were mobilized and HHS data were captured as planned as follows:.



Figure 5: Orientation on Kobo Tools and HHS questionnaires to Enumerators

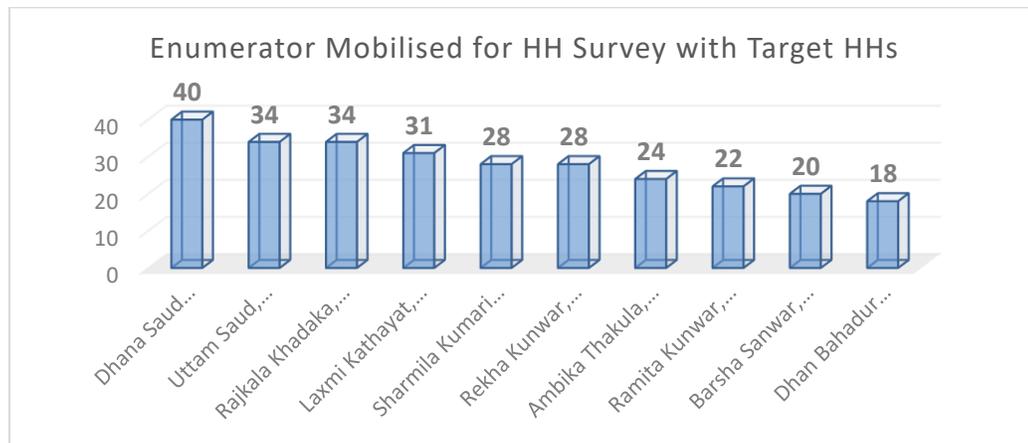


Figure 6

### 9.3 Interview with Target Groups through HHS

Different voices from target individuals highlighted the link between food, nutrition, and overall health, particularly during pregnancy and up to two years after childbirth. Many women shared that access to poor, nutritious food significantly influenced both their physical well-being and mental stability during these critical periods. Some beneficiaries expressed that insufficient nutrition not only affected their physical health but also contributed to poor mental health, leading to stress, anxiety, and fatigue. These experiences underscore the importance of balanced diets and nutritional support programs in achieving better maternal health outcomes and mental well-being. According to HHS data, Annex-1, still 94.98% teenage girls and women do not have clear knowledge about nutrition and its effects on life in remote areas.

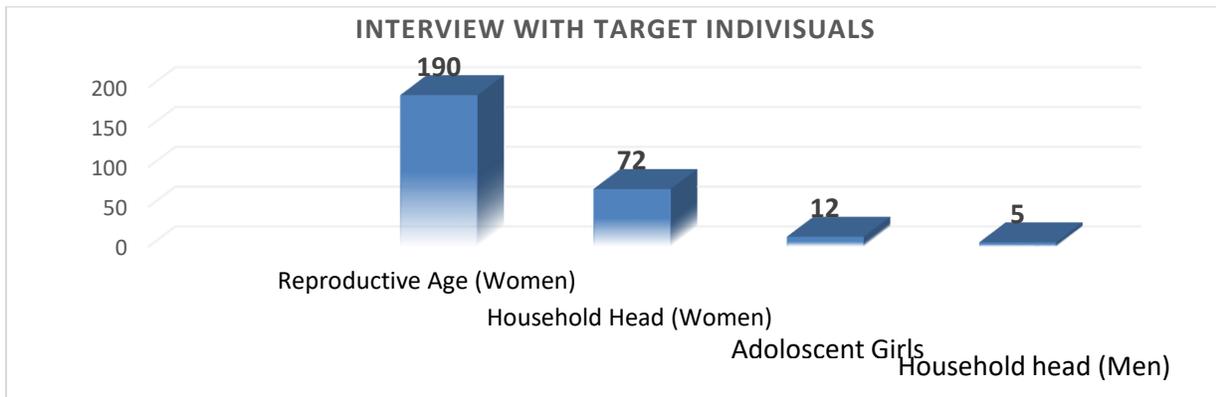


Figure 7

The data collected by the Household Survey (Annex-3) of women aged 16-40 constitutes the massive majority (68.1%) of the 279 target individuals. This primary group was supplemented by interviews with female household heads (25.8%), ensuring the study captured the views of key female decision-makers. To provide a more comprehensive understanding, the survey also included a smaller number of adolescent girls (4.3%) and male household heads (1.8%).

### 9.4 Focus Group Discussion (FGD)

FGDs (Annex-4) were organized with community groups to capture collective experiences and perspectives. In total, eight FGDs were held with women-led producer groups, one cooperative, and one adolescent group. Sessions were conducted in both Chaurpati RM and Sanfebagar municipality, with separate groups formed to ensure inclusivity and open dialogue.

As per the focus group discussion, 75% women lack knowledge of nutrition. Because 50% women are not



Figure 8  
Figure 9

involved in nutrition training due to a heavier workload and restrictions from men..<sup>30</sup> This information was collected from the groups mentioned below and cooperatively through Focus Group Discussion.

- i. Bajrayogini Agriculture Group, Chaurpati-4;
- ii. Dewarain Agriculture Group, Chaurpati-4;
- iii. Sannikot Agriculture Group, Churapai -6;
- iv. Gangapur Agriculture Group, Sanfebagr-3
- v. Sidheshwor Adolescent Group, Sanfebagar-3, Achham
- vi. Sundar Agriculture Group Sanfebagar-9;
- vii. Barchaaya Agriculture Group, Sanfebagar-10 and
- viii. Hatemalo multiple Cooperative, Saafebagr-4

## 9.5 Key Informants' Interview (KII)<sup>31</sup>

There were 21 KIIs conducted with multi-sectoral stakeholders from both municipalities, using semi-structured questionnaires in KOBO. Interviews covered gender gaps, social norms, and food/nutrition practices from an institutional and service delivery perspective.

### Stakeholders included:

- i. Health and Population: 5
- ii. Social Service: 5
- iii. Agriculture Extension: 2
- iv. Livestock extension 2
- v. NGO: 2
- vi. Politician/Social activists: 2



Figure 9

## Tools, Descriptions, and Target Groups in Brief

Table 5

Tool	Description	Target Group
Household Survey (HHS)-Annex-3	Gender roles, Social norms and taboos, division of labor, food practices, Local level planning, and livelihoods	Women (aged 16-40), Household heads (Women, Men), Adolescent Girls

<sup>30</sup> FGD-2025, Annex-4

<sup>31</sup> KII-2025, Annex-5

<b>Focus Group Discussions (FGDs)- Annex-4</b>	Explore gender roles, norms, division of labor, and food practices	Separate FGDs with women, men, adolescent girls, adolescent boys, and mothers-in-law
<b>Key Informant Interviews (KIIs)- Annex-5</b>	Gather insights from stakeholders on gender and nutrition	Local officials, health and agriculture/livestock workers, teachers, CSO/NGO staff
<b>Observations</b>	Assess actual practices around food, childcare, and workload	Community events, homes, kitchens, farms

## 9.6 Sampling Strategy

The sampling strategy was designed to ensure representation of diverse ethnic groups across the targeted areas, with a focus on inclusivity and the meaningful participation of women and teenage girls. A total of 100 groups were identified from five wards of Chaurpati Rural Municipality and seven wards of Sanfebager Municipality. From these areas, 300 households (10% above) were selected as the sampling frame, of which 279 households were successfully interviewed. This approach was guided by the principle of purposeful sampling, emphasizing households most relevant to the study objectives.

The process was implemented by trained enumerators who were trained to engage with respondents in a sensitive and culturally appropriate manner. Their role was critical in building trust and ensuring reliable data collection, particularly from women and adolescent girls who are often underrepresented in decision-making processes. The strategy was further informed by the collective guidance of SAMABIKAS, Peace Win, and WAC Nepal, following a joint consultation meeting. This collaborative effort ensured that the sampling was both technically sound and socially inclusive, reflecting the voices of marginalized groups and enhancing the credibility of the findings. Overall, the approach prioritized gender equity, community ownership, and evidence-based representation from the target municipalities.

## 9.7 Study Phases

The assessment followed a three-phase process as follows:

### 9.7.1 Phase 1: Preparation

In the initial phase, data collection methods and questionnaires were developed, finalized, and validated in close consultation with the WE CAN Project team, including SAMABIKAS Nepal, WAC Nepal, and PeaceWin. Representatives from WHH were also consulted to agree on the approach for data collection and analysis.

### 9.7.2 Phase 2: Data Collection

For household-level data, 10 trained local enumerators were mobilized after receiving orientation on the KOBO Android-based tool. They collected data from around 300 households. At the same time, the consultants directly conducted Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). These interactions were held with cooperatives, farmers' groups, local governments (Palikas), NGOs, CBOs, and other stakeholders to capture diverse perspectives on gender gaps and social norms related to food and nutrition.

### **9.7.3 Phase 3: Analysis and Reporting**

Once data collection was complete, the consultants carried out data analysis and drafted the report. The draft was then shared with the implementing NGOs and BMZ/WHH for review. After incorporating their feedback, the assessment report was finalized.

## **PART-FOUR**

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### **10. DATA ANALYSIS ON GENDER GAPS, FOOD AND NUTRITION STATUS, AND INTERVENTIONS**

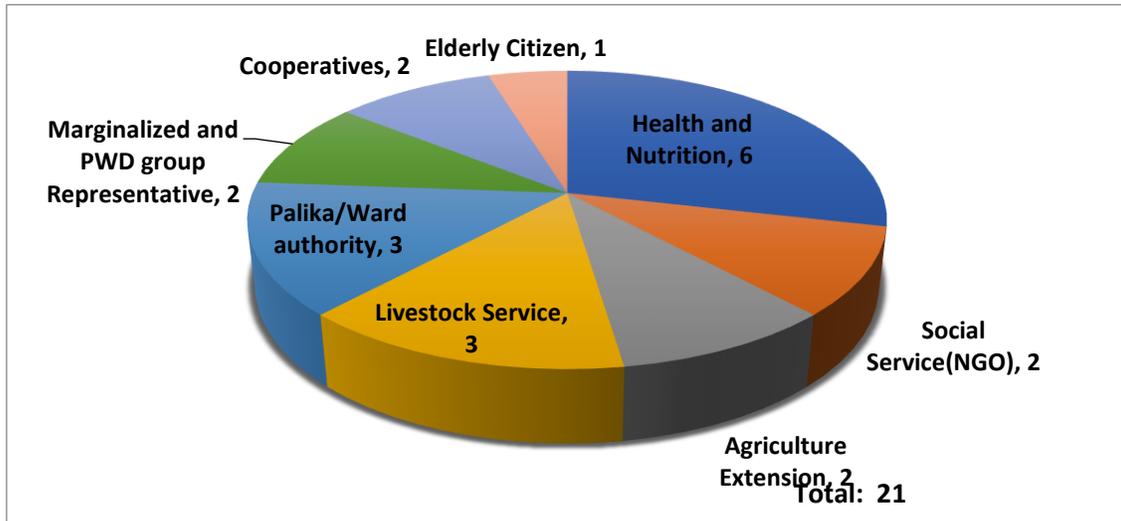
#### **10.1 Stakeholders' engagement and their intervention**

As per the literature review, feedback from key implementing partners and inception report's plan (based on the ToR), the team of consultants met the following stakeholders and discussed the status

Figure 10

of

their intervention activities through prescribed FGD and KII Questionnaires<sup>32</sup> on Gender gaps, Food and nutrition at Chaurpati and Sanfebagar local levels. The details of key stakeholders' engagement during the study were from the Health and Nutrition sector, Social Services (NGOs), Agriculture Extension, Livestock Service, Local Level(Palika) elected authorities, Marginalized and PWD groups, Cooperatives, and elderly citizens as follows:



The detailed list of Stakeholders met during the study and KII is attached in Annex 2.

## 10.2 Stakeholder Engagement and Interventions Analysis

During the assessment, the team spoke with a wide range of stakeholders in Sanfebagar and **Chaurpati**. These included municipal officials, ward leaders, health workers, NGOs, cooperatives, and community members. The discussions helped to understand what each group is doing to reduce gender gaps and improve food and nutrition security.

### 10.2.1 Local Government

Municipalities and ward offices are at the center of service delivery. Their agriculture, livestock, health, and social development units provide training, inputs, subsidies, and extension **services**, as well as social protection and leadership support. These services are vital for communities, but resources are often limited, and marginalized groups do not always benefit equally. “Local governments coordinate closely with development organizations for effective resource utilization, as technical manpower is available with the local government, while budgetary resources are primarily with the development organizations.”

<sup>32</sup> HHS, FGD and KII Questionnaires , Annex-7

## 10.2.2 Health Workers and Volunteers

Public health officers, community health workers, and female health volunteers are the frontline activist for nutrition and health. They run awareness programs such as the Golden 1,000 Days campaign, promote better diets, and provide basic health support to women and children. They are trusted in the community, though their reach is sometimes limited due to shortages of staff and facilities. Community Health worker/ volunteer of Sanfebagar Ms. Stya Sunar<sup>33</sup> reported that nowadays Indian migrants often travel for labor work with their families, due to concerns about HIV cases among some individuals.” “There are 22 IPV-HIV user in Ward No.3 of Sanfebagagar. It helps to generate additional income from their family members. This trend is increasing in the community, and its effect on agricultural production and productivity.

## 10.2.3 NGOs and Community-Based Organizations

Women’s groups, Dalit networks, disability representatives, and NGO federations play a strong role in raising awareness, building capacity, and challenging harmful practices like Chhaupadi and caste-based discrimination. They also advocate for the rights of women, Dalits, and excluded groups, giving voice to those who are often left out. According to Mr. Sarjan Bahadur Pariyar<sup>34</sup>, the Dalit network organization is facing challenges in securing adequate budget and programs for the empowerment and employment of the Dalit community. He expressed interest in collaborating with development organizations to address these issues.”

## 10.2.4 Cooperatives

Savings and credit cooperatives help families access loans, savings, and agricultural inputs. This reduces dependence on informal lenders and allows women farmers to invest in farming. However, women and Dalits still face barriers in leadership and decision-making within these institutions. Mr. Surat Bhul, Chairperson of Hatemalo Multipurpose Cooperative Ltd.,<sup>35</sup> expressed his keen interest in coordinating with development organizations and the local government to create synergy through joint monitoring of beneficiaries and providing input support for livelihood improvement. He is pioneer in school feed programme through local home-made snacks in the public school in Sanfebagar municipality. However, he highlighted existing gaps in collaboration among development organizations and Municipal authority.”

## 10.2.5 Community Leaders and Citizens

Ward leaders, elderly citizens, and other local influencers shape social norms and community practices. Their support or resistance can determine how quickly communities move away from harmful traditions such as food taboos and Chhaupadi. Engaging them is therefore essential for

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<sup>33</sup> Ms. Satya Sunar, Community Health Worker, Sanfebagar, Achham

<sup>34</sup> Mr. Sarjan Bdr Pariyar, Secretary, Dalit Network, Sanfebagar

<sup>35</sup> Mr. Surat Bhul, Chairperson, Hatemalo Multipurpose cooperative Ltd, Sanfebagar

change. Hence, community leaders and citizens suggested strengthening coordination with the local ward office to ensure effective implementation and minimize duplication of resources.

### **10.3 Main Interventions Observed**

- **Agriculture & Livestock:** Training, inputs, subsidies, farmer field schools, and exposure visits. But technical support and quality services in the community have seen poor.
- **Nutrition & Health:** Nutrition education, Golden 1,000 Days campaign, community health services. But, the budget for medical service delivery has been found in declining trend.
- **Awareness & Social Norms:** Campaigns against Chhaupadi, hoarding boards, and sessions on discrimination and violence looks implementing, but the pace of the campaign found slow. Even though some places still practicing chhaupadi and nutritional discrimination.
- **Skills & Livelihoods:** Life-skills training (plumbing, carpentry, blacksmithing) for Dalits; vocational training (tailoring, weaving, boutique) for women and youth. The community has identified post-harvest and disease management training as a priority need to enhance production, productivity, income generation, and overall livelihood. For instance, in Chaurpati-4, farmers are facing challenges such as fungal and bacterial diseases in chili, fruit fly infestations in cucurbits, and tomato borer attacks. Similarly, in Budhakot of Sanfebagar-Ward No.9, fungal and bacterial diseases in chili were reported.
- **Capacity Building:** Leadership and organizational development for CBOs and marginalized groups found very limited.

#### **And Sanfebagar Municipalities :**

While carrying out studies, the team found the list of organization below who have been implementing the programme related to food and nutrition as well as livelihoods and need to have better functional coordination and collaboration while implementing the WECAN Project :

Table: 6

SN	Organizations	Programme
1	WAC Nepal	Empowered Communities and CSOs for Inclusive Nutrition Governance
2	Peace win Nepal	Women in Climate Resilient Agri-Systems for Enhanced Nutrition Security (WE-CAN)
3	LIBIRD	Strengthening Nutrition Outcomes in Bajura and Achham through Inclusive Governance
4	Malika Development Organization (MDO-Nepal)	Integrated community development project
5	Good Neighbors International / Good Neighbors Nepal	community nutrition and women's livelihood
6	Agriculture Knowledge Centre, Achham	Agriculture extension and horticulture service support
7	Veterinary Hospital and Livestock Service Expert Centre, Achham	Livestock extension and veterinary Hospital Centre
8	District Health Office / Municipal health sections (Sanfebagar Municipality & Chaurpati RM)	Nutrition-specific services at health posts/PHCCs, lead screening (MUAC), growth monitoring and community nutrition activities together with FCHVs and HFOMCs. (IMAM and family-MUAC activities)
9	Ministry of Health & Population (MoHP)	IMAM/wasting management
10	District Agriculture/Local agriculture extension (nutrition-sensitive agriculture)	Kitchen gardens, homestead production and other nutrition-sensitive interventions
11	Community cadres and committees	Female Community Health Volunteers (FCHVs), Mother/child groups, Health Facility Operation & Management Committees (HFOMC) and ward-level committees actively implement and support nutrition screening, counseling and linkages to services.
12	SAMABIKAS Nepal	<b>27 CBOs</b> (community-based organizations) for food & nutrition capacity building

13	Hatemalo Multi-purpose Cooperative Ltd, Sanfebagar	Nutrition program at school level (School feed Programme)
14	Sanfebagar and Chaurpati Municipalities	MEDPA Nepal Technical Assistant for micro-Enterprise Development
15	IFAD	Resilient High Value Agriculture Program
16	SAHAS Nepal	Local Initiatives for Food Security Transformation
17	Dalit Welfare Organization (DWO)	Health and sanitation, nutrition education (pregnant/lactating mothers, children), awareness trainings
18	YES Nepal	<i>food &amp; nutrition</i> program under Dalit network

## 10.4 Overall Reflection:

The stakeholders together create a multi-layered response:

- Government provides technical services.
- Health workers and volunteers promote nutrition and awareness.
- NGOs and CBOs tackle discrimination and empower excluded groups.
- Cooperatives strengthen financial access and livelihoods.
- Community leaders influence social acceptance of change.

This shows that progress is being made from different angles, technical, social, and economic. However, there are still gaps in coordination, resource allocation, and equal access for women, Dalits, and other marginalized groups. Strengthening collaboration and ensuring women’s leadership in these initiatives will be key to achieving sustainable results.

## 10.5 Identification Of Key Gender Disparities And Social Norms:

Government-led initiatives ‘Sanitary Pad Distribution Program’ (MoEST/GoN), is a free sanitary pad distribution schemes, serve as a critical gender transformative tool by directly addressing menstrual health—a fundamental biological need and a significant barrier to gender equality. These programs are transformative because they move beyond simply providing a product; they build capacity by keeping girls in school during menstruation, thereby protecting their right to education, reducing stigma, and fostering a generation of women who are more educated and economically empowered. Furthermore, when coupled with Comprehensive Sexuality Education (CSE) in schools and community-awareness campaigns, these schemes challenge the deep-seated taboos and discriminatory social norms that perpetuate gender inequality, effectively equipping both women and men with the knowledge and attitudes necessary for a more equitable society.

### 10.5.1 General Overview Of Gender Disparity:

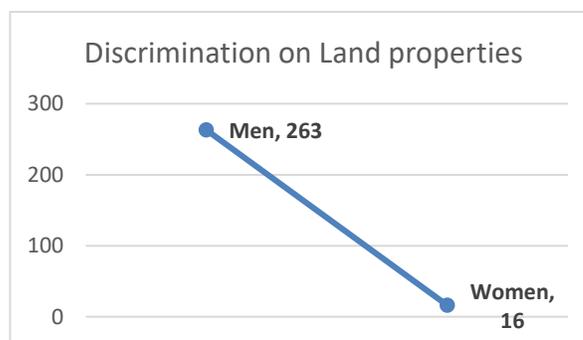
The Data below in the table tracked during the study reveals the status of Gender disparity in Chaurpati and Sanfebagar Palikas of Achham District.

**Table 7**

Area of Disparities with Women’s	Percentage (%) as per HHS Study
Land Ownership	5.7 %
Overall decision-making	33 %
Access Training	35 %
Access Credits	17.5 %
Access Technical Services	6.09 %
Access Bank Account	33 %
Involved in an Agriculture Farm	65.23 %
Food Preparation	77.42 %

### 10.5.2 Land Access

The survey findings reveal significant gender disparity in land ownership and property rights. Out of the total respondents, 263 men reported ownership or control over land, compared to only 16 (5.7%) women. This stark difference highlights entrenched discriminatory practices and cultural norms that favor men in inheriting and owning property. Such unequal distribution of land rights limits women’s economic independence, decision-making power, and access to credit, as land ownership is often a prerequisite for collateral in financial institutions.



**Figure 10**

The lack of secure land tenure for women also restricts their ability to invest in long-term agricultural practices, further constraining their role in climate-resilient agriculture and food security. Addressing these disparities requires policy advocacy, community sensitization, and enforcement of legal provisions that guarantee women’s rights to property. Strengthening women’s access to land not only promotes gender equality but also enhances household food security, resilience, and inclusive development.<sup>36</sup>

### 10.5.3 Household Responsibilities

The household survey and qualitative assessments reveal significant gender disparities in household and community roles, strongly influenced by entrenched social norms. Out of 279 surveyed households, daily cooking responsibilities are predominantly handled by women in 216 households

<sup>36</sup> HHS-2025, Annex-3

(77.4%). Similarly, domestic responsibilities such as carrying water, washing dishes, cleaning, and related tasks are primarily performed by females in 222 households (79.5%). This clearly illustrates the gendered division of household labor, where women shoulder the majority of domestic duties in addition to agricultural, childcare, and community responsibilities, resulting in a disproportionate workload.<sup>37</sup>

Social norms further reinforce these inequities. In many households, men are served lunch and dinner before women, a practice reported during household surveys, key informant interviews, and focus group discussions. Such customs reflect the perception that women's opinions and needs are secondary to those of men, thereby perpetuating structural inequalities in family and community life.<sup>38</sup>

#### **10.5.4 Decision-Making Process**

Gender disparities are also evident in planning and decision-making processes. Among 167 (59.8%) households surveyed, women's voices are often ignored in household and community-level decisions due to social norms that discourage their active participation. While local governance systems mandate inclusion, cultural barriers continue to restrict women, Dalits, and marginalized groups from meaningful involvement in decision-making platforms.<sup>39</sup>

#### **10.5.5 Marriage and Education**

Despite these challenges, some positive changes are emerging. The survey indicates a shift in marriage norms, with 212(75.9%) households reporting marriage age between 20–25 years, compared to traditional practices of early marriage. Literacy levels, however, remain constrained, with only 153 (54.8%) literate households reported. This is linked to the heavy workload of women, further exacerbated by male outmigration, which leaves them with multiple roles and limited time for education or self-development.<sup>40</sup>

Overall, the findings underscore the need for targeted interventions to challenge restrictive social norms, reduce women's workload, and promote equitable participation in household and community decision-making.

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37 HHS-2025, Annex-3

38 KII-2025, Annex-5

39 GGD-2025, Annex-4

40 HHS-2025, Annex-3

### 10.5.6 Food Restriction & Discrimination

Discriminatory food restrictions during menstruation, such as denying milk, negatively affect women’s and girls’ nutrition and health. To address this, additional and diverse food support should be provided during menstruation to meet their increased nutritional needs. Menstrual-based discrimination, including practices such as *Chhaupadi* and *Chhui Chhito*, is a legal crime

and must be strictly addressed through law enforcement and community sensitization. Strengthened enforcement mechanisms, combined with awareness-raising, are essential to eliminate harmful practices such as *Chhaupadi* and caste-based discrimination, while promoting women’s leadership in driving social transformation. Harmful cultural and traditional practices must be recognized as major barriers that directly undermine adolescent girls’ and women’s nutrition, health, and overall well-being. The notice board of Samabikas Nepal, the punishment for crimes is displayed at the main gate of Chaurpati Rural Municipality, and a nutrition awareness board is installed at Hatemalo Saving and Credit Cooperative of Sanfebager <sup>41</sup>

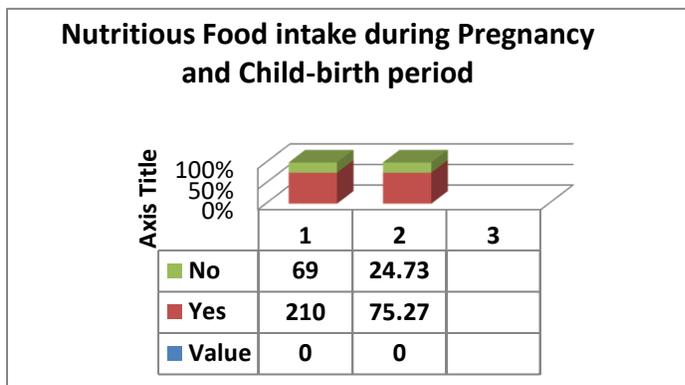


Figure 10

### 10.5.2 Household food distribution

#### 10.5.2.1 Food Insecurity

Most families experience chronic or seasonal food shortages, with 45.5% sustaining themselves for only three to six months annually. Dietary diversity is limited, with low and irregular intake of animal-based proteins. (12% <3 month, 45.5% (3-6 months), 25.5% (6-9 months), 18%, >9 months).<sup>42</sup> . In both Chaurpati Rural Municipality and Sanfebagar Municipality of Achham, household food distribution practices remain influenced by social norms, gender roles, and poverty.

Women and girls—especially during adolescence, menstruation, pregnancy, and the *Golden 1,000 Days*—require nutritious diets but often do not receive adequate support. FGDs and KIIs revealed that while women during pregnancy and childbirth are relatively prioritized (75% of households provide nutritious food), a significant 25% still lack such care due to poverty and low awareness. During menstruation, women are often restricted from household activities, yet continue to perform physically demanding tasks such as manure carrying and firewood collection.

Food decision-making is still largely male-dominated. Despite women’s major role in agricultural production, only 20% of them reported having full control over food distribution, while 40% had

41 KII and FGD-2025, Annex-4&5

42 HHS-2025, Annex-1

partial control. Nevertheless, most groups acknowledged that women usually decide what to cook. Serving order often reflects traditional norms—men eat first, followed by children, and women last—though households reported no explicit gender-based discrimination in portions.

Nutritional intake is also constrained by poverty. Around 41% of households consume pulses, fruits, and vegetables daily, while about 40.5% manage this only once or twice a week. Protein-rich foods (meat, fish, eggs, milk) are eaten occasionally in 61% of households and one to two times a week in 39%. These patterns highlight how structural inequalities and economic limitations in Achham shape food access and distribution.

In summary, household food distribution at both the local level is shaped by poverty and social norms, with women—particularly during critical stages like pregnancy and menstruation—receiving limited nutritious care. Despite women’s key role in food preparation, their decision-making power over distribution remains partial, and many families struggle to access balanced diets due to economic constraints.

### **10.5.2.2 Women's Access to Nutritious Food and Services**

#### **Nutrition Intake**

Multi-Sector Nutrition Plan (MSNP II- 2018-2022)<sup>43</sup> of Nepal's flagship national nutrition policy of Protocol, is a multi-sectoral strategy involving Health, Education, Agriculture, and Local Development. It focuses on the first 1,000 days of a child's life (from pregnancy to age 2) and adolescent girls. Key interventions include promoting diversified diets, micronutrient supplementation (e.g., iron folic acid tablets), deworming, and nutrition counseling. The province is tasked with implementing national programs like the MSNP.

#### **Protocol / Table for Daily Nutrient Intake<sup>44</sup>**

#### **Recommendation of Daily Allownces (RDA)-2020**

Table 8

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<sup>43</sup> MSNP, MoHP (MSNP II - 2018-2022)

<sup>44</sup> ICMR (2020), Recommendation Dietary Allownces and Estimatedaverage Requirements, Nutritional Requirments for Indian-2020 (Page# 752), PARK's 27<sup>th</sup> Editions.

Age Group	Category of work	Body Wt (kg)	Protein (g/d)	Dietary Fibre* (g/d)	Calcium (mg/d)	Magnesium (mg/d)	Iron (mg/d)	Zinc (mg/d)	Iodine (µg/day)	Thiamine (mg/d)	Riboflavin (mg/d)	Niacin (mg/d)	Vit B6 (mg/d)	Folate (µg/d)	Vit B12 (µg/d)	Vit C (mg/d)	Vit A (µg/d)	Vit D (IU/d)
Men	Sedentary	65	54.0	32	1000	440	19	17	150	1.4	2.0	14	1.9	300	2.2	80	1000	600
	Moderate			41						1.8	2.5	18	2.4					
	Heavy			52						2.3	3.2	23	3.1					
Women	Sedentary	55	46.0	25	1000	370	29	13	150	1.4	1.9	11	1.9	220	2.2	65	840	600
	Moderate			32						1.7	2.4	14	1.9					
	Heavy			41						2.2	3.1	18	2.4					
	Pregnant woman	55 + 10	+9.5 (2nd trimester) +22.0 (3rd trimester)	-	1000	440	27	14.5	250	2.0	2.7	+2.5	2.3	570	+0.25	+15	900	600
	Lactation 0-6m		+17.0	-	1200	400	23	14	280	2.1	3.0	+5	+0.26	330	+1.0	+50	950	600
	Lactation 7-12m		+13.0	-	1200	400	23	14	280	2.1	2.9	+5	+0.17	330	+1.0	+50	950	600
Infants	0-6m*	5.8	8.0	-	300	30	-	-	100	0.2	0.4	2	0.1	25	1.2	20	350	400
	6-12m	8.5	10.5	-	300	75	3	2.5	130	0.4	0.6	5	0.6	85	1.2	30	350	400
Children	1-3y	12.9	12.5	15	500	90	8	3.3	90	0.7	1.1	7	0.9	120	1.2	30	390	
	4-6y	18.3	16.0	20	550	125	11	4.5	120	0.9	1.3	9	1.2	135	1.2	35	510	600
	7-9y	25.3	23.0	26	650	175	15	5.9	120	1.1	1.6	11	1.5	170	2.2	45	630	
Boys	10-12y	34.9	32.0	33	850	240	16	8.5	150	1.5	2.1	15	2.0	220	2.2	55	770	600
Girls	10-12y	36.4	33.0	31	850	250	28	8.5	150	1.4	1.9	14	1.9	225	2.2	50	790	600
Boys	13-15y	50.5	45.0	43	1000	345	22	14.3	150	1.9	2.7	19	2.6	285	2.2	70	930	600
Girls	13-15y	49.6	43.0	36	1000	340	30	12.8	150	1.6	2.2	16	2.2	245	2.2	65	890	600
Boys	16-18y	64.4	55.0	50	1050	440	26	17.6	150	2.2	3.1	22	3.0	340	2.2	85	1000	600
Girls	16-18y	55.7	46.0	38	1050	380	32	14.2	150	1.7	2.3	17	2.3	270	2.2	70	860	600

\* Adequate Intake (AI)

Source: ICMR (2020), Recommendation Dietary Allowances and Estimated average Requirements, Nutritional Requirements for Indian-2020 (Page# 752), PARK's 27<sup>th</sup> Editions.

### Nutritional Intake as per the study of HHS-2025<sup>45</sup>

Table 9

Description	Percentage
Nutritional Intake-Occasionally	61 %
Nutritional Intake-1-2 times /week	39 %
Nutritional Intake-Daily	0.71 %

Based on the data provided, household consumption patterns reveal a significant deficit in dietary diversity and overall nutritional quality. The intake of animal nutrition-rich foods is particularly low, with a majority of households (60.5%) consuming them only occasionally and a negligible fraction (0.7%) doing so daily.

While consumption of plant-based nutrition-rich foods like lentils, fruits, and vegetables is more frequent, with over 80% of households consuming them weekly or daily, the severely limited intake of animal-source foods suggests a diet lacking in complete proteins and essential micronutrients such as Vitamin B12, iron, and zinc. This imbalance indicates a poor overall nutritional condition,

<sup>45</sup> HHS-2025, Annex-3

highlighting a critical need for interventions to improve both the frequency and diversity of food consumption, particularly from animal sources.

*As per the Indian Council of Medical Research of Hyderabad 500007, the daily diet of a woman should contain an additional 350 calories, 0.5 g of protein during the first trimester and 6.9 g during the second trimester, and 22.7 g during the third trimester of pregnancy.*<sup>46</sup>

### Knowledge on Nutrition and its effect

Out of eight respondents, only two reported having enough nutrition knowledge, while the majority, six respondents, indicated that their knowledge is not sufficient. This suggests that most community members have a limited understanding of proper dietary practices, nutritional requirements, and the importance of balanced meals, particularly for women, adolescent girls, and vulnerable groups. The gap in nutrition knowledge may affect food choices, meal diversity, and overall health outcomes. These findings highlight the need for targeted nutrition education programs, awareness campaigns, and community-based interventions to improve knowledge, promote healthy eating habits, and ensure better nutrition and well-being for all community members.<sup>47</sup>

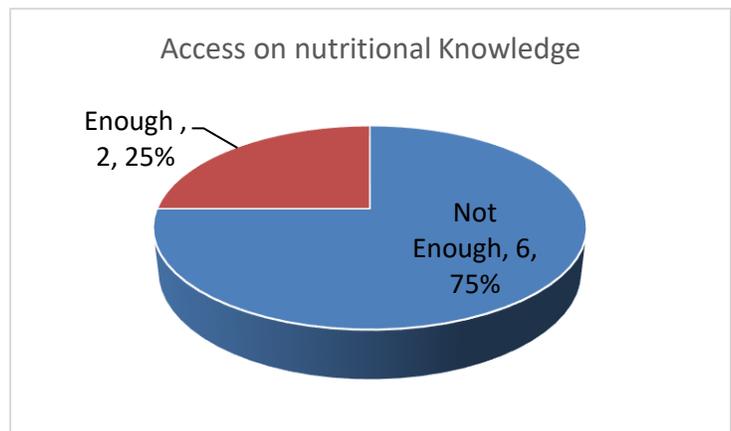


Figure 13

### Adolescent Girls' Education Discrimination

Out of eight respondents, three reported that it is customary to involve adolescent girls in nutrition, health, and related training, while four indicated that such involvement is not a common practice, and one respondent did not know. This reflects a mixed scenario where some communities recognize the importance of engaging adolescent girls in health and nutrition education,

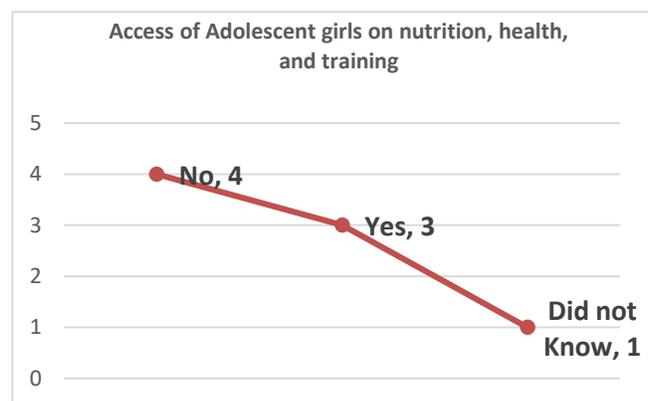


Figure 11

<sup>46</sup> chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nipccd.nic.in/file/elearn/faq/fq25.pdf  
<sup>47</sup> FGD-2025, Annex-4

But a significant portion still lacks this practice. Limited participation may restrict girls’ access to vital information on diet, hygiene, and overall well-being. These findings underscore the need for targeted interventions to actively include adolescent girls in nutrition and health programs, empowering them with knowledge and skills for healthier lives.<sup>48</sup>

### Nutritional Discrimination

The assessment shows that women’s nutritional needs are not consistently prioritized within the community. Out of 19 respondents, 14 indicated that women’s nutrition is addressed only partially, three reported that it is not a priority at all, and only two stated that it is always considered. This suggests that while some efforts exist to address women’s dietary requirements, they are often inconsistent, insufficient, or limited to certain contexts.

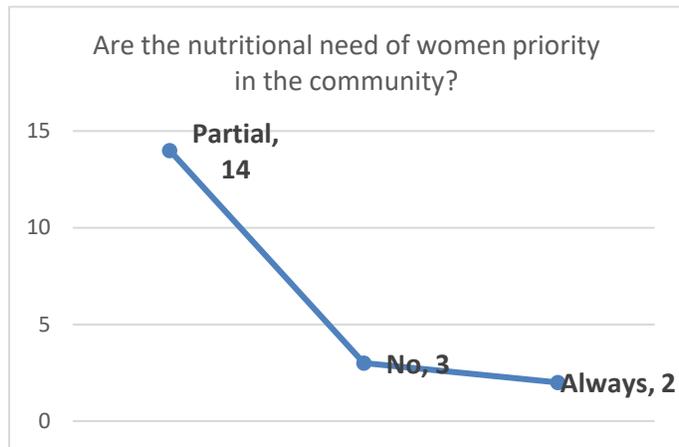


Figure 12

The partial attention may result from gaps in awareness, resources, or culturally influenced food practices. These findings highlight the need for targeted interventions, awareness campaigns, and community-based programs to ensure women’s nutrition becomes a sustained and integral priority in local planning and daily practices.<sup>49</sup>

### Discrimination in the Planning Process

The findings indicate that women’s voices in the planning process are largely limited. Out of eight respondents, seven reported that women’s participation is only “sound partial,” meaning their opinions are heard to a limited extent but rarely influence decisions meaningfully. Only one respondent noted that women are “often overlooked,” highlighting instances where their contributions are completely ignored. This suggests that while some platforms exist for women to express their views, structural and cultural barriers—such as gender norms, social hierarchies, and lack of awareness—restrict their meaningful engagement. These findings emphasize the need for deliberate strategies to ensure women’s active and meaningful involvement, including capacity-building,

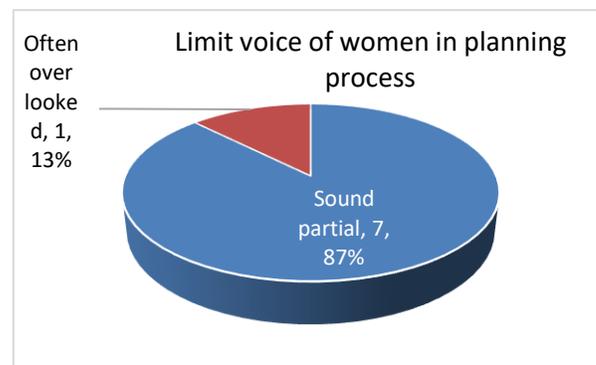


Figure 13

<sup>48</sup> FGD-2025, Annex-4  
<sup>49</sup> KII-2025, Annex-5

sensitization of decision-makers, and the creation of women-friendly spaces within planning and governance processes.<sup>50</sup>

## 10.6 Major Findings of Food and Nutrition

Findings from the Household Survey 2025 reveal persistent gaps in women’s access to nutritious food and essential services, with direct implications for health and well-being in Sanfebagar Municipality and Chaurpati Rural Municipality of Achham District. Among the 279 surveyed households, 115 (41.2%) reported consuming food only twice a day, a pattern that contributes to under-nutrition, weakened immunity, and related health risks. While 114 households (40.8%) consumed vegetables, pulses, and green leafy vegetables daily, the intake of animal-based protein sources was strikingly low. Only two households reported daily consumption of milk, eggs, or meat, 108 households consumed them 1–2 times per week, and the majority, 169 households, consumed them rarely, pointing to significant gaps in dietary diversity and micronutrient intake.<sup>51</sup>

Although there are no explicit restrictions on men or women engaging in kitchen-related activities, cultural practices continue to disadvantage women. For instance, food restrictions during menstruation remain common, limiting women’s access to nutritious diets when their health needs are heightened. Furthermore, intra-household prioritization of children and pregnant women is inconsistent, underscoring the need for behavior change communication and awareness programs.

Encouragingly, women’s participation in public spaces is gradually improving. Out of 279 households, 135 indicated women sometimes participate in public activities, while 115 reported frequent participation. However, cultural and structural barriers still hinder equal participation. Additionally, women’s access to credit, training, technology, and markets remains inadequate, despite increased control over income and farming decisions in areas such as vegetable farming, poultry, and goat rearing.<sup>52</sup>

## 10.7 Decision-making power over food production and consumption

**Table 10**

Description	Percentage
Overall decision-making power	33%
On nutrition decision-making power	40 %

### 10.7.1 Decision-making in Agriculture Production

The survey findings demonstrate that women hold a central role in food production and consumption-related decision-making, reflecting their critical contribution to household food security. According to HHS, out of 279 households, women were identified as the primary decision-makers in agricultural activities in 179 (64%) households and As per [Figure 14](#)

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50 FGD-2025, Annex-4

51 Ibid.2025

52 HHS-2025, Annex-3

FGD (65%), underscoring their leadership in managing farms, particularly in the context of male outmigration. This trend highlights a shift in household dynamics, where women increasingly assume responsibility for decisions that directly influence agricultural productivity and family nutrition. Source: HHS 025 (Annex-3)<sup>53</sup>

### 10.7.2 Decision-making in Nutrition Autonomy

The assessment of women’s decision-making power on nutrition indicates limited autonomy in most households. Out of 20 respondents, eight reported that women have no decision-making power regarding nutrition; another eight stated they have partial authority, and only four indicated that women are fully empowered to make decisions about their diet and food consumption.

This demonstrates that a majority of women face constraints in influencing household food choices, meal planning, and allocation of resources for nutrition, which may result from entrenched [Figure 18](#) gender norms, cultural practices, or limited awareness. Partial decision-making often means women can make minor choices but lack control over key nutritional decisions. The limited autonomy has direct implications for women’s health, diet quality, and overall well-being, particularly during critical periods such as pregnancy, menstruation, and lactation. Strengthening women’s decision-making power through awareness, capacity-building, and inclusive household practices is essential to ensure better nutrition outcomes for women and their families. However, this responsibility also comes with a heavy burden. Women’s role extends beyond decision-making to encompass full-day agricultural labor, livestock management, child care, food preparation, and overall household management. Such multiple and overlapping responsibilities place immense physical and emotional demands on women, often leaving little time for rest, personal development, or community participation.

While women’s decision-making power is expanding, the associated workload highlights the urgent need for gender-responsive support mechanisms. Reducing drudgery through women-friendly technologies, equitable access to resources, and recognition of women’s roles in agricultural systems are essential for strengthening food security and promoting gender equality.<sup>54</sup>

### 10.7.4 Taboos and restrictions related to food practices

Table 11

Description	Percentage
Overall restriction of women	24.7%
Milk restriction during the mensuration period	4 days
Un-touch crops and kitchen	4 days
Chhau goath remaining	8 % in the community

53 Ibid.2025

54 KII-2025, Anex-5

Food pattern	Males 1 <sup>st</sup> and Women last in the kitchen
Pregnant and the Childbirth period	25% women still do not access nutritious food

**10.7.4.1 Menstruation Period**

The findings from the Household Survey 2025, supported by Key Informant Interviews (KII) and Focus Group Discussions (FGDs), reveal that while dietary practices for women are gradually improving, cultural taboos and restrictions remain a significant barrier to equitable nutrition. Out of 279 surveyed households, 210 reported that women are allowed to consume a variety of foods during pregnancy, childbirth, and the menstruation period, while 69 households indicated that women still face food restrictions. These restrictions are particularly evident during the menstruation period, where the consumption of milk is commonly prohibited, and reflecting deep-rooted socio-cultural norms.<sup>55</sup>

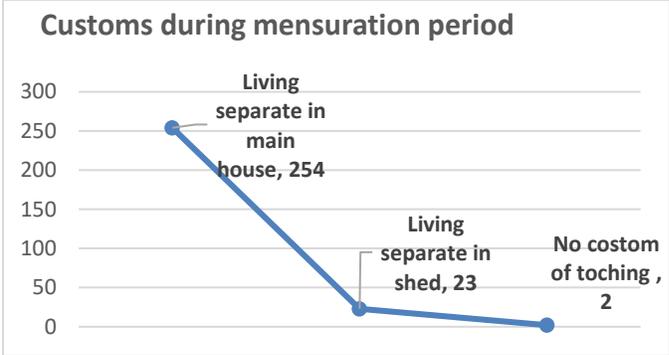


Figure 19

Household survey also disclosed about limited access to animal protein such as fish, meat, eggs, and milk. A majority of 169 households consume these items only occasionally, while 108 households reported consumption 1–2 times per week. Alarmingly, only 2 households consume animal protein daily, indicating very low regular intake of protein-rich foods. This has direct implications for dietary diversity, nutritional adequacy, and overall household health.

Women and girls continue to face exclusion from kitchens and communal eating during menstruation, typically for up to four days. Although most food items are permitted, the restriction on milk and isolation practices persist in some areas, such as Chaurpati Rural Municipality and Sanfebagar Ward-9, affecting both women’s food access and mental well-being. Encouragingly, the practice of Chhaupadi is gradually declining, and Gender-Based Violence (GBV) linked to it has reportedly reduced, partly due to stronger community awareness and government enforcement at the municipal level.

The survey also highlights persistent, though declining, caste-based discrimination. Among 279 households, 151 reported continued practices of untouchability (chhui-chhāit0) between Dalit and non-Dalit communities, while 128 households stated that such practices no longer exist.<sup>56</sup> This indicates a slow but positive shift away from traditional discriminatory customs, although entrenched social barriers remain.

<sup>55</sup> Ibid. 2025  
<sup>56</sup> Ibid.2025

Overall, the findings emphasize that while progress is visible in reducing food-related taboos and discriminatory practices, continued efforts in awareness-raising, behavior change, and enforcement of legal measures are essential to ensure equitable food access and dignity for women and marginalized groups.<sup>57</sup>

#### 10.7.4.2 *Chhaupadi* System and Government Policy

**The Penal (Code) Act, 2017 , Section 168(3) & ((4):** This is the most significant national legal instrument against *Chhaupadi*. Protocol: It criminalizes the act of forcing a woman to observe *Chhaupadi*. The law states that anyone who forces a woman into isolation during menstruation or the post-partum period is subject to imprisonment for up to three months and/or a fine of up to NPR 3,000 (approx. \$23)<sup>58</sup>.

The federal government has integrated the elimination of *Chhaupadi* into its broader health, gender equality, and human rights policies. Agencies such as the National Human Rights Commission (NHRC) actively condemn this practice.

The Sudurpashchim Province government has called on all the District Administration Offices and local levels within the Province to conduct massive public awareness campaign against the ill social and traditional practices including *Chhaupadhi*. In *Chhaupadhi* practice, menstruating women and girls are confined to the *Chhaugoth*, an outdoor shed due to superstitious belief that if women and girls stay with their family members during menstrual time (four days), it would irate their family deities. Against such social ill, the meeting of Office of Chief Minister and Council of Ministers convened in Dhangadi today directed all the concerned authorities within the province to run a social awareness campaign against the *Chhaupadhi*.

The provincial government expressed its commitment to taking forward the abolishment of *Chhaugoth* and regulating discriminatory practices as untouchability, which are social blights.<sup>59</sup>

The provincial government has declared the goal of making Sudurpashchim a "*Chhaupadi*-free province." Protocol: Awareness campaigns, mobilizing local leaders and health workers, and programs to destroy *Chhau* huts and build "*Chhaupadi*-free villages."

The *Chhaupadi* system remains deeply entrenched in Sudurpashchim Province, Nepal, despite being outlawed by the Supreme Court in 2005 and criminalized by national legislation in 2017. This harmful traditional practice, rooted in misconceptions about ritual impurity, mandates the segregation of menstruating women and girls, who are forced to sleep in isolated, makeshift shelters known as *chhau goths* (often rudimentary sheds or livestock huts). This practice is particularly prevalent in the remote, rural districts of the province, such as Achham, Doti, and Bajura, where patriarchal norms and

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57 Ibid.2025

58 The National Penal (Code) Act, 2017, Ministry of La, justice and Parliament Affairs

59 Sudurpashchim govt calls for public awareness against *Chhaupadhi*, The Rising Nepal, July 2025

superstitious beliefs are strongest. The situation is dire, with numerous reports indicating that a significant proportion of women and adolescents in these areas are still compelled to practice *Chhaupadi*, exposing them to extreme risks including snake bites, animal attacks, sexual violence, and respiratory illnesses due to the poor, unsanitary conditions of the shelters<sup>60</sup>

In summary, while Nepal has established protocols against *Chhaupadi* and for nutrition, its critical failure lies in the lack of a synergistic approach, especially in Sudurpashchim Province. Until policies directly confront the fact that *Chhaupadi* is a primary driver of malnutrition, progress in eliminating either will remain slow and unsustainable. In Chaurpati and Sanfebager, still 8% *Chhaupadi* remains.

The persistence of *Chhaupadi* in Sudurpashchim is driven by intense social pressure, fear of community ostracization, and deep-seated beliefs that violating the practice will bring misfortune, such as failed crops or illness to family members. Government and non-governmental organizations (NGOs) face significant challenges in eradicating it, as efforts to destroy sheds are often met with resistance, and communities rebuild them. Comprehensive interventions focusing on behavior change communication, education, and economic empowerment are ongoing, but progress is slow. The practice has severe consequences for women's and girls' physical and mental health, restricting their access to nutritious food, proper sanitation, and healthcare, while also impacting their dignity and psychological well-being.<sup>61</sup>

The assessment of the *Chhaupadi* system in 2025 reveals that menstrual restrictions continue to affect women and adolescent girls in certain communities, though practices vary. Out of five respondents, three reported that women still follow *Chhaupadi* by staying in a separate poor shelter, while one indicated that it occurs within the main house in separate space. Another respondent noted that following *Chhaupadi* is “not easy,” reflecting growing challenges or resistance to adhering to this harmful tradition.

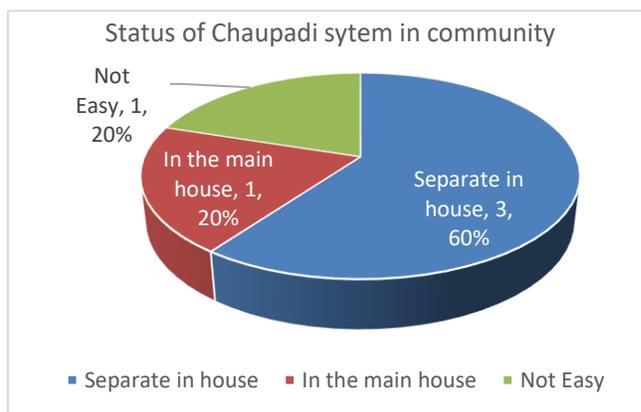


Figure 20

These findings suggest that, despite awareness programs and legal prohibitions, social and cultural norms still influence menstrual practices. The continuation of *Chhaupadi*, whether in separate huts or within homes, poses significant health, safety, and psychological risks for women, limiting their mobility, nutrition, and participation in household and community activities. Addressing this issue requires a combination of strict law enforcement, community sensitization, and empowerment of women and girls. Promoting safe, hygienic, and

60 Nepal Multiple Indicator Cluster Survey (MICS) by the Central Bureau of Statistics, supported by UNICEF

61 Studies and field assessments by UNICEF Nepal and the World Health Organization (WHO); Reports from local NGOs like SAHAVAGI and the Forum for Women, Law and Development (FWLD)).

culturally acceptable alternatives is essential for eliminating *Chaupadi* and improving women's overall well-being.<sup>62</sup>

### 10.7.4.3 Domestic Violence in Achham

#### Why suicide rates among pregnant women in Nepal are rising

*Huge numbers of pregnant women and new mothers are taking their own lives in Nepal as they deal with extreme poverty, natural disasters, domestic violence, and oppression.* Research shows that suicide represents 16% of all deaths in women of reproductive age. The rate is higher than previously recorded, and there has been a considerable increase over the past few years. But a new project that trains midwives about mental health issues might hold the key to turning this around.

Suicide is primarily associated with unwanted pregnancy or the feeling of being trapped in poverty or situations of sexual and physical abuse. A study of 202 pregnant women (carried out between September and December 2014) found that 91% of them experienced some kind of physical, emotional, or sexual abuse – mostly at the hands of their husbands and/or mother-in-laws.

The sad fact is that almost 40% of suicides in the world occur in South-East Asia. And one in three pregnant women and new mothers is taking their own lives in low-income countries. *In Nepal, 21% of the suicides among women aged 15-49 were among girls under 18 due to violence and being powerless in their families and communities.*

*Source:* <https://theconversation.com/why-suicide-rates-among-pregnant-women-in-nepal-are-rising-86252>, **Bibha Simkhada** (Postdoctoral Researcher in School of Nursing and Allied Health, Liverpool John Moores University) and **Edwin van Teijlingen** (Professor of Reproductive Health Research, Bournemouth University), Published March 8, 2018, 11.34 am GMT.<sup>63</sup>

Pregnancy is a known trigger for mental health problems. But gender discrimination and domestic violence are making matters worse. In addition to these issues, natural disasters are also a huge contributing factor to the spiralling mental health problems of young mothers.

#### Lack of control

In Nepal, making decisions about seeking maternity care is not in the hands of the pregnant woman but usually lies with her mother-in-law or husband. When young women marry, they move in with their husbands' families, and their lives are often ruled by their in-laws. These women usually have little say in seeking health care during pregnancy, childbirth, and the postnatal period.

In many poor families, husbands migrate for work, leaving their young wives with the family. Nepal has a real migrant worker economy with close to 50% of Nepalis relying on financial help from relatives abroad. Mental health problems can worsen for women who have been taken away from their

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<sup>62</sup> FGD-2025, Annex-4

<sup>63</sup> <https://theconversation.com/why-suicide-rates-among-pregnant-women-in-nepal-are-rising-86252>

own families. In other cases, young women face domestic violence due to their husbands' drinking, leading to mental health issues and suicide.

### **Cultural and social norms**

Cultural practices and social norms, like gender inequalities and early marriage, hinder women who have a lack of choice when it comes to their role as mothers. There is also a preference for sons rather than daughters, who are seen as an “economic burden” in many families. If a woman is expecting a daughter, especially for the second or third time, this can also trigger mental health issues. Depression and anxiety are common and affect ten to 15 out of every 100 pregnant women in the country. Postnatal depression is often reported, but less attention is given to more common and less obvious mental health issues.

### **Incidents of domestic violence are unchecked in Achham**

**As many as 129 cases of domestic violence were registered at the police over the past 28 months. Many go unreported.** Women in Achham are pictured during a discussion on domestic violence recently. Source: [Menuka Dhungana](#), Published at : December 11, 2024, [The Kathmandu Post](#).

A 38-year-old woman from Mangalsen, the district headquarters of Achham, works as a daily wage earner from dawn to dusk for her livelihood. She works menial jobs, including crushing pebbles, carrying loads, and working as a field hand. She works nearly double what other people generally do for survival. She has three daughters (one of whom is married), two sons, and a husband.

“I work hard and earn some money to manage family expenses. But I dread going home in the evening each day,” the woman said. “My husband, under the influence of alcohol, can attack me as well as my daughters at any time.” She said that her husband verbally abuses her and the children, using indecent words and beating them quite frequently. The woman’s husband used to go to India for work in the past. But for the past year, he has been staying at home. She says that he regularly drinks alcohol and tortures the family members.

“I spend daytime working outside the home. I feel insecure at home. He may attack and kill me at any time,” said the woman, stating that she had to endure mental and physical torture at the hands of her husband. According to her, she lodged complaints against her husband for domestic violence with the local police several times. “But the police returned home, urging us to settle the dispute at home,” she added. Speaking to the Post, the woman said that she neither knew about the judicial committee at the local unit nor about the 16-day campaign against gender-based violence, which concluded on Tuesday. “I don’t know about the 16-day activism,” she said. “Nobody informed me about it. Maybe some local women leaders attend such programmes.”

Another woman from Kamalbajar Municipality-5 shares a similar ordeal. She claimed that her husband tortures her on various pretexts. “He beats me almost every day. The mother-in-law also joins him to beat me,” said the woman, a mother of three children. “They have ordered me to leave home. Where should I go?” She added that she visited the local police post five times over the past year seeking justice but to no avail. Several organisations and local units work together to see to the

successful launch of the 16-day activism to end violence against women each year. Rallies are organised, banners unfurled and slogans are chanted. But the situation of the target group, mainly women, doesn't appear to have changed much.

Incidents of domestic violence are unchecked in Achham, a hill district of Sudurpaschim Province. Most of the victims complain that they were subjected to torture by their alcoholic husbands.

The data at the district police office mirrors the grim picture of domestic violence in the district. As many as 129 cases of domestic violence were registered at the police over the past 28 months. A total of 107 cases were settled, while only 22 cases were moved forward for legal process. Meanwhile, many cases go unreported. "Most of the incidents of domestic violence are between husband and wife," said a police officer, preferring anonymity. "Poverty, lack of education, unemployment, patriarchal structure of the society, among others, are the main causes behind the unchecked incidents of domestic violence." The officer said many people did not report the incident of domestic violence, fearing damage to their social prestige.

Ideally, the campaign against gender-based violence aimed at mitigating gender violence should have been able to penetrate the social fabric that perpetuates gender violence but that was not the case in Achham where Chhaupadi is still practised despite regular intervention from the authorities.

## 10.8 Gender analysis with recommendations

Analyzing data through a GESI lens is a complex task. By reviewing existing literature and collecting data through household surveys (HHS), focus group discussions (FGDs), key informant interviews (KIIs), and observation methods, six key issues were identified. Based on these issues, a Gender Analysis outline has been developed, which includes key Issues, strategies, Responsible Party and preferred timelines as follows:

### GESI Analysis: Key Issues, Strategy, Responsible Party & Timeline

#### a. Division of Labour

- **Key Issues:** Productive, reproductive, and community roles related to food and nutrition
- **Strategy:** Promote shared household responsibilities through awareness campaigns; engage men in nutrition and care work.
- **Responsible Party:** WE CAN Project, SAMABIKAS Nepal, Local CSOs.
- **Timeline:** Short-term (0–6 months).

#### b. Access to Resources

- **Key Issues:** Access to land, livestock, credit, training, technology, markets and nutrition information
- **Strategy:** Facilitate joint land ownership, strengthen women-friendly extension services, and link women to cooperatives and credit.
- **Responsible Party:** Local Government, Land Revenue Office, Cooperatives, NGOs.
- **Timeline:** Medium-term (6–18 months).

### c. Control over Resources & Benefits

- **Key Issues:** Ownership/control over productive assets and decision authority on use of income and food
- **Strategy:** Advocate for women's role in decision-making within farmer groups; promote equitable sharing of agricultural benefits.
- **Responsible Party:** Farmer Groups, Cooperatives, Local Government, NGOs.
- **Timeline:** Medium-term (6–18 months).

### d. Participation & Decision-Making

- **Key Issues:** Decisions in farming, food, budgeting, institutions
- **Strategy:** Build women's leadership capacity in community and farmer groups; ensure inclusive participation in local planning.
- **Responsible Party:** Women's Groups, Local Government, SAMABIKAS Nepal.
- **Timeline:** Short- to Medium-term (0–18 months).

### e. Needs and Priorities

- **Key Issues:** Practical and strategic way on gender needs in food and nutrition
- **Strategy:** Build leadership capacity; ensure inclusive participation in planning.
- **Responsible Party:** Women-led Farmer Groups, Local Government, Samabikas Nepal
- **Timeline:** Medium-term (6–18 months).

### f. Social Norms (Food taboos, restrictions, practices)

- **Key Issues:** Prevailing social norms shaping food & nutrition
- **Strategy:** Conduct community dialogues and behavior change campaigns; engage local leaders and health workers to challenge discriminatory norms.
- **Responsible Party:** Community Leaders, Health Workers, NGOs, Local Government.
- **Timeline:** Long-term (18+ months).

The gender analysis in Sanfebagar and Chaurpati highlights those women and girls shoulder a heavy, unpaid workload in farming, household care, and food preparation, yet they have limited control over land, income, and decision-making. Despite their central role in ensuring food and nutrition security, their access to resources such as training, credit, technology, and markets remains constrained by structural barriers, mobility restrictions, and entrenched social norms. Men, on the other hand, dominate ownership of land, control over income, and decision-making in households and communities, while many also migrate for wage labor, further intensifying women's responsibilities.

The WE CAN Project offers an opportunity to address these gender gaps by promoting shared household and farming responsibilities, ensuring women's equal access to productive resources, and strengthening their leadership and decision-making power. Strategies such as joint land ownership, women-friendly extension services, cooperative linkages, and awareness campaigns targeting men and communities are critical to transform unequal norms. By fostering equitable roles, access, and control,

the interventions can contribute to improved food and nutrition security while advancing women’s empowerment in both municipalities.

**Note: Please refer Detailed Gender Analysis Matrix in Annex-1**

## 11. Intersectional Dimension Of Inequalities

Intersectionality highlights that people’s lives are shaped not only by a single identity (such as being a woman or being poor) but also by the overlap of multiple identities, such as gender, caste/ethnicity, disability, age, or economic status. These overlapping factors often intensify the inequalities they face. Therefore, analyzing intersectional dimensions of inequalities means recognizing how these multiple layers combine to create unique disadvantages or barriers for specific groups.

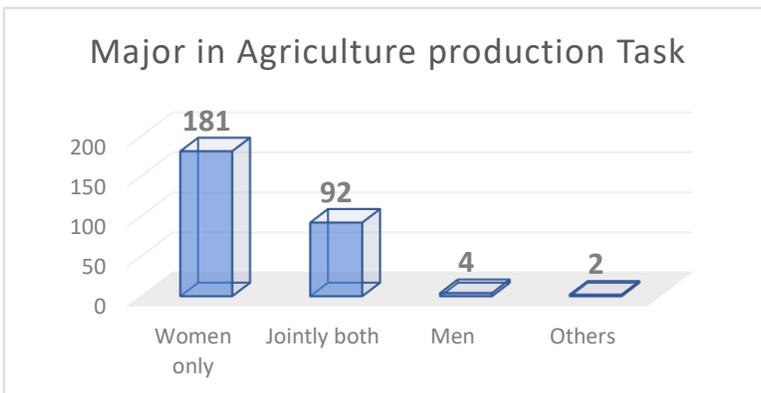


Figure 21

In the context of Chaurpati Rural Municipality and Sanfebagar Municipality, inequalities vary across communities. Household survey data<sup>64</sup> shows that 45.6% of households have only 3–6 months of food sufficiency from their own land, while only 18% achieve year-round sufficiency. This shortfall drives seasonal outmigration to India, which has become a key livelihood strategy.



Figure 22, Mensuration shade (Chhaugoth) in Sanfebagr-3, Siddheshwor15

Women in rural households bear a disproportionate burden, with 65.23% engaged in food production alongside unpaid care work (HHS-2025). Likewise, as per the Key informants’ Interview, the involvement of Women in domestic cooking and storage tasks was reported at 95%. The situation is compounded by social discrimination. Dalit households continue to face caste-based exclusion, particularly in access to public resources.

Figure 23

<sup>64</sup> HHS Data-2025 under Assessment of Gender gaps, Annex-3

For example, during menstruation, women and adolescent girls are restricted from using public taps, forcing them to walk up to an hour for bathing and washing clothes. Moreover, 8% of women are still compelled to stay in *Chhaupadi* sheds during menstruation, exposing them to health and safety risks. During the studies few key woman respondent reveals that basically Dalit womens used to stay in collective *Chhau shade* during the mensuration period, but in these days most of the women using separate room in the same house. We found one normal mensuration (*Chhaupadi*) Shade built near the household of Dalit at Sanfebagar Municipality Ward no.3, Siddheshwor settlement. Likewise, one women activist from Sanfebagar reported that during postnatal (childbirth) period most of the rural women face discrimination and untouchable behaviour from their household members and neighbour considering a taboo of untouchabiity during the child birth period up to 11 days. However, there is needed postnatal care ;i.e. warm health care, love, and intense support on delivery of nutritious food in time and warm clothing to mother and infant. Mostly, the status of Dalit women in the menstruation and new childbirth time remains most pitiable.

These overlapping factors, male outmigration, caste-based discrimination, and gendered unpaid labor, intensify women’s time poverty and limit their opportunities.

In this way, the intersectional dimension of inequalities in rural studies area shows how gender, caste, poverty, and migration overlap to deepen marginalization. Women, especially Dalit women, face heavy unpaid care work, caste-based restrictions during menstruation and childbirth, and limited access to resources, while widespread food insecurity and male outmigration further intensify their burdens and time poverty.

### 11.1 Status of Caste-based Discrimination

Household survey data (HHS-2025) indicates that caste-based untouchability remains widespread. Around 44.3% of households reported experiencing caste-based restrictions. Dalit communities, in particular, face exclusion from public water taps, temples, and communal spaces (*Paati-Pauwa*).<sup>65</sup>

**Table 12**

Indicators	Yes	No	Discrimination %
Caste-wise discrimination at the household/individual level	151	128	45.88
Caste-wise discrimination in public spaces (tap/well, temple, Pati-Pauwa)	119	160	42.65
Average			44.3%

In this way, the women especially from marginalized and Dalit households from both local levels of Achham face compounded inequalities due to food insecurity, male outmigration, heavy care burdens, and discriminatory practices like *Chhaupadi*, and cast based discrimination (*Choi-Chhito*) which deepen their time poverty and restrict opportunities.

<sup>65</sup> HHS- 2025, Annex-3

## 11.2 Status of Education

Table 13

Description	Percentage	Remarks
Illiterate	6%	Drop-out due to poor economy, male out-migration, and overwork load and home responsibilities.
Literate	55%	
Primary Education	8%	
Secondary Education	20%	
Higher Secondary Edu,	10%	
Bachelor's/Master's Education	1.5%	

The above educational profile of the population reveals a significant literacy challenge, characterized by a large segment (55%) possessing only basic literacy skills without formal schooling, while a small minority (6%) remains entirely illiterate. The critical barrier to educational advancement appears at the primary level, where economic hardship, widespread male out-migration, and the resulting overwhelming burden of domestic and work responsibilities force many students to drop out. This is reflected in the sharp decline from primary education (8%) to secondary (20%), with only a tiny fraction (1.5%) attaining a bachelor's or master's degree, indicating that profound socio-economic constraints severely limit access to and completion of higher education.<sup>66</sup>

## 11.3 Child Marriage

According to Human Right Watch Child marriage in Nepal is resulted from a web of factors including poverty, lack of access to education, child labor, social pressures, and harmful practices. Cutting across all of these is entrenched gender inequality, and damaging social norms that make girls less valued than boys in Nepali society.<sup>67</sup>

A study data shows in 2022 that the prevalence of Child marriage was 34.9%.<sup>68</sup>

A recent Household survey report<sup>69</sup>, the 4% child marriage below 16 years of age rate in Sanfebagar and Chaurpati municipalities is rooted in a complex web of pervasive poverty, deep-seated patriarchal norms, and limited opportunities. A primary driver is economic vulnerability; families living in extreme poverty may perceive daughters as an economic burden and see marriage as a way to reduce household expenses or secure a daughter's future through dowry, even though the practice is illegal. This is compounded by socio-cultural traditions where early marriage is linked to family honor, aiming to ensure girls marry before pre-marital sexual activity (and pregnancy) can occur, which would bring social stigma. Furthermore, the region's high rates of out-migration of men for work leave

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<sup>66</sup> Ibid. 2025

<sup>67</sup> [“Our Time to Sing and Play” : Child Marriage in Nepal-2016 | HRW](#)

<sup>68</sup> [Child Marriage in Nepal | Child Marriage Data Portal](#)

<sup>69</sup> HHS-2025, Annex-3

women and girls disproportionately vulnerable, with families sometimes arranging marriages for perceived security and protection in the male head-of-household's absence

The structural barriers of limited access to quality education play a major role; when schools are distant, of poor quality, or lack separate sanitation facilities, parents are less inclined to keep girls enrolled, increasing their risk of early marriage. Likewise, a lack of safe economic opportunities for young women offers few alternatives to marriage. While national law sets the legal age of marriage at 20, weak enforcement mechanisms at the local level mean social norms often override legal statutes. Community-level authorities may be reluctant to interfere in what are considered private family decisions. The intersection of these factors—poverty, gender inequality, lack of education, and weak law enforcement—creates an environment where child marriage, even at 4%, remains a stubborn reality.

## **12. WILD ANIMALS (MONKEYS) DESTROYING FOOD PRODUCTS**

During the field study on **Gender Gap Assessment in Achham district**, a recurring concern voiced by smallholder farmers, especially women, was the destruction of agricultural products by wild animals such as monkeys and wild pigs. This issue has become a significant threat to household food security and nutrition.

Due to high male outmigration to India, the responsibility of farming and protecting crops falls disproportionately on women, children, and the elderly. Women spend a considerable amount of time guarding fields, often at the cost of other household and income-generating work. Despite their efforts, they are frequently unable to protect their crops from raids, leading to repeated harvest losses. Children and women also face **personal safety risks** while confronting these animals, further discouraging families from investing in horticultural and cereal crops like maize, vegetables, and fruits.

This situation not only undermines **food security** but also disincentivizes smallholders, particularly women, from adopting more nutritious and income-generating crops. If left unaddressed, the destruction caused by wild animals could perpetuate rural poverty, under-nutrition, and gender-based vulnerabilities in Achham.

### **Recommended Remedies and Interventions**

To safeguard crops, encourage investment in agriculture, and ensure food and nutrition security, the following measures are strongly advised:

#### **1. Bio-Acoustic and Eco-Friendly Deterrents**

- Use **bio-acoustic devices** that play predator sounds (e.g., leopard growls for monkeys, tiger roars for wild pigs).
- Promote **solar-powered sound/light repellents** that are low-cost and sustainable.

- Introduce **organic repellents** (chilli-garlic sprays, neem-based solutions) proven effective against wild pigs.
2. **Community-Based Guarding Mechanisms**
    - Encourage **collective guarding groups** where farmers take turns to protect fields, particularly during high-risk crop seasons.
    - Train women’s groups and cooperatives to establish **rotational watch systems**, making it safer and less burdensome for individuals.
    - Explore **dog-assisted guarding** with trained community-owned dogs to deter intrusions.
  3. **Agroforestry and Buffer Plantations**
    - Promote **barrier crops** (e.g., ginger, turmeric, chili, cactus, or bamboo) at farm boundaries, which animals dislike.
    - Support **community woodlots or fodder plantations** on the forest edge to reduce animal pressure on farmlands.
  4. **Improved Fencing Solutions**
    - Low-cost **bio-fencing** with cactus, agave, or thorny plants.
    - Community-managed **solar/electric fencing** in high-risk clusters, supported by local government subsidies.
  5. **Financial Protection and Insurance Schemes**
    - Introduce **crop insurance programs** tailored for smallholders, ensuring compensation for verified wildlife damage.
    - Advocate for inclusion of wildlife-related losses in existing **agricultural insurance schemes** at the provincial and federal levels.
  6. **Policy and Institutional Support**
    - Establish **Wildlife Damage Relief Funds** at the local government level.
    - Strengthen coordination between **local governments, forest offices, and agriculture extension services** for quick response mechanisms.
    - Ensure that **Gender and Social Inclusion (GESI)** is integrated into wildlife management and food security policies.
  7. **Research and Innovation**
    - Pilot **drone-based surveillance and early warning systems** in high-conflict areas.
    - Partner with universities and innovators (e.g., Dr. Mahabir Pun’s National Innovation Center) for **context-specific technologies**.
  8. **Awareness and Capacity Building**
    - Train women farmers on **non-lethal wildlife management practices**.
    - Raise community awareness to discourage retaliatory killings and promote **coexistence strategies**.
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In Summary, addressing crop destruction by wild animals in Achham requires an **integrated approach** that blends community action, technological innovation, financial protection, and policy support. By reducing wildlife-induced losses, smallholder women farmers can be motivated to invest in diverse, nutritious crops, ultimately strengthening **local food security, nutrition outcomes, and resilience**.

### 13. POSSIBILITIES OF WOMEN'S ENTERPRISE SCHEMES

These potential enterprises were identified and carefully assessed through a series of field-based tracking walks and in-depth discussions with a diverse range of community stakeholders during our on-site visit.

#### 13.1. Off-Farm Enterprises (Non-Agricultural)

The potential Off-farm enterprises identified during the studies are as follows:

Table 14

Enterprise	Description
<b>Kirana Pasal (Grocery Shop)</b>	A small shop selling daily essentials like rice, salt, oil, soap, and mobile recharge. It ensures steady income and serves as a community hub. Women's groups can manage it collectively with support from a revolving fund.
<b>Khaja-Nasta &amp; Local Café (Tea Shop)</b>	A stall or café offering snacks and beverages such as Mo: mo, buckwheat bread, pakoda, tea, and yogurt. Located near schools, bus stops, or offices, it benefits from high foot traffic. With training and basic equipment, women can earn a quick daily income.
<b>Tailoring/boutique Enterprises</b>	Provides stitching and repair services for uniforms, dresses, and traditional attire. It requires only 1–2 sewing machines and basic training. A home-based, low-cost business that reduces the need to travel outside for tailoring services.
<b>Local Craft &amp; Weaving business</b>	Produces handmade items like woolen socks, gloves, baskets, and mats using local resources. Preserves cultural heritage while creating income opportunities. With training and cooperative marketing, women can access broader markets.
<b>Bamboo-Crafts</b>	Produces of Muda, rack, tea mat, etc., and other utilities by applying bamboo processing appropriate technologies
<b>Agro-vet Enterprises</b>	Supplies seeds, fertilizers, and veterinary medicines, while also offering farming advice. Reduces farmers' burden of traveling far for inputs and improves yields. With certification and training, women can become respected service providers in agriculture.

<b>Mobile repair</b>	IT-based mobile repairing enterprises for educated young women
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## Products and Services to Offer the Smallholders

Table 15

Category	Specific Products for Achham Context
<b>Seeds</b>	Quality seeds of rice, maize, finger millet ( <i>Kodo</i> ), wheat, and vegetables (tomato, cauliflower, onion, spinach).
<b>Fertilizers</b>	Urea, DAP, Potash, and also promoting organic manure/compost.
<b>Pesticides/Herbicides</b>	Insecticides, fungicides, and weedicides (but promote safer, organic options like neem-based pesticides).
<b>Veterinary Medicines</b>	De-wormers, vaccines, antibiotics, vitamin supplements, and external parasite controls.
<b>Tools &amp; Equipment</b>	Small tools (pruners, sprayers, sickles), feed supplements, watering cans.
<b>Services</b>	<b>Basic advisory services:</b> How to mix fertilizer, diagnose a common plant disease, or identify a sick animal. <b>Linkage:</b> Act as a referral point to government veterinary technicians.

## 13.2 On-Farm Enterprises (Agricultural)

These enterprises are based on cultivating land and adding value to the produce.

Table 16

Potential on-farm Enterprises	Description
<b>Commercial Vegetable Farming (Cash Crops)</b>	Growing vegetables for markets like Sanfebagar, where most supplies come from outside. Using tunnels/greenhouses, women can grow tomatoes, cabbage, cucumbers, and more. Group farming allows collective buying and selling, but requires strong technical support to manage pests and diseases effectively.

<b>Fruit Orchardng &amp; Nursery Development</b>	Establishing orchards of lemon, mandarin, pomegranate, guava, and mango (lowlands) with nursery units for sapling sales. A long-term investment suited to Achham’s terrain. Requires secure land, patience, and specialized training (35 days) in nursery management.
<b>Poultry Farming (Livestock Enterprise)</b>	Promotes local rearing of chickens and goats to meet the district’s protein needs and reduce imports from Dhangadhi. Provides sustainable income, enhances food security, and ensures fresher, cheaper produce.
<b>Goat Farming (Livestock Enterprise)</b>	Promotes local/cross-breed goats to meet the district’s protein needs and provides sustainable income. Goats remain a traditional asset with steady demand and are possible to export to other Terai districts.
<b>Cow-Buffalo Farming</b>	Promotes local/cross-breed Cow-buffaloes to meet the district’s protein needs and provides sustainable income. Cow-Buffalo remains a traditional asset with steady demand and is possible to export dairy products (Skimmed Milk, Ghee, Khuwa, Paneer, Chhurpi/Dog-Chew) to other districts.
<b>Bee-Keeping</b>	Promote Apis Cerena that collects the nectar from the local forest resources and provides high-nutritious and valuable honey. Contribute to nutrition
<b>Value Addition to Agricultural Produce (Processing Enterprise)</b>	Converts raw produce into high-value products like lemon juice, radish pickle, and flour from buckwheat, millet, and maize. Extends shelf life, reduces losses, and raises profits. Requires small processing units and works best in a cooperative model.

## PART-5

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### **14. KEY FINDINGS, RECOMMENDATIONS, AND WAY FORWARD**

Based on our comprehensive field observation, transect walks, and in-depth analysis of household surveys, focus group discussions, and key informant interviews, the following points and attached table summarize the core findings and a strategic path forward.

## 14.1 Key Findings

- Harmful social norms (e.g., *Chhaupadi*, food taboos) undermine women’s health, dignity, and nutrition.
- Women face an overburden of unpaid care and farm work, worsened by male outmigration.
- Limited access to resources—land, credit, training, agro-inputs, and markets—keeps women at a disadvantage.
- Decision-making is dominated by men; women, Dalits, and marginalized groups have minimal voice in governance.
- Nutrition and knowledge gaps persist due to poverty, weak awareness, and poor service delivery.
- Weak institutional coordination and infrastructure gaps (irrigation, storage, labs, markets) hinder food security.
- High dependency on imports for vegetables and poultry despite local demand and potential.
- Education barriers, child marriage, and caste-based discrimination restrict opportunities for women and girls.
- Crop losses from wild animals and post-harvest spoilage further weaken livelihoods.

## 14.2 Major Recommendations

- Eliminate harmful practices (*Chhaupadi*, food restrictions) through awareness, legal enforcement, and school/youth campaigns.
- Promote equitable household food distribution and nutrition-sensitive agriculture with climate-resilient crops, poultry, and livestock.
- Introduce labor-saving and women-friendly technologies (clean stoves, irrigation tools, processing equipment).
- Strengthen women’s leadership and representation in cooperatives, farmer groups, and municipal planning.
- Provide vocational skills, enterprise development, and seed funding for women-led agrovets, shops, and services.
- Build permanent agricultural infrastructure (irrigation, soil labs, collection centers) to support resilience and productivity.
- Ensure Dalit and marginalized group representation in decision-making with affirmative action.
- Reduce school dropouts and child marriage through scholarships, flexible learning, and stronger law enforcement.

- Address wild animal damage with community guarding, crop insurance, and alternative farming (e.g., medicinal plants).
- Strengthen local government capacity on GESI, planning, monitoring, and accountability systems.
- “Peer families should be strengthened with the necessary capacities to ensure effective program implementation.” “For effective program implementation, it is essential to build the capacities of peer families so that they can actively participate, take ownership, and contribute to achieving program objectives.”

### 14.3 Way Forward

- Launch widespread awareness and legal literacy campaigns to end harmful norms and promote gender equity.
- Invest in nutrition-sensitive agriculture, integrating farming with health and nutrition education.
- Scale up women’s economic empowerment by linking them to credit, markets, and enterprises.
- Institutionalize women’s participation in governance through policy mandates and leadership training.
- Expand infrastructure and services that reduce women’s workload and improve agricultural productivity.
- Promote inclusive planning by ensuring Dalit, marginalized, and women’s meaningful representation.
- Establish accountability systems (GESI audits, social/public audits, participatory monitoring) in all municipalities.
- Foster sustainable livelihoods through market linkages, value addition, and community-driven enterprises.

The detailed table given in **Annex-6** will help to understand the Key Findings, Major Recommendations, and Way forward in tabular and an actionable shape

## 15. CONCLUSION

The assessment underscores that women and adolescent girls in Sanfebagar and Chaurpati continue to face entrenched barriers to their rights to nutrition, health, and empowerment. Structural challenges, such as poverty, gender-based discrimination, harmful cultural practices like Chhaupadi, and increased workloads resulting from male migration, systematically disadvantage women. Limited awareness, poor service delivery, and exclusion from decision-making further constrain their ability to access opportunities, exercise agency, and assume leadership roles in their communities.

Addressing these gaps demands a multi-pronged strategy that blends law enforcement, social sensitization, livelihood promotion, and climate-resilient agriculture. Ensuring women's access to education, vocational training, financial services, and markets is essential, alongside increasing their participation in governance and decision-making processes. Strengthening collaboration between local governments, cooperatives, NGOs, and communities will be critical to designing and sustaining interventions that are context-specific, inclusive, and impactful.

A holistic framework, anchored in human capital development and gender empowerment, offers a clear pathway to inclusive and sustainable change. Protecting and educating girls, fostering women's leadership, and securing resilient livelihoods will create a virtuous cycle of opportunity, equity, and resilience. Value addition and diversification of income streams further strengthen food security, reduce vulnerability, and stimulate local economic growth. By closing legal and structural gaps, Achham can advance toward a future where women and girls enjoy equal rights to resources and opportunities, ensuring nutrition security, social transformation, and long-term community resilience.

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## 17. ANNEX

- Annex-1: Detailed Gender Analysis
- Annex-2: List of key Stakeholders
- Annex-3: House Hold Survey
- Annex-4: Focus Group Discussion

Annex-5: Key Informant Information

Annex-6: Key Findings, Major Recommendations and Way Forward

Annex-7: Questionnaires for HHS, FGD and KII

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