MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

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MPH Cohort-7

2019 – 2021

Under the Guidance of

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Professor IIHMR University

IIHMR University, Jaipur, India

&

Ms. Sunita Chauhan (Preceptor Name)

Program Director, Orchid Garden Nepal, Kathmandu, Nepal

TO WHOMSOEVER MAY CONCERN

This is to certify that Aayusha Pandit**,** student of Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at Orchid Garden Nepal, Kathmandu Nepal from 24th October 2020 to 24th December 2020.

The Candidate has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific, and analytical.

The Practicum Training is in fulfilment of the course requirements.
I wish her success in all her future endeavours.

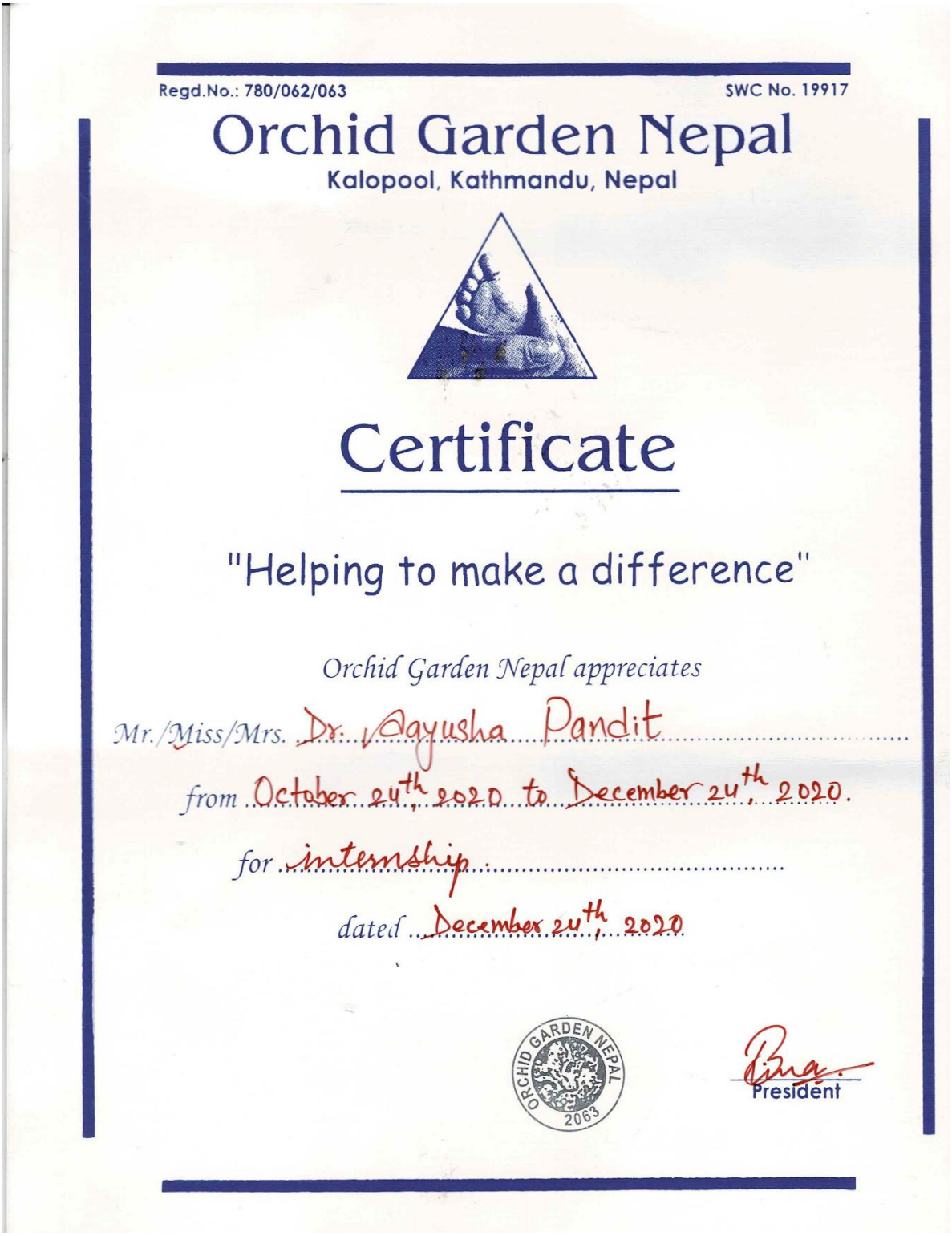
Dr. Anoop Khanna
Professor IIHMR University
IIHMR University, Jaipur, India

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled submitted by me, Aayusha Pandit with Enrolment No 0038 under the supervision of Dr Anoop Khanna for award of Master of Public Health carried out during the period 24-October-2020 to 24-December-2020 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Dr Aayusha Pandit
MPH Cohort 2019-2021

CERTIFICATE FROM THE ORGANIZATION



Regd.No.: 780/062/063 SWC No. 19917

Orchid Garden Nepal

Kalopool, Kathmandu, Nepal

Certificate

"Helping to make a difference"

Orchid Garden Nepal appreciates

Mr./Miss/Mrs. Dr. Aayusha Pandit

from October 24th, 2020 to December 24th, 2020.

for internship

dated December 24th, 2020

ORCHID GARDEN NEPAL 2063

President

HMG Regd. No. 780/062/063 SWC Regd. No.19917

सुनागाभा बाटिका -नेपाल
Orchid Garden-Nepal(OG Nepal)

PAN No. 302312434

Ref No Date :

Certificate of Completion

This is to certify that Dr. AAYUSHA PANDIT managed to successfully complete her two months Internship at Orchid Garden Nepal from October 24th, 2020 to December 24th, 2020.

She has been extremely inquisitive and hard working. With her great communication skills with children, she has been able to help our organization move a step towards achieving our goals. With this certificate, we wish her all the best for her future endeavors.

Awarded this on December 24th, 2020

Sunita Chauhan

Program Director

Cell, 9841510410

Acknowledgment

The practicum report was done under the guidance of Dr. Anoop Khanna, Professor at IIHMR University, Jaipur, India and Ms. Sunita Chauhan, Program Director at Orchid Garden Nepal, Kathmandu, Nepal.

I would like to express sincere gratitude towards my faculty advisor Dr. Anoop Khanna. I was able to prepare this project work under his proper guidance, suggestions, support and encouraging me throughout till the completion of my project. I heartly thank you sir for the efforts.

I would also thank my practicum preceptor Ms. Sunita Chauhan for giving me the opportunity to work under this organization.

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1.0 About the Organization

Orchid Garden Nepal (OGN) is a non-profit, non-governmental organization with the fundamental goal of ensuring and preserving the rights, welfare, and health of Nepal's vulnerable and impoverished children. The organization was established in 2006. The founder of this organization, Bina Basnet, met with many families dealing with poverty. She heard many stories of fathers who are basically alcohol dependence and absence fathers. She met caring mothers who were unable to care for their children every day while at work. She found out that a kid had been accompanied a parent to work even to dangerous construction sites. One out of every three kids in the family lives in poverty. Furthermore, there is emerging evidence that poor childhood nutrition is linked to both short- and long-term negative consequences, such as a weakened immune system, increased caries rates, and impaired cognitive function and learning capacity(1).

The sole aim of the Orchid Garden Nepal is to provide all who come here with care and quality education to help these children develop, learn, explore, but above all, to be normal children. It is a group providing our children with a self-sustaining environment. This way it is believed that it promotes independent individuals who can one day contribute to Nepal and the world at large.

The Garden is a day care facility, early elementary school, nursing care and day hostel for parents or single mothers/fathers struggling with poverty, addiction, violence, and neglect problems for children. At OGN, a well-rounded and multi-faceted educational experience is given to our children that promotes imagination and self-discovery. Close to 200 children undergo life skills lessons from eight months to ten years of age. In the morning eight am, until six o'clock at night. Children receive pre-primary care, aside from day care, education in which English, Nepali, mathematics, art, and social skills and basic nutrition are taught. Many of the children who come to this place for the first time are poor and severely malnourished. One can hardly recognize them any more after three months in the program - they are smart, happy, healthy, and stable. They provide a caring and secure environment for the kids, nutritious healthy meals, and a well-rounded and multi-faceted education at our center in Kalopool, Kathmandu. The results have been very promising and encouraging through our current and past efforts. Our kids thrive and retain a passion for learning.(2)

1.1 Current Programs and Human Resource Structure of Orchid Garden Nepal

Program	Number of Staffs	Remarks
Founder President	1	
Program Director	1	
Accountant	1	
Program Associates Staffs	6	Teachers
Program Helper Staffs	4	Kitchen, Daycare, and other cleaning
Part Time Staffs	2	Dance and Music
Security Guard	1	Caretaker of overall organization
Total	16	

Day Care: For very young children aged 6 months to two and a half years, they have a healthy place to have fun while learning and improving holistically. At the center, under skilled supervision, perform appropriate developmental and social practices. Physical, emotional, social, moral, mental, and intellectual abilities are balanced by staff and volunteers. Children are also given safe and nutritious food and adequate health care facilities that most of their homes lack. The growth of each child is monitored.

1.2 The Advantage of OGN:

- Education, health, and wellbeing updates about their funded children to the respective sponsors.
- Updates about the programs and daily activities.
- Contribution to the formation and shaping of tomorrow's leaders.
- Indirect help and assistance to these children's parents. Sincere and deep appreciation.
- Blessings from compelled parents and innocent children and self-satisfaction and encouragement to keep the good work going.

1.3 Role of OGN

- To strengthen the power of being self-reliant on the vulnerable families and provide training for various skills regarding good health and education and be able to start a collaboration.
- It delivers middle or upper classes with adult education with adequate training at a small fee and free of charge to those in need and to improve their health.
- It helps to provide annual calendar cards and special event cards made by OGN children.

1.4 Yearly activities

- Evaluation system: Three assessment experiments were run within a year and children's progress levels and areas of improvement, support, identified to meet their academic level.
- Awareness class: Knowledge in terms of health and education, requires a shift from transmitting information to developing individual potentials with the aid of constructivist learning.
- Sports Meet: As a team player, sports improve interpersonal skills and make a person effective. It is the healthiest way to de-stress yourself and make others more comfortable. Playing improves mental sharpness and mental strength.

1.5 Programs and Training:

- Community Visit: Teachers helps them to know their community in their own eyes. Because society is about finding each other and a place that we can call home. However, not only because we are survivors of an existing world order, still forced to create community, that brings differences to a

culture that erases our differences. It confronts the issue of our society's social and economic roots by coping with differences.

- Self-defense Training, Sex Health Education Program: It helps prepare them for unexpected situations and also helps them increase their confidence, awareness, mental and physical health, and fighting spirit and teaches basics of the techniques required to prepare themselves for dangerous and unforeseen conditions. Especially girls were taught about of sexual health, real age for being in relationship, maintaining a healthy relationship, transforming certain precautions from diseases by sexual relationship.
- National Polio and Vaccination and Health Camp: Programs related with children and nutrition by providing the Albendazole, Vitamins and checked the condition of malnutrition in the children by health assistance.
- Parent's Empowerment Training: Providing parents with frequent counselling and empowerment sessions. It allows them to be conscious of their position and responsibility for their children's better lives. In their everyday lives, they have their own horrors and emergencies and make aware of the domestic abuse, discrimination against gender and anti-social issues. Being a good parent for them is not easy, even though OGN helps them manage their time and make optimal use of their limited income to balance their lives. The role of parents in raising their children is wonderful.
- Celebration: Dashain and Tihar Celebration, Christmas Celebration, National and International Children's Day, Teacher's Day, Celebration of Parent's Day.(2)

2.0 *Project Title*: Impact of Poverty on Health and Education in Nepal

2.0 ***Competency based Learning Objectives of my Report.***

- Analytics/Assessment Skills

  We identified that income inequality is growing in many developing countries like Nepal, it has negative influence on educational development of children from lower

socioeconomic status. There are alarming rates of dropout in the primary and secondary level. In rural and remote areas, the scenario is much worse. As a result, the focus of this project was on the factors that lead to children dropping out of school and the implications that could occur from this. Low socioeconomic status, child marriage, low infrastructure development, lack of designing educational activities, and forced labor are the primary causes of dropout, and that children face both physical and mental effects as a result of not attending school. It was discovered that people used alcohol and tobacco, and that they felt excluded from society. The majority of the dropouts were involved in some form of labor or employment.

- Communication Skills

  Communication plays an essential role in any public health program, effective communication was done with stakeholders, they were informed about the problem, magnitude and our plans, communication was done virtually. To make community aware about the problem, and to attract other individual donor advertisement was done via local newspaper, and in internet by using social media platforms like YouTube, Facebook. The problem was simplified by using diagrammatic methods and pictures in the advertisement, and by explaining it in simple and plain language in videos.

- Community Dimensions of Practice Skills

  Our NGO is supported by the government by providing us with finances, resources and also giving us the statistics to identify the areas of the countries where this problem has a major impact, so we can direct our efforts and finances to the neediest ones. We maintain continuous communications with our stakeholders by providing them with our current and future plans, the impact of our programs and the areas where we can improve. We also work with other public health centers in the community for identification of the problem, formulation of appropriate program for appropriate place, measure the impact of our program and for follow up to provide adequate education to the needy children.

3.0 Introduction

- Nepal is a small country situated between India and China, two of the largest and most powerful countries. However, poor governments prevent these opportunities from reaching the population: One-fourth of Nepalese people are poor. Nearly, 25% of the people living in Nepal below the poverty line, at 50 cents a day. This makes Nepal one of the most vulnerable nation. Sickness, malnutrition, and infant mortality rates are high. The multi-dimensional poverty rate in Nepal has decreased dramatically from 60 percent to 28 percent in the past 20 years.(3)
- According to the report nearly 70 percent of children, including parents, employees, and leaders – are seriously lacking in at least one of the seven basic essentials services. Children have it much harder than adults. Studies shows that children are extremely disadvantaged in comparison to the rest of the population when it comes to poverty. The national rate of income poverty was 31 percent in 2003/2004, whereas for children it was found to be 36 percent.(4)

  The most concerning causes of poverty is financial instability, malnutrition, and sanitary conditions. An infant under the age of five is stunted or has a short stature for their age as observed every second resulting in chronic malnutrition. More than half of Nepal's children, according to the study, do not have access to improved sanitation facilities.(3)

3.1 Consequences living in poverty.

When all of the factors that affect a child's, health are taken into account, an even greater percentage of children suffering from serious malnutrition (just under half of children are underweight or stunted), lack of adequate access to quality education as per multiple sources. Approximately,10 percent of the total of children do not attend school, and as minimum one of the seven basic human needs is unfilled (69%) while two out of every five children are seriously deprived of at least two basic necessities and are thus listed as living in absolute poverty.(4)

3.2 Facts about Poverty in Nepal.

- Poverty Rate: As the report suggested that in the year 2011, almost a quarter of the population lived in poverty. However, relative to a pace of 41.8 percent in 1996 and 30.9 percent in 2004, the nation has seen a dramatic transition.
- Malnourishment: In Nepal, food prices are high and restricted access to agriculture in rural parts leading to hunger. In Nepal, about 5 million people do not have adequate nutrition. In addition, over 85 percent of individuals rely on small-scale agriculture as their primary source of survival.
- Civil War: Between 1996 and 2006, Nepal was engulfed in civil war, the effects of which can still be felt today. Dispute within a nation is also linked to rising poverty rates because it restricts resources movement, affordable healthcare, and a stable labor market.
- Corruption: Nepal's government has been labeled as corrupt. Power exploitation contributes to an unjust economic structure and disparity in wealth, exacerbating Nepal's poverty issue.
- Natural Disasters: Natural disasters, such as the 2015 earthquake, have impacted negatively on Nepal's infrastructure, housing, and economic growth. The impacts of earthquakes in Nepal are also exacerbated by an already struggling economy and few political stabilities. About 8,970 people were killed and 22,303 people were seriously injured as a result of the 2015 global earthquake and the two-week aftershock. The overall cost of the earthquake and subsequent aftershocks is expected to be $7 billion.
- Geography: This country's geography makes it impossible to reduce poverty effectively. The production and transport of resources are cumbersome in Nepal as a landlocked and mountainous area. In addition, Nepal is facing political tensions from neighboring nations that can conflict with the allocation of resources.
- Infrastructure: In Nepal, the majority of roads are in poor condition, and the weather has a significant impact on them, and the population is unable to find work or pursue economic opportunities due to their remote location, distance, and geography. For those in need, free trade and services are challenging due to a lack of infrastructure and access to transportation networks.

- Agriculture: The country's development against poverty is also hampered by a lack of proper farming methods. Agriculture accounted for nearly one-third of Nepal's GDP in 2017, with 80% of the country's population living in rural areas. Furthermore, farming was the primary source of sustenance for over 85% of the population. Additionally, inefficient agricultural techniques are slowing production, and the Nepalese government continues to fall short. to provide farmers with adequate infrastructure.

- Education: The Nepalese government has initiated to broaden the reach of education, as shown by the fact that only members of the upper class were educated in 1951. However, when the nation introduced private education, the inequality gap children only became broader. Access to education remains limited for poor children, and many drop out to work or help at home. Nepal's overall literacy rate is just 65 percent. Furthermore, the standard of education remains poor because there is still a scarcity of training for teachers.(5)

Table: *Nepal Poverty Rate – Historical Data***.**(6)

Year	%Under US $5.50 Per Day	Change
2010	83%	-7.9%
2003	90.9%	-6.0%
1995	96.9%	-6.0%

Source: Nepal Poverty Rate1995-2021, Macrotrends(6)

3.3 Impact on Education

- Rural areas are home to more than four-fifths of the working population, who depends on sustainable farming for a living. In some of these regions, a significant proportion of households lack access to education and health care. Therefore, life has been very difficult and many of them are struggling hard for the survival.(7)

- Low-income families are often forced to return to work instead of school. In this way, the poverty cycle is continued on to the next generation. Around a quarter of Nepalese children between the ages of four and five are said to be employed in some sort of family or wage labor. Children belonging to poor families lacks right to a better education, and nearly two-thirds of the adult population cannot read or understand or write.(8)
- Families living in poverty moreover consider their children to contribute to the household income rather than to attend school and prefers them to help with more earnings, which is a major financial burden. Although if schooling is free, costs such as transportation, uniforms, and stationery can make school unaffordable for low-income families. Scholarships may not be enough to cover the direct and indirect costs of schooling. Despite these reform steps, children who have never joined or left school are exempted and appear to be unreached. Approaches that encourage jobs and income generation for the poorest of families, as well as other economic barriers-busting measures, are also needed.(7)

3.4 Impact on Child Health

Living in poverty means limited access to nutritional food, clean water, proper sanitation, shelter, and environment. When children are deprived from these basic needs it will have severe impact on their health which may result in the followings.

3.4.1 Malnutrition

Lack of nutritional food results in malnutrition among children. Protein energy malnutrition, iodine deficiency disorders and iron and vitamin A deficiencies in Nepal are the most common types of malnutrition. Although almost every newborn is breastfed at birth, breastfeeding practices are far from satisfactory in Nepal. Other problems associated with infant-feeding include the practice of giving pre-lacteal feeds, late introduction of complementary feeding, use of liquid or bulky energy-deficient complementary feeds and infrequent feeding. There is a general tendency to give pre-

lacteal feeds, which leads to delay in initiation and establishment of successful breastfeeding and interferes with the feeding of colostrum. The increased occurrence of diarrheal disease can also lead to this. The mother's or caretaker's duties within a busy household and farming chores leave little time for child-feeding and care, leading to infrequent or hurried feeding. Many working mothers feed their children 1.2 times a day after six months, whereas the required number of feeds is 5-6 times a day. Dietary supplements are often put in instead early or too late and less often than expected. The early introduction of energy deficient and bulky food seems to be a common unhealthy practice.

Complementary foods are often introduced too early or too late and less frequently than desirable. According to the Family Health Survey 1996 and the Demographic and Health Survey 2001, grain and cereal based food is the most frequent complementary food and meat and poultry-based food the least frequent.(9)

3.4.2 Child Morbidity

The most serious single deprived faced by Nepalese children is a lack of hygiene. It affects about 6.4 million Nepalese children, or 55% of the country's children. Hygienic deprivation has a direct effect on the health of children. The main cause in the country related to a diseases caused by a lack of adequate sanitation and hygiene.. The condition in rural areas, sanitation deficiency is three times worse than in urban areas. Majority of children from mountainous areas are facing due to food insecurity, health, compared to children from hill areas, they receive better educational and informational services, resulting in low agricultural productivity and a shortage of affordable services.(10)

3.4.3 Infant Mortality Rates

Infant mortality rates are high in deprived areas, many of which exist in Nepal, leading to a shortage of healthcare services and educational opportunities. In the year 2016, 34 out of every 1,000 children born in Nepal died before reaching the age of five. One in 3 children in the country are stunted and the under-5 mortality, although improving, is still high at 39 per 10,000 live births.(10)

3.5 Child Deprivation

A majority of Nepal's children are homeless due to a lack of proper shelter. Over three million children live in overcrowding, which has a negative effect on their health. Mainly children's from terai region have less access to hygiene and sanitation services than observed in other areas, that has better access to water and basic health care. This is primarily due to the terai's improved groundwater availability and transportation infrastructure, which makes health services more available. Furthermore, sociocultural factors such as unsupportive cultural norms and other factors such as small landholdings, terai households are unable to seek access to basic sanitation. Likewise, due to sanitation, nutrition, hygiene, and water, deprivations are more prevalent in the mid- and far western hills than in the central and eastern hills. The far western, mid-western, and western terai have better sanitation, water, and health than the central and eastern terai. (4)

Table: Severe deprivation experienced by children by regions and sub-regions

	Shelter	Sanitation	Water	Information	Education	Health	Nutrition
Urban	22.92	20.99	6.67	17.09	5.01	3.33	4.8
Rural	28.35	60.98	12.08	33.73	10.22	2.78	11.4
Mountain	23.47	57.07	18.80	34.40	12.21	6.67	11.50
Hill	26.11	41.61	20.06	25.20	4.23	4.26	8.1
Terai	29.46	66.79	3.25	36.16	13.42	0.44	12.6
Eastern mountain	30.81	35.14	16.22	29.61	7.04	4.00	8.4
Central mountain	28.06	36.52	13.60	19.73	4.80	10.53	5.9
Western mountain	17.42	78.68	22.94	45.48	19.66	6.56	14.6
Eastern hill	34.58	40.17	22.28	26.23	3.78	4.35	7.6
Central hill	24.45	32.17	13.67	18.57	5.58	6.96	3.7

Western hill	27.09	31.13	14.05	25.58	1.99	0.00	8.9
Mid-western hill	23.99	70.76	29.31	30.52	3.84	4.84	11.0
Far western hill	18.50	57.77	41.69	37.54	8.08	9.52	15.0
Eastern terai	27.39	62.12	1.42	36.71	12.84	1.90	7.9
Central terai	32.95	78.29	6.31	46.55	23.69	0.00	17.2
Western terai	29.82	62.28	4.28	30.20	8.86	0.00	13.7
Mid-western terai	20.97	59.76	1.54	24.58	4.33	0.00	10.5
Far western terai	29.87	59.12	0.11	26.79	5.64	0.00	9.6
Nepal	27.6	55.7	11.4	31.5	9.5	2.8	10.6

4.0 Objectives:

- The objective of this report is to analyze the Impact of Poverty on Health and Education in Nepal

During the practicum I worked with the project which has objectives:

- To identify major factors which are an obstacle to children to have optimal quality of life, including but not limited to, proper education, proper health care.
- To increase awareness about programs and policies that provides additional support for poor children, improve outcomes for children from low-income families, and help children escape poverty.
- To support vulnerable parents and other caregivers in generating adequate incomes for their children's survival through food and other basic expenditures, as well as the use of health education and nutrition services, including during times of emergency.

5.0 Methodology

- *Study Area*: Kalopool, Kathmandu, Nepal
- *Study Duration*:24th October 2020-24th December 2020
- *Data Collection*: Information gathered from OGN organization, several field visit, data from the papers were collected and from databased articles in terms of their publication details (date, title, authors), purpose, geographic scope, study site, data analysis. I even have limited my search that were able to access free like Google, PubMed, WHO, Google scholar.
- *Inclusion and Exclusion Criteria*: My study was mainly focused on children who were unable to get proper education and adequate health services due to financial instability in the family. I have enclosed and used numerous terms comparable to the poverty like poverty gap, street children, poor health status, lack of education, low-paid, low-skilled workers, lone parents, beneficiaries of social welfare benefits or in-work financial support, and/or part-time employees.
- *Data Analysis*: For assessing this report prepared from organization data, various publications on child health, education, and poverty, I have analyzed and searched all the basic information and available resources through different articles that I have reviewed which was similar to the studies done during my practicum work.
- *Ethical Consideration*: Verbal inform consent were taken from OGN organization before starting my practicum report and approval was taken from my faculty advisor. All the information were gathered and many articles regarding child health, education and poverty were reviewed before preparing this report with the help of my organization member and my faculty advisor.

6.0 Major Findings:

6.1 Study Characteristics:

- After further evaluation, I found that the way disadvantaged in the field of child poverty, children are identified in a more complicated way than I had expected. They lagged behind in quality health care and education. I learned that the studies

observed during the field work and various studies, it has classified reasons for poverty into different categories. Several experiment, based on the major emphasis is about the causes and prevalence of child poverty, and on quantifiable aspects of child poverty, in which I gained experience and were conducted during my practicum (such as delivery of essential facilities, wealth, and expenditure).

- The result analyzed through my experience while working with the organization and by the review done through various articles suggest that many children have very different lives and circumstances, which were reflected in their parenting styles. This report has shown the significance of taking a child-centered concept to issues that directly have an emphasis on children's lives, as well as the difficulties of maintaining lives and family in the face of poverty and deprivation due to which child lacks getting proper education.
- The adverse effects of low incomes on children's healthy growth and development, and the perspectives and experiences of poor children on living in poverty, are cognitively focused on child poverty analyses.(11)
- When I first started writing my paper, I believed that the study on child poverty lacked a basic knowledge of both children and poverty. It does not take into account the circumstances in which children living in poverty find themselves. Certain misrepresentations, I believe this has influenced our understanding of how various groups of children perceive their situation and how they attempt to adapt in various ways. Various studies have linked poverty with the lifestyle and choices, unfortunately while working in the community I could observe it firsthand.
- The facts show how poverty puts stress on families, making life complicated and unpredictable at times. Poverty is not distinct from other aspects of a family's life, and diverse social, cultural, and economic structures and differences bring specific challenges and family life under financial stress is extremely tough, and while parents seek to protect and prioritize their children to get better education and quality life, this also comes at a personal cost, particularly for women. (11)
- Therefore, through various analysis I have essentially attempted to highlight socio-economic, distribution pattern and gender component of poverty in Nepal and its implications to human development. These components can be attributed to poverty, its reason, factors, and effect on health and education of a child.

Table: Characteristics and general description included in the report		
Characteristics	Purpose	General description
Age	To look at the perspectives and experiences of two different classes of children on social differences.(12)	Children those who were aged from 6 years to 14 years.
Gender	To investigate the interventions children, use to cope with poverty.(13)	Both Male and Female children
Religion	To find out what children think about factors that affect poverty and health(14)	Hindu, Muslim, Christian, Buddhist.
Educational Level	To determine how out-of-school educational relationships affect the learning of vulnerable people.(15)	Children those who are enrolled in preprimary and primary level at our organization.
Income	To look with whatever low-income children encountered before and after their mothers returned to work.(16)	The majority of the children's parents were day laborers (carrying stones for building work, washing other people's clothes, arranging stones as stalls for those selling used clothing on the street, selling food items) and did not have a consistent source of income. However, still there were few families who had stable work.

Place	To discover why poverty and social exclusion have an impact on children's perspectives of their social and family factors lives.(17)	Many of them migrated from rural to urban areas. Some of them lived with their families where few of them came to work leaving their families and are living with caregiver.
Household types	To understand children's and parents' everyday activities and issues.(18)	Some families had 4 children some had 5 and few families had 2 children. All these families lack the resources to raise their children. Mostly marginalized and vulnerable groups.
Resident status	To see if inequality has an impact on children's and families' health, as well as the upbringing in poverty in their community.(9)	Some children lived with care giver and some with their families or some children with their single parent.
Household size	To analyze and improve the concept of social wealth in the context of young people and analyzing number of families living in each area.(19)	Many children were observed living in large household.
Relationship	To assess the experiences of children and family based on their relationship and work(20)	Many families and children had some kind of conflict among themselves due to some financial instability.

6.2 Child Poverty: Causes and its effect.

- Child poverty is significantly influenced by the history and situation of parents, including their years of schooling, labor market status, young age, single mother, or a father who is a chronic alcoholic, as well as the complexity of economic and social policies.
- Children those who are suffering from poverty also face inequity and injustice, and lack access to high-quality education, health care services, police protection, and other essential services.
- Lower high school attendance is much less common among children in the third quartile socioeconomic groups than among children in the upper groups. Poverty and mothers' education have a strong influence on whether or not their children attending schools. Another significant determinant of the out-of-school rate is caste. Poverty is a clear factor in keeping children out of school, as well as a major issue in driving children into labor and even trafficking.(4)
- Female education has always been an ignored and low-priority problem, especially in the Nepalese socio-cultural context. Male members benefit when a family has to make a decision about education expenditure. Since girls are expected to leave their parental homes after marriage, investing in their education is still seen by many communities as a waste of finances. (21)
- Family disputes also affects a large number of children, and thousands of children are currently being cared for in a variety of childcare centers. The law enforcement is unable to support the poor children.(11)
- When a child believes that his or her family cannot afford to pay for his or her schooling, the child abandons school and enters the workforce. A family's financial crisis or a drop in income can also create conditions that encourage more children to wander the streets. Child poverty is caused by a variety of factors including financial crisis, movement of people, natural disasters, and urbanization. This shows that poverty and economic factors are co- related.(22)
- Most of the children with poor financial background are often sent to care homes, or sent to work at early age, putting them at a high risk for abuse and exploitation.(10)

- Instability caused by violence, natural disasters, and other severe disturbances among the family has a significant impact on child poverty in global scale, which has specific and long- lasting consequences especially for young children.(11)
- Child maltreatment and negligence are the most causative factors for children leaving their homes, followed by family collapse, parent separation or divorce, and parent death or remarriage. Abuse from the stepparents also forces children to leave the house after their parents remarry.(22)
- In some cases, child labor causes violence and serious harm to poor children.
- This experience also showed the important disagreements within low-income communities as parents tried to manage multiple priorities when working within the limitations of a low income. Parents, especially mothers, often went without food to try to meet their children's needs. The struggle to meet their own needs, families were often forced to go without basic necessities such as food, clothes, fuel, and social activities which has direct negative impact on child's health and access to proper education. (10)

6.3 Contributing Factors of Child Poverty

- Emphasizing proper health care, education, and job opportunities may encourage parents to migrate to other places. Although increasing the availability of jobs for women and men raises household incomes, it can reduce the availability of care for children in their homes, depending on working conditions.(21)
- Moreover, joblessness, market inflation, decreasing national income, poor distribution of wealth among the community, and the broadening disparity between the wealthy and the poor are all factors that have a detrimental influence on progression of poverty, affecting child health and education.(8)
- Along with economic and family factors, certain socio-cultural practices also contribute to child poverty. For example, in both rural and urban communities, adult males, especially fathers, tends to have total power (political, domestic, and financial), and are often seen to emphasize education and health services to male member of the family.

6.4. Effect of rise in poverty and lack of health and education due to COVID-19

Since, COVID-19 had already started to affect children in Nepal, disrupting progress made as the number of impoverished households grows. However, just before the pandemic, children's rights in addition to their physical and cognitive health, in Nepal faced significant challenges. Children and women in our community face numerous challenges. Every day brings a new tales of life's challenges. Even during this pandemic, being engaged with the community by doing numerous fields visits, and by meeting other vulnerable families and children, our organization has always trying to support these disadvantaged children continuously by giving them proper hospitality and care. While working through this period we had to evolve by working virtually whenever possible, which was a big change for us as we are so accustomed to work in the community. We as an organization have continued our support to the children even during this pandemic. To do so, we had created a community based on compassion, love, education, healthcare, empowerment, and long-term sustainability.

The key factors observed from my study were: Lack of income, a scarcity of resources, particularly essential services, social stigma, literacy, family members, unemployment, ways for children to overcome with poverty and disadvantage at home, after-school care, family support, and lack of infrastructure are all factors.

7.0 Discussion:

- Children are especially vulnerable to poverty in extended families. Households with two or more young children, and single earning parent are more vulnerable to fall below poverty line.
- The study showed that the child poverty is a situation that is strongly uneven. Household size, household head's educational status, ethnicity/caste, citizenship, and the most significant determinants of poverty. Children from large families, low educational background, impoverished, dalit families, children from rural and hill

regions, small-landed households, and highly dependent families, are likely to be poorest. Income inequality is more prevalent in families where the household heads are illiterate than in families where the household heads are educated. Children from large families are three times more likely than children from small families to be poor, whereas rural households are three times more likely than children from urban families to be poor.(4)

- Female education is a key determinant of a family's well-being. More than two-thirds of women in Nepal are illiterate. Female education level could adequately explain the poverty status of the family which affects the children by preventing them from having a proper lifestyle and receiving a quality education. As a result, education is critical in lowering a household's poverty level. The disparity between illiterate and literate people reminds that education can extend beyond primary school and have an effect on poverty and other social issues.(21)
- Two-thirds of Nepalese children are severely impoverished, for just over 40% living in extreme poverty. At least one fundamental human requirement (shelter, hygiene, water, nutrition, healthcare, and literacy) is seriously lacking among those children.(23)
- The study found that escaping violent parental punishment, poverty, hatred of their stepmothers and fathers, father-mother conflict, and parental alcoholic behavior are the most common reasons for children being forced to leave home and they lack behind getting proper care, health facilities and education.(11)
- In Nepal, lack of sanitation is seen in children with low socioeconomic status. Majority of Nepal's children defecate in open areas, which has clear consequences for disease transmission, which is disproportionately high among rural children. Food scarcity and sanitation issues, followed by deprivation of water, and living in overcrowded conditions, are important factors which have negative health consequences and are associated with high morbidity rates. Mountain regions have more children who are less fortunate in terms of food, health, and education than children in several other regions.(4)
- Chronic malnutrition is a significant impediment to a child's development and growth. Rural children are underweight (41%), stunted (49%), and wasted (13%) respectively. More girls are malnourished than boys.(3)

- Likewise, the results of the study showed that social factors are crucial to push the children from their homes to escape violence. Mistreatment from society also presents as a hindrance to obtain appropriate health and education services which makes them susceptible to develop chronic health conditions.(10)
- Rural health and educational facilities, where the majority of Nepal's poor people live, are insufficient and unable to provide children with high-quality health care and education and are not capable to manage the affordable basic features that are available in urban areas. As a result, they are forced to live with limits and limitations. Impoverished people do not have a choice of health care because they do not have proper or adequate healthcare coverage.(4)
- Poverty limits educational opportunities which help people break free from poverty by improving their abilities. Poverty and education have an inverse relationship, and the next serious problem to discuss is the educational quality factor. The different studies and analysis revealed that the standard of education in urban and rural areas is significantly different. Children in rural areas lack access to reasonably priced reading and stationery materials. Poverty is seen in the schools of many rural areas. These schools lack basic services, are unsanitary, lack toilets and drinking water, have unpredictable class schedules, and do not use technology. On the other hand, urban schools, especially private schools, profits from modern facilities and technologies.(24)
- The studies shows that the likelihood of a family falling into poverty depends on family characteristics and household styles. Certain families, such as those from minority ethnic groups, single parents, large families, and families with sick or disabled members, are particularly vulnerable to poverty, and some face additional difficulties in dealing with the hardships and disadvantages that poverty brings. (9)
- According to the findings, the effects of poverty are not only concrete but also deeply social. Despite their attempts to maximize their resources, many poor children's horizons are gradually narrowed, both socially and economically, as per the evidence.
- Even though it is promising to move towards universal primary education, inequalities remain. While gender diversity has increased in both primary and secondary schools, many school-age children have still not attended school yet. School enrollment appears to be lower among children in rural areas, in hilly areas

and from the lowest income quintile of Muslim and Dalit families. The region like mid- and far-western children's have the lowest school enrollment rates, as evidenced by multiple analyses. Rural areas have higher dropout and repetition rates than urban areas, implying issues with educational quality, particularly in rural schools. Even though public educational institutions are tuition-free, substantial costs and benefits of providing facilities of school dress, stationary items, transportation) make it difficult for lower income people to send their children to receive a good education.(8)

- Public sector institutions are usually poor in addressing challenges due to policy gaps and disadvantages, and the necessary resources are often underutilized. Many sources point to the party's political power, a lack of accountability, and political instability as roadblocks to obtaining the targeted development outcomes. Additional factors include worsening infrastructure, particularly in the transport and industrial sectors, reduced working days due to labor disputes, and rising crime and violence.(4)
- Children and their families suffer as a result of child abuse and neglect, which can have heavy impacts creating negative effect in early brain development, which is linked to disruption. Severe stress may have an influence on the nervous and immune systems' growth. Children who have been maltreated have a higher risk of emotional, financial, and mental problems. Child abuse has far-reaching consequences. Law enforcement, judicial and public social care, schools and non-profit organizations, are important in child violence and abuse, as they respond to these events and help the victims. The services and methods that prove effective in reducing the risk of child violence, such as public awareness campaigns, home visitation for parent education, and neighborhood reduction efforts, were highlighted.
- Throughout this study, it became clear that, while some studies managed to link parents age and gender of the child to poverty, there is still substantial information to tell us about how children's experiences of poverty vary depending on their aspects of a family's life, and families facing unique difficulties as a result of dynamic social, cultural, and economic structures and divisions.
- Therefore, I also observed that there are still some barriers that has to be removed to get a quality life and education by assisting marginalized and disadvantaged children, particularly those living in conflict and disaster areas, in gaining access to early childhood and primary school services. Our organization have given adequate

services and support to ensure that every child receives a high-quality education and acquires the skills required to succeed further in life, which helps them to lift themselves and their families out of poverty.

8.0 Conclusion and Recommendation

There are numerous reasons where child has to live in poverty. Regardless, the family is the root of the problem. Furthermore, economic, social, and other factors are the second, third, and fourth triggers in the research sector, respectively. Inequality in gender, parents on alcohol dependent, single parent, separated family member, serve as a major determinant of poverty and impact on health status. The children living in poverty were significantly suffering from the disease where female than male is seen more. On the other hand, by evaluating various literacy qualification and age of many disadvantaged families and children seemed to have no impact on their state of health, and many children lacked access to proper education and high-quality services. Some recommendations are made to lawmakers, concerned social organizations and different agencies, stakeholders, and researchers based on the findings of this report. To support child security as a functional policy, our organizations have worked with the Nepalese government, development agencies, and community to make meaningful improvements in the lives of Nepalese children, and to provide all who come here with care and quality education to help them grow, learn, and explore, but most importantly, to be normal children. Our organization manages at the grassroots level of society and focuses on promoting sustainability and identity all the proper needs in all that we do. I believe that if given the right resources and programs, especially disadvantaged people and children in every region will help to pull themselves out of poverty and children are able to get a quality education and proper access to health care facilities. By implementing services that reach the poorest and support the entire community, I have basically understood the importance and support from the various stakeholders and international donor that have helped to concentrate on building and growing the communities in which, we operate. It was a wonderful opportunity for me to be a part of Orchid Garden Nepal to share some long-term experience working with children, and with all the friendly staff. I am proud of the fact that while being connected with them

for 2 months, was able to contribute my ideas and opinions to the policy-making process for Early Childhood Development Education. Children's rights, parental participation, education diplomacy, curriculum, special treatment for homeless, abandoned, and orphaned children, teacher capacity building, early childhood workers, facilitators and caregivers, girl's education, and cultural and linguistic diversity were all topics covered at the organization.

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