



Report on

"Strengthening Indigenous Evaluation Practices in Nepal"

August 2024 – April 2025



Submitted to:

Asia-Pacific Evaluation Association (APEA) and EvalIndigenous

Submitted by:

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Community of Evaluators – Nepal (CoE-Nepal)

April 2025



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List of Acronyms

ANC	Antenatal Care
APEA	Asia Pacific Evaluation Association
APPFEE	Asia Pacific Parliamentary Forum for Evaluation
CoE-Nepal	Community of Evaluators – Nepal
CSO	Civil Society Organization
EYN	EvalYouth Nepal
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
GoN	Government of Nepal
GPFEE	Global Parliamentarians Forum for Evaluation
INGO	International Non-governmental Organization
IPs	Indigenous Peoples
KII	Key Informant Interview
M&E	Monitoring and Evaluation
NCD	Non-Communicable Disease
NES	Nepal Evaluation Society
NFDIN	Nepal Foundation for Development of Indigenous Nationalities
NGO	Non-governmental Organization
NPC	National Planning Commission
NPFDEPN	National Parliamentarian Forum on Development Evaluation Policy in Nepal
PNC	Postnatal Care
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
SWC	Social Welfare Council
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF Nepal	United Nations Children's Fund Nepal Country Office
UNICEF ROSA	United Nations Children's Fund Regional Office for South Asia
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VOPE	Voluntary Organization for Professional Evaluation
YEEs	Young and Emerging Evaluators

1. Introduction

Nepal is a country of diverse ethnic groups, with Indigenous Peoples (IPs) making up approximately 36 percentage of the total population, as recognized by the 2021 Census of Nepal. A total of 59 Indigenous Groups of People (IGPs) are identified by the Nepal Foundation for Development of Indigenous Nationalities (NFDIN) Act 2002.¹ These Indigenous communities have significantly contributed to Nepal's economic development, cultural diversity and social structure. Despite their contributions, the majority of the IPs in Nepal have long been marginalized, facing systemic exclusion from decision-making processes and limited access to essential services like education, healthcare and economic development opportunities.

Recognizing these challenges, the 2015 Constitution of Nepal guarantees IPs' rights to preserve their cultural identities and their participation in the nation's governance and development. In alignment with this, the Monitoring and Evaluation (M&E) Act 2024, Nepal's first legal instrument dedicated to monitoring and evaluation holds a potential to promote inclusive and culturally responsive evaluation practices. However, mainstream evaluation methods often overlook Indigenous knowledge systems and resulting in evaluations that fail to reflect the needs, priorities and contributions of Indigenous Communities.

In response to this gap, the **Community of Evaluators-Nepal (CoE-Nepal)** implemented an initiative entitled **"Strengthening Indigenous Evaluation Practices in Nepal."** This initiative was implemented under the **"Germinating Grant Programme 2024-2025"** generously supported by **Asia Pacific Evaluation Association (APEA)** and **EvalIndigenous** that aimed to strengthen locally driven and culturally responsive evaluation practices in Asia-Pacific Region.

This report presents the outcomes and results of the initiative on *"Strengthening Indigenous Evaluation Practices in Nepal"* and is included two major parts of the initiative.

- I. The first part presents the findings from a *"Pilot Study on the Identification of Indicators for SDG 3 'Good Health and Well-Being' from the perspective of Indigenous Peoples, conducted at the Tamang Community of Konjyosom Rural Municipality in Lalitpur District, in December 2024."*
- II. The second part of the report presents the outcomes of the national workshop on *"Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal, held on 4th February 2025 in Kathmandu, Nepal."*

2. Strengthening Indigenous Evaluation Practices in Nepal

2.1. Project Overview

CoE-Nepal was one of the Seed Grant Winners of the *"Indigenous Evaluation Knowledge Transfer Workshops and Virtual Meetings for the Asia Pacific Region"* implemented by APEA, EvalIndigenous, and EvalPartners in 2023. As part of this initiative, CoE-Nepal successfully organized a one-day national workshop on *"Indigenous Evaluation in Nepal"* on 6th August 2023, in Kathmandu. The workshop brought together diverse stakeholders including the Government of Nepal (GoN), National Planning Commission (NPC), UN Agencies, International Non-governmental Organizations (INGOs), Non-governmental Organizations and Civil Society Organizations (NGOs/CSOs), Voluntary Organization for Professional Evaluations (VOPEs), independent freelancers, evaluation experts and professionals, Indigenous evaluators, private companies, academia, as well as Young and Emerging Evaluators (YEEs). The workshop was recognized as to be a pioneering national event in Nepal and to be a highly effective platform to share and learn on Indigenous Evaluation in Nepal. The event also created significant interest and recommended follow-up events to further strengthen the Indigenous evaluation and culturally responsive evaluation in Nepal.

Responding to the need and recommendation, CoE-Nepal with the generous support under the *"Germinating Grant Programme 2024-2025"* by APEA and EvalIndigenous, that aimed to strengthen locally driven and culturally responsive evaluation practices in Asia-Pacific Region, had an opportunity to implement an initiative entitled *"Strengthening Indigenous Evaluation Practices in Nepal."* This project was implemented

¹ <https://nfdin.gov.np/nfdin/default/engjatiharu>

from 15 August 2024 to 30 March 2025 with an aim to align evaluations with Indigenous perspectives, particularly in the context of the Sustainable Development Goals (SDGs).

The project initiatives carried out two major activities.

- I. **Study on the Identification of Indicators for SDG 3 "Good Health and Well-Being":** The study aimed to pilot a study on an evaluation approach on Indigenous perspectives on SDG 3 "Good Health and Well-Being", focusing on the Tamang community of Konjyosom Rural Municipality in Lalitpur district.
- II. **Workshop on "Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal":** As a follow-up workshop, the national workshop aimed to bring together a broad spectrum of stakeholders to foster collaboration and formulate a strategic action plan for the sustained integration of Indigenous evaluation methodologies in Nepal.

2.2. Management of the Project and Reporting

The implementation of the project activities of *"Strengthening Indigenous Evaluation Practices in Nepal"* began with the award approval of the Germinating Grant Fund from APEA and EvalIndigenous on 7 August 2024, and the kick-off meeting on 14 August 2024. Following this, CoE-Nepal held a series of internal meetings with its Executive Board to design the implementation plan. CoE-Nepal initiated the formal process to obtain approval from the Social Welfare Council (SWC), Government of Nepal to implement the project activities. After the approval, CoE-Nepal continued its meetings with its Executive Board and monthly progress meetings with APEA and EvalIndigenous for finalization of different activities and the action plan. A timeline with dates was then developed to coordinate two major activities: a pilot study and a follow-up national workshop. During the preparation, progresses were shared with APEA and EvalIndigenous for reviews and approvals.

In selecting the study site, CoE-Nepal engaged in consultations with local stakeholders, including elected representatives, teachers, and community members. Through this process, Konjyosom Rural Municipality in Lalitpur District of Bagmati Province was identified as the most suitable location due to its demographic composition where over 75% of its population belongs to the Tamang Indigenous community, and its accessibility.

Likewise, the executive board of CoE-Nepal decided to host the national workshop on "Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal" on 4th February 2025 at SAP Falcha (Kathmandu the Meeting Point), Babarmahal, Kathmandu, Nepal and was approved by APEA and EvalIndigenous.

The overall management and implementation of the project activities were conducted by a small team of CoE-Nepal which was led by Mr. Prabin Chitrakar - CoE-Nepal Chairperson, and with the significant supports from Ms. Mahendra Laxmi Sharma - General Secretary, Ms. Sunaina Sharma Gyawali - Treasurer, Dr. Sushila C. Nepali - Vice Chairperson, Dr. Narayan Shrestha - Member, Dr. Bishnu Sapkota, the CoE-Nepal Executive Board, and the CoE-Nepal Advisory Board. Additionally, the planning, management and the implementation of the project activities were further strengthened by the continuous generous support provided by Dr. Fiona Cram - EvalIndigenous Co-Chair, Mr. Randika De Mel - APEA Manager, and APEA and EvalIndigenous entire teams, which was established through monthly progress meetings held throughout the project period.

During the successful implementation of the project activities, few limitations were realized. The primary constraints were, the limited availability of resources and the use of voluntary human resources, which affected the overall pace of implementation of the activities. Additionally, the project timeline that was implemented from August 2024 to March 2025, overlapped major national and cultural festivals of Nepal such as Dashain, Tihar, Chhath Parba, and Christmas, which affected the scheduling of meetings and delayed in the progresses of project activities.

On behalf of CoE-Nepal, Mr. Prabin Chitrakar took the lead in reporting the progresses during the preparation and implementation phases of the project and in finalizing this final report, with the significant supports from Ms. Mahendra Laxmi Sharma and the entire team. The financial report was led and prepared by Ms. Sunaina Sharma Gyawali. With the completion of the project activities, this final report (after incorporating comments and suggestions) was submitted to APEA and EvalIndigenous in April 2025.

3. Study on the Identification of Indicators for SDG 3 "Good Health and Well-Being"

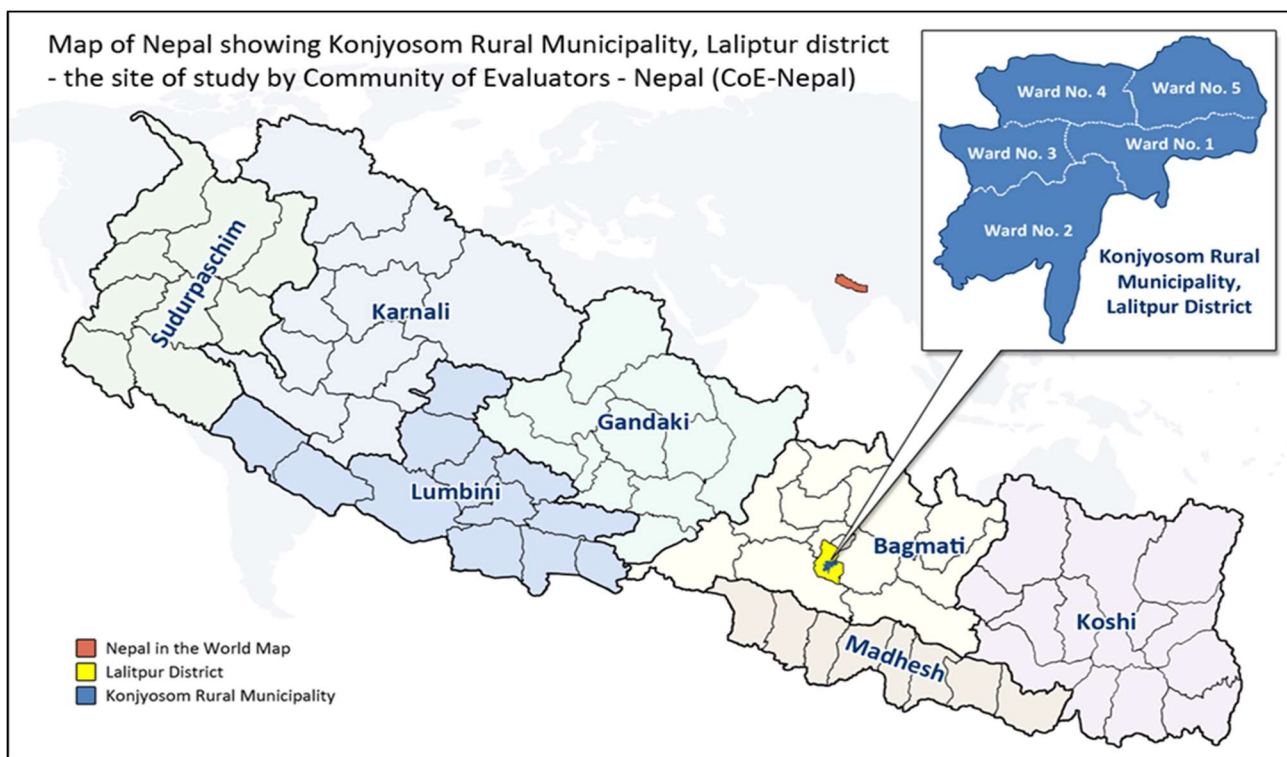
3.1. Study Overview

As described above, Nepal is a country of diverse ethnic groups, with Indigenous Peoples (IPs) making up over a third of the total population, as recognized by the 2021 Census of Nepal. The IPs of Nepal are classified as Endangered, Highly Marginalized, Marginalized, Disadvantaged and Advantaged groups. Among the total of 59 Indigenous Groups of People (IPs) identified by the NFDIN Act 2002, and those recognized by the GoN, the Tamang Community are one of Nepal's Indigenous ethnic groups who represents 5.62% of the total population of Nepal and are classified under the marginalised groups.

Tamang communities are known for their rich cultural heritage, unique traditions, and historical significance. Their identity in Buddhist practices and festivals like Lhosar is a source of pride and resilience. Their livelihoods traditionally depend on subsistence farming, animal husbandry, seasonal labour migration, and small-scale handicrafts and trades. The home of Tamang communities are mainly in hilly regions like Konjyosom Rural Municipality.

Konjyosom Rural Municipality, located in Lalitpur District of Bagmati Province, Nepal, was established in 2017 by merging the former village development committees of Sankhu, Dalchoki, Chaughare, Nallu, and Bhardev, which now form its five wards. The map of Konjyosom Rural Municipality in Nepal is shown below in **Figure 1**.

Figure 1: The map of Konjyosom Rural Municipality in Nepal



The Rural Municipality despite being only 22 Kilometres away from the main town area of Lalitpur District, is very remote and has limited access to the major development facilities. It has a total population of 9,709, with the Tamang ethnic group making up 75.78% of the total population making them the majority in the rural municipality. Agriculture is the main occupation of the residents, some of the individuals run small businesses such as tea stalls, grocery shops and vegetables farming and marketing. Many youths (men and women) have been migrating for employment within and out of the country.



The Landscape View of Konjyosom Rural Municipality

The health status of the Tamang in Konjyosom highlights systemic inequalities. Limited healthcare facilities, poor sanitation, and reliance on traditional healing methods make them vulnerable to preventable illnesses and malnutrition. Maternal and child healthcare services are particularly lacking. Although there are ongoing efforts to improve healthcare and sanitation, significant gaps persist. Education is another challenge, with high dropout rates and limited access to quality schools due to economic and geographic barriers. Girls, in particular, face additional constraints, though awareness programs are beginning to improve their participation.

This study aimed to pilot a study on an evaluation approach on Indigenous perspectives on the indicators of SDG 3 "Good Health and Well-Being", focusing on the Tamang community of Konjyosom Rural Municipality in Lalitpur district.

3.2. Objectives of the Study

- I. To identify indicators for SDG 3 "Good health and Well-being" from the perspective of the Indigenous (Tamang) community of Konjyosom Rural Municipality.
- II. To compare the indicators of SDG 3 with those identified by the community and nationally adopted.
- III. To understand the broader perspectives of health of the Tamang community of Konjyosom Rural Municipality and aspects that affect their health in positive and negative ways.

3.3. Study Team and Methodology

The pilot study was conducted by a team of CoE-Nepal members on Saturday, 28 December 2024 with the field visit at Ward No. 5, Konjyosom Rural Municipality in Lalitpur District. The study team was formed with five members – Mr. Prabin Chitrakar, Ms. Mahendra Laxmi Sharma, Ms. Sunaina Sharma Gyawali, Dr. Narayan Prasad Shrestha, and Dr. Bishnu Sapkota. The study team members were assigned to specific groups to conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with selected target groups in the community. The venue and the study was made possible with the generous support in the field from Mr. Bijaya Kumar Syangtan - Chairperson of Ward No.5, Mr. Prem Prakash Bhattarai – Principal of Shree Baleshwori Secondary School, volunteers, and all the participants / respondents.



Study team heading to the Shree Baleshwori Secondary School to conduct the study



Study team at the Shree Baleshwori Secondary School after the study

The study was conducted as a whole day event at Shree Baleshwori Secondary School, Bhardeu, Ward No. 5, Konjyosom Rural Municipality, Lalitpur. The agenda of the study for the field visit is provided in **Annex 1**.

The FGDs and KIIs of the study was conducted following the checklist of questions that was developed during the preparation period by the study team members. The checklist of questions were developed with the reference of the "[Toolkit on Indigenous Evaluations for Asia Pacific Region](#)" - September 2023 by APEA and EvalIndigenous. Before using the questionnaire checklist for the study, it was approved by APEA and EvalIndigenous.

The questionnaire checklist of the study is provided in **Annex 2**.

Methodologies those were used for the study was as follows:

- I. **Participatory Approach:** Engaged Tamang community, local authorities, social activists and school teachers through FGDs and KIIs to identify indicators and broader perspectives on health, including factors that make a community healthy. The appreciative inquiry aspect was considered that allows participants to discuss more of their lives, and positive and negative aspects affecting their health.

During the study, a total of 3 FGDs were conducted, the first FGD was conducted with overall community members including men, women, youth, senior citizens, community leaders, school teachers, social activists, etc. The second FGD was conducted among youth participants including school students, boys and girls. The third FGD was conducted among women from the Tamang community. Likewise, 2 KIIs were conducted during the study, where the first KII was with the local government representatives and school teachers, and the second KII was with the traditional healer.

- II. **Facilitation and data collection:** FGDs and KIIs were conducted in separate groups including women and youth for disaggregated data such as gender specific experiences and age based perspectives.

During sharing of the preliminary findings of the study in the workshop conducted by CoE-Nepal on 4th Feb 2025, which was the second part of the project initiatives (presented in Section 4 of this report), feedbacks with comments and suggestions were received from the participants of the workshop. Addressing those feedbacks, additional information were gathered from the Tamang community via telephonic conversation by the study team members.

- III. **Data Analysis and sharing:** Utilized qualitative data analysis to interpret the insights and document the findings. The preliminary findings of the study were shared in the form of slide presentation with APEA, EvalIndigenous and during the workshop organized by CoE-Nepal on 4th Feb 2025 (presented in Section 4 of this report). The detailed findings of the study is incorporated in this final report.

3.4. Participants / Respondents of the study

The primary targeted respondents of the study were; Tamang community members (women, men, youth and senior citizens), Local Government authorities (representatives from Ward Office and Rural Municipality), Social activists and school teachers and students of local schools.



Participants / Respondents of the study at Ward No.5, Konjyosom Rural Municipality

A total of 31 respondents participated in the study, where the gender representation comprises 15 (48%) women and 16 (52%) men. While looking into the community representation, among the total participants, there were 27 (87%) respondents were from the Janajati (ethnic groups) community, 3 (10%) were from the Dalit (marginalized) community, and 1 (3%) was from the Brahmin (advantaged) community. These information are graphically illustrated below in **Figure 2** and **Figure 3** respectively.

Figure 2: Gender Representation of the study respondents

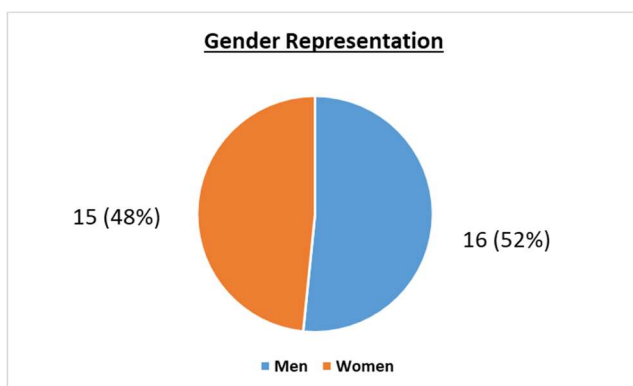
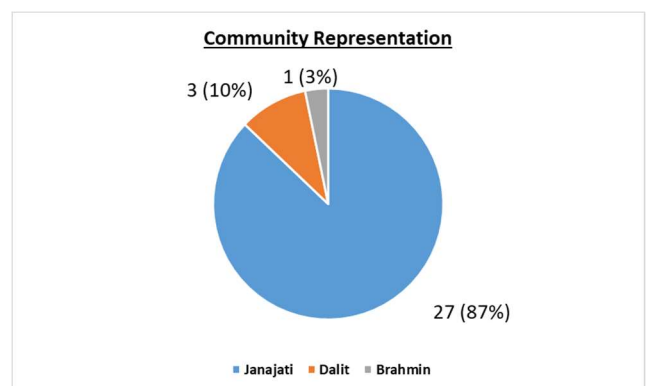


Figure 3: Community Representation of the study respondents



The participants and respondents of the study represented a diverse group including local government officials, elected representatives, teachers, health workers, traditional healers, social activists, and students (adolescent girls and boys).

3.5. Limitations of the Study

The pilot study was chosen to be conducted in Konjyosom Rural Municipality, which is located only 22 kilometers to the town area of Lalitpur District, and in the Tamang community. Due to the limited available resources and use of voluntary time of CoE-Nepal members, it was not feasible to conduct the study covering broader Indigenous communities in remote districts of Nepal.

The pilot study was focused on a specific SDG 3: “Good Health and Well-being.” While the preliminary findings of the study generated significant interest from the participants of the workshop organized by CoE-Nepal on 4 Feb 2025, as well as the realization by the study team, the broader dimensions of Indigenous well-being, including education, livelihoods, and cultural preservation, could not be deeply explored.

Nevertheless, efforts were made to gather additional information based on suggestions received from the workshop participants, and relevant findings were incorporated into this study report.

3.6. Findings of the study

The consultations conducted through FGDs and KIIs were focused on the Good Health and Well-Beings of the Tamang community and discussed about their practices of health care, access to services, livelihood & food habits, gender-specific health Issues, youth & mental health, cultural relevance & traditional practices, Indigenous values & preservation, and local government & social efforts.

The findings from the discussion with participants and their responses were as follows:

Health status and Access to Services

- The health post is located within a 30-minute walking distance for most households in the community. However, only a few people visit and make use of this facility. Many prefer to visit traditional healers first when they fall ill. Some individuals may visit the health post, but often only after consulting a traditional healer first.
- Female Community Health Volunteers (FCHVs) are active in the area and play a key role in supporting maternal and child health. They conduct door-to-door visits, raise awareness about health risks during pregnancy and encourage women to complete the full course of Antenatal Care (ANC) and Postnatal Care (PNC).
- ANC services are available, but the provided incentives are not fully utilized by all women in the community. Due to lower levels of education and limited awareness about the health benefits, many women do not prioritize their reproductive health.
- According to the health worker, most Tamang women do visit the health post for ANC during pregnancy. As per government policy, pregnant women are required to attend eight ANC check-ups. Those who complete the full ANC cycle and give birth at a health facility are eligible to receive NPR 2,800 to cover transportation and nutritional costs. Additionally, the Local Government supports PNC at home. Within 3-4 days after delivery, a health worker visits the mother’s home for a check-up and provides a Nyano Jhola (Warm Bag) which includes warm clothes for the mother and baby, as well as 1 kg of chickpeas and a crate of eggs as nutritious food for the mother.
- Non-Communicable Diseases (NCDs) not identified as a major health issue in the community.
- The Local Government is responsible for ensuring that every child completes the full immunization cycle within the first two years of life. FCHVs visit homes and provide immunization services to each household in the community.

Livelihood and Food Habits

- Tamang festivals, religious practices, and traditional foods are highly valued to the community’s identity. Traditional Tamang foods are prepared and celebrated during festivals. These traditional homemade foods are much healthier and more nutritious for children as well as other family members.

- Women in the community bear the primary responsibility for household chores, agricultural work, and wage labour. The heavy workload affects them with limited time to prepare nutritious meals for their families. As a result, there is a high level of junk food consumption among both children and adults.
- Packaged foods are often chosen instead of homemade food due to their easy availability and appealing taste. Many children prefer to take packaged food as their lunch to school. This resulted, the health of both children and adults being negatively impacted due to the packaged food.

Gender-Specific Health Issues

- Women often face neglect in reproductive and general healthcare due to traditional beliefs by older generations, particularly mothers and mothers-in-law who discourage them from visiting health posts or hospitals. Many women are illiterate and rely on traditional practices. However, younger women are increasingly becoming aware of reproductive and general health issues through FCHVs, health workers, and social media. They visit health posts to seek healthcare for themselves and their families.
- FGDs with both women and mixed groups revealed that Tamang culture permits alcohol consumption by both men and women, especially during festivals and ceremonies. This sometimes leads to conflict in the family members, affecting the health of women and children, and even affecting children's education and their food consumption. These situations can be considered as domestic violence.

Youth and Mental Health

- According to women participants many youths are unemployed and drop out of school due to an unfavourable economic and social environment in the community. This has resulted to substance abuse including alcohol, smoking, and marijuana. The rural municipality is isolated from other places which makes it comfortable for outsiders to visit for the substance abuse making local youth involved.
- Early marriage and cousin marriage are culturally accepted in the Tamang community in the rural municipality, which results in adolescent pregnancies and young mothers often unable to properly care for their children and themselves. Many such marriages and child births are not legally registered, preventing mothers and their children from receiving government services and benefits.
- Mental health issues were reported among adults, youth, and school students. According to the participants, the main reason is mental health due to economic hardship, unemployment, and stressful family environments. Due to limited awareness and financial resources, mental health is not given priority in the community. While some individuals are under medication, many consider mental health issues to be a natural part of life.
- According to the health worker, people in the community (women, men, girls and boys) do visit the health post seeking mental health treatment. However, the health post only provides psychosocial counselling by trained health workers, but there are no provisions for providing medication. According to health workers, many mental health cases arise from domestic violence and an unfavourable family environment.

Cultural Relevance and Traditional Practices

- The Tamang community has strong belief in Traditional Healers (Jhaakri) and often consults them before seeking formal healthcare especially for children and senior citizens. These traditional healers offer natural therapies and build trust with families. They do also sometimes advise patients to visit the health post for medical treatment if needed.
- According to the respondents during FGDs, there are many cases where Traditional Healers have been cured from different illnesses. Therefore, the community has a strong belief in the effectiveness of the traditional healers.
- Participants shared that the beliefs and reliance on Traditional Healing often delays formal medical treatment, sometimes worsening a patient's condition by the time they reach a hospital.
- Limited education and awareness leading to conservative social norms continue to hinder access to Sexual and Reproductive Health and Rights (SRHR) and healthcare for women, and general healthcare for men, children, and senior citizens.

Indigenous Values and Preservation

- Families and the community actively preserve Tamang cultural traditions. Parents pass on cultural knowledge, values, and social norms to their children.
- Public school teachers use the Tamang language as a medium of teaching up to Grade 3 helping children fluency and cultural identity. Parents also speak Tamang at home which supports children in learning the language.
- Most teachers are from the Tamang community and play a vital role in preserving religion, culture, and values. During school celebrations, traditional food is prepared and served which helps strengthen cultural identity.

Local Government and Social Efforts

- The Local Government promotes healthcare and awareness initiatives through FCHVs and integrates such programs into its annual plans. It prioritizes support for women, children, senior citizens, and disadvantaged groups. During the postnatal period, the rural municipality provides every woman 1 kg of chickpeas and a crate of eggs to support their nutrition. A Nyano Jhola (Warm Bag) including warm clothes for mother and baby is also provided by the health post/hospital.
- NGOs and social agencies conduct awareness activities on health, sanitation, gender-based violence, domestic violence, and early marriage emphasizing their impacts on mothers and children.
- According to health workers the Local Government supports the full immunization cycle for children within two years in line with national health goals.

Based on the above data the community consultation, following **Table 1** presents an analysis of key findings, categorizing both the Strengths (Positive Aspects) and Challenges (Negative Aspects) across different areas of health, livelihood, culture, and governance.

Table 1: Strengths (Positive Aspects) and Challenges (Negative Aspects)

	Strengths (Positive Aspects)	Challenges (Negative Aspects)
Health status and Access to Services	<ul style="list-style-type: none"> • Health post is located within a 30-minute walk for most households. • Active FCHVs support maternal and child health through awareness and home visits. • ANC and PNC services are available and mostly utilized by pregnant women. • Local Government provides postnatal support (Nyano Jhola, nutritious food). • Full immunization coverage efforts supported by health workers and FCHVs. 	<ul style="list-style-type: none"> • Many people first consult traditional healers, delaying formal care. • Low awareness and education limit the use of available ANC incentives. • Preference for traditional methods leads to underutilization of health posts.
Livelihood and Food Habits	<ul style="list-style-type: none"> • Strong cultural identity maintained through traditional foods during festivals. • Traditional foods are healthier and nutritious for children and adults. 	<ul style="list-style-type: none"> • Heavy burden on women (household, agriculture, wage labor) limits time for preparing nutritious meals. • High consumption of junk and packaged food, especially among children.

	Strengths (Positive Aspects)	Challenges (Negative Aspects)
		<ul style="list-style-type: none"> • Packaged food is preferred due to convenience and taste.
Gender, Youth, and Mental Health	<ul style="list-style-type: none"> • Younger women increasingly seek reproductive and general health services with support from FCHVs and social media. • Some community members seek psychosocial counseling at the health post. 	<ul style="list-style-type: none"> • Older generations discourage women from accessing formal healthcare. • Alcohol use during festivals sometimes leads to domestic conflict and impacts women’s and children’s wellbeing. • Youth unemployment and school dropouts contribute to substance abuse (alcohol, marijuana, and smoking). • Early and cousin marriages lead to adolescent pregnancies; many births not registered, limiting access to services. • Mental health issues common due to economic hardship, family stress, and isolation. • Limited mental health services – no medication available, only basic counseling.
Cultural Practices and Traditional Health Beliefs	<ul style="list-style-type: none"> • Strong belief in traditional healers (Jhaakri) who are trusted and sometimes refer patients to health posts. • Community sees value in natural therapies provided by traditional healers. 	<ul style="list-style-type: none"> • Over reliance on traditional healers delays formal medical care, often worsening health outcomes. • Limited education reinforces conservative norms restricting access to SRHR and healthcare.
Indigenous Knowledge and Cultural Identity	<ul style="list-style-type: none"> • Cultural knowledge, values, and language passed down through families. • Tamang language used as the medium of instruction up to Grade 3 in public schools. • Tamang teachers promote cultural values through school events and practices. 	
Local Government and Social Support	<ul style="list-style-type: none"> • Local Government prioritizes maternal and child health through incentives and outreach. • Supports a full immunization cycle for children. • NGOs raise awareness on health, sanitation, domestic violence, and early marriage. 	

3.7. Comparison of national indicators of SDG 3 and study findings

The findings of the pilot study on “Good Health and Wellbeing” from the perspective of Tamang community are compared with SDG 3 to identify the relevance among each other. Details of the finding that compared to the national indicators of SDG 3 are presented in **Table 2** below, which are of high relevance to the community.

Table 2: Comparison of the SDG 3 indicators – High Relevance

Indicator Category	National SDG 3 Indicator	Study Findings (Tamang Community)
Maternal Health	8 antenatal care visits and institutional childbirth mandatory	Antenatal care compliance is low; Tamang women reluctant to visit health facilities due to lack of awareness
Child Nutrition	Reduce malnutrition and promote balanced diets	High level of junk food consumption due to lack of parental knowledge and time constrains
Immunization Rates	Universal immunization coverage by age one	Low immunization rates due to negligence and lack of awareness
Communicable Diseases	End epidemics (e.g., TB, HIV/AIDS)	Limited focus; reliance on traditional healing and low awareness of prevention
Access to Health Services	Universal health coverage and access to essential health services	Health post available, but initial reliance on traditional healers delays formal care
Substance Abuse	Reduce alcohol and drug use	Alcohol is culturally accepted. Excessive consumption impacts health of community, including children.
Mental Health	Increase awareness and service access for mental health issues	Mental health concerns unaddressed due to limited awareness and lack of resources.
Reproductive Health	Universal access to SRHR services	Limited use of SRHR services due lack of education and awareness.
Gender Equality in Healthcare	Equal access to health services for men and women	Women face healthcare neglect, wage disparities, and domestic violence, impacting their well-being.

The indicator’s categories presented in **Table 3** below are low relevant to the community under SDG 3.

Table 3: Comparison of the SDG 3 indicators – Low Relevance

Indicator Category	National SDG 3 Indicator	Study Findings (Tamang Community)
Non-Communicable Diseases	Reduction of Non-Communicable Diseases (NCDs)	NCDs not identified as a major health issue in the community
Road Safety	Reduce the deaths and injuries from road traffic accidents	Not directly relevant to the rural setting and from findings of the study
Pollution and Environmental Health	Reduce deaths from hazardous chemicals and pollution	Not emphasized in the study and rural context may not have direct relevance

3.8. Key issues

The pilot study highlighted both strengths (positive aspects) and challenges (negative aspects) in achieving equitable healthcare access. Some of the key issues identified from the study are as follows:

- The study found that while government health services, such as ANC/PNC programs, regular immunization, and FCHVs awareness campaigns are available, the utilization of the available facilities remains limited due to cultural preferences for traditional healers, low health literacy, and socioeconomic barriers.
- The Tamang community have strong belief in their traditional practices and trust on the Traditional Healers than the modern health services, such reliance on traditional healers sometimes may delay on for the formal treatment, causing deaths of individuals in case of serious diseases. Despite efforts by the local government and NGOs to improve health services, there are gaps in mental health support, SRHR awareness, and nutrition education.
- National SDGs indicators framework lack cultural adaptability for Indigenous People's contexts. The SDGs framework is same for all ethnicities, which is lacking to adopt the culture and acceptability of all the IPs, those who have different culture, language and social practice, norms and values. Indicators need to incorporate Indigenous perspectives, such as reliance on traditional healers and their cultural practices, use of herbal medicine and home treatment to maintain the community's health.
- The study provided valuable insights and learning opportunities for advancing Indigenous evaluations in Nepal. However, a more holistic, participatory, and culturally sensitive approach is essential to reflect the true realities of Indigenous Peoples and wider study to be considered.

4. Workshop on "Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal"

4.1. Introduction

The second part of this report presents the outcomes of the national workshop entitled *"Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal."*

In 2023, CoE-Nepal organized a day workshop on "Indigenous Evaluation in Nepal", which was recognized as to be a pioneering national event in Nepal creating the platform to share and learn on Indigenous Evaluation in Nepal. The event created significant interest and recommended follow-up events to further strengthen the Indigenous evaluation and culturally responsive evaluation in Nepal.

As a follow-up event, the national workshop entitled *"Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal,"* was organized on 4th February 2025 at SAP Falcha, Babarmahal, Kathmandu by CoE-Nepal as part of the project initiative under the *"Germinating Grand Programme 2024-2025"*. The workshop aimed to bring together a broad spectrum of stakeholders to foster collaboration and formulate a strategic action plan for the sustained integration of Indigenous evaluation practices in Nepal.



Guests, Speakers, and participants of the workshop joining the group photo session

4.2. Aim and Objectives of the Workshop

Main objective of the workshop was to identify the challenges and opportunities to carry out Indigenous evaluation practices and formation of national network for evaluation with the involvement of Government of Nepal (GoN), Parliamentarians, UN agencies, VOPEs, International and Non-governmental Organization (I/NGOs) and professional evaluators and YEEs and prepare an action plan to strengthen the indigenous evaluation practices in Nepal.

The specific objectives of the workshop were:

- I. Share findings from the SDG 3 indicators study conducted by CoE-Nepal in the Tamang Community of Konjyosom Rural Municipality, Lalitpur District, Bagmati Province 3,
- II. Facilitate discussions on Indigenous evaluation practices and the challenges faced in Nepal,
- III. Formation of a National Network for Evaluation in Nepal and
- IV. Develop an action plan for the way forward in Strengthening Indigenous Evaluation Practices in Nepal.

4.3. Methodology of the Workshop

The executive board of CoE-Nepal decided to host the workshop on "Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal" on 4th February 2025 in SAP Falcha (Kathmandu the Meeting Point), Babarmahal, Kathmandu, Nepal and was approved by APEA and EvalIndigenous. The series of meetings with CoE-Nepal Executive Board and meetings with other stakeholders were conducted for the guests and participants of the workshop. Several meetings with NPC, Parliamentarians, UN Agencies, I/NGOs, VOPEs, individual Professional Evaluators, and other stakeholders were conducted to request for the Chief Guest, guests/speakers, and participation. Provided invitations to the guests and participants. Prepared a program schedule and management of logistics.

4.4. Participants of the workshop

A total of 40 participants attended the workshop, where the gender representation of the participants comprises of 18 (45%) women and 22 (55%) men. While looking into the community representation, 26 (65%) identified as Janajati (ethnic groups) and 14 (35%) as Brahmin/Chhetri (advantaged groups). These information are graphically illustrated below in **Figure 4** and **Figure 5** respectively.

Figure 4: Gender Representation of workshop participants

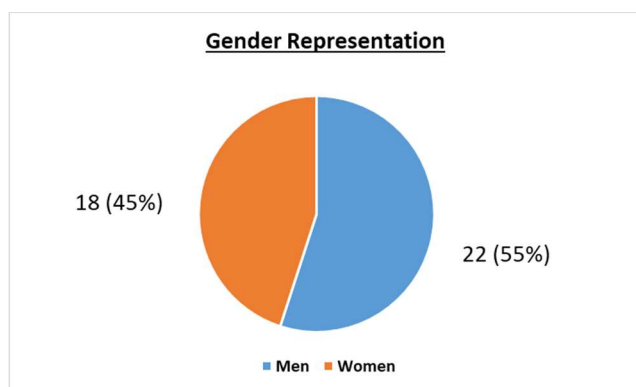
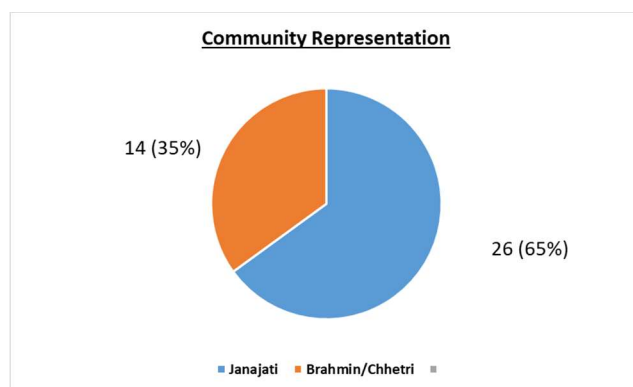


Figure 5: Community Representation of workshop participants



The participants including guests/speakers of the workshop represented a diverse range of sectors such as Government Organization (National Planning Commission - NPC), the Parliamentarian Forum, UN Agencies (UNICEF ROSA, UNICEF Nepal, UN Women, UNFPA) International and National NGOs, universities, Indigenous evaluators, Indigenous community members, YEEs and professional evaluators from various communities.

4.5. Agenda of the Workshop

The overall agenda for the workshop was designed by the CoE-Nepal team and was approved by APEA and EvalIndigenous. The agenda of the workshop is proved in **Annex 3**.

Likewise, documents and materials related to the workshop such as Flyer, Banner, Post-Workshop Feedback Form, etc. were prepared by CoE-Nepal team and were approved by APEA and EvalIndigenous after incorporating the feedback.

The workshop was designed as a full day event starting from 8:00 a.m. till 5:00 p.m. The day began with the registration of the participants and breakfast to all the attendees. The workshop was divided mainly into two major sessions:

- I. **Opening Session:** The first session of the workshop was the opening session where the chief guest formally inaugurated the session and guests, speakers presented their remarks.
- II. **Technical Sessions:** In the technical session there were total of six sessions including three presentations, one group discussion, a session on formation of the National Network and a Wrap-up session.

4.5.1. Opening Session

The Opening Session was chaired by **Mr. Prabin Chitrakar**, Chairperson of CoE-Nepal. **Ms. Sunaina Sharma Gyawali**, Treasurer, CoE-Nepal moderated the session and shared the workshop objectives and agenda. The Chief Guest and the Keynote Speaker of the session **Hon. Prof. Dr. Shiva Raj Adhikari**, Vice-Chairman of the National Planning Commission of Nepal formally inaugurated the opening session by lighting the oil lamp (Panas–Traditional Nepali Lamp).



Hon. Prof. Dr. Shiva Raj Adhikari inaugurated the opening session



Sunaina Sharma Gyawali moderating the session



Dr. Sushila C. Nepali delivering the welcome remarks

Dr. Sushila C. Nepali, Vice-Chairperson of CoE-Nepal welcomed all the guests and participants in the workshop and provided her remarks on the importance of the workshop in strengthening indigenous evaluation practices in Nepal and also highlighted the necessity of a national network as a platform for evaluation in Nepal.



Dr. Fiona Cram presenting her remarks

Dr. Fiona Cram, Co-Chair of EvalIndigenous, delivered her opening remarks expressing her gratitude to CoE-Nepal for hosting the event and thanked all the supporting partners, including APEA and EvalPartners. She emphasized that Indigenous evaluation is not just about assessing programs and policies, but about upholding Indigenous ways of knowing, being, and doing. She highlighted the importance of ensuring that evaluation processes honor and reflect Indigenous values, lived experiences, and aspirations for self-determined development. She further stated that Nepal holds a wealth of knowledge and traditions that must be at the forefront of evaluation discourse.



Dr. Fiona Cram

Dr. Cram acknowledged the presence of Hon. Prof. Dr. Shiva Raj Adhikari, Vice-Chairman of the National Planning Commission, for his leadership in embedding Indigenous evaluation into national development frameworks and also for strengthening policies and practices that reflect the needs and rights of Indigenous communities in Nepal. She also acknowledged the efforts of Mr. Prabin Chitrakar, Chairperson of CoE-Nepal for his passion and commitment to Indigenous evaluation which have been instrumental in advancing the collective mission. Additionally, she thanked Dr. Sushila C. Nepali, Vice-Chairperson and CoE-Nepal team for the dedication in advancing evaluation capacity and Indigenous perspectives within Nepal's evaluation landscape.

Dr. Cram further stated that, the formation of a National Network for Evaluation in Nepal is an exciting step forward, and the initiative will play a critical role in amplifying Indigenous voices in evaluation. She wished for rich exchanges on the collective journey and continued beyond this workshop.



Ms. Juhi Adhikari delivering remarks

she expressed the importance of collaboration with regional and global networks like EvalYouth Asia and other organizations which will contribute to the long-term sustainability and growth of young evaluators and evaluation practices in Nepal. She also expressed the interest in being part of the National Network for Evaluation in Nepal.

Ms. Juhi Adhikari, Member of EvalYouth Nepal (EYN) delivered her remarks highlighting the activities undertaken by EYN and the roles it has been playing in strengthening the evaluation ecosystem in Nepal. She shared that EYN has been actively engaged in promoting youth leadership in evaluation by supporting advocacy initiatives, building the capacity of young and emerging evaluators, and creating spaces for their meaningful engagement in national and regional evaluation processes.

Ms. Adhikari stated that EYN serves as a platform for young evaluators to gain skills in evaluation through mentorship, training, and hands-on learning opportunities. In addition,



Dr. Bhuban Bajracharya delivering remarks

networking among VOPE members and other stakeholders. Despite its commitment and ongoing efforts, he expressed that due to financial and resource constraints the ability of evaluation promotion activities are limited. He further expressed that the support and collaboration could help enable for a more impactful role in shaping Nepal's evaluation landscape.

Dr. Bhuban Bajracharya, Chairman of the Nepal Evaluation Society (NES) one of the Voluntary Organization for Professional Evaluations (VOPEs) in Nepal, shared the reflections on the journey and efforts of NES in promoting transformative change through evaluation in Nepal's development process. He highlighted that the NES was founded with a vision to advance the practice of evaluation as a tool for improving development outcomes, fostering transparency, and strengthening accountability.

Dr. Bajracharya emphasized the pressing need to build the capacity of evaluation professionals in the country through targeted training, peer to peer learning, and enhanced



Dr. Ram Chandra Khanal delivering remarks

building training targeting government agencies, development partners, and individual professionals. Many of these initiatives were carried out in close collaboration with the NPC, reinforcing CoE-Nepal's commitment to strengthening the national evaluation ecosystem.

Dr. Ram Chandra Khanal, Former Chairperson and current Adviser of CoE-Nepal, in his remarks shared the efforts of CoE-Nepal in strengthening evaluation practices in Nepal. His remarks began by highlighting that the CoE-Nepal had encouraged the active involvement of YEEs in Nepal from its inception, and today with a growing active engagement of YEEs is contributing to evaluation practices in Nepal.

Dr. Khanal further highlighted that CoE-Nepal has successfully organized several high-impact national and international events, such as the Evaluation Conclaves in 2013, 2015 and 2022. In addition, the organization has been effective in delivering a wide range of capacity-

Dr. Khanal further highlighted that a significant milestone in CoE-Nepal's journey has been its technical and policy support in the drafting of the Monitoring and Evaluation Bill, which recently came into force as the M&E Act 2024. This landmark legislation was passed by the House of Representatives and received presidential certification on 29 March 2024, marking a new era for institutionalized evaluation practice in Nepal. Dr. Khanal also emphasized CoE-Nepal's earlier contribution to the development of the Integrated National Evaluation Action Plan 2016-2020, which laid the groundwork for a more coordinated and strategic approach to evaluation in the country.

Dr. Khanal emphasized that despite the achievements, several challenges persist which include weak coordination among the three tiers of government (federal, provincial, and local), the absence of a comprehensive and integrated evaluation database, and the dominance of externally driven programs. He further emphasized for fostering a more inclusive, effective, and nationally owned evaluation culture in Nepal.



Mr. Lovemore Mhuriyengwe delivering remarks

the importance of supporting and strengthening the government's capacity to effectively evaluate development programs and projects, ensuring that evaluations contribute meaningfully to national progress and policy-making.

Mr. Lovemore Mhuriyengwe, Multi-country Evaluation Specialist at UNICEF Regional Office for South Asia (ROSA), emphasized that building national capacity is essential for achieving the Sustainable Development Agenda 2030. He emphasized that the evaluation efforts in Nepal should be led by Nepali professionals, rather than relying on external experts. According to him, it is vital that evaluation activities reflect the perspectives, culture, and lived experiences of the Nepali people.

Mr. Mhuriyengwe shared about the close coordination and collaboration between UNICEF and the NPC particularly in advancing social security efforts in Nepal. He highlighted



Mr. Gopal Lopchan delivering remarks

Mr. Gopal Lopchan, a representative from the Indigenous community of Ward-5 in Konjyosom Rural Municipality where approximately 90% of the population belongs to the Tamang community, shared his experiences and perspectives as an Indigenous person. He shared that in his community, since the local elections the elected representatives have been making efforts to improve educational institutions and enhance health services and facilities, however, the conservative thinking and low levels of education continue to hinder development in the community.

Mr. Lopchan shared that in the community there is a lack of attention given to women's reproductive health among the Tamang community, and further stated that early marriage remains a common practice, which negatively affects the health of both mothers and children. He also highlighted that despite the rural municipality being very near to the Province Headquarter it remains underdeveloped, with limited employment and other opportunities. Its poor infrastructure, especially unpaved, muddy roads and inadequate transportation facilities restricts the community's access to jobs and economic activities, contributing to ongoing socio-economic challenges.



Hon. Ramesh Paudyal delivering remarks

Hon. Ramesh Paudyal, Executive Committee Member of the Asia Pacific Parliamentary Forum for Evaluation (APPFEE), shared insights into the efforts of the Parliamentarian Forum for Evaluation in strengthening evaluation capacity in the Asia Pacific Region and in Nepal. He highlighted that following the introduction of the federal system in Nepal, the Forum began promoting the application of evaluation practices at the provincial level. The Forum recognized the importance of raising awareness among Members of Parliament about the concept and significance of evaluation.

Hon. Paudyal shared that during his tenure as a Member of Parliament in Bagmati Province, played a crucial role in the publication of a booklet on the OECD/DAC evaluation criteria in Nepali language and its distribution to relevant institutions and stakeholders. He further stated that, recently the Parliamentarian Forum has been collaborating with universities in several countries and partnered with the APEA during the 4th Evaluation Conference held in Manila, Philippines, in December 2023. He highlighted that the M&E Act 2024 of Nepal recently passed and approved was achieved through the dedicated efforts of the Parliamentarians of Nepal.



Hon. Prof. Dr. Shiva Raj Adhikari delivering remarks

Hon. Prof. Dr. Shiva Raj Adhikari, Vice-Chairman of the National Planning Commission (NPC) of Nepal as a Chief Guest and Keynote Speaker of the event delivered a compelling keynote emphasizing the importance of conducting evaluations at the local level, focused in Indigenous knowledge and ways of thinking. He highlighted that while evaluation is vital, it should not come at the cost of altering Indigenous cultures, social norms, and traditional values. Instead, evaluation practices should aim to preserve and respect these long standing traditions.

Prof. Dr. Adhikari stated that the NPC is planning to provide support to municipalities based on their specific needs, levels of inequality, and institutional capacities. Under this plan, municipalities may receive financial support ranging from 20% to 80% across various development sectors. He further stated that to maintain and balance the trend of municipalities prioritizing its budget allocation in infrastructure development projects often overlooked in social development sectors, NPC has uploaded comprehensive guidelines including indicators, methods, proposals, and planning documents on its official website to help municipalities pursue balanced and inclusive development.

Prof. Dr. Adhikari highlighted that NPC is planning to integrate local and Indigenous knowledge into its data collection processes to improve evaluation effectiveness. He further highlighted that evaluation should not be limited to programs and projects alone, but must also include assessments of plans, policies, strategies, and activities to ensure their relevance and impact. He concluded by emphasizing that Indigenous evaluation efforts should be carried out in close collaboration across the development sector.



Hon. Ananda Prasad Pokharel delivering remarks

Hon. Ananda Prasad Pokharel, Former Minister and Founder Chair of National Parliamentarian Forum on Development Evaluation Policy in Nepal (NPFDEPN) and Steering Committee Member of Global Parliamentarians Forum for Evaluation (GPFPE), shared his reflections on the evolving landscape of evaluation in Nepal. He stated that in the early days, only a limited number of organizations including CoE-Nepal were engaged in evaluation work. He further stated that there is now a growing presence of youth and emerging evaluators actively contributing to the field which is an encouraging trend that is helping to strengthen the evaluation ecosystem in the country.

Hon. Pokharel remarked on the positive shift in the focus of evaluation, which now prioritizing the issues of social development and justice. He further emphasized that the Parliamentarian Forum should lead and put its effort for enhancement to the Indigenous knowledge and practices.



Prof. Yoko Ishida presenting her remarks

Prof. Yoko Ishida, President of APEA, began her remarks by expressing her gratitude to CoE-Nepal, EvalIndigenous, EvalPartners, and all supporting organizations, for the discussion on a critical and timely issue. She acknowledged the valuable presence of government representatives, VOPEs, academia, UN agencies, Indigenous leaders, and evaluation professionals, which reflected a strong collective commitment to advancing inclusive, context-



Prof. Yoko Ishida

driven, and culturally responsive evaluation practices. She shared that the discussions have brought a meaningful exchange of ideas and shed light on their experiences and aspirations.

Prof. Ishida emphasized that evaluation should not only be for measuring outcomes, but also for empowering communities, preserving knowledge systems, and ensuring that Indigenous voices shape development agendas. On behalf of APEA, she shared a commitment to supporting Nepal and other countries in the region in strengthening Indigenous evaluation systems. She concluded her remarks by encouraging all participants to actively engage in the workshop and contribute to building an inclusive, effective, and decolonized evaluation ecosystem, and wished for a fruitful session.



Mr. Prabin Chitrakar delivering remarks

Mr. Prabin Chitrakar, Chairperson of CoE-Nepal, began his remarks by highlighting significant milestones that Nepal has achieved in the field of evaluation, which include the incorporation of M&E in the 2015 Constitution of Nepal making Nepal – the only country in the Asia-Pacific Region to do so, the establishment of the first Parliamentarian Forum for Evaluation in Nepal, and the recent enactment of the M&E Act 2024. He shared that these milestones have attracted recognition and interest of the global evaluation community. Despite these achievements, there are still significant constraints and challenges particularly in the need to strengthen national capacity and promote the use of local expertise in the evaluation sector.

Mr. Chitrakar highlighted that the participation of Indigenous representatives in development processes and evaluation forums remains limited. He emphasized the need for deeper understanding and respect for Indigenous peoples. Their culture, social norms, and traditional knowledge should be meaningfully integrated into evaluation processes to ensure the effective and culturally responsive evaluation. He strongly emphasized the need for a collective and coordinated effort among government agencies, the NPC, Parliamentarians, NPFDEPN, UN agencies, VOPEs, evaluation professionals, Indigenous communities, and development partners to strengthen Indigenous evaluation practices in Nepal. In this context, he expressed the need to establish a National Network for Evaluation in Nepal to promote collaboration and inclusive engagement.

Mr. Chitrakar, concluding his remarks, expressed sincere gratitude to the Chief Guest, distinguished guests, and all participants for their presence and engagement in the workshop. He extended special thanks to APEA, EvalIndigenous, and EvalPartners for their continuous support in promoting Indigenous Evaluation Practices in Nepal and for making the event possible. Finally, he invited all participants to actively engage in the workshop and support the formation of the proposed National Network for Evaluation in Nepal.

4.5.2. Technical Sessions

Session 1: Preliminary Findings of Study on "Good Health and Well-Being" of the Tamang Community by Community of Evaluators – Nepal (CoE-Nepal)

The first presentation of the technical session was on the "*Preliminary Findings of Study on 'Good Health and Well-Being' of the Tamang Community by Community of Evaluators – Nepal (CoE-Nepal).*" The session was presented by the study team members – Mr. Prabin Chitrakar, Ms. Mahendra Laxmi Sharma, Dr. Narayan Shrestha, Dr. Bishnu Prasad Sapkota, and Ms. Sunaina Sharma Gyawali.



Prabin Chitrakar (left) and Mahendra Laxmi Sharma (right) presenting in the session

The presentation of the session highlighted the following (please see the Section 3 of this report for full findings of the study).

- Overview and Objectives of the study
- Study Team and Methodology
- Preliminary findings of the study
- Comparison of the SDG 3 indicators – High Relevance
- Comparison of the SDG 3 indicators – Low Relevance
- Key Issues

During the question answer (Q&A) and discussion session, the participants provided their comments and suggestions on the Indigenous study carried out were as follows:

- Indigenous study should be conducted with the Indigenous lenses.
- Beliefs of Indigenous people should be analysed - what type of medicine they are using for which disease. Whether, they achieve the positive result after using the medicine or not.
- Belief and trust of Tamang Community on Traditional Healer should be analysed for its positive aspects.
- Tamang community is very rich in culture, religion and Indigenous knowledge, which should be analysed and included in the study.
- Methodology should be improved to carry out the Indigenous study and involve the Indigenous people in the study and live with their family in their house, researcher should eat the food that they eat and should change the lifestyle as the Indigenous people do.
- There are many types of grants planned by the Government for the development of community which can be used to carry out Indigenous Study for different group of IPs.

The discussion highlighted the importance of evaluations that focus on the preservation of natural resources such as forests, water, and land as these are intrinsically linked to the cultural identity and livelihoods of IPs. It was widely agreed that Indigenous evaluations should be conducted through an Indigenous lens, ensuring the active participation of IPs themselves. Effective Indigenous evaluation requires spending extended time within communities to understand their unique needs, interests, cultural and religious practices, and food habits.



Participants participating in the Q&A session and discussion providing feedbacks and suggestions

From the discussion and feedback from the participants, it was recommended that such studies should gather and analyse both the positive and negative aspects of Indigenous cultural practices, values, norms, and behaviours. Addressing the recommendation, additional information was gathered from the Tamang community via telephonic conversation by the study team and incorporated it in the findings of this report in section 3. It was also recommended that a more holistic, participatory, and culturally sensitive approach is essential to reflect the true realities of Indigenous Peoples and wider study to be considered.

Session 2: Monitoring and Evaluation (M&E) and Indigenous Evaluation in Nepal's Education System

The session on "Monitoring and Evaluation (M&E) and Indigenous Evaluation in Nepal's Education System" was jointly delivered by Mr. Loonibhah Chitrakar, Lecturer, Bajrabarahi Campus, Tribhuvan University, and Mr. Biswash Chepang, Program Coordinator, CIPRED. In the session the current situation of M&E in the curriculum of Universities were highlighted, where only few of the Universities have included M&E in the curriculum of Masters Levels but only in the basic concept.



Loonibhah Chitrakar (left) and Biswash Chepang (right) presenting in the session

The presentation by Mr. Loonibhah Chitrakar highlighted the followings:

Current Status of M&E and Indigenous Evaluation in University Curricula

1. Tribhuvan University (TU)
 - Master's in Rural Development: Includes M&E components (e.g., Research Methods, Management).
 - Master's in Anthropology/Sociology: Covers Indigenous topics and Research Methods.
 - Other programs (History, Economics, Social Work) include Research Methodology but no M&E.
2. Kathmandu University (KU)
 - Master in Indigenous Education and Development (MIED): Focuses on Indigenous knowledge, inclusivity, and holistic development.
 - M.Ed. in Leadership and Management: Offers an elective course on Program Evaluation.
3. Other Universities (Pokhara, Purbanchal)
 - Include evaluation related content in management, sociology programs but not formal M&E courses.

Opportunities

- Research Methodology and Indigenous topics are already part of many curricula.
- Growing demand for M&E professionals (e.g., 50,000 NGOs in Nepal).
- Collaboration between Social Welfare Council (SWC) and universities for evaluations.

Today's Need

- Nepal's graduation to Developing Country 2026 will open international platforms and competition.
- High-level manpower in M&E and Indigenous Evaluation is required.
- Introduce standalone M&E and Indigenous Evaluation courses to meet market and academic needs.

The presentation by Mr. Biswash Chepang highlighted the followings:

Key Themes

1. Critique of Mainstream M&E
 - Over-reliance on standardized, quantitative metrics often ignores Indigenous knowledge systems.
 - Donor-driven evaluations may lack cultural context (e.g., Western-dominated teams).
2. Indigenous Evaluation Principles
 - Cultural Context: Integrates local traditions (e.g., collective practices like communal hunting, seasonal rituals).
 - Participatory Methods: Communities lead data collection, analysis, and dissemination.
 - Holistic Well-being: Evaluates physical, mental, emotional, and spiritual aspects.

- Examples: *Khoriya* (shared resource management), *Pangra* (traditional governance), and Climate-resilient crops (Indigenous ecological knowledge).
3. Indigenous Rights in Evaluation
 - Self-determination: Right to free, prior, and informed consent in data collection.
 - Community-Led: Traditional knowledge (oral histories, storytelling) as valid data.
 - Language & Values: Use of Indigenous languages and culturally relevant indicators (e.g., land stewardship).
 4. Collaborations
 - Partnerships with Indigenous Peoples' Organizations (IPOs), National Statistics Office, Planning Commission, and Human Rights Institutions.

Session 3: Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change



Mr. Rabin Rai delivering presentation

Mr. Rabin Rai, Monitoring and Reporting Analyst, UN Women Nepal Country Office presented the session on "*Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change.*" In the session Mr. Rai highlighted the followings:

Purpose & Scope

Goal: Generate real-time insights to advance gender equality by changing harmful social norms (2019–2023).

Focus Regions: Asia-Pacific, Europe/Central Asia, Africa, Latin America.

Methodology: Feminist Participatory Approach, emphasizing grassroots engagement and intersectionality.

Key Feminist Principles

1. Grassroots Learning: Center women's diverse voices and Indigenous/southern scholarship.
2. Participatory: Involve UN Women staff, government, NGOs, and rights-holders in evaluations.
3. Power Analysis: Examine gender hierarchies and systemic barriers (e.g., patriarchy, caste).
4. Intersectionality: Address overlapping identities (e.g., caste, disability, LGBTQ+).

Nepal Case Study Highlights

1. Rural Women's Economic Empowerment:
 - Norms Challenged: Mobility restrictions, financial exclusion.
 - Interventions: Cooperatives, agriculture training, policy (e.g., tax breaks for women landowners).
2. Access to Justice:
 - Norms Targeted: Chaupadi (menstrual isolation), child marriage, GBV.
 - Strategies: Grassroots mobilization, legal aid, male ally engagement.
3. Women in Value Chains:
 - Barriers: Gendered market roles, limited decision-making power.
 - Outcomes: Skill-building, collective bargaining, incremental norm shifts.

Methods & Tools

- Appreciative Inquiry: Asset-based, participatory workshops.
- Power Mapping: Identified gatekeepers (e.g., mothers-in-law, religious leaders).
- Reflective Dialogue: Co-creation with stakeholders to validate findings.

Programming Principles

- Holistic Approaches: Combine individual empowerment (e.g., leadership training) with systemic change (policy reform).
- Collectivization: Women's groups as catalysts for norm change.
- Engaging Men: Transform masculinities through allyship.
- Kyriarchy Lens: Move beyond patriarchy to address intersecting oppressions (caste, class).

Session 4: Group Discussion: Current Status, Challenges and Opportunities in Indigenous Evaluation in Nepal

Following up the presentations on different themes and topics, a group discussion session on "Current Status, Challenges and Opportunities in Indigenous Evaluation in Nepal" was conducted. The session was facilitated by Dr. Sushila C. Nepali and Ms. Mahendra Laxmi Sharma. In the session, the participants were divided into three groups for their group works. The results from the group works were presented by the group leaders presented below in **Table 4**, **Table 5**, and **Table 6**.



Participants of the workshop participating in the group discussion and presentation

Table 4: Results from the group discussion by Group 1

Problems and constraints	Way forward
<ul style="list-style-type: none"> • Donor driven • English language driven • Led by outsider Experts • Vested interest of the organization • Implementation agency is not interested to work with local needs and requirements • Not clear Indigenous evaluation framework • Less availability of indigenous practices in the evaluation • Less priority in the Government and development program in evaluation framework 	<ul style="list-style-type: none"> • Local community need based development intervention to be designed and implemented • Evaluation Society needs to develop guidelines in Nepali language for community led evaluation • Indigenous communities need to be engaged from beginning • Evaluation activists (experts) need to be cleared about Indigenous evaluation framework and context specific • Government and development partners (I/NGOs) to be advocated for the importance of working with Indigenous communities and evaluation of the project by involving Indigenous communities.

Table 5: Results from the group discussion by Group 2

Problems and constraints	Way forward
<ul style="list-style-type: none"> • Evaluation framework • Organization led approach rather than the consultation of community • Pre-set evaluation framework trying to be fit the community in the framework • Historical trauma and trust issues • Priority is not clear • Evaluators are not clear on the concept 	<ul style="list-style-type: none"> • Direct involvement of the community in all steps of development cycles • Training, exposure visit and capacity building of evaluators is essential • Lobby with donors to include Indigenous policy as a funding requirement • Academic course: inclusion of Indigenous evaluation in the curriculum (school, college and university) • Documentation of the process of Indigenous evaluation

Table 6: Results from the group discussion by Group 3

Problems and constraints	Way forward
<ul style="list-style-type: none"> • Lack of clarity and understanding on overall M&E approach (Relevancy) • Lack of intersectional approach; and adoption of blanket approach (more prominent) • Donor driven attempts and M&E plan • Zero or very limited condition and engagement of IPs in overall process of evaluation • More reliable on quantitative data and ignoring qualitative ones • Resource constraints and evaluation period outcome 	<ul style="list-style-type: none"> • Shift from blanket approach to intersectional lens, equally integrate socio-economy, gender and other aspects equally • Microscopic lens integrate (issue based-identify (root cause), integration of Indigenous lens in existing M&E plan modify when required • Equally prioritize qualitative information which dealing with indigenous evaluation and studies • Retention and implementation of laws and policies of evaluation, adequate allocation of resources and timelines • Identified Indigenous approaches, knowledge intergenerational indigenous knowledge transfer and promote • Documentation of oral stories and the transmission of sectoral and community knowledge should allocate sufficient space for the integration of Indigenous customary practices and laws

Session 5: Formation of "National Network for Evaluation in Nepal" and Action Plan on Way Forward



Dr. Sushila C. Nepali delivering presentation

The final session of the workshop was on the "Formation of 'National Network for Evaluation in Nepal' and Action Plan on Way Forward." The session aimed to initiate the establishment of a national network for evaluation to promote inclusive and culturally responsive evaluation practices in Nepal. The session was facilitated by Dr. Sushila C. Nepali where she highlighted the background, objective, scope, and way forward for the network.

During the session, participants engaged in active and insightful discussions, with many emphasizing the importance and need for a National Network to strengthen evaluation practices particularly in the context of IPs in Nepal. However, as the session was held at the end of the workshop, many of the key participants

especially from the major stakeholders like from the GoN – NPC, Parliamentarians, UN Agencies, etc. were unavailable. Despite the kin interest of some of the participants in the workshop, recognizing the importance of ensuring inclusivity and ownership among all stakeholders, CoE-Nepal decided to postpone the formation of the network to a later event, to make it more inclusive with all the major stakeholders included.

Although the formation of the National Network could not be completed during the session, it marked a significant step forward to the establishment of the network. It was agreed to organize follow-up meetings with key stakeholders, including the GoN, UN agencies, and other relevant stakeholders, to advance the network’s formation in an inclusive and participatory way.

Session 6: Wrap-up, Vote of Thanks and Closing



Mr. Ujjwal Krishna Mali delivering closing remark

The workshop was closed with the wrap-up remarks and vote of thanks by Mr. Ujjwal Krishna Mali, Executive Board Member of CoE-Nepal. Mr. Mali summarized the day's events of the national workshop including the opening session and the technical sessions. He further expressed the heartfelt gratitude to the Chief Guest, guests, speakers, presenters, and all the participants for their time and contribution to the successful event. On behalf of CoE-Nepal extended the heartfelt gratitude to APEA, EvalIndigenous, and EvalPartners for the continuous support to CoE-Nepal in strengthening Indigenous evaluation practices in Nepal.

4.5.3. Feedback from the participants

After the completion of the workshop, an online feedback survey was conducted to assess the usefulness, key takeaways and recommendations for improvement from the participants of the event. Participants were requested to submit their feedback via Google Form Questionnaire which was prepared by the CoE-Nepal team and was approved by APEA and EvalIndigenous. The questions of the Feedback Form are presented in the **Annex 4**.

Total of 23 feedback responses were received among the total of 40 participants who participated in the workshop. All the feedback were collected anonymously from the respondents.

In the feedback survey questionnaire, respondents were asked to rate the usefulness of **six sessions** of the workshop including opening session, with their rating scale from 1 to 5 where "5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all." The respondents were also allowed to mark as "Not Applicable – valuing to 0 (zero)" if they were not able to attend any particular session.

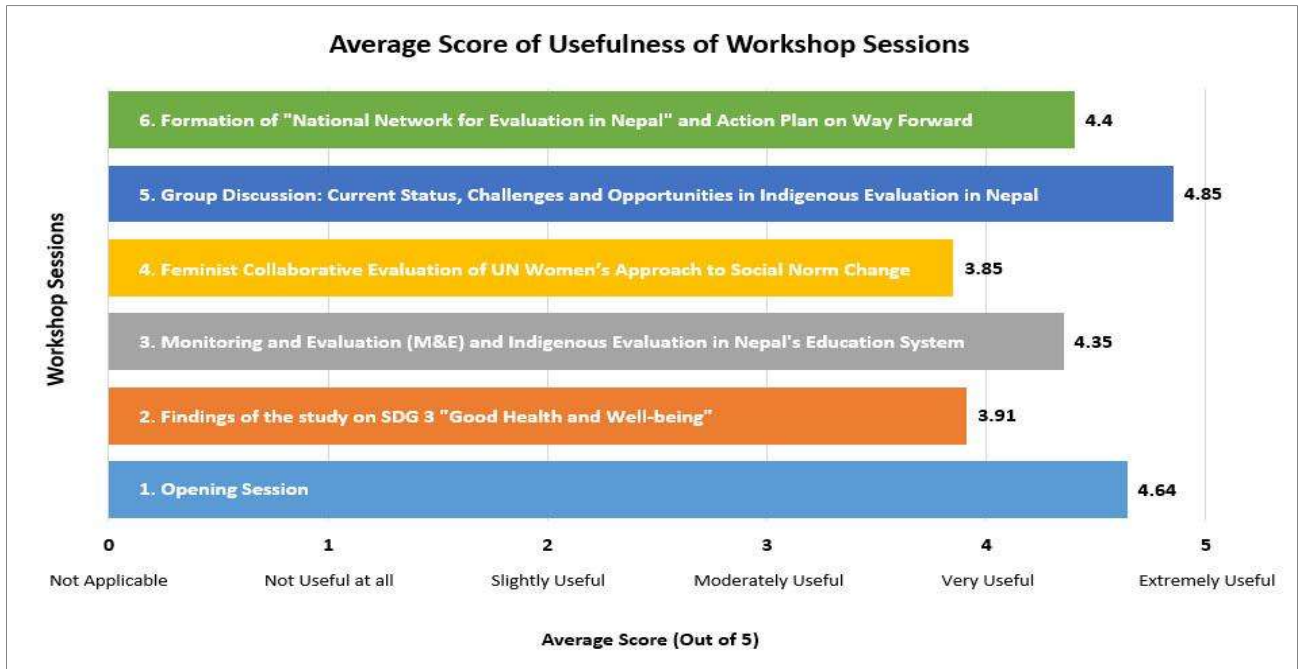
Based on the feedback responses from 23 respondents, below **Table 7** shows the rating on the usefulness of the workshop sessions from questions 1 to 6 as per the questionnaire presented in **Annex 4**.

Table 7: Rating on the usefulness of the workshop sessions

Sessions	Numbers of Respondents						Average Score
	5 = Extremely Useful	4 = Very Useful	3 = Moderately Useful	2 = Slightly Useful	1 = Not Useful at all	0 = Not Applicable	
1. Opening Session	14	8	0	0	0	1	4.64
2. Findings of the study on SDG 3 "Good Health and Well-being"	6	10	4	2	0	1	3.91
3. Monitoring and Evaluation (M&E) and Indigenous Evaluation in Nepal's Education System	8	11	1	0	0	3	4.35
4. Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change	6	6	7	1	0	3	3.85
5. Group Discussion: Current Status, Challenges and Opportunities in Indigenous Evaluation in Nepal	17	3	0	0	0	3	4.85
6. Formation of "National Network for Evaluation in Nepal" and Action Plan on Way Forward	9	10	1	0	0	3	4.4

The responses from the participants are visually presented and interpreted as below.

Figure 6: Average Score of usefulness of the Workshop Sessions



In regards to the usefulness of the workshop sessions, the above **Figure 6** shows that the session on Group Discussion was rated to be highly useful to the participants with the highest average score of 4.85. Following that, the Opening Session was rated with an average score of 4.64. Likewise, Sessions on M&E and Indigenous Evaluation in Nepal's Education System and Formation of National Network for Evaluation in Nepal have average scores of 4.35 and 4.4 respectively. Sessions on Findings of the study on SDG 3 "Good Health and Well-being", and Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change, has average scores just below very useful with 3.91 and 3.85 respectively.

These scores indicate that sessions with more interactive topics like Group Discussion were the most useful to the participants than the sessions on sharing the findings. Overall, all sessions scoring above 3.8 reflects the usefulness of the workshop to the participants.

The other question of the feedback survey (as mentioned in question no. 7 in **Annex 4**) was to understand the views of participants if the formation of National Network for Evaluation in Nepal would be beneficial in strengthening the national capacity and promoting of evaluation practices in Nepal? The responses to the question are presented below in **Figure 7**.

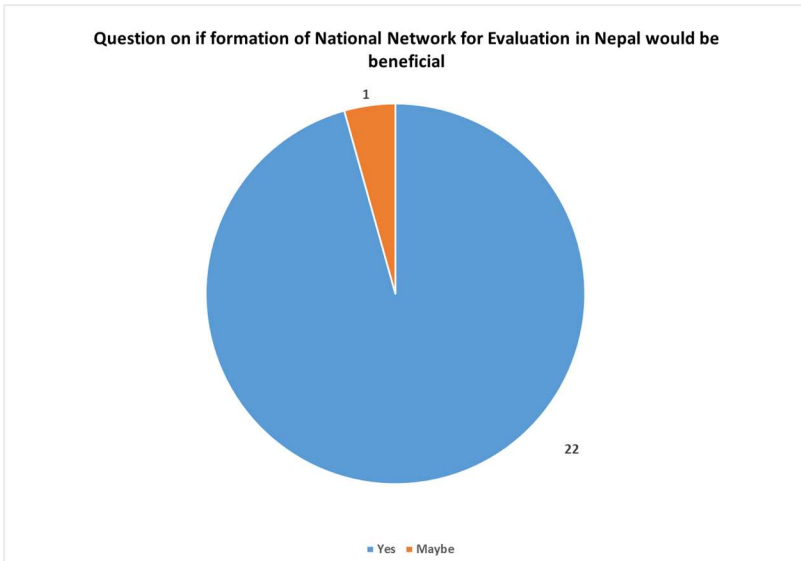


Figure 7: Responses to the question on if the formation of National Network for Evaluation in Nepal would be beneficial

The **Figure 7** (left) shows the participants' response to the question (as mentioned in question no. 7 in **Annex 4**) on if the formation of Nepal Network for Evaluation in Nepal would be beneficial, 22 out of 23 responded said Yes and 1 responded as Maybe. This reflects that the formation of the National Network for Evaluation is very essential.

5. Conclusion

The “Strengthening Indigenous Evaluation Practices in Nepal” initiative marked a significant achievement in advancing inclusive and culturally responsive evaluation practices in Nepal. By engaging with the Tamang Indigenous community in Konjyosom Rural Municipality, the project highlighted the necessity and impact of evaluations focused on the lived experiences, traditional knowledge, and cultural contexts of Indigenous Peoples. The pilot study highlighted both strengths (positive aspects) and challenges (negative aspects) in achieving equitable healthcare access.

- **Strengths (positive aspects):** Access to basic health services is relatively good, with most households living within walking distance of a health post, and active FCHVs playing a critical role in promoting maternal and child health. Despite social challenges, younger women are becoming more aware of health issues and are utilizing formal health services. The community also actively preserves its Indigenous language, cultural traditions, and values, supported by local schools and teachers into education. Efforts of local government in supporting postnatal care, immunization, and health awareness campaigns are appreciable.
- **Challenges (negative aspects):** While government health services are available they are limited in use by the community due to the cultural beliefs, reliance on traditional healers, and socio-economic challenges. The strong belief on the traditional practices and trust on the Traditional Healers than the modern health services, sometimes delay on for the formal treatment.

The study provided valuable insights and learning opportunities for advancing Indigenous evaluations in Nepal. However, a more holistic, participatory, and culturally sensitive approach is essential to reflect the true realities of Indigenous Peoples and wider study to be considered.

The follow-up national workshop brought together a diverse group of stakeholders, including high-level government representatives, parliamentarians, UN agencies, academia, civil society, YEEs, and Indigenous community members. It provided a collaborative effort to reflect on Indigenous evaluation practices, share experiences, and jointly discuss for a future collaboration. One of the major achievements was a significant step forward on the establishment of the National Network for Evaluation in Nepal. There was a strong collective commitment to build inclusive and culturally responsive evaluation practices in Nepal.

6. Outcomes and Achievements

- Conducted a comprehensive pilot study in Konjyosom Rural Municipality to explore Indigenous perspectives on SDG 3 in the community members including women, youth, and local authorities.
- Comparison of nationally defined SDG 3 indicators and the identified from the perspective of the Indigenous communities into health access, nutrition, traditional practices, and mental health.
- Organized a national workshop with a diverse participation including government officials, UN representatives, Indigenous leaders, youth evaluators, VOPEs, and more.
- Initiated steps toward the formation of a National Network for Evaluation in Nepal, building consensus and identifying key stakeholders for its future establishment.
- Strengthened partnerships and dialogues among evaluation professionals, policymakers, academia, and Indigenous communities.
- Enhanced awareness and capacity building among young and emerging evaluators (YEEs) and key actors in culturally sensitive and inclusive evaluation practices.

7. Way Forward

- Finalize and launch the National Network for Evaluation in Nepal, ensuring broad representation and ownership from GoN, UN agencies, VOPEs, IPs, academia, and YEEs.
- Expand the pilot studies to include more Indigenous groups and broader SDG areas such as education, livelihoods, and cultural preservation.
- Dialogue with the GoN, NPC for affecting implementation of M&E Act 2024, and for the localized guidelines and frameworks for Indigenous evaluation.
- Collaboration with the government and universities for the dialogue incorporating Indigenous evaluation in the formal education system.
- Capacity building initiative for YEEs in Indigenous evaluation.

Annexes

Annex 1: Agenda of the study for the field visit



**Study on the Identification of Indicators for SDG 3 "Good Health and Well-Being" from
the perspective of the indigenous (Tamang) community
Konjyosom Rural Municipality, Lalitpur, Nepal**

Venue: Shree Baleshwori Secondary School, Ward No.5

Date: Saturday, 28 December 2024 (13 Poush 2081 B.S.)

Agenda

Time	Session Description	Facilitators (Resource Persons)
08:30 AM	Departure from Jawalakhel, Lalitpur (Vehicle will be standing next to Nepal Telecom Office on the way to Staff College side)	Team Members
10:00 – 11:00	Lunch at Baleshwori Secondary School, Konjyosom Rural Municipality, Lalitpur	Team Members and few others
11:30 – 13:00	Focus Group Discussion (FGD) with Tamang Community Members (Men, Women, Youth, Senior Citizens, Community Leaders, School Teachers, Social Activists, etc.)	Mr. Prabin Chitrakar Mr. Bishnu Sapkota
11:30 – 13:00	Focus Group Discussion (FGD) with Youth participants (School students, boys and girls)	Ms. Sunaina Sharma Gyawali Dr. Narayan Shrestha
13:00 – 14:00	Focus Group Discussion (FGD) with Women (Women from the Tamang Community)	Ms. Mahendra Laxmi Sharma Ms. Sunaina Sharma Gyawali
13:00 – 14:00	Key Informant Interview (KII) with Local Government Representatives (Ward Chairperson, Ward Member, etc.)	Mr. Prabin Chitrakar Dr. Narayan Shrestha Mr. Bishnu Sapkota
14:00 – 14:30	Snacks and Tea Break	All Participants
14:30 – 15:30	Key Informant Interview (KII) School Teachers, Social Activists, NGOs, and CBOs	Mr. Prabin Chitrakar Ms. Mahendra Laxmi Sharma Dr. Narayan Shrestha
14:30 – 15:30	Key Informant Interview (KII) Traditional Healer	Ms. Sunaina Sharma Gyawali Mr. Bishnu Sapkota
15:30 – 17:00	Departure from Konjyosom Rural Municipality and Drop-off by vehicle at Jawalakhel, Lalitpur	Team Members

Annex 2: Questionnaire checklist of the study



**Study on the Identification of Indicators for SDG 3 "Good Health and Well-Being" from the perspective of the indigenous (Tamang) community
Konjyosom Rural Municipality, Lalitpur, Nepal**

Date: Saturday, 28 December 2024

Checklist

Introduction: Facilitators and Respondents

Consent Note:

Community of Evaluators - Nepal (CoE-Nepal) with the support of Asia Pacific Evaluation Association (APEA) and EvalIndigenous is conducting a pilot study on an evaluation approach on Indigenous perspectives on Sustainable Development Goal (SDG) 3 "Good Health and Well-Being" that reflect the unique perspectives of the Tamang community in Konjyosom Rural Municipality, Lalitpur District. The main objective of the study is to understand the community's health challenges, traditional practices, and cultural values. The study seeks to compare the results with nationally adopted ones, and also to understand the broader perspectives of health of the Tamang community and aspects that affect health in positive and negative ways.

- The interview will take around 90 minutes.
- We would like to seek your permission to record it.
- Your participation is voluntary.
- There are no right or wrong answers. We are simply asking for your thoughts and personal experiences.
- You can ask questions at any point during the interview.
- You can skip any questions that you do not want to answer, and you can leave the interview anytime if you decide that you no longer want to participate.
- We will take notes during the interview. The interview notes and transcripts will be kept confidential and private.

Do you consent to participating in this interview?

Do you have any questions before we start? If none, let's proceed.

Thank you in advance for your valuable time and contribution to the study.

Focus Group Discussions (FGDs) - Flip Chart Prompts will be used in the relevant questions during the FGDs.

Group 1: Community Members (Men, Women, Youth, Senior Citizens, Community Leaders, Health Workers and Traditional Healers) – as per the availability

Health and Well-Being (SDG 3):

1. What does "good health and well-being" mean to your community? What recommendations do you have to prevent the challenges faced and to improve good health and well-being in your community?
 - Maternal health (childbirth practices, parental care, postnatal care, child health, others)
 - Physical health (communicable diseases: AIDS, tuberculosis, malaria and others; non-communicable diseases: cardiovascular, cancer, diabetes, chronic respiratory and others)
 - Mental health (is it a concern in your community? What are the common causes?)
 - Social health (substance abuse, including narcotic drugs abuse and harmful use of alcohol, etc.)
 - Dietary Diversity Solutions (nutrient rich foods into people's diets), Others

2. Are there traditional health practices your community relies on? How effective are they? What recommendations do you have for improving or integrating traditional health practices?
3. Has there been or is there any role of the community in making healthcare more effective? What recommendations do you have for enhancing the community's role in healthcare?
4. Who provides primary health related services in the community? What recommendations do you have for better and accessible healthcare services?

Education:

5. Are there differences in dropout rates between boys and girls? If yes, what are the reasons? What recommendations do you have to prevent the dropouts?

Livelihood/Employment:

6. What are the primary sources of income for families in your community? What recommendation do you have for better livelihood/employment opportunities in your community?
 - Agriculture farming
 - Livestock rearing
 - Remittance
 - Wage labouring
 - Others

Equality:

7. Are there opportunities to access healthcare services equally for Men, Women, Youth, Boys, Girls, Senior citizens? What are your recommendations to make healthcare services accessible to all?
8. Who primarily makes decisions male or female about health related matters?
Probe: Seeking healthcare, Family planning, Pregnancy, Childbirth, Marriage, and others

Indigenous Values and Preservation:

9. What are the key cultural practices and traditions that define the Tamang community in your settlement?
Probe: Role of male and female, family structure, food culture, healthcare, access to resources, others
10. Do you face any challenges in preserving Tamang cultural identity in the modern context? If yes, what recommendation do you have to preserve the cultural context?

Group 2: Women-Specific FGDs - Prompts will be used in the relevant questions during the FGDs.

Health and Well-Being (SDG 3):

1. What are the primary health challenges women face in your community during the following periods and what recommendations do you have for preventing or addressing the challenges?
 - Mensuration
 - Pregnancy
 - Childbirth
2. Are there restrictions on food or movement for women during menstruation? If yes, what is the impact on their health?
3. How accessible are healthcare services for women, including reproductive health services and birthing facility centres in the settlement? What recommendations do you have to make it easily accessible?
4. What recommendations do you have to improve good health and well-being in your community?

Livelihood/Employment:

5. Do women in your community work outside the settlement? If yes, what kinds of work do they typically do?
6. Is there wage inequality between men and women? If yes, why?

Gender Equality:

7. Are there opportunities for women to participate in community decision-making, especially about health and education?

8. Are there any incidences of domestic violence, and mechanisms that are available to report/address them?
Any examples?

Indigenous Values and Preservation:

9. How do women contribute to preserving Tamang cultural practices and traditions?
10. Do you think modernization has impacted women's ability to pass on indigenous knowledge to younger generations?

Group 3: Youth-Specific FGDs - Flip Chart Prompts will be used in the relevant questions during the FGDs.

Health and Well-Being (SDG 3):

1. Are youth aware of preventive health measures like hygiene and adolescent health?
2. What health challenges are most common among youth? What recommendations do you have for addressing the challenges?
Substance Abuse
Mental Health
Others
3. How do schools support youth health and well-being? What recommendations do you have for improving the support from the schools or educational institutions?

Education:

4. Are there barriers preventing youth from continuing their education? If yes, what are they?
5. Do schools provide education on health related topics?
 - Nutrition
 - Drinking Water
 - Sanitation
 - Others
6. Do schools provide any health related facilities for the students such as sanitary pads, etc.?

Livelihood/Employment:

7. Are there opportunities for youth employment in your community? What types of work are available?
8. Is there a trend of migration among youth for education or employment? If yes, where do they go? What recommendations do you have for support from the government you need, to stop the migration of youth for foreign employment?

Indigenous Values and Preservation:

9. Are you interested in preserving your cultural heritage? If so, how do you plan to do it?
10. Do you feel connected to Tamang traditions, or do you face pressure to adopt modern lifestyles?

Key Informant Interviews (KIIs)- Flip Chart Prompts will be used in the relevant questions during the KIIs.

Local Government Representatives

1. Please explain your role as the local government representative for the community?
2. What are the community's top priorities?
 - Health
 - Education
 - Livelihood
 - Others

3. What initiatives exist to improve healthcare access and maternal and child health services in the Tamang community?
4. What programs are available to prevent different diseases and other issues mentioned below in the community?
 - Maternal health (childbirth practices, parental care, postnatal care, child health, others)
 - Physical health (communicable diseases: AIDS, tuberculosis, malaria and others; non-communicable diseases: cardiovascular, cancer, diabetes, chronic respiratory and others)
 - Mental health (is it a concern in your community? What are the common causes?)
 - Social health (substance abuse, including narcotic drugs abuse and harmful use of alcohol, etc.)
 - Dietary Diversity Solutions (nutrient rich foods into people's diets)
 - Gender-based violence
 - Others
5. How does the local government address issues in the following topics?
 - Maternal Health
 - Child Health
 - School Dropouts
 - Child marriage
 - Gender inequality
 - Education
 - Employment
6. Does the government involve the community people in making healthcare decisions? Please explain.
7. What initiatives are in place to promote and preserve the cultural heritage of the Tamang community?
8. How does the local government integrate Indigenous values into health, education, and livelihood policies?
9. Does the local government have allocated a budget in your annual plan to address health and education of Indigenous and disadvantaged people?
10. What measures the local government takes to achieve the SDGs specially SDG 3? What recommendations do you have to improve good health and well-being in your community?

Social Activists, NGOs, CBOs and School Teachers

1. What role do schools play in educating children on
 - Health
 - Hygiene
 - Sanitation
 - Drinking water
 - Nutrition
 - Others
2. How effective are community-led awareness programs on the following issues
 - Gender equality
 - Substance abuse
 - Mental Health
3. What are the barriers preventing children, especially girls, from continuing their education?
4. Are there initiatives from different stakeholders to prevent the following in the community?
 - Child Labor
 - Early Marriage
 - Others
5. How can healthcare and education programs be better integrated to address community needs?
6. Do the schools in the rural municipality include Tamang traditions, values and their identity in their education?
7. What recommendations do you have to improve good health and well-being in the community?

Annex 3: Agenda of the Workshop



Workshop on "Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal"

Tuesday, 4 February 2025, SAP Falcha, Babarmahal, Kathmandu, Nepal

Organized by:

Community of Evaluators - Nepal (CoE-Nepal)

Supported by:

Asia Pacific Evaluation Association (APEA), EvalIndigenous and EvalPartners

WORKSHOP AGENDA

Time	Session Description	Guest / Facilitator / Resource Person
08:00 – 09:00	Breakfast & Registration	
09:00 – 09:10	Opening Session – Moderator Workshop Introduction, Objectives, and Agenda	Sunaina Sharma Gyawali, Treasurer, CoE-Nepal
09:10 – 09:15	Inauguration by Chief Guest	Hon. Pro. Dr. Shiva Raj Adhikari, Vice-Chairman, National Planning Commission (NPC)
09:15 – 09:20	Welcome Remarks	Dr. Sushila C. Nepali, Vice-Chairperson, CoE-Nepal
09:20 – 09:30	Welcome / Opening Remarks	Dr. Fiona Cram, Co-Chair, EvalIndigenous
09:30 –	Insights on activities of EvalYouth Nepal (EYN)	Prabin Nanicha Shrestha, EYN
	Insights on activities of Society of Monitoring and Evaluation, Nepal (SOME Nepal)	Dipak Prasad Ghimire, Chairperson, SOME Nepal
	Insights on activities of Nepal Evaluation Society (NES)	Dr. Bhuban Bajracharya, Chairman, NES
	Insights on activities of Community of Evaluators - Nepal (CoE-Nepal)	Dr. Ram Chandra Khanal, Former Chairperson and Adviser, CoE-Nepal
	UNICEF Regional Office for South Asia (ROSA)	Lovemore Mhuriyengwe, Multi-country Evaluation Specialist, UNICEF ROSA
	Voice from Indigenous People	Bijaya Kumar Syangtan, Ward Chairperson and Community Leader, Konjyosom Rural Municipality, Ward No.5
	Social Welfare Council (SWC)	Dr. Manoj Bhatta, Member Secretary, SWC
	Asia Pacific Parliamentarians Forum	Hon. Ramesh Paudyal, Steering Committee Member, Asia Pacific Parliamentarians Forum
	Speech by Guest – National Parliamentarian Forum on Development Evaluation Policy in Nepal (NPFDEPN)	Former Minister Hon. Ananda Prasad Pokharel, Founder Chair, NPFDEPN and Steering Committee Member, Global Parliamentarians Forum for Evaluation
	Keynote Speech by Chief Guest	Hon. Pro. Dr. Shiva Raj Adhikari, Vice-Chairman, National Planning Commission (NPC)
	Remarks by Asia Pacific Evaluation Association (APEA)	Prof. Yoko Ishida, President, APEA
– 11:00	Remarks by Chair	Prabin Chitrakar, Chairperson, CoE-Nepal
11:00 – 11:15	Group Photo / Tea Break	

	Technical Sessions	
11:15 – 11:45	Findings of the study on SDG 3 "Good Health and Well-being"	Prabin Chitrakar, Chairperson, Mahendra Laxmi Sharma, General Secretary and Study Team, CoE-Nepal
11:45 – 12:30	Monitoring and Evaluation (M&E) and Indigenous Evaluation in Nepal's Education System	Mr. Loonibhah Chitrakar, Lecturer, Bajrabarahi Campus, TU and Mr. Biswash Chepang, Program Coordinator, CIPRED
12:30 – 13:30	Lunch Break	
13:30 – 14:15	Current Status of M&E in Nepal and the Way Forward	National Planning Commission (NPC)
14:15 – 15:00	Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change	Rabin Rai, Monitoring and Reporting Analyst, UN Women
15:00 – 15:45	Group Discussion: Current Status, Challenges and Opportunities in Indigenous Evaluation in Nepal <ul style="list-style-type: none"> • Group Work • Group Presentation 	Dr. Sushila C. Nepali, Vice-Chairperson, Mahendra Laxmi Sharma, General Secretary and Team, CoE-Nepal
15:45 – 16:00	Tea Break	
16:00 – 16:45	Formation of "National Network for Evaluation in Nepal" and Action Plan on Way Forward <ul style="list-style-type: none"> • Background, Objective • Group discussion • Formation of the Network • Action Plan 	Dr. Sushila C. Nepali, Vice-Chairperson, Sunaina Sharma Gyawali, Treasurer and Team, CoE-Nepal
16:45 – 17:00	Wrap-up, Vote of Thanks and Closing	Ujjwal Krishna Mali, Executive Board Member, CoE-Nepal

Annex 4: Participants' Feedback Form

Workshop on Strengthening Indigenous Evaluation Practices in Nepal and Formation of National Network for Evaluation in Nepal

Your response to this 10-minutes feedback will help us to evaluate the usefulness of the workshop and for improvement to organize future events. We highly appreciate your feedback.

All the responses are anonymous.

How useful do you think the following sessions were?

- Please rate the usefulness in scale of 1 to 5.

- If you were not able to attend any particular session, please indicate as "Not Applicable".

Questions:

1. Opening Session

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

1. (a) Your key takeaways from the opening session. _____

1. (b) Your recommendation for improvement. _____

2. Findings of the study on SDG 3 "Good Health and Well-being"

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

2. (a) Your key takeaways from this session. _____

2. (b) Your recommendation for improvement. _____

3. Monitoring and Evaluation (M&E) and Indigenous Evaluation in Nepal's Education System

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

3. (a) Your key takeaways from this session. _____

3. (b) Your recommendation for improvement. _____

4. Findings and lessons learned from the Feminist Collaborative Evaluation of UN Women's Approach to Social Norm Change

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

4. (a) Your key takeaways from this session. _____

4. (b) Your recommendation for improvement. _____

5. Group Discussion: Current Status, Challenges and Opportunities in Indigenous Evaluation in Nepal

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

5. (a) Your key takeaways from this session. _____

5. (b) Your recommendation for improvement. _____

6. Formation of "National Network for Evaluation in Nepal" and Action Plan on Way Forward

5 = Extremely Useful, 4 = Very Useful, 3 = Moderately Useful, 2 = Slightly Useful, 1 = Not Useful at all, Not Applicable

7. Do you think the formation of National Network for Evaluation in Nepal would be beneficial in strengthening the national capacity and promoting of evaluation practices in Nepal?

Yes / No / Maybe

7. (a) You may share your thoughts on your response to above Q. #7.

8. Please feel free to share any other comments that you may have.