

## Dhulikhel, Nepal Voluntary Local Review



### Acknowledgement

Development Consultant, UNESCAP, and Ms. Jyoti Sharma, City Associate, ICLEI South Asia, for their support in collating information and their cooperation during the reporting of the VLR, without which the study would not have been successfully completed. We gratefully acknowledge the admirable efforts that were taken and the keen enthusiasm shown by all our personnel towards VLR reporting.

The Municipality would also like to extend their appreciation to UNESCAP for providing guidance and technical support for conducting the VLR. Dhulikhel adopted Asia - Pacific Regional Guidelines on Voluntary Local Reviews of UNESCAP for conducting its very first Voluntary Local Review (VLR). These guidelines, with their set of principles and practical recommendations for conducting VLR, guided the city to carry out their VLR in consultation with local stakeholders and prepare the report. In addition, the online trainings and regional workshops conducted by UNESCAP and UNDESA helped Dhulikhel to learn from the experiences of other cities and improve the VLR report. The technical support from UNESCAP and other partners also helped the municipality to perform a systematic review of the available information and develop evidence-based recommendations for decision support of different departments of the municipality regarding sectoral policies and programmes.

Prepared under: CDKN Knowledge Accelerator Project supported Voluntary Local Review of Dhulikhel City

Year of Publishing: 2022

Suggested Citation Dhulikhel Municipality, Nepal (2022) Voluntary Local Review.

## Contents

Acknowledgement	2
Abbreviations	6
Foreword	8
Foreword from Mayor	9
Introduction Dhulikhel, a Health Hub Dhulikhel, a Major Education Center Dhulikhel, a Tourist Destination	12 14
Voluntary Local Review of Dhulikhel Methodology Adopted for VLR 2030 Agenda During the COVID-19 Crisis	18
Policy and Enabling Environment Engagement with the National Government on SDG Implementation	
Creating Ownership of the SDGs and the VLR	30
Incorporation of the SDGs in Local and Regional Frameworks	34
Developing Policy Frameworks and Regulatory Structure	38
Leaving No One Behind Gender Responsive Development Equal Representation of Women in Local Politics and Decision Making Improving Quality of Life of Disabled Population Equal Representation of Tribal Communities Youth Council- Declaration of Child Friendly Local Government	46 48 48 48 48 48 48
Institutional Mechanisms	52

Structural Issues	56
Overlapping Mandates	
Fiscal Decentralization	
Lack of Data Management System	57
Progress on Goals and Targets	60
SDG 1: End Poverty in All Its Forms Everywhere	62
SDG 3: Healthy Lives and Well-Being	
SDG 4: Inclusive and Quality Education	81
SDG 6: Ensure Availability and Sustainable Management of Water and Sanitation	
Means of Implementation	100
Policy and Development Planning	100
Financial Resources	100
Technical Capacities	101
Data	
Technology and Innovation	101
Stakeholder Engagement	
Administrative Improvements	102
COVID -19 Pandemic	102
The Way Forward	104
References	106
Annex 1: List of Stakeholders Consulted in the Preparation of Dhu	ulikhel VLR
Report	108
Annex 2: Policies and Regulations in Dhulikhel Municipality to Su	pport
Selected Priority Sustainable Development Goals	•••
selected inforty sustainable bevelopment douis	

all a strend

### **List of Tables**

Table 1: Selection of Priority SDGs for Dhulikhel23
Table 2: List of projects in Dhulikhel under each SDG with approximate amount of funds allocated to them39
Table 3: List of Agriculture and animal husbandry related industry and groups

- ?

### **List of Figures**

Figure 1: Dhulikhel city facts	13
Figure 2: Process of development of VLR report in Dhulikhel	19
Figure 3: Core team members of VLR Dhulikhel	20
Figure 4: Core team meeting in Dhulikhel municipality	21
Figure 5: Ongoing initiatives on different SDGs in Dhulikhel	22
Figure 6: Five principles of development justice	31
Figure 7: Dhulikhel Vision -2030	35
Figure 8: Projects in Dhulikhel under each SDG with approximate amount of funds allocated to them by the municipality in 2020-21	38
Figure 9: Disabled population in Dhulikhel	47
Figure 10: Population by caste in Dhulikhel	49
Figure 11: Organogram of Dhulikhel Municipality	53
Figure 12: Priority SDGs for Dhulikhel	60
Figure 13: Completed and ongoing projects related to prioritized sdgs (2019 to 2021)	61
Figure 14: Age and gender wise population	63
Figure 15: Percentage of ethnic groups and religions in Dhulikhel	64
Figure 16: Map showing the accessibility of health centres in Dhulikhel city	72
Figure 17: Percentage of households with offsite sanitation facilities connected to different outlets	91
Figure 18: Percentage of institutions with offsite sanitation facilities connected to different outlets	91
Figure 19: Different types containment of waste water in households	92
Figure 20: Different types containment of waste water in institutions	93
Figure 21: Drinking water treatment plant	94
Figure 22: Public tap managed by the users committee	94

### Abbreviations

- Arth

A State Present

AIDSAcquired Immunodeficiency SyndromeANCAntenatal CareARIAcute Respiratory InfectionCACCommunity Awareness CentersCAOChief Administrative OfficerCBOCommunity-Based OrganizationsCBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCSOCivil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users, CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMSInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service StandardMuANMuncipal Association of Nepal	ADDCN	Association of District Development Committees
ARIAcute Respiratory InfectionCACCommunity Awareness CentersCAOChief Administrative OfficerCBOCommunity-Based OrganizationsCBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCSOCivil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHSDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMSInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty Index	AIDS	
CACCommunity Awareness CentersCAOChief Administrative OfficerCBOCommunity-Based OrganizationsCBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCOVID-19Coronavirus DiseaseCOVDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty Index	ANC	Antenatal Care
CA0Chief Administrative OfficerCB0Community-Based OrganizationsCBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCOVID-19Coronavirus DiseaseCS0Civil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMP1Multidimensional Poverty Index	ARI	Acute Respiratory Infection
CB0Community-Based OrganizationsCBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCS0Civil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CAC	Community Awareness Centers
CBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCSOCivil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CAO	Chief Administrative Officer
CBRCommunity Based RehabilitationCCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCSOCivil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CBO	Community-Based Organizations
CCSCentralized Combined SewerCOPDChronic Obstructive Pulmonary DiseaseCOVID-19Coronavirus DiseaseCS0Civil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLIRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CBR	
COVID-19Coronavirus DiseaseCS0Civil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CCS	
CS0Civil Society OrganizationDCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	COPD	Chronic Obstructive Pulmonary Disease
DCSDecentralisation Combined SewerDDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	COVID-19	Coronavirus Disease
DDWSUCDhulikhel Drinking Water and Sanitation Users. CommitteeDHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	CS0	Civil Society Organization
DHISDistrict Health Information SoftwareECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	DCS	Decentralisation Combined Sewer
ECDEarly Childhood DevelopmentFSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	DDWSUC	Dhulikhel Drinking Water and Sanitation Users. Committee
FSMFecal Sludge ManagementFYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	DHIS	District Health Information Software
FYFiscal YearGDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	ECD	Early Childhood Development
GDPGross Domestic ProductGIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	FSM	Fecal Sludge Management
GIZDeutsche Gesellschaft für Internationale ZusammenarbeitGNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	FY	Fiscal Year
GNIGross National IncomeGoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	GDP	Gross Domestic Product
GoNThe Government of NepalGPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPIGender Parity IndexHHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	GNI	Gross National Income
HHsHouseholdsHIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	GoN	The Government of Nepal
HIVHuman Immunodeficiency VirusHRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	GPI	Gender Parity Index
HRHouse RentID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	HHs	Households
ID cardIdentity Document CardIECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	HIV	Human Immunodeficiency Virus
IECInformation Education CommunicationIMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	HR	House Rent
IMISInsurance Management Information SystemIUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	ID card	Identity Document Card
IUDPIntegrated Urban Development PlanKUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	IEC	Information Education Communication
KUSMSThe Kathmandu University School of Medical SciencesLLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	IMIS	Insurance Management Information System
LLRCLocal Level Restructuring CommissionLRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	IUDP	Integrated Urban Development Plan
LRTILower Respiratory Tract InfectionLSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	KUSMS	The Kathmandu University School of Medical Sciences
LSGALocal Self-Governance Act.MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	LLRC	Local Level Restructuring Commission
MGMLMulti-Grade Multi-LevelMPIMultidimensional Poverty IndexMSSMinimum Service Standard	LRTI	Lower Respiratory Tract Infection
MPIMultidimensional Poverty IndexMSSMinimum Service Standard	LSGA	Local Self-Governance Act.
MSS Minimum Service Standard	MGML	Multi-Grade Multi-Level
	MPI	Multidimensional Poverty Index
MuAN Municipal Association of Nepal	MSS	Minimum Service Standard
	MuAN	Municipal Association of Nepal

MWRA	Married Women of Reproductive Age
NARMIN	National Association of Rural Municipalities in Nepal
NDP	National Development Plan
NEC	Nepal Engineering Council
NGO	Non-Governmental Organisation
NPR	The Nepalese Rupee
РНС	Primary Health Center
PNC	Postnatal Care
PPP	Purchasing Power Parity
RHD	Rheumatic Heart Disease
RTA	Road Traffic Accident
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
SSDP	School Sector Development Programme
TB	Tuberculosis
TFR	Total Fertility Rate
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
URTI	Upper Respiratory Tract Infection
USD	United States Dollar
VDCs	Village Development Councils
VLR	Voluntary Local Review
VNR	Voluntary National Review
WASH	Water, Sanitation and Hygiene

-

SS Propriet

### Foreword

### **Foreword from Mayor**



Mr. Ashok Kumar Byanju Shrestha Mayor, Dhulikhel Municipality

ive years ago, in 2017, Dhulikhel went through a major urban transformation. Dhulikhel, the district capital of Karve District, was classified as an urban municipality and its boundaries redrawn. This resulted in the expansion of the city's land area by almost fivefold and its population by three-fold. The city became a hub for district administration, as well as a health and education center attracting people from all over the country (GOEC-GIDA, 2019)<sup>1</sup>. The expansion also increased the demands on the city administration to meet the needs of the growing population. The city needed a robust framework to respond to the emerging demands and promote sustainable development. The 2030 Agenda provided that framework for sustainable development by balancing economic aspirations, people's wellbeing with protecting the environment.

In line with Nepal's commitment to the 2030 Agenda and the achievement of SDGs, Dhulikhel initiated efforts to localize SDGs in 2018, and is one of the first cities in the country to consider SDGs in local development. Dhulikhel's SDG localization efforts is informed by the government of Nepal's Sustainable Development Goals, Status and Roadmap: 2016-2030 (NPC, 2017)<sup>2</sup>. In 2018, the city formulated its own SDG-informed Vision Strategy 2030.

The city has made substantial progress over the past four years in setting strategies for achieving SDGs. The city has surpassed the national SDG targets set for several goals, especially SDG 4 on quality education, SDG 13 on climate action, and SDG 16 on peace, justice and strong institutions. It is at this juncture that the city decided to undertake the Voluntary Local Review (VLR) of SDG progress to take stock of the advancements made, identify gaps, and redirect efforts for a more inclusive and sustainable development of the city, and thereby contribute to the national efforts to achieve SDGs.

Dhulikhel is the first city in Nepal to undertake the VLR, and considerable attention was given to ensure that the VLR was conducted in a collaborative and inclusive manner. However, due to the COVID-19 pandemic related restrictions, direct interactions with various stakeholders were limited to virtual spaces.

This report highlights policy actions and project initiatives that the city has implemented to achieve the SDGs. This report also underlines existing gaps to achieve SDGs and the policy and programming commitment of the city to address identified gaps. The report is also an attempt to present comprehensible and open information about the city's strategies, including the pathways for sustainable urban solutions, to achieve SDGs. The VLR process has also helped the city to recognize its potential to contribute to the national efforts to achieve SDGs by encouraging and supporting other municipalities and local governments to localize SDGs.

Dhulikhel City – its administration and its people – are confident that the city's continued focus on SDGs will ensure not only the transformation of the city into a prosperous city that preserves and cherishes its history, culture and environment, but also serve as a model for inclusive and sustainable development for local governments across the country.

lessee.

Ashok Kumar Byanju Shrestha





## Introduction



### Introduction

hulikhel is one of the oldest cities of Nepal and one of the popular tourist destinations in the country. Located in Kavrepalanchok District at the eastern rim of Kathmandu Valley, Dhulikhel is blessed with a diverse and vibrant community, a spectacular view of Mt Everest, and rich cultural heritage. Dhulikhel is also a key historic trading center on the main commercial route linking Nepal to Tibet. At present, two major highways, B.P. Highway and Araniko Highway, connecting Kathmandu, Nepal's capital city, with Kodari, a Tibetian border town, passes through Dhulikhel (Dhulikhel Municipality,2016)<sup>3</sup>.

Following its proclamation as an urban municipality in 2017, Dhulikhel was merged with five adjoining Village Development Councils (VDCs), increasing the number of wards from 9 to 12. This increased the area covered by the Municipality from 12.08 sq kms to 54.62 sq kms. The population of the city soared to 32162 in 2011 from just 9,812 in 1991 and is projected to reach 40560 by 2030. Dhulikhel's proximity to the capital city – Kathmandu, and its position as a district capital has enabled the city to become a major health, education and tourism hub. It is estimated that approximately more than one million people visit the city every year to access health and education facilities, and also as tourists to enjoy its scenic beauty. Although over a million visitors do provide economic and livelihood opportunities to the local population, they also put immense pressure on the city's basic infrastructure and services such as water supply, solid waste, public transport, health care, and housing etc. The city is struggling to develop robust local institutions to manage basic service (GOEC-GIDA, 2019)<sup>4</sup>.

To address these challenges, Dhulikhel drafted a "Vision Strategy 2030" in 2017, aiming to develop the city into a prosperous and model city that offers quality of life to its population and promotes good governance. The strategy identifies priority areas and actions for Dhulikhel's sustainable development, in line with the ongoing efforts of the Federal Government in Nepal for localization of the Sustainable Development Goals (SDGs) (GOEC-GIDA, 2019)<sup>5</sup>.

The city government has developed several policies and programmes to improve accessibility to basic services, promote sustainable development and strengthen inclusive governance. This has helped to transform the city as a hub for health and education as well as a tourist destination and accelerated the city's progress on SDG indicators. Dhulikhel is one of the few cities in the country that has already met some of the national benchmarks for SDG 4 on quality education targets.

#### Dhulikhel, a Health Hub

The city became one of the major health centers in the Kavrepalanchok District after the establishment of Dhulikhel Hospital in 1996. By 2017, the Dhulikhel Hospital had

Approximately one million people visit the city every year to access health and education facilities, and also as tourists to enjoy its scenic beauty.

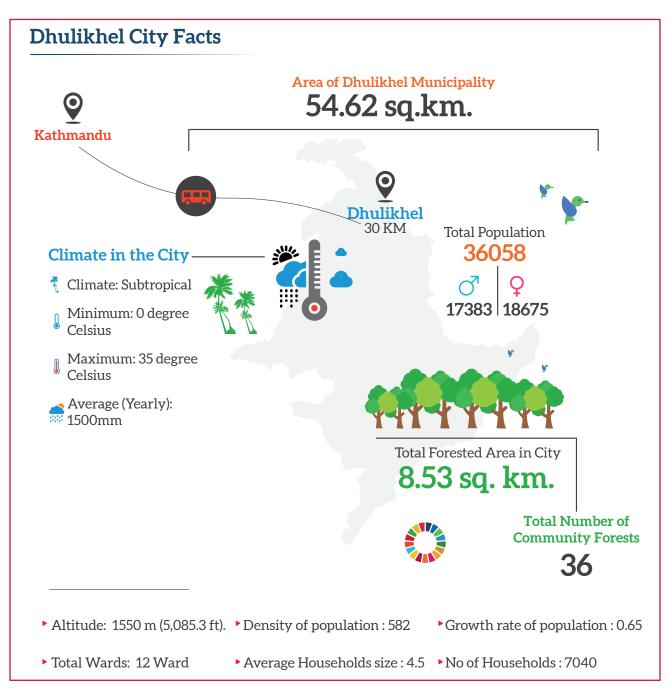


Figure 1: Dhulikhel city facts

expanded to include health centers in 21 different locations in the city covering the underserved areas of the city. The hospitals and health care centres provide medical services at low cost to over 1.9 million people, annually, from more than 50 districts in Nepal (GOEC-GIDA, 2019)<sup>6</sup>. In addition, Dhulikhel also established primary health care centers and health posts in different parts of the city to provide basic health services, including awareness on programmes and available facilities through health volunteers. The city aims to become a hub for all forms of medical care - preventive, curative, promotive, rehabilitative and palliative care - to meet the numerous health care needs of the population of the city and the country in general.

#### **Dhulikhel, a Major Education Center**

Dhulikhel is also an education hub for higher education. Kathmandu University was established in the city in December 1991. The university has seven schools, including the school for medical sciences mentioned above, and attracts numerous students from across the country, as well as from abroad. In addition, the city also has several public and private schools for primary and secondary education. Despite being an education hub, the literacy rate for the population aged 5 years and above was 75.40 percent, according to the 2011 Census (CBS,2011)<sup>7</sup>. The city plans to improve the literacy rate to 90 percent by 2030 by addressing issues around accessibility to education centers and the quality of education provided in different schools. Dhulikhel also implemented various projects to ensure that all girls and boys receive free, equitable and quality education and that no girl-child is left behind. Special programmes are being implemented to improve girls' education and reduce absenteeism in the city, including due to lack of awareness regarding and access to menstrual health and hygiene.

In 2018, the city targeted different schools and colleges to upgrade their infrastructure and strengthen the quality of education. Many programmes are being implemented to develop Dhulikhel as a city synonymous with quality education by raising the standard of education offered to children, youth and adults.

Dhulikhel is also a major medical educational centre. The Kathmandu University School of Medical Sciences (KUSMS) is located in Dhulikhel and offers a wide range of courses and specialist programmes in medical sciences. The health facilities also have specific programmes related to SDG 3 on Good Health and Wellbeing. For example: KUSMS and the Dhulikhel Hospital Outreach Center support community engagement programme that trains students to conduct health needs assessment at the community level and develop local initiatives based on their findings (Dhulikhel Hospital)<sup>8</sup>.

#### **Dhulikhel, a Tourist Destination**

Dhulikhel is one of the prominent tourist destinations in the country and its scenic beauty attracts a large number of domestic and foreign tourists. Prior to COVID – 19, Dhulikhel saw a daily average of 4046 tourists, out of which 3996 were domestic tourists and about 150 were foreign tourists, with an average stay of +2 days. The city has about 46 hotels, 215 restaurants, cafes and fast food joints, and 11 other enterprises related to tourism (GOEC-GIDA, 2019)<sup>9</sup>.

Tourism is a vital economic sector for the city as it supports several ancillary industries, including arts and crafts. Tourism sector contributes 30% to the city's GDP and provides livelihood for more than 15% of the population. The sector directly employs 3319 individuals, out of which 2559 are residents of Dhulikhel. About 1550 are employed in hotels while the remaining are employed in other sectors related to tourism.

The Vision Strategy 2030 of the city aims to promote Dhulikhel as a cultural capital that protects and showcases the city's rich heritage and environment. At present, the newly added wards have great tourism potential but remain underutilized primarily because of poor access to tourist spots.

Dhulikhel implemented various projects to ensure that all girls and boys receive free, equitable and quality education and that no girlchild is left behind. To promote tourism, a five-year plan, 'The Conservation, Culture and Tourism Development Plan' was developed in 2019. This plan aims to:

- Increase the length of stay of domestic and international tourists by expanding and diversifying tourism activities, and enhance the quality of tourism services
- Develop and maintain physical infrastructure, including roads, trekking routes, and information centers to improve accessibility of tourism spots.
- Protect and conserve heritage locations and environmental landscapes (such as parks, botanical gardens) to sustain their ongoing use and appreciation
- Establish institutional mechanisms to coordinate and support business and organizations involved in tourism development and management.

Under its Vision Strategy 2030, the city aspires to employ local population, particularly from poor and marginalized communities in tourism and its related activities such as horticulture, handicrafts, home stays and sports and recreational activities such as ziplines, trekking etc. This will not only promote the city as a major tourist destination but also enhance the livelihood opportunities of the local people.

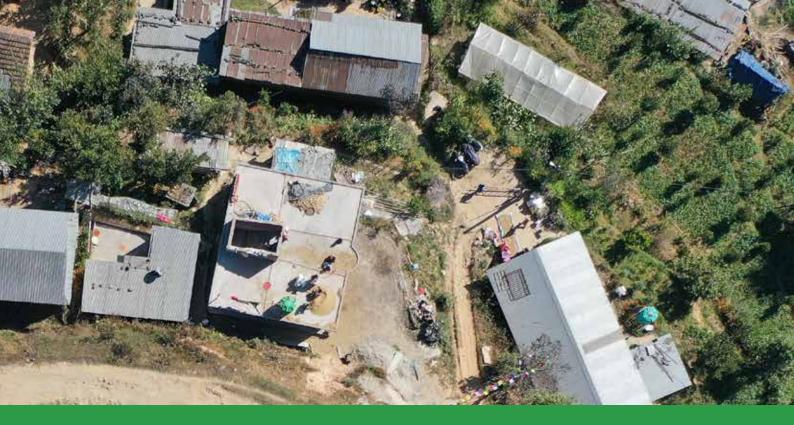
Despite its prominence as a health, education and tourism hub, the city faces several development challenges, especially after the territorial demarcation in 2017. The newly added wards (formerly VDCs) are more rural in character and need investments to improve infrastructure and services.

At present, Dhulikhel is rapidly urbanizing, and is facing migration from surrounding rural areas and provinces. The population of Dhulikhel Municipality (including all 12 existing wards) was 28,826 (Census 2001) and grew to 32,162 in 2011, representing a population growth rate of +1.16% per year. Considering the incremental method and growth rate of population per year i.e. +1.16% per year, the projected population for 2021 and 2031 is 36,118 and 40,560 respectively (IUDP, 2019)10. This increase in population is magnifying the demand for physical infrastructure and service provision including housing, transport, waste management, water supply, electricity and so on. The city is witnessing a scattered settlement pattern – with low density development in the new wards which have poor infrastructure and services, and high-density development in the older wards that is already experiencing strain on the existing social and physical infrastructure. Urban expansion is also resulting in fragmentation and loss of agricultural land, which is already scarce in the mountainous region where the city is located. This uneven urbanization is negatively impacting multidimensional poverty in the city. Currently, about 4.3% of the population fall below US\$ 1.25 per day (PPP value).

This Voluntary Local Review (VLR) process offers an opportunity for the city to take stock of the progress made and identifying bottlenecks to achieving sustainable development in Dhulikhel.

The city aspires to employ local population, particularly from poor and marginalized communities in tourism and its related activities





# Voluntary Local Review of Dhulikhel



## **Voluntary Local Review of Dhulikhel**

The Voluntary Local Review (VLR) for Dhulikhel, is a consultative and analytical process that takes stock of progress made by the city in the achievement of the SDGs and the gaps therein. The process is in itself inclusive, people-centered and gender sensitive as it aims bring in the perspective of a wide range of stakeholders. Dhulikhel's VLR will help the city to analyze and monitor the city's strategies to localize and achieve SDGs.

#### **Methodology Adopted for VLR**

Dhulikhel's VLR process followed the methodology outlined in the Asia-Pacific Regional Guidelines on Voluntary Local Reviews, published by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP).

The process began in December 2020 and an official virtual inception meeting held in January 2021. In February 2021, an orientation workshop was organized for the core team members to strengthen their understanding and knowledge of SDGs, targets and indicators as well as the reporting process for VLR. Due to COVID-19 restrictions during the major part of the VLR process, active stakeholder engagements were not possible. Instead, virtual core team meetings were conducted from March 2021 to September 2021 to measure progress and analyze gaps as well as share progress on the reporting process.

Dhulikhel benefitted from the strong commitment by the Municipality to the VLR process from preliminary review to final release and inputs from the cross-administrative, committed and competent organization and editorial team.

#### **Inception meeting**

Dhulikhel organized an inception meeting to officially launch the VLR process to review the SDGs in January 2021. The meeting was inaugurated by the Honorable Mayor and Deputy Mayor of Dhulikhel Municipality and was attended by more than 20 participants including city officials from key departments, NGOS, educational Institutes, Women Committee Heads, Dhulikhel Hotel Association, Forest Department and Dhulikhel Chamber of Commerce. The meeting discussed the need for a VLR process in Dhulikhel. City's technical partners UNESCAP and ICLEI Local Governments for Sustainability, South Asia presented VLR guidelines and an overview on activities to be conducted for the VLR. In order to institutionalise the VLR in Dhulikhel, a nodal officer was appointed to facilitate communication between the municipality, stakeholders and technical partners. A seven-member core team, representing different sectors such as education, health, social development, water supply, etc, was formed within the municipality to lead the VLR process. A seven-member core team, representing different sectors such as education, health, social development, water supply, etc, was formed within the municipality to lead the VLR process.



Figure 2: Process of development of VLR report in Dhulikhel

#### **Orientation workshop**

An orientation meeting was conducted in January 2021 to build awareness and capacity of local key stakeholders on SDGs and VLR. It was chaired by the Honorable Mayor and attended by the Deputy Mayor, along with 18 other municipal officers representing various departments. During the meeting information on SDGs and their indicators as well as linkages between Voluntary National Reviews and Voluntary Local Reviews was shared. The meeting was organised through a hybrid method e.g. virtual, multimedia and in presence.

#### Formulation of a core team

The core team was formulated within the municipality representing different sectors including education, health, social development, water supply etc. The core team members for Dhulikhel are listed in the table below.

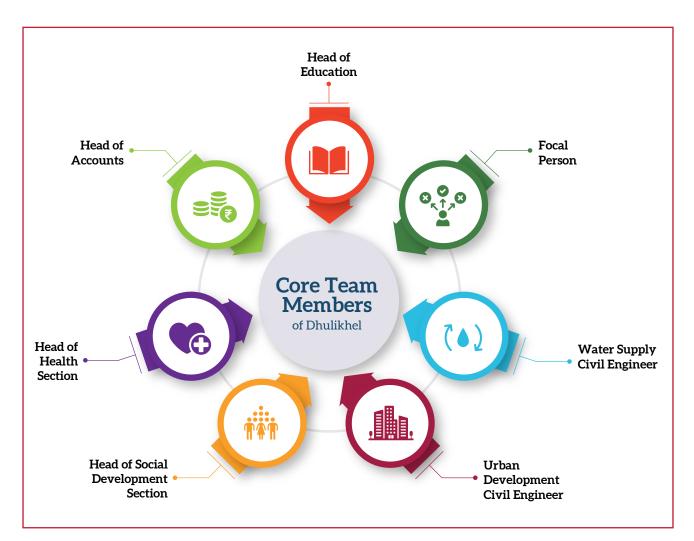


Figure 3: Core team members of VLR Dhulikhel

#### **Stakeholder Consultations**

Dhulikhel is actively working to incorporate the SDGs into its municipal policies and projects in coordination with local stakeholders to achieve its vision strategies. All the key stakeholders were invited to participate in the VLR process, although because of COVID – 19, all consultations except the first one was conducted virtually. The stakeholders' consultations also helped the city to finalize its vision, which is: "a healthy, happy, prosperous community by enhancing economic, social, cultural and basic needs of the people of Dhulikhel". The stakeholders included participants from public, private institutions as well as individuals. The list of stakeholders involved in the process are attached in Annex 1.

#### Data mapping and linking SDG's

For its first VLR reporting, Dhulikhel reviewed the city's ongoing programmes as well as those implemented in the last 2 years. These projects were then mapped against the 17 SDGs (NPC,2020)<sup>11</sup>. Based on this mapping as well as the SDGs prioritized by the federal government of Nepal for VNR Report 2020, four prioritized SDGs were selected for indepth evaluation.

- SDG 1 No poverty
- SDG 3 Good health and well-being
- SDG 4 Quality education
- SDG 6 Clean water and sanitation



Figure 4: Core team meeting in Dhulikhel municipality

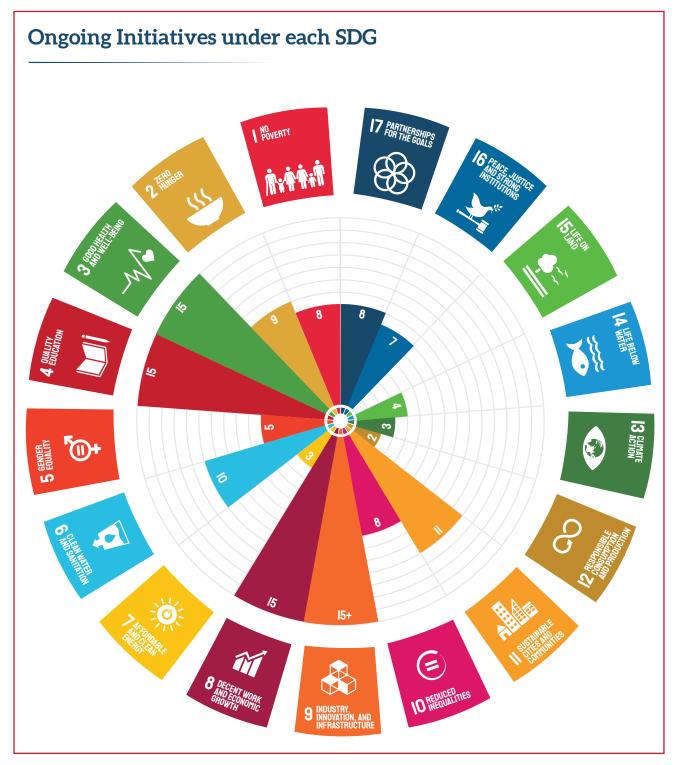


Figure 5: Ongoing initiatives on different SDGs in Dhulikhel

In the table below, highlighted rows in column 1 represent SDGs covered under Dhulikhel's Vision Strategy 2030, column 2 represents the number of projects that address each of the different SDGs, and column 3 represents the selected SDG's for Dhulikhel.

#### Table 1: Selection of Priority SDGs for Dhulikhel

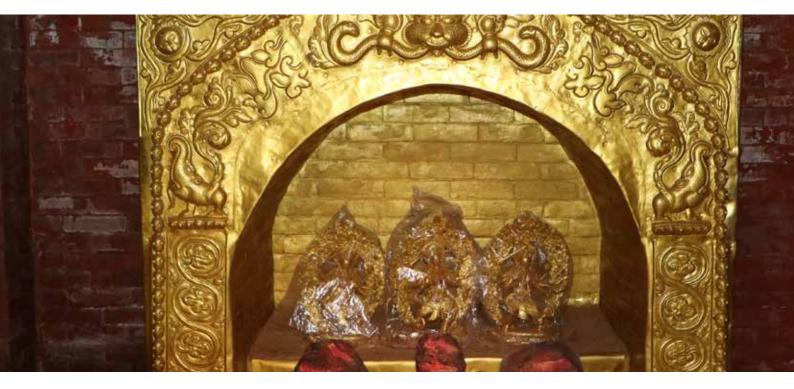
	SDGs that are being addressed in Dhulikhel-Vision Strategies	The number of projects dealing with certain SDG's	SDGs selected by Dhulikhel Core Team
1 #:##:#		8	$\checkmark$
2		9	
3		15	$\checkmark$
4 1		15	✓
5 ∰. ¶		5	
6 CLAR HALE		10	✓
7		3	
8 1000000000000000000000000000000000000		15	
9 Martin Managar		20	
		8	
		11	
12		2	
13 📰		3	
14 minuterat		0	
15 #		4	
		7	
17 III III III		8	

Even though, the city has been taking some action on most of the SDGs, and substantial action has been taken on SDG 8 and 11 (more than 10 projects in both), the Core Team prioritized SDG 1 and SDG 6 as poverty alleviation and sustainable water supply are important focus areas for the municipality and the city wanted to assess the existing situation so that they could better plan in this front. However, the city aims to review other goals in future to include more SDGs for VLR.

#### 2030 Agenda During the COVID-19 Crisis

Dhulikhel's intention of becoming a national health care hub was tested during the COVID-19 pandemic as the city was severely impacted. The city's hospitals – mainly Dhulikhel Hospital and Kathmandu University Hospital – were the main COVID-19 facilities in the country. Large number of COVID patients visited these hospitals from across the country. While hospitals and aid groups conducted testing, distributed oxygen and PPE, and cared for airlifted patients from other parts of the country, the municipality provided quarantine and isolation services as well as mental health support to people with COVID-19. Dhulikhel Hospital has conducted free community COVID-19 testing as part of the overall efforts to stem the spread of the infection. In addition, the municipality also expanded vaccination efforts, and provided local health insurance to all inhabitants.

Public awareness programmes were conducted by the municipality to regularly update citizens and provide accurate information on the COVID-19 pandemic. By using online medical care platforms and social media, Dhulikhel successfully reduced the pressure on medical care facilities. The pandemic highlighted the need for strengthening emergency health services, including improving health posts, increasing the number of ambulances and testing laboratories, etc (Notification,2020)<sup>12</sup>.





# Policy and Enabling Environment



## **Policy and Enabling Environment**

his section presents the legal, policy and institutional frameworks, as well as initiatives at the national, provincial and local level that directly affect localization and achievement of SDGs in Nepal, and specifically Dhulikhel City.

## Engagement with the National Government on SDG Implementation

Nepal's social, economic and environmental aspirations as per its new constitution are broadly aligned with the global ambitions of the SDGs. Nepal has reoriented its plans, policies and budget priorities to reflect its global commitments. The National Planning Commission is the lead agency responsible for nationalizing SDGs and developing national programmes and initiatives in line with the development plans of the country as well as with an overarching objective to achieve SDGs. It engages with a wide range of stakeholders to articulate priorities, estimate resource needs and suggest institutional arrangements for SDG implementation (Ek Raj Sigde et.all, 2019)<sup>13</sup>.

Nepal was among the first countries to produce a preliminary report on the SDGs in 2015. Nepal submitted its first Voluntary National Review (VNR) assessing the country's progress on achieving SDGs in 2017 and its second review report in 2020. The country localized the global indicators and included an additional 257 indicators to measure progress. A list of the indicators is attached as Annexure 2. The VNR of 2020 highlighted that Nepal has made significant progress in reducing poverty, improving sanitation and access to electricity but progress remains uneven on indicators related to health, education, and gender equality. Further, climate change and disasters compound the country's multiple vulnerabilities. Addressing these challenges require policy and institutional coherence along with appropriate resource allocation and partnerships for implementing priorities. Nepal recognizes the importance of cooperation among multiple levels of governance for achieving SDGs, and has taken steps to ensure policy and institutional coherence across all levels of government (NPC,2016)<sup>14</sup>.

#### Federalism in Nepal and implication on SDG localization

The 2015 constitution established the federal democratic system of governance in Nepal, and granted local governments 22 exclusive powers, and additional 15 concurrent powers. This devolution of power paved the way for deepening local democracy and local self-governance. Further, in 2017, Nepal implemented territorial reform based on constitutional provision through the Local Level Restructuring Commission (LLRC).

The constitution guarantees autonomy to local government units to decide on the structure of the local service delivery system. In addition, the Intergovernmental Fiscal Transfer Act of 2017 expands devolution to include fiscal devolution, proposing 15 types of taxes and fees that local government units can levy. The revenue from the taxes

Nepal was among the first countries to produce a preliminary report on the SDGs in 2015 and submitted its first VNR in 2017. and fees goes towards meeting recurrent and capital expenses. The new constitution and subsequent legal provisions significantly expanded the role of local government — making them a critical actor in achieving sustainable development. The local governments also receive different types of transfers from the national government, including the fiscal equalisation grants, conditional grants, complementary (matching) grants, and special grants, with the first two of these types being the most prominent.

Local governments raise only about one-third of their financial resources through taxation and fees for services. Their main funding is through fiscal transfers from the central government, which comprises almost two-thirds of their total income. The fiscal transfers to the provincial and local governments in FY 2019-20 and 2020-21 reveals that provincial and local government received 30 percent of the total federal budget in FY 2019-20. In FY 2020-21, they have received about 33 percent. It seems that provincial and local governments have received a figure of one third of the federal budget. In FY 2020-21, the numeric figure of the federal budget was Rs. 1,532 billion. Due to COVID-19, the numeric size of the federal budget declined to Rs. 1,474 billion in FY 2020-21. The size of the federal budget has decreased compared to the previous year.

The Dhulikhel Municipality levies the following taxes and fees:

- Integrated property tax
- Land tax
- Rent tax
- Vehicle tax (small vehicle)
- Infrastructure tax
- Public rent tax
- Court fee
- Administrative service fee
- Parking fee
- Building permit fee

- Recommendation fee
- Vital registration fee
- Administrative penalty fines and forfeiture
- Guarantee settlement
- Business tax
- Irregularities settlement
- Electronic service fee
- Kinship certified fee
- Other service fee and sales



Nepal has made significant progress in reducing poverty, improving sanitation and access to electricity but progress remains uneven on indicators related to health, education, and gender equality. Four taxes are exclusive to the jurisdiction of LGs namely, property tax, house rent tax, business tax and land tax (land revenue).

The local government units in Nepal have also organized themselves in associations to better represent and advocate their interests at national and provincial level. Given the important role of local governments in achieving SDGs, the national government has included all three associations of local governments: Association of District Development Committees, Nepal ADDCN, Municipal Association of Nepal (MuAN) and National Association of Rural Municipalities in Nepal (NARMIN) as the members of the SDG National Steering Committee, of the SDGs Implementation and Monitoring Committee, and of the SDG Thematic Committees. As the president of MuAN (Municipal Association of Nepal) the incumbent Mayor of Dhulikhel has the unique opportunity to use Dhulikhel as a testing ground and promote VLRs in other cities through its example. In addition, as a member of the SDG National Steering Committee, MuAN can support policy actions and guidelines that could potentially allow data and analysis presented in the VLRs (at present only Dhulikhel) to inform future VNRs, as well as provide guidelines to other local governments to prepare VLRs. Proactive steps from the national government in this matter encouraging more municipalities to take up VLR would greatly facilitate this sharing of information.

The national level efforts to achieve SDGs coupled with the governance reform process in Nepal created the conducive environment for local governments to take steps towards localizing SDGs, including laws, policies and programmes. Dhulikhel also adopted new bylaws, and formulated plans to promote equality and human security and promote transparency and accountability of local government. A number of acts such as the Education Act of Dhulikhel Municipality, Environmental Promotion Act, Information Technology Act, Dhulikhel Municipality Cooperative Act, Market Monitoring Guideline, Agri Business Promotion Act all support different aspects of SDGs.

Further, Dhulikhel is taking steps towards integrating the VLR with the national VNR processes by following the planning and monitoring guidelines as well as SDGs Localisation Resource Book, prepared by the National Planning Commission.

Dhulikhel adopted new bylaws, and formulated plans to promote equality and human security and promote transparency and accountability of local government.



## Creating Ownership of the SDGs and the VLR



# Creating Ownership of the SDGs and the VLR

he new constitution promotes citizen participation and engagement in decisionmaking processes at all levels of government. At the lowest level, there are Citizen Awareness Centres and Ward Citizen Forums that facilitate bottom-up engagement in development processes. In addition, the community awareness centers (CAC) provide another avenue for engagement of men and women. There are also District Coordination Committee that coordinate between the center, province and local governments. In addition to these formal institutional mechanisms, Nepal also has a robust civil society that adopted and advocates for five principles of development justice: redistributive justice, economic justice, social justice, environmental justice and accountability to the people. These five principles of development justice also inform CSOs approach to SDGs implementation. CSOs play an active role in achieving SDGs and have established a common platform called the Nepal SDGs Forum to foster collective action for achieving SDGs. In Dhulikhel, there are local Toll Committees that act as the citizen awareness centres and promote public participation at the lowest level in the city. These committees are recognized by The Local Government Operation Act, 2074 (2017) of Nepal and are mobilized through this law in the city.

Building on the rich institutional mechanisms for public engagement as well as the vibrant CSOs-supported spaces and discourse on SDGs, Dhulikhel also formalized spaces for public participation and multi stakeholder involvement. Dhulikhel has established councils within the municipality for women, dalits, youth and tribal groups. Representatives from these groups are selected by the mayor from each ward and included in the coucils. The purpose of these councils is to facilitate open and participatory governance at the municipal level, and ensure that the marginalized groups directly engage in the formulation of municipal laws, policies, plan and programmes. This system allows the space for marginalized groups to advocate for their rights and ensure that their views and demands inform decisions for sustainable development.

However, for informed public participation and engagement to occur, public should have access to information as well as have the skills and capacity to analyze the information and express their viewpoint. To ensure informed engagement, Dhulikhel has undertaken capacity building programmes for its citizens, government officials, farmers, youths, local entrepreneurs etc to bring about greater ownership of the SDGs. Dhulikhel has launched an official website to make information about all municipal policies, plans and activities (including those related to SDGs) widely available. Although the municipality informs stakeholders, engages and involves them in development actions, effective collaboration with stakeholders and their empowerment for complete engagement is limited in the city.

For informed public participation and engagement to occur, public should have access to information as well as have the skills and capacity to analyze the information and express their viewpoint.

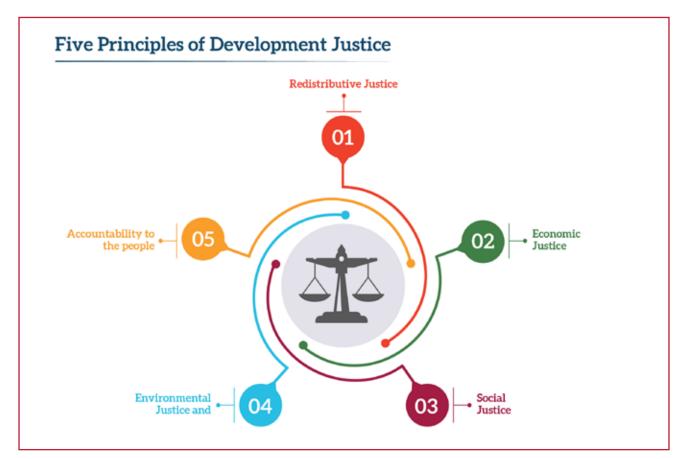
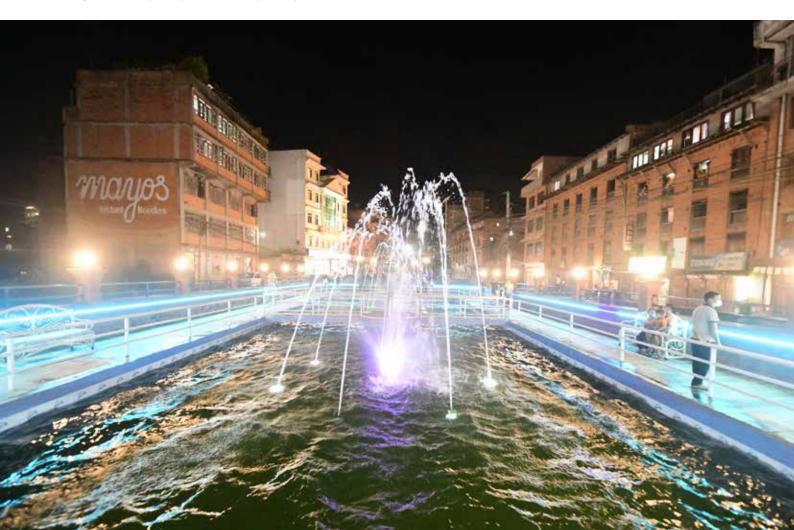


Figure 6: Five principles of development justice







# Incorporation of the SDGs in Local and Regional Frameworks



## Incorporation of the SDGs in Local and Regional Frameworks

The Vision Strategy 2030 document of Dhulikhel, in force since 2018, promotes innovative, collaborative, ecofriendly, sustainable and inclusive development. The document also promotes mainstreaming of SDGs and aligning the city's projects and programmes with the national agenda to achieve SDGs. The SDGs provide a framework for a balanced approach to socio-economic development and environmental protection.

#### Vision Strategy 2030

Goal: Develop the city as a healthy, happy, prosperous community by enhancing economic, social, cultural and basic needs of the people of Dhulikhel.

Strategies:

- a) Develop the city as a hub for domestic and international tourists by preserving culture, heritage and the environment
- Promote economic development, especially focusing on the very poor and marginalized, by developing agriculture, horticulture, handicraft, home stay and other tourism activities.
- c) Develop and implement a long-term and annual plan with participation of all individuals and representatives from all the parts of the city.
- d) Increase access of all the citizens to health, education, drinking water, sanitation, transportation and economic development.
- e) Enhance inclusiveness and improve transparency and accountability of city administration.
- f) Promote cohesion and amenity all the people living in the city so that the city progresses as one family.

In addition to the strategy, the city also developed the Integrated Urban Development Plan (IUDP) – based on the Nepal Sustainable Development Goals – Status and Roadmap 2016-2030. The IUDP is the SDG-based strategic 20-year growth plan for Dhulikhel Municipality. It provides recommendations for improvement in infrastructure provision, environmental management, economic growth, disaster preparedness, municipal service delivery and mainstreaming gender equality and social inclusion. This "whole of Council" strategic plan aims to deliver on the long-term vision of the Municipality and achieve SDGs. IUDP encourages the city to prepare and implement periodical and sectoral development plans to achieve these objectives. The IUDP deals with all responsibilities of local government such as local taxes, development plans and projects, education, health and sanitation, market management, environmental protection, roads and irrigation, water supply, energy supply, and disaster management. Vision Strategy 2030 of Dhulikhel promotes innovative, collaborative, ecofriendly, sustainable and inclusive development.

#### Dhulikhel Vision -2030

**City Mission:** Develop Dhulikhel as a prosperous, good governance and model city by fulfilling basic needs and enhancing quality of life of community people and preserving culture, heritage and environment.

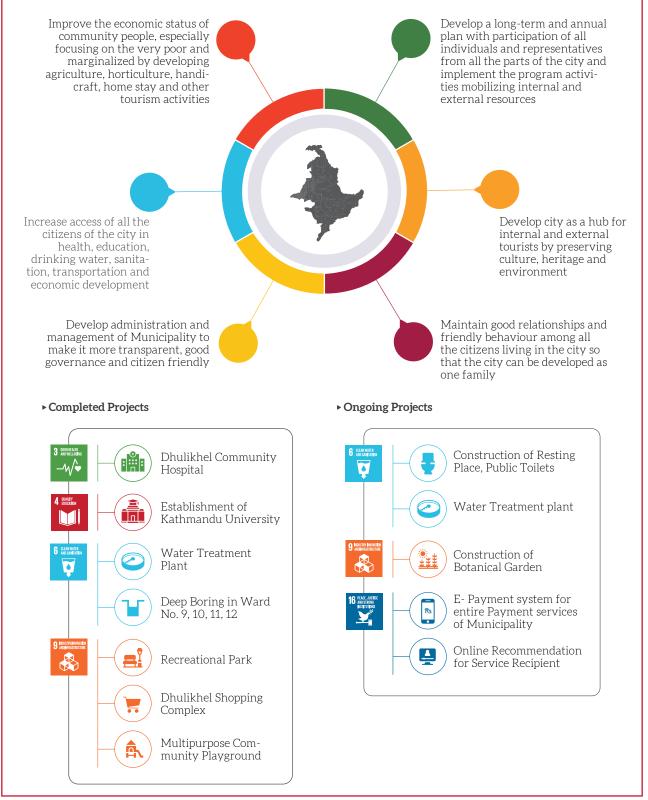


Figure 7: Dhulikhel Vision -2030





# Developing Policy Frameworks and Regulatory Structure



## Developing Policy Frameworks and Regulatory Structure

hulikhel municipality has formulated almost 84 Policies and Acts that support achievement of the SDGs. For instance, there are a number of policies related to agribusiness promotion, livestock management, skill development, women's development and poverty alleviation that support SDG 1. Similarly, a number of regulations on health care management, nursing and insurance support SDG 3, policies on school operation, meals and transportation of children and literacy that support SDG 4, and policies on water resource management, fecal sludge management, forest management that support SDG 6. A detailed list of the relevant policies is attached in Annex 2.

In addition to legal acts and policies, the city also implements about 74 specific initiatives that are delivering remarkable results, allowing the city to become one of the few local governments that have already achieved some of the national level SDG targets that are relevant to local governments. Nevertheless, challenges and gaps still exist due to imbalanced and inadequate social and economic development. Below are some of the major initiatives budgeted for long term (FY 2015-2025) development. Many of the initiatives mapped against the 17 SDGs in the above table are informed by the Dhulikhel's Vision Strategy 2030.

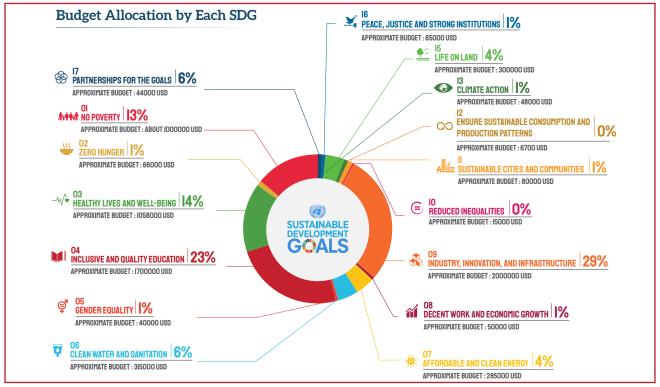


Figure 8: Projects in Dhulikhel under each SDG with approximate amount of funds allocated to them by the municipality in 2020-21

SDG	Development Measures Driven by SDGs (FY 2015-2025)	Approximate Budget	Funding source
1. No poverty	<ul> <li>Social security program for private-sector workers</li> <li>Mayor's poverty alleviation program to generate employment and decrease poverty</li> <li>Poor household identification and ID card distribution program</li> <li>Livestock service development program to increase income of farmers</li> <li>Artificial Insemination for livestock related programmes</li> </ul>	119200000 NPR or about 1000000 USD*	Internal Income, Federal Equalization, Social Security
2. Zero hunger	<ul> <li>Agriculture program to promote agro production</li> <li>Cooperative Sector Programmes</li> <li>Prime Minister Agriculture Modernization Project supporting farmer registration management and agriculture and Livestock data update</li> <li>Program to enhance existing nurseries, community managed agriculture program, food crops seed promotion, quality seeds transmission kit distribution, development of Farmer School and training programmes.</li> </ul>	7900000 NPR or about 66000 USD	Internal Income, Federal Equalization, Federal Conditional Grant
3. Healthy lives and well-being	<ul> <li>Regular Health Program</li> <li>Communication Expenses for Female Community Health Volunteer</li> <li>Conditional Grant to Health Institutions (PHC, HP) to improve Minimum Service Standard (MSS)</li> <li>Community based rehabilitation program for Person with Disabilities.</li> <li>Health Management Program</li> <li>Family Welfare Program</li> <li>Ayurveda Service Program</li> <li>Tuberculosis control and Epidemic Disease control program</li> </ul>	126130000 NPR or about 1058000 USD	Federal Conditional Grant, Internal Income, State/Province Conditional Grant, Ministry of Health
4. Inclusive and quality education	<ul> <li>Promote quality education program</li> <li>Sports competition and Sports materials support program</li> <li>Science and technology program to promote technology &amp; innovation.</li> <li>One School One Nurse Program</li> <li>Teachers support program to Community Secondary School which have zero vacancy.</li> <li>Education for All program.</li> <li>School sector development program-District Level</li> <li>Transformation Initiative Project for Youth Employment</li> </ul>	200869000 NPR or about 1700000 USD	Federal Equalization, Federal Conditional Grant, Internal Income

### Table 2: List of projects in Dhulikhel under each SDG with approximate amount of funds allocated to them

\* Exchange rate of 1 USD to 121 NPR approximately.

SDG	Development Measures Driven by SDGs (FY 2015-2025)	Approximate Budget	Funding source
5. Gender equality	<ul> <li>Women's development programmes including maternity program, safe house operation specially for domestic violence victims</li> <li>Conditional grant from provincial government for Female Community Health Volunteers</li> <li>Ministry of Women, Children, &amp; Senior citizen supported program for gender based programmes.</li> <li>Mother safety programme under Mother and new-born baby program and free abortion program</li> </ul>	4600000 NPR or about 40000 USD	Internal Income, Federal Conditional Grant
6. Clean water and sanitation	<ul> <li>Water resource and irrigation to increase agro production</li> <li>Development of Mobile Toilets and Sanitation program</li> <li>Implementation of Special grant from provincial government for Kabhre Bhanjyang drinking water plant</li> <li>Free Sanitary Pad management for girls in community schools</li> </ul>	37500000 NPR or about 315000 USD	State/Province Special Grant, Internal Income, Federal Equalization
7. Affordable and clean energy	<ul> <li>Street light expansion and road light and solar street light.</li> <li>Implementing national rural and renewable energy programme to develop solar energy technology, biogas promotion programme, improved cooking stove technology</li> <li>Expansion of electricity in each and every household, use of Solar electricity for replacing the firewood</li> </ul>	34000000 NPR or about 285000 USD	Federal Special Grant, Federal Conditional Grant
8. Decent work and economic growth	<ul> <li>Federal government Employment Promotion Programme</li> <li>Teaching grant for English/Mathematics/Science teacher in community secondary school with zero vacancies at the secondary level</li> <li>Primary level teacher's salary and allowances</li> <li>Salary and allowance of health sector staff</li> <li>Radio jingle broadcast on employment abroad and IEC material production and distribution on safe employment abroad</li> <li>Development of industrial village to promote economic activities in rural areas.</li> <li>Livestock development to increase income of farmers</li> </ul>	6100000 NPR or about 50000 USD	Federal Conditional Grant

611

2.1

SDG	Development Measures Driven by SDGs (FY 2015-2025)	Approximate Budget	Funding source
9. Industry, innovation, and infrastructure	<ul> <li>Development programmes like implementing activities for tourism promotion and infrastructure development like parks and zoo</li> <li>Building, housing, and urban development projects</li> <li>Dhulikhel museum construction</li> <li>Passenger waiting station with public toilet facilities</li> <li>Transportation and infrastructure activities to improve connectivity</li> <li>Establishment of media centre in Dhulikhel</li> <li>Hanging Bridge Sectoral Program at Chhamaare Khola, Dobhan Khola</li> <li>Province government complementary plan like Saraswati market, Punyamata bridge construction, Reconstruction of historical Sankhu pati</li> </ul>	235876000 NPR or 2000000 USD	State/Province Conditional Grant, Federal Supplementary Grant as well as Roads Board Nepal, Ministry of Tourism
10. Reduced inequalities	<ul> <li>Promoting Law and justice</li> <li>Community mobilization program to end child marriage</li> <li>Community based rehabilitation support program for disabled person</li> <li>Declaration of child friendly local government</li> <li>Orphan Children Protection programme</li> </ul>	1846000 NPR or about 15000 USD	Internal Income, State/ Province Conditional Grant
11. Sustainable cities and communities	<ul> <li>Cooperative Sector Programmes</li> <li>Tourism promotion and Infrastructure Development</li> <li>Social Development programme to achieve water sector efficiency</li> <li>Build a child-friendly city/child friendly ward</li> <li>Language, culture, monastery, temple etc. protection</li> <li>Construction of shops in Araniko park and shopping centre</li> <li>Outbreak and disaster management</li> </ul>	9500000 NPR or about 80000 USD	Ministry of Tourism, Federal Conditional Grant, Internal Income
12. Ensure sustainable consumption and production patterns	<ul> <li>Institutional Strengthening by building human capital through training, empowerment, capacity development.</li> <li>Financial Good Governance to promote inclusive sustainable development by promoting use of Free Wifi, E- Payment, Digital Display, Server management</li> <li>Planning and Implementation: sustainable tourism development</li> </ul>	80000 NPR or about 6700 USD	Internal Income

SDG	Development Measures Driven by SDGs (FY 2015-2025)	Approximate Budget	Funding source
13. Climate action	<ul> <li>Environment and climate such as projects on clean drinking water and solid waste management</li> <li>Good governance and interrelated sector programmes through capacity development program/training.</li> <li>Integrated Farming to promote sustainable agriculture, horticulture and animal husbandry, conservation of land, water resources and environment</li> <li>Integrated water management projects</li> </ul>	5700000 NPR or about 48000 USD	Internal Income, Federal Equalization
15. Life on land	<ul> <li>Integrated forest program - One person 2 trees program to protect Environment and promote greenery.</li> <li>Waste management and sanitation - Dumping site management, proper management of liquid and solid waste</li> <li>Land development project - Developing Dhulikhel land use plan, by-laws, physical development plan, construction of parks, conservation of heritage and significant landscapes</li> </ul>	36000000 NPR or about 300000 USD	Municipality Development fund, Federal Equalization
16. Peace, justice and strong institutions	<ul> <li>Building institutional mechanisms to co-ordinate and support business and organisations involved in economic activities</li> <li>Financial good governance - financial literacy program, programs under public participation.</li> <li>Human resource development and institutional capacity building</li> <li>Monitoring and Evaluation for projects - Documentary of development activities within Dhulikhel Municipality</li> <li>Collaboration to develop District Coordination Committee for infrastructure related projects.</li> </ul>	7700000 NPR or about 65000 USD	DCC, Internal Income
17. Partnerships for the goals	<ul> <li>Public participation projects to increase collaboration and contribution of citizen in development work</li> <li>Mobilization of CSOs, Civic Groups, NGOs for increased social accountability</li> <li>Local infrastructure development partnership program</li> </ul>	52100000 NPR or about 44000 USD	Public Participation, Federal Equalization

धुलिखेल नगरपालिका वडा नं २ रबि गाउँका सामाजिक अभियन्ता एवम् लोकतान्त्रिक गणतन्त्र नेपालका प्रथम जन निवांचित वडा अध्यक्ष स्व. राजन कोईरालाको ग्रालिक अनावरण तथा स्मृति पार्कको समुद्घाटन नेपाल नगरपालिका संघका अध्यक्ष एवम् धुलिखेल नगरपालिका का नगर प्रमुख थो अशोक कुमार ब्याञ्जु श्रेष्ठ ज्यु बाट सु-सम्पन्न भयो।

ईति सम्वत २०७७ असीज १५ गते रोज ५ शुभम् ।

ch.

m





## Leaving No One Behind



### **Leaving No One Behind**

ne of the key principles of the SDGs is the principle of "Leaving No One Behind". Nepal's constitution provides an effective and strong foundation for this principle. The Government of Nepal explicitly included the principles of equality, equity, non-discrimination and participation in the Constitution of 2015. It upholds and promotes the agenda of social justice, inclusion and a rights-based approach, including 33 percent of women representation in the parliaments. The constitution has provisions for institutional mechanisms to ensure inclusion and gender equality, such as the appointment to the constitutional bodies and agencies based on the principle of inclusion. Dhulikhel has also developed by-laws, policies and programmes to promote equality, equity, non-discrimination and participation.

Dhulikhel municipality has used the Mayor's Poverty Alleviation Funds to separately establish five councils for women, people with disability, Dalits, tribal people, and youth - to encourage members of marginalized sections of the population to engage in local decision making.

These councils take up income generation and skill development activities for these marginalized communities. The Youth Council conducts 6 programmes worth about 25000 USD benefiting 16393 youth. There are 3 programmes for people with disability and indigenous people each, worth 12500 USD each, benefiting 558 disabled people and 16103 indigenous people. There are 12 women related programmes worth 55000 USD impacting 33681 women. Six Dalit related programmes worth 21000 USD are being implemented impacting 3110 Dalits.

The city further prioritized the principles of leaving no one behind and reaching the furthest behind first through different initiatives. These include:

### **Gender Responsive Development**

Women, as more than 52 per cent of the total population, are integral to Dhulikhel's development. Through special programmes on technical skills development and awareness programmes to decrease negative perceptions and practices related to girls' education, child and early marriage, and the role of women within and outside their home, Dhulikhel achieved various tangible and intangible benefits for its women population. For example, in order to promote completion of secondary level education in girls, the municipality conducts a special program on menstrual health and hygiene to minimize student absenteeism and distributes 16 free sanitary pads per month to girls in community schools from grade 7 through 12(Karki, K. B., et.al.2017)<sup>15</sup>.

Dhulikhel municipality has established five councils for women, people with disability, Dalits, tribal people, and youth to encourage members of marginalized sections of the population to engage in local decision making.

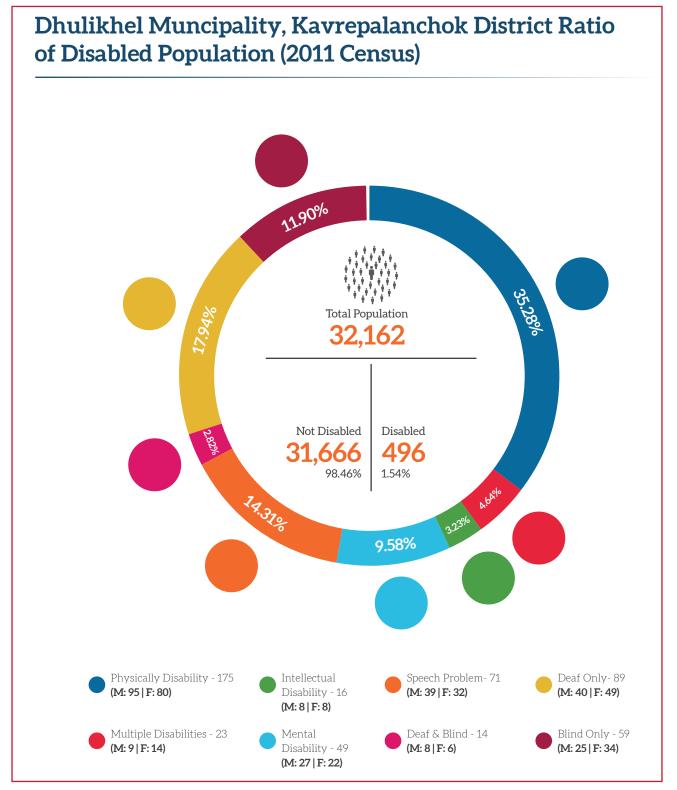


Figure 9: Disabled population in Dhulikhel

### Equal Representation of Women in Local Politics and Decision Making

The Local Election Act of Nepal mandates 33 percent quota for women candidates at all levels of government, including at the ward level, which is the smallest administrative unit that collectively forms a municipality. Each ward council consists of one chair and four ward members. Out of these members, two of them must be women including one Dalit woman. Additionally, the Act stipulates that political parties must field at least one female candidate for the post of either mayor or deputy mayor of a municipality or for chief or deputy chief in the case of a rural municipality (Local election Act, 2017)<sup>16</sup>. Dhulikhel Municipality has successfully implemented the Local Election Act and has managed to increase women's political representation. In addition, the municipality has also established a Women's Council to facilitate greater role for women in local decision-making processes. The Council also promotes skill development and supports mainstreaming of gender perspective into urban planning and services.

### **Improving Quality of Life of Disabled Population**

Dhulikhel aims to provide equal access to services and involvement in the city's activities to its disabled population. The municipality adopted a community-based rehabilitation support program for disabled persons in the city. The Community Based Rehabilitation (CBR) approach, though widely implemented in Nepal — is often led by non-governmental organizations, CSOs or self-help groups. This approach strengthens disability related networks and helps to prioritize provision of basic services to the population with special needs, especially during and after disasters. In Dhulikhel, due to the city's vulnerability to earthquakes and other disasters, the city is taking the lead in implementing the CBR approach by bringing together different organizations to provide a wide range of services such as certification/identity cards, social security (cash transfer), entrepreneurship and skill development training, technical and financial support, and improve disabled friendly infrastructure.

### **Equal Representation of Tribal Communities**

Dhulikhel is a melting pot of a variety of communities such as Newars, Brahmins, Chhetri, Tamangs and Dalits. Culturally, Dalits and tribal population were marginalized and were excluded from decision-making processes. To ensure equal representation of these communities, protect their rights and strengthen inclusivity in its development planning, Dhulikhel formulated Dalit Councils and Tribal Councils that advise on the formulation of municipal laws, policies, plan and programmes(NEC,2016)<sup>17</sup>.

### **Youth Council**

Over 20 percent of the population in Nepal are in the 16-24 age group. Youth can be catalysts for political, economic and social changes in any country and thus engaging young people in decision making processes is essential. To encourage youth engagement, Dhulikhel municipality also includes a youth committee to advocate for youth rights and advise on the formulation of municipal laws, policies, plan and programmes. They are also engaged in working with the communities and collecting information from ward and household level to support need based programmes. The municipality implemented a Child Sensitive Social Protection and Orphan Children Protection program to improve access to basic services for children and has adopted a child-friendly environment as an essential code of conduct for Dhulikhel.

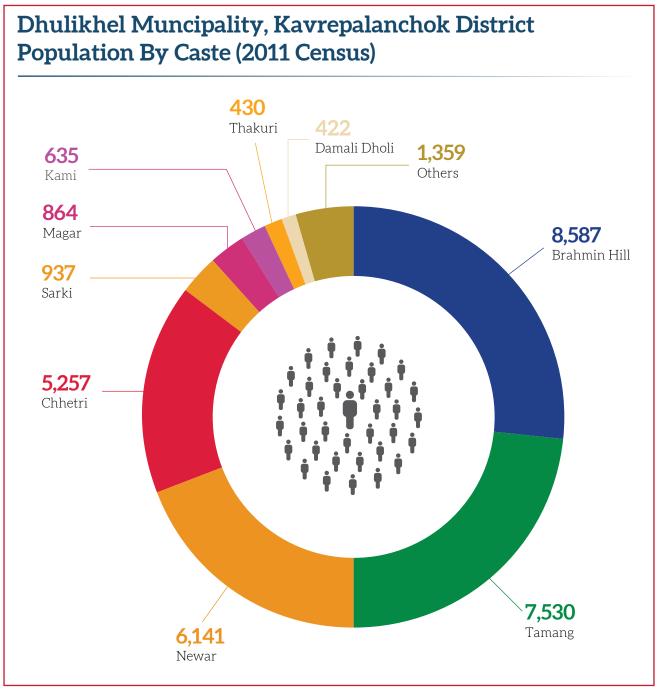
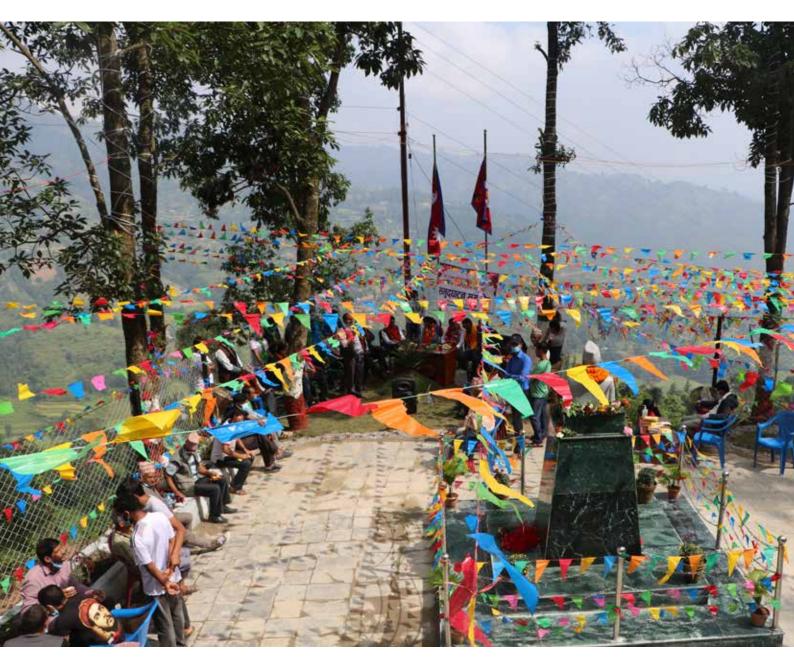


Figure 10: Population by caste in Dhulikhel

### **Declaration of Child Friendly Local Government**

In order to support the section of population that is struggling to provide health, education and security to their children, Dhulikhel municipality, with the support of Civic Forum for Sustainable Development – a local NGO, participated in a **child friendly local government campaign.** The municipality implemented a Child Sensitive Social Protection and Orphan Children Protection program to improve access to basic services for children and has adopted a child-friendly environment as an essential code of conduct for Dhulikhel. There are 39 national targets that is monitored by the district coordination committee and national government to declare a municipality as child friendly. In 2020, Dhulikhel became the fourth municipality in Nepal to declare itself as a child friendly municipality. For sustainability of this initiative, the municipality has designed an investment plan in which 2-3% of municipal budget is spent on investment for the benefit of children.



and street



# Institutional Mechanisms



### Institutional Mechanisms

hulikhel Municipality was constituted in February 17, 1987 (2043 Falgun 5 in Nepali year) and currently regulates most of the civic functions and services in the city. After the promulgation of new Constitution of Nepal in 2015, Dhulikhel exercises executive and financial powers and makes laws, annual budget decisions, as well as formulates and implements policies and plans on any matters related to financial powers within their respective jurisdictions(Byanju-et-al,2021).<sup>18</sup>

Dhulikhel Municipality consists of 12 wards currently represented by an elected body currently consisting of a Mayor, a female Deputy Mayor and 12 male ward members, who are responsible for all policy decisions. The Chief Administrative Officer (CAO) is the head of municipal administration and is responsible for the functioning of the Municipality including revenue, projects, among other services. The Municipality provides and maintains services under 22 sectors as mentioned in the Constitution of Nepal, which include water supply, solid waste management, street lighting, cleaning of drains, and health and family planning services etc. It also controls, develops and maintains markets, streets and other city structures.

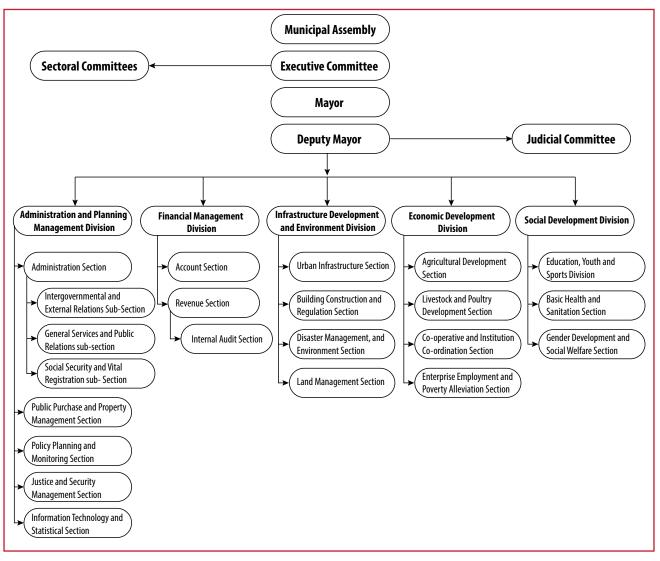
The different departments of the municipality are responsible for urban infrastructure development, land management, education, as well as general administration and planning.

One of the main institutional mechanisms for promoting broader public participation and ensuring that no one is left behind is the committee system of the local governments. Dhulikhel municipality has five thematic committees: Infrastructure Development, Social Development, Economic Development, Institutional Development and Governance, and Environment and Disaster Management. The committees design thematic annual programmes based on the budget ceiling defined by the municipal executive.

Following the Information and Record Center (Establishment and Operation) Act, 2078, the municipality collects, manages, stores data and has set up its own fibre line for inter office connections and local server for safe storage of data. The municipality has also initiated electronic payment system for municipal services and has recently begun to display important information through digital display boards. The Website can be obtained from: www.dhulikhelmun.gov.np (municipality's Website) and https:// dhulikhelmun.gov.np/en/content/sdg-localization (dedicated page on SDGs, where the city publishes information on city's efforts to localize SDGs, and data on progress made against localized targets.) However, data management is still a challenge in the municipality particularly when it comes to outcome-based monitoring of project activities in the city. This is something the municipality has strongly identified as an area of improvement for itself.

Dhulikhel Municipality consists of 12 wards currently represented by an elected body currently consisting of a Mayor, a female Deputy Mayor and 12 male ward members, who are responsible for all policy decisions.

One of the main institutional mechanisms for promoting broader public participation and ensuring that no one is left behind is the committee system of the local governments.



#### Figure 11: Organogram of Dhulikhel Municipality

Dhulikhel is also a pioneer in institutionalizing community-based water governance (i.e. water-user communities) and has negotiated with upstream communities and provided incentives to share water, and collaborated with other stakeholders including research institutions towards sustainable urban water management.







## Structural Issues



### **Structural Issues**

N epal adopted its new constitution in 2015. Local government reforms, including territorial demarcation, local elections and fiscal devolution, were initiated in 2017 to strengthen participatory local democracy and catalyze local development. This resulted in devolving power, for the first time, to local governments. Implementing reforms and establishing new local governance system is a long-drawn-out process and challenging in any context. It has been only five years since local governance reforms were introduced in Nepal. Many of the local government units were newly established and thus had little experience and limited capacity. The general public also had little knowledge on the role of local governments and what to expect from local governments. Five years on, many local governments face several challenges, including widespread capacity gaps that results in poor service delivery and overall accountability deficit. Despite establishment of mechanisms for broad public engagement, participation of marginal sections of the communities remains weak. The structural issues in rolling out the local government reforms may affect mainstreaming and achievement of SDGs.

The local governments reforms completely changed the landscape of Dhulikhel City. The city grew five-fold in land area, and three-fold in population. This has also placed immense pressure on municipal institutions to respond to the needs and provide basic services to the population – specifically in the areas of housing, water and sanitation and waste management.

### **Overlapping Mandates**

The new federal system established new tiers of administration – including provincial level. As the new federal structures are strengthened and operationalized, demarcation of roles, responsibilities, and coordination mechanisms among different tiers of government will get clearer. As per the constitution, different tiers of government have either single or concurrent authority over different sectors. Fifteen themes are put in the concurrent list, and the authority of these is shared among the three tiers of government. Some acts and rules are still in the process of development to demarcate the authorities for the concurrent themes. For instance, education is the responsibility of all three tiers of government. Dhulikhel as an education hub has primary, secondary and tertiary education facilities that are governed by different tiers of government. There is limited coordination within the education sector, and at the local level to ensure that different programmes and initiatives, especially ones related to increasing access and providing services to marginalized communities, are well coordinated. The overlapping mandates often translates to inadequate allocation of financial resources, and inefficient expenditures leading to poor service delivery and high fiduciary risks. Furthermore, overlapping mandates also affect SDG integration, and data management at the local level.

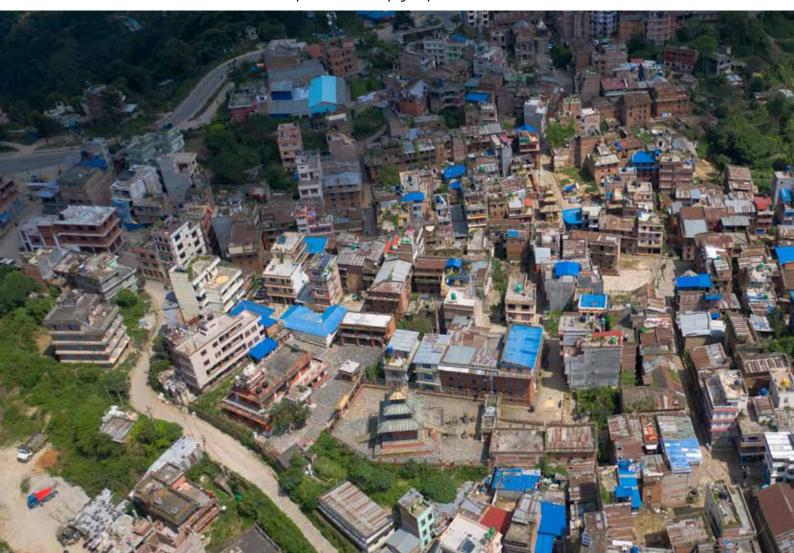
The city grew five-fold in land area, and threefold in population. This has also placed immense pressure on municipal institutions to respond to the needs and provide basic services.

### **Fiscal Decentralization**

Local Governance Operations Act (2017) supports local financial management and requires local governments to raise own source revenues, develop and implement their own internal control and other systems. The Act also allows local authorities to raise credit and loans. However, the local governments (including Dhulikhel) are dependent on intergovernmental fiscal transfers for recurring and capital expenditure. This affects the ability of the city to fully implement priority programmes and projects.

### Lack of Data Management System

The municipality has no streamlined systematic data collection processes that make it difficult for the municipal staff to measure progress and prove achievement of targets. Most of the data is collected, managed and used as per the needs of different departments. In some cases, the data is either fragmented and available with different agencies or not collected at all. Sometimes the data that is collected is not relevant to measure progress. The VLR process is strongly dependent on reliable data, but the city has had to rely on available data and in some cases extrapolated existing data. However, the municipality has identified these gaps through the VLR process and plans to overcome these data gaps in the next version of the VLR. The city plans to set up an online data management system that will collect and collate data as per the selected indicators of this report, as well as develop further indicators of other targets. The different departments would be required to regularly update the data in this online system and current data would be maintained for future use. To this end, they have set up a dedicated web page to publish data on the SDGs as well.



The city plans to set up an online data management system that will collect and collate data as per the selected indicators of this report, as well as develop further indicators of other targets.



## Progress on Goals and Targets



### **Progress on Goals and Targets**

he city of Dhulikhel has identified four SDGs as the city's priority goals. This section provides some background information about the sectors covered under each of these SDGs and outlines the targets and current status of achievement of the targets for Dhulikhel for each of the priority SDGs.

Nepal national government has identified several additional indicators and targets over and above the SDG targets and indicators. However, not all of them are to be monitored or are relevant to local governments. Hence this section has identified certain indicators and targets that are relevant to Dhulikhel municipality and assessed only a limited number of indicators that are appropriate for the municipality.



Figure 12: Priority SDGs for Dhulikhel



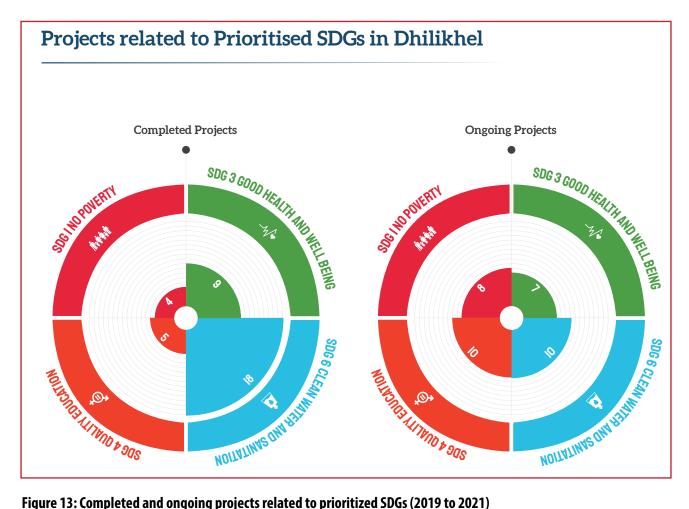
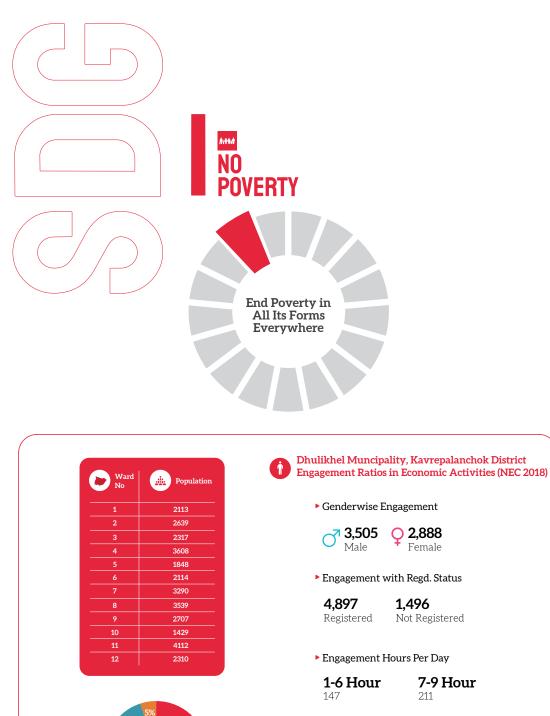


Figure 13: Completed and ongoing projects related to prioritized SDGs (2019 to 2021)

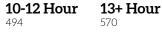


### SDG 1: End Poverty in All Its Forms Everywhere



Monthy Income

<20,000 20,000 - 30,000 40,000 - 60,000
30,000 - 60,000 60,000+</pre>



A KELS PARKS

#### Background

Following the classification of Dhulikhel as an urban municipality and the merger with surrounding village development councils, Dhulikhel's landscape and its social and economic characteristics changed. It transformed from a predominately urban area to a municipality that has both urban and rural characteristics. At present, some wards of the Dhulikhel continue to retain their rural characteristics. This means that the municipality has to plan for and support urban economy (such as housing, infrastructure, transport etc.) as well as rural economic activities – including agriculture, horticulture etc.

The Census 2011 data shows that the population of the municipality (including the newly added areas) is 32162, much higher than 9,812 in 1991. The population is projected to increase to 40,560 people by 2030. Approximately 54% of male and 45% of women are economically engaged (CBS,2020)<sup>19</sup>.

About 4.36% of the city's population live below \$1.25 per day. The percentage of the population experiencing multidimensional poverty in the city is 7.8 percent, which is close to the national average of 7 percent for urban population rather than to rural population – which stands at 33 percent\*. The urban-rural mixed economic characteristics of the city makes it challenging to eradicate poverty in all its forms  $(CBS, 2019)^{20}$ .

To address high levels of income poverty, the city has prioritized rural economic activities – such as agriculture, horticulture, meat and dairy farming.

Agriculture continues to be one of the most important economic activity of the city. Most people are engaged in the production of rice, maize, and vegetables. A total of 42,540 tons of agricultural produce was grown in the Dhulikhel Municipality on 7586 hectares of land in 2015/2016 (District Agriculture Development Office). Seasonal vegetables are grown all the year and off-season vegetables are grown in irrigated

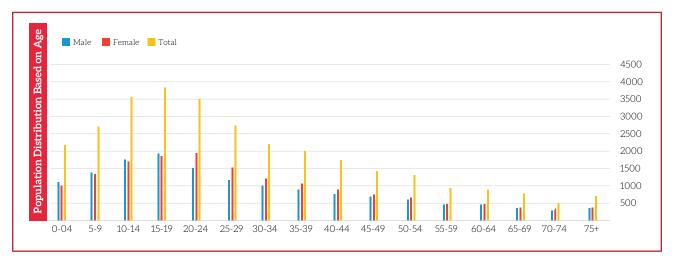


Figure 14: Age and gender wise population

<sup>\*</sup> National Planning Commission, Government of Nepal (2018), 'Multidimensional Poverty Index: Analysis towards action' <u>https://www.npc.gov.np/images/category/Nepal\_MPI.pdf</u>

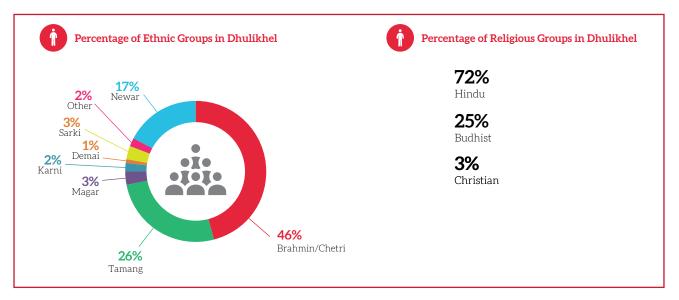


Figure 15: Percentage of ethnic groups and religions in Dhulikhel

greenhouses to supply markets in Dhulikhel, Bhaktapur and Kathmandu. In addition to vegetables, mustard, sunflower, lentil, beans and spices are grown as cash crops. Fruit crops are also grown to a small extent in the region for sale in Kathmandu. Dhulikhel has launched programmes targeting improving production of crops, livestock as well as marketing and awareness strategies to improve the overall status of agriculture in the city.

Prime Minister Agriculture Modernization Project is a special program launched by the city to promote fruit and vegetable production, by developing marketing strategies and constructing plastic tunnels for vegetable production. Currently the program is running in ward no 2, 3, 6, 11, and 12 covering more than 900 farmers as well as small business owners in the city. Agriculture programme to promote agro production is another programme initiated by the city government to improve the production of vegetable in every season. This program covered approximately 300 HHs in ward no. 1, 2, 3, 4, 8, 11.

Milk and meat production is another major economic activity in the city. A total of 550 kg of buffalo, chicken, goat and pig meat is consumed locally (Dhulikhel Municipality profile). The city also exports meat to Kathmandu, Bhaktapur and Pokhara. Dhulikhel has a significant poultry industry with a total of 22,500 chickens raised locally in 2017/2018 according to the report of the District Livestock Service Officer (Dhulikhel Municipality profile). Dairies and a cheese factory have also been developed in the area. The Government of Nepal has identified the Dhulikhel Municipality as an area with the potential for increased pork production (Dhulikhel Municipality, 2016)<sup>21</sup>.

The municipality is implementing Kisan II and CIPREAD project to develop agriculture, horticulture and animal husbandry as a source of employment and income by conserving land, water resources and environment. In addition to the programmes to support agriculture and animal husbandry, Dhulikhel Municipality has undertaken a number of initiatives that aim to bring about a socially inclusive and economically stable society. A number of programmes taken up in the city through the five committees on

Prime Minister Agriculture Modernization Project is a special program launched by the city to promote fruit and vegetable production.

Particular	Nos
Milk Collection Center	47
Milk cooling Center	17
Milk Industry	2
Dairy Shop	24
Cheese Industry	1
Hatchery Farm	2
Hen Farm	27
Milk Production Cooperative 25	
Livestock insurance program 5100	
Community Insurance Cooperative 6	
armer Group 67	
Temporary Breed Center 4	
Buffalo Cow Farm 82	
Goat Farm 10	
Pig Farm 14	
Meat Shop 41	

#### Table 3: List of Agriculture and animal husbandry related industry and groups

women, youth, Dalits, disabled, and tribal populations support their social and economic empowerment through skill and capacity development and financial assistance. Poverty Alleviation programmes of the Mayor and Deputy Mayor provides financial and technical support to marginalised communities, particularly women. Poor Women entrepreneurship Grant, Women's Group and Institutional Partnership Grant, Legal Awareness Program, Reduce Violence campaign are some of the projects undertaken. In addition, economic activities are being supported through a number of programmes of the national government. The city has taken up projects to improve the tourism sector by developing tourist spots, a recreational park and a multipurpose community playground to attract domestic and international tourists. Dhulikhel is developing parks, trekking trails, resting places and attractive statues in tourist hotspots and picnic spots. A botanical garden is being developed in the city to promote and secure local biodiversity. This will help the city to generate revenue and create employment through tourism-focused activities.

### Progress

Source	Dhulikhel Municipality
SDG Target	1.1 — By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day
SDG Indicator	1.1.1 – Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
National Indicator	<ul> <li>1.1.1 – Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</li> <li>1. Population below US\$ 1.25 per day (PPP value) (%)</li> <li>2. Poverty \$1.9 Per day (PPP value)</li> <li>3. Per capita Gross National Income (GNI) (US\$)</li> </ul>
Local target for Dhulikhel	Reduce the population living on less than USD 1.25 to less than 2% by 2030.
Local Indicator for Dhulikhel	Percentage of population living on less than USD 1.25.
Status	Population below US\$ 1.25 per day (PPP value) (%) is 4.36 %

2.25

11

Source	Dhulikhel Municipality
SDG Target	1.2 - By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
SDG Indicator	1.2.1 – Proportion of population living below the national poverty line, by sex and age 1.2.2 – Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
National Indicator	<ul><li>1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</li><li>1. Multidimensional Poverty Index (MPI)</li></ul>
Local target for Dhulikhel	<ul> <li>Proportion of population in Dhulikhel living below the national poverty line is less than 2% by 2030.</li> <li>Percentage of women of all ages in Dhulikhel below the national poverty line is less than 3% by 2030.</li> <li>Multidimensional Poverty Index (MPI) is less than 3% by 2030.</li> <li>Children below national poverty line is less than 2%.</li> </ul>
Local Indicator for Dhulikhel	<ul> <li>Proportion of population in Dhulikhel living below the national poverty line</li> <li>Percentage of women in Dhulikhel below the national poverty line</li> <li>Multidimensional Poverty Index (MPI)</li> <li>Children below national poverty line</li> </ul>
Status	Proportion of population in Dhulikhel living below the national poverty line is 4.36 % Percentage of women of all ages in Dhulikhel below national poverty line is 6.20% Multidimensional Poverty Index (MPI) is 7.81 % Children below national poverty line is 5.1 %

Source	Dhulikhel Municipality
SDG Target	1.3 – Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
SDG Indicator	1.3.1 – Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new borns, work-injury victims and the poor and the vulnerable
National Indicator	<ul><li>1.3.1 Proportion of population covered by social protection</li><li>1. Social protection expenditure in total budget (%)</li></ul>
Local target for Dhulikhel	Proportion of population covered by social protection is 25% by 2030. Social protection expenditure in total budget (%) is 20% by 2030. Employed people living below US\$ 1.25 per day in total employment is less than 1% by 2030 (%)
Local Indicator for Dhulikhel	Proportion of population covered by social protection Percentage of Social protection expenditure in total budget Employed people living below US\$ 1.25 per day in total employment
Status	<ul> <li>Proportion of population covered by social protection is 10.31%</li> <li>Senior citizen single women: 433</li> <li>Single women: 610</li> <li>Extremely disabled disability cash transfer: 58 female, 69 male, total 127 person</li> <li>Complete disability: 27 female, 50 male, total 77 people</li> <li>Dalit children: 85 female, 99 male, total person 184</li> <li>Senior citizen: 47 female, 53 male, total 100 people</li> <li>Senior citizen cash transfer (70 above): 981female, 711 male, total person 1692</li> <li>Total person: 3223</li> <li>Only the number of population in different categories is available, not the percentage.</li> <li>Social protection expenditure in total budget is 11% in annual budget</li> <li>Employed people living below US\$ 1.25 per day in total employment is 1.7 %</li> </ul>

Source	Dhulikhel Municipality
SDG Target	1.4 – By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance
SDG Indicator	1.4.1 – Proportion of population living in households with access to basic services
National Indicator	<ul><li>1.4.1 Proportion of population living in households with access to basic services</li><li>1. Households having access to market centers within 30 min walk (% of total)</li></ul>
Local target for Dhulikhel	100% of households having access to market center within 30 min walking distance by 2030 (% of total) 100% of households covered by formal financial services by 2030 (% of total)

Local Indicator for Dhulikhel	Percentage of households having access to market center within 30 min walking distance by 2030 (% of total)
	Percentage of households covered by formal financial services by 2030 (% of total)
Status	90% of the households having access to market center within 30 min walk.
	90% households are covered by formal financial service.

Source	Dhulikhel Municipality
SDG Target	1.5 – By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters
SDG Indicator	1.5.1 — Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population
National Indicator	<ul><li>1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per</li><li>100,000 population</li><li>1. Loss of lives from disaster (number)</li></ul>
Local target for Dhulikhel	Loss of lives from disaster (number) is less than 50 in a year.
Local Indicator for Dhulikhel	Loss of lives from disaster (number)
Status	6 lives were lost during disaster in the city in 2019-20

At present, Dhulikhel city has not achieved the localized targets for SDG 1, except the one against SDG target 1.5 related to loss of lives due to disaster. The city still has some road to cover before achieving its targets of reducing income poverty to below 2%, reducing multidimensional poverty to less than 3%, halving the population of women and children living below poverty line and increasing social protection coverage to 25% of population from the current 10%.

The city has increased its investments to support knowledge development and capacity building of its citizens. It is conducting vocational training and skill development activities, monitoring, evaluation, program implementation visits and exposure visits. An Integrated Farming and Water Management Farmer School promotes climate friendly agriculture practices in the city and benefits a community managed agriculture program. Dhulikhel is also running a program to enhance capacity of existing nurseries to promote hybrid crops to increase production. Similarly, an advanced capacity development program through competitively selected business development service providers is currently being implemented to strengthen local business and small entrepreneurs.

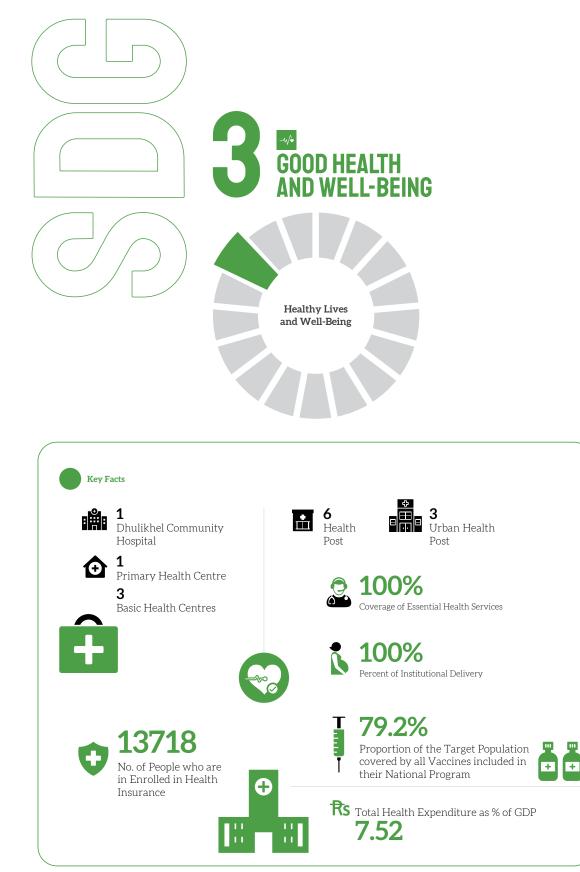
Currently the city is spending 119200000 NPR or about 1,000,000 USD from its annual budget amount on poverty alleviation activities and SDG 1 related activities in the city. In order to achieve the targets set, Dhulikhel Municipality plans to allocate 10% of municipal budget to poverty alleviation activities each year till the targets are met. Since this is a priority area for the municipality, financial allocation is kept steady.

The city is spending about 1,000,000 USD from its annual budget on SDG 1 related activities. The majority of the population in Dhulikhel is engaged in commercial agriculture and other income sources including trade and business, livestock production, daily wages and foreign remittance. Dhulikhel envisions strengthening its economic development to bolster jobs, local tax base, environmental sustainability, social equity, and quality of life for its residents, by promoting access to markets and providing suitable environmental conditions that can provide an advantage to different economic sectors.

Dhulikhel is developing agriculture, horticulture and cottage industries to improve the local economy. To strengthen the human capital, the city is increasing investment on human development through training, empowerment, and capacity development. Municipality has been implementing micro enterprise development programmes for poverty alleviation, technology support programmes, income generation and skill development activities worth more than 100000 USD.

In addition to increasing the budget allocation, the city plans to partner with NGOs and civil society organisations to undertake skill development and technical training programmes to enhance opportunities for employment in the city.





1.8.1 - 17

223

#### Background

Dhulikhel has good and affordable public healthcare system. The average life expectancy in the city is high. According to Planning Norms and Standards of Nepal (2013), for a city with population between 10000-40000, the number of Sub-Health Centres should be 1 per 1000 and the number of Health centres should be 1 per 5000 population. Dhulikhel city meets all these norms.

After the establishment of Dhulikhel Hospital in 1994, the city became very popular in Nepal for affordable and quality health services. The hospital serves a population of approximately 1.9 million from Kavrepalanchowk, Sindhu-palchowk, Dolakha, Sindhuli, Ramechhap, Bhaktapur and other surrounding districts. Besides the city hospital, there are currently six health posts in the city that provide additional services such as emergency service, primary treatment, maternity test and counselling etc. The City's health system was restructured with the objective of increasing bed capacity. 50 intensive care beds along with new respirators and monitors, 500 general hospital beds, and 28 beds in out-of-hospital isolation facilities for minor patients were added to the system by different stakeholders within the municipal territory.

To improve the overall status of the health sector the city implemented initiatives like constructing health posts in each ward. By 2020 three new health posts were constructed in ward 4, 6, and 7 one in each ward, and three health posts in each ward (Ward 1, 2 and 11) are under construction. To provide quality health services a lab service in Ward 9 (Kavre Health Post) and Health Information Center in ward 8 were established. Many of the health centers, however, are not disabled people friendly and thus accessibility is restricted. In addition, in some wards, accessibility remains an issue due to poor road infrastructure, lack of connectivity and public transport facilities.

The numerous health care facilities collect data that is collated at the city level. However, the city's health care facilities cater to patients from other parts of the country. Similarly, the data is not disaggregated by city residents and non-residents. Therefore, the data presented below is for all patients that were treated in the city and not just for the population in Dhulikhel. The city is already in process of updating its collection system for health related data to feed into the health management information system at national level. This can support generation of data in the SDG indicator format for future use.

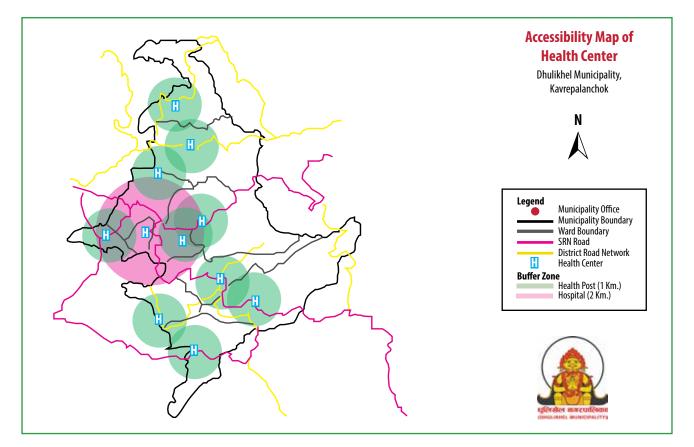
The Dhulkhel Hospital serves a population of approximately 1.9 million from Kavrepalanchowk, Sindhu-palchowk, Dolakha, Sindhuli, Ramechhap, Bhaktapur and other surrounding districts.

#### Dhulikhel Health Facilities Promoting Achievement of SDG 3 on Good Health and Wellbeing

Achieving the transformational ambition of Agenda 2030 requires a wide range of stakeholders, in addition to national and local governments, to take concrete steps towards attaining the SDGs. In Dhulikhel, the medical university and the health centers are expanding their role and supporting community level initiatives to promote good health and wellbeing.

Kathmandu University School of Medical Sciences (KUSMS) and the Dhulikhel Hospital Outreach Centre of Dhungkharka, Karve District, in collaboration with Universitas 21 – a network of 27 universities from around the world aimed at fostering collaboration and international knowledge exchange, provides the Global Learning Partnership programme. This programme is a four-week community engagement programme that brings together Health Sciences students and staff from participating universities to learn about and contribute to the UN SDGs – especially Goal 3, Good Health and Wellbeing. It is geared towards health promotion, advocacy, leadership and cultural competency in a complex setting.

The first learning partnership programme took place in 2016, the second in 2018, and the third in March 2019. The programme involves participation from over 20 students with half from Universitas 21 member institutions and half from KUSMS. The programme includes one teaching week (based at KUSMS) and three weeks of community-based engagement. The students undertake a health needs assessment at the community level and develop health promotion initiatives based on their findings. Priority areas for health assessment and initiatives include – disability, chronic pain, women's health and nutrition and oral health.



**Source:** SDG Action Awards: <u>https://sdgactionawards.org/initiative/1233</u>

Figure 16: Map showing the accessibility of health centres in Dhulikhel city

#### Progress

Source	FY2076/77 and DHIS-2
SDG Target	3.1 – By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
SDG Indicator	3.1.2 – Proportion of births attended by skilled health personnel
National Indicator	3.1.2 – Proportion of births attended by skilled health personnel
Local target for Dhulikhel	Percentage of births attended by a Skilled Birth Attendant (SBA) is 99% by 2030.
Local Indicator for Dhulikhel	Percentage of births attended by a Skilled Birth Attendant (SBA)
Status	98% of births in Dhulikhel attended by SBA

Source	FY2076/77 and DHIS-2
SDG Target	3.2 – By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
SDG Indicator	3.2.2 – Neonatal mortality rate
National Indicator	3.2.2 – Neonatal mortality rate
Local target for Dhulikhel	Neonatal Death Rate is less than 1% by 2030
Local Indicator for Dhulikhel	Neonatal Death Rate
Status	Total Neonatal Death rate is 1% for 2019-20

Source	FY2076/77 and DHIS-2
SDG Target	3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
SDG Indicator	3.3.1 – Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
National Indicator	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations a. Number of new HIV infections among adults 15–49 years old (per 1000 uninfected population)
Local target for Dhulikhel	Percentage of pregnant women who got tested for HIV at an ANC checkup is 100% Number of HIV positive infections in Dhulikhel is less than 10% of the people tested.
Local Indicator for Dhulikhel	Percentage of pregnant women in Dhulikhel who got tested for HIV at an ANC checkup Number of HIV positive infections in Dhulikhel among the people tested.
Status	98% of pregnant women in Dhulikhel who got tested for HIV at an ANC checkup Number of HIV positive infections in Dhulikhel among the people tested - 0

Source	FY2076/77 and DHIS-2
SDG Target	3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and
	combat hepatitis, water-borne diseases and other communicable diseases
SDG Indicator	3.3.2 Tuberculosis incidence (per 100,000 population)
National Indicator	3.3.2 Tuberculosis incidence (per 100,000 population)
Local target for	No. of new TB cases registered is less than 10 by 2030 in Dhulikhel
Dhulikhel	
Local Indicator for	No. of new TB cases registered in Dhulikhel
Dhulikhel	
Status	No. of new TB cases registered is 24 during 2019/2020 in Dhulikhel

21. 7 18 2 2 3

Source	FY2076/77 and DHIS-2
SDG Target	3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
SDG Indicator	3.3.5 Number of people requiring interventions against neglected tropical diseases
National Indicator	<ul> <li>Number of people requiring interventions against neglected tropical diseases:</li> <li>Leprosy cases</li> <li>Kala-azar (Leishmaniasis) cases</li> <li>Lymphatic Filariasis cases</li> <li>Dengue cases</li> <li>Active Trachoma cases</li> <li>Percent of children under age 5 with Diarrhea in the last 2 weeks</li> </ul>
Local target for Dhulikhel	<ul> <li>Number of people requiring interventions against neglected diseases</li> <li>New cases of leprosy is reduced to 0</li> <li>Dengue cases is reduced to 0</li> <li>Active Trachoma cases is reduced to 0</li> <li>Diarrhea incidence rate among children under five years is less than 70</li> </ul>
Local Indicator for Dhulikhel	<ul> <li>Number of people requiring interventions against neglected diseases</li> <li>New cases of leprosy</li> <li>Dengue cases</li> <li>Active Trachoma cases</li> <li>Diarrhea incidence rate among children under five years</li> </ul>
Status	<ul> <li>During the year 2019-20</li> <li>New cases of leprosy is 0</li> <li>Dengue cases is 0</li> <li>Active Trachoma cases is 3</li> <li>Diarrhea incidence rate among children under five years is 278.1 cases out of 1000. The number is relatively high since Dhulikhel hospitals cater to surrounding areas as well and the number is reflective of total patients from Dhulikhel as well as the surrounding areas.</li> </ul>

Source	FY2076/77 and DHIS-2
SDG Target	3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through
	prevention and treatment and promote mental health and well-being
SDG Indicator	3.4.1 – Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory
	disease
National Indicator	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
	a. Mortality between 30 and 70 years of age from Cardiovascular disease, Cancer, Diabetes or Chronic
	respiratory disease (per 1000 population)
	Cardiovascular disease
	Cancer
	Diabetes
	Chronic respiratory disease
Local target for	Number of cases of Cardiovascular diseases less than 10000 by 2030
Dhulikhel	Number of cases of Cancer less than 500 by 2030
	<ul> <li>Number of cases of diabetes less than 500 by 2030</li> </ul>
	Number of cases of chronic respiratory disease less than 1000 by 2030
Local Indicator for	Number of cases of Cardiovascular diseases treated
Dhulikhel	Number of cases of Cancer treated
	Number of cases of diabetes treated
	Number of cases of chronic respiratory disease treated
Status	a. Cardiovascular disease
	Total no of cases Hypertension is 11252
	Total no of cases Congestive heart failure is 300
	Total no of cases Cardiac heart failure is 371
	Total no of cases Chronic Obstructive Pulmonary Disease (COPD) is 9855
	Total no of cases Acute rheumatic fever is 133
	Total no of cases Rheumatic heart disease (RHD) is 643
	Total no of cases lschemic heart disease is 1032
	Total no of cases Other cardiovascular problems is 11914
	b. Cancer
	<ul> <li>Total no of cases is 1017</li> </ul>
	c. Diabetes
	Total no of cases is 2795
	d. Chronic respiratory disease
	<ul> <li>Total no of cases ARI/Lower respiratory tract infection (LRTI) is 1319</li> </ul>
	<ul> <li>Total no of cases Upper respiratory tract infection (URTI) is 2199</li> </ul>
	<ul> <li>Total no of cases Pneumonia is 363</li> </ul>
	<ul> <li>Total no of cases Severe pneumonia is 4</li> </ul>
	<ul> <li>Total no of cases Bronchitis (Acute &amp; chronic) is 86</li> </ul>
	The city is currently collecting information only on number of casesand not mortality rates as required
	in SDG indicators. This can be done in the subsequent VLRs developed by the city.

Source	FY2076/77 and DHIS-2
SDG Target	3.5 – Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
SDG Indicator	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
National Indicator	<ul> <li>3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol</li> <li>% of people aged 15 years and older having harmful use of alcohol (defined according to the national context)</li> </ul>
Local target for Dhulikhel	No. of cases of addiction (alcoholism, dipsomania, drug) reduced to less than 200 per year by 2030.
Local Indicator for Dhulikhel	No. of cases of addiction (alcoholism, dipsomania, drug)
Status	Reported number of cases 779 during the year 2019-20

2.25

6.1

Source	FY2076/77 and DHIS-2
SDG Target	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
SDG Indicator	3.6.1 Death rate due to road traffic injuries
National Indicator	3.6.1. Death rate due to road traffic injuries
Local target for Dhulikhel	No. of Road Traffic Accident (RTA) cases reduced to less than 100 per year Death Rate due to accidents is reduced to less than 5% by 2030
Local Indicator for Dhulikhel	No. of Road Traffic Accident (RTA) cases Death Rate
Status	No. of Road Traffic Accident (RTA) cases reported were 437 Death Rate due to accidents: 18%

Source	FY2076/77 and DHIS-2
SDG Target	3.7 – By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
SDG Indicator	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
National Indicator	<ul> <li>3.7.1. Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</li> <li>Contraceptive prevalence rate (modern methods) (%)</li> <li>Total Fertility Rate (TFR) (births per women aged 15-49 years)</li> </ul>
Local target for Dhulikhel	Contraceptive prevalence rate as % of MWRA is 60% by 2030 Total fertility rate of women is 1.5

Local Indicator for	Contraceptive prevalence rate as % of Married Women of Reproductive Age (MWRA)
Dhulikhel	Total fertility rate of women
Status	Contraceptive prevalence rate (modern methods) (%) are 15.3 %
	Total Fertility Rate (TFR) (births per women aged 15-49 years) is 1.9

ource F	Y2076/77 and DHIS-2
h	8.8 — Achieve universal health coverage, including financial risk protection, access to quality essential realth-care services and access to safe, effective, quality and affordable essential medicines and raccines for all
o d	8.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious liseases, non-communicable diseases and service capacity and access, among the general and the nost disadvantaged population)
lational Indicator 3	3.8.1 Coverage of essential health services
	reference of working to a lance function care (wite) which as per protocol (allong we brinns)
•	Percent of women attending three prenatal care (PNC) as per protocol
•	Percent of infants receiving three doses of Hepatitis B vaccine
	Percent of women aged 30-49 years screened for cervical cancer
	<ul> <li>Percent of people living with HIV receiving Antiretroviral combination therapy</li> <li>Percent of population aged 15 years and above with raised blood pressure who are currently taking</li> </ul>
	medication
•	<ul> <li>Percent of population aged 15 years and above with raised blood glucose who are currently taking medication</li> </ul>
•	Percent of households within 30 minutes travel time to health facility
•	Percent of poor people enrolled in health insurance
ocal target for N	lumber of women having four antenatal care visits as per protocol (among live births) $-$ 100%
Phulikhel Po	Percent of institutional delivery – 100%
	Percentage of pregnant women who had four PNC check ups as per protocol (4th, 6th, 8th and 9th nonth) — 100%
P	Percentage of children under one year immunized with DPT-HepB-Hib3 — 100%
P	Percentage of children aged 12-23 months immunized with measles/rubella 2 $-$ 100%
	Percent of population aged 15 years and above with raised blood pressure who are currently taking nedication – 20%
N	lo. of people who are in enrolled in health insurance – 30000

Local Indicator for	Percent of women having four antenatal care visits as per protocol (among live births)
Dhulikhel	Percent of institutional delivery
	Percentage of pregnant women who had four PNC check ups as per protocol (4th, 6th, 8th and 9th month)
	Percentage of children under one year immunized with DPT-HepB-Hib3
	Percentage of children aged 12-23 months immunized with measles/rubella 2
	Percent of population aged 15 years and above with raised blood pressure who are currently taking medication
	No. of people who are in enrolled in health insurance
Status	Number of women having four antenatal care visits as per protocol (among live births) – 775 out of 779
	Percent of institutional delivery is 100%
	Percentage of pregnant women who had four PNC check ups as per protocol (4th, 6th, 8th and 9th month) - 98.5
	Percentage of children under one year immunized with DPT-HepB-Hib3 - 79.2%
	Percentage of children aged 12-23 months immunized with measles/rubella 2 - 77.8%
	Total population aged 15 years and above with raised blood pressure who are currently taking medication – 11252
	No. of people who are in enrolled in health insurance: 13718

- 17 7 × 1

6.1

Source	FY2076/77 and DHIS-2
SDG Target	3.b – Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
SDG Indicator	3.b.1 – Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
National Indicator	3.b.1 Proportion of the target population covered by all vaccines included in their national program
Local target for Dhulikhel	Proportion of the target population in Dhulikhel covered by all vaccines included in their national program is 100% by 2030
Local Indicator for Dhulikhel	Proportion of the target population in Dhulikhel covered by all vaccines included in their national program
Status	Proportion of the target population in Dhulikhel covered by all vaccines included in their national program is 79.2%

Source	FY2076/77 and DHIS-2
SDG Target	3.c – Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
SDG Indicator	3.c.1 – Health worker density and distribution
National Indicator	3.c.1 Health worker density and distribution (per 1000 population) 1 Total health expenditure as % of GDP
Local target for Dhulikhel	Number of doctors in Dhulikhel per 1000 population is 1 per 1000 population Number of nurses in Dhulikhel per 1000 population is 2.5 per 1000 population
Local Indicator for Dhulikhel	Number of doctors in Dhulikhel per 1000 population Number of nurses in Dhulikhel per 1000 population
Status	Number of nurses in Dhulikhel per 1000 population is 2 per 1000 population

While the spatial distribution of health centres and facilities show good coverage, connectivity in newly merged rural wards needs to be improved through upgrading existing road networks as well constructing new health posts and centers. Dhulikhel also aims to improve facilities related to preventive, curative, primitive, rehabilitative and palliative care, so that people can use and practice all types of services within the city.

The Women's Health programme in Dhulikhel has created 14 outreach centres to increase women's access to health information and services. To improve maternal health, Dhulikhel initiated a Female Community Health Volunteers program with support from the provincial government. In addition, the Department of Community Programmes in Dhulikhel Hospital initiated Women's Health Programme as a community based comprehensive health care programme to complement existing health services with specific focus on underserved women. This programme has created 14 outreach centres, and aims to increase women's access to health information and focuses on early detection, illness prevention, health screening and providing referral to appropriate services, including services for sexual and reproductive health like safe maternity, travel allowance to mothers, ambulance, mothers group meetings. The program is led by nurses who visit the outreach centres and provide awareness programmes on different health issues such as adolescent reproductive health, water, sanitation and hygiene (WASH) programmes, first aid training, and screening services.

The Department has also been working towards strengthening school health programmes in 24 schools, to address the needs of children. In July 2017, a needs assessment survey was conducted at a local Dhulikhel government school in order to provide preventive and promotive health programmes, to conduct regular screening, and to provide guidance for the establishment and maintenance of health clubs in the school. There are plans to set up adolescent friendly centers at outreach centers and to mobilize the school health clubs actively.

Dhulikhel Municipality has undertaken health programmes for tuberculosis control, epidemic disease control, HIV prevention, and is providing free ambulance service and voluntary counselling and testing. These programmes serve to make the healthcare system more robust. Information on different diseases is provided through weekly

radio programmes, rallies and IEC materials. To provide basic health services in the wards where there are no health centers, door to door mobile health services for immunization, maternal health checkup, free health services, and free medicine distribution programmes are implemented by the municipality.

Over the years, Dhulikhel hospital also developed as an institute and started hosting medical programmes in collaboration with Kathmandu University School of Medical Sciences. Dhulikhel Municipality has initiated its own creative health camps for "Healthy City Dhulikhel". It covers all aspects of public health care like environmental sanitation, food and nutrition, and safe drinking water. Besides this, Municipality is also implementing programmes for TB and Malnutrition Free Municipality.

Currently the municipality spends about 126130000 NPR or about 1058000 USD on SDG 3 related activities. However, the city recognizes the lack of disaggregated data on health services provided to its citizens. Since the health services are provided to a large population extending well beyond municipal boundaries, data maintained by hospitals that is reported to the municipality does not reflect the real health situation of Dhulikhel city. The municipality intends to strengthen its data management system in hospitals to be able to get disaggregated data for its citizens by next year.

Dhulikhel Municipality spends about 1058000 USD on SDG 3 related activities.

#### SDG 4: Inclusive and Quality Education



75.26%	Dhulikhel Muncipality	5 Years and Plus		pulation no Can			
Total Literacy rate	0.7		Can Read and Write	Can Read Only	Cannot Read and Write	Literacy Not Stated	Literac Rate
<b>99%</b> School Enrolment	ŶQ,	28827	21736	564	6506	21	75.40
Rate	ď	13803	11832	236	1732	3	85.72
Strengthened Special Education	Q	15024	9904	328	4774	18	65.92
37 School Based ECD (Early Childhood Development)		nder Parity inde			nder Parity I condary Sch		
School Based ECD (Early Childhood	ene (Pr.	imary School) - 1	1.09	(Se	nder Parity I condary Sch		
School Based ECD (Early Childhood Development) 30 Primary Schools (up to 8 class) 19	(Pr.	imary School) - 1	1.09 s in each V	(Se) (Se	condary Sch	lool) - <b>1.00</b>	
School Based ECD (Early Childhood Development) 30 Primary Schools (up to 8 class)	(Pr.	imary School) - 1	1.09 s in each V	(Se) (Se	condary Sch	lool) - <b>1.00</b>	ll - 10 - 8

#### Background

Dhulikhel has been a center of education and higher learning for a long time. According to the 2011 Census (including data from the newly added areas in Dhulikhel), the literacy rate of the population aged 5 years and above was 75.40% in Dhulikhel Municipality. Female literacy rate (65.92%) is far lower than the male literacy rate of 85.72%. Net enrolment rate in primary education in Dhulikhel is 99%. An education sector survey from 2020 shows that currently 98.07% of adult population (15 to 60 years) in Dhulikhel is literate.

Similar to the health sector, the city's education sector services people from all part of the country. Therefore, there are lot more education facilities in the city for a relatively small residential population of less than 40,000 people. Currently, educational institutions in the city consist of community schools, secondary schools, institutional (boarding) schools, colleges and a university. Kathmandu University High School (KUHS), initially named as Kathmandu University Preparatory School, was established in 1998 to provide quality education for local children and children of the staff of Kathmandu University. Dhulikhel also has institutions supporting professional education like a medical college located in ward 6 and ward 4. Kathmandu University is also located in Dhulikhel. The university provides undergraduate to postgraduate programmes in the fields of engineering, science, management, arts, education, law, and medical sciences etc.

Access to a number of the schools remains an issue due to poor road infrastructure, lack of connectivity and public transport facilities. The impact of lack of connectivity has also impacted the effectiveness of educational programmes.

#### The City's Efforts to End Period Poverty

The Government of Nepal (GoN) has identified adolescents as an important and underserved population critical to achieving national health and development goals. In the past two decades, there have been increasing inter-sectoral collaborative efforts to develop and implement strategies to improve adolescent health, with an emphasis on sexual and reproductive health, as reflected in several national policies, plans, and strategies. The 2015 draft national strategy on adolescent sexual and reproductive health calls for increased involvement of the private sector in meeting adolescent needs. The strategy specifically calls for integrating menstrual health and hygiene (MHH) components with sexual and reproductive information and education on menarche, healthy menstrual practices and associated health benefits, increased access to menstrual aids such as sanitary napkins, and management of menstrual disorders.

Dhulikhel city, implemented the national program in 18 secondary community schools in the city. Till now approximately 1,282 girls from class 6 to 12 benefited from the program. Menstrual cycle has been a barrier for young girls in attending the school regularly and distribution of free sanitary pads enable them to attend classes every day. In 2020-21 financial year municipality invested approximately 13893.43 USD for Free Sanitary Pad management for girls in community schools program. There is also a need for extra pads at school along with a need for women friendly bathrooms with sink and soaps. The city is also implementing projects to improve the overall infrastructure in the schools.

Teaching men, young boys and elderly women the science behind menstrual cycle is a must in order to normalize menstruation and end the taboo. If girls are able to attend school every day without the menstrual stigma then we are not far from achieving both Global Goals 4 and 5.

#### Progress

ilogicss	
Source	IMIS Data 2077 (2020) of Education Section
SDG Target	4.1 — By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
SDG Indicator	4.1.1 – Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
National Indicator	<ul> <li>4.1.1 Proportion of children and young people in primary and lower secondary</li> <li>Net enrolment rate in primary education (%)</li> <li>Primary completion rate (%)</li> <li>Proportion of pupils enrolled in grade one who reach grade eight (%)</li> <li>Ratio of girls (to boys) enrolled in grade one who reach grade eight</li> <li>Ratio of girls (to boys) enrolled in grade one who reach grade twelve</li> <li>Learning Achievement / Score (Math, Nepali and English) for grade five(%) <ul> <li>Math</li> <li>Nepali</li> <li>English</li> </ul> </li> <li>Gross enrollment in secondary education (grade nine to 12) (%)</li> </ul>
Local Indicator for Dhulikhel	Net enrolment rate in primary education Primary completion rate Gross enrolment rate in secondary education Learning Achievement / Score (Math, Nepali and English) for grade five (%) - Math - Nepali - English
Local target for Dhulikhel	<ul> <li>100% Net enrolment rate in primary education</li> <li>100% Primary completion rate</li> <li>100% Gross enrolment rate in secondary education</li> <li>Learning Achievement / Score (Math, Nepali and English) for grade five (%)</li> <li>Math - 80%</li> <li>Nepali - 80%</li> <li>English - 80%</li> </ul>
Status	Net enrolment rate in primary education (%): 99% Primary completion rate (%): 92% Gross enrolment in secondary education (grade nine to 12) (%): 89% Learning Achievement / Score (Math, Nepali and English) for grade five(%) - Math - 63.7 - Nepali - 64.7 - English - 64.5

Source	IMIS Data 2077 (2020) of Education Section
SDG Target	4.2 – By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
SDG Indicator	4.2.2 – Participation rate in organized learning (one year before the official primary entry age), by sex
National Indicator	4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex
	1. Coverage of child grant for pre-primary education (number in '000)
	2. Attendance to early childhood education (Gross Enrollment) (%)
Local Indicator for	Percentage of grade 1 entrance with ECD experiences
Dhulikhel	Coverage of child grant for pre-primary education
Local target for Dhulikhel	Percentage of grade 1 entrance with ECD experiences – 100%
	Coverage of child grant for pre-primary education (number in 1000) – 400
Status	Percentage of grade 1 entrance with ECD experiences: 92%
	Coverage of child grant for pre-primary education (number in 1000): 104

Source	IMIS Data 2077 (2020) of Education Section
SDG Target	4.5 – By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
SDG Indicator	4.5.1 – Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
National Indicator	<ul> <li>4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data becomes available) for all education indicators on this list that can be disaggregated</li> <li>Gender Parity index (GPI) (primary school)</li> <li>Gender Parity Index (GPI) (secondary school)</li> <li>Gender Parity Index (GPI) based on literacy (above 15 years)</li> </ul>
Local Indicator for Dhulikhel	Gender Parity Index for primary schools Gender Parity Index for secondary schools
Local target for Dhulikhel	Gender Parity Index for primary schools is 1.00 or more Gender Parity Index for secondary school is 1.00 or more
Status	Gender Parity Index for primary schools is 1.09 Gender Parity Index for secondary school is 1.00

Source	FY2077/78 (2020-21) Dhulikhel Education Section
SDG Target	4.6 – By 2030, ensure that all youth and a substantial proportion of adults, both men and women,
	achieve literacy and numeracy

SDG Indicator	4.6.1 – Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
National Indicator	4.6.1 Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by gender
	<ul> <li>Literacy rate of 15-24 years old (%)</li> <li>Literacy rate of 15-24 years old (women) (%)</li> </ul>
	<ul> <li>Numeracy all (reading and writing in numeric terms) of 15 years &amp; older (%)</li> </ul>
	<ul> <li>Numeracy of female (reading and writing numeric terms) of 15 years and older (%)</li> </ul>
	Public spending per student (Basic education in '000)
Local Indicator for Dhulikhel	Public spending per student
	Literacy rate above 15 years
Local target for Dhulikhel	Public spending per student is 50000 NPR
	Literacy rate above 15 years is 100%
Status	Public spending per student for basic education is approximately 40000 NPR
	Literacy rate of above 15 years (%) is 98.07%

Source	FY2077/78 (2020-21) Dhulikhel Education Section
SDG Target	4.a – Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
SDG Indicator	4.a.1 - Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
	<ul> <li>4.a.1 Schools with access to electricity (%)</li> <li>4.a.2 Schools with access to internet (%)</li> </ul>
	<ul> <li>4.a.2 Schools with access to internet (%)</li> <li>4.a.3 Basic schools with access to "WASH" facilities (%)</li> </ul>
	<ul> <li>4.a.4 Disability friendly schools (%)</li> </ul>
National Indicator	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)
Local Indicator for	Schools with access to electricity
Dhulikhel	Schools with access to internet
	Schools with access to basic "WASH" facilities
	Disability friendly schools
Local target for Dhulikhel	Schools with access to electricity – 100%
	Schools with access to internet – 100%
	Schools with access to basic "WASH" facilities – 100%
	Disability friendly schools – 90%

Status	Schools with access to electricity – 100%
	Schools with access to internet – 60%
	Schools with access to basic "WASH" facilities – 84%
	Disability friendly schools – 60%

...

200

2.15

Source	FY2076/77 (2019-20) Dhulikhel Education Section
SDG Target	4.c – By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States
SDG Indicator	4.c.1 – Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country
National Indicator	4.c.1 Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level
	4.c1 Proportion of teachers in basic education who have received at least the minimum organized teacher training, (%)
	4.c2 Proportion of teachers in secondary education who have received at least the minimum organized teacher training, (%)
Local Indicator for Dhulikhel	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level
	Proportion of teachers in basic education who have received at least the minimum organized teacher training, (%)
	Proportion of teachers in secondary education who have received at least the minimum organized teacher training, (%)
Local target for Dhulikhel	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level – 100%
	Proportion of teachers in basic education who have received at least the minimum organized teacher training – 100%
	Proportion of teachers in secondary education who have received at least the minimum organized teacher training – 100%
Status	Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level – 97.5%
	Proportion of teachers in basic education who have received at least the minimum organized teacher training – 100%
	Proportion of teachers in secondary education who have received at least the minimum organized teacher training – 95%

Dhulikhel's goal is to provide good quality education for all its citizens. In line with national and provincial targets for SDG 4, Dhulikhel also implemented various projects to ensure that all girls and boys complete free, equitable and quality primary and secondary education. The city also supported programmes to improve net enrolment rate (1-8 years), and literacy rate in the city. The One School One Nurse programme ensures availability of at least one medically trained personnel in each school to cater to the kids. Dhulikhel has also implemented projects to eradicate gender disparities and ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education.

There are 37 early childhood development centers managed by government and 11 institutional child development centers managed by private agencies. In these child development centers, children in the age group of 3-4 years are enrolled in class 1 with at least one year of learning experience.

Dhulikhel Municipality has mapped out schools and is operating 29 community schools and 11 institutional (boarding) schools keeping in view the geography and the location of the slums so that all children of school age can have access to quality education. One of the community schools is a religious school working to preserve Buddhist culture and traditions. Out of the remaining, there are 16 basic schools and 12 model schools of the Municipality (one is managed completely by women). There are 7 institutional secondary schools providing good quality secondary education.

There are two community colleges for higher education Sanjiwani Multiple Collage and Dhulikhel Campus and one university for research, Kathmandu University. There is also a medical college and a technical school for teaching civil engineering.

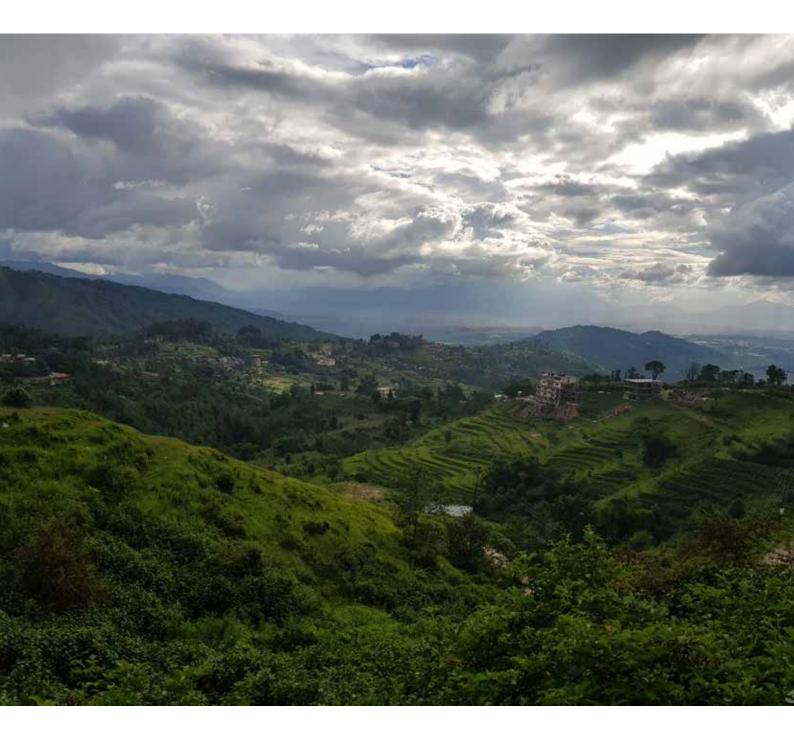
Residents of Dhulikhel get free education up to bachelor level and Dhulikhel municipality was declared a Literate Municipality in the fiscal year 2017-18 with literacy 98.07 percent for the 15-60 years age group.

Nepal has made a commitment to provide "Education for All" (World Forum on Education for All, Dakar 2000) by ensuring access to complete, free and compulsory education of good quality. For this they have adopted the Multi-Grade Multi-Level (MGML) methodology of teaching that allows teachers to teach mixed groups of students of different age, grade and performance levels together in one classroom. This methodology is activity-oriented with free working processes which are managed by children themselves, shifting the focus from lecturing to learning. In this way, the foundation for lifelong learning is laid as children learn how to acquire knowledge. It allows teachers to spend more time to guide children individually in their learning process, enhancing quality education.

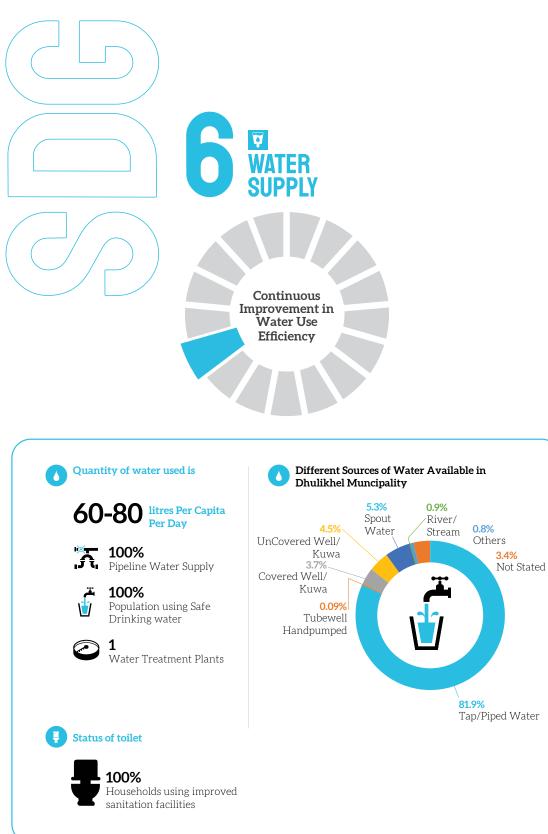
The municipality also follows the School Sector Development Programme (SSDP) in order to develop the quality of education in schools that promotes equity in access to education, quality of learning environment and learning materials, efficient management of schools and disaster risk resilience in schools.

Dhulikhel spends about 1,700,000 USD to achieve the targets of SDG 4. Currently the city spends about 200869000 NPR or about 1700000 USD to achieve the targets of SDG 4. The municipality believes with a little more push for improved school infrastructure and better accessibility to schools, it will be able to achieve its set targets well before 2030.

One of the biggest gaps identified during the VLR process is the lack of sex disaggregated data related to SDG 4 indicators. This lack of disaggregated data does not provide a full picture of any issues in differential access to education between boys and girls and at different ages. The City is committed to collecting sex disaggregated data moving forward.



# SDG 6: Ensure Availability and Sustainable Management of Water and Sanitation for All



#### Background

Dhulikhel city, similar to other lower Himalayan towns, is experiencing water scarcity due to decreasing flows, climate change and weak governance. To improve water security, the city – over the past few decades - pioneered a community-based water management approach that involves local users as well as upstream communities and other stakeholders.

Dhulikhel Drinking Water and Sanitation Users Committee has been providing drinking water since early 90s in the core traditional urban areas of the Municipality. The major source of water is Kharkhola River located 14 km far from the city. Besides this, local springs are tapped and 5 deep boring wells has been installed to extract ground water. All water is treated in a water treatment plant with sedimentation, sand filter and chlorination facilities before supply. While the system used to supply water 24 hours a day, water is now supplied only eight hours a day due to combination of factors including a decrease in water discharge at source, increase in population, extension of water supply to other areas which were not included in the original design phase and a high demand of water by institutions, hotels and restaurants. Currently 2762 private taps are connected in its service area serving 29600 populations. Similarly, Deurali (Sisnekhola) Drinking Water Supply and Sanitation Committee in ward 2 supplies piped drinking water to 195 household serving 1008 populations. Currently there are about 27 water supply projects completed or ongoing in the city of various sizes, supplying water to a total of 5585 households. As per the census 2011, 81.93% of total households consumed treated drinking water, out of which 51% of households have private tap connections and 30% consume the treated water from public taps. The remaining population depends on natural springs or dug wells and tube wells (Hemant Ojha et.al, 2020)22.

Besides the domestic water demand, Dhulikhel also has water demand from its commercial sections, especially agriculture. The city has abundant agricultural areas which account for approximately 72% of the total land within the municipality. Many irrigation projects are in operation and a number of irrigation projects are proposed in different areas of the municipality.

To achieve sustainability in water resource management and to improve the efficiency of the water supply system in the city, Dhulikhel initiated projects to achieve full water supply coverage, improving sanitation coverage and increasing the number of household with toilet facilities.

Dhulikhel Municipality was declared as Open Defecation Free Zone in 2018. However, approximately 2.2% of the households at rural and isolated settlement do not have their own toilet. Majority of households located at the areas recently merged in the Municipality have onsite sanitation system, while the traditional urban clusters in ward numbers 5, 6 and 7 such as Khadpu, Ekache, Nantole, Lasangko tole, Chochhe, Etole, Dutole, Hospital area, Hurkha, Sarashwati Bajar, Watole, Guthucha Adda Bajar, Sanjiwani Bazar, Buspark area, Dutole, Watole and so on are facilitated with municipal sewer networks. A Decentralisation Combined Sewer (DCS) was installed in ward number 5, connected to Shreekhandapur Wastewater Treatment Plant which is managed and operated by community-based organization. A Centralized Combined Sewer (CCS) Currently there are about 27 water supply projects completed or ongoing in the city of various sizes, supplying water to a total of 5585 households.

Dhulikhel Municipality was declared as Open Defecation Free Zone in 2018. network from ward number 6 and 7 is connected to Wastewater Treatment Plants located at Thakuri Gaun and Pipal Bot area of the Municipality, which are run and managed by the Municipality. However, both these plants are currently defunct and requires major reforms. Direct discharge of wastewater from toilets into water bodies or open drains is observed in a few rural areas. Overall, 14.6% of households have offsite sanitation system in the Municipality, out of which 24.5% use the DCS and about 66% use the CCS. 12.5% of institutions in the municipality has connected their toilet into sewer network, a majority of them (64.3%) to the CCS while most of the remaining (28.6%) to the DCS. The remaining 7.1% do not know what type of sewer network their toilet is connected.

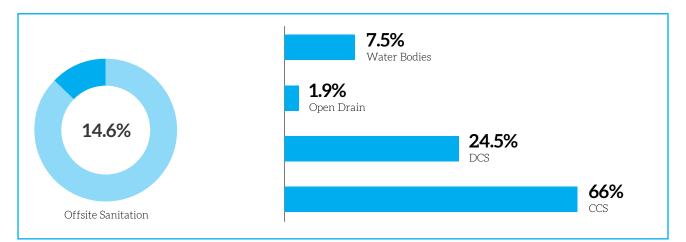


Figure 17: Percentage of households with offsite sanitation facilities connected to different outlets

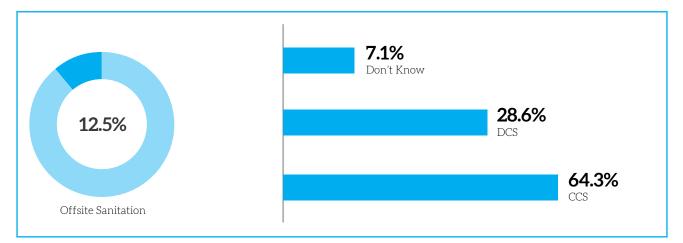
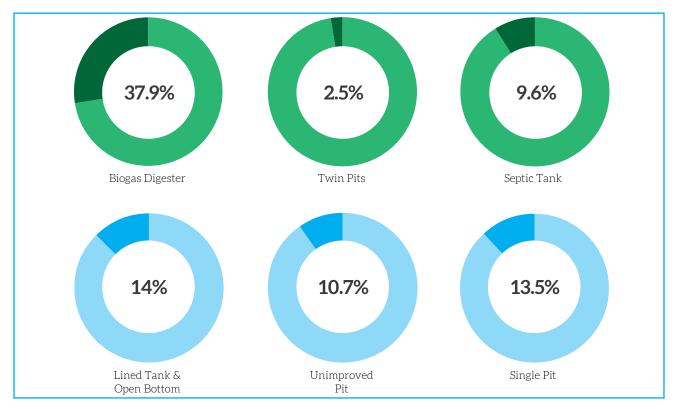


Figure 18: Percentage of institutions with offsite sanitation facilities connected to different outlets

There are different household containments used in the municipality. Toilets in 37.9% of households are connected to an anaerobic biogas digester which receives the excreta and flushing water directly from a toilet through a pipe and is designed for integrated treatment of toilet products, animal manure and kitchen and garden waste. The system is observed in almost all rural wards of the municipality. In addition, about 2.5% of households, mostly from ward number 6, 8 and 11, use a proper septic tank, with a containment and primary treatment unit. Fully lined concrete tanks that need regular

emptying is observed in 9.6% of the households mostly located within peripheral area of traditional urban area and newly settled urban areas. A lined tank with open bottom was observed in 14% of households from wards number 3, 4, 5, 6, 8, 9, 10 and 12. In addition, in rural areas of the municipality, 13.5% and 10.7% of the households have single pits and unimproved pits respectively.

At the institutional level, about 25.9% connect their toilets into lined tank with open bottom, while 26.8% connect to either septic tank or fully lined tank. 17.0% institutions in rural area have single pits. Whereas approximately 11.6% of institutions operated in rented buildings do not know type of containments in the building.



#### Figure 19: Different types containment of waste water in households

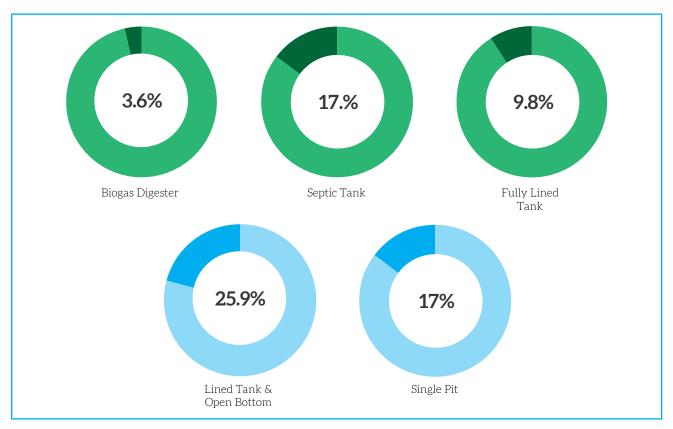


Figure 20: Different types containment of waste water in institutions

Dhulikhel Municipality has been providing desludging service since 2006 in its municipal area and neighboring municipalities like Banepa and Panchkhal. The municipality owns a fully mechanized desludging vehicle with a capacity of 4000 liters (NewTap,2016)23. The service charge for each trip within its municipal area, Banepa and Panchkhal are NPR 6500 (about 50USD), 9500 (about 80 USD) and 15000 (about 120 USD) respectively with additional NPR 500 (USD 5) to driver and helper. The demand for desludging services is very low and generally it receives demands from Kathmandu University Area, Khadbu and Banepa. On an average two to three trips are made in a week. The consumer has to pay service charge in an advance in the municipality to receive service. The fecal sludge is either disposed in the temporary landfill site or into the biogas chamber in Shreekhandapur Wastewater Treatment Plant.

The staff who carry out desludging services are usually engaged in solid waste management in the municipality and provided with personal protective equipment like gloves and mask, but none of them are trained on desludging service and health and hygiene.

#### Dhulikhel Drinking Water and Sanitation Users. Committee (DDWSUC) in Dhulikhel

Dhulikhel Drinking Water Supply system is one of the oldest systems managed by users' committee in Nepal. The system was built with the concerted effort of community from the phase of identification to implementation. After the handover of the Water Supply System in 1992 from GIZ, the user committee has been effectively managing the system and supplying water to more than 10,000 population. Currently, a management and technical unit with 16 paid staff carries out the daily operation and maintenance of the system. The system has been operating sustainably mainly because of the management by the user committee and active leaders of the community.

Users have been meeting the operation and maintenance cost of the system through the payment of connection fees and water tariff. The water tariff is progressive, with an initial minimum charge of NRs.60 for 10,000 litres. NRs.10 rebate is offered in the water bill for the timely payment, and therefore most of the small consumers pay only NRs.50 for the minimum consumption of water. This provision was also introduced with the intention of helping poor and disadvantaged groups of population. However, very poor households, who cannot afford connection charge for private tap connection, are provided with public tap free of cost. The public taps also operate under the management of the user committee.

Most of the households expressed satisfaction on the service of the water supply system, and were content with water quality and the management of the system. However, expansion of the system is demanded by the non-served population but currently the system lacks capacity to produce enough water to satisfy the petition. Even though the users committee has been operating with surplus, the operation and maintenance fund is not sufficient to expand the system. Thus, the users committee is currently looking for donors to enlarge the system.



Figure 21: Drinking water treatment plant



Figure 22: Public tap managed by the users committee

Source: https://itn.buet.ac.bd/publications/sector-documents/cwp/documents/casestudies/Case%20Study%20N-03.pdf

#### Progress

Source	Department of City Infrastructure Development, Dhulikhel
SDG Target	6.1 – By 2030, achieve universal and equitable access to safe and affordable drinking water for all
SDG Indicator	6.1.1 – Proportion of population using safely managed drinking water services
National Indicator	6.1.1 Proportion of population using safely managed drinking water services
	Population using safe drinking water (%)
	Households with access to piped water supply
	Basic water supply coverage
	Households with E. coli risk level in household water $\geq$ 1 cfu/100ml) (%
	Household with E. coli risk level in source water $\geq$ 1 cfu/100ml (%)
Local target for	a) Population using safe, treated drinking water – 100%
Dhulikhel	b) Households with access to piped water supply – 100%
Local Indicator for	a) Population using safe drinking water
Dhulikhel	b) Households with access to piped water supply
Status	a) Population using safe, treated drinking water is 100% (60% with own treatment system at home)
	b) Households with access to piped water supply is 100%

Source	Department of City Infrastructure Development, Dhulikhel
SDG Target	6.2 – By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
SDG Indicator	6.2.1 – Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
National Indicator	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
	<ul> <li>Households using improved sanitation facilities which are not shared (%)</li> <li>Proportion of population using latrines (%)</li> <li>Sanitation coverage (%)</li> </ul>
	<ul> <li>Urban households with toilets connected to sewer systems/proper FSM (%)</li> </ul>
Local target for	a) Households using improved sanitation facilities which are not shared – 100%
Dhulikhel	b) Proportion of population using latrines – 100%
Local Indicator for	a) Households using improved sanitation facilities which are not shared
Dhulikhel	b) Proportion of population using latrines
Status	a) Households using improved sanitation facilities which are not shared – 100%
	b) Proportion of population using latrines – 100%

Source	Department of City Infrastructure Development, Dhulikhel
SDG Target	6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and
	substantially increasing recycling and safe reuse globally
SDG Indicator	6.3.1 Proportion of wastewater safely treated
	6.3.2 Proportion of bodies of water with good ambient water quality
National Indicator	6.3.1 Proportion of wastewater safely treated
	<ul> <li>Proportion of untreated industrial waste water (%)</li> </ul>
	6.3.2 Proportion of bodies of water with good ambient water quality
Local target for	Proportion of wastewater safely treated – 100%
Dhulikhel	Proportion of bodies of water with good ambient water quality – 100%
Local Indicator for	Proportion of wastewater safely treated
Dhulikhel	Proportion of bodies of water with good ambient water quality
Status	The municipality has decentralized systems of treating waste water, and there is no estimate of the
	amount of waste water collected or treated.
	Municipality does not monitor water quality and has no record of ambient water quality.

17.225

11

-	
Source	Department of City Infrastructure Development, Dhulikhel
SDG Target	6.4 – By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
SDG Indicator	6.4.2 – Level of water stress: freshwater withdrawal as a proportion of available freshwater resources
National Indicator	<ul> <li>6.4.2 Level of water stress: freshwater withdrawal as a proportion of available freshwater resources</li> <li>Wastage of water – Irrigation (Field losses in %)</li> <li>Availability of freshwater (per person per day in liters)</li> <li>Level of water stress: freshwater withdrawal as a proportion of available freshwater resources</li> <li>Non- Revenue Water</li> </ul>
Local target for Dhulikhel	Proportion of fresh water withdrawn for water supply – 85%
Local Indicator for Dhulikhel	Proportion of fresh water withdrawn for water supply
Status	Proportion of fresh water withdrawn for water supply – 73%

Source	Department of City Infrastructure Development, Dhulikhel	
SDG Target	6.5 – By 2030, implement integrated water resources management at all levels, including through	
	transboundary cooperation as appropriate	
SDG Indicator	6.5.1 – Degree of integrated water resources management implementation (0-100)	
National Indicator	6.5.1 Degree of integrated water resources management implementation (0-100)	
Local target for	Percentage of water projects that include Integrated Water Resource Management principles either	
Dhulikhel	partly or fully – 90%	
Local Indicator for	Percentage of water projects that include Integrated Water Resource Management principles either	
Dhulikhel	partly or fully	
Status	Percentage of water projects that include Integrated Water Resource Management principles either	
	partly or fully – 60%	

Source	Department of City Infrastructure Development, Dhulikhel
SDG Target	6.b – Support and strengthen the participation of local communities in improving water and sanitation
	management
SDG Indicator	6.b.1 – Proportion of local administrative units with established and operational policies and
	procedures for participation of local communities in water and sanitation management
National Indicator	6.b.1 Proportion of local administrative units with established and operational policies and procedures
	for participation of local communities in water and sanitation management
Local target for	Percentage of water resources and supply system projects managed by user committees under the
Dhulikhel	guidance of municipality and municipal rules and regulations - 100%
Local Indicator for	Percentage of water resources and supply system projects managed by user committees under the
Dhulikhel	guidance of municipality and municipal rules and regulations.
Status	Percentage of water resources and supply system projects managed by user committees under the
	guidance of municipality and municipal rules and regulations – 100%

The municipality is managing to meet the water demands of the city currently through a number of decentralized water treatment facilities. However, there is already a stress on the water resources, since the systems which were planned for supplying 24 hours water, is now only able to cater for 8 hours a day because of the increase in population and demand for water. A number of programmes have been undertaken by the municipality to improve access to water supply in the city such as the One House One Tap Scheme that aims to provide piped water supply to all households. Programmes are also undertaken to address Non-Revenue Water to prevent losses and conserve water and social development to achieve water sector efficiency. Several schemes are also undertaken for integrated water management and improvement of irrigation.

The city currently has adequate level of services for water and sanitation. Decentralised facilities and community managed options give the systems the required flexibility and redundancy to reduce climate vulnerability. But there are gaps in data collection and management, especially regarding water quality and amount of waste water collected and treated. The municipality intends to collaborate with the district offices of the Ministry of Water and Sanitation Department to be able to get reliable data on quality of water bodies and waste water treatment facilities.

#### **One House One Tap Policy**

In a bid to address the water demand in Dhulikhel, various measures have been put forward after the last municipal election held in 2017. The vision of current municipal government is to make Dhulikhel a water-secure town by achieving a target of 'One House One Tap' by 2022. The elected people's representatives of Dhulikhel passed the One House One Tap Policy from the first Municipal Assembly with the objective of providing healthy and adequate drinking water to every household in Dhulikhel.

Under the policy, the Municipality made its plan in the first year to provide drinking water service so that every resident of Dhulikhel gets 65 liters of water per person per day. The survey design and execution of project's initiatives under the programme of One House One Tap started from Fiscal Year (FY) 2018-19. The municipality has completed a few projects facilitating around 700 households (HHs) with individual taps for water service. These projects were constructed in coordination with the user committees and handed over to these committees for the operation and maintenance under the municipal guidelines.

In realization of SDG Goal 6: ensuring universal, safe and affordable drinking water, the municipality has endorsed 'one house one tap' policy and allocated NPR 3 billion or USD 25 million for implementing this policy. As of today, ward no. 1 and Dhital gaun in ward 11 have successfully observed the implementation of water supply. The target is to include additional 2000 households in this system in the FY 2019/20. Majority of settlements in these areas are on hilltops or hillside and depend on spring, well and stream for water. Lifting water from rivulets to these distant uphill settlements is tedious and costly. Hence it might take some time to achieve the overall target of the project.

Some of the activities related to drinking water study and protection of sources conducted by the municipality are:

- Pani Chautari: A collaborative approach adopted by Dhulikhel Municipality for sustainable development of drinking water resources.
- Dhulikhel Water Conference
- Publication of a book on drinking water security
- Source protection works: For ground water recharge, 80 recharge ponds have been constructed in Dhulikhel

Source: <u>http://www.sias-southasia.org/wp-content/uploads/2021/02/02\_Byanju-et-al.pdf</u>

https://www.genevacitieshub.org/wp-content/uploads/2021/04/PPT - Nepal - for Water GUD.pdf



# Means of Implementation



# **Means of Implementation**

Definition of the city has a unique development context. A small city of less than 40,000 residents but providing services to millions of people visiting the city to enjoy its scenic beauty, or study in its various institutions or receive treatments in its health facilities. Though the city generates revenues from the visitors, providing services to a floating population significantly larger than the city population places enormous strain on basic services – especially water and sanitation, housing and other infrastructure. In addition, over 70 percent of the city area is still used for agriculture. Balancing the different demands of the urbanized sections of the city and providing necessary services for continuing agricultural activities in the more rural areas of the city requires a complex set of capacities, and resources. Recognizing that the 2030 Agenda and the SDGs provide the development framework for the city to balance socio-economic growth with environmental protection, Dhulikhel developed SDG-informed development strategies are aligned with the SDGs.

The VLR process has helped the city to critically review its financial and technical capacities and capabilities, particularly in light of the COVID-19 pandemic.

#### **Policy and Development Planning**

While the city has a sound development strategy, the VLR process identified gaps especially related to accessibility of educational and health facilities in the city. Gaps also remain in understanding the interlinked nature of development investments - for instance enhancing water and sanitation capability in the city could strain water available for agricultural purposes. This would require investments in water conservation methods (such as water harvesting) and improve agricultural practices to minimize water consumption and wastage. The city requires analytical tools to identify areas of investments that will have accelerated effect on achieving SDGs, and reduce the negative impact of current investments. The city will aim to engage with local governance associations, and the national planning commissions to develop appropriate tools for analyzing interlinkages and develop integrated plans. For the water supply system, the Dhulikhel Drinking Water and Sanitation Users. Committee (DDWSUC can provide a platform for discussion on equitable sharing of water resources among drinking water use and agricultural use. This is an extremely useful community-based approach to water management, that Dhulikhel already uses and needs to maintain and strengthen in future as well.

#### **Financial Resources**

Lack of financial resources to carry out and plan development at local level is a major challenge to the sustainability of development activities. The city generated significant own-source revenues from the different taxes and fees. It has an annual budget of USD

The city requires analytical tools to identify areas of investments that will have accelerated effect on achieving SDGs, and reduce the negative impact of current investments. Recently the municipality has executed an improvement in the taxation system, that has helped to overcome the negative impact of the COVID pandemic on the city's revenues.

The city has also identified the need to work together with different national government departments who can provide data for monitoring its priority indicators. 8.5 million approximately. In the budget structure, 17% resources are from internal revenue, 1.5% from internal debt and 80.5% from fiscal transfer.

Recently the municipality has executed an improvement in the taxation system in the city. This has helped to overcome the negative impact of the COVID pandemic on the city's revenues which may have impacted it's investments in welfare schemes and in accelerated poverty eradication initiatives. The city will also work more closely with the CSOs and private sector to collaboratively implement priority initiatives. This is especially true if the municipality plans to increase the amount of funds allocated to different SDG related activities as indicated in previous sections.

#### **Technical Capacities**

One of the major hurdles in the achievement of SDG targets in the city is the lack of trained staff and technical capacity in existing staff to understand the linkages of urban development with sustainability. The municipality regularly takes up engineering projects for improving urban services in the city, but these solutions are often ad hoc and do not necessarily fit the larger vision or plan for development of the city.

The Vision for the city that was outlined and elaborated through the VLR process can support to a large extent the creation of an overall development plan for the city. However, this is not enough. The staff in the municipality needs sensitisation and orientation to be able to incorporate sustainability, social inclusion and climate resilience in their routine development work. This will go a long way to institutionalise the concepts of socially inclusive, resilient urban development in the municipality. The plans to partner with NGOs and civil society organisations who can help to identify or provide opportunities of technical capacity building of municipal staff.

#### Data

Like most cities in developing countries, data management is a major challenge for Dhulikhel. Most of the data that was used in the preparation of the report also had to be collected from different government departments. A number of indicators of the SDGs could not be assessed because of the lack of available disaggregated data in Dhulikhel. The city aims to collate data collected, by different institutions, on priority indicators. The city already has created a webpage on their official website where data can be made available. Open information could also increase stakeholder collaboration and support the city's efforts to analyze data, identify gaps and trends, and develop solutions. The city has also identified the need to work together with different national government departments who can provide data for monitoring its priority indicators.

#### **Technology and Innovation**

Accessibility to the internet remains modest. 60 per cent of the population has access but actual utilization may vary due to several factors, including cost and basic skills. The city aims to increase accessibility and provide basic skills for people to improve innovation eco-system in the city. At present, there are limited facilities for start-ups in the city. The city plans to invest in supporting start-ups, especially in the tourism sector. To this end, the municipality is already using the councils for women, youth, disabled, tribals and Dalits for taking up capacity building initiatives for these communities.

#### Stakeholder Engagement

The city of Dhulikhel already has good examples of coordination with stakeholders in their Drinking Water and Sanitation Users. Committee (DDWSUC managed water supply schemes. The need for the municipality is to incorporate such progressive methods of joint management of resources in the other sectors that are managed by the municipality. One of the possibilities is to formulate a multistakeholder coalition in the municipality consisting of local stakeholders that can be called into action for inclusive decision making, planning and even implementation of projects. Multistakeholder coalitions could also facilitate collating of data from different sources – including NGOs, private sector etc., for tracking and assessing progress against SDG targets.

#### **Administrative Improvements**

The VLR process has also highlighted that the city could improve its administrative processes to mainstream SDGs and the concepts of sustainability and resilience in urban development. For instance, the city procurement process involves a basic tendering process where contracts are awarded to the least cost option rather than based on the life cycle costs or sustainability of the proposed approach and results. This conflict/ tension between immediate profit and long-term sustainability is one the main challenges faced by the city of Dhulikhel.

The VLR process has helped the city to reflect on the development activities taken up by them and understand their relation to the global SDG targets and indicators. The city can now incorporate sustainability concepts and criteria into the technical tenders so that sustainable initiatives can be promoted through the government tendering process as well.

#### **COVID** -19 Pandemic

The COVID-19 pandemic has been observed as a serious challenge in accelerating efforts to achieve the SDGs in Dhulikhel. The National Planning Commission has taken steps to call upon all stakeholders to work together to accelerate the implementation of the SDGs in Nepal while developing the national level SDG review reports. In Dhulikhel as well a series of consultations with key stakeholders were planned, but due to COVID, only one face to face meeting was possible. A few meetings in a virtual setting were conducted and key government officials from concerned line departments were consulted in the process. Discussions with national entities like NGO Federation of Nepal, SDGs National Network Nepal, SDG Forum were not conducted at this point due to COVID Lockdown and this was a major setback to the process of conducting the VLR in Dhulikhel. Undertaking VLR regularly in the city will help the city to identify data gaps and build partnerships, which would in the long run support resilience of the city in case of future shocks such as the COVID – 19.

The municipality needs to incorporate progressive methods of joint management of resources in different sectors that are managed by the municipality.



# The Way forward



## **The Way Forward**

Dublikhel recognizes the importance of integrating the concept of sustainable development into its development planning. In this report, the core principles for implementing SDGs in the city have been presented, and the existing sustainable development strategies, indicators, and action plans have been reorganized to localise the SDGs for Dhulikhel. Dhulikhel is interested to further implement the concept of sustainable development in different aspects of the city including quality of life, urban development and urban governance. Dhulikhel Municipality is moving ahead with a vision to establish a well managed city with a happy and prosperous community. The VLR assessment has helped to identify a few areas where the city will be focusing on for its next assessment.

The first issue that needs to be addressed in the city is the issue of data management. Dhulikhel proposes to develop an online system for collation of data from different departments on a regular basis, so that assessment of SDG indicators can be streamlined for the next round of assessment. Identifying the lack of disaggregated data for the city of Dhulikhel in case of education and healthcare, the city is now keen in forging partnerships with national government offices and collage information in an online platform. The municipality is also keen on showcasing this work as a model for other Nepali cities. In future, the assessment of SDG indicators could also be made into an online forum.

The municipality also plans to conduct regular trainings of staff to sensitize them regarding sustainability concepts for better institutionalization of SDGs in the city development work. In view of Nepal's new federal structure, the localization of the SDGs needs to be intensified to make it effective on the ground. Capacity development and productive use of information and communication technology, data and the evolving technologies should be given due priority for quality and disaggregated data.

In addition, the city of Dhulikhel will identify a stakeholder platform for effective engagement with local populations and different communities. The existing councils on youth, women, Dalits, tribal and disabled populations along with the 5 thematic committees help to design policies and play a very active role in providing feedback to the various policies developed by the city. But others such as NGOs and CBOs, private sector, institutions also need to be engaged effectively. In an endeavour to use the skills of different NGOs, the city has allocated 30% of the development project budget to be used along with them.

While the councils and thematic committees intervene at the policy level, at the implementation level a User Committee or Toll Development Committee can be used. As per the constitution, Municipalities can allocate a budget of NPR 1 crore to be used by Users Committee. These committees are allowed to execute 90% of the local

Dhulikhel proposes to develop an online system for collation of data from different departments on a regular basis to streamline assessment of SDG indicators for the next round of assessment. development projects. Using these committees will ensure that general public and real users are integrated into the development process of the city. The Municipality plans to use the already existing Toll Development Committees or TDCs as the User Committees. The TDCs can be used for constructing buildings, roads, etc so that the development process of the city becomes more inclusive and participatory. Furthermore, participation of users in the implementation of local projects also helps to adhere to established quality standards for infrastructure and service delivery projects. Social audits could also be conducted to ensure that the standards are met, and that the resources are efficiently utilized to achieve the best value for money.

Dhulikhel City also intends to build on the lessons from the pandemic and continue to closely follow health protocols. Furthermore, the nexus between environment health and human health will be prioritized and the city will move in the direction of green and resilient development. This will be underpinned by strong public participation in urban sustainable development, and a solid data management system to support evidence based decision making processes. It is envisaged that setting up these processes would facilitate the city to undertake its urban developmental activities, including road construction, water supply, waste management, education and healthcare system management, and others in a sustainable and inclusive manner that effectively leaves no one behind in their pursuit of a happy and prosperous life.



### References

- 1. GOEC-GIDA. (2019). *Integrated Urban Development Plan of Dhulikhel Municipality, Volume 1: Background Report*. Dhulikhel Municipality, Government of Nepal. Retrieved from: <u>https://www.dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/</u> <u>FINALVol 1 Dhulikhel IUDP BackgroundReport April 2019.pdf</u>
- 2. National Planning Commission. (2017). *Sustainable Development Goals, Status and Roadmap: 2016-2030*. Government of Nepal. Retrieved from: <a href="https://www.npc.gov.np/images/category/SDG">https://www.npc.gov.np/images/category/SDG</a> Status and Roadmap (2016-2030).pdf
- 3. Dhulikhel Municipality, Government of Nepal. 2016. Municipality Profile of Dhulikhel Municipality. Nepal. Retrieved from: https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/documents/dhulikhel%20profile.pdf
- 4. GOEC-GIDA. (2019). *Integrated Urban Development Plan of Dhulikhel Municipality, Volume 1: Background Report*. Dhulikhel Municipality, Government of Nepal. Retrieved from: <u>https://www.dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/</u> <u>FINALVol 1 Dhulikhel IUDP BackgroundReport April 2019.pdf</u>
- GOEC-GIDA. (2019). Integrated Urban Development Plan of Dhulikhel Municipality, Volume 2: Physical Development Plan. Government of Nepal. Retrieved from: <u>https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/FINALVol\_2\_Dhulikhel\_UDP\_Physical\_Development\_Plan\_April\_2019.pdf</u>
- GOEC-GIDA. (2019). Integrated Urban Development Plan of Dhulikhel Municipality, Volume 4: Social Development Plan. Government of Nepal. Retrieved from: <u>https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/FINALVol 4 Dhulikhel IUDP Social Development Plan April 2019.pdf</u>
- 7. Karki, M. (2019). *Dhulikhel Municipality Profile Facts & Statistics*. Nepal Archives. Retrieved from : <u>https://www.nepalarchives.</u> <u>com/content/dhulikhel-municipality-kavrepalanchok-profile/</u>
- 8. Dhulikhel Hospital. *Community Based Not For Profit*. Dhulikhel Hospital, Kathmandu University Hospital. Retrieved from: <u>https://dhulikhelhospital.org/index.php/community-programmes/health-services/53-community</u>
- GOEC-GIDA. (2019). Integrated Urban Development Plan of Dhulikhel Municipality, Volume 7: Conservation, Culture and Tourism Development Plan. Government of Nepal. Retrieved from: <u>https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/</u> <u>FINALVol 7 Dhulikhel IUDP Culture Tourism Development Plan April 2019.pdf</u>
- 10. GOEC-GIDA, op.cit National Planning Commission. (2020). *National Review of Sustainable Development Goals*. Government of Nepal. Retrieved from: <u>https://sustainabledevelopment.un.org/content/documents/26539VNR\_2020\_Nepal\_Report.pdf</u>
- 11. Dhulikhel Municipality. . (2020). Nepal. Retrieved from: https://dhulikhelmun.gov.np
- 12. Dhulikhel Municipality, 2012, "Meeting of the Disaster Management Committee was held under the chairmanship of Mayor Ju and the progress of the programs related to the control and prevention of Corona Virus (COVID-19) was reviewed and future strategies were discussed in the meeting." Retrieved from: <a href="https://dhulikhelmun.gov.np">https://dhulikhelmun.gov.np</a>

- 13. Sigdel, ER. Keitsch, MM. (2019). *Review of Indicators for Localizing Environmental Goals at Sub National and Local Level in Nepal.* Journal of the Institute of Engineering. Retrieved from: <u>https://www.nepjol.info/index.php/JIE/article/view/32210/25466</u>
- 14. National Planning Commission, Nepal, Asia Development Bank (ADB). (2016). *Envisioning Nepal 2030 Proceedings of the International Seminar*. Nepal. Retrieved from: <u>https://www.adb.org/sites/default/files/publication/185557/envisioning-nepal-2030.pdf</u>
- 15. Karki, K. B., Poudel, P. C., Rothchild, J., Pope, N., Bobin, N. C., Gurung, Y., Basnet, M., Poudel, M., Sherpa, L. Y. (2017). SCOPING REVIEW AND PRELIMINARY MAPPING Menstrual Health and Hygiene Management in Nepal (pp. 1-96). Retrieved from: <u>https://menstrualhygieneday.org/wp-content/uploads/2017/09/PSI\_Scoping-Review-and-Preliminary-Mapping-of-Menstrual-Health-in-Nepal-Final.pdf</u>
- 16. Government of Nepal. (2017). *Local election Act, 2017*. Retrieved from: <u>https://aceproject.org/ero-en/regions/asia/NP/nepal-local-level-electoral-act-2017/at\_download/file</u>
- 17. Election Commission Nepal. (2016). *Electoral provisions in the constitution of Nepal*. Retrieved from: <u>https://nepal.ec-undp-electoralassistance.org/wp-content/uploads/sites/16/2018/12/ec-undp-jtf-nepal-resources-publications-electoral-provisions-in-constitution.pdf</u>
- 18. Byanju-et-al. (2021). *Evolution of Drinking Water System in Dhulikhel: Trials and Tribulations*. Retrived from: <u>http://www.sias-southasia.org/wp-content/uploads/2021/02/02</u> Byanju-et-al.pdf
- 19. Central Bureau of Statistics (CBS).,(2020). *National Economic Census 2018 Ward Profile*. Retrieved from: <u>https://nepalindata.com/</u> media/resources/items/19/bNational-Eeconomic-Census-2018.-Ward-Profile-data-in.pdf
- 20. Nepal Archives, Central Bureau of Statistics (CBS).(2019). Retrieved from: <u>https://www.nepalarchives.com/content/dhulikhel-municipality-kavrepalanchok-profile/</u>
- 21. Dhulikhel Municipality, Government of Nepal. (2016). *Municipality Profile of Dhulikhel Municipality*, Retrieved from: <u>https://dhulikhelmun.gov.np/sites/dhulikhelmun.gov.np/files/documents/dhulikhel%20profile.pdf</u>
- 22. Ojha, H. et al. (2020). Scarcity Amidst Plenty: Lower Himalayan Cities
- 23. Struggling for Water Security Retrieved from: https://www.mdpi.com/2073-4441/12/2/567/pdf
- 24. NewTap. (2016). *Dhulikhel Water Treatment Plant*. Dhulikhel, Nepal. Retrived from: <u>http://www.jwrc-net.or.jp/aswin/en/newtap/report/NewTap\_026.pdf</u>

# Annex 1: List of Stakeholders Consulted in the Preparation of Dhulikhel VLR Report

Name	Designation
Mr. Ashok Kumar Byanju Shrestha	Mayor
Ms. Bimala Kumari Chaulagain Sharma	Deputy Mayor
Mr. Ramesh Prasad Ghorasaine	Ward Chairperson
Mr. Dev Prasad Koiral	Ward Chairperson
Mr. Binod Parajuli	Ward Chairperson
Mr Rabindra Karmacharya	Ward Chairperson
Mr. Gangasagar Ranjitkar	Ward Chairperson
Mr. Sanjaya Koju	Ward Chairperson
Mr. Romi Prasad Shrestha	Ward Chairperson
Mr. Nirajan Jangam	Ward Chairperson
Mr. Basanta Ranabhat	Ward Chairperson
Mr. Pusparaj Raut	Ward Chairperson
Mr. Bishnu Dhital	Ward Chairperson
Mr. Harka Bahadur Tamang	Ward Chairperson
Mr. Taranath Lutiel	Chief Administrative Officer
Mr. Dhan Bahadur Basnet	Senior Account Officer
Mr. Bidur Gautam	Social Development Officer
Mr. Hareram Humagain	Civil Engineer
Mr. Sandip K.C	Senior Health Officer
Mr. Madhab Sharma	Education Section Head
Ms. Smita Yogal Shrestha	Architecture
Mr. Rameshwor Parajuli	Head of Dhulikhel Water Supply
Mr. Dirgha Raj Shrestha	Historian involved in SDG activities
Prem Kantha Makaju	President Regional Hotel Association
Ms. Saraswoti Shrestha	Employee NGO Organization
Ms. Rita Manandhar	Member, NGO Federation, Kavre

# Annex 2: Policies and Regulations in Dhulikhel Municipality to Support Selected Priority Sustainable Development Goals

SDG 1	No Poverty
1	Dhulikhel Municipality's Agribusiness Promotion Act, 2074 (2017)
2	Micro Enterprise Development
3	Four-year agricultural development strategic plan of Dhulikhel municipality, 2075 (2018)
4	IUDP (Integrated Urban Development project)
5	Mayor poverty Alleviation program
6	Deputy Mayor with Women Program Procedure, 2077 (2020)
7	Distribution of agricultural mechanisation programmes
8	Various Livestocks distribution program based on grants to the farmers including breed improvement, livestock Insurance program, forage program( technology & capital cash transfer)
9	Various Skill Development Program Such as House Wiring, Plumbing, Carpentry, Sewing knitting, training are being provided
10	Formation and management of farmer group in Dhulikhel municipality Procedure, 2075 (2018)
SDG 3	Good Health and Well-being
1	Dhulikhel Municipality Local Basic Health and Management Procedure, 2075
2	School Nurse Program procedure, 2077
3	health insurance program
SDG 4	Quality Education
1	Dhulikhel Municipality School Education Operation, Management and Regulation Procedure 2074 (2017)
2	Basic level class-8 exam management procedure, 2074 (2017)
3	Dhulikhel Municipality Child sensitive parent class operation procedure, 2075(2018)
4	Provision of lunch and transportation expenses for student to increase number of students in the schools (to increase School enrollment Rate)
5	Local Curriculum Development Procedure, 2076 (2019)
6	Free education for higher studies peoples of Dhulikhel
7	Dhulikhel Municipality Model School Principal Selection Procedure, 2076 (2019)
8	Declaration of a fully literate municipality

SDG 6	Clean Water and Sanitation
1	Dhulikhel Municipality Water Resources Utilization Act 2076 (2019)
2	Fecal Sludge Management Acts, 2077 (2020)
3	Environmental studies of Dhulikhel municipality and Preliminary Environmental Testing Procedures, 2077 (2020)
4	Water Resources Utilization Regulations of Dhulikhel Municipality, 2078 (2021)
5	Forest and Environment Act, 2078 (2021)
6	Forest Management Act of Dhulikhel Municipality, 2076 (2019)





Stowigeres

For more information, please contact: **Dhulikhel Municipality** Kavrepalanchok, Dhulikhel, Nepal Tel: +977-11-490324, 490724, 490330 Email: info.dhulikhel@gmail.com

500

RITIC



66

