WHY MORE INVESTMENT IN HEALTH AND WASH?

HAMI
Humanitarian Accountability Monitoring Initiative

OXFAM

Published by : HAMI with support of Oxfam in Nepal, September 2020.

Cover photo : Ashim Poudel, KIRDARC

Acronyms

COVID	Coronavirus Disease
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
HAMI	Humanitarian Accountability Monitoring Initiative
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPC	Infection Prevention and Control
KII	Key Informant Interview
KIRDARC	Karnali Integrated Rural Development and Research Centre
MoHP	Ministry of Health and Population
NGO	Non-Governmental Organisations
NHRC	National Human Rights Commission
PPE	Personal Protective Equipment
RMNCH	Reproductive, Maternal, Newborn and Child Health
VTM	Virus Transportation Medium
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Summary

Government of Nepal declared nationwide lockdown from 24 March to 21 July 2020 aiming at containing the spread of COVID-19 in Nepal. Efforts targeting at increasing public health awareness, procurement of essential health supplies and building capacity of health workers have been continued since the initial phase of the pandemic. Necessary policies, guidelines and plans are endorsed to manage effective and efficient health system by ensuring uninterrupted access to health services to the public. These endorsed documents have prioritised the rights of the vulnerable groups including women, children, persons with disability and poor people.

The National Action Plan rolled out by the Ministry of Women, Children and Senior Citizen[i] has focused on programmes related to providing training and developing skills for enhancing economic status of poor women and women affected by COVID-19 crisis. National Human Right Commission (NHRC) has designed checklists for monitoring the quarantine and isolation centres during COVID-19[ii], primarily focusing on availability of health services to women and children, safe drinking water and sanitation facility in quarantine and isolation centres and monitoring the discriminatory behaviour against marginalised and vulnerable people during their stay in the quarantines and isolations.

Health Sector Emergency Response Plan for COVID-19 Pandemic instructs the local governments to emphasise the needs of vulnerable groups including women and children, pregnant and lactating mothers, elderly persons and persons with disability in the time of COVID-19 pandemic.[iii] Family Welfare Division, Department of Health Services urges the health facilities to ensure reproductive health services, immunisation and nutrition services during the pandemic by following the Infection Prevention and Control, and Personal Protective Equipment guidelines.[iv]

Since early 2020, COVID-19 has caused a global health crisis. The governments from across the world, and even in Nepal, consider lockdown as one of the preventive measures containing the spread of virus; however, it has resulted in socio-economic crisis in most of the countries. Particularly, prolonged lockdown imposed by the government has resulted in financial hardship mainly in the families who are from poor socio-economic backgrounds. Increased unemployment has further risked the health and education, social safety and protection of poor and marginalised women, women providing care for families, children, old age people and persons with disabilities. Their familial source of income has significantly reduced due to shutdown of businesses and restriction in movement because of lockdown even for wages-works. It has added to the worse condition of families who depend on daily wages.

This study was carried out in three *palikas* of Kapilbastu, Surkhet and Rautahat districts between the last week of June and the first week of July 2020 to assess the existing situation of the availability of health and WASH services and their effect on public, particularly women, children, and persons with disability; identify gaps in the availability of health services; document them and provide recommendations to the governments at all levels to take necessary steps to address the gaps and tackle challenges.

The impact of COVID-19 on delivery of health and WASH services is disproportionate with high impact on women from marginalised and vulnerable communities. Despite their specific health needs, women are able to receive compromised health services even during this pandemic with reduction in access to antenatal, delivery and postnatal services, vaccination and family planning services.

The study has revealed numerous cases of stigma and discrimination towards people returned from abroad during COVID-19 crisis. They have concerns regarding difficulty in returning to normal life. Understanding about COVID-19 differs across ethnicity, gender and education status. The level of understanding about COVID-19 is found less in female than in male. Similarly, it is less in *Dalits* and *Janajati* than people from other community. However, educated people have better understanding about COVID-19 and this trend corroborates with increasing level of education. This has indicated the need of carrying out gender specific and group specific awareness and advocacy initiatives on effects of COVID-19 and measures to be taken. The level of coordination among health sector, local governments and other sectors and actors is commendable in Surkhet and Kapilbastu. Local governments in those districts have allocated sufficient budget in health sector with autonomy in decisions. But the same is found to be poor in Boudhimai Municipality of Rautahat district.

Health and WASH behaviours of poor women, and people from marginalised and vulnerable community could have been improved if they were provided with easy-to-understand information. It is important that such information must ensure they are gender and disability friendly and even the illiterate persons understand them easily. Availability of health and WASH services with well-trained health workers, provision of equipment with designated human resource, and participation of community people with well-informed knowledge on COVID-19 can make the implementation of policies, guidelines and instructions effective to control the pandemic. Health services and WASH facilities are required to be made available and accessible for all irrespective of gender, caste, class, physical orientations, age and geography. This will ultimately improve the health and WASH behaviours of the target population and control the spread of pandemic like COVID-19.

Based on the analysis and evidences, this study makes some short-term and long-term recommendations for all three levels of governments in Nepal to take necessary steps to contain the spread and impact of the COVID-19 and build resilient communities to cope with crisis in future.

Short-term recommendations

- Provision psychosocial counsellors for managing stress and trauma related to pandemic of affected people and health workers.
- Carry out regular skill enhancement trainings and orientation packages for health workers for preparedness to the crisis.
- Inform and include poor, marginalised and vulnerable people including women, persons with disability and people from marginalised community in government employment programmes like the Prime Minister Employment Programme and other schemes to link them with job opportunities and support them in income and livelihoods.
- Introduce child, disability and gender friendly standard methods of handwashing practices focusing vulnerable and poor community instead of taking distributive approach to providing minimal items after disaster.
- Provide emergency relief supports and materials based on the needs of disaster affected women, persons with disability, child and old age people in effective coordination with different organisations so that the duplication in such supports is minimised.
- Design and implement target groups specific information and education materials dissemination system. Such materials and system should be friendly to vulnerable and illiterate people, women and persons with disability.
- Carry out effective awareness campaign in coordination with civil society organisations

to address unnecessary fear of COVID-19 in community and prevent the quarantined and recovered persons from misbehaving.

Medium/long-term recommendations

- Create employment opportunities for the people returned from abroad including migrant workers and utilise their skills at home for economic growth and development.
- Implement special health package programme targeting pregnant women, lactating mothers, children, elderly people and persons with disability who have special health needs and require special care.
- Invest more on preparedness of disaster or crisis. Identify civil society organisations and institutions working in the preparedness of disaster, and work in coordination with them to utilise and maximise on their disaster preparedness knowledge, skills and resources.
- Support local governments to enhance their capacity to cope with crisis situation and manage emergencies with enhanced coordination with all sectors and functions of governments, private sectors and civil society organisations.
- Implement programme to support community to habituate to the preventive measures of COVID-19 and other similar crisis in future. Governments at all three levels should launch programmes to give continuity to the gender friendly and inclusive hygiene practice behaviours of community people.

1. Background and context

The COVID-19 is an infectious disease that causes a severe acute respiratory syndrome. This is a global pandemic that has not only affected health sector but has also resulted in socio-economic crisis across the globe. More than half a year has been elapsed since it was first reported by officials in Wuhan City, China, in December 2019. World Health Organisation declared the outbreak as a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020.[v] This pandemic, synonymously understood as COVID-19 crisis, has virtually affected the human community of entire world as more than 16.4 million cases of COVID-19 have been reported in more than 216 countries and territories, resulting in more than 652,000 deaths; while more than 10.04 million people have recovered as of 27 July 27 2020.[vi] In Nepal, the Ministry of Health and Population (MoHP) has confirmed a total of 18, 613 cases, 45 deaths and 13,128 recoveries as of 26 July 2020.[vii] All 7 provinces and 77 districts have been affected with disproportionately higher cases reported in four provinces: Karnali and Sudurpaschim provinces, Province 5 and Province 2.[viii]

With the intention to contain the transmission of coronavirus, the Government of Nepal implemented nationwide lockdown effective from 24 March 2020 to 21 July 2020. The number of new cases rose to a peak of 740 on July 3 before a sharp and sustained decline on the newly detected cases per day. [ix] The age and sex distribution is highly skewed towards males constituting 86% of the confirmed cases and among males, more than 90% are in active age group (15-54 years).[x] This indicates that the significant increase in confirmed cases is occurring due to large groups of infected migrant workers (who are predominantly males in economically productive age group) returning to Nepal.

With the objective of assessing the effect of COVID-19 in Nepal, this study was carried out in three *palikas*, one from each of the three districts: Kapilbastu of Province 5, Surkhet of Karnali province and Rautahat of Province 2 at the end of June 2020. The primary data frame all the infected cases in these districts are migrant workers returned from India, Kuwait, Dubai, Thailand and Japan during the lockdown. Findings reveal that 73 people are staying in quarantine and 5 RT-PCR positive cases are in isolation in Simta Rural Municipality of Surkhet. The actual number of quarantined and infected in Boudhimai Municipality of Rautahat and Shivraj Municipality of Kapilbastu has not been revealed in the study. However, there were 3 out of 9 quarantines in Shivraj Municipality where the returnees were quarantined. Although district level health facility is designated to provide isolation and care, informant from Rautahat reveals having no isolation centre in the district due to lack of coordination with provincial hospital. This situation has exposed the fragile health system of Nepal with limited number of well-trained health workers, unavailability of advanced medical technologies in reach of Nepali people and inadequate coordination among various sectors. Moreover, this pandemic has been perceived to be more devastating than a health crisis because of unprecedented socio-economic crisis that it has resulted in.

The lockdown strategy implemented by the Government of Nepal to contain the virus has considerably affected to women, poor, vulnerable and marginalised people across the country. Most of their familial source of income has significantly reduced due to shut down in business or loss of jobs because of the closure of institutions or companies where they were working.

The condition of families depending on daily wages has been even worse due to lockdown. Some of the families have suffered further as their breadwinners have been infected or died of COVID-19. The findings from the primary sources reveal that approximately 90% of the people's familial source of income has been affected. Among them, 71.4% have expressed that regular jobs are unavailable for them due to the outbreak of COVID-19 and nationwide lockdown. Others have expressed that their

business is closed (34.6%), job is lost (17.3%) and even the breadwinner of the family are infected by COVID-19 (6.8%) (Table 1).

Table 1: Effects of COVID-19 on source of income (n=133)

Effects on source of income due to COVID-19 crisis	Number of respondents Yes	%
Regular jobs have not been available	95	71.4
Business is closed	46	34.6
Job loss	23	17.3
Breadwinners are infected with COVID-19	9	6.8
Reduction in salary	5	3.8
Breadwinners death	1	0.8
Others	21	15.8

2. Perception of women, vulnerable and marginalised people

Due to the nationwide lockdown, unemployment has increased resulting economic hardship in the families. Consequently, it has posed threats to health safety of poor and marginalised women, women providing care for families, children, old age people and persons with disabilities, among others. Specially, this situation has caused considerable degree of fear, worry and concern in women, poor and marginalised communities and people having health problems.

Women from the poor financial background have been going through extreme mental stress resulting from the underlying strain of managing food to feed their family on daily basis. Meanwhile, ensuring nutritional food to the children and elderly has been further challenge for those families. They cannot afford hygiene kits and family planning services. The study has identified that financial crisis in the families has resulted some suicidal attempts in Rautahat district during this period.

Disproportionate effects on women are also presented in the UN report on *COVID-19 Nepal: Preparedness and Response Plan*. The report has highlighted some emerging gender related issues during COVID-19 such as increased stigma and discriminations linked to caste/ethnicity and gender, interrupted access to sexual and reproductive health services, including menstrual hygiene supplies and serious threat to women's economic empowerment and livelihoods.[xi] Women with disability have suffered even further as they are short of necessary medicines as the public transportation is restricted and private vehicles are not disability friendly for most of them. Likewise, educational activities of children are also significantly affected as schools have been closed since the nationwide lockdown was declared. It has left mental stress and fear among them and their parents as there are concerns of affecting the entire educational calendar for 2020/21.

> *"I am a person with disability. My health condition is frail, for which, I have to take regular medicine. I have not been able to get medicine as local vehicles are not available during lockdown. Neither can I ride bicycle to the medical shop nor can I walk to reach there. I am going through extreme pain in and around my body. I cannot do any work because of this difficulty."*
>
> - A woman respondent with disability

The *WHO report on COVID-19 and violence against women* has asserted that COVID-19 crisis can provoke different forms of violence in household especially to women because of disruption of social and protective networks, and decreased access to services during movement restrictions, and limitation to access vital sexual and reproductive health services.[xii]

Most of the families from marginalised and vulnerable community have someone from their family working either in India or in golf country. People working abroad have returned during this pandemic and are staying at nearby quarantines put up by the government. The people staying in quarantines have shared about uncertain future as they have meagre earnings left at the time of their return to Nepal. Most of their earning is spent in two months of staying abroad as their employer had cut off their salary during the pandemic. One of the participants in the FGD says that the government's preventive measures for COVID-19 has put them in trap because they have lost their jobs abroad and they have no money left with them when they are at home.

People from vulnerable community and poor economic status in all three study districts are being provided with relief package. The relief package was distributed by local government and social organisations to support the vulnerable and financially weak families. The package mainly included food items; whereas, some organisations also provided financial support (Table 2 in Annex 2). However, more than half of them, who have received relief package, have expressed concerns

of unfair distribution in their community. Previous relation or connection with distributors is perceived as the factor for biasness in distribution (Table 3 in Annex 2). In addition to this, the findings from study show that information regarding relief distribution has not reached to everyone in the community while some places are spared during relief distribution (Table 4 in Annex 2). Relief package distribution from local government was of limited in support as it could not include all needy families. In Rautahat, an executive member of Boudhimai Municipality has expressed that the ration distribution was not fair. Families having higher access or connection have received the ration whereas there is limited access of landless families to such support. Political connections and other familial relations with the distributers have heavily influenced in the relief distribution and access, and those who have no connections are left empty-handed.

The study has looked at the impact of COVID-19 in terms of any discrimination experienced by individuals who have returned from abroad. Although only about one third of them have experienced discrimination, most of them belong to *Dalit* and Muslim community. It is mostly perceptible in Rautahat as compared to other two districts (Table 5).

Table 5: Discrimination experienced by background characteristics (n=35)

Characteristics		Discrimination experience		Total
		Yes n (%)	No n (%)	
Sex	Female	1 (50.0)	1 (50.0)	2
	Male	10 (30.3)	23 (69.7)	33
Ethnicity	So-called upper caste	2 (16.7)	10 (83.3)	12
	Janajati	0 (0.0)	7 (100.0)	7
	Dalit	6 (46.2)	7 (53.8)	13
	Muslim	3 (100)	0 (0.0)	3
District	Rautahat	6 (42.9)	8 (57.1)	14
	Kapilbastu	5 (35.7)	9 (64.3)	14
	Surkhet	0 (0.0)	7 (100.0)	7
Total		**11 (31.4)**	**24 (68.6)**	**35**

The individuals who are staying in quarantines shared about biased perception of community people towards them. They have experienced hesitation from community people to interact with them while they are in the quarantines. This has created an apprehension that they will not be easily accepted by community after returning from quarantines at least for some period of time. A COVID-19 recovered person of Rakam, Simta Rural Municipality of Surkhet has expressed that his friends have pointed out him as a responsible person for carrying coronavirus and transmitting it in the community.

The quarantined and infected cases are stigmatised highly in Rautahat as mentioned by a key informant in the district. *"Other people do not go for paddy plantation of those families whose members are either in quarantine or in isolation. It is very painful that people hate the one who needs the most love and care at this moment. The sick ones are victimised from both sides - infection of the coronavirus and the stigma of the society. They fear to stay in community and the extent is so high that many people have already left the Boudhimai Municipality."*

Stigma and discrimination towards people who returned from abroad during COVID-19 crisis has created difficulty in returning to normal life.

3. Government's response on health and WASH

In response to the impact of COVID-19 on women, children, senior citizen and person with disability, the Government of Nepal has formulated a national Action Plan. The medium-term and long-term programmes are focused to providing training and developing entrepreneurship of poor women and women affected by the COVID-19 for enhancing their financial accessibility in coordination with Ministry of Industry, Commerce and Supplies, and with local governments. The other tasks include coordination with organisations to ensure availability of hygiene materials to persons with disability residing in rehabilitation centres, finding easier ways in acquiring pension and social security allowance for senior citizens and prioritising health services for senior citizens in coordination with Ministry of Health and Population.[xiii]

The human rights situation monitoring checklist during COVID-19 designed by NHRC[xiv] includes the checklist for rights of poor women, vulnerable and marginalised people. The particular checklist highlights: the effect of lockdown on the poor people, women, peasants, labourers, daily wage workers, squatter people in the informal settlements, indigenous people, *Dalits,* backward area and deprived class people; status of adequacy in supply and use of drinking water; regularity in distribution of social security allowance to senior citizens, single women and the persons with disability; availability of essential medicines to senior citizens and person with disability; occurrence of events of domestic violence, sexual violence, gender-based violence and child abuse; and status of women working in the health sector.

The health sector emergency response plan for COVID-19 developed by Ministry of Health and Population has provisioned for developing mechanism for monitoring quarantine management in Nepal. It includes systems (location, number of quarantines, capacity, occupancy, facilities standards) as per the Quarantine Management Guidelines issued by the federal government. It also provisions the improvement of quarantine facilities based on feedback received from people who stay there. The plan prioritises to ensure the needs of vulnerable groups: women and children, pregnant and lactating mothers, old age people and persons with disability.[xv]

The Interim Guidance for Reproductive, Maternal, Newborn and Child Health (RMNCH) services during COVID-19 pandemic developed by Family Welfare Division, Department of Health Services urges the health facilities to establish and ensure screening and triage of women visiting for all reproductive health services. It also mentions that all health posts, primary health care centres/ hospitals including NGOs should provide antenatal care, delivery, postnatal care, Safe Abortion Service, child health and Integrated Management of Neonatal and Childhood Illness (IMNCI), immunisation and nutrition services as applicable. This guideline also instructs health service providers to follow IPC and PPE guidelines.[xvi]

4. Situation of health services and WASH facilities

In quarantine and isolation centres

The number of persons staying in quarantines has increased sharply from 21 May 2020 onwards. This ratio has started declining form 9 June 2020 along with the decrease in people returning to Nepal from abroad. Across the country, more than seventeen thousand people are in quarantines and 5,440 are in isolations as per the record of 27 July 2020.[xvii]

Shivraj Municipality of Kapilbastu has managed 22 quarantine centres while Simta Rural Municipality of Surkhet has managed 48 quarantines, of which, 9 are occupied by returnees from abroad during the study period. With the increased numbers of migrant returnees, additional demands are put forwarded to the authority to roll out services and facilities by also focusing on them to address their health needs and prepare for a longer-term recovery. The facilities which are safe water, sanitation and hygienic (WASH) are also expected to be improved in those quarantines during this COVID-19 outbreak.

In response to the rights of poor women, vulnerable and marginalised people in quarantines and isolation centres during COVID-19, NHRC has included the following key issues in the human rights situation monitoring checklist: location and the capacity of quarantine, number of people staying in the quarantine and management of essential things; events of discrimination or misconducts during quarantine and isolation stay; cleanliness of drinking water and sanitation; habits to handwashing, social and individual distancing; related to the measures adopted in the self-quarantine and isolation; assurance of the security of women with or without child in quarantines.[xviii]

The study has revealed that the life of returnees including women, who are mainly from India, in the quarantine sites is at risk in terms of health facilities including WASH services, security and other sanitation practices. Women are more vulnerable to have access to health services and facilities as there are reports that quarantine sites are poorly managed, and facilities are below the standard. As there is not much information about this deadly virus and how deep and widespread the economic fallout will be because of it, it is imperative that information about preparedness is reached to the users, unfolding problems are understood by those concerned and measures are taken to address them gradually.

The study has included responses from 28 individuals who have stayed in quarantines after returning from abroad. They are asked about the condition of available services and facilities in quarantines. Their responses are categorized into three level: well managed, general and not well managed (Table 6).

Out of 28 respondents, who have stayed in quarantines, 59.2% have responded as 'well managed' services provided in the quarantines while 39.7% have responded the status as 'general'. Few respondents have answered as 'not well managed' services which include regular health check-up, facility of handwashing, availability of PPE like mask and sanitiser and maintenance of physical distance. Findings have revealed that the facilities in the quarantines are equipped with healthy food, clean drinking water and handwashing facilities. Quarantined people are provided with hygiene kits that include soap, tooth paste and brush, mask, towel and water bottle. Isolation centres have clean drinking water, handwashing facility, nutritive food and attached toilet bathroom. However, personal toilets are not available as the quarantine centres are stationed at public schools with limited number of toilets (Table 6).

Local governments have put some efforts to establish gender-friendly quarantines. Evidently, there were facilities of separate rooms, toilets and bathing areas for women and men in Shivraj Municipality and Simta Rural Municipality in Surkhet district. Women in quarantines are also provided with

hygiene kits. The health coordinators of the municipalities has shared, *"Separate quarantine facility was not possible initially because of the increasing influx of women returnees to the quarantines, but even in that case we had managed separate blocks for them. Pregnant women, lactating mothers and children are provided with nutritive foods like milk, eggs in coordination with local partners, hygiene kits for women with support of UNICEF. An eight-month old infant with COVID-19 positive and mother with negative result are staying in isolation and we are facilitating them for breastfeeding, so they both are coping well."*

Table 6: Status of services and facilities in quarantines (n=28)

Status of services and facilities in quarantine	Well Managed (%)	General (%)	Not well managed (%)	n
Food	37.0	63.0	0.0	10
Sleeping arrangements	64.3	35.7	0.0	18
Special management for women and children	82.1	17.9	0.0	23
Toilet	67.9	32.1	0.0	19
Availability of safe drinking Water	25.0	75.0	0.0	7
Regular health check-up	67.9	28.6	3.6	19
Supply of essential medicine	71.4	28.6	0.0	20
Security	92.9	7.1	0.0	26
Facility of handwashing	50.0	46.4	3.6	14
Waste disposal management	82.1	17.9	0.0	23
Availability of PPE like mask and sanitiser	35.7	60.7	3.6	10
Maintenance of physical distance	46.4	50.0	3.6	13
Mobilisation of volunteers	46.4	53.6	0.0	13
Total	**59.2**	**39.7**	**1.1**	**28**

Likewise, disability friendly quarantine is managed only in Simta Rural Municipality. Such facility is not available in other *palikas* chosen for this study. The Health Coordinator of Simta has shared that *"Bageshwori Secondary School is a disability friendly school, which is also designated as quarantine. We have planned that if any person with disability arrives to this Rural Municipality for quarantine, we will keep them in the same school."*

A woman staying at Aadarshanagar quarantine of Kapilbastu district demanded for the need of safe drinking water in quarantine. During FGD, she shared that *"We do not have safe water to drink here in this quarantine. We could not even collect water from community tap, as people have told us to collect water from Bheri river for drinking and toilet purpose. But, I went to the tap forcefully. A woman poured water into my pitcher maintaining distance. As we cannot go to the tap in the daytime, we hope the tap will be diverted to quarantine at night, so that we can collect safer water for drinking."*

The situation of WASH facility in quarantine of Boudhimai Municipality of Rautahat is not satisfactory in comparison to above mentioned districts. One of the Ward Chairpersons of Boudhimai Municipality has accepted the poor condition of WASH facility in the quarantine. There are toilets but no water as the handpump is not in right condition. The people in quarantine are forced to fetch water from afar for personal hygiene and toilet purpose.

The quarantined people in Rautahat have shared the actual scenario of the status of health services and WASH facilities in quarantine during the FGD. The participants have mentioned, *"We are provided with soaps. There are separate toilets for male and female. Toilet was dirty when we arrived but*

now we have cleaned them up." People have perceived the separation of toilets as a gender friendly provision but are not aware of unavailability of water as their purpose is being fulfilled by collecting water from other sources.

In community

The World Health Organisations' WASH guidelines recommends WASH practices for healthy community and home setting which include handwashing after coughing and sneezing, on entering the home having come from public places, before preparing food, before and after eating and feeding/ breastfeeding and after using the toilet. WHO further recommends that the effectiveness order of hand hygiene materials as: water and soap or alcohol-based hand rub; ash or mud and water alone.[xix]

The UN report on *COVID-19 Nepal: Preparedness and Response Plan* has focused on prioritising the preparedness activities as activating and conducting WASH related meetings in community focusing promotion of personal hygiene and handwashing, coordination with provincial WASH Coordination Committees and provision of essential WASH facilities in prioritised health care facilities, schools, public places, communities and households.[xx]

Despite all these national and international efforts to ensure WASH practices in community, the marginalised and vulnerable communities in Kapilbastu, Surkhet and Rautahat yet have not follow the practice of handwashing with soap and water because the soap is either unavailable or unaffordable (Table 7). Due to this, they have not managed facility of handwashing at home. However, in some places such as Simta Rural Municipality in Surkhet, these communities are provided with four bars of soap and one drum for one household each to store water for handwashing purpose.

Table 7: Reasons of respondents for not managing handwashing at home (n=23)

Reasons for not managing handwashing facility at home	Number of respondents (Yes)	%
Lack of soap	15	65.2
Lack of buckets and taps	11	47.8
No proper place	10	43.5
Unavailability of water	7	30.4
Others	4	17.4
Felt not necessary	1	4.3

Handwashing facilities are comparatively better in Shivraj Municipality of Kapilabastu and Simta Rural Municipality of Surkhet compared to Boudhimai Municipality of Rautahat. Communities have handwashing stations. Some development partners have supported in managing water collection drums, bars of soaps and raising awareness for behaviour change in people focusing six steps of handwashing. Also, the message provided to the community is positive and the practice of handwashing is improving.

In an interview with us, a woman from marginalised community in Surkhet said *"We have made a rule that the house with no toilet will not be connected with water supply system. Because of the rule, all households have installed toilet, and as a result of it WASH status is satisfactorily improving in the community."*

However, the condition is not much satisfactory in Boudhimai Municipality, Rautahat. Interview with a Ward Chairperson revealed that the poor people and the marginalised community are not using soap for handwashing because they cannot afford it. Instead, they are using mud and water to wash hands.

5. Challenges in tackling health and WASH problems

Gaps in delivery of health and WASH services

The impact of COVID-19 on delivery of health and WASH services is disproportionate with high impact on women from marginalised and vulnerable communities. Since women have unique health needs, their needs seem to be addressed with compromise, like access to quality health services, essential medicines and vaccines and maternal and reproductive health care. This fact is exemplified by the event of maternal deaths in Surkhet in lack of proper care during delivery.

The health service scenario during COVID-19 crisis is well depicted by a short case story of a migrant worker returned from India, who had completed the stay of quarantine in Simta Rural Municipality, Surkhet.

> *"Relatives told me that my wife lost her life due to continuous bleeding till one hour of delivery in health post. I could not come home from India due to lockdown. If this coronavirus was not spread, I could have come earlier and take all measures to save her. I feel this virus has hit hardest on me. Even after I reached home, I could not provide proper care to my three children including this new-born infant because I had to stay in quarantine. Even though, I am at home now, I have to stay far from them to maintain distance and keep them safe from possible transmission of the virus."*
>
> -A Participant of FGD in Simta Rural Municipality, Surkhet

The public health status of Nepal is criticised for being poor in a country specific case studies report carried out by *Western Sydney University* and the major issues highlighted are beholding sub-standard delivery of antenatal, delivery and postnatal services.[xxi] This has compelled many women giving birth at home, henceforth, increasing the risk of maternal and neonatal mortality. This study apprises government not to neglect the general health care system in the name of combating the coronavirus pandemic, for which, the study pointed out three main steps: i. assigning some hospitals to treat only COVID-19 and others to provide general health care, ii. organising situation-assessment meetings regularly to determine progress and challenges in health care system and tackle them, and iii. capacity building of health care system for readiness towards disasters.[xxii]

Government of Nepal has urged the health facilities, through the *Interim Guideline for Reproductive, Maternal, Newborn and Child Health (RMNCH) services during COVID pandemic,* to establish and ensure screening and triage of women visiting for all reproductive health services.[xxiii] The interim guideline prompts all health posts/primary health care centres, hospitals including NGOs to provide antenatal care, delivery, postnatal care, safe abortion service, child health and IMNCI immunisation and nutrition services as applicable. It also instructs health service providers to follow Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) guideline.[xxiv] In addition, the *Health sector emergency response plan for COVID-19* also advises to emphasise on pandemic needs of vulnerable groups: women and children, pregnant and lactating mothers, elderly and persons with disability.[xxv]

The health coordinators affirmed that the health facilities, in this circumstance, have followed the government guidelines, however, following exactly as per the provisions is not possible. Health service providers are criticised for being reluctant to examine patient with fever or cough or cold. This can be due to the stigmatised perception of community towards health workers. Evidently, lab investigations other than test for COVID-19 are not available in Shivraj Municipality of Kapilbastu as the lab personnel is busy in quarantine for collecting swabs.

Health and WASH behaviours of people in community and, in particular, women, poor, marginalised and vulnerable people could have been improved if these aforementioned gaps are addressed. Availability of health services with safety, trained health workers, provision of equipment with designated human resource, participation of community with well-informed knowledge on COVID-19 can only make the implementation of national guidelines and instruction feasible. The health services and WASH facilities should be available and made accessible for all. This can ultimately improve the health and WASH behaviours of the target population.

Understanding of COVID-19 among community people

Local government in coordination with health facilities are providing information to people about COVID-19 through public communication, broadcast of informative dialogues and notices from local FM radios, fixing banners and posters and distributing brochures to every household. Support providing organisations have been organising door-to-door programme to aware people on COVID-19 effects and preventive measures. Along with these mass awareness programmes, women, people from vulnerable and marginalised community and people with disability are aware of the mode of transmission, symptoms and preventive measures of COVID-19.

People from marginalised community and in quarantine, have expressed that fever, throat pain, cold and cough are the symptoms of COVID-19. Majority of the participants mentioned respiratory droplets, close contact with infected persons, sneezing, sharing personal hygiene materials and toilet with infected persons can transmit COVID-19. They also view that people coming from abroad are the major carriers of COVID-19 virus to the community in Nepal.

The preventive measures as mentioned by people from marginalised community seem to be reflected from the information they have received. They mention various methods like wearing masks; handwashing with soap and water after coming to home from public places, avoiding crowds; maintaining physical distance; avoiding spitting recklessly; and separating infected people from non-infected ones can prevent transmission. They have also shared the importance of personal hygiene and nutritive food to prevent COVID-19.

The quantitative findings of knowledge of community people on symptoms, ways of transmission and preventive measures are annexed in Table 8, 9 and 10 respectively. The most frequently stated methods of containing the virus as shared by a COVID-19 recovered person of Rakam, Surkhet include physical distancing, wearing masks and handwashing, drinking hot water and having healthy nutritious diet. According to him, hot drink prepared by applying herbs like turmeric, *gurjo* available in local forest is consumed every morning and evening by the people living in his locality.

A quarantined person returned from Kuwait few days back recalls that he is taught the handwashing methods with soap and water for prevention of coronavirus in Kuwait. Although the knowledge among community and quarantined people is good, execution of knowledge into behaviour is not even. People staying in quarantine have not maintained proper physical distance among them. A woman staying in quarantine discloses that, "*Everyone in quarantine is very much friendly and we have been staying like a family. But, we have not maintained physical distance as much as required.*" Nevertheless, Health Coordinator of Simta Rural Municipality shares that people in community are following protocols of wearing masks, covering nose and mouth with shawls along with maintaining physical distance with strangers in public places.

Social perception towards COVID-19 is assessed through 20 statements in three-point Likert scale. The statements are recoded into same direction and index is calculated. The mean index is 0.57 ± 0.09 which ranges from 0.30 to 0.85. The understanding about COVID-19 is unbalanced across

ethnicity, gender and educational status distribution. The level of understanding about COVID-19 is found to be less in female than in male. Similarly, it is less in *Dalits* and *Janajati* than people from other community. However, educated people have comparatively better understanding about it and this trend corroborates with increasing level of education. This has indicated for an urgent need of gender specific and group specific awareness and advocacy initiatives on COVID-19 (Table 11).

Table 11: Perception index by cross background characteristics of respondents (N=150)

Background characteristics		Index of perceptions (Mean)
Category of respondents	Quarantined people	.60
	Health Facility nearby community	.56
	Dalits and *Janajaties*	.53
	Marginalised group	.57
	General people	.59
Sex	Female	.55
	Male	.58
Ethnicity	So-called upper caste	.57
	Janajaties	.55
	Dalits	.58
	Muslim	.58
Educational level	Illiterate	.51
	Literate	.57
	Primary level	.58
	Lower secondary level	.59
	Secondary level	.60
	Higher secondary level	.63
	University graduate	.66
Main source of family income	Agriculture	.57
	Government Service	.60
	Non-Government Service	.60
	Business	.58
	Foreign employment	.58
	Daily wages	.57
	Others	.41

Preparedness to control the pandemic

Managing pandemic itself has been a huge challenge in a resource constraint setting like ours. Enclosing viral transmission within the infected areas demands active coordination among health sector, administration, local leaders, civil society organisations and community. The level of coordination among the sectors and actors, and preparedness of local governments and health facilities can be framed based on the interviews with the health coordinators and ward chairpersons of municipalities.

Simta Rural Municipality of Surkhet has formed an action unit group comprising ward members, FCHV, civil society workers and members from local clubs for COVID-19 related preparedness and awareness activities. Altogether, they have formed 72 action unit groups in the municipality. The

action units are active in conducting awareness raising activities, facilitating handwashing methods, and distributing pamphlets for information, among others.

The Health Coordinator of Simta Rural Municipality says, "*Action unit team has coordinated with community level schools for managing quarantine. Ministry of Social Development has provided only one thermal gun. Some development partners and banks have helped us in acquiring thermal guns. Rural Municipality has purchased test kits (VTM) and PPE from internal budget, so there is no problem in Simta.*"

The Health Coordinator of Shivaraj Municipality, Kapilbastu expresses the improved level of coordination of municipal administration and health sector along with the wave of pandemic. Realising the importance of improving health sector, the municipal administration has put it into its priority for this year. He says, "*Rapid Response Team of health workers and Disaster Management Committee members have been working actively in the leadership of the Mayor. Municipality has allocated highest proportion of budget in health sector for this fiscal year under which many health policies and programmes have been designed. Shivraj is the first Local Government in Nepal to purchase Viral Transport Medium (VTM). Medical kits are available, samples are directly sent to Kathmandu, so the results are also coming within a short time.*"

Furthermore, the coordination with other sectors like local mother groups, businesspersons, support providing organisations and school management committees has aided in the management of quarantine in Shivaraj as mentioned by the ward chairperson during the interview. "*Our municipality has formed a management committee which coordinates with school administration for making school a quarantine. Many have supported us for the management of quarantines: development partners have provided us with fans, spray machines and internet facility. Mother groups have provided cooking pots; local NGOs have supported in clean drinking water and PPE; and local business people and school management committee have facilitated us with cooking sets.*"

This situation contradicts in Rautahat. The health facility in-charge of Boudhimai Municipality, Rautahat share a poor coordination among health workers, municipality staffs and local stakeholders. The municipality has provided limited support whereas some development partners have supported with hygiene materials like soap, sanitiser, bucket, PPE and potash for water disinfection. The health facility in-charge mentions the serious shortage of PPE to health workers and it is the reason why the frontline health workers are infected in Rautahat. Lack of coordination and PPE has also affected the delivery of general health services to the people.

A Chairperson of Boudhimai Municipality, Rautahat mentions that he is unable to manage even one isolation centre because of poor coordination with municipality. He says, "*Isolation needs one MBBS doctor, but municipality is not facilitating for hiring the doctor. They are not even in favour of creating a favourable environment to establish isolation centres in wards.*"

Overall, there are evidences of mixed situation of effective coordination among stakeholders for ensuring effective preparedness and management to tackle the spread of COVID-19 virus in the communities. Some local units are prepared reasonably where some others are ill-prepared to provide services to the people and address the outbreak of the pandemic.

6. Recommendations

Based on the analysis and evidences, this study makes some short-term and long-term recommendations for all three levels of governments in Nepal to take necessary steps to contain the spread and impact of the COVID-19 and build resilient communities to cope with crisis in future.

Short-term recommendations

- Introduce provision of psychosocial counsellors for managing stress and trauma of COVID-19 affected individuals and health workers. Women from weak financial background are found particularly disturbed because of the economic downfall of family. Revive the source of livelihood for individuals and families through emergency cash grants and work for food programme involving civil society organisations in this process and maximising their skills and resources. Ensure that psychosocial counsellors are inclusive in terms of gender and friendly to women and girls' psychology.
- Carry out orientation and skill enhancement trainings for health workers in regular basis in coordination with civil society organisations. Such training packages should focus on preparedness and should be sufficiently supported with resources
- Inform and include poor, marginalised and vulnerable people including women, persons with disability, returnee migrant workers and people from marginalised community in government employment programmes like the Prime Minister Employment Programme to link them with job opportunities and support them in their sustainable income and livelihoods.
- Introduce safe and sustainable methods of handwashing in the vulnerable and poor community instead of taking distributive approach to providing handwashing and hygiene materials after disaster. Such methods should be gender inclusive and child, gender and disability friendly and reflective to the needs of pandemic affected people.
- Provide emergency relief supports and materials based on needs of affected people in effective coordination with different organisations so that the duplication in such supports is minimised. Relief distribution must be fair and should address the gender needs and meet the requirements of persons with disabilities, old age people and children.
- Ensure effective design and implementation of group specific information and education materials dissemination system so that the persons with disability, people from illiterate community, women and children have equitable access to information. Such materials should be developed reflecting the specific needs and priorities of these groups of people. Strengthen mechanism to monitor whether the awareness has been reflected in their practice.
- Carry out effective awareness campaign in coordination with civil society organisations to address the unnecessary fear in community about COVID-19 to prevent the quarantined and recovered persons from misbehaving. COVID-19 crisis has increased stigma and discrimination against the quarantined individuals who are perceived as the carriers of the disease in the community and it could result in community and family disintegration because of such stigma.

Medium/long-term recommendations

- Create employment opportunities for the people returned from abroad including migrant workers and utilise their skills at home for economic growth and development. As many returnee migrant workers have lost their jobs during COVID-19 crisis because many businesses

have been shut down, harvesting their huge potentials in home country could be rejoicing to the returnees and also to the country in terms of development. Fitting the migrant workers with the particular skills in the same type of jobs they are already in can significantly save investments required on skills development and trainings.

- Implement special health package programme targeting pregnant women, lactating mothers, children, elderly people and persons with disability who have special health needs and require special care. Federal, province and local governments should introduce special health packages for them to meet their needs.
- Invest more on preparedness of disaster or crisis. Identify civil society organisations and institutions working in the preparedness of disaster, and work in coordination with them to utilise and maximise on their disaster preparedness knowledge, skills and resources. COVID-19 pandemic has shown the need of community space for quarantine and isolation centres to keep affected people from pandemic like this or any other disaster in future. So, community space should be maintained as preparedness for any unexpected crisis in future
- Support local governments to enhance their capacity to cope crisis situation. Provincial and federal governments should support through orientation and capacity enhancement trainings for local governments to manage emergency situation enhancing coordination with all sectors and functions of governments and civil society organisations.
- Implement programme to support community to habituate to the preventive measures of COVID-19 and similar crisis in future. Proper WASH behaviour does not only prevent COVID-19 but has also proven to be effective in safeguarding people from many waterborne diseases. WASH behaviour of community people seems to be improved during the pandemic, but its continuity is a challenge. Governments at all three levels and more specifically the local governments should launch programmes to give continuity to the hygiene practice behaviours of community people.

Annexes

Annex 1: Methodology

Desk review: National and international documents on COVID-19, its impact and policy decision papers of Nepal government

Quantitative approach

Geographical areas: Shivraj Municipality of Kapilbastu, Simta Rural Municipality of Surkhet and Boudhimai Municipality of Rautahat

Days of interview: 3-10 July 2020

Participants: A total of 150 participants/respondents from individuals who were staying in quarantines; community near to health facility; *janajati* and *dalit* communities; slum or economically deprived communities; and general community from each study district.

Technique: Individual survey questionnaire with 6 sections: geographical and background characteristics information; travel history information; knowledge on COVID-19; experience on COVID-19 situation; perception towards social beliefs and relief and support during COVID-19.

Qualitative approach

Geographical areas: Shivraj Municipality of Kapilbastu, Simta Rural Municipality of Surkhet and Boudhimai Municipality of Rautahat

Days of interview: 26-29 June 2020

Techniques: FGDs with people in quarantine and marginalised community people, KIIs were with health coordinators of municipalities, health facility in-charges and ward chairpersons and IDIs with women, persons with disability and general people in community.

Annex 2: Tables

Table 2: Status of support received by respondents during COVID-19 crisis

Received any support (N=150)	Number of respondents	%
Yes	71	47.3
No	79	52.7
Among those who received, they received support from (n=71)		
Local government	67	94.4
Government office	10	14.1
Local clubs/organisations	5	7.0
Religious organisations	4	5.6
Non-governmental organisations	3	4.2
Private/Corporate organisations	1	1.4
Among those who received, they received support in the form of (n=71)		
Food	57	80.3
Information	19	26.3
Mask and sanitiser	17	23.9
Financial	16	22.5
Other	2	2.8

Table 3: Respondents' perceived equality in distribution of relief package (n=71)

Perceived equality in distribution of relief package	Number of respondents	%
Everyone received equally.	33	46.5
Very few received.	14	19.7
Only special groups received.	12	16.9
Received on the basis of priority.	7	9.9
Only powerful ones received.	5	7.0
Total	**71**	**100.0**

Table 4: Reasons for not receiving relief package (n=77)

Reasons for not receiving relief package	Number of respondents	%
No one came here for distribution	30	39.0
Informed that they cannot receive or we will not be provided	24	31.2
Not necessary	12	15.6
Not having any personal link with distributor	10	13.0
Distribution was not fair	1	1.3
Total	**77**	**100.0**

Table 8: Symptoms of COVID 19 as mentioned by the respondents (N=150)

Symptoms	Number of respondents (Yes)	%
Fever	129	87.8
Dry cough	104	70.7
Difficulty breathing	96	65.3
Sore throat	87	59.2
Headache	77	52.4
Tiredness	40	27.2
Joints pain	24	16.3
Diarrhea	9	6.1
Loss of smell and taste	4	2.7
Loss of appetite	2	1.4
Nausea	0	0
Don't know	7	4.8

Table 9: Ways of transmission of COVID-19 as mentioned by respondents (N=150)

Ways through which COVID 19 spreads	Number of respondents (Yes)	%
Hand-shaking	118	80.3
Coughing and sneezing without covering nose and mouth	107	72.8
Staying with infected person	97	66.0
Not wearing mask while going out	88	59.9
Sharing things with infected	74	50.3
Hugging	50	34.0
Talking face to face with strangers	35	23.8
Frequently touching eyes, nose and mouth with hands	28	19.0
Sharing toilet	19	12.9
Don't know	10	6.8

Table 10: Preventive measures of COVID-19 as mentioned by respondents (N=150)

Preventive measures	Number of respondents (Yes)	%
Avoiding crowds	126	85.7
Hand washing with soap and water	112	76.2
Wearing mask	110	74.8
Staying at home	98	66.7
Maintaining at least 1 meter distance	62	42.2
Drinking hot water and inhaling steam	58	39.5
Avoiding hand-shaking and hugging	55	37.4
Covering nose and mouth while sneezing and coughing	30	20.4
Using sanitiser	28	19.0
Avoiding touching eyes, nose and mouth with hands	26	17.7
Having herbs like turmeric and ginger	23	15.6
Referring to hospitals as soon as any symptoms are seen	13	8.8
Don't know	9	6.1

Notes

[i] Ministry of Women Children and Senior Citizen. National Work plan on mobilization of social organizations to improve and address the effects of COVID 19 on women, children, senior citizen and person with disability. 2077. Retrieved from https://mowcsc.gov.np/uploads/uploads/lo2F8UmCASdKl8oSeHzZ55hD4fA5cP5A4xLUnETq.pdf

[ii] National Human Rights Commission of Nepal Harihar Bhawan, Lalitpur. With regard to the global COVID-19 Coronavirus pandemic (Human Rights Situation Monitoring Check list) Nepal https://www.nhrcnepal.org/nhrc_new/doc/newsletter/615012001Final%20COVID%2019-%20Monitoring%20Check%20List%20eng.pdf

[iii] Ministry of Health and Population, Government of Nepal. Health sector emergency response plan COVID-19 [May 2020] https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/health-sector-emergency-response-plan-covid-19-endorsed-may-2020.pdf?sfvrsn=ef831f44_2

[iv] Family Welfare Division, Department of Health services. RMNCH Services Guidelines in COVID Pandemic. May2020 http://www.nhssp.org.np/covid19/RMNCH%20Services%20Guidelines%20in%20COVID%20Pandemic.Eng.22May2020.pdf

[v] Coronavirus Update (Live): Cases and Deaths from COVID-19 Virus Pandemic - Worldometer

[vi] Coronavirus Update (Live): Cases and Deaths from COVID-19 Virus Pandemic - Worldometer

[vii] Corona Info- Ministry of Health and Population, https://covid19.mohp.gov.np/

[viii] WHO Nepal Situation Update #13 https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/13--who-nepal--situpdate-covid-19-17072020-v4.pdf?sfvrsn=fc0f19cc_2

[ix] EDCD, DoHS, Epidemiological update on COVID 19, http://edcd.gov.np/news/download/epidemiological-update-on-covid-19-17-july-2020

[x] EDCD, DoHS, Epidemiological update on COVID 19, http://edcd.gov.np/news/download/epidemiological-update-on-covid-19-17-july-2020

[xi] COVID 19 Nepal Preparedness and Response Plan, April 9, 2020 /www.who.int/docs/default-source/nepal-documents/novel-coronavirus/covid-19-nepal-preparedness-and-response-plan-(nprp)-draft-april-9.pdf?sfvrsn=808a970a_2

[xii] COVID-19 and violence against women: What the health sector/system can do, https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1

[xiii] Ministry of Women Children and Senior Citizen, National Workplan on mobilization of social organizations to improve and address the effects of COVID 19 on women, children, senior citizen and person with disability. 2077.

[xiv] With regard to the global COVID-19 Coronavirus pandemic (Human Rights Situation Monitoring Check list) National Human Rights Commission of Nepal Harihar Bhawan, Lalitpur, Nepal,

[xv] Health sector emergency response plan COVID-19 [May 2020] https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/health-sector-emergency-response-plan-covid-19-endorsed-may-2020.pdf?sfvrsn=ef831f44_2

[xvi] RMNCH Services Guidelines in COVID Pandemic 22May2020, http://www.nhssp.org.np/covid19/RMNCH%20Services%20Guidelines%20in%20COVID%20Pandemic.Eng.22May2020.pdf

[xvii] Corona Info- Ministry of Health and Population, https://covid19.mohp.gov.np/

[xviii] National Human Rights Commission of Nepal Harihar Bhawan, Lalitpur. With regard to the global COVID-19 Coronavirus pandemic (Human Rights Situation Monitoring Check list) Nepal https://www.nhrcnepal.org/nhrc_new/doc/newsletter/615012001Final%20COVID%2019-%20Monitoring%20Check%20List%20eng.pdf

[xix] World Health Organization. Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance, https://www.who.int/publications-detail-redirect/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance

[xx] COVID 19 Nepal Preparedness and Response Plan, April 9, 2020 /www.who.int/docs/default-source/nepal-documents/novel-coronavirus/covid-19-nepal-preparedness-and-response-plan-(nprp)-draft-april-9.pdf?sfvrsn=808a970a_2

[xxi] Georgeou N, Hawksley C. State Responses to COVID-19: A Global Snapshot at 1 June 2020. 2020, https://researchdirect.westernsydney.edu.au/islandora/object/uws:56288

[xxii] Georgeou N, Hawksley C. State Responses to COVID-19: A Global Snapshot at 1 June 2020. 2020, https://researchdirect.westernsydney.edu.au/islandora/object/uws:56288

[xxiii] RMNCH Services Guidelines in COVID Pandemic 22May2020, http://www.nhssp.org.np/covid19/RMNCH%20Services%20Guidelines%20in%20COVID%20Pandemic.Eng.22May2020.pdf

[xxiv] RMNCH Services Guidelines in COVID Pandemic 22May2020, http://www.nhssp.org.np/covid19/RMNCH%20Services%20Guidelines%20in%20COVID%20Pandemic.Eng.22May2020.pdf

[xxv] Ministry of Women Children and Senior Citizen, National Workplan on mobilization of social organizations to improve and address the effects of COVID 19 on women, children, senior citizen and person with disability. 2077.

This report is produced by Humanitarian Accountability Monitoring Initiatives (HAMI) with support of Oxfam in Nepal. HAMI is grateful to the colleagues and partners who gave inputs, comments and support to the initial and final drafts of this report. Special thanks go to Dr Khem Karki and Ajit Acharya who prepared this report, Geeta Pandey who managed the study, Rabi Chand, Bidur Ale and Bijaya Baniya who supported with field information from Surkhet, Kapilbastu and Rauthat districts respectively. HAMI acknowledges the contribution of Gobinda Shahi, Nabin Kumar Shahi, Shree Bhakta Basnet, Dilli Upadhyaya, Biju Dangol and Vijay Raj Pant. The report is reviewed and edited by Bal Krishna Kattel.

HAMI
Humanitarian Accountability Monitoring Initiative

Humanitarian Accountability Monitoring Initiative (HAMI)
Sanepa, Lalitpur
PO Box No. 20842, Kathmandu
Tel: 977-1-5548321, 5548040, Fax: 977-1-5549093
Email: hami.nepal.2015@gmail.com, Website:www.hami.org.np