

FIRST STEPS HIMALAYA

BASELINE SURVEY REPORT



COMMUNITY RESILIENCE PROGRAMME NUWAKOT



JULY 2021

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ACKNOWLEDGEMENT

We would like to thank all the people responsible for making this survey possible and who helped us to accumulate all the relevant information. It is important to acknowledge the enormous challenges faced by the communities at the time of this baseline survey. With surging COVID case figures, school closures and strict national lock down, the original baseline survey had to be redesigned both in terms of content and methodology due to the highly stressful situation being faced by local people and the inability of the survey team to move around from house to house. The survey is therefore more concise than originally planned, due to the way in which it had to be conducted. It also took longer to conduct as the team had to work around communities who were either out of cell phone coverage, unable to come out of their homes or literally frozen with fear.

We appreciate the time that Binda Adhikari put into coordinating the survey on the ground in Nuwakot. We would also like to thank Ward office chairperson, Dal Bahadur Tamang for coordinating with us over this project and providing government data for this survey. We would also like to thank everyone who took part in the focus group discussions and one to one interviews. We are most grateful.

We are also thankful to our donors who made this project possible. We hope this report will provide documentation that will serve as a benchmark for the project success to be measured against. The findings and recommendations of this survey can be taken as guide for implementation of the project.

GLOSSARY OF ACRONYMS

COVID	Coronavirus disease
ECD	Early childhood centre
FSH	First Steps Himalaya
FSN	First Steps Nepal
NGO	Non government organisation
VDC	Village Development Committee



ASSESSMENT TEAM



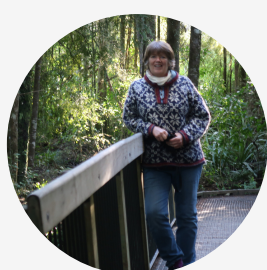
BINDA ADHIKARI- Community Resilience Programme Coordinator, Nuwakot (FSN)

Binda coordinates FSN's early years schools projects as well as the Community Resilience Programme in nine communities in Bidur, Nuwakot. Binda studies part time in health education. Binda is an inspiration to young people who want to make changes in their communities.



DURGA ARAN- Director Of Operations, Nepal (FSH) and chairperson FSN

Originally from Sindhupalchok, Founding Director Durga Aran grew up in rural Nepal. This insight and local knowledge allows him to seamlessly navigate the intricacies of overseeing Nepal projects. Durga planned the baseline survey with the team and supported Binda Adhikari by running focus group discussions.



FIONNA HEITON- Community Resilience Programme Coordinator, (FSH)

Fionna is the founding Director of First Steps Himalaya based in New Zealand. She spent six years in Nepal, working for Water Aid, UNICEF, the Britain Nepal Medical Trust and The British Council. Fionna has travelled to Nepal and holds a Postgraduate Certificate in International Development Management.

EXECUTIVE SUMMARY

The hilly district of Nuwakot lies in the central part of Nepal, north west of the capital Kathmandu. Despite being just 77km by road from the capital, the geographic nature of the district combined with a lack of long term investment in infrastructure has resulted in inadequate development of education, health and transport services. The impact of the 2015 earthquake is still being felt and the rebuild of schools has been very slow.

With its relative proximity to Kathmandu, Nuwakot has traditionally been an area targeted by traffickers. Traffickers now have an increased opportunity to take advantage of impoverished families as out of school girls are particularly at risk of being exploited.

As migrant workers return to Nepal following COVID, with no job prospects, they are reunited with their family in extremely challenging circumstances. This could result in increased alcohol abuse, domestic and family violence.

COVID case numbers surged just as the baseline door-to-door survey was about to be undertaken. The team had to rethink how to collect data that would not impact on the health of the community. The baseline survey was conducted between June and July 2021 largely by zoom and phone calls,

This baseline survey will help shape the responses of the programme to help ease anxiety, improve mental health and give communities hope towards a future that supports better health and hygiene, education and awareness on a range of social issues.

The survey results showed that most people understood the need to wash their hands properly and to avoid crowds. Further, most people believed that it was important to follow the government rules. Some people suggested that stricter lockdowns were needed and said that those breaking the rules should be punished.

Despite social distancing rules, everyone surveyed reported that neighbours were helping each other in practical ways. There was also a clear understanding of the importance of eating healthy food. Some people interviewed suggested the use of local herbs as medicines and preventatives. Many people believed that wearing a mask, social distancing and avoiding crowds would prevent them from catching COVID. Most people understood that COVID patients could be treated at home but suggested they should be taken to hospital if it got worse.

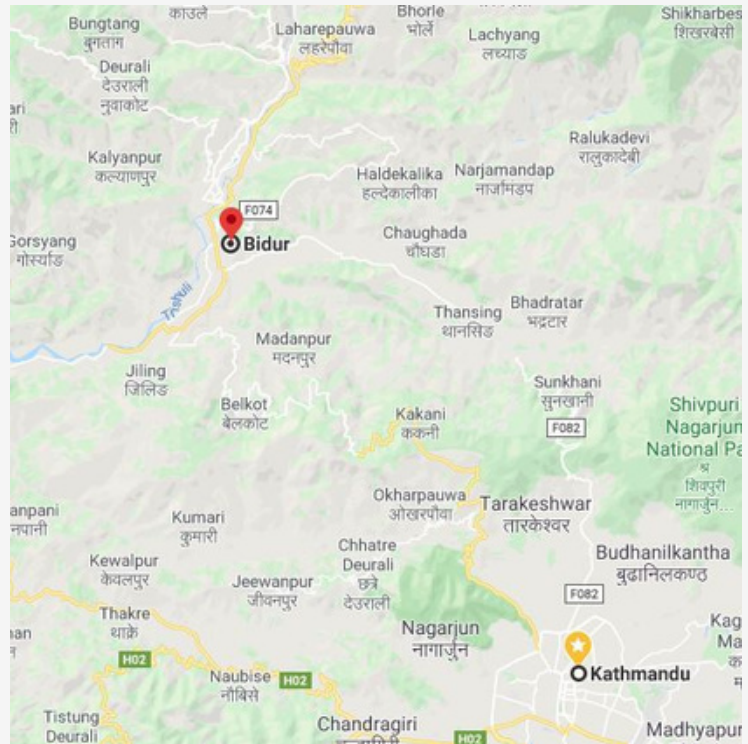
People reported that they struggled to cope with missing work or school. Supply issues meant that the local market did not have full range of goods. However, the majority of people were growing their own food to be less reliant on the local market. There was a lack of understanding about the poor nutritional value of processed food such as biscuits, noodles and sweets.

Most people believed that the biggest problems in their community before COVID was the 2015 earthquake but others referred to the recent dengue fever outbreak, floods and landslides. There was concern too for lack of quality education and health services as well as serviceable roads. The focus group participants didn't seem to understand the correlation between local roads, erosion and landslides. More than half of those interviewed saw their community coming out of COVID by following government rules but others said that being kind to each other and helping each other was also important. In the future people wanted to see improved education for children as well as the wider community, health facilities and employment. They also wanted to live in a cleaner environment.

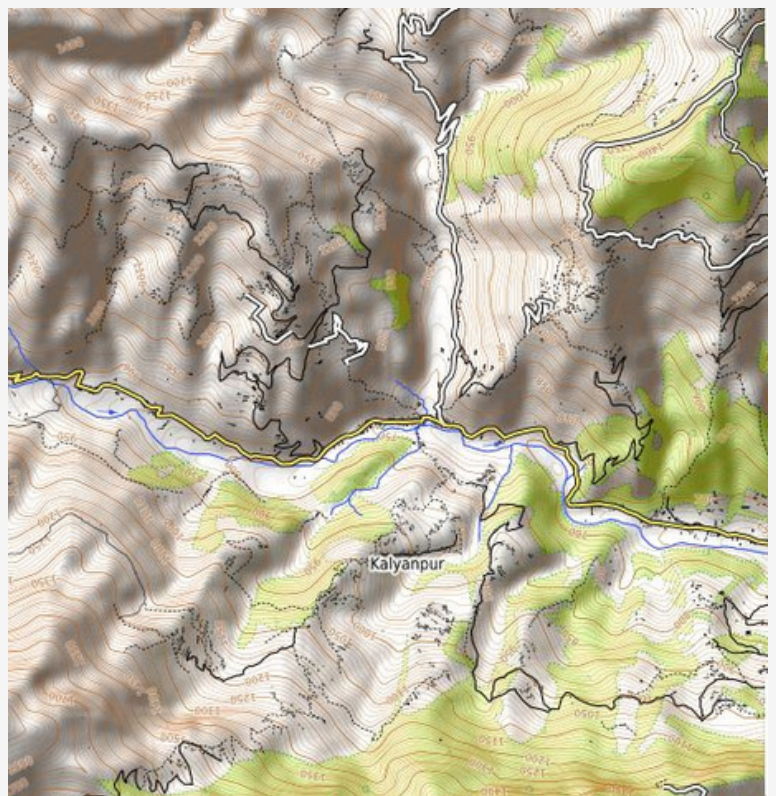
MAP OF PROJECT AREA

Right: Bidur in relationship to Kathmandu

Below: Ward 13 in relation to the other wards of the municipality.



Below: Topographic map of Kalyanpur, Ward 13, Bidur Municipality.



CHAPTER ONE: INTRODUCTION

The purpose of the baseline survey is to establish a point from which future measurements and predictions can be calculated. The results of the survey will provide a basis from which to build the skills of participating members.

FSN IN NUWAKOT

First Steps Nepal is an NGO based in Sindhupalchok which has been working in rural Nepal since 2008. Starting with one early years education centre in the village of Sangachok, FSN now works in six districts of Nepal supporting improved early years education through teacher training, classroom renovation, supervision and monitoring.

First Steps Nepal (FSN) has been working in Ward 13, Bidur Municipality, Nuwakot since 2018. This was in response to an appeal for support to schools from Ward Chairperson, Mr Dal Bahadur Tamang who wanted to make a difference to his area and invited FSN to initiate projects in the area.

SRIJANSHEEL SCHOOL: PRE PROJECT

Srijansheel school was in a dilapidated condition prior to the FSN early years project. Children were gathered in small dirty classrooms which were not conducive to quality education. The teacher lacked training and there were no learning materials. Since the project commenced, children now attend classes which are welcoming, well run and child friendly.



SRIJANSHEEL SCHOOL: AFTER PROJECT START

Pragitsheel School was reconstructed by First Steps Nepal in 2019/2020 using a proven earthquake resistant method called earthbag building. This replaced the temporary learning centre which had been erected after the earthquake. The earthbag building technique had already been championed by FSN in Sindhupalchok and this build at Pragitsheel was constructed by international volunteers as well as local labourers. The new school provides bright spacious classrooms for the children conducive to child friendly learning.

PRAGITSHEEL SCHOOL: BEFORE PROJECT START

PRAGITSHEEL SCHOOL: EARTH BAG SCHOOL REBUILD



PRAGITSHEEL SCHOOL: AFTER PROJECT START



FSN is committed to providing ongoing support to schools in its project area in Nuwakot. The Community Resilience Programme came about in response to the COVID situation in Nepal and as a way to grow resilience in the nine communities of Bidur Municipality where FSN already works.



RATIONALE

The major tools used in the baseline survey were focus group discussions and individual questionnaires. These were deemed to be the safest and most productive tools given the extreme COVID situation which made door to door surveys impossible within the time frame required. Additional data provided by the municipality was also used to get a wider picture of the survey area.

The information disseminated through this baseline survey and analysis of findings will help in developing project plans, interventions and strategies by understanding the status of the community. It will cover a range of factors that may be associated with the project directly or indirectly. The data and its analysis obtained for this survey will help in understanding the needs of the communities more clearly.

OBJECTIVES

The objectives of the survey were to:

1. Assess the current situation of the nine communities in Ward 13, Bidur Municipality particularly in relation to COVID and how community members are dealing with the impact of the restrictions imposed by central government as well as access to food and other essential supplies.
2. Identify areas of long term concern within communities and assess current levels of community resilience.

This baseline will be compared to an end of programme survey to show the changes over the programme period.

CHAPTER TWO:

STUDY AREA & SAMPLE SIZE

The study area originally planned to cover nine communities of ward 13, Bidur Municipality, which is a remote hilly area in the western part of Bidur Municipality, Nuwakot. These were Kalyanpur, Harkapur, Khursane, Raniswara Bhalukhola, Antpar Kafalswara, Lolswara Ranagaun Antarthok Payunswara, Amthang, Syaltar Bhirbari Kagune and Dhande Ajingare. However, it was not possible to get any information over the phone/internet from people in , Lolswara Ranagaun Antarthok Payunswara, Amthang and Syaltar Bhirbari Kagune. This was due to poor connectivity and the inability to move around the project area due to lock down restrictions.

METHODOLOGY

GATHERING INFORMATION



The study was carried out by FSN staff member Binda Adhikhari based in Nuwakot who received training and support from First Steps Himalaya to conduct the interviews.

Focus group discussions were also organised by Binda and conducted by Durga Aran, based in New Zealand. Issues of connectivity and the inability for people to meet together provided challenges that caused delays and smaller than intended groups.

Additional data was gathered from the ward office as well as internet sources.

SAMPLING METHOD

First, the relevant information about the area was gathered from Ward chairperson Dal Bahadur Tamang. This included population data as well as a discussion on the major changes facing the area in the wake of the COVID situation.

Then information from the targeted area was gathered by conducting three focus group discussions and individual interviews. The team also used direct observation as well as taking photographic evidence for analysis.

20 individual questionnaires were completed by men, women and young people residing in parts of the project area.

A total of 10 people took part in one of three focus group discussions.



DESIGN OF QUESTIONNAIRE

Following a discussion around the aims of the Community Resilience Programme, the original baseline survey was put together to establish basic household data and condition of dwellings, migrant labour, missing persons, water supply, agricultural practices and school attendance,

However prior to conducting the survey, the COVID situation in the area changed dramatically and it rapidly became apparent that conducting a comprehensive house to house survey became impossible. Rather than waiting for an unknown time when this would become safe again, the team came up with a new shorter survey which could be conducted by phone or over the internet. The revised questionnaire focused on how the community were dealing with and coping with COVID and what effects it was having on their lives.

DATA COLLECTION

Both primary and secondary data were collected for the survey. For the primary data collection, three data collection tools were used: Focus Group Discussion, Interviews and photographs. Secondary data included government data, websites and government and non government reports.

FOCUS GROUP DISCUSSIONS

The first focus group discussion was held with teachers from Srijansheel, Pragitsheel and Kalyanpur Schools. The teachers expressed an interest in becoming more actively involved in helping their community get through the current COVID challenges and take action for sustainable improvements.

A second focus group discussion was held with parents of young children. This was held by zoom with participants sitting on a rooftop with the programme coordinator.

The third focus group discussion asked participants what they were doing to protect their health and whether they were using kitchen gardens to grow more nutritious food. They also discussed the environment, natural disasters and issues connected with the construction of unplanned village roads.



INTERVIEW

A sample of 20 people were interviewed on the current challenges presented by COVID-19 and their opinions on what was being done as well as identifying the wider issues in their community. This was a smaller sample than originally planned due to the exceptional circumstances. However representatives of most communities were involved.

DATA ENTRY

The results were analysed and interpreted. Then charts were created to present the information.

ANALYSIS & INTERPRETATION

Interviews and focus group discussions were conducted in Nepali and results translated to English. This data was transcribed to a spreadsheet in Excel and analysed. Other qualitative data including photographs was also gathered to supplement the quantitative data.

LIMITATIONS

Whilst the original baseline survey involved detailed household surveys being carried out in a larger sample across all nine communities, this had to be replaced by a short survey that could be carried out by phone due to the extremely high case numbers of COVID and complete lock down imposed by the Nepal government.

For several months, people in the sample area communities lived under extreme measures and were unable to communicate with each other easily. Extreme fear and anxiety was commonplace, making the ability to carry out the survey almost impossible. It was only when restrictions eased a little that people were willing to talk and be interviewed.

Heavy monsoon rains further compounded the ability to move around as well as making connectivity an even bigger challenge. Some areas were not reachable at all.



CHAPTER THREE: RESULTS & FINDINGS

GEOGRAPHICAL INFORMATION

Nuwakot is a hilly district located in the north west part of Bagmati Zone in Bagmati Province, central Nepal. The entire district covers an area of 1,121 km². and had a population of 277,471 in 2011. Bidur lies at an elevation of just 652 metres, 700 metres lower than the capital Kathmandu.

The climate in the area is mild. Temperatures range from 19 to 28 degrees (a few degrees warmer than Kathmandu). The average temperature is 25 degrees (compared to an average of 24 degrees in Kathmandu). The monsoon delivers heavy rainfall with the heaviest downpours in July and August. delivering around 1400 mm of rain over the 2 month period,

Despite its proximity to the capital, Kathmandu, there is an enormous lack of infrastructure including roads, medical and school facilities. Badly damaged by the Nepal earthquake of 2015, many schools were only just being rebuilt at the time of the survey. Road access to Nuwakot has traditionally been via the road north of Kathmandu via Kakani. However that road was blocked for many years making travel to the area very challenging despite being only 77 kms from the capital. Now the most accessible way into the area is via the road under construction from Galchhi on the Marsyangdi Highway to the west of Kathmandu. Travel by bus can take over three hours from Kathmandu due to the terrain and road conditions.

Bidur Municipality was formed by the government in March 2017, as part of its restructure of local government. The municipality covers 130 square kilometres of Nuwakot and is mainly hilly uncultivated land. The new municipality was formed by amalgamating thirteen Village Development Committees (VDCs) and was then divided into thirteen wards.

Ward 13 is at the far end of the Municipality bordering Rasuwa to the north and Dhading District to the west. It is one of the largest wards in the municipality by area, However, there are no towns in Ward 13 but the local government office is located in the village of Deudi, located on one of the few motorable roads.



DEMOGRAPHIC INFORMATION

The majority of people in the area are Hindus but there are many Buddhists and there is a growing Christian community. At the time of the Nepal census (2011) 54.6% of people in Nuwakot spoke Nepali, 39.9% Tamang, 2.0% Newari and 0.9% Lepcha as their first language.

Nuwakot is one of the districts surrounding the capital Kathmandu, which has historically been a hotbed of trafficking of girls and women. The rulers of the Rana dynasty, which controlled Nepal from 1846 to 1951, used to visit the villages of Nuwakot to take girls back to Kathmandu and exploit them. Many were sent to India and forced to entice more girls and women to be trafficked.

Despite the attempts of the 1998 National Plan of Action to eliminate human trafficking, it is still rampant in a number of districts surrounding the capital including Nuwakot. Government statistics show that trafficking takes place but bear little relation to the full scale of the problem in Nepal, especially after the April 2015 earthquake. COVID has now presented traffickers with a further opportunity to exploit innocent girls and women.

Prior to the pandemic, a large proportion of men in Nuwakot worked either in the capital Kathmandu or overseas (in India, the Gulf, Korea and Malaysia) as migrant labourers. In fact until recently, approximately 25% of Nepal's GDP was comprised of remittances, however this came with a heavy price tag: terrible working conditions and an alarming number of bodies being returned to Nepal in coffins. COVID resulted in hundreds of thousands of migrant labourers returning to Nepal. Not only did this result in escalating COVID case numbers but has the potential to contribute to social issues. Men, who are unaccustomed to living with their wives and children, now find themselves unemployed and tempted by alcohol and domestic violence, under the growing pressures that they now face.



Figure 1 below shows the make up of the entire population of ward 13 (2021 census)

Fig 1. Population of entire Ward 13, Bidur Municipality, Nuwakot		
1	Men	2500
2	Women	2600
3	Young (18-25) Yrs	1500
4	Children	2000
	Total Population	8600

Figure 2 below shows the populations of the selected project communities of ward 13 (2021 census)

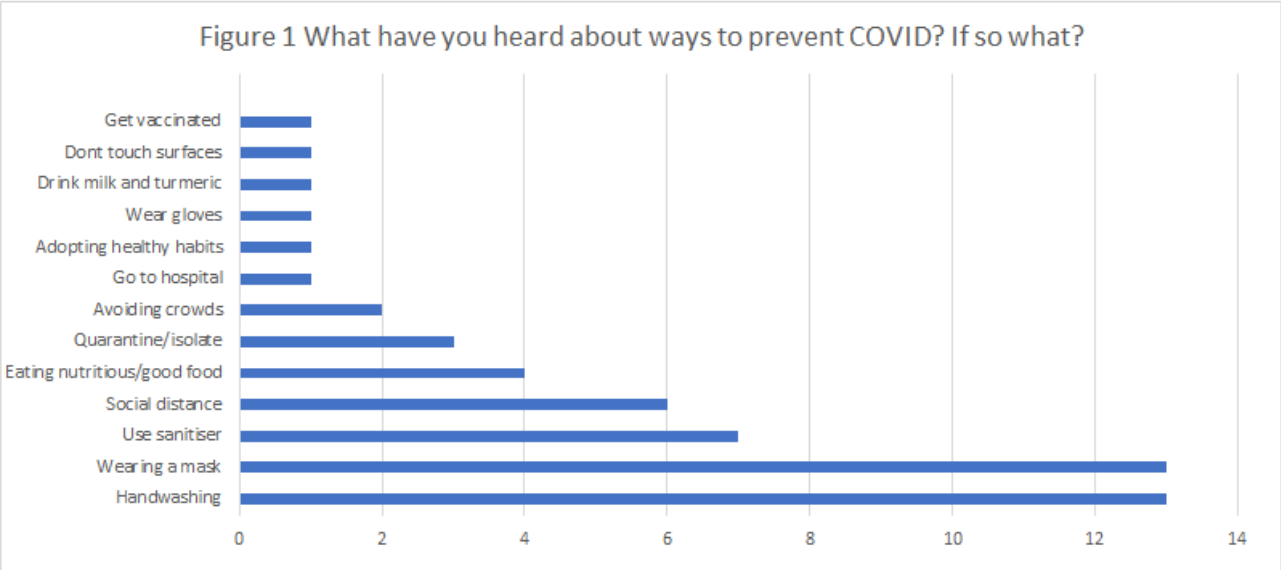
Fig 2. Populations of selected communities in ward 13, Bidur Municipality, Nuwakot			
SN	Name of Village	No. of House	Population
1	Kalyanpur	100	500
2	Harkapur	100	450
3	Khursane	50	250
4	Raniswara Bhalukhola	125	600
5	Anptar Kafalswara	90	450
6	Lolswara Ranagaun Antarthok Payunswara	110	550
7	Amthang	150	600
8	Syaltar Bhirbari Kagune	75	300
9	Dhande Ajingare	70	250
	Total	870	3950



RESULTS & FINDINGS:

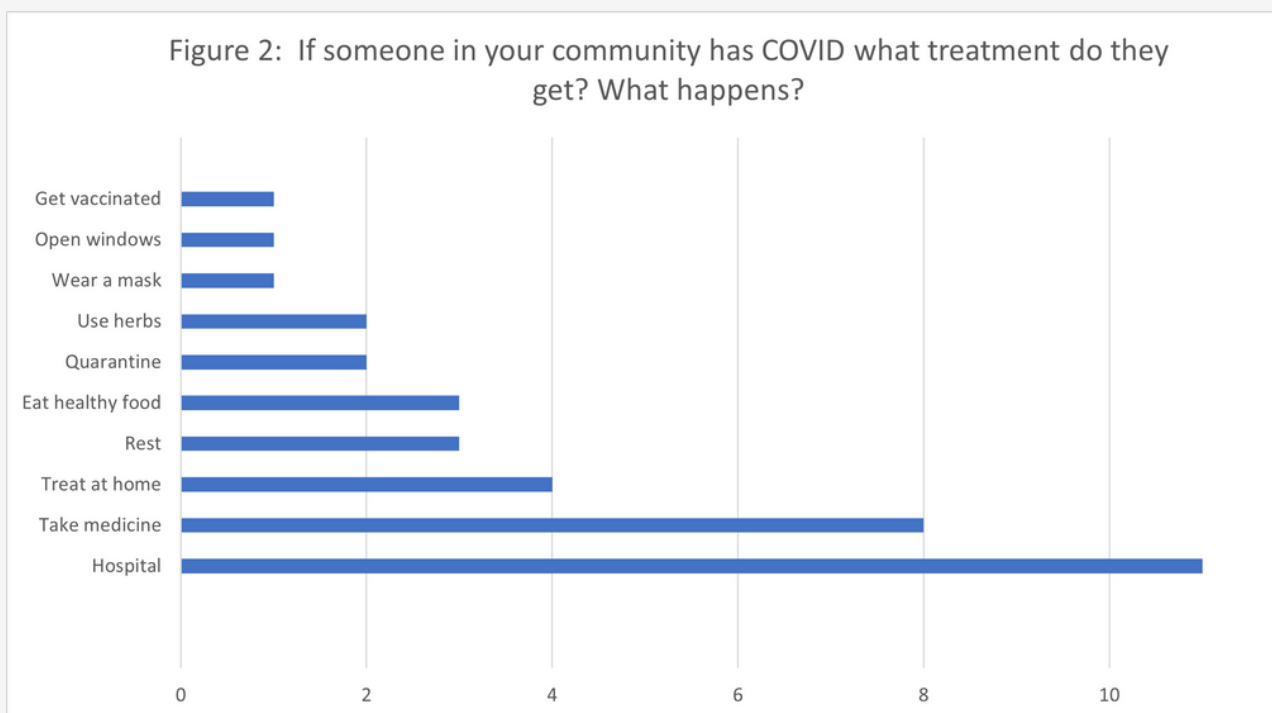
INDIVIDUAL INTERVIEWS:

COVID KNOWLEDGE : Participants were asked what they had heard about ways to prevent COVID. More than half of the participants (13 people) said that hand washing was important with one of them specifying the use of Dettol soap and 13 said that wearing a mask would help to prevent catching COVID. A third of people (7) said that people should use sanitiser and six said that people should social distance. A quarter(5) of those interviewed said that eating good nutritious food would help to prevent it. One person suggested drinking milk with turmeric would help to prevent COVID whilst another said that they wear gloves.

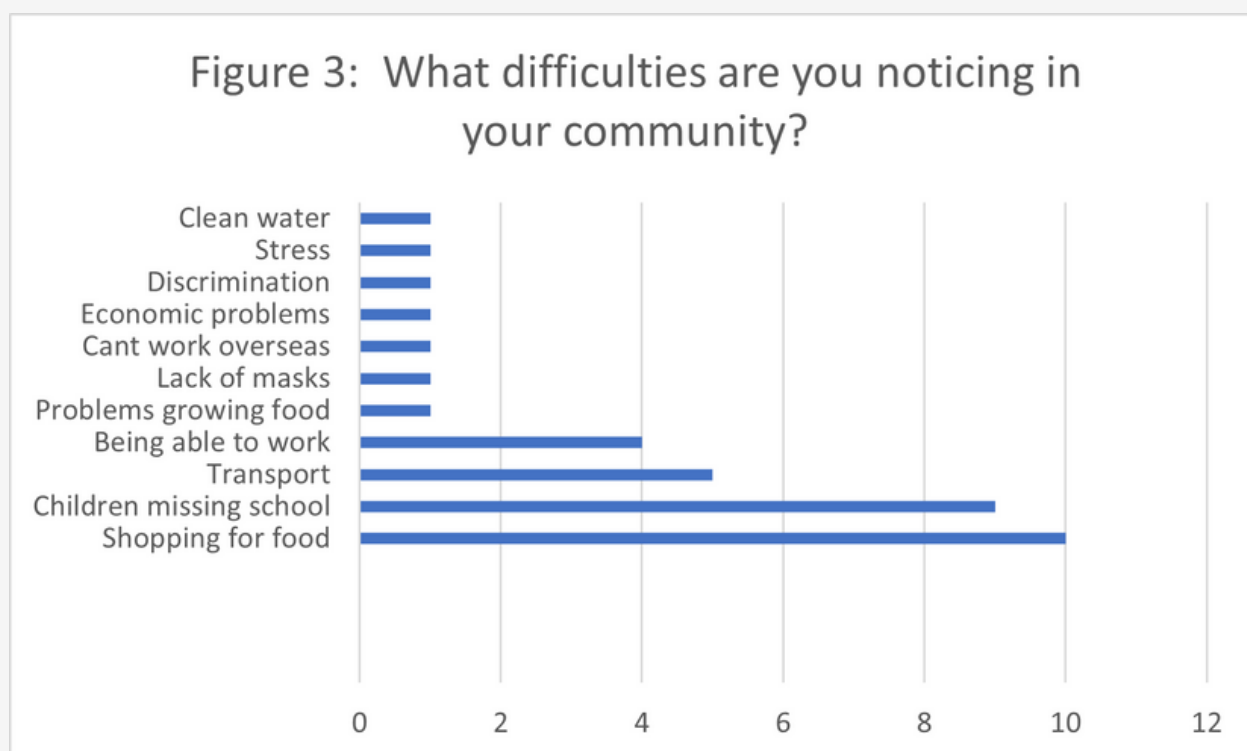


BELIEFS AROUND TREATMENT : Participants were asked what happens in their community if someone has COVID and what treatment they get?

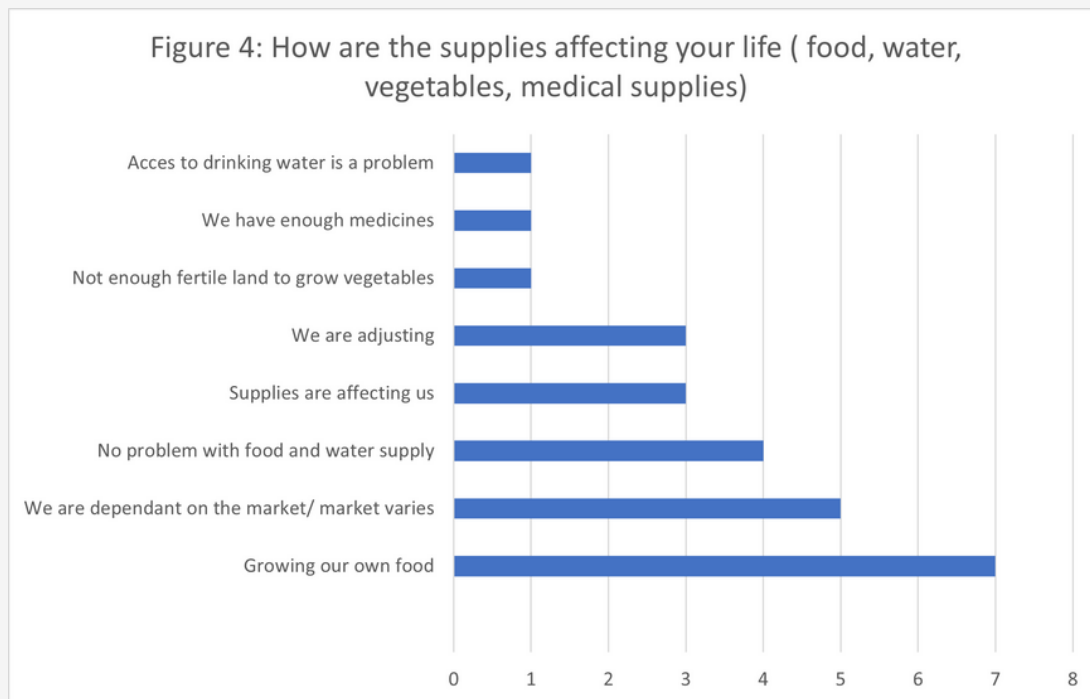
Figure 2 (below) shows that the majority of people said that community members with COVID go to hospital. Almost the same number said that they take medicine. It is interesting to note that only a quarter of people suggested treating at home. A few participants said that they needed to rest and eat healthy food, whilst two people said they should use herbs. One person believed that the vaccine could be used to treat COVID.



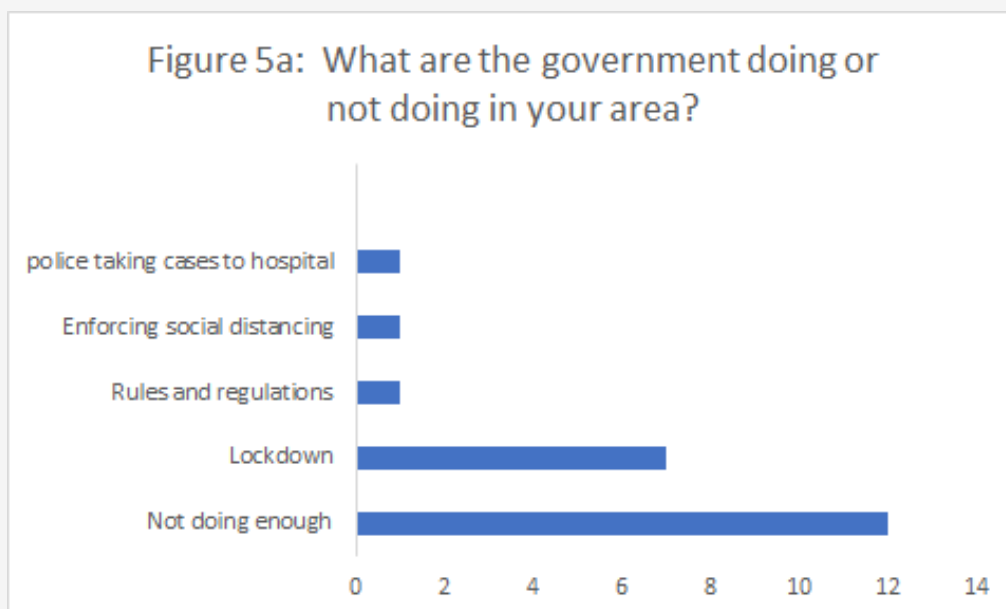
DIFFICULTIES IN THE COMMUNITY : Participants were asked what difficulties people in their community were experiencing. The biggest problems that were reported by half the people were children missing school and shopping for food. They also reported problems with transport and missing work. One person commented on the fact that he would not be able to work overseas.



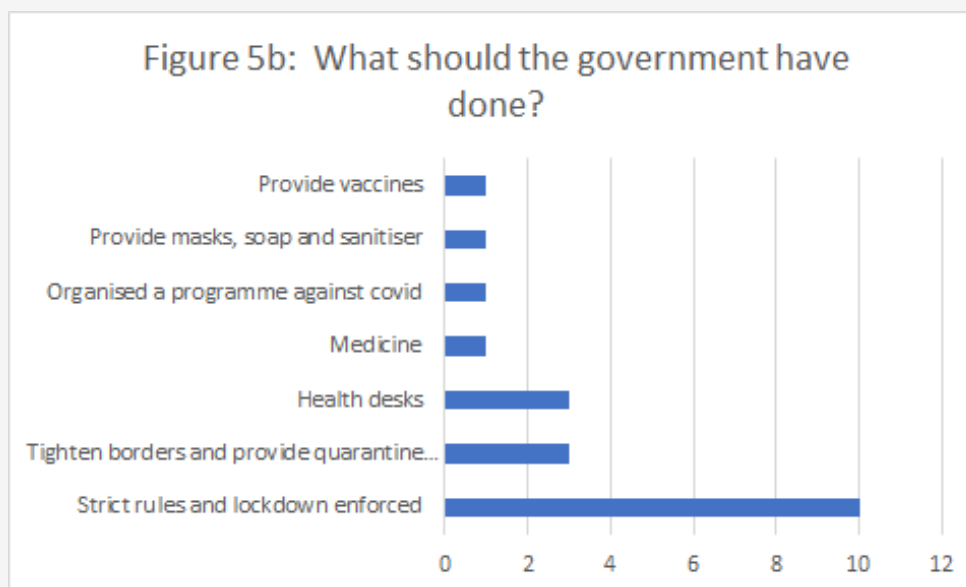
AVAILABILITY OF SUPPLIES : When asked how the availability of supplies was affecting their daily lives, a third of people said that they were growing their own food rather than relying on the market. A fifth of people agreed that they had no problem with food or water supply and a quarter reported that they were adjusting. However, a quarter of people said that they were dependent on the market which had very variable supplies. A few people complained about availability of medicines, access to drinking water and lack of fertile land to grow vegetables.



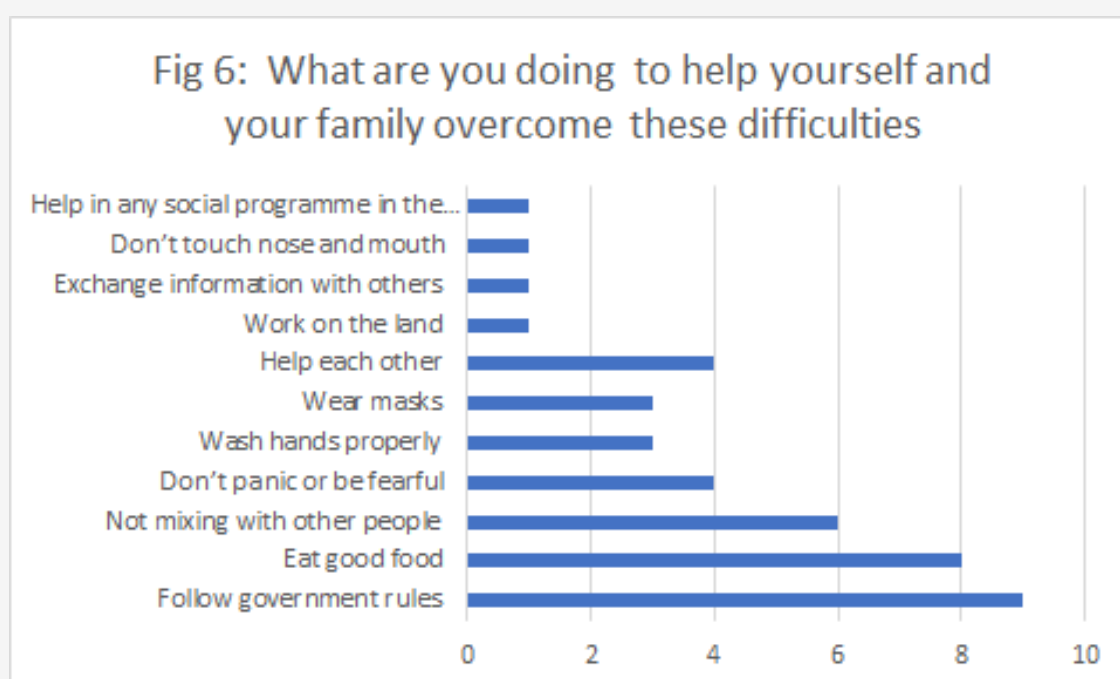
GOVERNMENT RESPONSE: Whilst 35% said that the government was organising lockdown, 60% of those questioned, felt that the government was not doing enough and that lockdown should have been stricter. Others said that the police took COVID cases to hospital and were enforcing social distancing and other rules and regulations.



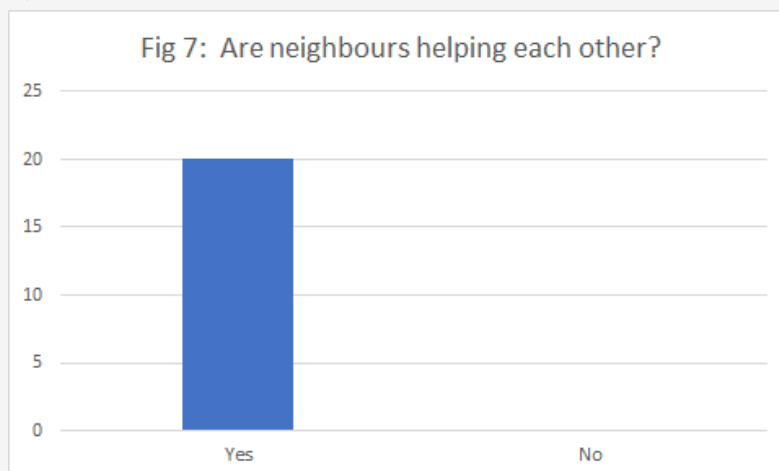
They were also asked what they thought the government should have done. Half of those questioned said that there should have been stricter rules and lockdowns that were properly enforced. Some people said that the borders should have been tighter and that quarantine should have been arranged properly for those returning. Others thought that masks, soap and sanitiser should have been provided.



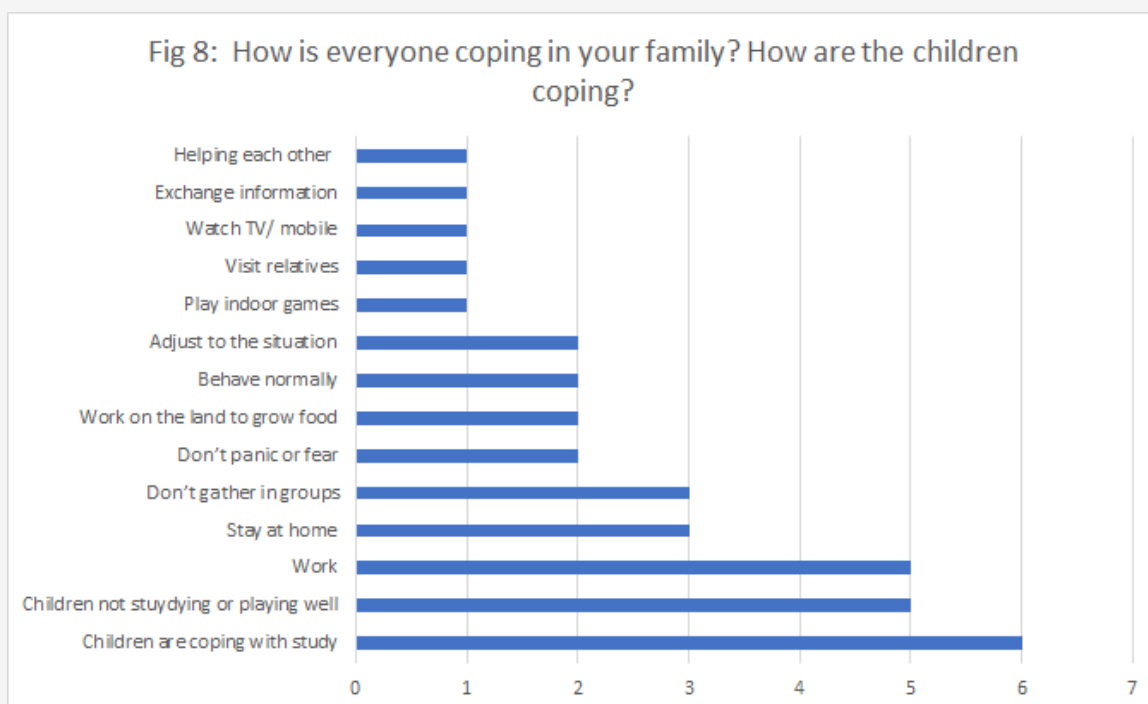
OVERCOMING DIFFICULTIES: Participants were asked about what they are doing to overcome difficulties within their family. Almost half of people questioned reported that they believed that following the government rules would help them overcome the difficulties. 40% of people believed that eating nutritious food was important. 30% of people said that not mixing with others was important whilst 20% said it was important not to be fearful or panic. The same number said that helping each other would help too.



NEIGHBOURS: When asked whether neighbours were helping each other, people were unanimous that in fact they were helping each other in various ways. Some were exchanging vegetables and other food supplies.



COPING MECHANISMS : Participants were asked how they and their families were coping. The biggest issues were children not coping with school work or being out of school (25%) and people not being able to work (25%). On the other hand, 30% of people said that their children were coping with education and playing well. Others reported that they played indoor games, watched TV and didnt panic or become fearful.

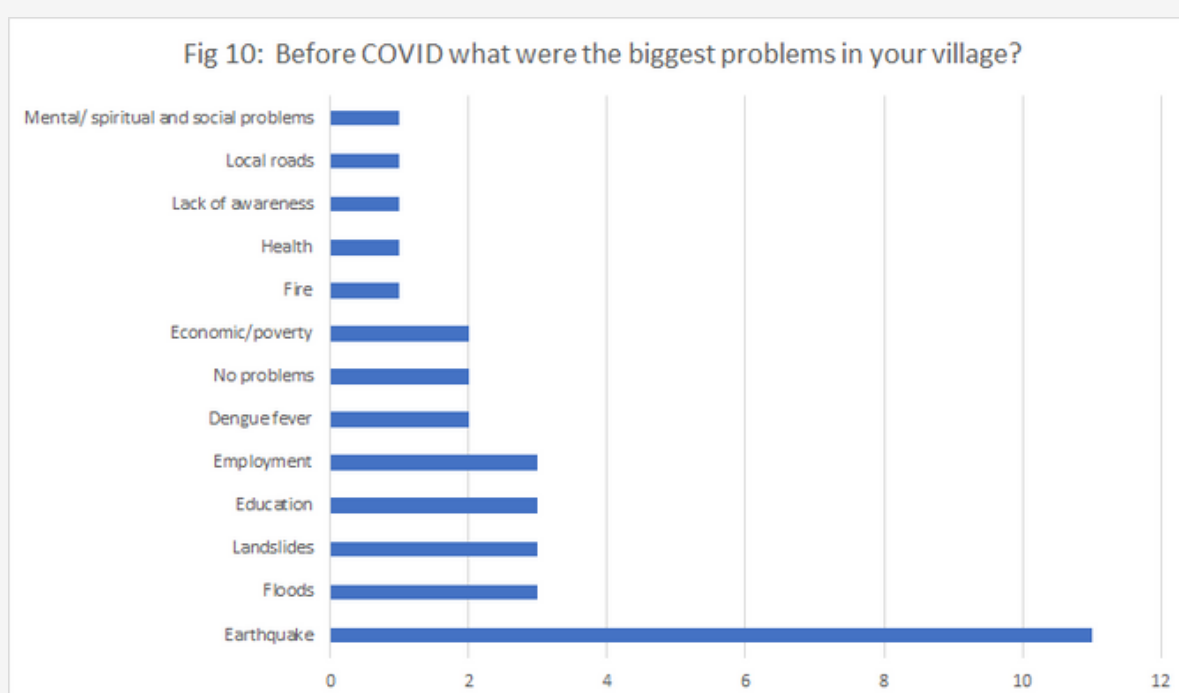


STAYING HEALTHY : 65% of people asked said that were eating good nutritious food to stay healthy with one person saying that they were drinking milk with turmeric powder. Further, 20% said that they were drinking plenty of water. A quarter (25%) said that they were doing exercise on a regular basis. One person said they were doing yoga and another said they meditated.

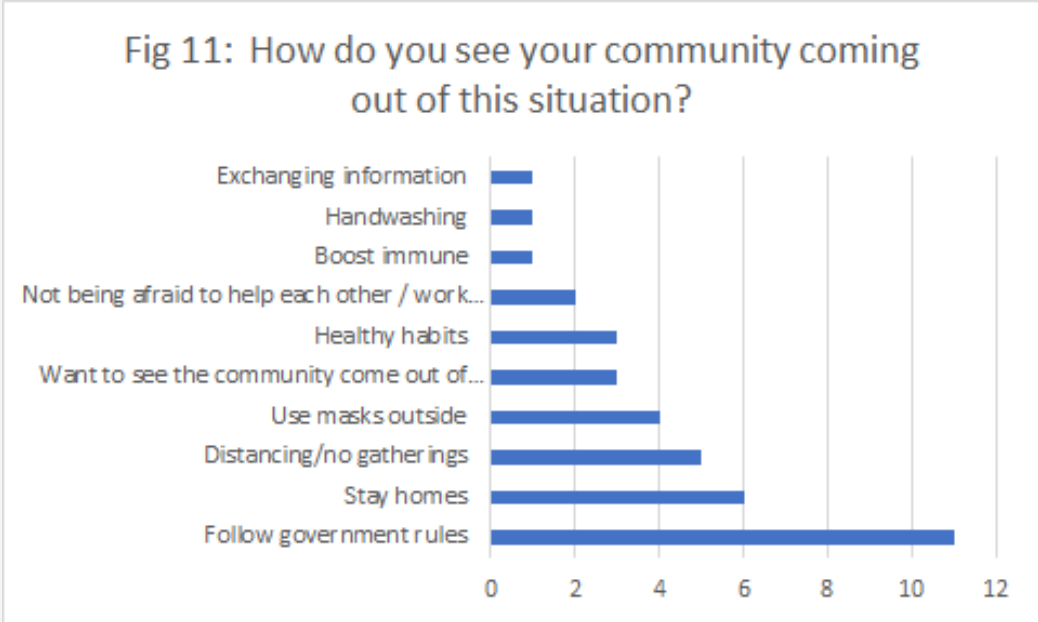
Three people said that staying at home was their way of staying healthy and two said that they washed their hands regularly.



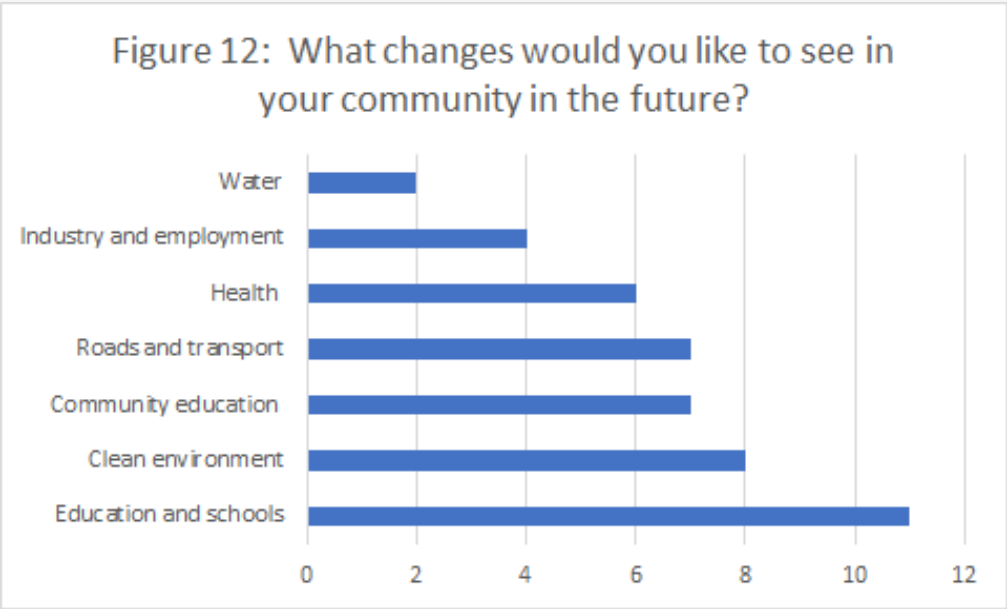
PRE-COVID PROBLEMS : When asked what problems there were in the community before COVID, more than half of the people (55%) asked said that the biggest problem had been the earthquakes of 2015. Floods and landslides were mentioned by 15% each of respondents. Whilst, two people (10%) said that there had been no problems before COVID, 15% each said that they perceived education or employment to be the biggest problems. Others mentioned poverty, local roads, lack of awareness and health as being local problems before COVID.



COVID RECOVERY : Participants were asked how they saw their community recovering from COVID. Whilst 55% of people said that they followed government rules, In addition, a further 55% said that they stay home or avoided gatherings. 20% said that wearing masks was important. Three people said that they should adopt healthy habits. One person commented that they should be prepared to help each other and another said that people should exchange information.



VISION FOR THE FUTURE: When asked about changes that they would like to see in their community, 55% said that schools and education should be a focus. A further 35% wanted to see parent and community education and awareness improved. 40% wanted a clean environment in their community. 35% said that roads and transport needed to be improved and 30% wanted to see a focus on improved health facilities. 20% wanted to see employment opportunities or the development of local industries.



FOCUS GROUP DISCUSSIONS:**FOCUS GROUP DISCUSSION 1:**

The focus group discussed the current situation of COVID as well as wider challenges in the community. Three young women from two communities (Kaphalswara and Kalyanpur) were interviewed online.

The group all agreed that there were some COVID cases in their communities and that generally people were very stressed about the situation. They felt that working in the fields helped to relieve stress. They were also taking great care washing hands and using sanitiser. They knew of overseas workers who had returned to Nepal who had either come back to their communities or were stuck in Kathmandu.

When asked what children were doing during lock down, they reported that children were at home, helping parents in fields or playing. Whilst one of the participants thought that children were just wondering around, another said that they were learning from their parents.

When asked what the main challenges in the village before COVID, they talked about nutrition and health, education, roads and water supply.

The group talked about whether they felt that girls were treated equally in their communities. Whilst one young women felt that they were treated equally, the other two said that it was only to a certain extent and that girls tended to do all the housework. They also discussed the average age of marriage at being somewhere between 18 and 23 years. They reported that girls do leave the village to work in Kathmandu or overseas. They then went onto discuss whether girls from their communities were able to complete their education. It seems that not so many girls complete their education due to family economic circumstances, traditional thinking and early marriage. On the subject of menstrual health, they had not heard of girls making their own reusable menstrual pads.



The young women were asked what they would do if they were social activists in their communities. One of them said that she would ban unhealthy food and promote improved health. Another said that she would improve awareness about education and behaviour change. She also wanted to see more respect in the community. The third participant said that she wanted to see more roads, hospitals and health posts. When asked what they could do to make a difference, they were not very sure what they could do but would be willing to help if there was a programme running. They were keen to help with improving education, community awareness as well as health programmes. They agreed that a real need was with improving schools and developing a healthy diet programme. Overall they felt that the most beneficial changes to the community would be health, roads and education.

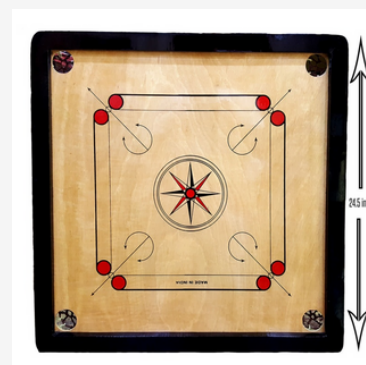
FOCUS GROUP DISCUSSION 2:

As second focus group discussion was held with a group of three mothers on a rooftop. All three women had children between the ages of 5 and 8 years old. The women gave birth to their first child at the ages of 18, 20 and 24 years respectively.



They said that their children had not attended school for four months due to the lockdown. When asked what they were doing to keep their children entertained they said that their children were playing and sometimes helped with housework. The children did get bored though. The mother of the five year old child said that the child was not studying but the other two women said that the children were studying from their old school books. One of them had bought a new set of books which has delighted her child.

They all said that they had been playing games with their children such as carromboard (a popular tabletop game), lukamari (hide and seek) and gatti (jacks). They were also involving the children in planting flowers. They all said that they tell their children stories.



When asked about their role as a parent as an educator, they had different opinions. One of them said that the main teacher of a child should be the school teacher, whilst another said that the mother was the child's first teacher, as they spend so much time together. They all agreed that parents should teach respect and polite language to their children. They discussed different ways that they could teach Maths and Nepali to their children. This included counting stones, playing games and drawing.



FOCUS GROUP DISCUSSION 3:

The third focus group discussion was planned to include a number of men and women. However for various reasons, including connectivity, the group ended up consisting of four young women.

The discussion commenced by asking the participants what they had been doing to keep busy during lock down and whether they had been getting plenty of fresh air. They all agreed that they had been out in the fields trying to grow as much of their own food as they could. They were all growing vegetables in a kitchen garden which was sufficient for their own needs but did not give them a surplus. When asked what they were doing to 'strengthen their immunity" they didn't understand even though this was translated into Nepali. They were unfamiliar with the term but did understand about eating healthy vegetables. Again when asked about their knowledge of nutritious crops that would strengthen their immunity, they were again confused. Neither did they seem to understand that fast foods such as biscuits, noodles and sweets were not good for their health. They said that they normally bought these items but were unable to get them just now due to the lack of supplies in shops. They were looking forward to buying them again in the future.

When asked if they had a lot of plastic lying around in their communities, they said that they didn't and that plastic was burnt. When questioned further about what they thought they could do to protect the environment, they lacked ideas. Furthermore, they seemed to think that landslides were purely caused by nature and were not aware of any man made causes. Neither did they make any connection between the construction of village roads and erosion or landslides.



RECOMMENDATIONS

As per the findings of the baseline conducted in Bidur Municipality Ward 13, the project should support communities as they come through the COVID situation as well as addressing some of the wider more long term problems.

Communication and information: Rural communities have few sources of information including radio and TV, government information and word of mouth. A Community Resilience Facebook page could disseminate messages to the communities around looking after yourself through good health and nutrition, exercise and other activities to reduce stress and anxiety. Community animators in each village could provide a range of information on a broad range of social issues using social media and where possible informative talks.

Community Health and nutrition: Promote community health including hand washing, hygiene and an understanding of health and safety in the home. Information about excessive alcohol consumption should be disseminated as part of a community health campaign. Good nutrition and a better understanding about the body's immune system would be extremely beneficial. This should include an understanding on fruit and vegetables that contain high levels of vitamins and minerals especially vitamin C and Zinc. Education is also needed on the low levels of nutrition in junk food items commonly sold in the local market.

Mental health and anxiety: There is an enormous need for these rural communities to address mental health and anxiety issues exacerbated by the recent COVID situation. Regular exercise, focusing on the positive and teaching ways of reducing stress should be part of this programme.

Menstrual Hygiene: A programme that teaches adolescent girls and women about improved menstrual hygiene and reusable pad making would be beneficial. This could be run through schools already connected with First Steps Nepal.

Education and parent education: Improved education for young children would develop a love of learning and encourage children as they progressed through school to remain in school. This not only improves employment prospects but keeps children safe away from the eyes of traffickers and other people trying to exploit them. It also reduces rates of early marriage and pregnancy.

There is a huge need to educate parents about their role as educators in their children's lives. Lock down gave parents an opportunity to spend more time with their children, playing with them and teaching them when the schools were closed. The project should now teach parents how to engage with their children without any specialist tools or educational knowledge. This not only helps the child become a good learner but strengthens family relationships.

Agriculture and kitchen gardens: After soil testing, communities should be issued with information about crops best suited to the soil and given advice about how to grow them.

Environmental protection: Placing rubbish bins around the community and promoting environmental protection including collecting plastic, proper disposal, reducing use of plastics, recycling and reusing,



Above: Images of Deudi village showing plastic rubbish in fields and around houses.

Village roads: Awareness on the importance of proper construction of village roads that do not cause erosion or landslides is important. This should be done in conjunction with the ward office.



Above: Images of village roads in the survey area as well as the local river where rocks are removed to crush into gravel for road and house construction.

ANNEXES**QUESTIONNAIRE**

Name:

Sex:

Age:

Village location:

Question 1: What have you heard about ways to prevent COVID? If so what?

Question 2: If someone in your community has COVID what treatment do they get? What happens?

Question 3: What difficulties are you noticing in your community?

Question 4: How are the supplies affecting your life (food, water, vegetables, medical supplies)

Question 5: What are the government doing or not doing in your area? What should they have done?

Question 6: What are you doing to help yourself and your family to overcome these difficulties?

Question 7: Are neighbours helping each other?

Question 8: How is everyone coping in your family? How are the children coping?

Question 9: How are you trying to stay healthy?

Question 10: Before COVID what were the biggest problems in your village?

Question 11: How do you see your community coming out of this situation?

Question 12: What changes would you like to see in your community in the future?

Focus group discussion 1:

Are there many COVID cases in your village?

Are people really afraid and stressed?

How are people dealing with stress?

How are the children as they cant go to school?

Before covid what were the main challenges in your village?

Did many overseas workers come back to the village when COVID happened?

Are girls treated equally to boys in this community?

At what age do girls normally get married here?

Do girls leave the village to work in Kathmandu or overseas? What happens

Do girls make their own reusable sanitary pads?

Do girls complete their education and go to college? If not why?

If you were a social activist in your community what changes would you like to see?

What could you do to make a difference

If a govt or non govt organisation came to your village and asked you to be involved- would you be involved?

If they asked you what real support you needed what would it be

What changes would be the most beneficial in your village?

Focus group discussion 2: A group of mothers gathered on a roof top in Deudi to discuss parenting, particularly during school closures due to COVID. They were asked the following questions as part of their discussion:

- 1.What ages are your children?
2. How long have your children had no school? 3. How are your children doing out of school? Do they get bored?
- 4.Have they being studying at all at home? If so what?
- 5.Have you been playing with your children during lock down-if so what?
6. What games do you play with your children that helps them to learn?
- 7.Who do you think should be the main teacher of your child? The teacher, you or both
- 8.What do you think a parent should teach a child?
- 9.Do you tell your child stories?
10. Have you found a fun way teaching Maths or Nepali to your child?

Focus group discussion 3: A group of participants on zoom were asked the following questions as part of their discussion:

- 1.What have you been doing to keep yourself busy during lock down?
2. Do you get plenty of fresh air?
- 3.Are you growing vegetables in a kitchen garden? Did you do this before or have you expanded the crops that you grow?
4. What can you do to strengthen your immunity?
- 5.What crops do you know that are really good for improving your immunity?
6. Do you normally buy biscuits, noodles or sweets? Do you buy less or the same now as before? Why?
- 7.Is there a lot of plastic lying around near your house? if so, what do you think about it?
- 8.What could you do to improve your environment?
- 9.What do you think causes landslides in this area?
10. What do you think about village roads that cause erosion?

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