



Yuwa in Action Against COVID-19

Webinar Report

June-October 2020

Prepared by:

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1. Executive Summary

In the current context of the global pandemic caused by COVID-19, the UNDP Electoral Support Project organized a youth webinar series from June to October 2020, with a total of eight webinars. The youth-led webinar series was entitled YUWA in Action Against COVID-19, and formed as an immediate response to understand the issues unfolding at the grassroots in the context of the global pandemic by mobilizing the youth. It was an event that was led by the youth, and for the youth.

Nepal has been hard hit by the pandemic, with many lives lost and rising cases of infections. In such a scenario, the youth webinars were organizing in order to understand the most pressing problems that were unfolding at the community level, as well as to collect solutions from the youth on the best ways to address them.

All of the eight webinars were geared toward bringing the issue of inclusion to the forefront; as such, the series sought to understand the impact of the virus on marginalized communities, persons with disabilities, women and gender and sexual minorities, senior citizens, those working in the informal sector. Furthermore, it also sought to understand what the myriad stakeholders were doing in their capacity to address the issue.

The youth webinars were attended by 790 participants, including youth volunteers, representatives from UNDP, government representatives, civil society bodies, academia among others. In the webinar, youth volunteers from all seven provinces in Nepal conducted surveys of the people in their community. A total of 141 youth volunteers, including 62 female, 2 from the gender and sexual minority community, and 77 male, surveyed a total of 2762 respondents, including 1118 female, 276 from the gender and sexual minority community, 1368 male, from 72 districts for the survey spread across Nepal. For each of the youth webinars, the volunteers reached out to the specific group in question, thereby trying to understand the diverse range of issues that the particular group is facing in the current crisis.

The volunteers asked the survey respondents questions relating to the availability of food stock, their economic transactions in the context of the pandemic and the associated challenges, health and psycho-social counselling, availability of clean drinking water, issues on gender-based violence and domestic violence, their access to information during the COVID-19 and their opinion on the social accountability and transparency in the relief distribution, along with their access to relief materials that were provided by the government and various other agencies to support the testing times. The survey was conducted through KOBO tools.

All of the webinars pointed to some common challenges: majority of the respondents faced difficulties in maintaining a stable source of income in these times; many reported difficulties in accessing proper healthcare; the respondents stated that education was severely hampered as remote learning was an option only to a minority; they also informed of the utility of media, and especially social media, in

keeping them abreast with the situation. There were various recommendations that ensued from the series as well: there is a need for targeted programmes that teach government and civil society bodies how to respond during this crisis; accurate policies are needed to guide the response and recovery from the pandemic, and these need to be effectively executed. The youth volunteers noted that the youth could be mobilized in awareness raising campaigns at the local level.

The last few webinars also had a provision of a quiz on matters related to elections, to sensitize the youths and the attendees on the importance of exercising their right to vote: the poll inquired if the participants of the webinar were aware of the age to contend for local elections, the age to vote, and whether or not they had registered in the voter roll. It was an effective way to engage the youth volunteers on the matter.

2. Introduction

2.1 Background & Rationale

The UNDP Electoral Support Project (ESP) and the Country Office (CO) joined forces in the fight against the COVID-19 pandemic. The webinar series is also a part of the UN75 celebrations, and branded under it. On some of the webinars, UNDP collaborated with the UN Resident Coordinator's Office as well as the UN Volunteers. A joint analysis from the team concluded that a webinar conducted by and for the youth from across the seven provinces in Nepal would play a key role in informing about the ground realities of the current situation. These would then also inform the five pillars for socio-economic framework including putting health first, protecting people, economic response and recovery, macro-economic response and multilateral collaboration and social cohesion and community resilience.

The eight webinars were on the following topics, all of which were in context of the current COVID-19 pandemic:

1. Access to Basic Services
2. Women Issues Related to COVID-19
3. Problems Faced by Marginalised Communities
4. Issues of Persons with Disabilities Related to COVID-19
5. Issues Faced by Senior Citizens in the Context of COVID-19
6. Issues Faced by the LGBTIQ Community in the Context of COVID-19
7. Issues Faced by Workers in the Informal Sector in the Context of COVID-19
8. The Role of Stakeholders in Responding to the Issues of COVID-19

The webinar saw participation from youth volunteers, government, development actors, journalists. The recommendations and findings from the series will inform the future programming for UNDP's

work.

- **Objectives**

- To identify the major problems faced by the community and groups, especially vulnerable communities at the grassroots, and to bring issues of inclusion to the forefront.
- To inform the participants of the process of getting collective solutions and to engage the youth and capacitate them to get important information in the fight against COVID-19.
- To sensitize youth on the issues encountered by this community and group to develop a solution.
- To mainstream the issues of women, senior citizens, marginalized and vulnerable groups, gender and sexual minorities and persons with disabilities in the wake of the crisis.

3. Methodology

The webinars that were conducted were based on a survey carried out by youth volunteers from all seven provinces of Nepal to understand the impact of COVID-19. The survey used structured questionnaire based on the topic of the webinar to understand the issues at the grassroots in the current context, as well as to understand the possible recommendations from bottom up. A sample of the survey question is included in Annex -5.

The survey was administered by the youth volunteers using KOBO tools. In most cases, the volunteers carried out the survey via telephone; and where it was possible, they carried it out in a physically-distanced manner.

Convenient sampling method was used by the volunteers to select the survey respondents. In certain cases, like for the webinars on issues facing gender and sexual minorities, snowball sampling was also adopted.

The webinar included a pilot phase for the initial three webinars. After the success of this phase, the webinars were rolled out wherein a total of eight webinars took place.

Each youth volunteer surveyed a total of five respondents from the province. Then the collected data was cleaned, tabulated and analysed by UNDP team. The findings were shared in the webinar, possible solutions were discussed with experts and the evidenced-based findings were documented in specific webinar reports and infographics for wider dissemination. There were also assimilation / orientation exercises that UNDP conducted for the volunteers before each webinar. This was conducted to support the volunteer capacity development.

In order to compensate for their time, the youth volunteers were provided with a stipend to cover the telephone expenses as well as provided with an insurance against COVID-19.

4. Limitations:

The report attempts to reflect the survey's findings that cover the issues related to vulnerable groups such as women, senior citizens, marginalized groups, gender and sexual minorities, persons with disabilities, and informal as well as traditional workers amid COVID-19 crisis. However, it does not incorporate issues of all the vulnerable and minority groups other than those mentioned. The report is based on the data collected during the COVID-19 crisis; it does not reflect the issues before the COVID-19 situation, but it tries to triangulate the data before and after COVID-19.

Given the context of pandemic and the restrictions in mobility, representative stratified sampling was not feasible, so the surveys were conducted based on the convenient (availability) sampling on a random basis. Hence, the findings are not necessarily representative of the population in provinces. However, the report tries to surface the ground reality in field.

5. Major Output

As vulnerable and marginalized section of the community have been severely affected by the COVID-19 crisis and the lockdown, they are unable to get proper subsidies provided by the respective mechanism. The programme was thus designed to highlight, document and find potential solutions for issues related to vulnerable and marginalized people amid COVID-19 with following expected outcomes:

- Identified problems and hurdles faced by women, gender minorities and socially excluded groups.
- Informed communities and groups on government services and resources.
- Prioritized major social protection issues/problems of respective communities and groups.
- Provided evidence base in order to design early and post recovery programme to support gender and social inclusion mainstreaming.

Overall, the programme was successful in meeting its expected outcomes. It identified the major problems faced by vulnerable groups and communities. It mainstreamed the issues related to most vulnerable groups and surfaced the ground realities. Through the webinars, the programme has successfully unveiled the ground realities in field and has sensitized participants especially youths about the issues and their role. It has provided a common platform to youths, vulnerable groups, stakeholders, representatives from local government, government lien agencies and thematic experts to discuss and come up with better solutions to fight COVID-19 impacts. The evidenced based findings from the field were captured in different reports and infographics and disseminated to the UN agencies and relevant development partners so that it can be utilized to formulate COVID-19 response programmes mainstreaming issues of the vulnerable groups.

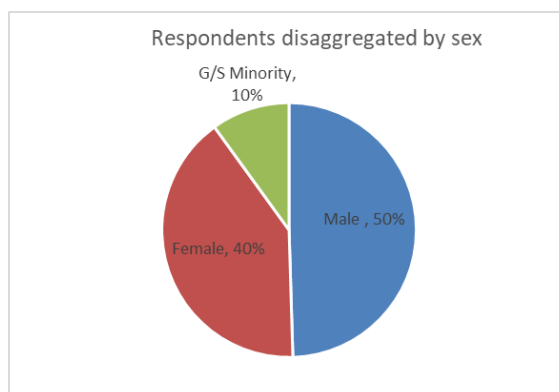
The programme proved to be very effective in the capacity enhancement of youth volunteers. All youth participants stated that the programme has enhanced their knowledge and build up their leadership skill. It was an opportunity for them to reach out to the most vulnerable people and know their issues. Overall, the programme proved to be a catalyst to know their potentials and responsibilities.

5. Overall Key Findings

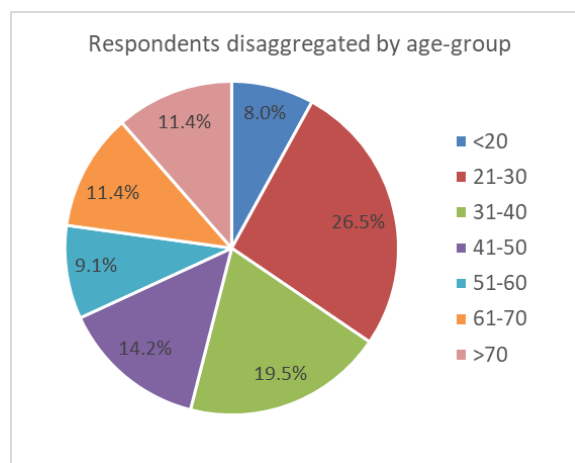
Altogether there were eight survey conducted from June to October 2020, reaching out to 2762 respondents from 72 districts of 7 provinces. The districts that the webinar does not cover include Mahottari, Manang, Pyuthan, Jumla, and Bajhang. The overall analysis as well as topic-wise highlights are presented as follows:

- **Respondent's Demography**

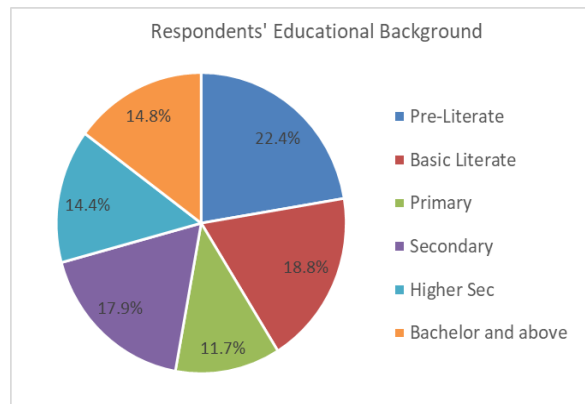
The surveys were very inclusive accompanying respondents from all genders, socio-economic background and different walks of lives. There was good participation of women (40%) and gender and sexual minorities (10%) in the surveys. There were dedicated surveys focusing on issues of women and the gender and sexual minorities.



In the survey, 46% were youth aged between 16-40 years of age, as per Nepal's National Youth Policy. The highest participation was from the age-group 21-30 years. The detail is presented in the adjacent graph.



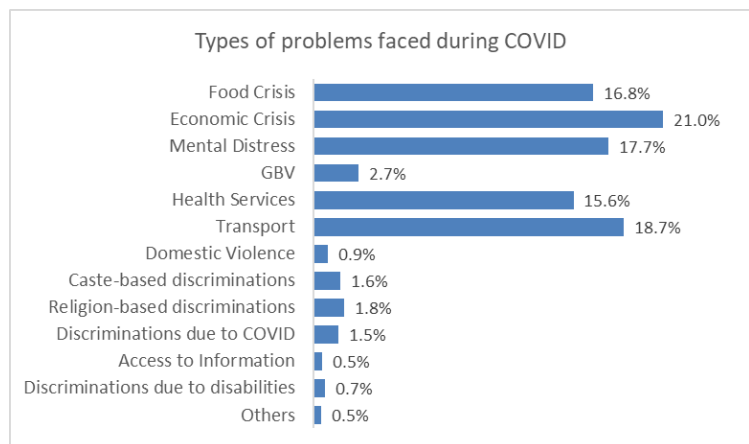
As almost all of the surveys were targeted to the vulnerable groups; there was high participation of pre-literate and basic literate people (around 40%).

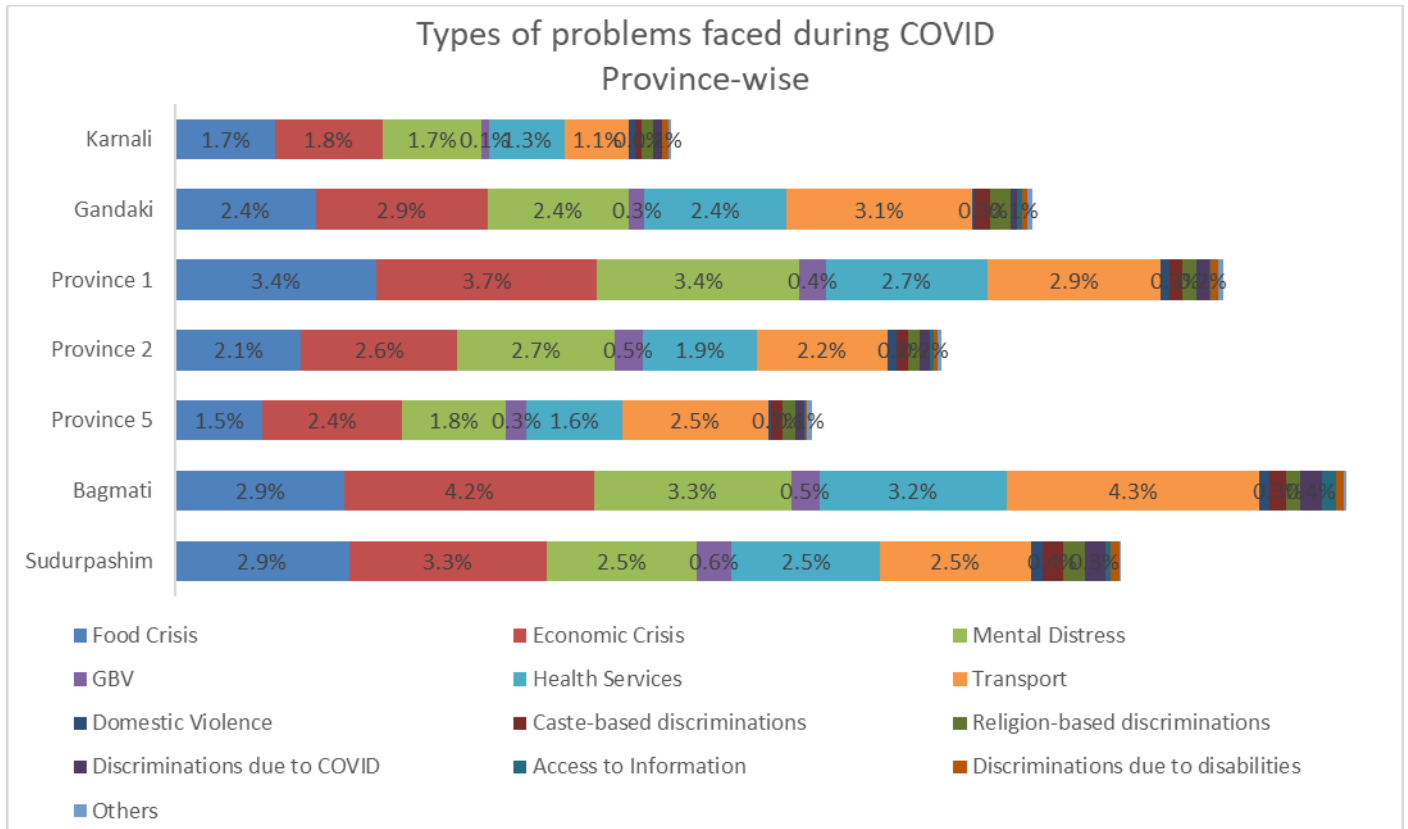


- **Problems faced during COVID-19**

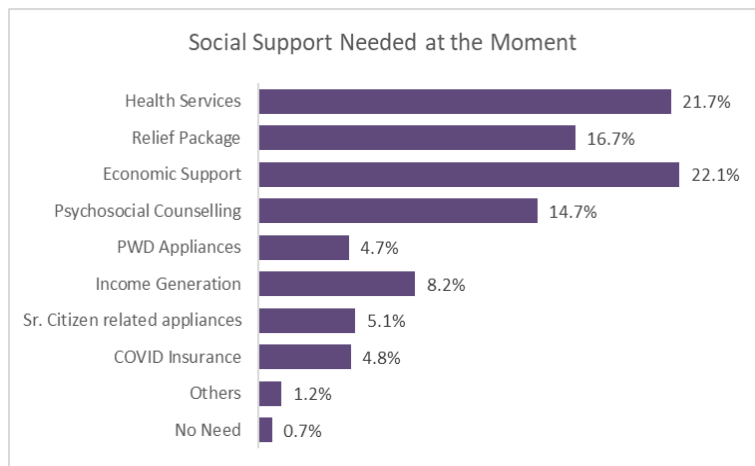
Seventy-six percent of the respondents reported that COVID-19 spread in their community because of the influx of migrant returnees. However, respondents from Province-2 stated that it has spread because of the lack of awareness in community. In order to prevent COVID-19 transmission, respondents reported to have resorted on washing hands with soaps and water (22.7%), using masks (20.2%), and maintaining social distancing (17.2%), among other precautionary measures.

The most common problem people faced during COVID-19 was economic crisis, followed by mental stress, food crisis, difficulty in transport and health services. The highest percentage of respondents reporting to having faced economic crisis were from Bagmati Province. Likewise, respondents from Bagmati as well as Province 1 reported mental stress, whereas food crisis has been ranked highest by the respondents from Province 1. Mainly, women (19%) and gender and sexual minorities (19%) reported mental stress whereas gender-based violence and domestic violence were mostly stated by the respondents from gender and sexual minority (8%).



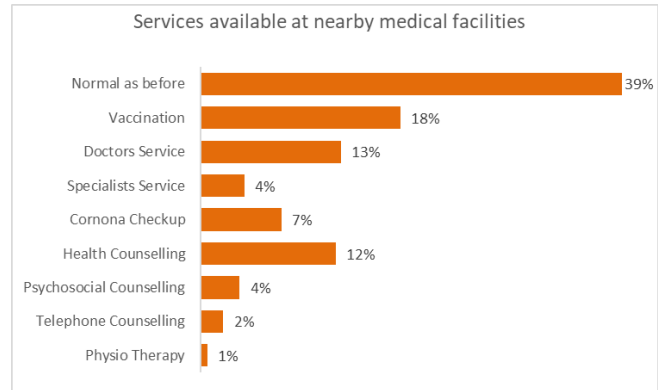


The respondents prioritized economic support as the main area of support required at the moment to ease the burden of problems they felt in the current crisis. Following the need for economic support, they highlighted support in other areas such as health services, relief and psychosocial counselling among others. Most of the respondents from Sudurpashim prioritized economic support and relief, whereas the need for health services was highlighted mostly by the respondents from Province 1. Psychosocial counselling was in the priority for Gandaki, Karnali and Province 5.



- **Health**

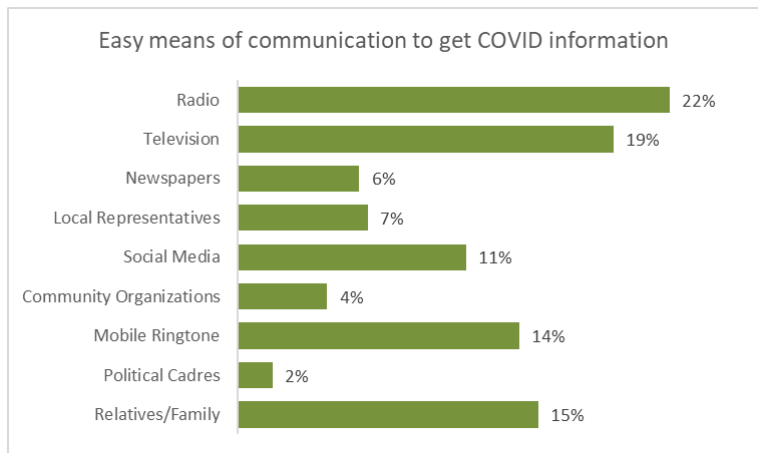
Many respondents reported that there were normal and few special services in health facilities during the pandemic. However, vaccination has been impacted by the lockdown. 45.2% of the respondents stated that essential medicines and health appliances were not available as much at nearby medical facilities: most of the respondents from



Province 2 and Sudurpaschim Province stated so. Many respondents used boiled water for drinking purpose whereas, 32% stated not using any forms of water purification. Most of the respondents from Province 1, Province 2 and Sudurpaschim also stated so.

- **Access to Information**

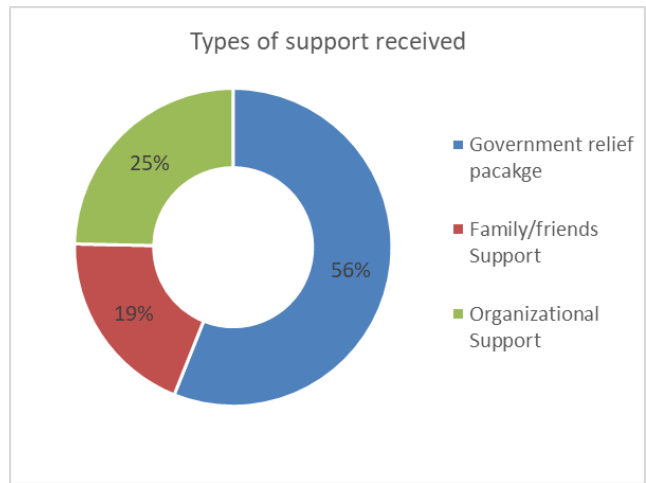
The most popular means of communication amongst the survey population was radio, followed by television and social media. Some reported mobile ringtones to be the easiest way to get information about COVID-19 and a good sum of respondents relied on messages from relatives/family members.



Newspaper and social media were familiar ways for the respondents from Bagmati province to receive information from; whereas respondents from Sudurpaschim province mostly relied on messages from relatives/families. In addition, radio and relatives/family were the easy means of communication among pre-literate and basic literate people. Likewise, newspaper was popular amongst people who were educated above higher secondary level, and interestingly social media is popular amongst teenagers from secondary to higher secondary level.

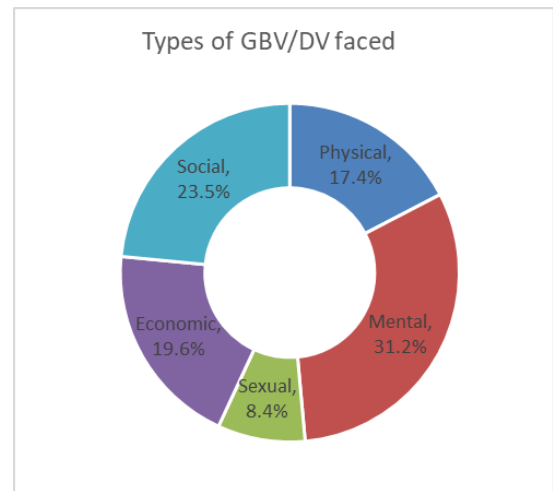
- **Relief**

When asked whether they needed relief packages during COVID crisis, 44% respondents reported yes. Mostly, respondents from Province 2 and Sudurpashim province stated so and respondents from the gender and sexual minority group also reported so. More than half of the respondents reported to have received relief packages from the government (local level). Based on the survey, government relief packages were distributed the most in Sudurpashim and the least in Province 5. Likewise, highest number of respondents from Bagmati reported being received relief support from different organizations and lowest was from Karnali province.



- **Protection**

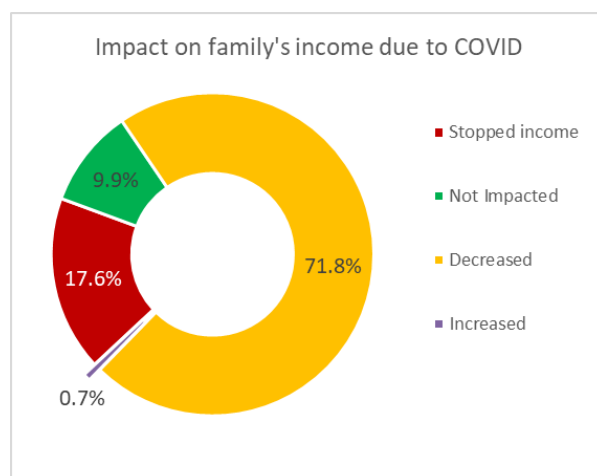
Thirteen percent of the respondents stated that they have faced and witnessed gender-based violence (GBV), domestic violence (DV) and other forms of violence based on caste, religion and situation. Highest percentage (41%) of women respondents reported to have experienced GBV/DV during COVID-19. It is remarkable that people who were educated above higher secondary level mostly reported to have experienced violence, which may be attributed to their awareness of the concept of violence. The highest percentage of respondents from Province 2 reported GBV among all provinces.



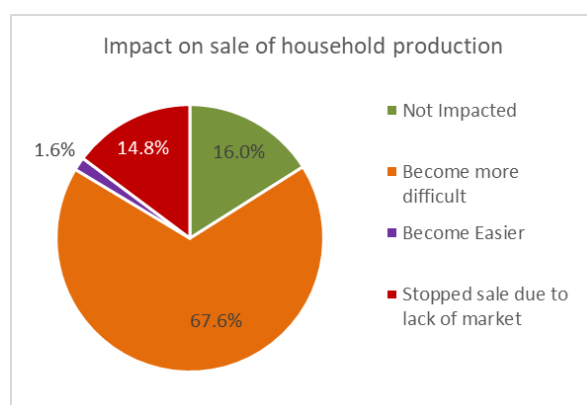
The most common type of GBV/DV reported was mental (psychological) violence which includes verbal abuses, followed by social violence based on caste, religion and situation. Some even reported sexual violence amid COVID-19. Forty-seven percent respondents did not know where to report in case of such violence, despite the presence of a Women Commission’s reporting mechanism created by the government. Most of the respondents from Karnali province and Sudurpaschim province reported so.

- **Economic Impact**

Majority (71.8%) of the respondents stated that their family's income has decreased because of the COVID-19 crisis and 17.6 per cent reported that their income has stopped completely. Mostly male respondents reported decrease in income whereas gender and sexual minorities reported stopped income. Most respondents from Province 5 reported less income; most of the respondents from Province 2 reported no income at all.



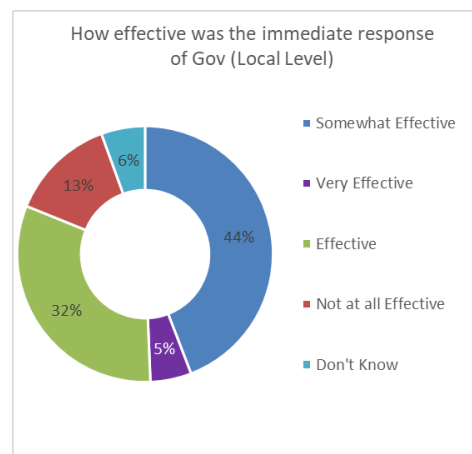
Thirty-nine per cent respondents said that at least one of the members of their households have lost their jobs during the COVID-19 crisis: Most of the respondents from Karnali stated so. Strikingly, most of the people who were educated above higher secondary level stated to have lost their jobs.



Nearly 85% reported difficult in selling their household produce. Majority of the respondents from Karnali and Sudurpashchim reported difficulty in market linkages whereas, respondents from Gandaki and Province 2 reported that the sales has stopped completely because of COVID-19. In terms of the food stock, 77 per cent reported to have food stock of one month and more in their households and 6.5 per cent reported that they did not have food stock during the survey period, mostly from Province 2 stated so.

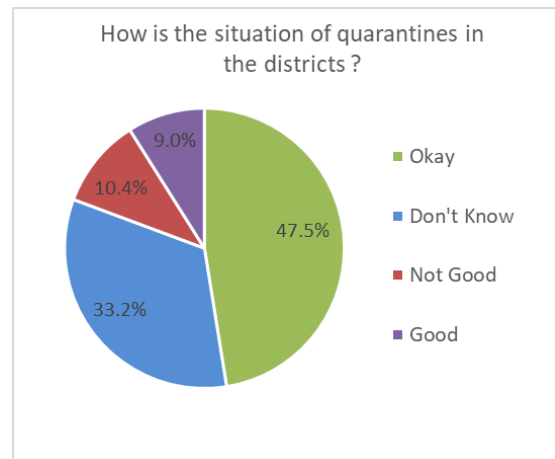
- **Accountability**

Most of the respondents stated that the COVID-19 response from the government was effective to some extent. Respondents who reported ineffective response were mostly from Province 1 and Province 2. Around 83% said that information disseminated by local level was effective and 10% said ineffective (mostly from Province 2).



Overall, thirty-five per cent people do not know about the quarantine centres in their area, mostly women and respondents from Bagmati Province. Quarantine centres were established late in Bagmati. Also the cases of COVID-19a were seen as comparatively less in Bagmati province in the initial days of the pandemic.

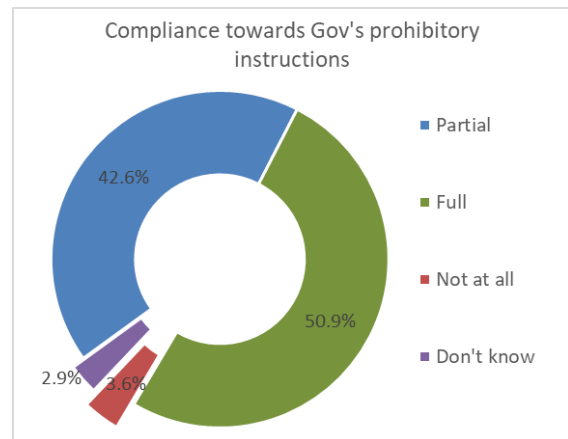
Out of the respondents who were aware of the quarantine centres, 10.4 % reported that the centres were not up to the standard whereas many found it okay. Mostly, respondents from Province 2 and Sudurpaschim said that the quarantine centres were not good.



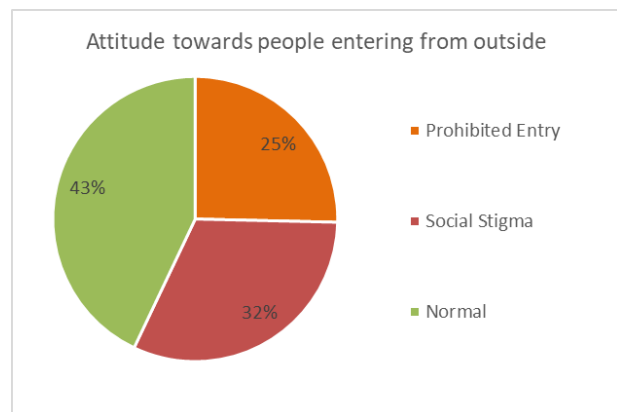
• **Social Security**

Around 56 per cent of the respondents reported that the schools/classes had not resumed in their areas. The highest percentage of respondents from Province 2 (47%) reported so.

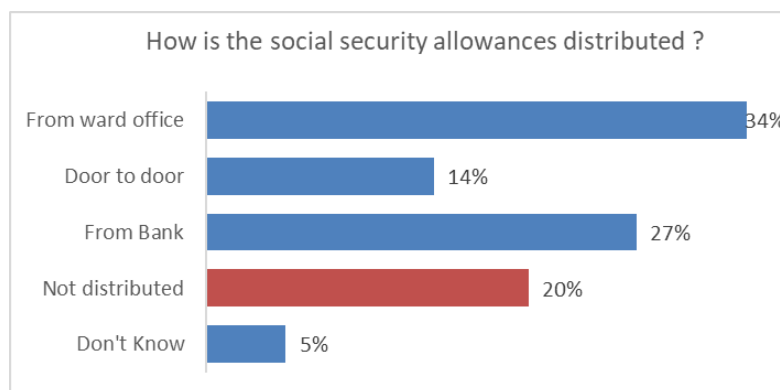
When respondents were asked how complaint they were towards the government's instructions (including lockdown), half of them expressed full compliance and few said they were not compliant at all. The highest percentage of people from Karnali stated not being compliant at all. In addition, those who were not compliant were mostly pre-literate and educated up to primary level of education.



More than half of the respondents said that there is ill treatment for the people coming from outside into the community. There is social stigma associated with returnees, and they are not even allowed to enter in some areas. Mostly, respondents from Gandaki and Sudurpaschim said that people were prohibited entry whereas social stigma was most prevalent in Province 2.



- Twenty per cent of the respondents reported that social security allowances were not distributed in their community due to the COVID-19 crisis. Respondents from Province 2, Province 5 and Bagmati stated so. In Karnali, distribution was conducted



mostly through door to door visits, from ward offices in Bagmati and through banks in Province 5.

6. Topic Specific Highlights

From the total eight webinars, some specific key issues emerged from the field, and are as follows:

- **Issues related to Basic Services:**

- A majority of the respondents said they had to face economic hardships and lack of food stock because of COVID-19.
- Most respondents were aware of the government responses against COVID-19; most were satisfied with the government response. However, some noted that civil society organizations did not make any effort to implement the governments decisions and that the media could play a better role to facilitate information flow.
- The respondents seemed to agree unanimously that the government needs to increase the testing of the virus and that lockdown should not be lifted.
- The education of the school going children was greatly being affected as many did not have access to any sort of learning in this period.

- **Issues related to women**

- Although basic health facilities were still available, pregnant women faced difficulties in easily going to the hospitals and acquiring post-natal care, including vaccination for their child.
- There was an existing risk of gender-based violence at the community level for the women.
- Women had minimal decision-making authority over their own health issues, both in their families and at the community level.
- There were no separate provisions for male and female quarantine, and they were not gender friendly either.

- The main areas at risk identified by the respondents include: food security and nutrition, mother-infant health. health services, including psychosocial counselling.
- **Issues related to marginalized group:**
 - Seventy-four per cent of the respondents stated that relief distribution was not always transparent and impartial, and that most of the marginalized households in the community did not receive relief packages.
 - Respondents felt that there has been a rise gender based, religious and caste-based violence post COVID-19.
 - Marginalized and minority communities also reported facing social discrimination in quarantine centres.
 - Majority of them have also lost their jobs, facing economic vulnerabilities.
- **Issues related to persons with disabilities group:**
 - There were limited disability friendly infrastructures in place in their respective communities, and the quarantine facilities were also not persons with disability friendly.
 - The information disseminated on the pandemic was not accessible for persons with disability and they did not know what the proper government complaint mechanisms to report such cases.
 - The lack of representation from persons with disability people and organization in different committees and sub-committees, also formed specifically to address the challenges posed by COVID-19.
 - There were not adequate medical kits and medicines to cater to the needs of persons with disabilities.
 - Moreover, alternative learning measures should be introduced by the government for school going children with disabilities. The presence of trained caregivers dedicated for this community would also be helpful.
- **Issues related to Senior Citizens:**
 - All the respondents reported that they did not get any health services at home by any health facilities and practitioners.
 - Forty-one per cent reported that there was not sufficient availability of essential medicines at the nearby health facilities.
 - The most necessary social support they pointed out was convenient health services and availability of health appliances.

- Both access to information and accessible infrastructures should be prioritized while considering the needs of the senior citizens.
- **Issues related to LGBTIQ group:**
 - Majority of the respondents noted that they were not able to disclose their true gender identity in the national identity documents.
 - It was also a learning that many of the respondents shared that their families had not accepted their gendered identity and that they are not treated equally in the society.
 - The information disseminated on COVID-19 were not friendly for the gender minority community. Not only information, but even the quarantine centres that had been allocated were reported to not be LGBTIQ-friendly. In fact, through the survey, 31% of the LGBTIQ respondents reported either experiencing or witnessing some form of gender-based violence.
 - Most of the LGBTIQ community lost their jobs and faced economic problem.
 - There is no representation from LGBTIQ community in different committees formed to tackle the impact of COVID-19 by the government line agencies.
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- **Issues related to Informal sector workers:**
 - There aren't targeted programmes from the government or the civil society bodies for those in the informal sector and traditional artisans.
 - Those working in the informal sector are not prioritized in relief distribution.
 - The supply chain and market management are two areas that need more attention in order to sustain livelihood of this group.
- **Role of stakeholders:**
 - Because of a lack of proper coordination between the local governments and community-based organizations, relief and livelihood programmes have not reached the target communities.
 - In the pandemic, classes such as online alternative education have not been accessible to students in remote regions, education has been disrupted, and there has not been adequate coordination between educational institutions and the concerned government agencies to facilitate this.
 - Maternal and child health care providers have shown a lower quality of service than before.
 - The role and scope of development partners for the prevention and mitigation of the pandemic has been minimal and the role of security agencies in service delivery has been satisfactory.

7. Best Practices/Lessons Learned

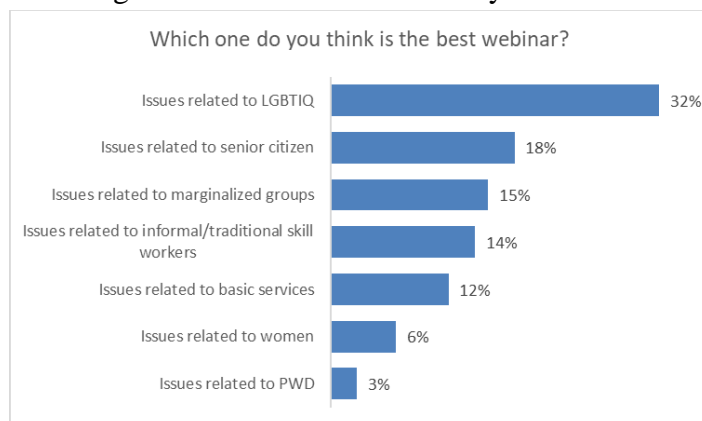
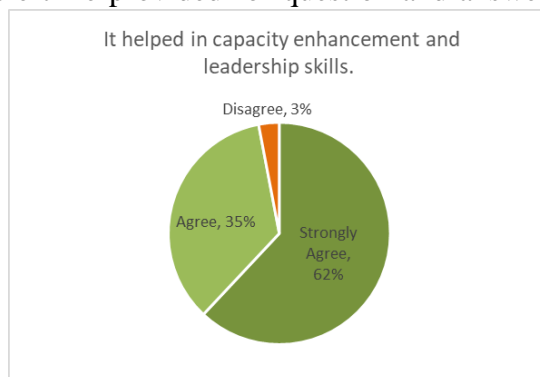
• Programme modality

The overall programme modality was effective. The first few webinars had some technical issues; however, these were resolved and the remaining webinars were carried out smoothly. Youth volunteers who continuously participated in surveys as well as webinars also expressed that the programme modality was very effective in the given context of pandemic. Almost all of the volunteers agreed that the webinars were interactive and well organized. Webinars were conducted in disable friendly manner with sign language interpretation and captioning. However, very few (6%) of the volunteer participants reported that few webinars were not disable friendly because of the unavailability of captioning in those webinars.

There was language translation from Nepali to English. Most agreed (94%) that the time allocated for webinars (i.e. 1.5 hours) was appropriate for a webinar however, at times the programme exceeded up to half an hour and time management was an issue for first few webinars. All volunteers agreed that there was ample time provided for question and answer with subject experts and that the invited experts meticulously addressed queries from participants.

Most of the volunteers were satisfied with the time allotted for data collection; however, few (3%) found the time insufficient as they needed more time to explain questions for some respondents, especially senior citizens. Fifteen per cent of the volunteers stated that questionnaires were not well organized and complete.

At times the volunteers found it difficult to explain the questionnaires to the respondents. A learning, that was implemented from the onset, has been that the volunteers need to be oriented thoroughly on data collection and the questionnaire before conducting surveys. Because of the time constraint, the team could not conduct thorough orientations for few surveys in the latter part. However, the orientation and simulation were done a day prior to the webinar which was really helpful and all of the volunteers found it very effective. All volunteers agreed that the use of kobo tool for online data collection was very effective and it was the right use of technology at the time of pandemic. For



69 per cent, it was their first time in online data collection. Overall, 97 per cent reported that the programme helped in their capacity development and leadership skills. Seventy-eight per cent found the programme beneficial and rest found it somewhat beneficial for their career.

- **Content**

All of the volunteers agreed that the chosen topics were relevant to the theme of the programme and the programme helped in finding the issues faced by the most marginalized and vulnerable communities. In the first webinar, there were presentations from every province. However, because there were similar kind of findings from each province, the team found this mode redundant and changed the modality and made an overall presentation by a team member in the beginning followed by sharing from the field on key issues highlighted by data/findings followed by experts' view on the issues.

- **Participation**

There was active participation from the selected volunteers in all eight surveys and good participation of volunteers, youths and stakeholders in all eight webinars. Volunteers suggested that it would be great if they were provided a platform to coordinate via a social media for the surveys, which would have made their task easier. They noted that it was a good way to utilize the time, bearing in mind the pandemic. It was an opportunity for them to know the people in their community and their issues. They could learn about the government and other stakeholders' efforts in the fight against COVID-19, and how people are progressing in the context. Overall, the programme made them realize that youth can be the change agents and have a lot to contribute.

- **Coordination**

There effective coordination in every step of the programme. At the time of questionnaire development, the area experts such as organizations that work for the welfare of persons with disabilities and the LGBTIQ communities, and organization working for senior citizens were involved. These organizations were contacted to reach out the most vulnerable groups under these categories. Experts from the respective theme/field including representative from local level as well as government line agencies were coordinated beforehand of the webinars for their meaningful insights in the programmes.

8. Sector-wise Recommendations

- **Health**

- During the pandemic, all attention was placed on responding to COVID-19. Whilst this is necessary, many respondents also identified the need for attention on other non-COVID-19

related health support. For example, Although basic health facilities were still available, pregnant women faced difficulties in easily going to the hospitals and acquiring post-natal care, including vaccination for their child. During the pandemic and crisis period, special attention should be given to the women (pregnant, neo natal care and infant health facilities). The health officials should be well trained and should introduce mobile health service at their doorstep in safe manner. Development partners can come together with local bodies and local health service providers in order to leverage the gap. Long distance support through online/telephone health and psychosocial counselling can be provided to the people in distress. Effective awareness campaigns on women health and mental health can be catered targeting women especially preliterate. The vaccination services to the infants should not be affected. One important criteria for providing proper health care services is to ensure that all the data are recorded and kept properly.

- The support on mental health needs to be enhanced, both in scope and quality, across Nepal. The youth webinar found that 17.7 percent of the respondents were severely psychologically affected after the onset of the pandemic. Many of them faced job losses or some form of financial hardship, directly affecting their mental well-being. Moreover, some of them were also victims of some form of domestic violence, or discrimination, aggravating the need to work for the mental welfare. It is therefore very essential to give attention towards mental health services. Massive programmes on online and telephone psychosocial counselling as well as mental health awareness campaigns through different media should be in place. A guideline of addressing mental health issues should also be in place. The people who are in quarantine centres and are COVID-19 positive should be provided with psychosocial counselling services at quarantine centres. Good psychological counselling and mental health support system should be available at the local level too. Since there have been increasing reports of suicide in the COVID 19 period, there should be stress counselling and psychological counselling programmes and media- local TV, radio can develop awareness and youth groups can support in developing programmes.
- It is very essential to have safe drinking water at all times as other types of water borne diseases may arise during this time of pandemic. The survey found that 68 per cent were drinking water in a safe manner, meaning that the significant number of people were not drinking clean water. Facilities like clean drinking water is imperative for good health. There is an existing gap in ensuring that the toilets remain gender friendly, disability friendly, senior-citizen friendly and are accessible.
- There is also a need to train health workers responding to COVID-19. For example, health workers working for the COVID 19 are not aware, familiar and sensitized about issues that persons with disabilities face, or even that the LGBTIQ community face. Many of them do

not know how to communicate with deaf and there is no availability of sign language interpreters at hospitals and health centres. Therefore, particular attention needs to be paid to ensure that the health workers are trained and can ensure persons with disabilities right to health.

- In addition to information on how to stay safe from the virus, the people at large also need to be provided with sanitizers, soap water, masks, hotline facilities, dedicated programmes through ward members at the local level.
- Emergency services, such as air-ambulance, must be managed for those with emergency medical conditions and pregnant women. Moreover, a quick response team dedicated to this cause would have been vital in supporting quick response.
- **Economic Response & Recovery**
 - The pandemic has had hard-hitting economic consequences for many people: 37.85% of the respondents said they had to face economic hardships and lack of food stock because of COVID-19. The respondents also shared that they did not have the necessary food supplies in the local market. Bearing this in mind, there is scope to ensure food security at the local level so that no one remains hungry in the wake of the pandemic.
 - Since 42% of the respondents surveyed depend on agriculture as their main source of income of their family, the government and interested parties should support them by introducing new farming methods, providing subsidy in agricultural seeds, agricultural loan, good marketing of their products, a proper market supply mechanism, encouraging returnee youth to be involved in modern agricultural, which includes their new skill and knowledge.
 - There is also a need for the government and civil society bodies to consider and generate income regeneration activities and explore alternate employment opportunities for people who have lost their jobs, especially for those in the informal sectors. While considering employment and educational opportunity in this current context, it is important to consider virtual platforms too. There is a need to promote new online employment opportunities for persons with disabilities in the private sector. In terms of employment, other sectors for example, home based crafts/vocational trainings and other alternate job opportunities can be introduced for the people who have lost their jobs especially in the hospitality and tourism sectors. For the daily wage labourers, business and factories could be resumed in a safe manner. Women can be encouraged and linked with home-based skills and markets until they resume their usual employment.
 - The government should prepare short- and long-term strategy by reviewing their existing strategy to uplift the socio-economic livelihoods.
 - Opportunities for employment should be created at the local and provincial level so that

people do not have to leave their homes in search of employment.

- Skills development training should be provided for unemployed youth so that they can enjoy the option of staying in Nepal and thereby generate job for themselves and others in their communities.
 - The government should also provide interest free loan and tax waiver to youths who wish to engage in agriculture as this would incentivise them. Moreover, there needs to be proper monitoring mechanisms at the grassroots to ensure that cooperatives are not over charging interest rates.
-
- **Protection**
 - From the survey, the respondents agreed that the government needs to increasing testing of the virus. In the initial few surveys, when lockdown orders were in place, many reported that lockdown should not be lifted.
 - Most of the respondents also noted that there were no provisions for separate male and female quarantine, and they were not gender-friendly either. All the quarantines should have been GESI friendly and with all the basic facilities, along with good security measures. Regular monitoring of the quarantines should be done. All service providers in quarantine centres should be oriented on women safety and have signed code of conduct.
 - There was an existing risk of gender-based violence at the community level for the women. The highest percentage of respondents experienced and witnessed GBV in Province 2 (16%), followed by Province 5 (11%), Province 1, Bagmati Province and Sudurpaschim at 9%, Gandaki at 8% and Karnali at 7%. Hence it is recommended to organize GBV awareness programmes and empowerment programmes in provinces where this is particularly prominent and create effective safety nets to prevent and respond to the increasing incidents of gender-based and domestic violence.
 - Coordination and collaboration with local governments, organization, police, protection cells, security organization, civil societies are needed. Complaint and registration mechanism should be available and accessible to all. There should be massive engagement of power bearers especially men and boys in order to address GBV and domestic violence issues whilst working in social norms change.
 - In the context of COVID-19, the government, civil society and the United Nations should work for the welfare of the most marginalized. Some of their programming should also focus on digital literacy to many of the vulnerable groups reflected in the survey. As many are not tech- savvy, programmes should be designed to ensure their digital literacy. Temporary

subsidies and other types of social relief can also be arranged.

- Reform /review the existing discriminatory policies targeted at certain communities, including issues like citizenship, self- respect and dignity, identity and social justice.
 - Government should support to bring about behavioural change programmes and encourage acceptance of everyone in the society. For this, it is important to capture the data of the marginalized people, especially in the national census. The youth, organisations working for the welfare of the marginalized, civil society organizations, local governments, census enumerators should be well trained about these issues and the media should also play a supporting role by disseminating awareness programmes.
 - The youth can be mobilized who can act as watchdogs to ensure that everyone in their community receives access to information, relief distribution, health care – especially in the context of COVID-19.
 - Social protection is vital for many marginalized groups, including those working in the informal sector. Additionally, they should be oriented on occupational safety and health standards and measures.
-
- **Social Cohesion and Community Resilience**
 - The data reflects that there needs to be an increasing attention placed on addressing different forms of discriminations in order to maintain social cohesion and the rule of law.
 - Now there's a new form of discrimination being witnessed and prevalent in the community because of COVID-19 and resulting in social disruption. There must be a clear and effective plan for the reintegration of people infected with COVID-19 in their family and society. There must be massive interventions in the front of community awareness and behavioural change.
 - Discrimination based on caste, religion and gender are linked with human rights issues. So, measures must be taken to secure a dignified life, meaningful participation, leadership building and access over resources and state mechanism, federal, provincial and local government. Caste based, religion and gender-based violence are prevalent in the society. The local government, NGOs, civil societies and media should organise effective awareness programmes. The victims should have easy access to complaint mechanism and empowerment programmes should be developed by targeting marginalised communities. Behavioural change is also required in the society and communities to facilitate this change.
 - Women had minimal decision making authority over their own health issues, both in their families and at the community level.

- There is a need to ensure accessible information (in local language) and accessible infrastructure.
- Cyber violence is another growing area that demands attention, and coordinate with the Nepal Police and other policy implementing agencies needs to be enhanced to create advocacy and awareness on this issue.
- **Accountability & Transparency**
 - The activities carried out by the government should be transparent and all the citizens should get information about it. There should therefore be an appropriate mechanism to support this. 94% respondents were aware of the government responses against COVID-19; 81% reported it to be effective to some extent. However, some noted that civil society organizations did not make any effort to implement the governments decisions and that the media could play a better role to facilitate information flow.
 - Since many respondents are not satisfied with the relief distribution carried out by the government, a well-coordinated mechanism should be developed so that those most in need can be reached first. There should be effective complaint handling mechanism in place so that the concerned authorities can effectively address them.
 - Moreover, relief packages should be distributed in fair and transparent manner. There must be an effective accountability mechanism and civil society should take lead on this front to ensure that those most in need receive relief support.
 - The respondents shared that the government as well as various bodies had collected data and information from various groups like the persons with disabilities, but no concrete actions or follow-ups were made. There was therefore a clear request for proper monitoring, evaluation at the field level to ensure that the information provided in the data gathering phase materialized at the local level.
 - It is imperative to ensure that the government's support package is disability inclusive and provides information on the relief packages accessible to persons with disabilities in simple and easy formats.
 - Ensure smooth communication and coordination between the government bodies, civil society agents and development actors to tackle the impact of this crisis.
 - The local government must be strengthened to enhance their capacity to deal with such crises – especially as they are most close to the grounds.
 - Work on decentralizing programmes on the pandemic to even the most remote parts of the country.

- Coordinate with multiple agencies to implement the programmes and ensure smoother coordination and proper implementation.
 - Some provinces have been so hard hit by the pandemic that there needs to be policy level engagement to address the myriad issues.
 - The decision-making bodies on COVID-19 and on non-COVID-19 issues should be diverse. People from the marginalizing communities should be represented there, which should help form inclusive policies and implement effective implementation.
- **Education**
 - Children’s right to education has been severely affected during this lockdown period. Online classes have been enjoyed by only a few students. Therefore, long-distance learning programmes should be developed. The schools at the local level also prepare to welcome their students and should sanitize the schools to resume classes in safe manner.
 - Moreover, as illiteracy is high in certain provinces, especially among marginalised communities, it is essential to develop literacy programmes and special COVID-19 awareness programmes for them .
 - There is a need to re-start education by adopting alternative learning methods. At the same time, there is also the need to ensure that alternative learning methods are affordable and accessible for all.
- **Information**
 - On the whole, miking, local radio, television and social media were means of accessing information on the pandemic in an easy manner. The respondents also felt that the information disseminated from the local level was quite effective, with 47% reporting it was somewhat effective. However, 10% also noted that the information dissemination from the local level was not effective.
 - However, there is a scope to improve this and information dissemination would be more effective if it is given in the local and regional languages in a simple and understandable manner.
 - During such times, the media too can play a very active role. Fake news, disinformation, misinformation about COVID-19 was prevalent in the media. In such a case, the media can be sensitized to develop factual information as well as targeted messages for marginalised,

backward and illiterate community / population. Since this is a new virus, special messages and awareness materials should have been developed explaining it for target communities.

- The local government should establish an information centre that disseminates factual information at the community level. This way, all the people in the community are aware of the current happenings, necessary precautionary measures, and alternate ways to sustain their livelihood.
- There should be awareness raising activities to ensure that all community members are aware of the services allowed to them as part of the state welfare. There needs to be an emergency care plan for the most vulnerable. A care plan is a form that summarizes a person's health conditions and current treatment. It can also include a summary of your health conditions, medications, healthcare providers, emergency contacts. Moreover, facilities that offer health services at home should be encouraged and transportation facilities for such home services should be arranged.
- Social media needs to be carefully monitored to ensure that no one is being harassed or threatened through it. Such kind of action should also be legally punishable.

9. Sustainability

In order to compliment these recommendations and to ensure the sustainability of a well-laid foundation for effective response to COVID-19, the youth volunteers can be mobilized. The role that the youth volunteer can play to support this cause include:

- Help in awareness raising activities at the community level among community level stakeholders, students at the primary level, those not in formal education on topics including domestic, gender based and sexual violence in coordination with civil societies.
- Encourage women who are victims of violence to register a complaint and speak out against violence against women.
- Inform the community members of the work that the government is doing for the COVID-19 response.
- Provide advice to the government at the three tiers on what they can do to improve the issues of the marginalized in the current context.

10. Conclusion

The youth webinar series were filled with enriching insights from the presenters of the seven provinces as well as the experts for the webinar. In all of the webinars, those present lauded the effort of the volunteers who led the webinars. The experts also shared how they were working to address the myriad issues caused by the pandemic.

Each of the webinars shone light on the particular issues that a certain community were facing in the current context. They also provided interesting learnings for how to more effectively respond to the unfolding crisis, and strongly saw a bottom-up approach as one of the solutions to this. The webinar helped identify some trends that highlighted the problems that the respondents faced. The majority of the respondents faced difficulties in maintaining a stable source of income in these times, and many also reported difficulties in accessing proper healthcare and even accessing education.

The webinars were also important in sensitizing all those present on the pertinent issues that people are facing on a daily basis because of COVID-19. Some of the recommendation from the webinar series were to ensure that there are targeted programmes, especially for those in geographically remote locations. These programmes may come from the local or provincial governments, or civil society bodies. The webinar shone light on designing accurate policies that would be implemented, along with a coordinated approach among all stakeholders to tackle this growing crisis. The youth volunteers noted that the youth could be mobilized in awareness raising campaigns at the local level.

11. Stories

From the webinars

Province 1:

Biratnagar: Mina Chaudhary, 28, is a daily wage earner. She and her husband worked in the same field, and together earned Rs. 1200 a day. However, the contractor continuously threatened to dismiss both of them from their jobs and also sexually abused Mina. If she does not comply, she is scared that both of them will lose their jobs and will have no work in the lockdown period. So, she bears this abuse.

Budhiganga I, Morang: Lalita Devi, 72, has been eating only one meal a day for the past four months. She was married into Nepal from India and came here at the age of 13. Soon after their marriage, she lost her husband. He has been a single woman, with no children, ever since. She says that remarrying

was not a possibility given that she did not even know how to return to India after her husband passed away. And in spite of visiting the administration offices, she was not able to get a citizenship. She is therefore stateless and has been so for the past six decades. Because she has to citizenship, she is unable to access the welfare that the state is providing in context of the pandemic. This forces her to either rely on her neighbours or go to surrounding villages in search for food.

Province 4:

Shuklagandaki 3, Tanahun: Muna Gurung, around 35 years of age, lived with her daughter and son. She was a daily wage earner, and did not have a stable source of income. She earned just enough to feed her family twice a day. After the onset of the lockdown, her situation further deteriorated. Because she did not have a source of income during the lockdown, she was not able to give money to her son. When she told her son that she had no money for him, he got violent and physically hurt his mother and sister. Unable to bear this, Muna took her daughter and went to their neighbour's house. When she returned home, she saw that her son had hung himself. Seeing this, she too fainted.

**The names in the stories have been changed.*

From the volunteers

"I belong to a small village in the Bara district. I am a recent SEE graduate who didn't know anything about surveys and vulnerable communities. I came to know about the 'Yuwa in Action' programme via social media and applied for it and luckily got selected. I am an introvert. I feel very shy to talk to new people. I was spending time with nothing remarkable because of the lockdown. Using Kobo and surveying people was my first ever experience. I talked to different target groups based on the nature of the survey. I got an opportunity to talk to the LGBTIQ community of people during the survey. My perception of them changed when I did the survey. Now I have more respect for the people who belong to that community. I also came to know about the different categories of the people who belong to the LGBTIQ community. I then shared my knowledge and experience with my friend circle. Now, they have understood that the LGBTIQ community people are also like us and now they have huge respect for the people who belong to the community. To sum up, this opportunity became a platform where I got to know about the problems faced by different people and how young people like me support them. I believe this programme has helped many of the youth like me to understand the problems faced by the different communities and encouraged t to support these people the way we could."

Volunteer name: Diksha Khadka

Address: Province-2, Bara

Age:18

A. ANNEX

Annex 1: List of Experts

Webinar 1

- Basanti Tamang, Deputy Mayor of Dakshinkali Municipality, Kathmandu
- Ramesh Adhikari, National Program Manager, PLGSP
- Tritha Kumari Gurung, Ward Member, Pokhara Metropolitan City-11
- Yanki Ukyab, Development Economist, UNDP

Webinar 2

- Anju Dhungana, Under Secretary, Ministry of Women, Children and Senior Citizens
- Binda Magar, Gender and Social Inclusion Programme Specialist

Webinar 3

- Shree Satya Devi Mahara, Vice Chairperson of Laljhadi Rural Municipality in Kanchanpur District, Sudurpaschim Province.
- Tek Tamata, Portfolio Manager in UNDP Nepal.

Webinar 4

- Dr. Basu Dev Kafle, Professor of Inclusive Education, Tribhuvan University
- Simrika Sharma, Public Information/Information Manager, UNRC

Webinar 5

- Geeta Satyal, Deputy Mayor, Lalitpur Municipality

- Krishnahari Baskota, Executive Board Member, National Senior Citizens Federation

Webinar 6

- Bharat Sharma, Joint Secretary, Ministry of Women, Children and Senior Citizens
- Pinky Gurung, President, Blue Diamond Society

Webinar 7

- Harihar Thapa, Vice Chairperson of FNCSI and Chairperson of Gandaki Province of FNCSI

Webinar 8

- Subash Khatiwada, President, Association of Community Radio Broadcasters Nepal (ACORAB Nepal)

Annex 2: Links to topic-wise reports & infographics

The eight webinars were on the following topics:

1. Access to Basic Services ([Report](#) + [Infographic](#))
2. Women Issues Related to COVID-19 ([Report](#) + [Infographic](#))
3. Problems Faced by Marginalised Communities ([Report](#) + [Infographic](#))
4. Issues of Persons with Disabilities Related to COVID-19 ([Report](#) + [Infographic](#))
5. Issues Faced by Senior Citizens in the Context of COVID-19 ([Report](#) + [Infographic](#))
6. Issues Faced by the LGBTIQ Community in the Context of COVID-19 ([Report](#) + [Infographic](#))
7. Issues Faced by Workers in the Informal Sector in the Context of COVID-19 (Report + Infographic)
8. The Role of Stakeholders in Responding to the Issues of COVID-19 (Report + Infographic)

Annex 3: Team Composition

<u>S.N.</u>	<u>Responsibility</u>	<u>Person</u>
2	Advisor	Kundan Das Shrestha
3	Researchers / Question Developers -	Nikila Shrestha / Tek Nath Sapkota / Bishnu Bahadur Nepali / Mohammad Shahid Reza / Binita Karki
4	Coordination with volunteers	Binita Karki / Bishnu Bahadur Nepali / Mohammad Shahid Reza
5	Content Designer	Pushpa Mukhiya Sunuwar / Nikila Shrestha / Tek Nath Sapkota
6	Data Analysis and IT Support / Data Survey Design -	Sujit Gopal Shrestha / Pushpa Mukhiya Sunuwar
7	Graphic Design / IT Back Up	Bikash Sharma
8	Reporting	Ayushma Basnyat
9	Moderator and Facilitator	Nikila Shrestha / Binita Karki / Bishnu Bahadur Nepali
10	Interpreter	Ayushma Basnyat / UNVs
11	Social Media Interaction / Poll	Bikash Sharma / Ayushma Basnyat / Mohammad Shahid Reza

12	Finance Support	Ananda Ale/Lhawang Lama
13	Sign Language Interpreter	Shilu Sharma

Annex 4: Few Photographs (With Captions)

Annex 5: Sample questionnaire

प्रश्नावली

अनौपचारिक क्षेत्र तथा परम्परागत सिपमा आधारित कामदारहरूको कोविड-१९ सम्बद्ध समस्याहरू

सामान्य जानकारी

स्वयंसेवकको पुरा नाम थर:

मोबाइल नं:

उत्तरदाताको विवरण

उत्तरदाताको नाम: उमेर: लिंग: पुरुष, महिला, लैङ्गिक अल्पसंख्यक फोन नं: परिवार संख्या:
शैक्षिक योग्यता: क) निरक्षर ख) सामान्य लेखपढ ग) प्राथमिक तह घ) माध्यामिक तह ङ) उच्चमाध्यमिक च) स्नातक वा
सो भन्दा माथि

ठेगाना: प्रदेश: जिल्ला: नगर/गाँउपालिका: वडा नं:

तपाईं तलकामध्ये कुन क्षेत्रमा काम गर्नुहुन्छ ?

- क) निर्माण ख) कृषि ग) हस्तकला घ) घरेलु कामदार ङ) कलाकारिता च) सिलाइ छ) कटाइ
छालाको काम ज) घरेलु तथा साना उद्योग झ) सरसफाई ञ) अन्य

के तपाईं पेसागत क्षेत्रको कुनै संगठनसँग आवद्ध हुनुहुन्छ ?

- क) छु ख) छैन

सामान्य प्रश्न

१) तपाईंको घरमा निम्न मानिसहरू हुनुहुन्छ ?

क) अपांगता भएको व्यक्ति ख) गर्भवती महिला ग) सुत्केरी महिला घ) २ वर्ष मुनिका शिशु ङ) ज्येष्ठ नागरिक च) दिर्घ रोगि छ) लैङ्गिक अल्पसंख्यक

२) तपाईंलाई जानकारी भए अनुसार यस जिल्लामा कोरोना भाइरस कसरी फैलन गयो ?

क) आन्तरिक समुदाय ख) विदेशबाट फर्किएका व्यक्तिबाट ग) चेतनाको अभावले घ) थाहा छैन

३) तपाईंले कोरोना भाइरस सङ्क्रमण बढीरहेको बेला के कस्ता समस्याको सामना गर्नु पर्यो ?

क) खाद्यान्न सामग्रीको असहजता ख) आर्थिक समस्या ग) मानसिक तनाव चिन्ता घ) लैंगिक आधारमा हुने हिंसा ङ) स्वास्थ्य सेवाको असहजता च) यातायात छ) जातिगत र सामुदायिक आधारमा हुने विभेद ज) धार्मिक विभेद झ) कोरोना सङ्क्रमणका कारण भएको विभेद ञ) कच्चा पदार्थको अभाव ट) कृषि सामग्रीको अभाव ठ) अन्य

४) कोरोना संक्रमणबाट बच्नका लागि तपाईंको परिवारले के कस्ता उपायहरू अबलम्बन गरेको छ ?

क) पन्जाको प्रयोग ख) मास्कको प्रयोग ग) सेनिटाईजरको प्रयोग घ) साबुन पानीले बारम्बार हात धुने ङ) सामाजिक दुरी कायम गर्ने च) अत्यावश्यक काम बेगर घर बाहिर नजाने

५) तपाईंको स्थानीय स्तरमा व्यवस्थापन गरिएको क्वारेन्टिनको बारेमा तपाईंलाई जानकारी छ ?

क) छ ख) छैन

खाद्य सुरक्षा तथा पोषण

१) तपाईंको परिवारसँग हाल कति अवधिको लागि खाद्यान्न सामग्री उपलब्ध छ ?

क) १ साताको लागि ख) १ महिनाको लागि ग) १ महिना भन्दा बढी अवधिको लागि घ) खाद्यान्न सञ्चित नभएको

२) यदि खाद्यान्न सञ्चित नभएको भए कसरी व्यवस्था गरी रहनु भएको छ ?

क) सरकारी राहत ख) आफन्त वा छिमेकीको सहयोग ग) अन्य संघसंस्थाको सहयोग घ) पैँचो लिएर ङ) अन्य

३) के तपाईंको नजिक स्थानीय बजारमा अति आवश्यक खाद्यवस्तु उपलब्ध छन् ?

क) छ ख) आंशिक रूपमा उपलब्ध ग) छैन

आर्थिक कारोवार र सेवा

१) तपाईंको परिवारको प्रमुख आम्दानीको स्रोत के हो ?

क) कृषी उत्पादन ख) मजदुरी ग) उद्योग व्यापार घ) रेमीटेन्स ङ) नोकरी च) घरेलु तथा साना उद्योग छ) स्वरोजगार (खुद्रा पसल लगायत सानातीना व्यवसाय) ज) अनौपचारिक क्षेत्र (कलाकारिता) झ) अन्य

२) तपाईंले आर्थिक कारोवार कुन कुन माध्यमबाट गर्नु भएको छ ?

क) नगद ख) बैंक ग) सहकारी घ) एटिएम कार्ड मार्फत ङ) मोवाइल नगद (Mobile cash)

च) सापटी वा ऋण

३) कोरोना महामारी पश्चात तपाईंको आयमा कस्तो प्रभाव परेको छ ?

क) कुनै प्रभाव नपरेको ख) पहिलेको भन्दा घटेको ग) पहिलेको भन्दा बृद्धि भएको घ) आयआर्जन नै बन्द भएको

४) कोरोना महामारीको कारणले तपाईंको परिवारको आम्दानी स्रोतमा कुनै प्रभाव पर्यो ?

क) कुनै प्रभाव नपरेको ख) पहिलेको भन्दा घटेको ग) पहिलेको भन्दा बृद्धि भएको घ) आय स्रोत नै बन्द भएको

५) तपाईंको परिवारले गर्ने उत्पादन वा बस्तु बिक्रिमा कोरोना महामारीको कारणले कस्तो प्रभाव परेको छ ?

क) कुनै प्रभाव नपरेको ख) पहिलेको भन्दा असहज भएको ग) पहिलेको भन्दा सहज रूपमा बिक्रि भएको ग) बजार अभावको कारण बिक्रि नै बन्द भएको

६) तपाईंको परिवारको कुनै सदस्यले कोरोना महामारीको कारणले रोजगारी गुमाउनु परेको छ ?

क) छ ख) छैन

स्वास्थ्य सेवा र सामाजिक मनोपरामर्श

१) हाल तपाईंको स्वास्थ्य अस्वस्था कस्तो छ ?

क) सामान्य ख) पहिले भन्दा खस्किएको ग) कारोना संक्रमण भएको

२) कोरोना महामारीको अवधिमा तपाईंले अस्पताल वा स्वास्थ्य केन्द्रबाट सेवा लिनु परेको छ ?

क) छ ख) छैन

यदि छ भने तपाईं स्वास्थ्य प्रदायक संस्था सम्म कसरी जानुहुन्छ ?

क) निजि सवारी साधन ख) स्थानीय तहले व्यवस्था गरेको ग) एम्बुलेन्स सेवा घ) सुरक्षा कर्मिको सहयोग ङ) पैदल च) अन्य

३) तपाईंको घरबाट स्वास्थ्य प्रदायक संस्था पैदल कति टाढा छ ?

क) १५ मिनेट ख) आधा घण्टा ग) १ घण्टा वा सो भन्दा बढी

४) तपाईंको स्वास्थ्य प्रदायक संस्थामा के के सुविधाहरू उपलब्ध छन ?

क) पहिले जस्तै सामान्य सेवा उपलब्ध ख) खोप सुविधा उपलब्ध ग) चिकित्सक सेवा उपलब्ध घ) विशेषज्ञ सेवा ङ) कोरोना

सम्बन्धी थप चेकअप च) स्वास्थ्य परामर्श छ) मनोसामाजिक परामर्श ज) टेलिफोन मार्फत परामर्श झ) थेरापी सेवा

५) के लकडाउनको अवधिमा तपाईंसँग अत्यावश्यक औषधी तथा स्वास्थ्य उपकरणहरूको पर्याप्त संचिति थियो ?

क) थियो ख) थिएन ग) आवश्यक नपरेको

६) यदि थिएन भने कसरी व्यवस्थापन गर्नुभयो ?

क) नजिकैको पसलबाट लिएको ख) साधनको अभावमा बसेको ग) घरका अन्य सदस्य मार्फत व्यवस्था भएको घ) अन्य

७) तपाईंको समुदायमा रहेका स्वास्थ्य प्रदायक संस्थामा अत्यावश्यक औषधी तथा स्वास्थ्य उपकरणहरूको उपलब्धता कस्तो छ ?

क) पहिलेकै जस्तो ख) पहिले भन्दा खस्किएको ग) पहिलेको भन्दा बढी उपलब्ध

८) तपाईंलाई कोरोना परिक्षण केन्द्रहरूको वारेमा जानकारी छ ?

क) छ ख) छैन

खानेपानी तथा सरसफाई

1. तपाईंलाई खानेपानीको मुख्य स्रोतसम्म पुग्न कति समय लाग्छ ?

क) घरमा नै व्यवस्था भएको ख) १५ मिनेट ग) आधा घण्टा घ) १ घण्टा वा सोभन्दा बढी

2. तपाईंले खानेपानी कसरी सुद्धीकरण गरेर पीउने गर्नु भएको छ ?

क) पानी उमालेर ख) क्लोरिन प्रयोग ग) फिल्टर गरेर घ) सोडिस गरेर ङ) कुनै पनि उपाय नअपनाएको

3. तपाईंले हात धुनको लागि के प्रयोग गर्नु हुन्छ ?

क) साबुन पानी ख) खरानी वा माटो ग) पानी मात्र घ) अन्य

कोविड सुचनाको जानकारी तथा पहुँच

1. तपाईंले कोरोना भाइरसको वारेमा कहिले थाहा पाउनु भयो ?

क) चिनमा देखिएपछि ख) युरोपमा देखिएपछि ग) चिनवाट नेपाली विद्यार्थी नेपाल ल्याएपछि घ) नेपालमा लकडाउन भएपछि
ङ) मोवाइलमा रिड टोन बज्नु थालेपछि

2. तपाईंलाई कोरोना भाइरसको बारेमा कुन कुन माध्यमबाट जानकारी प्राप्त गर्न सहज भयो ?

क) रेडियो ख) टेलिभिजन ग) पत्रपत्रिका घ) स्थानीय जनप्रतिनिधि ङ) सामाजिक संजाल च) मोवाइल रिड टोन छ)
राजनीतिक दलका कार्यकर्ता ज) आफन्त वा छिमेकी झ) सामुदायीक संघसंस्थाहरू ञ) अन्य

3. तपाईंले कोरोना महामारीको अवधिमा आधारभुत सेवाहरू कसरी प्राप्त गर्ने भन्ने सुचना प्राप्त गर्नु भएको छ ?

क) छ ख) छैन

यदि छ भने कुन माध्यमबाट सुचना प्राप्त गर्नु भएको हो ?

क) रेडियो ख) टेलिभिजन ग) पत्रपत्रिका घ) स्थानीय जनप्रतिनिधि ङ) सामाजिक संजाल च) मोवाइल रिड टोन छ)
राजनीतिक दलका कार्यकर्ता ज) आफन्त वा छिमेकी झ) सामुदायीक संघसंस्थाहरू ञ) अन्य

सामाजिक जवाफदेहिता र पारदर्शिता

1. स्थानीय तहबाट कोरोना महामारी सम्बन्धी जानकारी कुन कुन माध्यमबाट प्राप्त भएको छ ?

क) माइकिङ ख) स्थानीय एफएम ग) वार्ड प्रतिनिधी परिचालन घ) स्थानीय समुह र समिती परिचालन ङ) छापा माध्यम
च) घरदैलो छ) स्थानीय टेलिभिजन

2. स्थानीय तहबाट प्रवाह हुने सुचनाहरू कतिको प्रभावकारी रहेका छन् ?

क) धेरै प्रभावकारी ख) प्रभावकारी ग) केहि हदसम्म प्रभावकारी घ) प्रभावकारी नभएको

3. सरकारले सञ्चालन गरेको (स्थानीय तह समेत) तत्काल प्रतिकार्य (Immediate Response) कतिको प्रभावकारी रहेको पाउनु भएको छ ?

क) धेरै प्रभावकारी ख) प्रभावकारी ग) केहि हदसम्म प्रभावकारी घ) प्रभावकारी नभएको

4. स्थानीय तहबाट अनौपचारिक क्षेत्रका कामदारलाई ध्यानमा राखेर केही विशेष कार्यक्रमहरू गरिएको छ ?

क) छ ख) छैन

यदि छ भने, कस्ता किसिमका कार्यक्रमहरू गरेको छ ?

क) अनुदान ख) करछुट ग) सहूलियत रिण घ) श्रमको अवसर ङ) राहत च) अन्य

5. सरकार (स्थानीय तह समेत) को कोरोना महामारी सम्बन्धी सेवा प्रवाह कतिको प्रभावकारी रहेको पाउनु भएको छ ?

क) धेरै प्रभावकारी ख) प्रभावकारी ग) केहि हदसम्म प्रभावकारी घ) प्रभावकारी नभएको ङ) थाहा छैन

6. सरकार (स्थानीय तह समेत) ले कोरोना रोकथामका लागि के कसरी कार्य गरिरहेका छन् भन्ने सम्बन्धमा तपाईंलाई कतिको जानकारी छ ?

क) पुर्ण जानकारी ख) सामान्य ग) जानकारी छैन

7. सरकारी निर्णय कार्यन्वयनमा सामाजिक संघसंस्थाको पहल (प्रयास) कस्तो रहेको पाउनु भएको छ ?

क) उच्च ख) मध्यम ग) न्युन घ) हुँदैन नभएको

8. कोरोना रोकथामको लागि सहि सुचना प्रवाहको सम्बन्धमा सञ्चार माध्यमको भुमिका कस्तो रहेको पाउनु भएको छ ?

क) राम्रो ख) सन्तोषजनक ग) सन्तोषजनक नभएको

9. तपाईंले लकडाउन लगायत सरकारले जारी गरेको अन्य निर्देशनहरूको पालना कतिको गर्नु भएको छ ?

क) पूर्ण पालना ख) आंशिक पालना ग) पालना नगरेको घ) सरकारी निर्देशनको वारेमा जानकारी नभएको

10. तपाईंलाई सामाजिक दुरी कायम गर्न कति सहज भयो ?

क) सहज भएको ख) असहज भएको

11. तपाईंको समुदायमा रहेको क्वारेन्टिनको अवस्था कस्तो छ ?

क) राम्रो ख) ठिकै ग) नराम्रो घ) थाहा छैन

राहत सुविधा

1. तपाईंको समुदायमा राहत वितरण गरेको छ ?

क) छ ख) छैन ग) थाहा छैन

2. तपाईंलाई राहतको आवश्यकता पर्यो ? क) पर्यो ख) परेन

3. के तपाईंले राहत प्राप्त गर्नु भयो ?

क) गरे ख) गरिन

यदि राहत प्राप्त गर्नु भएन भने, किन ?

क) नागरिकता नभएकोले ख) समयमै जानकारी नभएकोले ग) प्राथमिकतामा नपरेकोले घ) वितरण केन्द्र टाढा भएकोले ड) अन्य

4. यदि राहत प्राप्त गर्नु भयो भने तपाईंले कुन कुन माध्यमबाट राहत तथा आर्थिक सहायता पाउनु भयो ?

क) सरकारी राहत प्याकेज ख) परिवार र साथी भाइको सहयोग ग) संघसंस्थाबाट घ) अन्य

यदि प्राप्त गरेको भए कति पटक प्राप्त गर्नु भयो ?

१, २, ३, ७ ट.

प्राप्त राहतले कति दिनलाई गुजारा चल्यो ?

क) एक हप्ता भन्दा कम ख) एक हप्ता ग) १५ दिन घ) २२ दिन ड) एक महिना छ) एक महिना भन्दा बढी

तपाईंले राहत वितरण गरेको जानकारी समयमै पाउनु भयो कि भएन ?

क) पाएँ ख) पाइन

तपाईंले राहत वितरणको जानकारी कुन माध्यमबाट पाउनु भयो ?

क) स्थानीय जनप्रतिनिधी ख) स्थानीय संचार माध्यम ग) छिमेकी घ) संघसंस्थाहरु मार्फत ड) अन्य

शिक्षा तथा सामाजिक सुरक्षा

1. तपाईंले कोरोनाको समयमा लैंगिक तथा घरेलु हिंसाको सामना गर्नु परेको छ ?

क) छ ख) छैन

यदि छ भने कस्तो प्रकारको हिंसा हो ?

क) शारीरिक ख) मानसिक ग) यौनिक घ) आर्थिक ड) सामाजिक

2. लैंगिक तथा घरेलु हिंसाको उजुरी कहाँ गर्ने भन्ने बिषयमा तपाईंलाई जानकारी छ ?

क) छ ख) छैन

3. हाल आवश्यकता परेको अवस्थामा के तपाईंको समुदायमा प्रहरी, अदालत र निस् शुल्क कानूनी सेवाको पहुँच छ ?

क) छ ख) छैन

4. अहिलेको अवस्थामा समुदायमा बाहिरवाट प्रवेश गरेका मानिसहरूलाई हेर्ने दृष्टिकोण कस्तो रहेको छ ?

क) सामाजिक अवहेलना ख) गाउँ प्रवेशमा रोक्याट ग) सामान्य

ड. कोरोना महामारीको अवधिमा तपाईंको समुदायमा सामाजिक सुरक्षा भत्ता कसरी वितरण गर्ने गरिएको छ ?

क) घर घरमा वितरण गरिएको ख) कार्यालयवाट वितरण गरिएको ग) बैंकवाट वितरण गरिएको घ) वितरण नगरिएको

ढ. तपाईंलाई कस्तो प्रकारको सामाजिक सहयोगको आवश्यकता रहेको छ ?

क) स्वास्थ्य सेवा ख) राहत ग) आर्थिक सहयोग घ) मनोसामाजिक परामर्श ड) श्रमको अवसर च) कोभिड बिमा छ) अन्य