Child & Family Special Edition
Ward level Survey of Mayors
July 2021

Access to basic services: High access to cooperatives and farmers groups, youth clubs etc., but anything requiring infrastructure is understandably scarce in Wards.

Discrimination against returnee migrants – 6%. Ward mayors reported that less than 50% of the people living in their wards have access to banks etc. 40% of people living in Wards estimated to have lost jobs

Access to health: 100% presence of FCHVs with 82% mayors thinking that FCHV provision was adequate. 93% reported presence of different type of health workers other than doctors or nurses. 67% reported availability of a health posts, 63% reported health clinic. Shortage of medicines and equipment, financial barriers and fear of infection were some of the obstacles in accessing health care

Access to Education: Government prohibition against school opening the biggest obstacle to reopening schools as reported by mayors. Provision of school bags, dress, stationery etc. was the most frequent intervention reported by ward mayors to prevent school drop-outs. Just more than 1 in 4 respondents reported the presence of mechanisms to enable children to study at home. The most frequently reported mechanism was to have means to allow greater contact between teacher and student. Supporting schools to comply with safety measures and government announcing school openings were the most frequent assistance sought by Ward mayors.

Covid-19 Ward Response: 62% responded having contact tracing mechanisms – 69% reported having mechanisms for monitoring home isolation. Biggest challenge was the reluctance to disclose Covid-19 cases. Covid-19 response plan reported by 35% of Ward mayors. Lack of funding, lack of essential medicines and inadequate HR were the biggest challenges in formulating and implementing. These were overcome primarily by investing in medical supplies (46%). 90% expected assistance from Municipal Offices. The most requested items were medical supplies, funding and technical support

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Nutrition & Food Supplies: Ward mayors reported on average 9 days of market closures during recent lockdown. However, 70% mayors reported zero days of market closures. Looking at mayors who reported more than zero days yields an average of 28 days of market closures during the most recent lockdown. Most severe reported by mayors in Sudurpaschim, Karnali & Province 2

Social protection: The most common forms of assistance received in Wards were free distribution of masks, in-kind transfers, assistance to take people to hospitals, and social security allowances. Less than 50% of respondents could confirm they had no problems reaching children. Logistcal constraints due to remoteness was the most common obstacle cited in reaching children.

Disasters and emergencies: 99% ward mayors were involved in formulating policies and guidelines for Palikas. The disasters and emergencies with the highest risks were floods, landslides, land erosion and drought.

Child protection: 14% reported seeing an increase in children without parental care – mostly attributable to parents leaving for jobs, deaths, child marriages and abandonment. Yelling/Scolding, child marriages and child labour were the most common forms of discriminatory behaviour listed by mayors. Nearly 1 in 5 respondents were unable to confirm the presence of any mechanisms to prevent discriminatory behaviour.

Discrimination and GBV: 10% reported incidents of discrimination against vulnerable groups, 38% reported incidents of GBV. 9% felt that there was an increase in the prevalence of GBV. Most prevalent forms of discrimination were domestic violence and physical intimidation. 92% responded all people in their wards were willing to take the covid-19 vaccine.

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SURVEY DESIGN OF NATIONALLY REPRESENTATIVE SURVEY OF WARD MAYORS
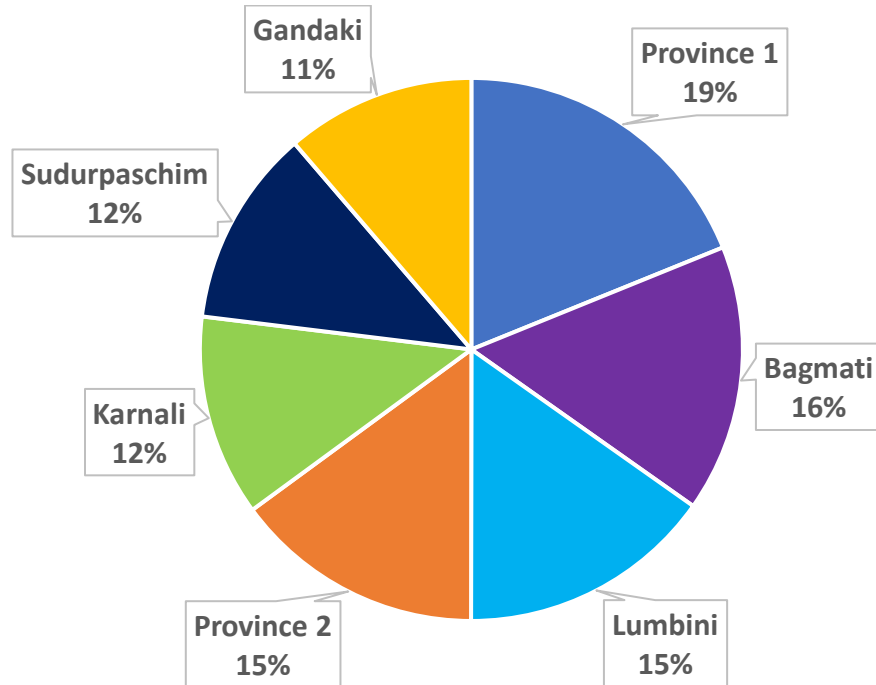
1. **SAMPLE**
    1. 2,504 Ward Mayors (38% of all Wards covered) with telephones obtained through various procedures
    2. 659 Municipalities (85% of municipalities covered)
    3. 100% of districts, 100% of provinces
    4. Province 1, Bagmati & Lumbini account for 50% of the respondents (ward mayors)
    5. 48% urban, 47% rural and 5% sub/metro located wards
2. **TELEPHONE SURVEY**
    1. DESCRIPTIVE NATURE –
        1. QUESTIONS ON ACCESS
        2. QUESTIONS ON POLICIES & CHALLENGES
        3. QUESTIONS ON BEHAVIOUR
        4. QUESTIONS ON SOCIAL ISSUES INCLUDING CHILD VIOLENCE AND GBV, DISCRIMINATION
        5. QUESTIONS ON COVID-19 PREPAREDNESS
        6. QUESTIONS ON CLIMATE/EXTREME EVENTS
        7. QUESTIONS ON RCCE
        8. 394 QUERIES SPREAD ACROSS 10 SECTIONS
3. **Useful for a wide range of programming and policy purposes** including looking at multiple and overlapping deprivations & creating dashboards at district & province levels for planning/programming purposes including in emergencies.

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Some background information on wards as reported by mayors: Main economic activities in wards, discrimination against returnee migrants, percent of households with access to financial institutions, percent of households who lost earnings and monitoring tools used by Mayors.

Agriculture

All	95%
Sudurpaschim	99%
Karnali	99%
Lumbini	93%
Gandaki	97%
Bagmati	94%
Province 2	95%
Province 1	93%

Legend: All · Sudurpaschim · Karnali · Lumbini · Gandaki · Bagmati · Province 2 · Province 1
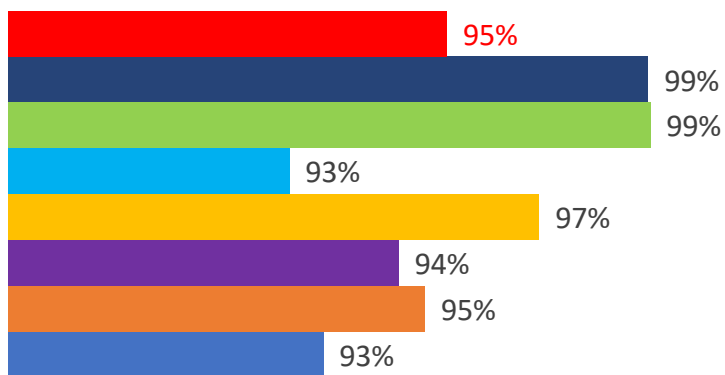
Public service (social workers, teachers and etc.)
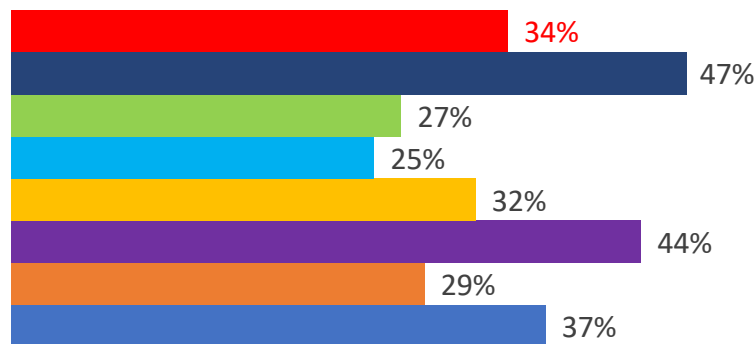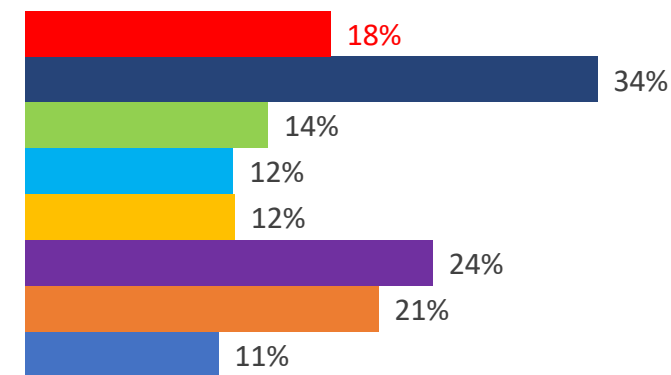
All	34%
Sudurpaschim	47%
Karnali	27%
Lumbini	25%
Gandaki	32%
Bagmati	44%
Province 2	29%
Province 1	37%

Legend: All · Sudurpaschim · Karnali · Lumbini · Gandaki · Bagmati · Province 2 · Province 1

Construction

All	18%
Sudurpaschim	34%
Karnali	14%
Lumbini	12%
Gandaki	12%
Bagmati	24%
Province 2	21%
Province 1	11%

Legend: All · Sudurpaschim · Karnali · Lumbini · Gandaki · Bagmati · Province 2 · Province 1

Migration (internal and external)

All	58%
Sudurpaschim	77%
Karnali	67%
Lumbini	42%
Gandaki	90%
Bagmati	44%
Province 2	64%
Province 1	40%

Legend: All · Sudurpaschim · Karnali · Lumbini · Gandaki · Bagmati · Province 2 · Province 1

Livestock

All	60%
Sudurpaschim	75%
Karnali	73%
Lumbini	48%
Gandaki	57%
Bagmati	77%
Province 2	33%
Province 1	59%

Legend: All · Sudurpaschim · Karnali · Lumbini · Gandaki · Bagmati · Province 2 · Province 1
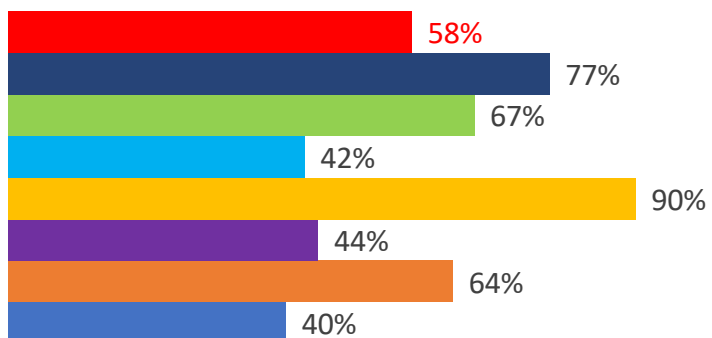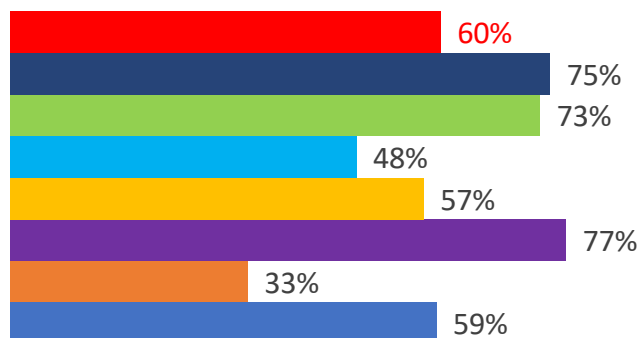
What are main economic activities in your ward?

1. Multiple choices. Agriculture (95%) followed by Livestock (60%) and migration (58%). 34% in public services
2. Provincial variation in main economic activities. Sudurpaschim reporting the highest shares across most categories of economic activities.

Discrimination, access to financial institutions and job losses: 6% of respondents reported incidents of discrimination against returning migrants. As per mayor's estimates 49% of residents in their ward had access to financia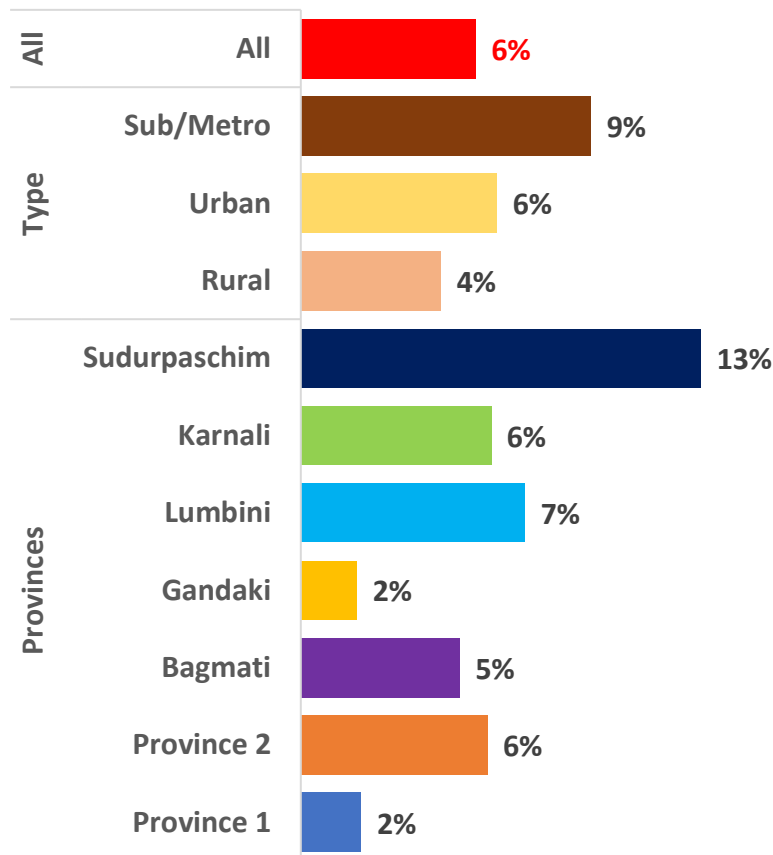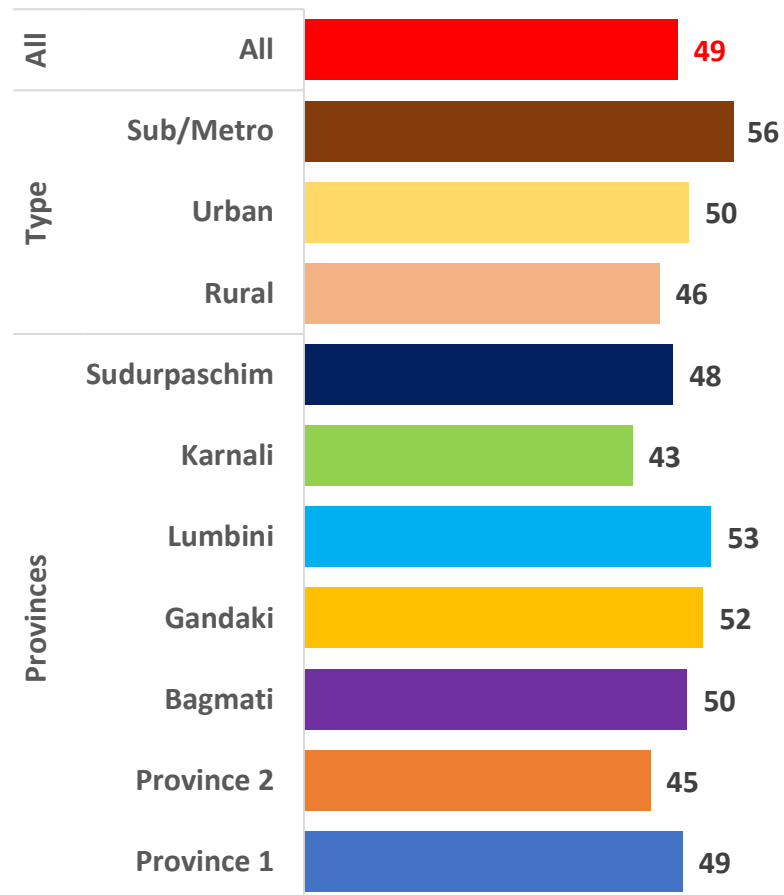l institutions. . Mayors also reported that 40% of residents had lost jobs/livelihoods. The extent and geographic patterns of job losses about residents reported by ward mayors (40%) are similar to the CFT HH survey (44%). Similarly PMIR reports suggest that migrant returnees are becoming an increasingly vulnerable group.

Have there been any incidences of discrimination against returned migrants in your wards?

All	All	6%
Type	Sub/Metro	9%
	Urban	6%
	Rural	4%
Provinces	Sudurpaschim	13%
	Karnali	6%
	Lumbini	7%
	Gandaki	2%
	Bagmati	5%
	Province 2	6%
	Province 1	2%

What percent of residents in your ward has access to banks/financial institutions?

All	All	49
Type	Sub/Metro	56
	Urban	50
	Rural	46
Provinces	Sudurpaschim	48
	Karnali	43
	Lumbini	53
	Gandaki	52
	Bagmati	50
	Province 2	45
	Province 1	49

What percent of residents have lost jobs and livelihoods in your ward during lockdown?

All	All	40
Type	Sub/Metro	44
	Urban	39
	Rural	41
Provinces	Sudurpaschim	46
	Karnali	44
	Lumbini	50
	Gandaki	34
	Bagmati	35
	Province 2	41
	Province 1	33

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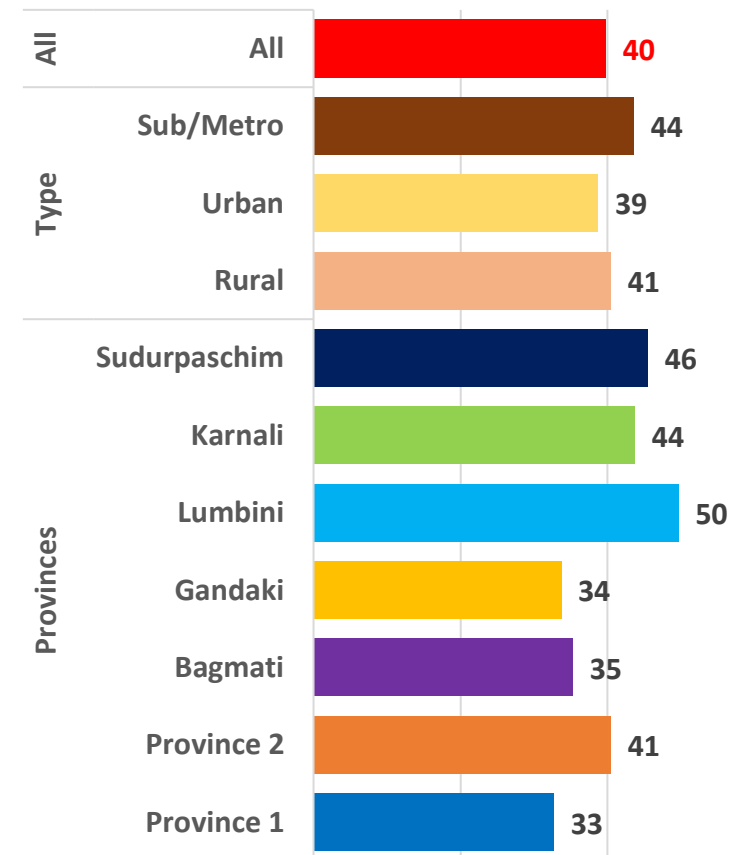
How do you usually monitor different programmes/projects in your ward?

Real time data collection and reporting

Region	Value
All	34%
Sudurpaschim	55%
Karnali	39%
Lumbini	14%
Gandaki	52%
Bagmati	36%
Province 2	25%
Province 1	30%
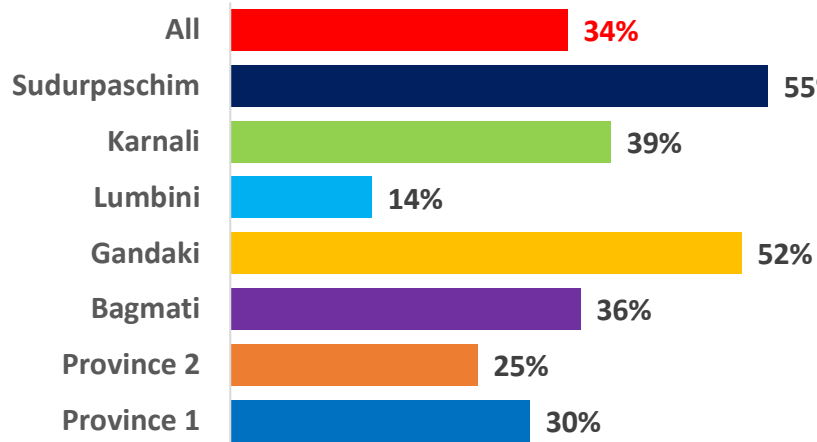
Paper based monitoring and reporting
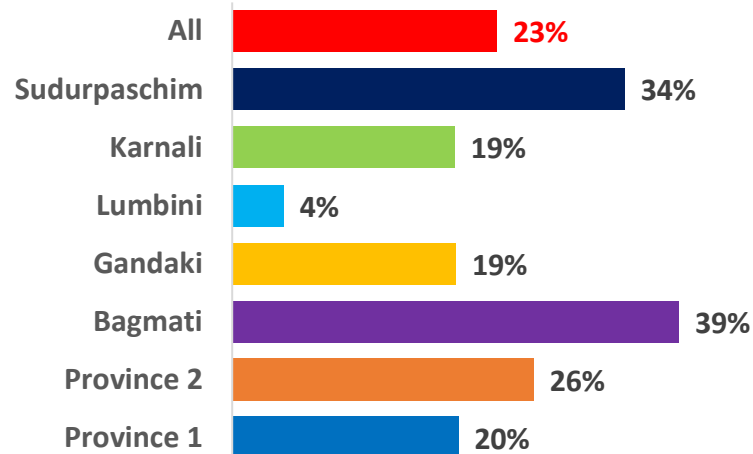
Region	Value
All	23%
Sudurpaschim	34%
Karnali	19%
Lumbini	4%
Gandaki	19%
Bagmati	39%
Province 2	26%
Province 1	20%

Observations and reporting

Region	Value
All	84%
Sudurpaschim	92%
Karnali	87%
Lumbini	73%
Gandaki	92%
Bagmati	83%
Province 2	71%
Province 1	90%

Face to face conversations with beneficiaries

Region	Value
All	61%
Sudurpaschim	68%
Karnali	69%
Lumbini	34%
Gandaki	60%
Bagmati	67%
Province 2	71%
Province 1	60%
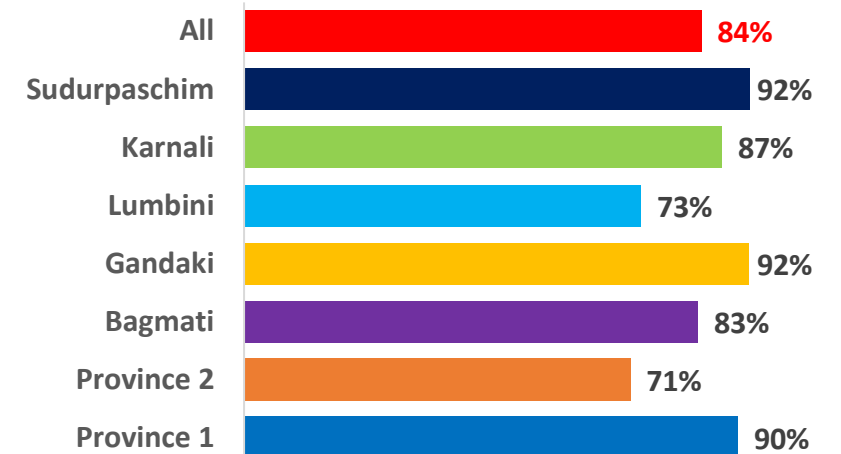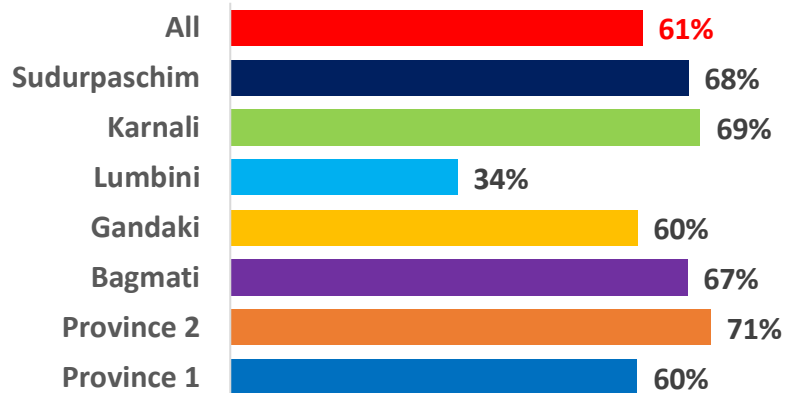
Cross checking budgetary spending and reporting

Region	Value
All	31%
Sudurpaschim	39%
Karnali	34%
Lumbini	16%
Gandaki	39%
Bagmati	42%
Province 2	14%
Province 1	36%
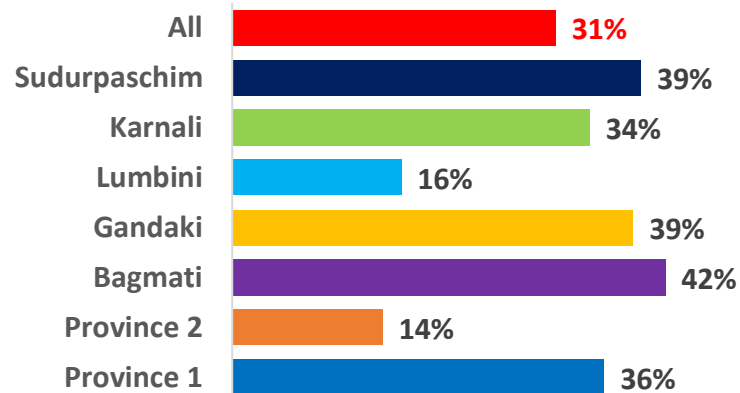
1. Observations and reporting, and, face to face conversations with beneficiaries are the most commonly used means of monitoring by ward mayors.

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ACCESS TO BASIC SERVICES

Please tell me if the following services are available in your ward?
Basic Social Services: Part 1 (Basic infrastructure)

Bar chart values:
- Early Childhood Development Center...: 85%
- Basic Education School (Class 1-8): 93%
- Secondary School up to +12: 62%
- Basic Health Care Center/Urban Health...: 63%
- Health Post: 67%
- Primary Health Care Center: 18%
- Outpatient Therapeutic Care center for...: 25%
- Medicine dispensaries/Clinics: 77%
- Government Hospital: 8%
- Community Hospital: 4%
- Private Hospital: 9%
- Ambulance Service: 31%
- Haat Bazar and Main Market: 60%
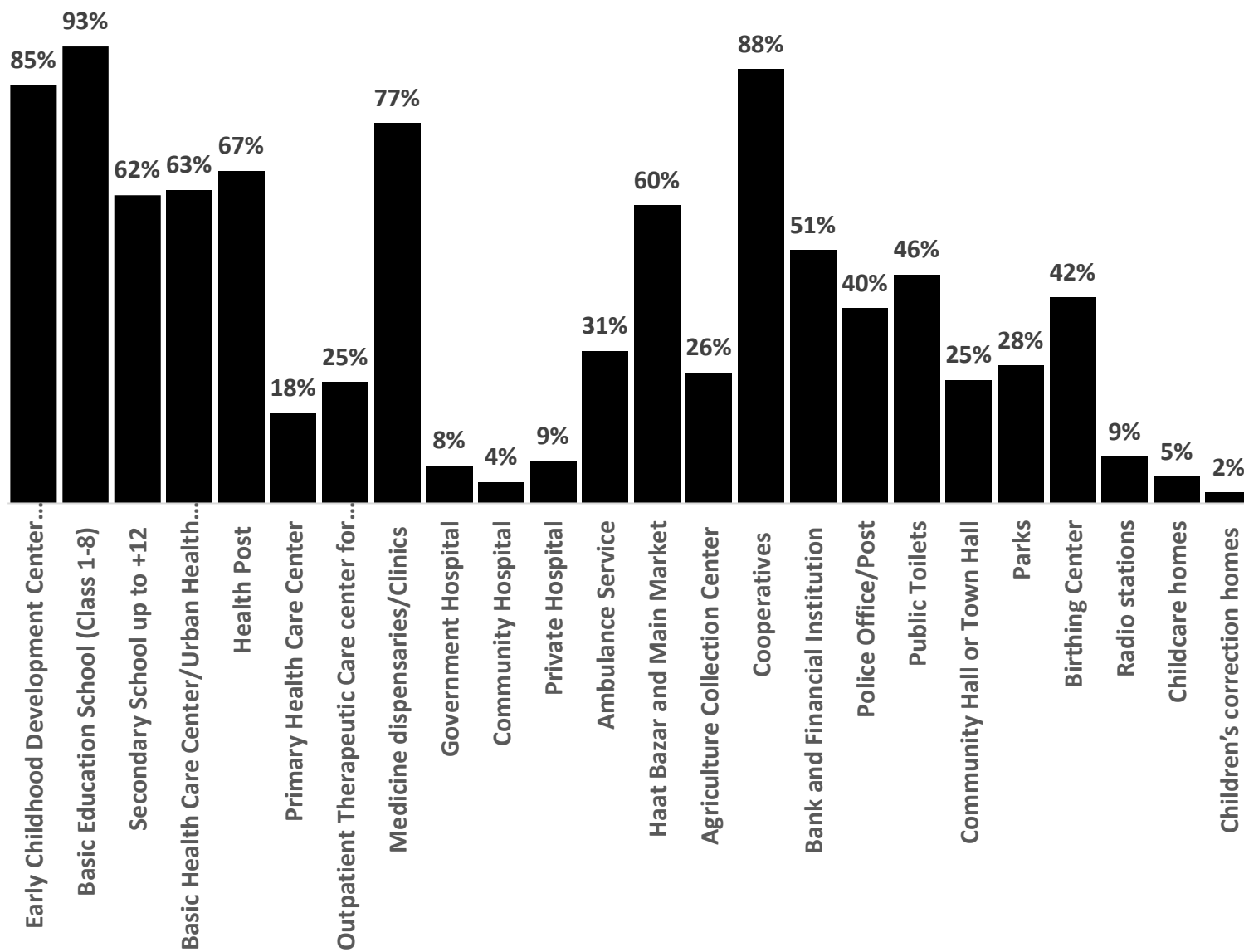- Agriculture Collection Center: 26%
- Cooperatives: 88%
- Bank and Financial Institution: 51%
- Police Office/Post: 40%
- Public Toilets: 46%
- Community Hall or Town Hall: 25%
- Parks: 28%
- Birthing Center: 42%
- Radio stations: 9%
- Childcare homes: 5%
- Children's correction homes: 2%

1. The most common basic social services reported by Ward mayors pertained to having ECDCs, Basic Education, Cooperatives and medicine dispensaries and clinics.
2. 62% reported having secondary schools up to +12
3. 67% reported having a health posts and 63% having basic health care centre/urban health clinic. It is interesting to note that the distribution of public hospitals and health posts reported in this sample very closely matches the regional, district and municipal distribution as shown in the HMIS (2019/20)
4. Less than 50% reported having police posts, public toilets, community or town halls, parks, birthing centers, radio stations, childcare homes and children's correction homes
5. Many of the results are not surprising at the ward level – higher level facilities are not usually planned at the ward level. But this information can be extremely useful in emergencies and in planning/programming
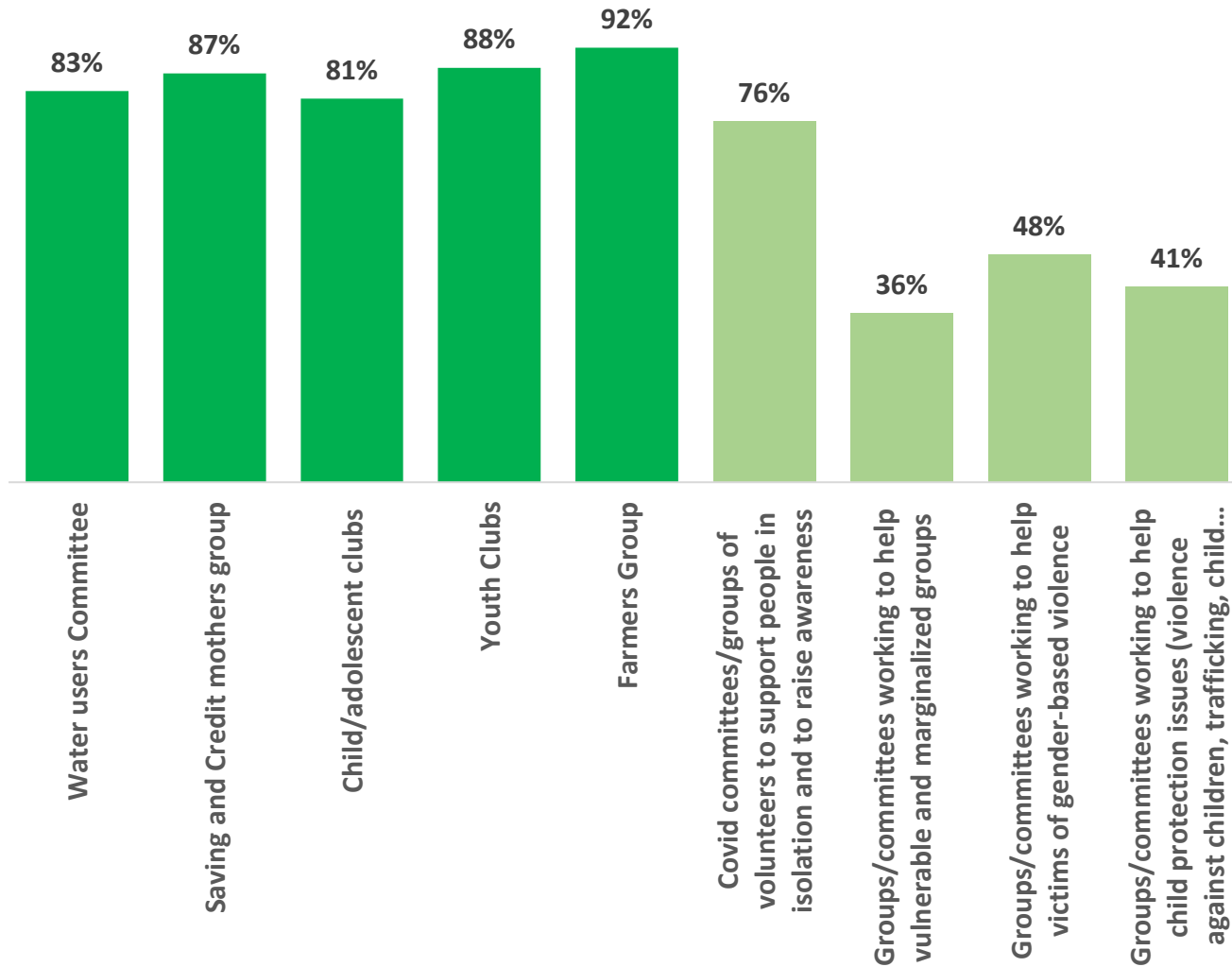
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Please confirm the following available services in your ward?
Basic Social Services: Part 2 (medical and covid-19)

Bar chart values:
- Antenatal care services and counselling: 91%
- Delivery services: 52%
- Family planning services: 54%
- Routine Immunization: 98%
- Health promotion services...: 26%
- Treatment of diarrhea/dysentery: 80%
- Treatment of malaria: 33%
- Basic emergency treatment: 79%
- Ayurveda/alternative health service: 18%
- Nutrition services (Growth...): 89%
- Treatment for child malnutrition (SAM): 37%
- Treatment for snake bite: 5%
- Treatment for rabies: 12%
- Free medicine distribution services: 96%
- Postnatal care (PNC) services: 53%
- COVID-19 treatment services: 23%
- COVID-19 testing centres: 50%
- COVID-19 vaccination centres: 80%
- Covid quarantine centers: 27%
- Risk Communication and Community...: 61%

1. Top 3 highest confirmations were for routine immunization (98%), free medicine distribution services (96%), antenatal care services and counselling (91%).
2. This corresponds to the availability of health posts, basic health care providers and urban health clinics described earlier
3. While 80% confirmed the presence of COVID-19 vaccination centres and 61% confirmed RCCE activities, some 23% confirmed covid treatment centres, 27% confirmed quarantine centers which may not necessarily be planned to operate in every ward.

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Please confirm the existence of the following groups/committees in your ward ?

Bar chart values:
- Water users Committee: 83%
- Saving and Credit mothers group: 87%
- Child/adolescent clubs: 81%
- Youth Clubs: 88%
- Farmers Group: 92%
- Covid committees/groups of volunteers to support people in isolation and to raise awareness: 76%
- Groups/committees working to help vulnerable and marginalized groups: 36%
- Groups/committees working to help victims of gender-based violence: 48%
- Groups/committees working to help child protection issues (violence against children, trafficking, child...): 41%

1. More than 8 in 10 respondents confirmed water users committees, saving and credit mother's groups, child/adolescent clubs, youth clubs and farmer groups
2. More than 7 in 10 respondents confirmed existence of Covid committees/groups
3. Less than 5 in 10 respondents confirmed the existence of groups/committees to help vulnerable groups and marginalized populations and groups/committees working to help child protection issues
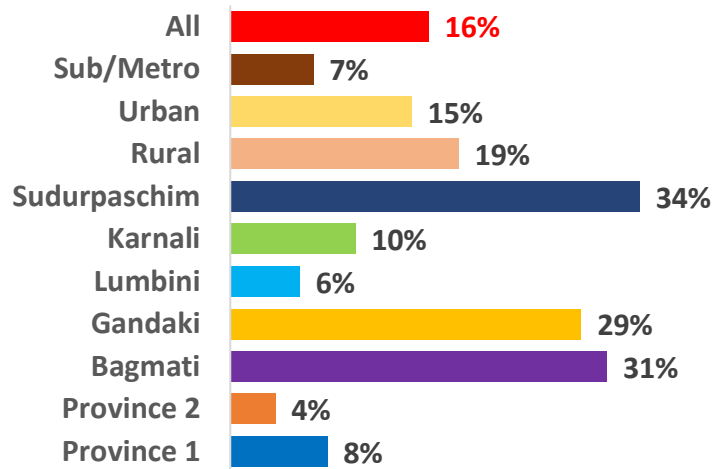
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ACCESS TO HEALTH SERVICES

Access to Health Services

Province 1: 94%, 63%, 20%, 21%
Province 2: 95%, 66%, 10%, 34%
Bagmati: 95%, 72%, 27%, 26%
Gandaki: 91%, 74%, 17%, 16%
Lumbini: 96%, 76%, 25%, 23%
Karnali: 92%, 55%, 8%, 10%
Sudurpaschim: 98%, 63%, 16%, 12%
All: 95%, 67%, 18%, 21%

- ■ Are there nurses or other health workers available in your Ward?
- ■ Are there any health posts in your ward?
- ■ Are there any primary health care centres in your ward?
- ■ Are there doctors (with MBBS or above) available in your ward?
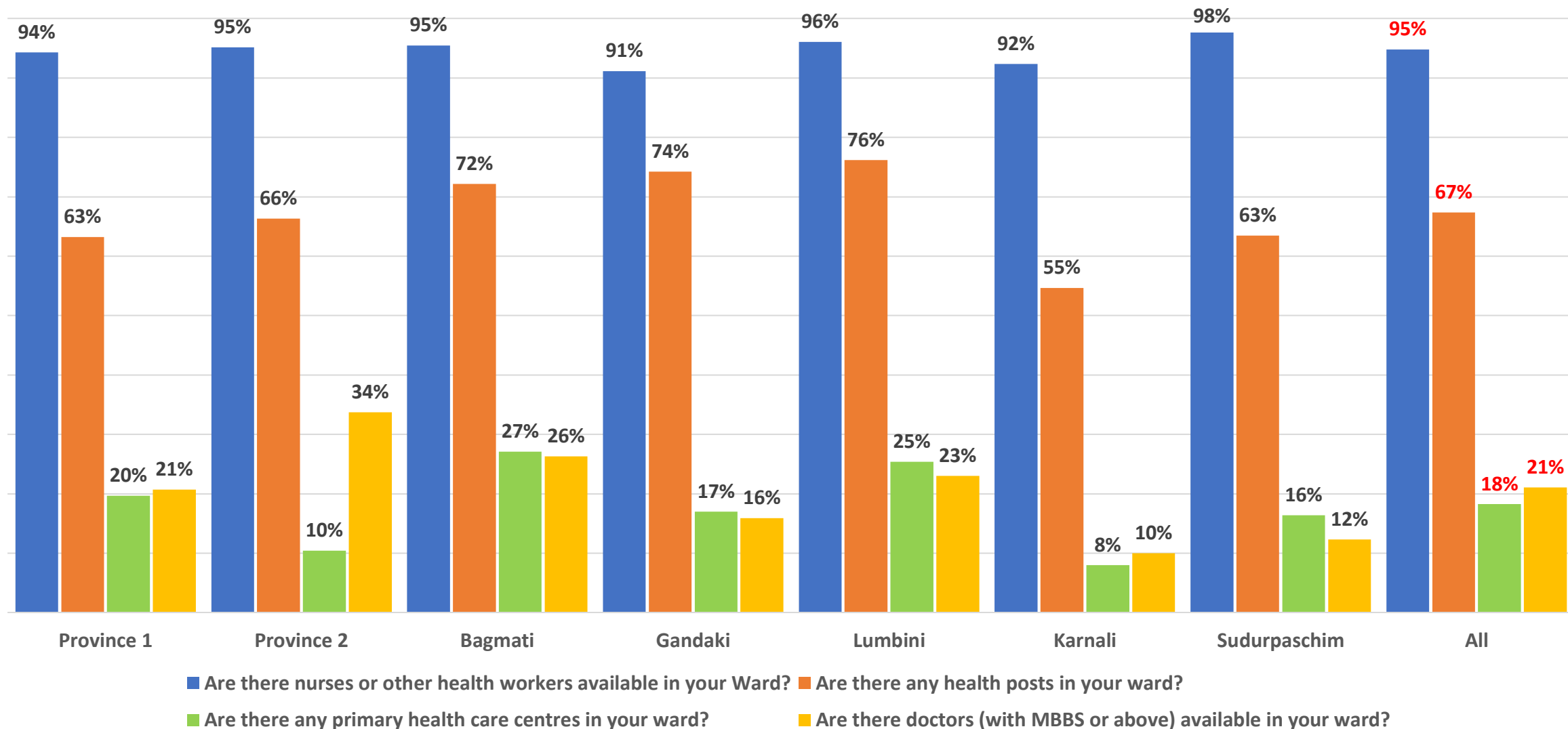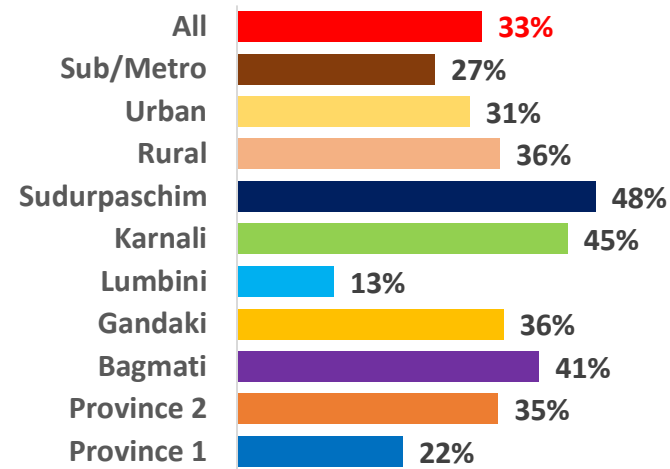
100% confirmed the presence of FCHVs in their ward. 95% confirmed the existence of nurses or other health workers, 82% confirmed that the numbers of FCHVs were adequate for their ward. No strong provincial patterns are noticeable except a much lower confirmation for the existence of doctors and primary healthcare centers in Karnali & Sudurpaschim (similar to HMIS 2019/20 data).

Access to health services : What are the main obstacles for the community in accessing health facilities for essential primary health care services in your ward?
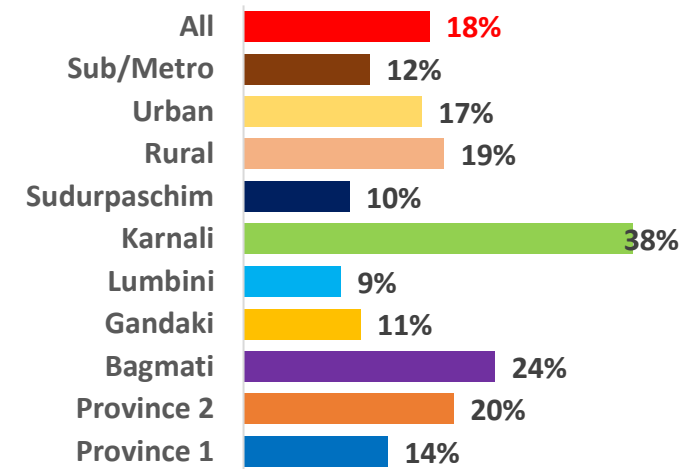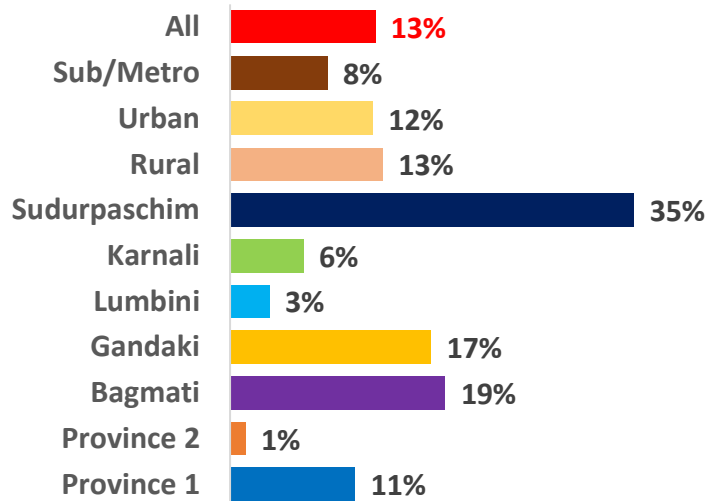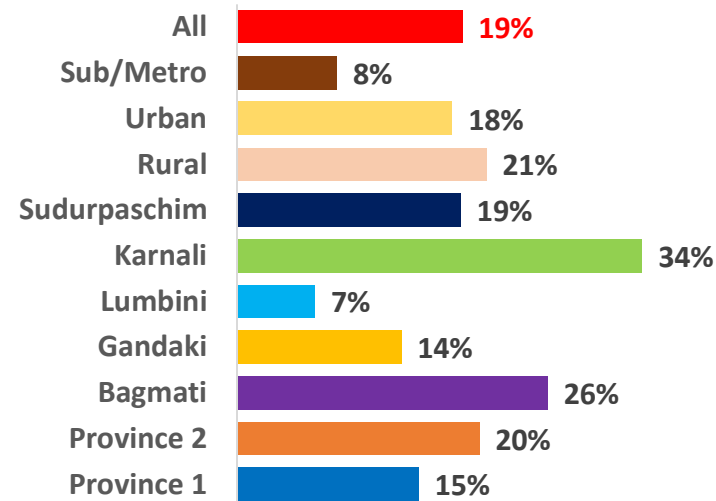
Lockdown movement curbs

All	16%
Sub/Metro	7%
Urban	15%
Rural	19%
Sudurpaschim	34%
Karnali	10%
Lumbini	6%
Gandaki	29%
Bagmati	31%
Province 2	4%
Province 1	8%

No essential supplies or medicines

All	33%
Sub/Metro	27%
Urban	31%
Rural	36%
Sudurpaschim	48%
Karnali	45%
Lumbini	13%
Gandaki	36%
Bagmati	41%
Province 2	35%
Province 1	22%

Health workers absenteeism

All	18%
Sub/Metro	12%
Urban	17%
Rural	19%
Sudurpaschim	10%
Karnali	38%
Lumbini	9%
Gandaki	11%
Bagmati	24%
Province 2	20%
Province 1	14%

Community fear of infection

All	13%
Sub/Metro	8%
Urban	12%
Rural	13%
Sudurpaschim	35%
Karnali	6%
Lumbini	3%
Gandaki	17%
Bagmati	19%
Province 2	1%
Province 1	11%

Financial barriers

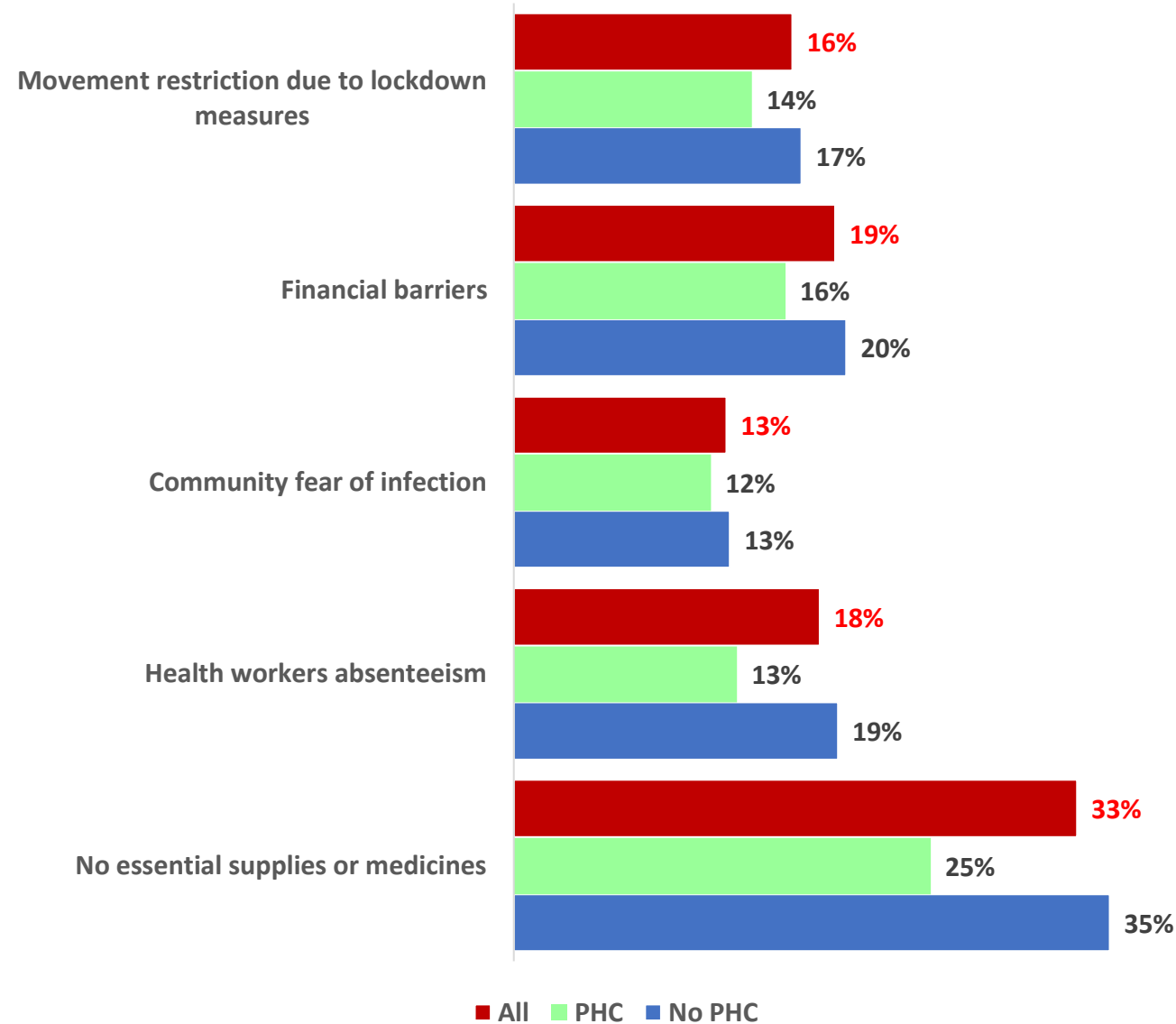|	
All	19%
Sub/Metro	8%
Urban	18%
Rural	21%
Sudurpaschim	19%
Karnali	34%
Lumbini	7%
Gandaki	14%
Bagmati	26%
Province 2	20%
Province 1	15%

1. Top 5 obstacles were the lack of essential supplies or medicines, financial barriers faced by HHs, health workers absenteeism, lockdown movement curbs and community fear of infection
2. National averages mask the diversity observed in terms of Provinces and type of Palika

Access to health services : What are the main obstacles for the community in accessing health facilities for essential primary health care services? By whether the ward mayor reported a PHC in the ward.

Movement restriction due to lockdown measures
- All: 16%
- PHC: 14%
- No PHC: 17%

Financial barriers
- All: 19%
- PHC: 16%
- No PHC: 20%

Community fear of infection
- All: 13%
- PHC: 12%
- No PHC: 13%

Health workers absenteeism
- All: 18%
- PHC: 13%
- No PHC: 19%

No essential supplies or medicines
- All: 33%
- PHC: 25%
- No PHC: 35%

■ All ■ PHC ■ No PHC

- Presence of PHC in the ward has an impact on the obstacles faced by the community.
- When PHC is present, Ward mayors are less likely to report lack of essential supplies, health workers absenteeism, financial barriers and issues with movement restrictions
- As reported by ward mayors 18% reported having public primary health care facilities. As per HMIS (2019/20) total of 198 public primary health care centres available suggesting 146,579 persons per PHC. The HMIS data suggest that 25% of municipalities have a PHC.
- Given the positive impact the presence of PHCs have on ameliorating obstacles associated with accessing primary health care.
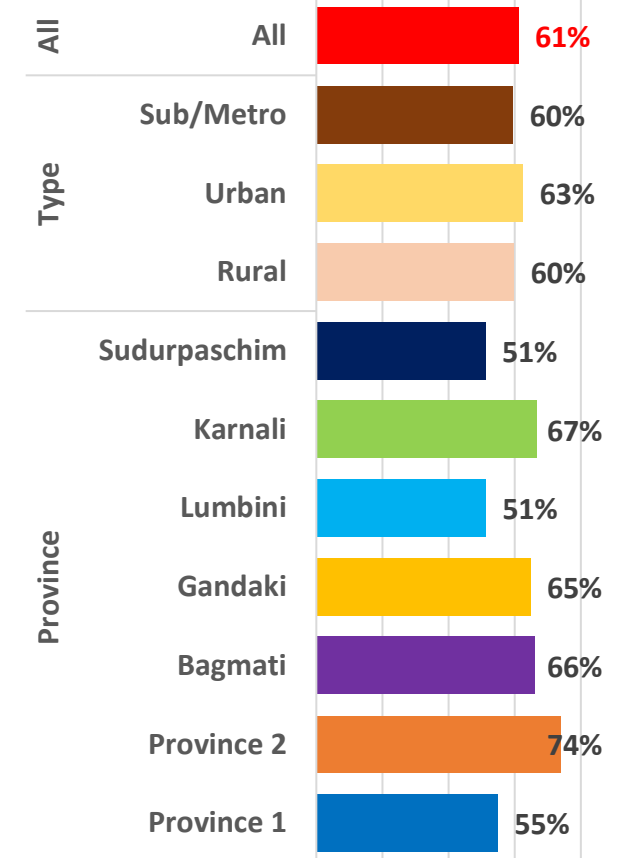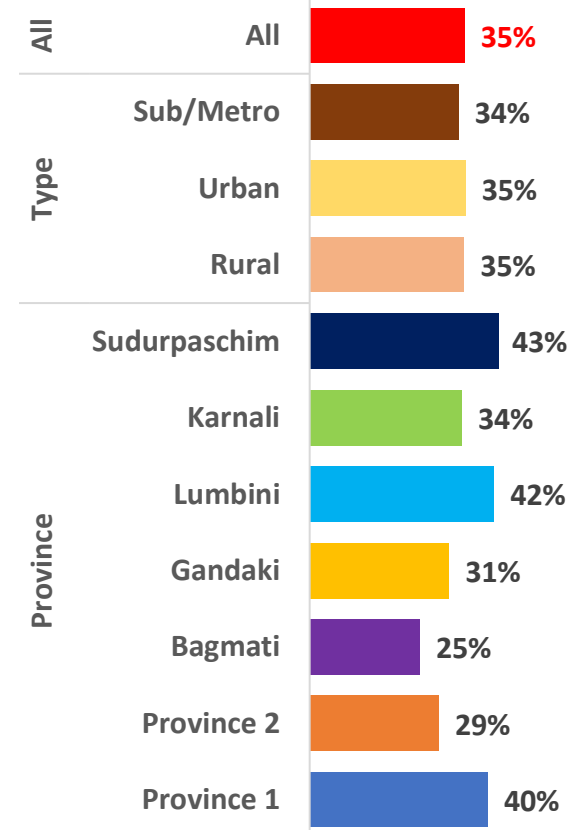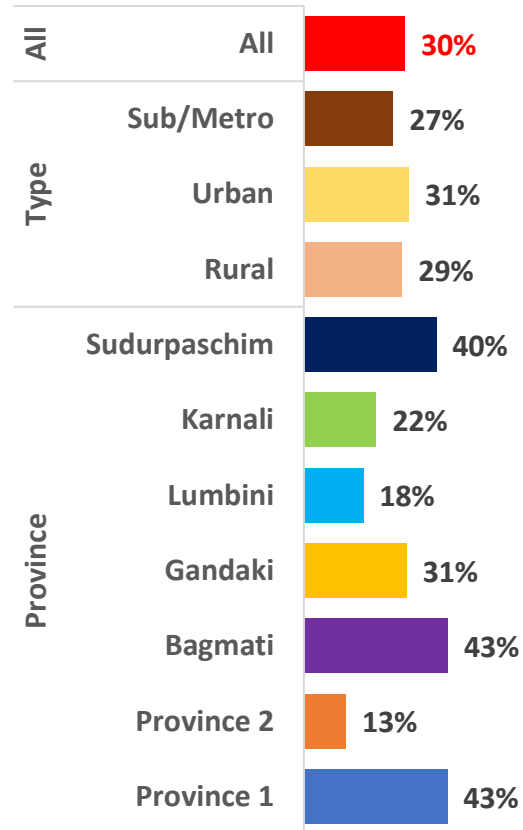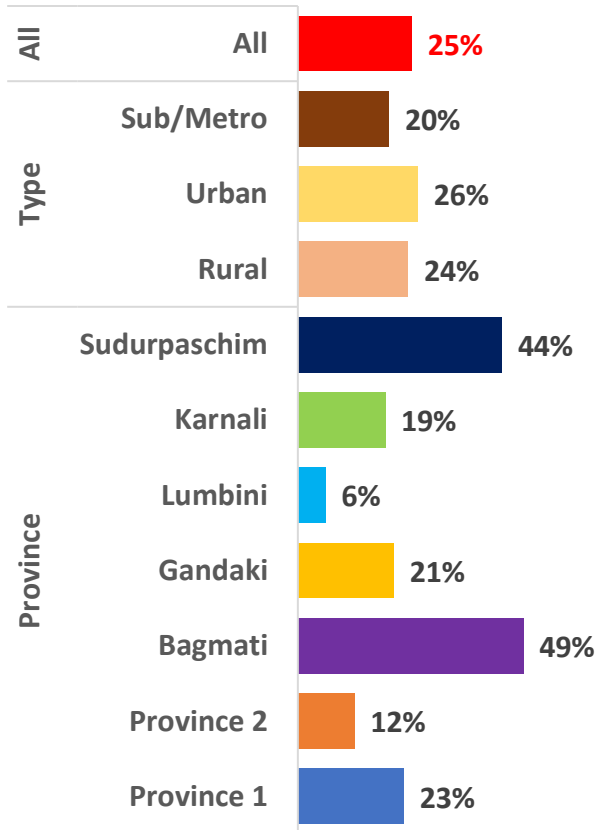
ACCESS TO EDUCATION

Education: What are the main obstacles to re-opening of educational facilities (to ward mayors)?

Teachers choose not to come to schools until they are vaccinated

		%
All	All	**25%**
Type	Sub/Metro	20%
	Urban	26%
	Rural	24%
Province	Sudurpaschim	44%
	Karnali	19%
	Lumbini	6%
	Gandaki	21%
	Bagmati	49%
	Province 2	12%
	Province 1	23%

Parents do not want to send their children to school

		%
All	All	**30%**
Type	Sub/Metro	27%
	Urban	31%
	Rural	29%
Province	Sudurpaschim	40%
	Karnali	22%
	Lumbini	18%
	Gandaki	31%
	Bagmati	43%
	Province 2	13%
	Province 1	43%

Schools cannot comply with the guidelines on required safety measures

		%
All	All	**35%**
Type	Sub/Metro	34%
	Urban	35%
	Rural	35%
Province	Sudurpaschim	43%
	Karnali	34%
	Lumbini	42%
	Gandaki	31%
	Bagmati	25%
	Province 2	29%
	Province 1	40%

Government prohibition against opening schools

		%
All	All	**61%**
Type	Sub/Metro	60%
	Urban	63%
	Rural	60%
Province	Sudurpaschim	51%
	Karnali	67%
	Lumbini	51%
	Gandaki	65%
	Bagmati	66%
	Province 2	74%
	Province 1	55%

Government prohibition (61%), schools not being able to comply with safety measures (35%), parents not wanting to send their children to school (30%) and teachers not choosing to come to school until they are vaccinated (25%) were the top 4 obstacles identified by ward mayors. A recent rapid online survey of school teachers and staff (800) by the Nepal Education cluster found that 87% of teachers had received their first dose while 37% had received two doses. Therefore vaccination of teachers remains a valid concern for re-opening of education facilities, but can be mitigated by prioritizing teacher's vaccinations

Education: What mechanisms are being implemented to prevent school dropout in your ward?

School dress, bag, books and stationery

50%	37%	52%	49%	48%	56%	48%	48%	49%	51%	49%
Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
Province							Type			All

No mechanisms

26%	26%	22%	22%	18%	27%	16%	22%	24%	19%	23%
Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
Province							Type			All
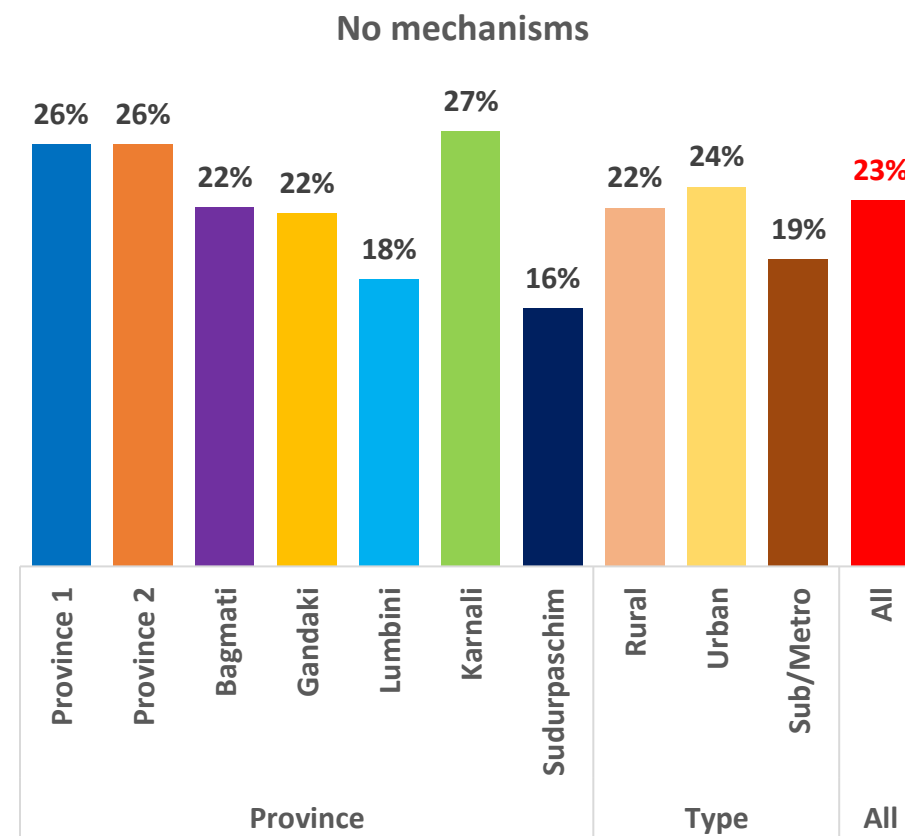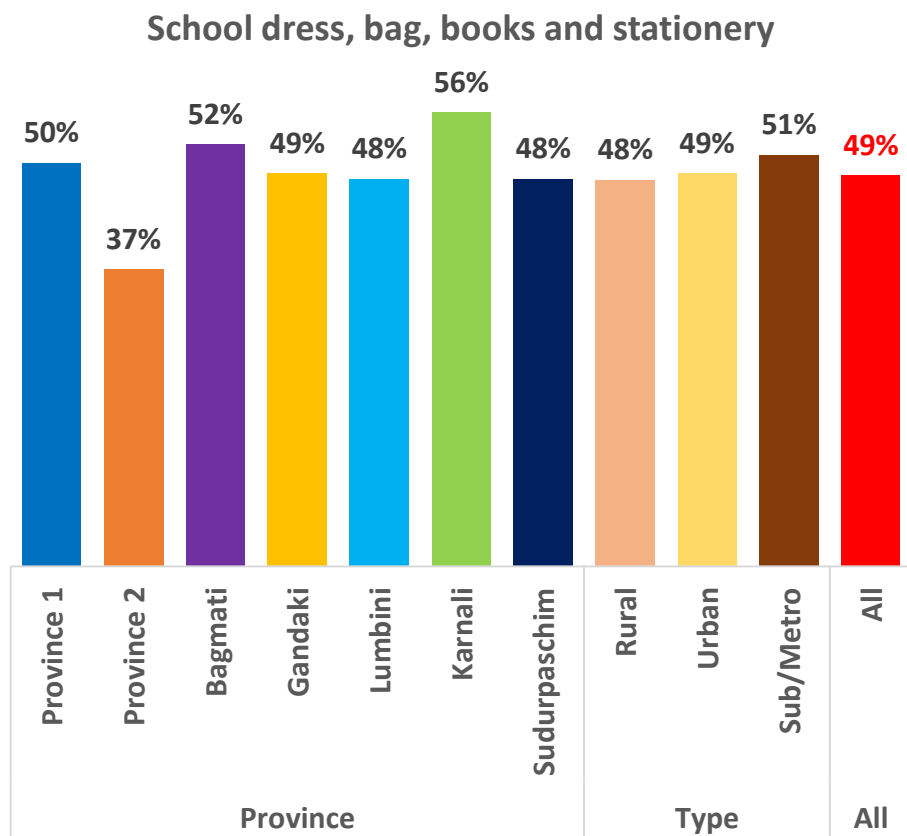
Top mechanisms reported by ward mayors: distribution of school dress, bag, books and stationery (49%). This was highest in Karnali (56%) and lowest in Province 2 (37%). More than 1 in 5 ward mayors reported having no mechanisms, with the highest in Karnali (27%) and lowest in Sudurpaschim (16%)
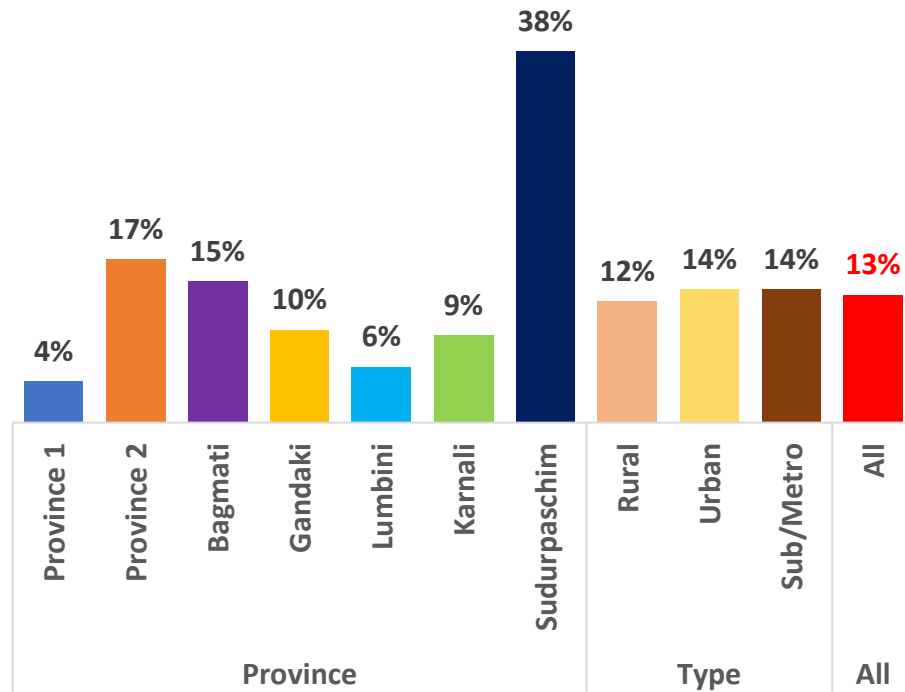
Education: What mechanisms are being implemented to prevent school dropout in your ward?

Afternoon lunch

Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
13%	25%	16%	26%	11%	9%	21%	17%	17%	14%	17%

Province — Type — All

Cooking oil distribution

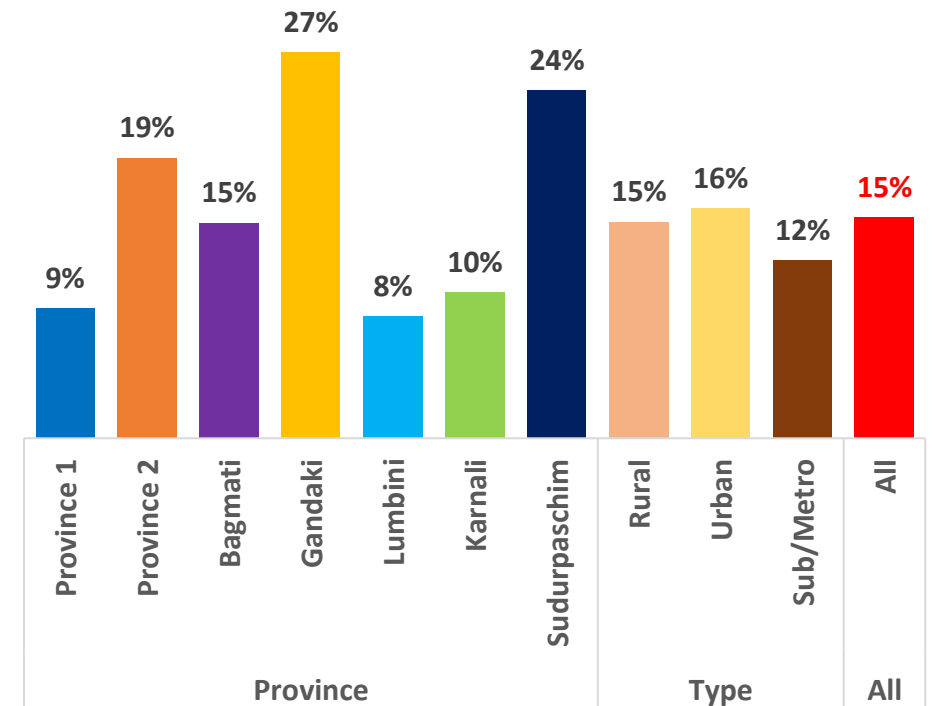| Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
27%	26%	33%	18%	11%	24%	27%	24%	24%	20%	24%

Province — Type — All
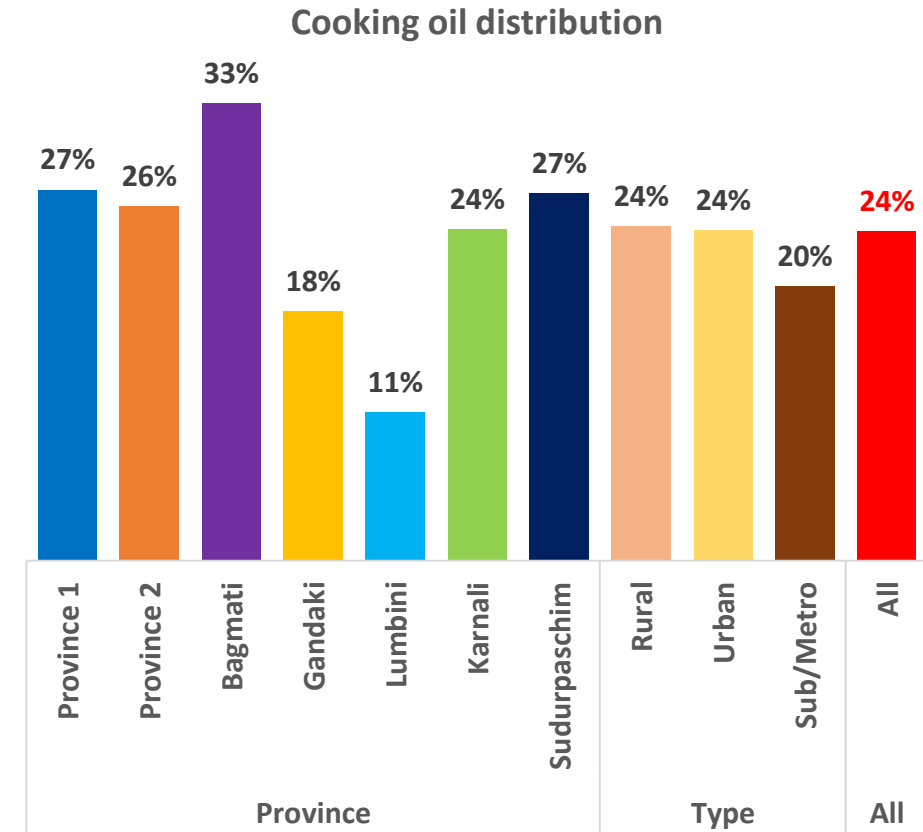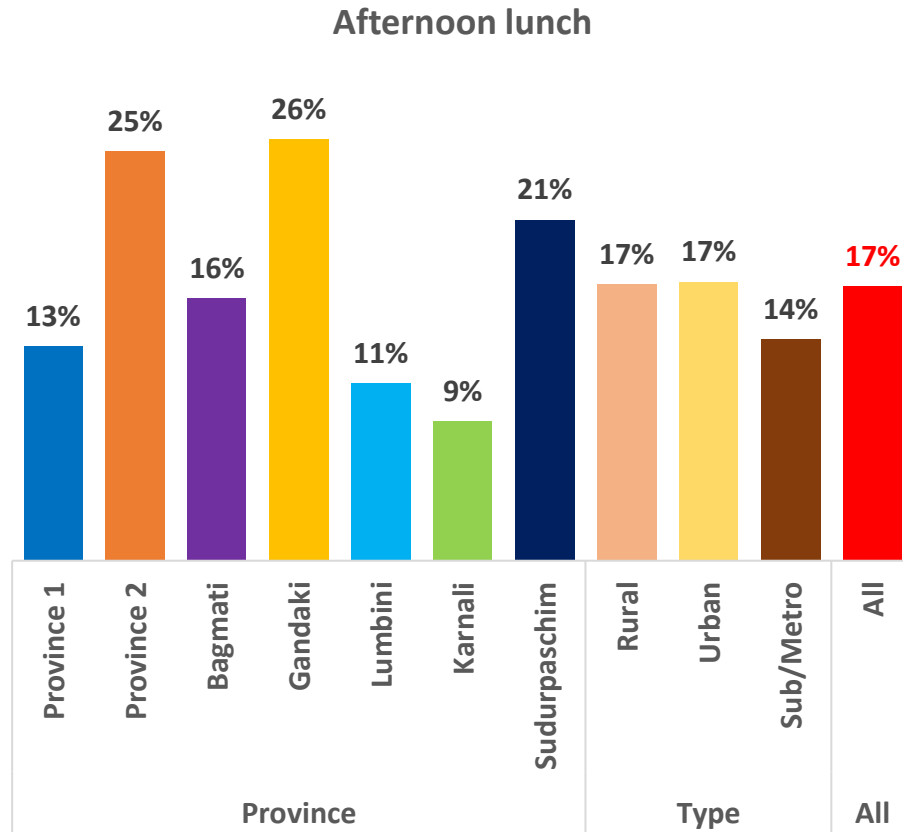
Two other most reported mechanisms were afternoon lunches (17%) and cooking oil distribution (24%). Mayors from Gandaki were the most likely to report afternoon lunches (26%) while only 9% of Karnali mayors confirmed afternoon lunches. Cooking oil distribution as a mechanism was most likely to be reported by Bagmati respondents

Education: What mechanisms are being implemented to prevent school dropout in your ward?

School-based attendance monitoring systems with report to palikas of missing children
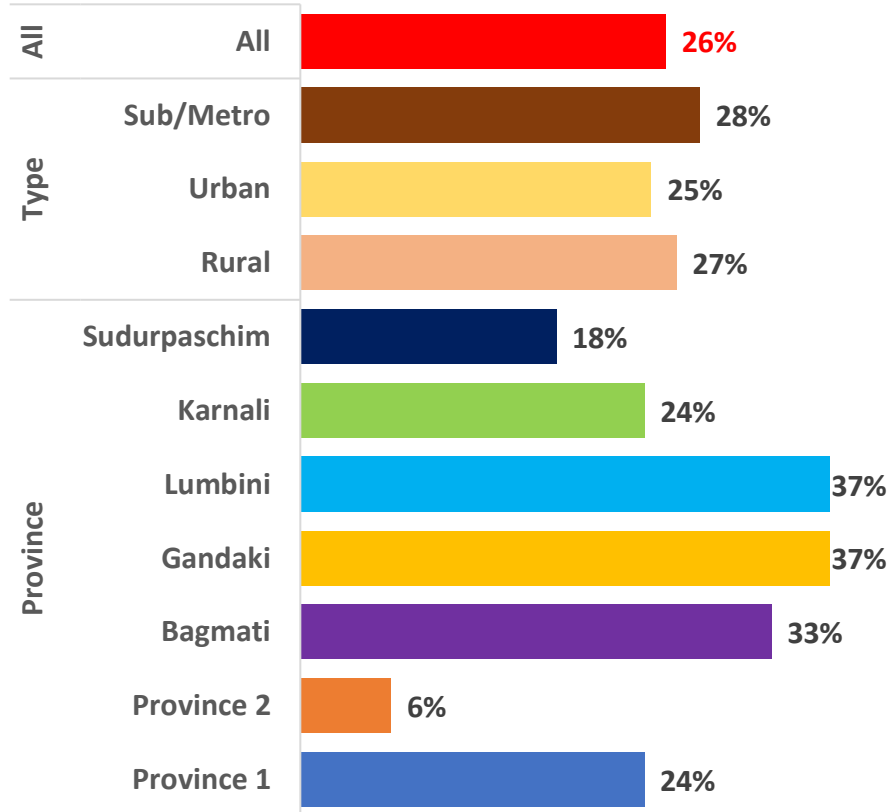

	Province							Type			All
Province 1	4%										
Province 2	17%										
Bagmati	15%										
Gandaki	10%										
Lumbini	6%										
Karnali	9%										
Sudurpaschim	38%										
Rural								12%			
Urban								14%			
Sub/Metro								14%			
All											13%

Community-based enrolment/ attendance monitoring system

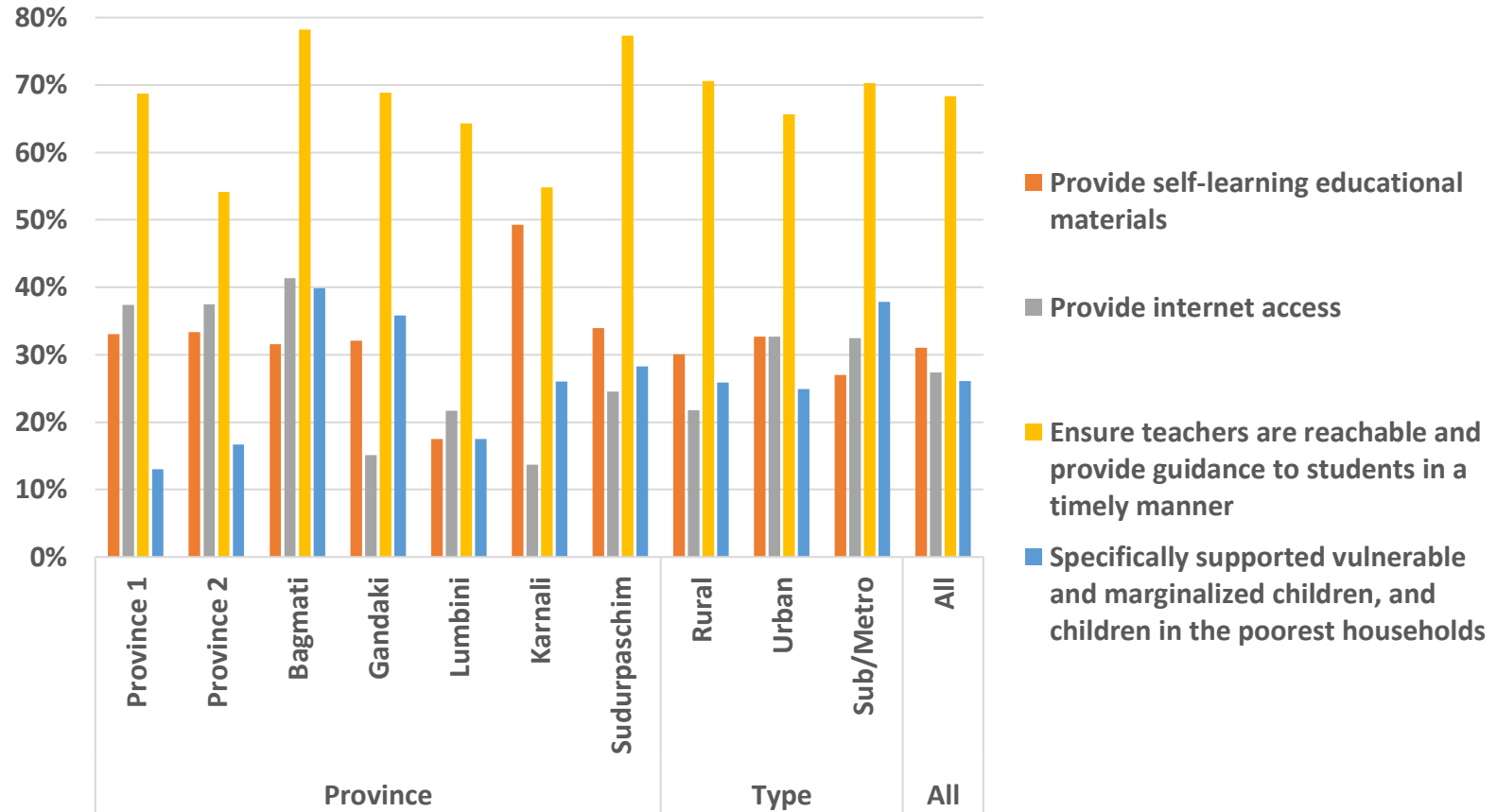|	Province							Type			All
Province 1	9%										
Province 2	19%										
Bagmati	15%										
Gandaki	27%										
Lumbini	8%										
Karnali	10%										
Sudurpaschim	24%										
Rural								15%			
Urban								16%			
Sub/Metro								12%			
All											15%

Community based enrolment (15%) and school-based attendance monitoring systems (13%) were also reported by more than 1 in 10 respondents. Respondents from Sudurpaschim were most likely to confirm school based attendance systems (38%) while they, along with Gandaki respondents were most likely to confirm community-based enrolment monitoring system (1 in 4).

Education: Mechanisms to support children studying at home

Are there any mechanisms being implemented to support children studying at home in your ward?


Category		Value
All	All	**26%**
Type	Sub/Metro	28%
	Urban	25%
	Rural	27%
Province	Sudurpaschim	18%
	Karnali	24%
	Lumbini	37%
	Gandaki	37%
	Bagmati	33%
	Province 2	6%
	Province 1	24%

What type of mechanisms are being implemented to support children studying at home in your ward?

Legend:
- Provide self-learning educational materials
- Provide internet access
- Ensure teachers are reachable and provide guidance to students in a timely manner
- Specifically supported vulnerable and marginalized children, and children in the poorest households

26% confirmed the existence of such mechanisms. Respondents from Bagmati, Gandaki and Lumbini were the most likely to report the presence of such mechanisms (more than 1 in 3). Only 6% of respondents from Province 2 could confirm the presence of such mechanisms. The most prevalent mechanism across all provinces were to ensure teachers were reachable in a timely manner (68%), provision of self-learning education materials (31%), provision of internet access (27%) and specifically support vulnerable and marginalized children and those in poorest households (26%). Findings from the CFT HH level surveys reveal education disparities with respect to access to online learning and media. Self-studying (through textbooks) was the most dominant form of studying reported by caregivers .

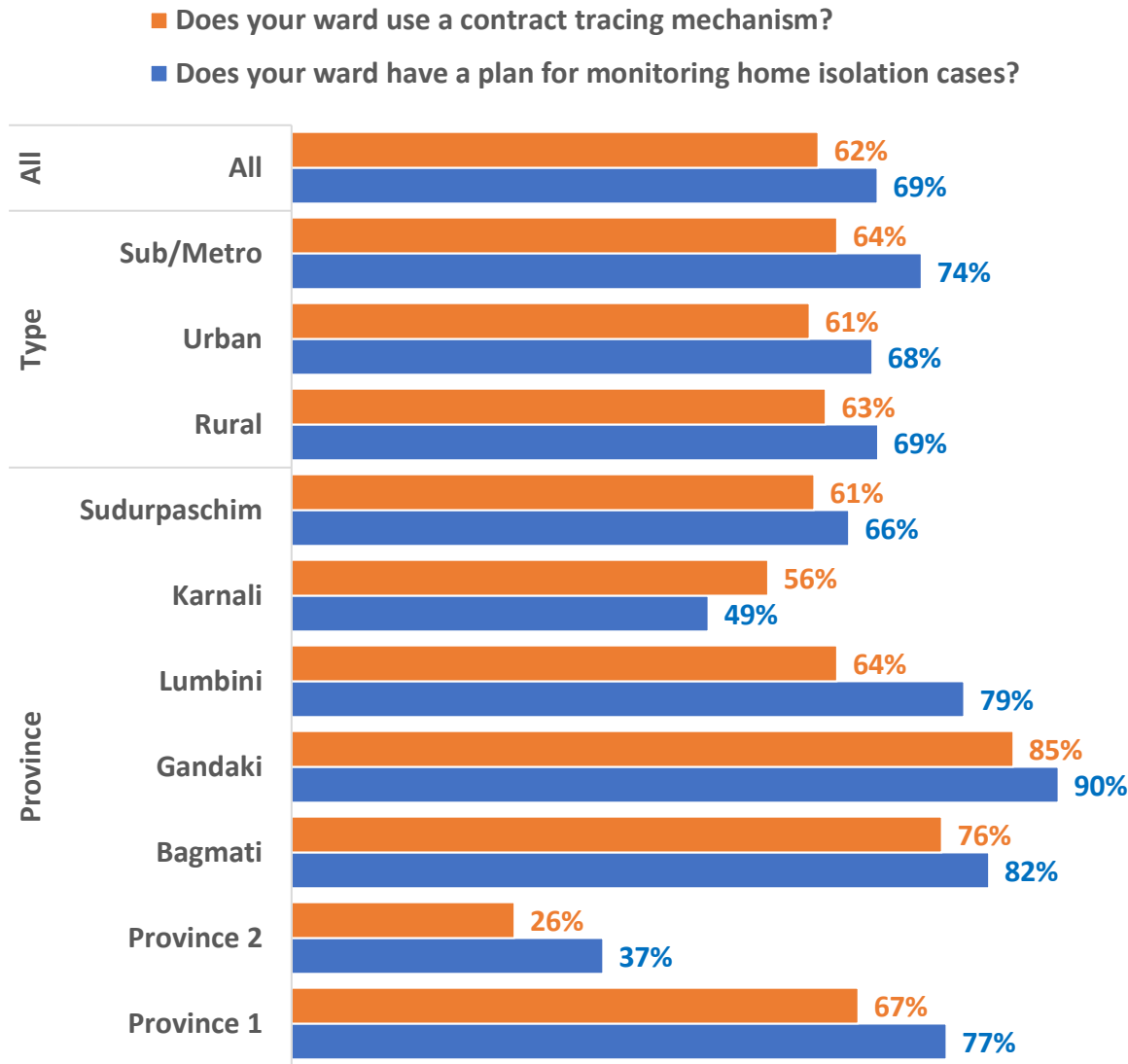# Education: What support do you need to re-open schools (ward mayors)
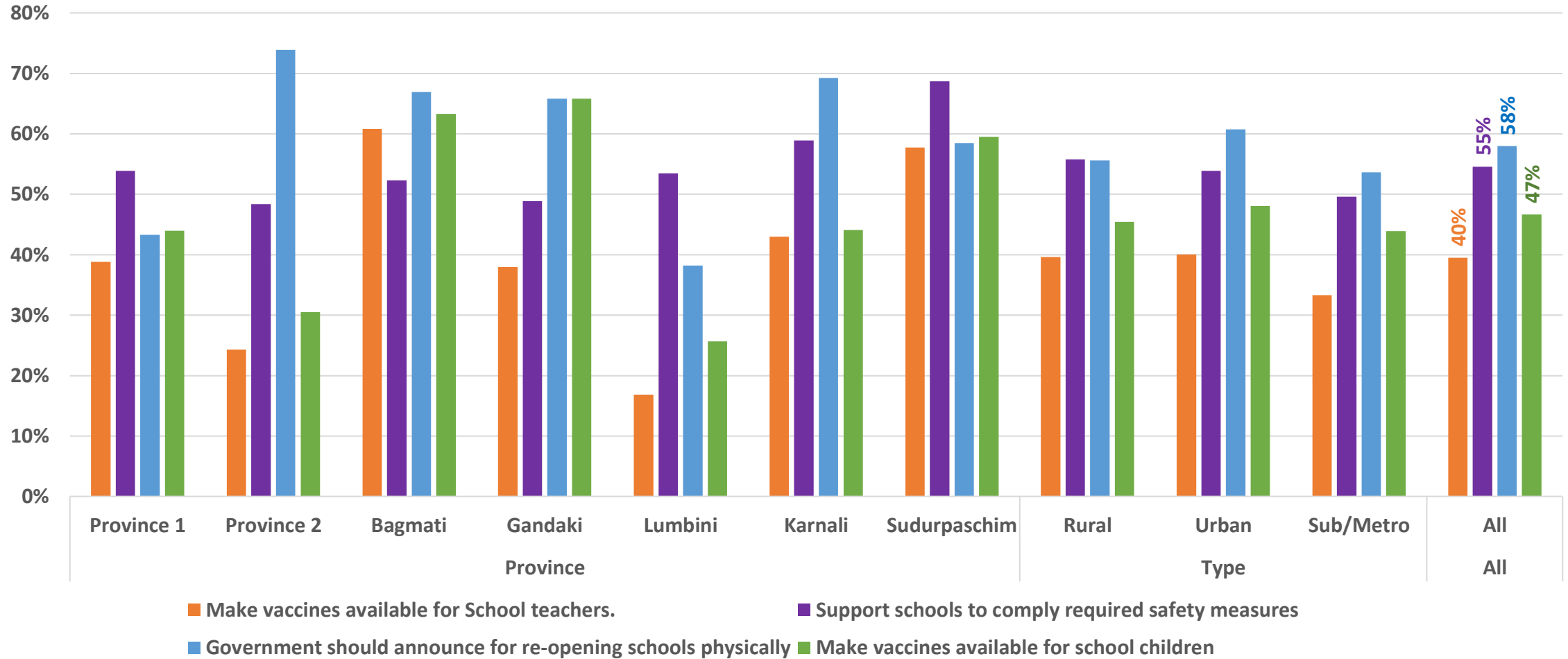
Government announcement of school reopening (58%) and support schools to comply with required safety measures (55%) were the top 2 support items needed by respondents. 47% also felt that making vaccines available for school children and 40% felt making vaccines available for school teachers were areas they needed support in to re-open schools. Except for Bagmati, not much difference in the order of support. School teacher vaccination status was reported in a recent survey of 800 school teachers and staff conducted by the Nepal Education Cluster. Overall 85% teachers and staff reported receiving their first dose while 37% reported receiving their 2nd dose. Hence vaccination of teachers is a valid concern now being corroborated by multiple data sources.
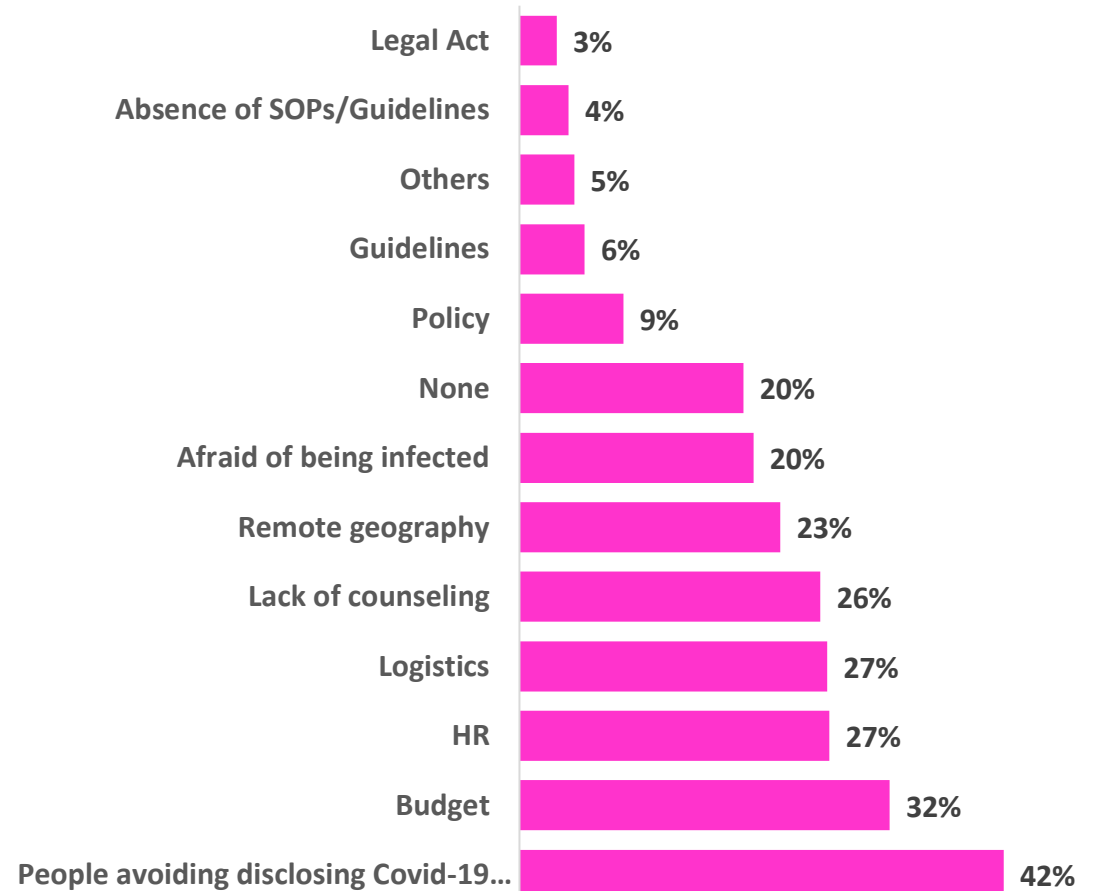
COVID 19 PREPAREDNESS

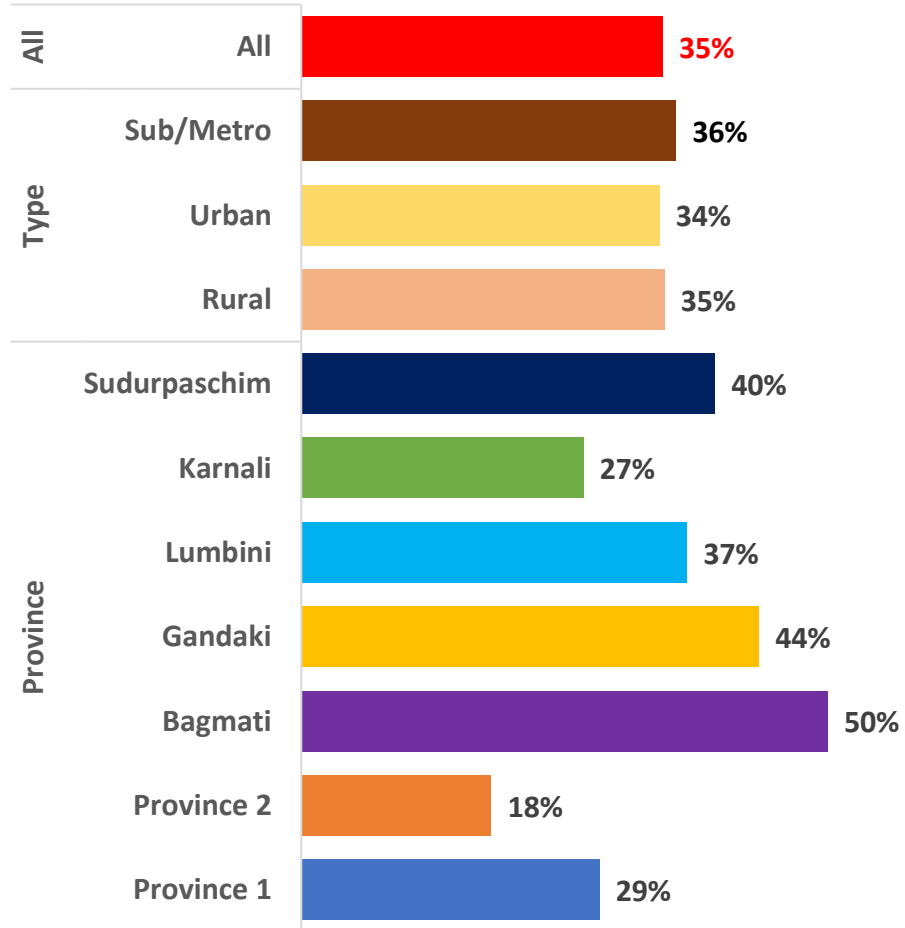# Covid 19 preparedness - Contact tracing, home isolation and challenges

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■ Does your ward use a contract tracing mechanism?
■ Does your ward have a plan for monitoring home isolation cases?

What challenges do you usually face in implementing your plans for isolation centers, home isolation cases and contact tracing?

Category		Value (orange)	Value (blue)
All	All	62%	69%
Type	Sub/Metro	64%	74%
	Urban	61%	68%
	Rural	63%	69%
Province	Sudurpaschim	61%	66%
	Karnali	56%	49%
	Lumbini	64%	79%
	Gandaki	85%	90%
	Bagmati	76%	82%
	Province 2	26%	37%
	Province 1	67%	77%

Challenges:
- Legal Act — 3%
- Absence of SOPs/Guidelines — 4%
- Others — 5%
- Guidelines — 6%
- Policy — 9%
- None — 20%
- Afraid of being infected — 20%
- Remote geography — 23%
- Lack of counseling — 26%
- Logistics — 27%
- HR — 27%
- Budget — 32%
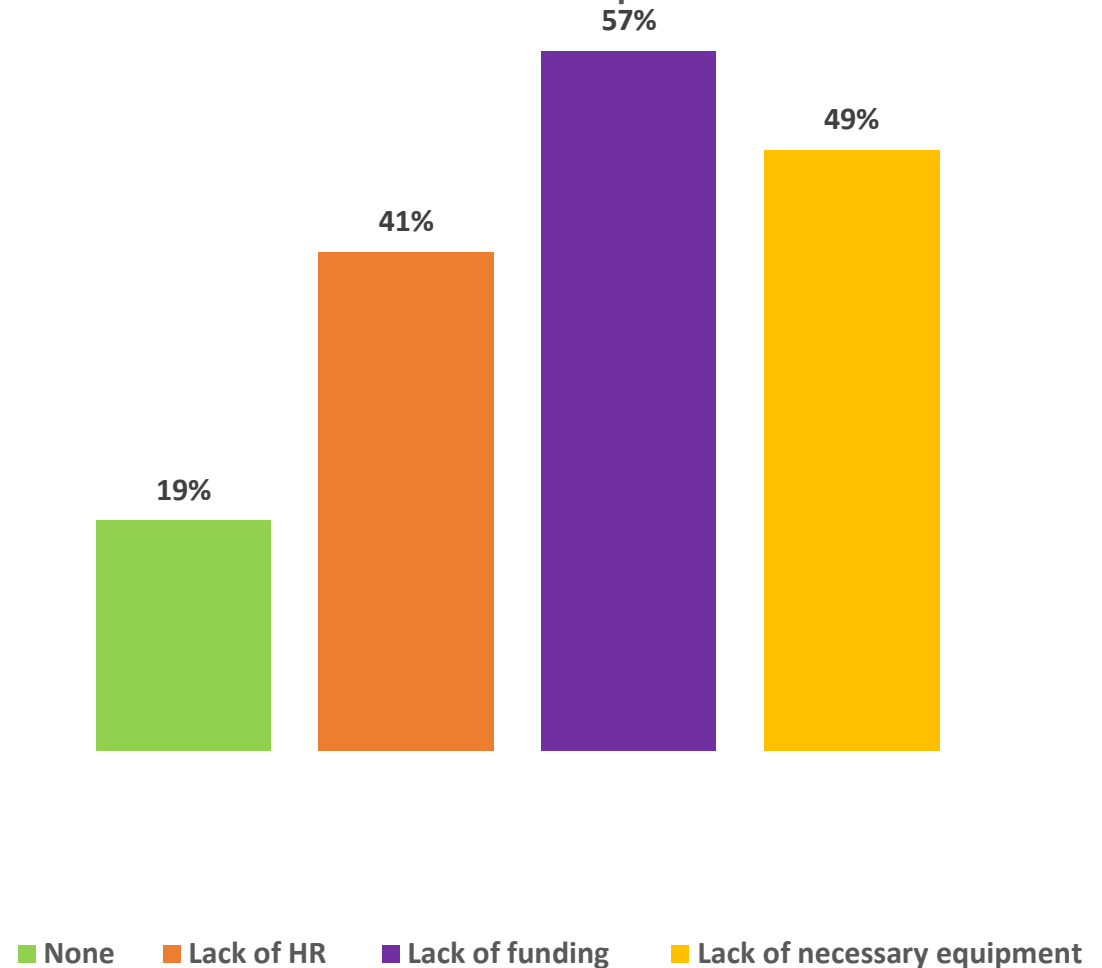- People avoiding disclosing Covid-19… — 42%

62% reported contact tracing mechanisms and 69% reported the presence of a plan for monitoring home isolation. Province 2 respondents were least likely to report these mechanisms or plans. Peoples reluctance to disclose Covid-19 (42%), budget (32%), HR & Logistics (27%) and lack of counselling (26%) were the top challenges faced in implementing plans for isolation centers and contact tracing. (Avoiding disclosure was also reported as a challenge in several news outlets recently: Contact tracing affected in Lahan as people shy away from giving swabs (risingnepaldaily.com))

Covid-19 preparedness - response plan and challenges in formulating the plan

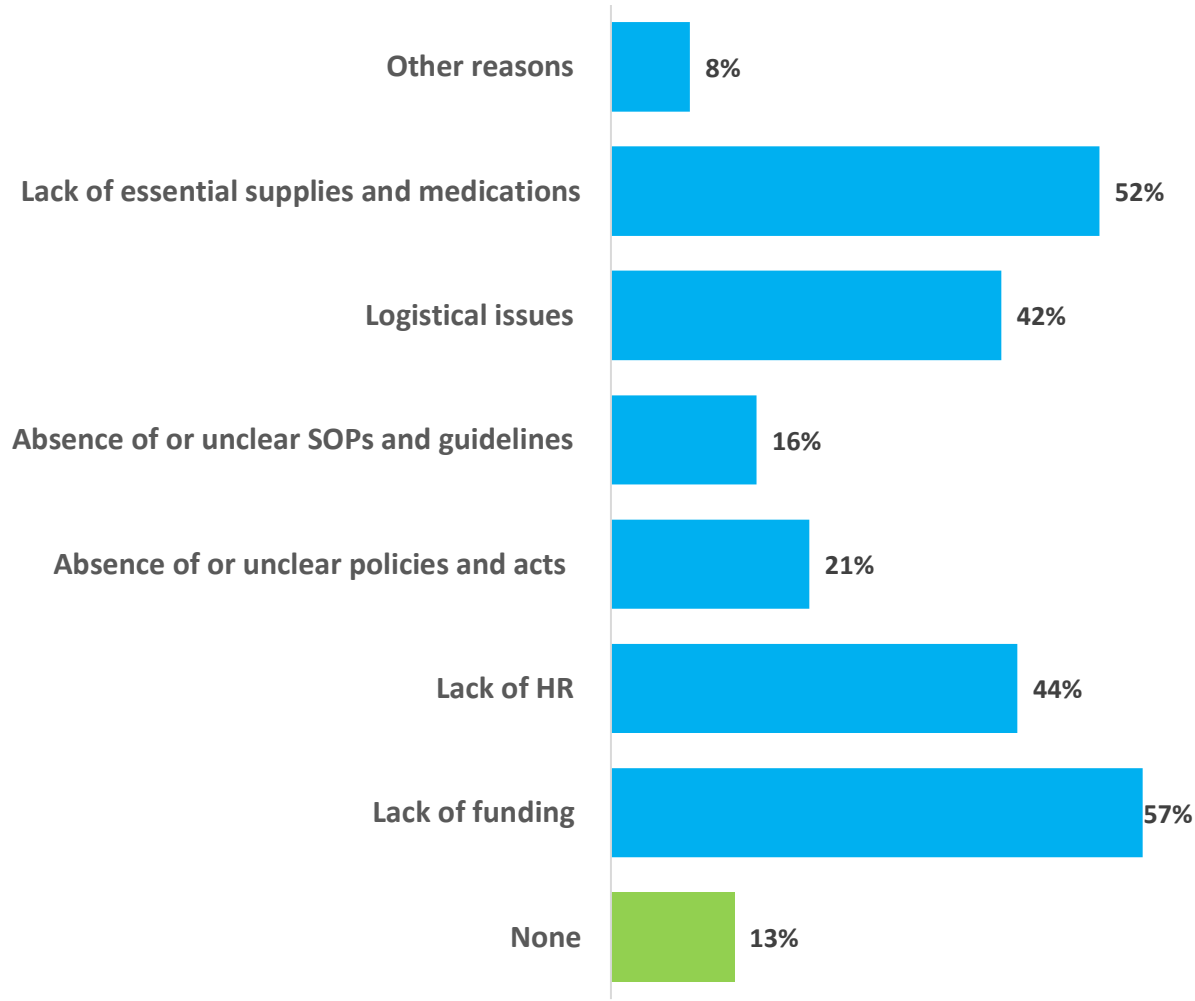## Is COVID-19 municipalities/ward response plan in place?

Type
- All: **35%**
- Sub/Metro: **36%**
- Urban: **34%**
- Rural: **35%**

Province
- Sudurpaschim: **40%**
- Karnali: **27%**
- Lumbini: **37%**
- Gandaki: **44%**
- Bagmati: **50%**
- Province 2: **18%**
- Province 1: **29%**

What challenges are you experiencing, or did you experience to formulate the plan?

- None: 19%
- Lack of HR: 41%
- Lack of funding: 57%
- Lack of necessary equipment: 49%

■ None   ■ Lack of HR   ■ Lack of funding   ■ Lack of necessary equipment

35% confirmed the existence of a Covid-19 response plan – highest in Bagmati (50%). Lack of funding, Lack of necessary equipment and lack of HR were the top 3 challenges reported by Wards in formulating the plan. 1 in 5 respondents also reported not facing any challenges in plan formulation. Similar challenges were also reported in a recent publication 'Covid-19 and Nepal's health financing', by Yale Economic Growth Center (ADB, 2020).

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Covid-19 preparedness - Challenges in Covid-19 plan implementation and responses to challenges

What are the key challenges to implement COVID-19 response plan?

Challenge	Percentage
Other reasons	8%
Lack of essential supplies and medications	52%
Logistical issues	42%
Absence of or unclear SOPs and guidelines	16%
Absence of or unclear policies and acts	21%
Lack of HR	44%
Lack of funding	57%
None	13%

How did you respond to the challenges?

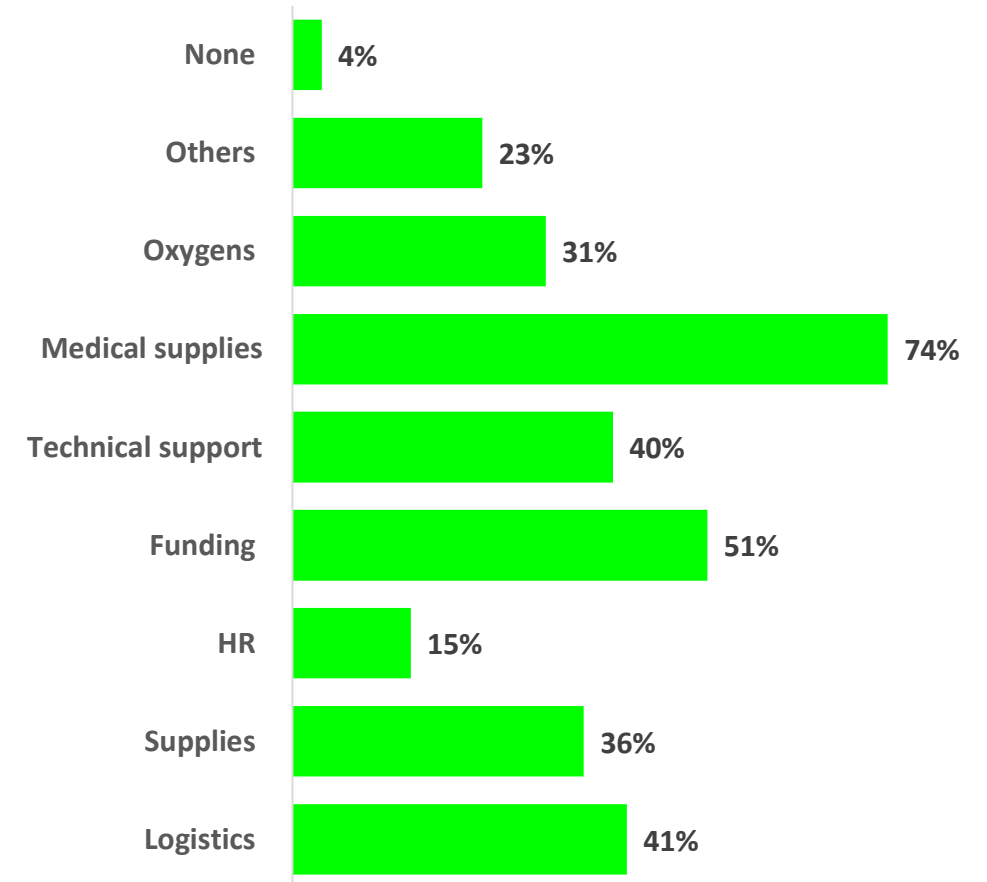| Response	Percentage
Started manufacturing PPEs	2%
Established Oxygen plant	6%
Established holding/quarantine centers	8%
Other	9%
Used other public facilities as quarantine and health centers for Covid-19	9%
None	10%
Used schools as quarantine/health centers for Covid-19	12%
Hiring more personnel such as doctors, nurses, and other health care workers	16%
Ensure timely coordination with DCMC, provincial and federal governments	20%
Involved non-governmental organizations to provide support	23%
Mobilized financial resources	26%
Mobilized groups of volunteers to help in contract tracing	36%
Mobilized groups of volunteers to help in monitoring home isolation cases	38%
Investments in medical supplies and medications	46%

Lack of funding, lack of essential supplies and medications, lack of HR and logistical issues were the top 4 challenges reported by respondents in implementing Covid-19 response plans. 13% reported no challenges. The top 4 responses were to invest in medical supplies, mobilize volunteer groups for home isolation and contact tracing, and mobilizing financial resources.

Covid-19 preparedness - Agencies expected to provide support and type of support for Covid-19:

What government agencies/ministries are expected to provide support to respond to the pandemic in your ward?

- Other: 23%
- Municipal offices: 90%
- DAOs: 25%
- MoIAL: 2%
- CMO: 4%
- MoHP: 31%
- MoHA: 4%
- MoFAGA: 9%
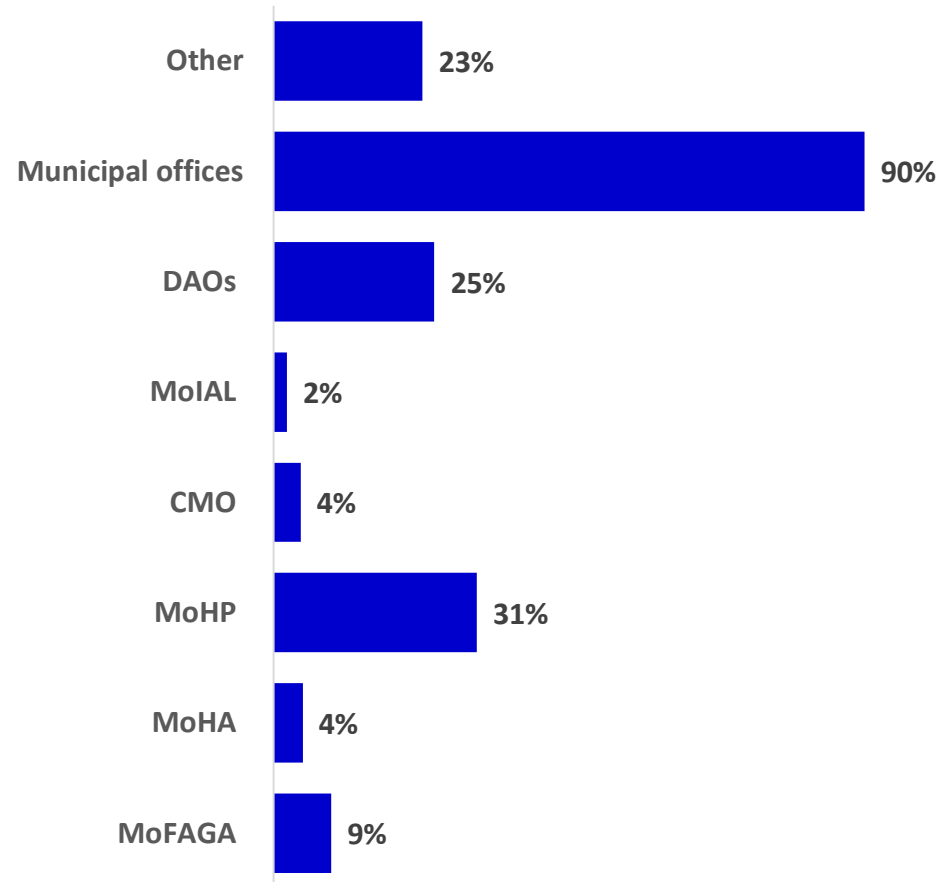
What type of support are you expecting from the development organizations (UN agencies, NGOs and others)?

- None: 4%
- Others: 23%
- Oxygens: 31%
- Medical supplies: 74%
- Technical support: 40%
- Funding: 51%
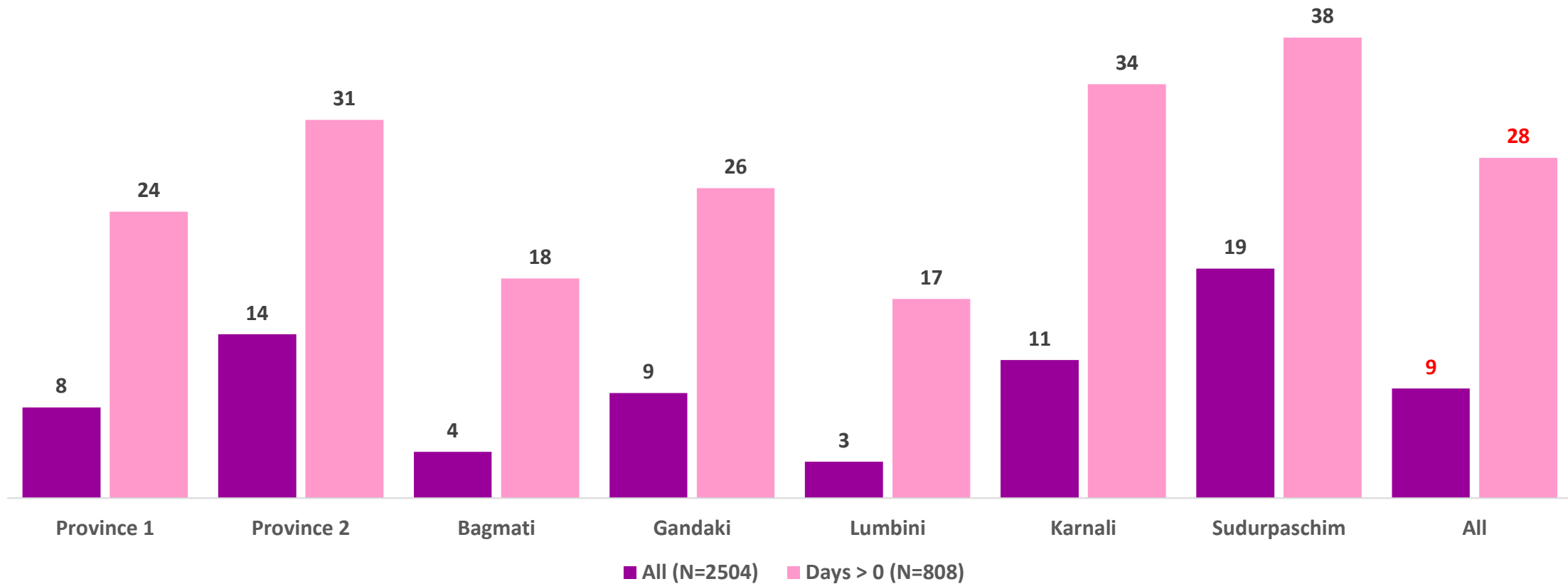- HR: 15%
- Supplies: 36%
- Logistics: 41%

90% of respondents reported expecting assistance from Municipal Offices, 31% reported expecting assistance from MoHP, and 25% reported DAOs. Medical supplies, funding, logistics, HR and technical support were the most frequently cited kinds of support expected by ward mayors.

NUTRITION AND FOOD SERVICES

Nutrition & Food Services: How many days did your ward experience disruptions in markets for food and essential commodities during the recent lockdown?

How many days did your ward experience disruptions in markets for food and essential commodities during the recent lockdown?
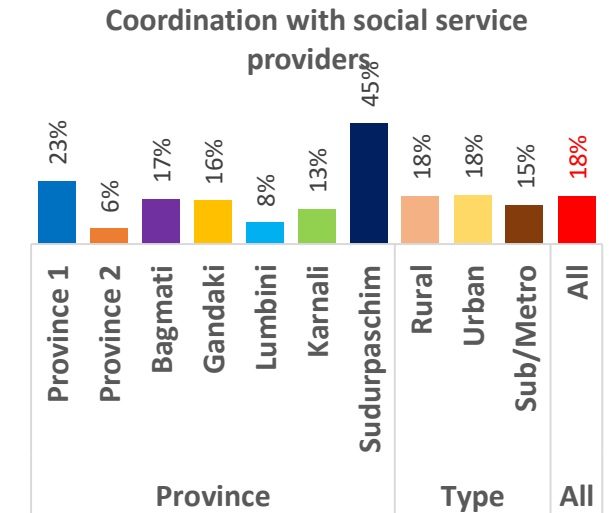

Legend: All (N=2504), Days > 0 (N=808)

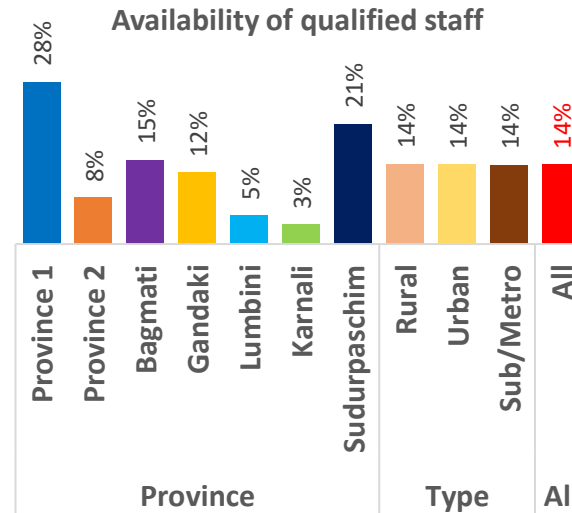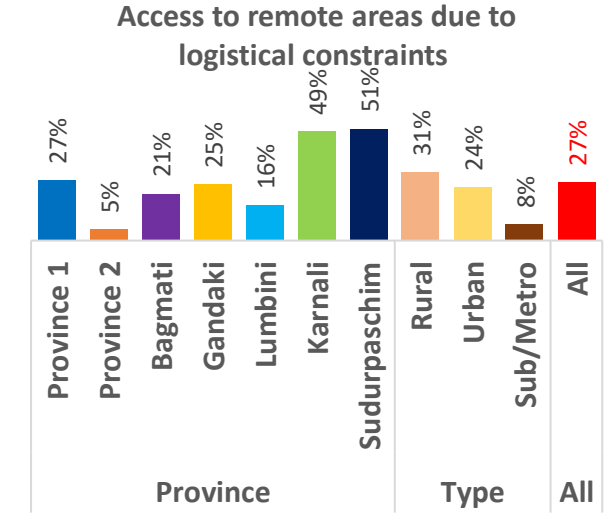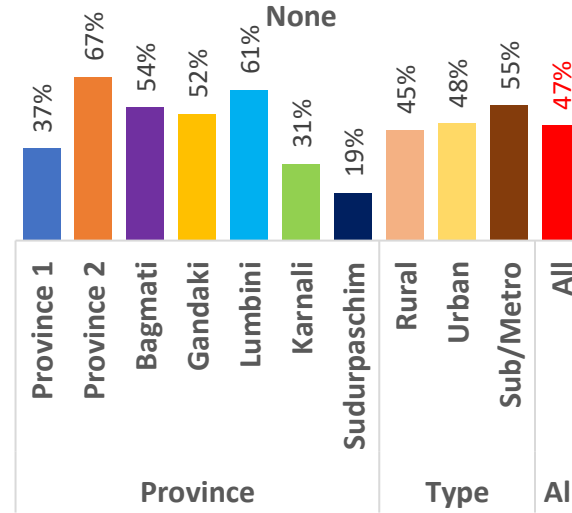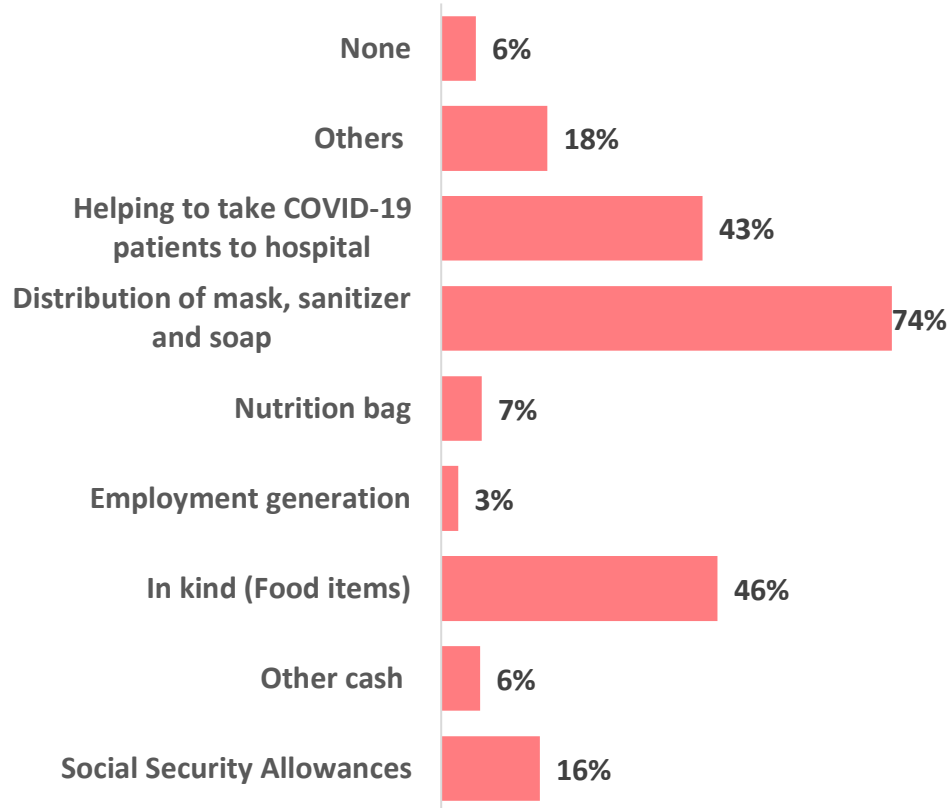|	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	All
All (N=2504)	8	14	4	9	3	11	19	9
Days > 0 (N=808)	24	31	18	26	17	34	38	28

In both cases (with and without zero days) highest observed in Sudurpaschim, Karnali as well as Province 2. Findings consistent with other surveys (e.g., WFP, VAM) 808 mayors reported disruptions for 1 or more days. (162 from Province 2, 150 Province 1, 146 Province 7, 100 Province 6, 96 Province 4, 84 Province 3 and 70 in Province 5).

SOCIAL PROTECTION

Social Protection: Type of government assistance received during lockdown and obstacles in reaching the most vulnerable children in emergencies and in general

What type of government assistance did residents of your ward receive during lockdown?

Category	Percentage
None	6%
Others	18%
Helping to take COVID-19 patients to hospital	43%
Distribution of mask, sanitizer and soap	74%
Nutrition bag	7%
Employment generation	3%
In kind (Food items)	46%
Other cash	6%
Social Security Allowances	16%

None

	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
	37%	67%	54%	52%	61%	31%	19%	45%	48%	55%	47%

Access to remote areas due to logistical constraints

	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
	27%	5%	21%	25%	16%	49%	51%	31%	24%	8%	27%

Availability of qualified staff

	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
	28%	8%	15%	12%	5%	3%	21%	14%	14%	14%	14%

Coordination with social service providers

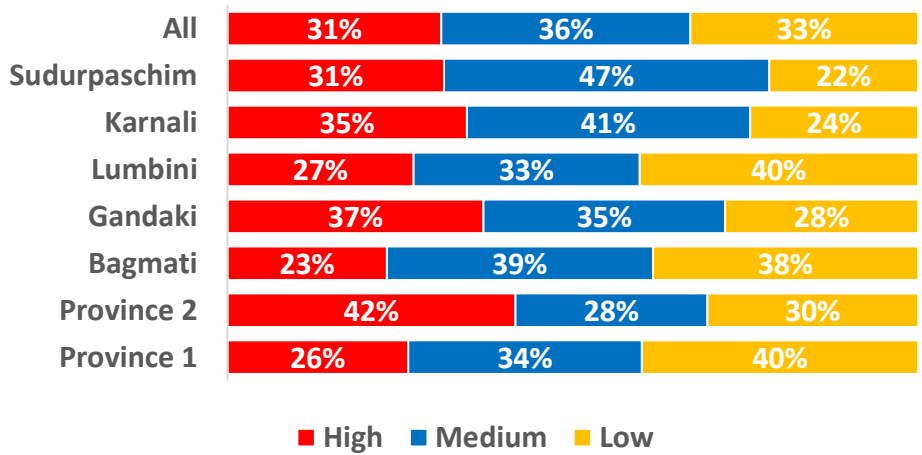|	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Rural	Urban	Sub/Metro	All
	23%	6%	17%	16%	8%	13%	45%	18%	18%	15%	18%

Distribution of mask, sanitizers and soap, In-kind & transport help were the most commonly reported assistance received by residents of wards. 16% mayors also reported residents receiving SSAs. In terms of obstacles in reaching children, 47% responded saying there were no challenges. 27% reported remoteness, 18% reported coordination problems with service providers and 14% reported HR. Strong variation by province. In the household level CFTs – food was a significant immediate need across all rounds, while 16% also reported receiving SSAs.
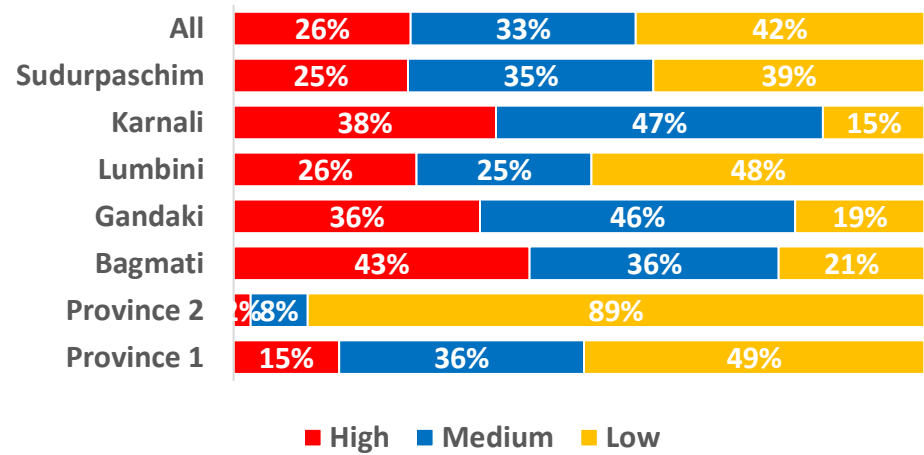
DISASTERS/EMERGENCIES

Disasters/Emergencies: Commonly reported high risk emergencies/disasters were floods (31%), landslides (26%), land erosion (19%) and water inundation (12%). Strong variation by Province in terms of risk assessments with Province 2 respondents feeling most at risk from floods, land erosion and water inundation. This is consistent with recent PMIR findings suggesting that Province 2 is particularly vulnerable from monsoon-induced displacements.
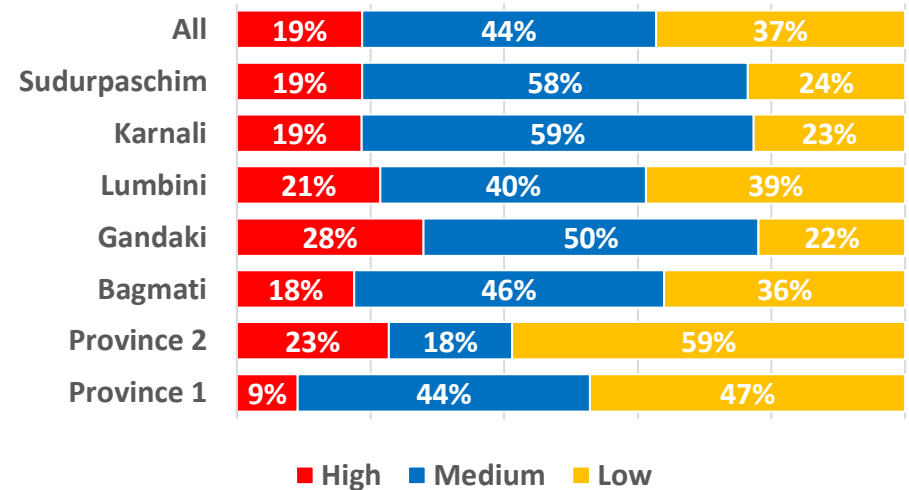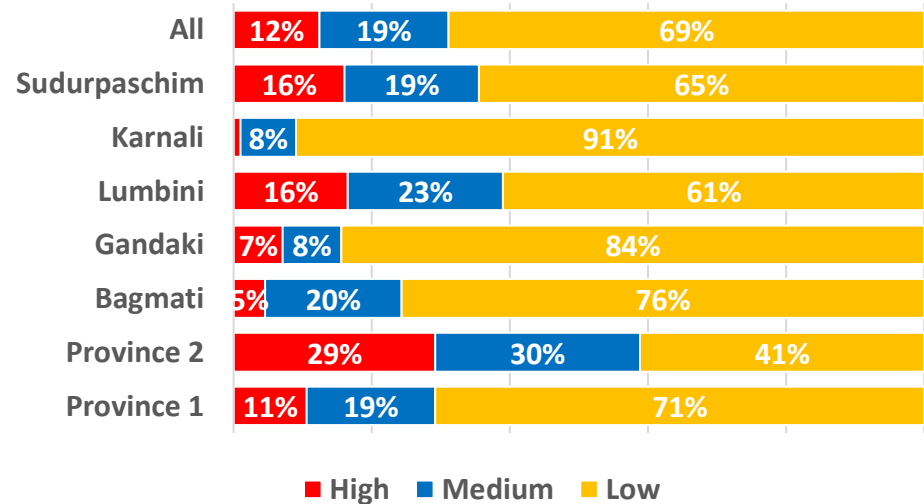
Flood

	High	Medium	Low
All	31%	36%	33%
Sudurpaschim	31%	47%	22%
Karnali	35%	41%	24%
Lumbini	27%	33%	40%
Gandaki	37%	35%	28%
Bagmati	23%	39%	38%
Province 2	42%	28%	30%
Province 1	26%	34%	40%

■ High ■ Medium ■ Low

Landslides

	High	Medium	Low
All	26%	33%	42%
Sudurpaschim	25%	35%	39%
Karnali	38%	47%	15%
Lumbini	26%	25%	48%
Gandaki	36%	46%	19%
Bagmati	43%	36%	21%
Province 2	2% 8%		89%
Province 1	15%	36%	49%

■ High ■ Medium ■ Low

Land Erosion

	High	Medium	Low
All	19%	44%	37%
Sudurpaschim	19%	58%	24%
Karnali	19%	59%	23%
Lumbini	21%	40%	39%
Gandaki	28%	50%	22%
Bagmati	18%	46%	36%
Province 2	23%	18%	59%
Province 1	9%	44%	47%

■ High ■ Medium ■ Low

Water inundation

	High	Medium	Low
All	12%	19%	69%
Sudurpaschim	16%	19%	65%
Karnali	8%		91%
Lumbini	16%	23%	61%
Gandaki	7% 8%		84%
Bagmati	5%	20%	76%
Province 2	29%	30%	41%
Province 1	11%	19%	71%

■ High ■ Medium ■ Low

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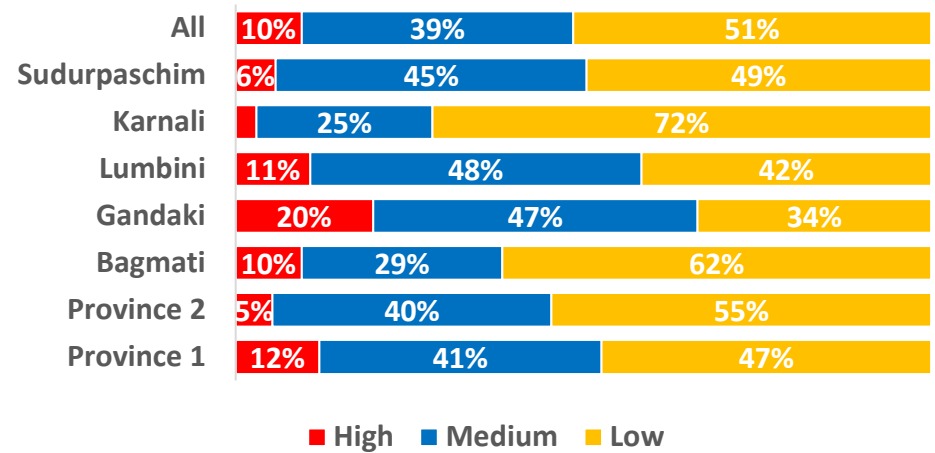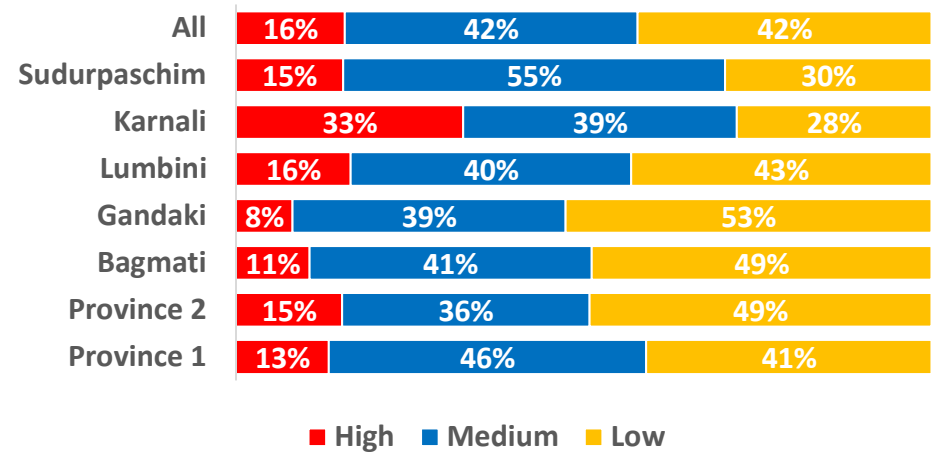for every child

Disasters/Emergencies: Other disasters/emergencies that were deemed high risk by respondents were drought (16%), heat wave (15%) cold wave (10%) and incessant rain (10%). Province 2 respondents felt most at risk from both heat waves and cold waves. Karnali respondents were most likely to perceive drought as high risk. Gandaki repondents were most likely to report incessant rain as high risk. 99% ward mayors reported they were involved in formulating plans and policies.
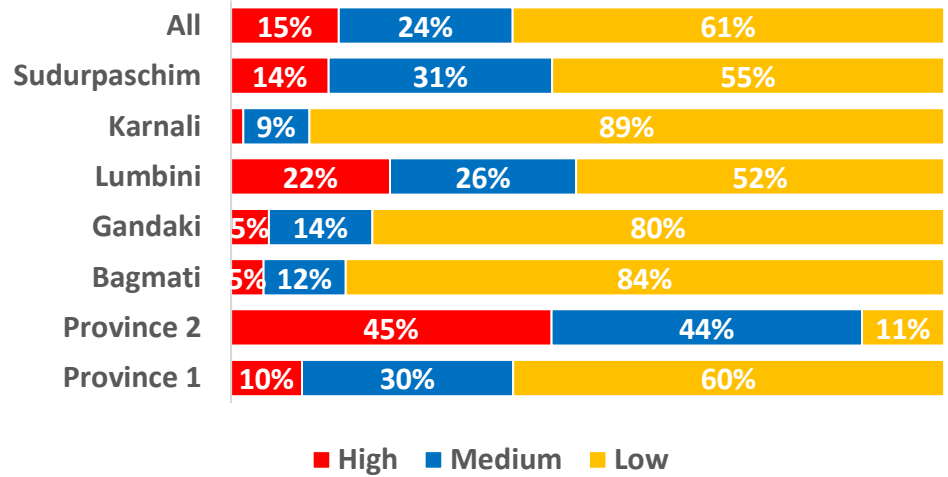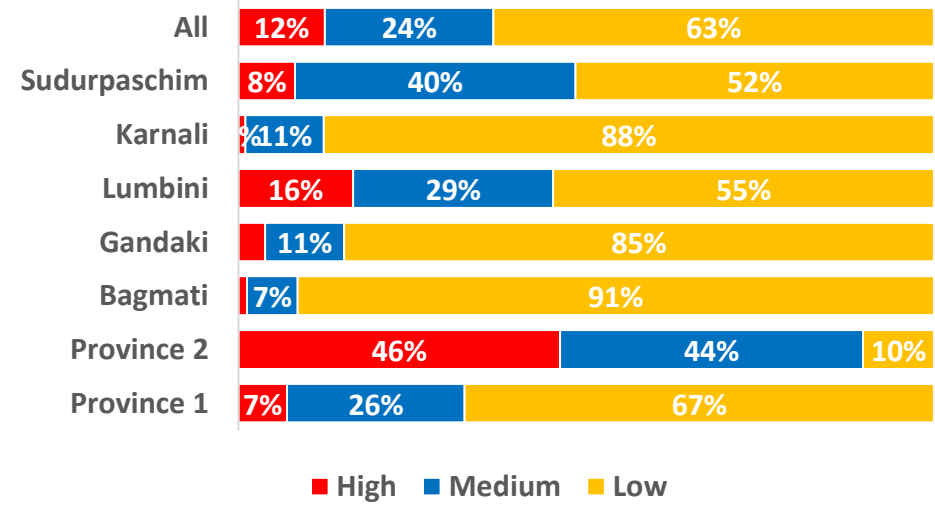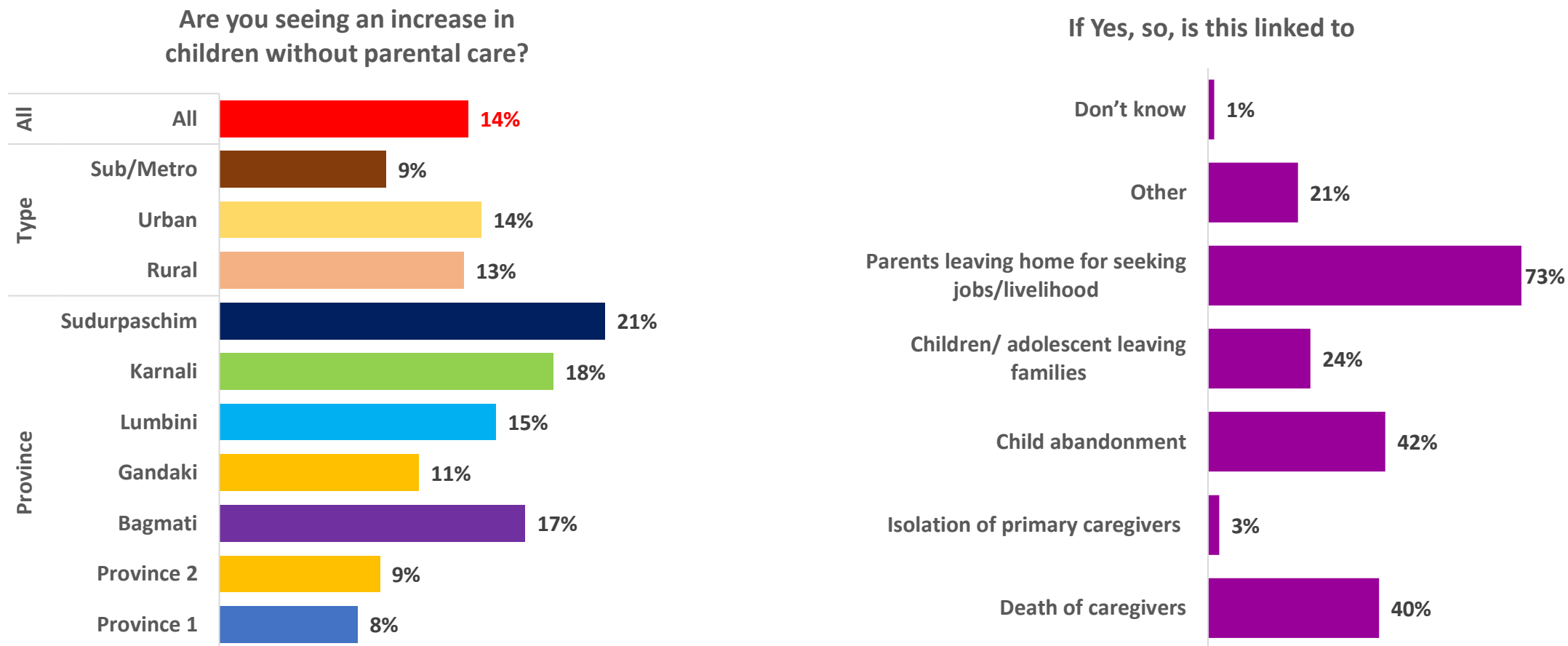
Incessant Rain

	High	Medium	Low
All	10%	39%	51%
Sudurpaschim	6%	45%	49%
Karnali		25%	72%
Lumbini	11%	48%	42%
Gandaki	20%	47%	34%
Bagmati	10%	29%	62%
Province 2	5%	40%	55%
Province 1	12%	41%	47%

■ High ■ Medium ■ Low

Drought

	High	Medium	Low
All	16%	42%	42%
Sudurpaschim	15%	55%	30%
Karnali	33%	39%	28%
Lumbini	16%	40%	43%
Gandaki	8%	39%	53%
Bagmati	11%	41%	49%
Province 2	15%	36%	49%
Province 1	13%	46%	41%

■ High ■ Medium ■ Low

Heat Wave

	High	Medium	Low
All	15%	24%	61%
Sudurpaschim	14%	31%	55%
Karnali		9%	89%
Lumbini	22%	26%	52%
Gandaki	5%	14%	80%
Bagmati	5%	12%	84%
Province 2	45%	44%	11%
Province 1	10%	30%	60%

■ High ■ Medium ■ Low

Cold Wave

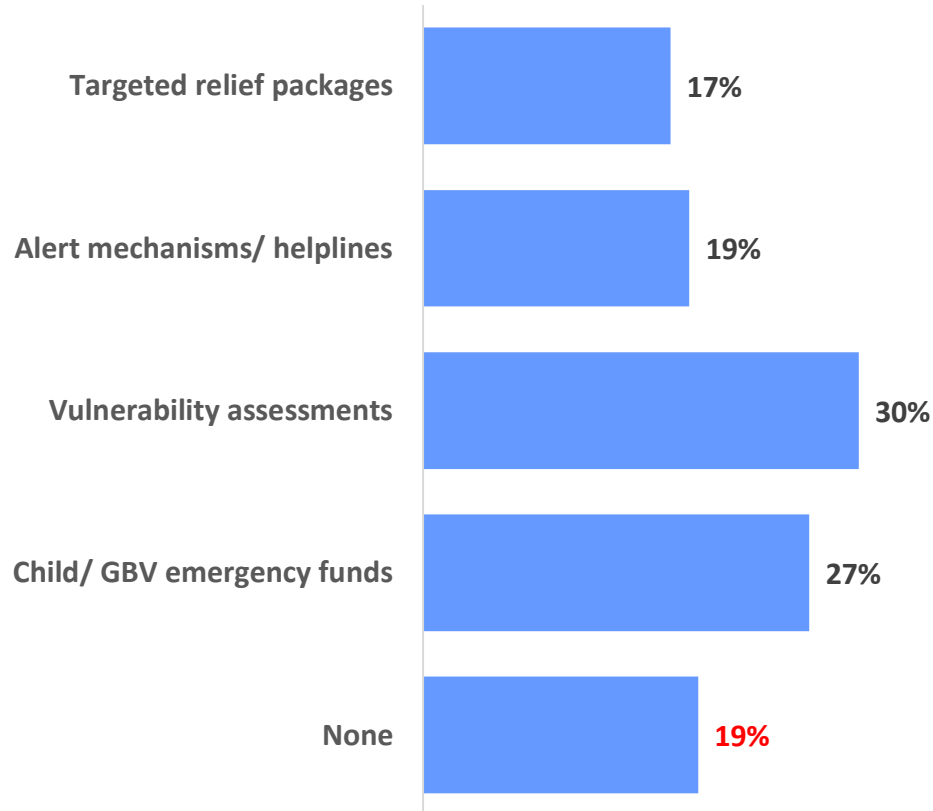|	High	Medium	Low
All	12%	24%	63%
Sudurpaschim	8%	40%	52%
Karnali		11%	88%
Lumbini	16%	29%	55%
Gandaki		11%	85%
Bagmati		7%	91%
Province 2	46%	44%	10%
Province 1	7%	26%	67%

■ High ■ Medium ■ Low

CHILD PROTECTION

Child protection: Increase in children without parental care and probable causes reported by ward mayors.

Are you seeing an increase in children without parental care?

Category		Value
All	All	14%
Type	Sub/Metro	9%
	Urban	14%
	Rural	13%
Province	Sudurpaschim	21%
	Karnali	18%
	Lumbini	15%
	Gandaki	11%
	Bagmati	17%
	Province 2	9%
	Province 1	8%

If Yes, so, is this linked to

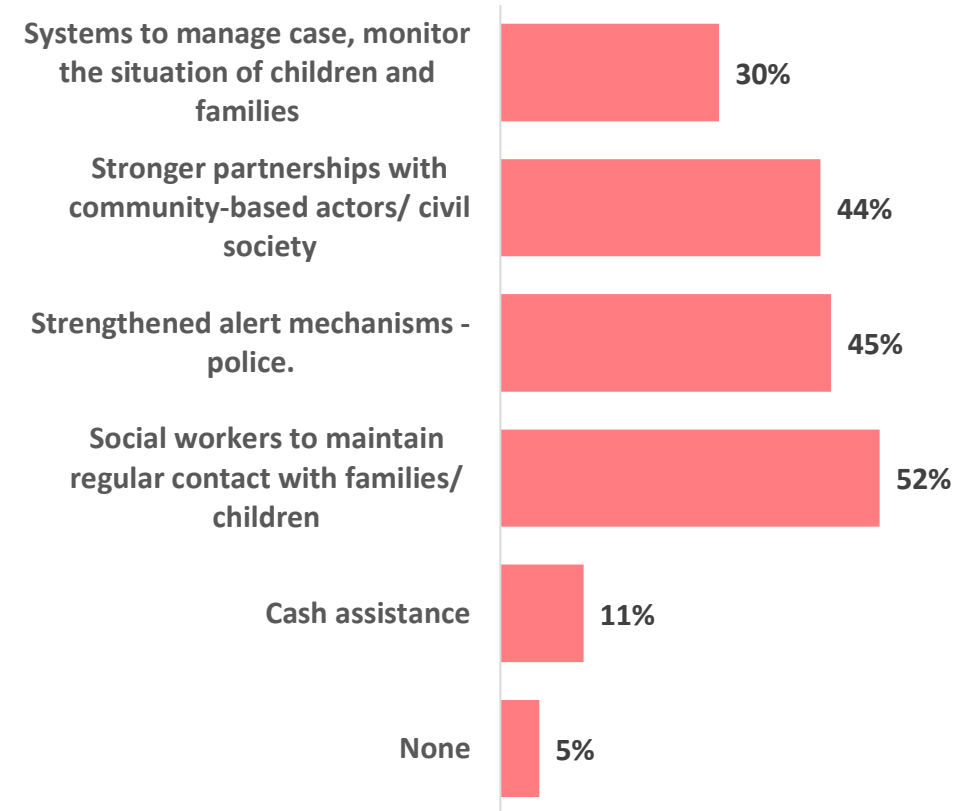|	
Don't know	1%
Other	21%
Parents leaving home for seeking jobs/livelihood	73%
Children/ adolescent leaving families	24%
Child abandonment	42%
Isolation of primary caregivers	3%
Death of caregivers	40%

14% ward mayors responded seeing an increase. The highest rates were in Sudurpaschim (21%) and Bagmati (17%). The major causes were linked to parents leaving home for jobs (73%), child abandonment (42%), death of caregivers (40%) and children/adolescent leaving home (24%). Upward trend in children without parental care also reported in recent PMIRs. Recognizing this is a major issue, the most recent budget also promises financial support to children whose caregivers had died. The NCRC has put in place monitoring mechanisms to ensure children without parental care are quickly identified

Child protection: Good practices and support needed as reported by ward mayors

What are some of the good practices are being implemented to address the situation of children/ adolescents at risk of violence abuse and neglect in your ward?
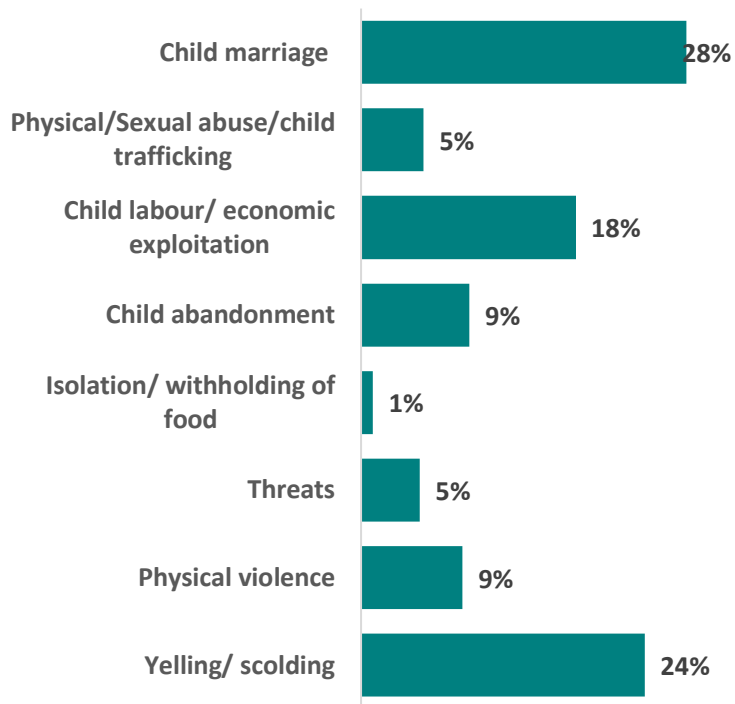
Category	Percentage
Targeted relief packages	17%
Alert mechanisms/ helplines	19%
Vulnerability assessments	30%
Child/ GBV emergency funds	27%
None	19%

What types of support would help you ensure children are better protected in from violence, abuse and neglect in your ward?

Category	Percentage
Systems to manage case, monitor the situation of children and families	30%
Stronger partnerships with community-based actors/ civil society	44%
Strengthened alert mechanisms - police.	45%
Social workers to maintain regular contact with families/ children	52%
Cash assistance	11%
None	5%

Ward mayors reported a variety of good practices to address the situation of children including vulnerability assessments (30%), using Child/GBV funds, setting up alert mechanisms and helplines. However, nearly 1 in 5 reported having no good practices to share. In terms of support needed, social workers, strengthened alert mechanisms and stronger partnerships at community level were the most mentioned by ward mayors. Confirm monitoring findings of NCRC on operationalization of child/GBV emergency funds and growing engagement of wards in Vulnerability Assessments as well as demand/use of data from helplines.
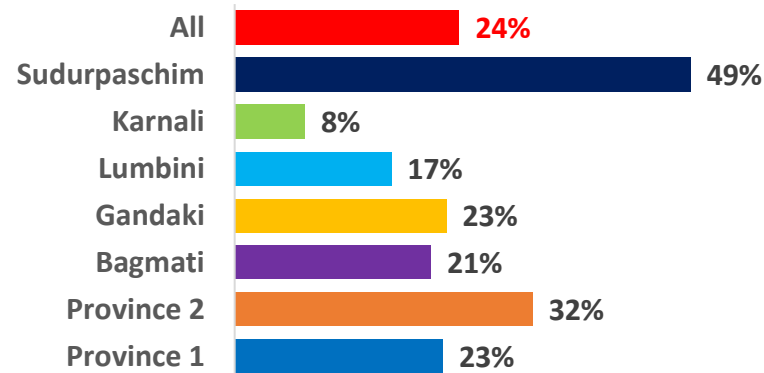
Child protection – discriminatory or violent behaviour as reported by ward mayors

What forms of discriminatory or violent behavior you have noticed or heard towards children in your community/Tole lately/at home?

Child marriage — 28%
Physical/Sexual abuse/child trafficking — 5%
Child labour/ economic exploitation — 18%
Child abandonment — 9%
Isolation/ withholding of food — 1%
Threats — 5%
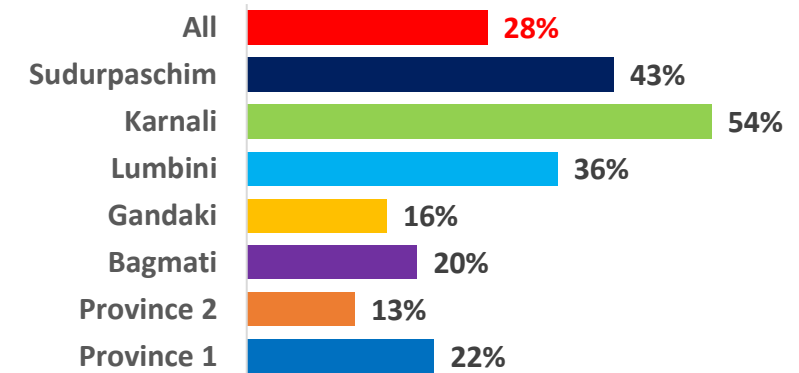Physical violence — 9%
Yelling/ scolding — 24%

Child marriage (28%) was the most frequently reported discriminatory behaviour followed by yelling/scolding (24%) and child labor/economic exploitation.
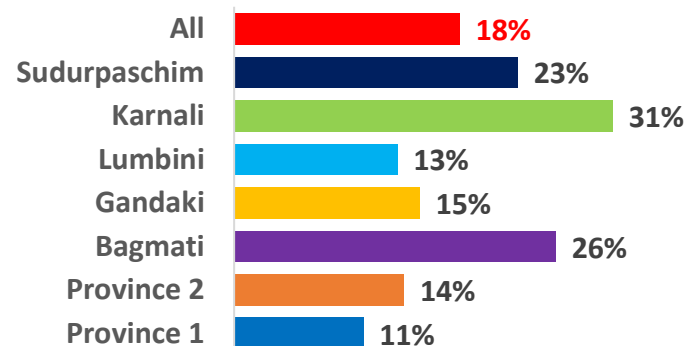
Yelling/ scolding

All — 24%
Sudurpaschim — 49%
Karnali — 8%
Lumbini — 17%
Gandaki — 23%
Bagmati — 21%
Province 2 — 32%
Province 1 — 23%

Child labour/ economic exploitation

All — 18%
Sudurpaschim — 23%
Karnali — 31%
Lumbini — 13%
Gandaki — 15%
Bagmati — 26%
Province 2 — 14%
Province 1 — 11%

Child marriage

All — 28%
Sudurpaschim — 43%
Karnali — 54%
Lumbini — 36%
Gandaki — 16%
Bagmati — 20%
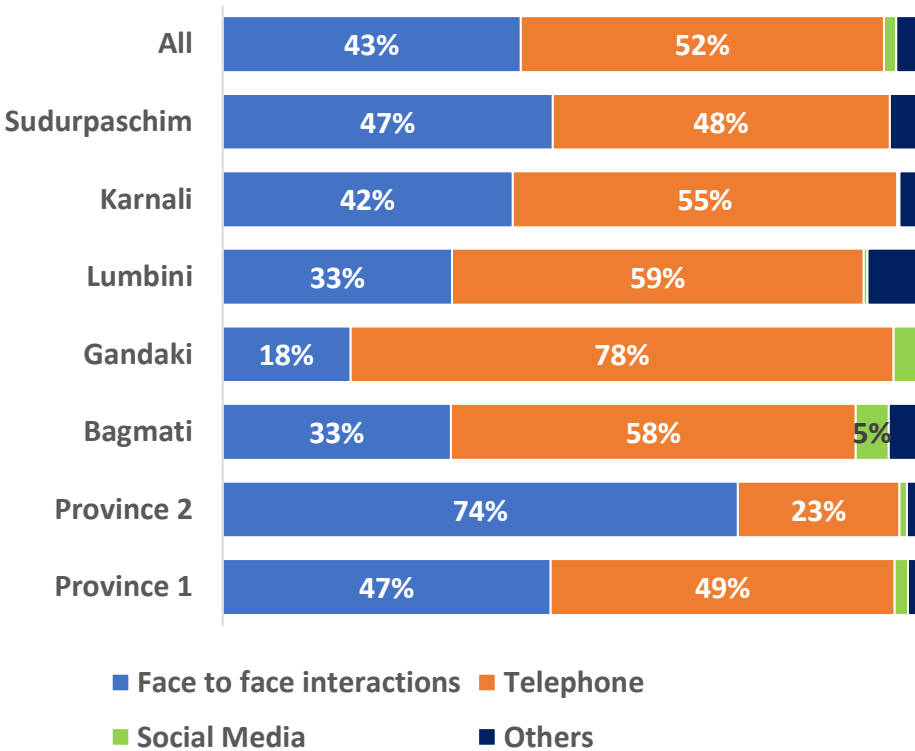Province 2 — 13%
Province 1 — 22%

Respondents from Sudurpaschim and Province 2 were the most likely to report observing yelling/scolding behavior. Sudurpaschim and Karnali respondents were most likely to report child marriage. However Lumbini and Province 2 represent 47% of child marriage cases reported to the police, hinting at differences in help-seeking behaviors. Respondents from Karnali and Bagmati were the most likely to report child labour/exploitation. Child labour 3rd issue affecting children in Karnali. (PMIR) 5% respondents also reported sexual abuse. These results are quite similar to CFT HH survey results.

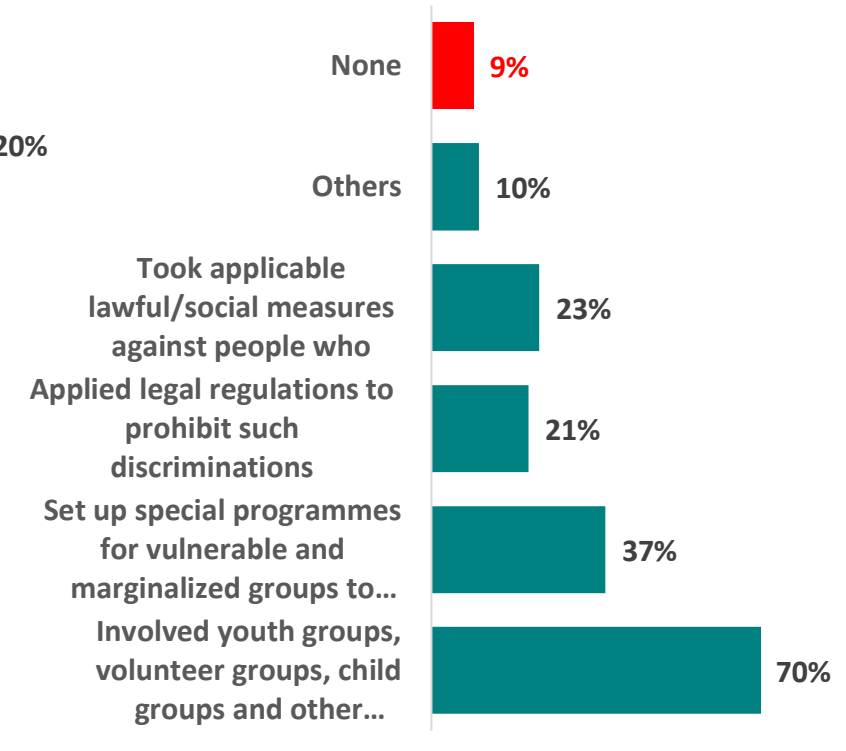# Discrimination, GBV, Covid-19 Willingness and PHSM

Discrimination, GBV, Covid-19 acceptance & PHSM

What is your primary medium of communication with the people in your ward?

	Face to face interactions	Telephone	Others
All	43%	52%	
Sudurpaschim	47%	48%	
Karnali	42%	55%	
Lumbini	33%	59%	
Gandaki	18%	78%	
Bagmati	33%	58%	5%
Province 2	74%	23%	
Province 1	47%	49%	

Legend:
- Face to face interactions
- Telephone
- Social Media
- Others

Have there been incidents of discriminating vulnerable and marginalized groups in your wards?

All	10%
Sudurpaschim	20%
Karnali	13%
Lumbini	8%
Gandaki	12%
Bagmati	9%
Province 2	7%
Province 1	6%
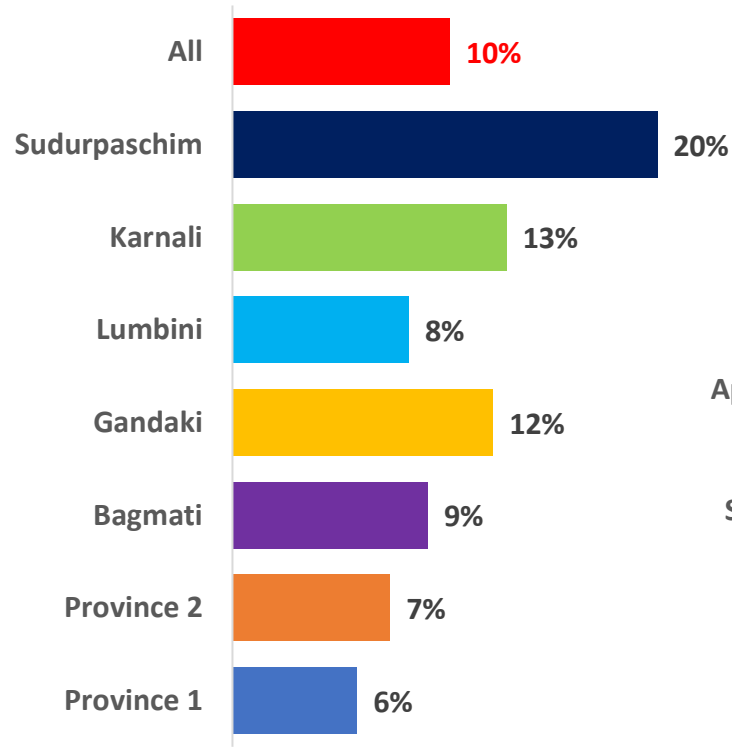
What type of interventions are being implemented to address such discriminations in your ward?

None	9%
Others	10%
Took applicable lawful/social measures against people who	23%
Applied legal regulations to prohibit such discriminations	21%
Set up special programmes for vulnerable and marginalized groups to…	37%
Involved youth groups, volunteer groups, child groups and other…	70%

Telephone calls and face to face interactions were the most frequently cited medium of communication used by mayors to communicate with people in their ward. 10% respondents reported incidents of discrimination. Mayors from Sudurpaschim were the most likely to report incidents of discriminating behaviour. Against marginalized groups. Involving different types of group mechanisms was the most frequent type of intervention followed by setting up special programmes for the vulnerable, applying legal regulations and taking applicable lawful/social measures. Nearly 1 in 10 reported not having any interventions at all.

Discrimination, GBV, Covid-19 acceptance & PHSM
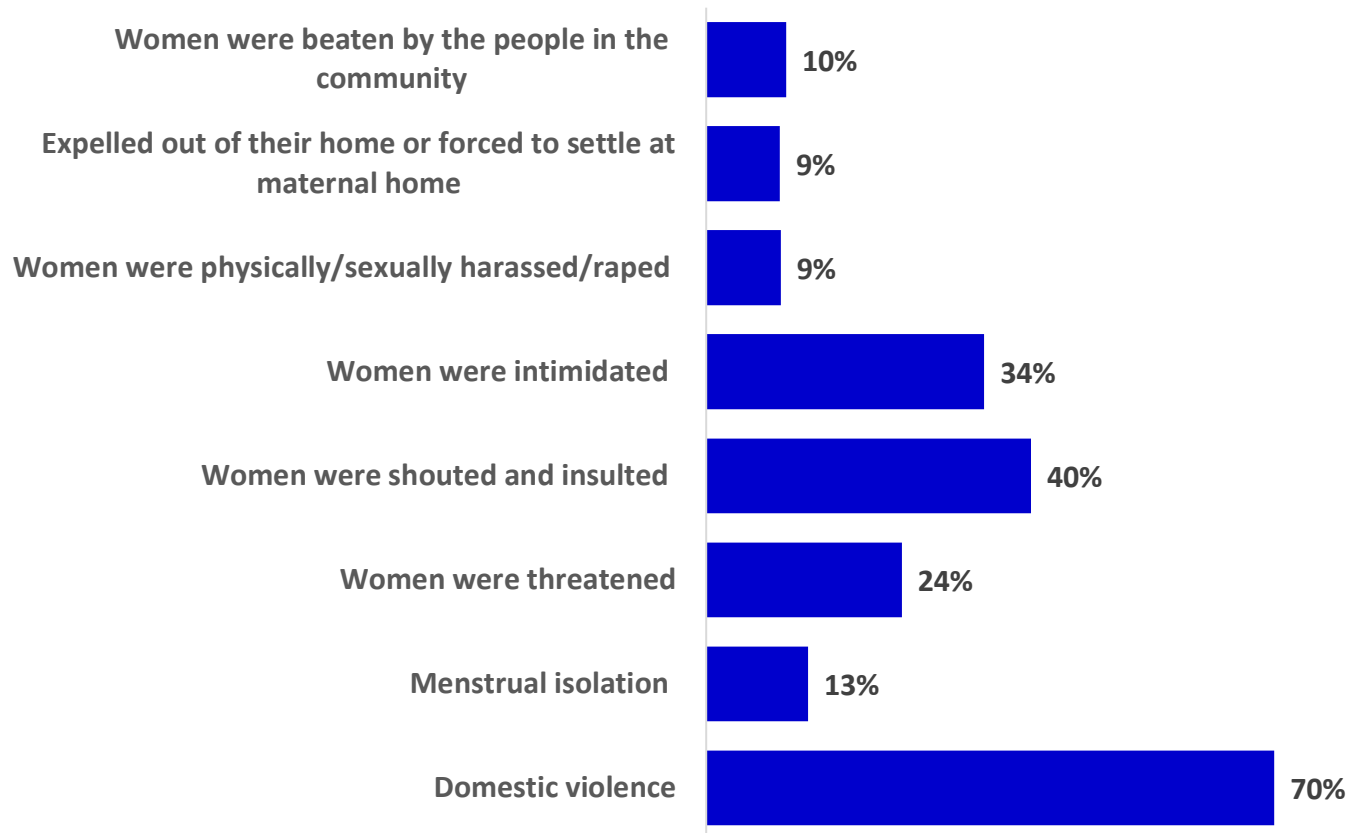**Types of interventions and incidences of gender based violence**

Have there been incidences of gender-based violence in your ward?

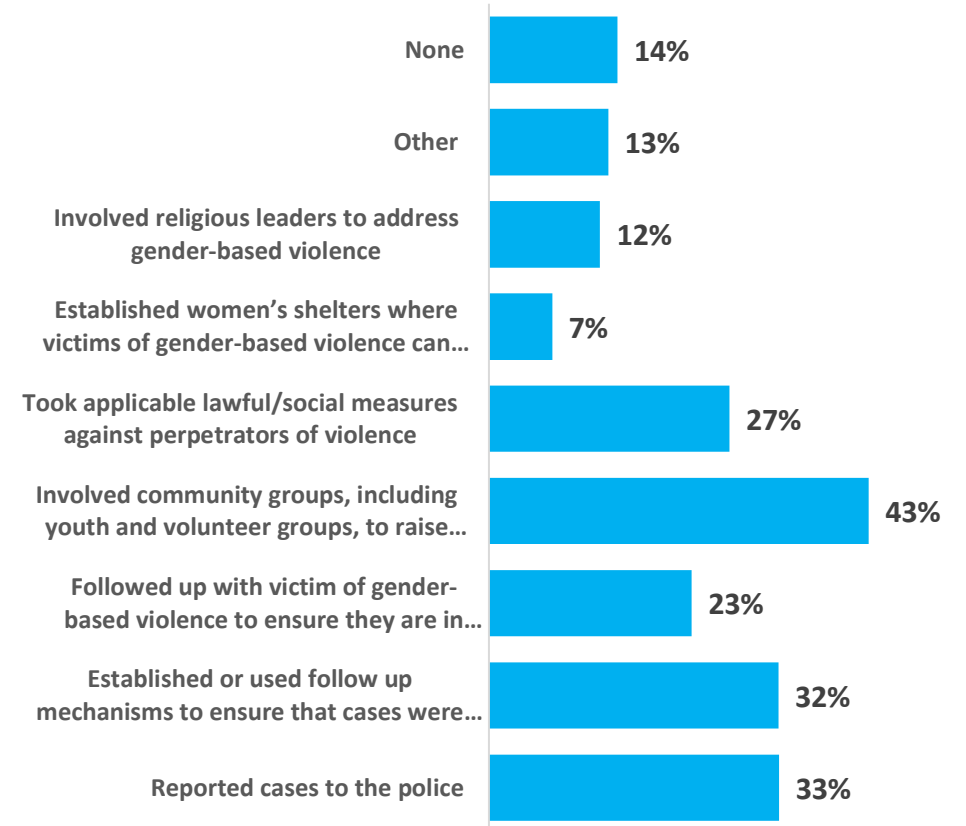| Lumbini	Sudurpaschim	Gandaki	Karnali	All	Province 1	Bagmati	Province 2
52%	42%	40%	39%	38%	37%	31%	28%
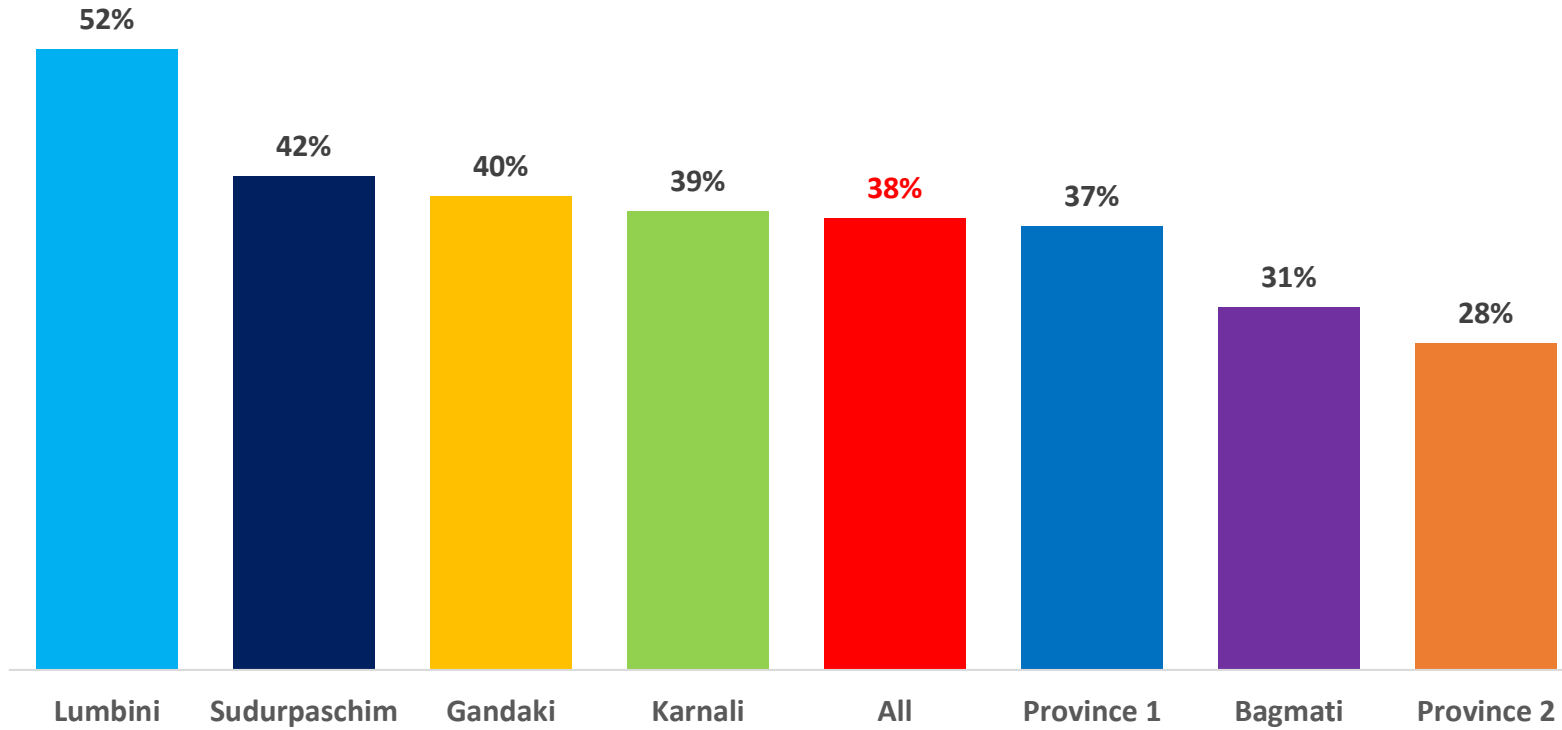
38% ward mayors reported incidences of GBV in their ward on average but the percent was much higher in Sudurpaschim (52%).
PMIR helpline data also suggest increase in GBV with strong correlation with mental health impacts on women and girls.

Discrimination, GBV, Covid-19 acceptance & PHSM
Types of discriminatory behaviour observed towards women and interventions to address GBV as reported by ward mayors

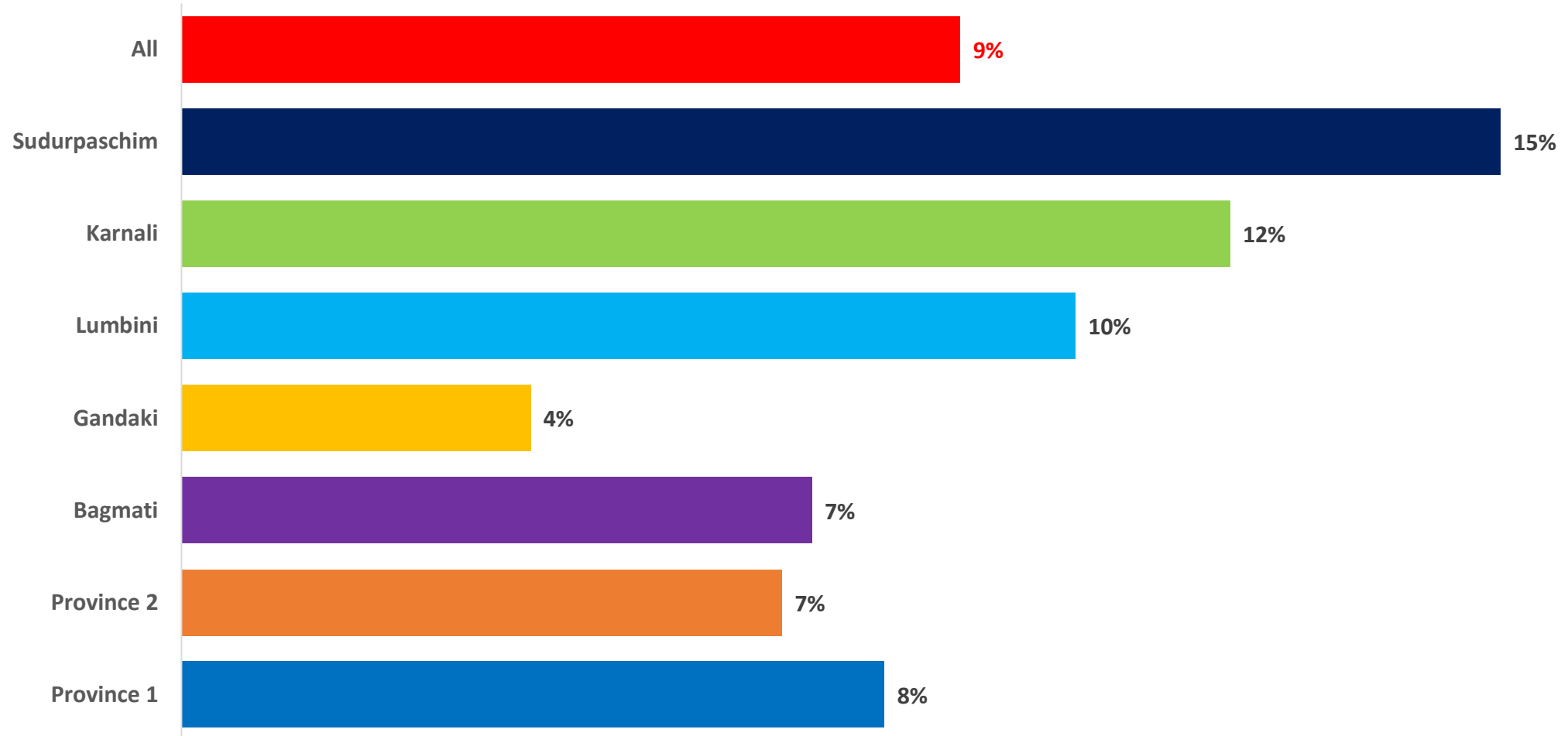### What forms of discriminatory or violent behavior you have noticed towards women in your community/Tole lately/at home?

- Women were beaten by the people in the community — **10%**
- Expelled out of their home or forced to settle at maternal home — **9%**
- Women were physically/sexually harassed/raped — **9%**
- Women were intimidated — **34%**
- Women were shouted and insulted — **40%**
- Women were threatened — **24%**
- Menstrual isolation — **13%**
- Domestic violence — **70%**

What interventions are being implemented to address gender-based violence in your ward?

- None — **14%**
- Other — **13%**
- Involved religious leaders to address gender-based violence — **12%**
- Established women's shelters where victims of gender-based violence can… — **7%**
- Took applicable lawful/social measures against perpetrators of violence — **27%**
- Involved community groups, including youth and volunteer groups, to raise… — **43%**
- Followed up with victim of gender-based violence to ensure they are in… — **23%**
- Established or used follow up mechanisms to ensure that cases were… — **32%**
- Reported cases to the police — **33%**

Domestic violence followed by verbal abuse and intimidation followed by threats were the most common. Just under 1 in 10 reported physical/sexual abuse and expulsion from homes. Similar findings are also reported in the most recent CFT HH Survey (Round 7). Involving community group mechanisms, police reporting and follow-up mechanisms to ensure case resolution were the most common interventions being used to address GBV

Discrimination, GBV, Covid-19 acceptance & PHSM
Perception about increase in the prevalence of GBV (ward mayors)

In your observations, has the prevalence of gender-based violence increased since the pandemic's start?

| Category	Percentage
All	9%
Sudurpaschim	15%
Karnali	12%
Lumbini	10%
Gandaki	4%
Bagmati	7%
Province 2	7%
Province 1	8%

Just under 1 in 10 ward mayors felt there was an increase in the prevalence of GBV since the pandemic's start. Sudurpaschim ward mayors were most likely to feel an increase in the prevalence of GBV (15%). These findings are also consistent with recent PMIR helpline data.
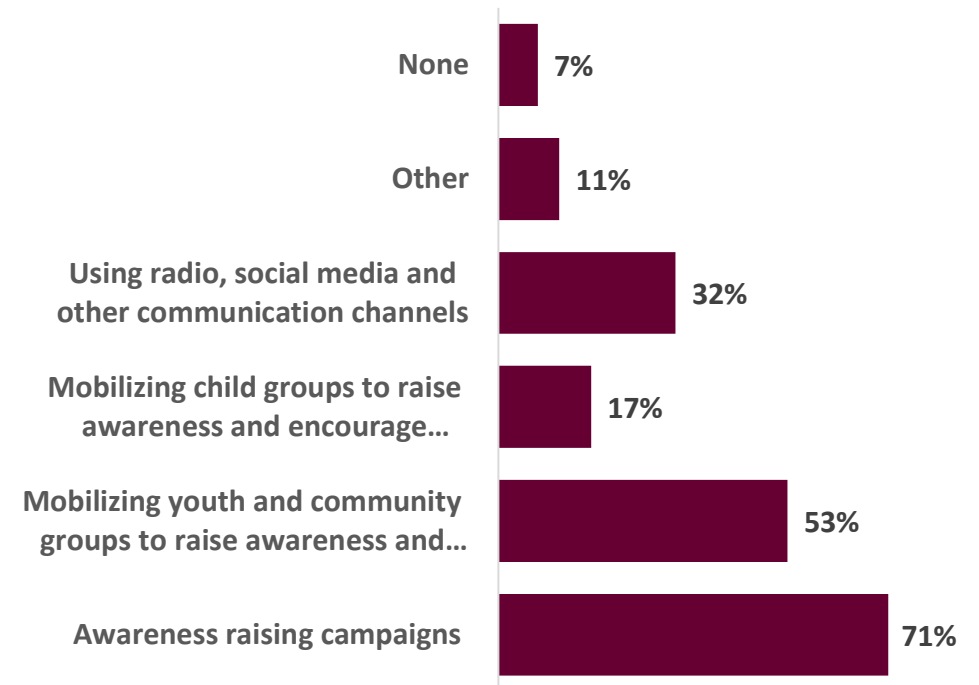
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Discrimination, GBV, Covid-19 acceptance & PHSM
Residents willingness to get vaccinated in wards and interventions being implemented to raise awareness (reported by ward mayors)

Are people willing to get vaccinated in your ward?

Some 8%

Yes 92%
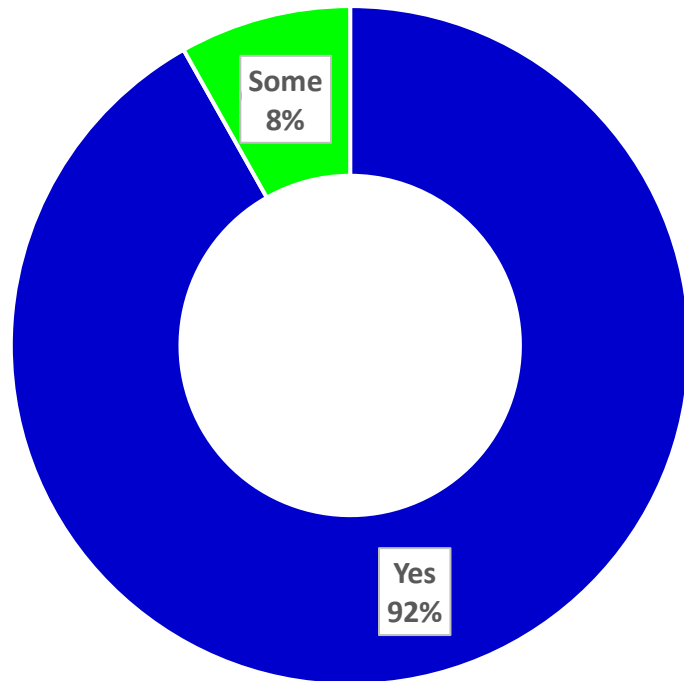
What interventions are being implemented to raise awareness about the vaccine and encourage people to get vaccinated in your ward?

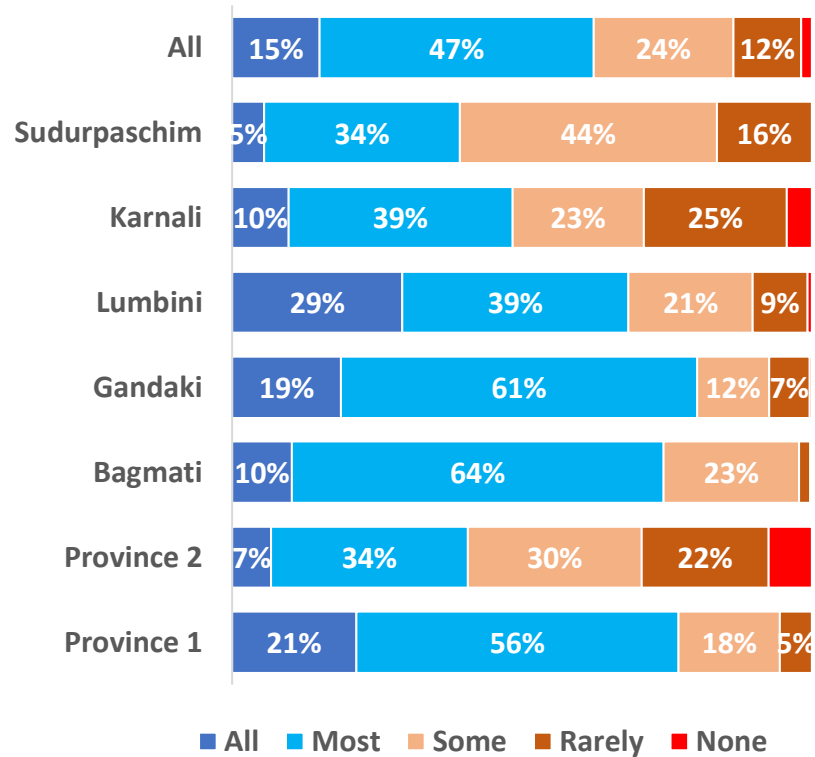| Intervention	%
None	7%
Other	11%
Using radio, social media and other communication channels	32%
Mobilizing child groups to raise awareness and encourage…	17%
Mobilizing youth and community groups to raise awareness and…	53%
Awareness raising campaigns	71%

92% of mayors said everyone in their ward was willing to get vaccinated while 8% reported some were willing to get vaccinated. Awareness raising campaigns (71%) and mobilizing group mechanisms (53%) were the top two interventions reported by mayors. Willingness to get vaccinated at the HH level was calibrated at above 90% recent rounds of the CFT household surveys
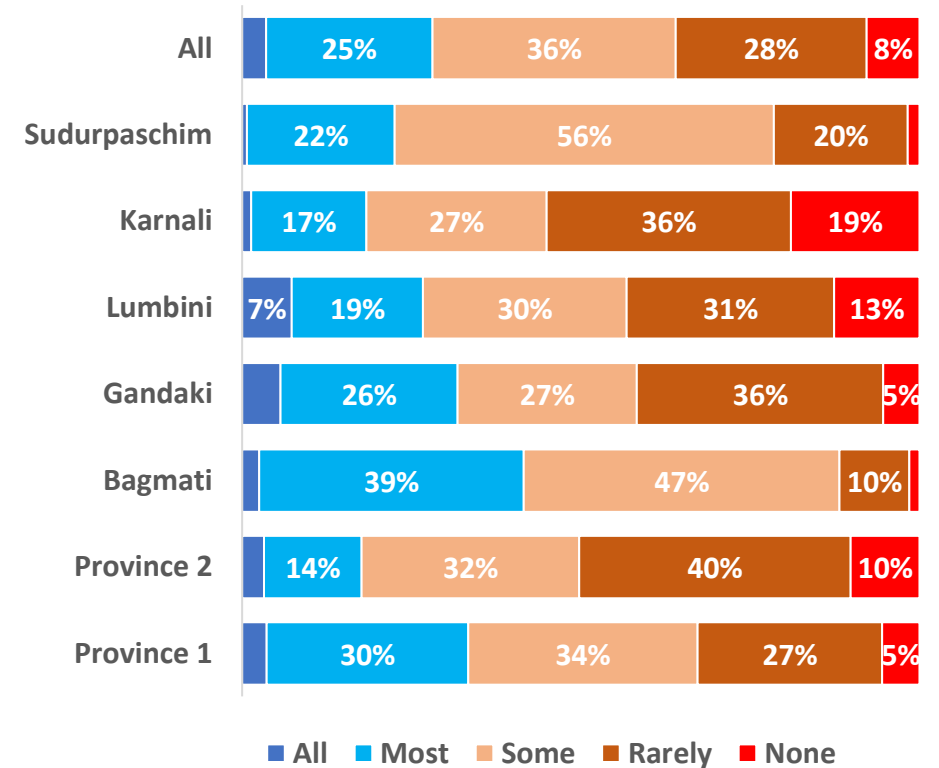
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Discrimination, GBV, Covid-19 acceptance & PHSM
Wearing masks and maintaining physical distancing in public

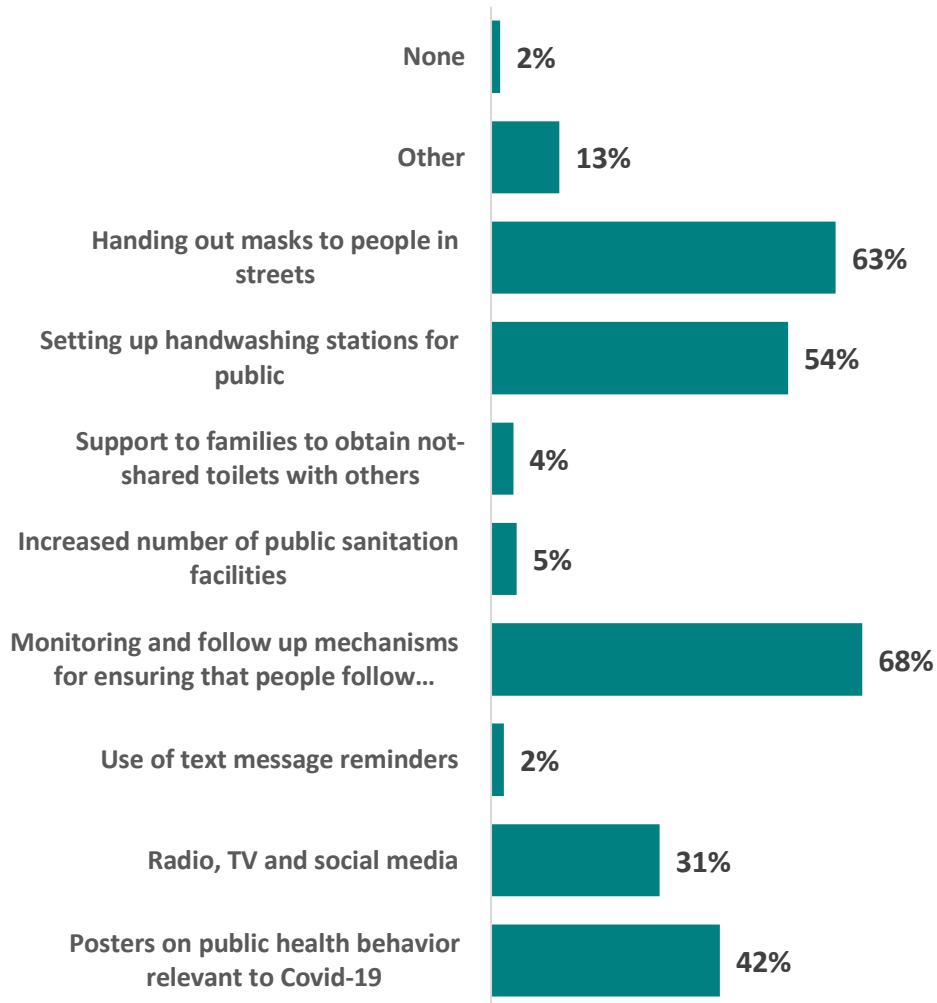### In your observations, do people wear masks all the time in public in your ward?

Region	All	Most	Some	Rarely	None
All	15%	47%	24%	12%	
Sudurpaschim	5%	34%	44%	16%	
Karnali	10%	39%	23%	25%	
Lumbini	29%	39%	21%	9%	
Gandaki	19%	61%	12%	7%	
Bagmati	10%	64%	23%		
Province 2	7%	34%	30%	22%	
Province 1	21%	56%	18%	5%	

■ All   ■ Most   ■ Some   ■ Rarely   ■ None

In your observations, do people maintain physical distancing in public in your ward?

Region	All	Most	Some	Rarely	None
All		25%	36%	28%	8%
Sudurpaschim		22%	56%	20%	
Karnali		17%	27%	36%	19%
Lumbini	7%	19%	30%	31%	13%
Gandaki		26%	27%	36%	5%
Bagmati		39%	47%	10%	
Province 2		14%	32%	40%	10%
Province 1		30%	34%	27%	5%

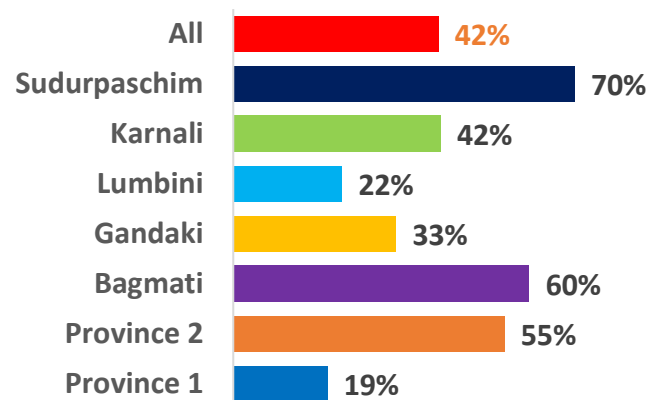■ All   ■ Most   ■ Some   ■ Rarely   ■ None

15% could confirm people in their wards wearing a mask all the time while 47% confirmed most of the time. This suggests that 38% were sometimes (24%), rarely (12%) or never (2%) wearing masks in public. In Sudurpaschim, Province 2 and Karnali, more than half the mayors responded that people sometimes, rarely or never wore masks. 4% reported people in their ward maintaining physical distancing all the time, 25% reported sometimes. The majority reported that people in their wards were only sometime, rarely or never maintaining physical distancing. More than 4 out of 5 mayors in Karnali and Province 2 responded that people were sometime, rarely or never wearing masks. These numbers are significantly lower when compared to CFT HH survey (which asks respondents about themselves). However, provincial patterns are similar.

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Discrimination, GBV, Covid-19 acceptance & PHSM: Monitoring & follow-up mechanisms to ensure that people comply with PHSM, handing out masks to people in the streets, setting up handwashing stations for the public, displaying posters on public health behaviour and using radio/tv and social media were the main PHSM being implemented. Mayors from Sudurpaschim were most likely to confirm displaying posters, having mechanisms for ensuring that people follow PHSM and setting up handwashing stations. Bagmati ward mayors were the most likely to confirm handing out masks to people
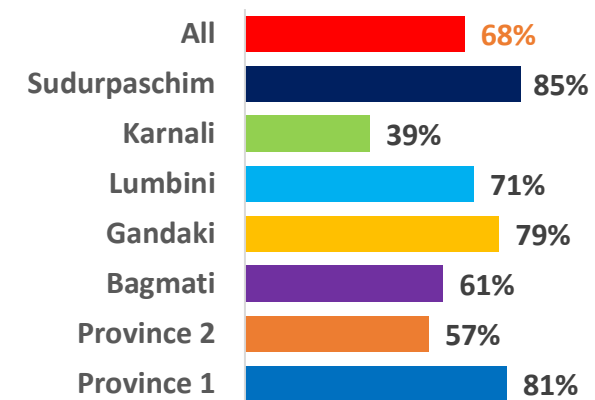
What public safety measures have are being implemented to prevent the spread of Covid-19 in your ward?
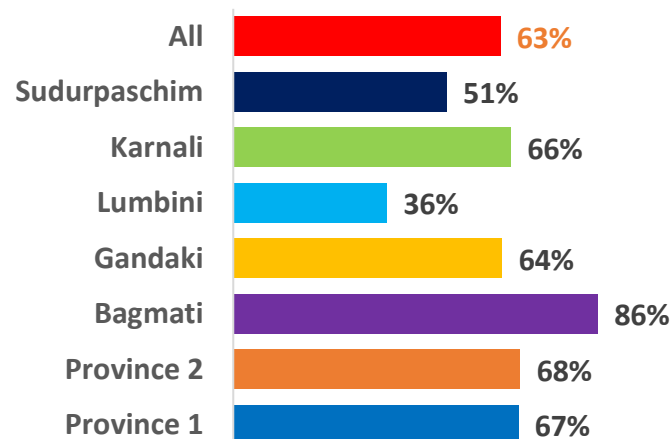
Measure	%
None	2%
Other	13%
Handing out masks to people in streets	63%
Setting up handwashing stations for public	54%
Support to families to obtain not-shared toilets with others	4%
Increased number of public sanitation facilities	5%
Monitoring and follow up mechanisms for ensuring that people follow…	68%
Use of text message reminders	2%
Radio, TV and social media	31%
Posters on public health behavior relevant to Covid-19	42%

Posters on public health behavior relevant to Covid-19

	%
All	42%
Sudurpaschim	70%
Karnali	42%
Lumbini	22%
Gandaki	33%
Bagmati	60%
Province 2	55%
Province 1	19%

Mechanisms for ensuring that people follow PHSM

	%
All	68%
Sudurpaschim	85%
Karnali	39%
Lumbini	71%
Gandaki	79%
Bagmati	61%
Province 2	57%
Province 1	81%

Handing out masks to people in streets

	%
All	63%
Sudurpaschim	51%
Karnali	66%
Lumbini	36%
Gandaki	64%
Bagmati	86%
Province 2	68%
Province 1	67%

Setting up handwashing stations

	%
All	54%
Sudurpaschim	71%
Karnali	43%
Lumbini	35%
Gandaki	47%
Bagmati	70%
Province 2	56%
Province 1	56%

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CONCLUSION

1. Huge amount of data on 9 different aspects of public action and public life according to Ward mayors – unique survey in recent times
2. Questions about the length of the survey, fatigue and quality issues need to be resolved as well as the application of some questions to ward level inquiry
   - Results are interesting and reveal the fascinating diversity in Nepal - but sometimes not surprising – and confirms some findings from CFT HH survey as well as other more recent empirical efforts in Nepal.
3. Challenging findings on discrimination, CP & GBV as well as other deprivations such as market closures
4. Repeated requests for medical supplies, finance, technical support, HR
5. Data ideally suited for harvesting province/district level dashboards for a wide range of indicators
6. Data provides strong empirical evidence base to guide programming and policy in a number of different contexts.

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