Child & Family Tracker

Tracking the Socio-Economic Impact of COVID-19 on Children and Families in Nepal

Baseline Findings

Photo credit: UNICEF Nepal
Content

- The following are the findings of the first in a series of monthly household surveys to track the socio-economic multi-sectoral impact of COVID-19 on children and families in Nepal

- As such, this first survey issue, carried out at the end of May 2020, establishes the baseline for the monthly surveys to be carried out and issued over the coming months

- Where available, the monthly household survey data will be supplemented by relevant child-related data from other sources
Survey Methodology

- 85% of municipalities were covered by the survey
- Sample size: 7,500 households with at least one child (survey covered 42,244 people-38% children)
- Data quality: Whipple’s index for age = 123, which is good for telephone interviewing.
- Sample was nationally and provincially representative.
- Some findings can be disaggregated at the district level and some even for the ward level.
- Geospatial projections are also possible at municipality level.
Properties of the sample: ethnicity & provincial distribution

The sample can be segmented according to key dimensions such as ethnicity, income group, province, place of residence, gender and disability status.
Agriculture employs 71% of the working population.

27% of the households have members who had paying jobs (e.g. teacher, government job, NGO employee and other similar private organizations).

21% of the households have members who are engaged in unskilled labour (e.g. daily wage labour, sweeper, household labour).

Most of those engaged in unskilled labour and in traditional agriculture belong to the bottom two quintiles. Those in public services are better off.

Compared to other ethnic groups, Hill Brahmins have the highest representation in the top income quintile.
Properties of the sample: Persons with disabilities

14% of households have members who have functional limitations – prevalence varies by income group, province and place of residence. 1 in 5 family members with functional limitations are children.

<table>
<thead>
<tr>
<th>Province</th>
<th>% Reporting Functional Limitations</th>
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<tbody>
<tr>
<td>1</td>
<td>12%</td>
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<td>2</td>
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<td>Bajura</td>
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<td>Gandaki</td>
<td>12%</td>
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<td>Province 5</td>
<td>21%</td>
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<td>Karnali</td>
<td>12%</td>
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<tr>
<td>Sudurpaschim</td>
<td>12%</td>
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</tbody>
</table>

% Reporting Functional Limitations by Income Group:

- Below 10K: 18%
- 10-20K: 15%
- 20-30K: 12%
- 30-50K: 10%
- 50K+: 12%

% Reporting Functional Limitations by Residence:

- All: 14%
- Sub-Metropolitan City: 14%
- Rural Municipality: 15%
- Municipality: 13%
- Metropolitan City: 10%

Ages of household members with functional limitations:

- Below the age of 2: 18
- Between 2 and 5: 38
- Between 5 and 18: 173
- Above the age of 18: 879

- Families belonging to low income groups, living in Karnali or in rural municipalities, are more likely to have someone with functional limitations.
Livelihood Losses

55% of respondents reported earnings or livelihood losses due to lockdown. Province 2, those from the 2nd income group and those living in sub-metropolitan cities reported the highest rates of earning and livelihood losses.

% Respondents Reporting Earnings or Livelihood Losses (Blue=Yes=55%)

% Reporting Earnings or Livelihood Losses by Province

% Reporting Earnings or Livelihood Losses by Income Group

Municipalities with highest % of Respondents Reporting Losses (Dark Blue)
Immediate Needs
1/3rd of households reporting shortage of food, medicines, cooking fuel, soap and toothpaste

- Rural municipality households have higher need for food compared to other residence areas.
- Triple impact of pre-monsoons (lean season), lockdown supply disruptions, demand and behaviour change due to loss of earnings.
- Coping mechanisms: using savings, coping through agricultural work, food rations being provided.
- Relatively early stages of lockdown, needs might be more acute now.

Immediate Needs of Households (% Responding Yes)

- Don’t Know:
  - Others: 1%
  - No shortage: 3%
- Cooking Fuel:
  - 5%
- Medications:
  - 8%
- Soap & Toothpaste:
  - 10%
- Menstrual Hygiene Products:
  - 2%
- Water for Handwashing/Hygiene:
  - 2%
- Drinking Water:
  - 1%
- Food:
  - 28%
  - 64%

Immediate Needs of Households (% Responding Yes)

- Sudurpaschim: 37%
- Karnali: 23%
- Province 5: 22%
- Gandaki: 16%
- Bagmati: 25%
- Province 2: 49%
- Province 1: 18%

% Reporting Food Shortage and Province

- Metropolitan City: 16%
- Municipality: 27%
- Rural Municipality: 32%
- Sub-Metropolitan City: 26%

% Reporting Food Shortage and Place of Residence

- Availability of ORS and paracetamol in the households:
  - ORS: 35%
  - Paracetamol: 50%
Immediate Needs
A large proportion of households are not able to confirm availability of key items of their regular diet. Constrained access to proteins, dairy products and some vegetables.
Family Coping Patterns

The majority of families are borrowing or depleting their savings. This varies across income groups. Family and friends provide crucial support.

![Bar chart showing financial coping behavior in respondent's household.]

**FINANCIAL COPING BEHAVIOR IN RESPONDENT’S HH (% REPORTING YES)**

- Borrow: 42%
- Nothing: 13%
- Savings: 58%
- Expenditure: 15%
- New Bus: 18%
- Start Work: 3%
- Friends/Relatives: 9%

![Bar chart showing changes in coping patterns across income groups.]

**CHANGES IN COPING PATTERNS ACROSS INCOME GROUPS**

- Below 10K: Borrow 55%, Savings 46%, Expenditure 43%
- 10-20K: Borrow 42%, Savings 43%, Expenditure 46%
- 20-30K: Borrow 57%, Savings 66%, Expenditure 29%
- 30-50K: Borrow 75%, Savings 75%, Expenditure 13%
- 50K+: Borrow 76%, Savings 76%, Expenditure 13%
21% of households included in the survey received SP allowances.

Only 12% of families reporting functional limitations receive disability allowances.

More than half of the respondents receiving SP allowances came from Provinces 5, Sudurpaschim (7) and Province 2, implying a pro-poor slant in SSAs.

Classifying the different types of social security allowances by income group of recipient households shows that child grants are more redistributive than other SSAs.
Social Protection

31% of SSA recipients reported “greater difficulty” in receiving payments due to lockdown

- The largest number of those reporting difficulties belong to Province 2.
- Tarai Brahmins (70%) and Tarai Madhesi (50%) are significantly more likely to experience difficulties underscoring the predominance of geography/place of residence effect over caste.
- Respondents from 2nd income group are most likely to report difficulties - needs further unpacking.
Nutrition

More than 1 in 5 respondents indicated that their children are experiencing changes in dietary intake. Children in low income households are more likely to experience changes in dietary intake.

This is a key worrying observation indicating a behavioural response to increased hardship and uncertainty. Some of these changes could indeed be related to seasonal shortages.
Nutrition

90% of mothers of children under two reported breastfeeding at the time of the survey (May 2020). Province 5 has significantly lower rates. Breastfeeding mothers from the lowest income group are most likely to reduce the number of meals per day (16%) during lockdown.

% of breastfeeding mothers not reducing the number of meals due to lockdown

Variation in breastfeeding prevalence by province
Nutrition

1 in 5 children are experiencing changes in the frequency of breastfeeding. Children under two in provinces 5, Karnali & Sudurpaschim are the most likely to face changes in the frequency of breastfeeding.

- 18% are breastfeeding more - a positive fallout from lack of access to other foods - with the highest percentage of mothers in Sudurpaschim and Karnali breastfeeding more often.
- 5% breastfeeding less; more mothers in Gandaki feeding less.
- 77% breastfeeding with same frequency; fewer mothers in Sudurpaschim & Karnali breastfeeding the same.

CHANGES IN BREASTFEEDING FREQUENCY BY PROVINCE (% MORE, % LESS, % SAME)
- 33% of households did not have enough drinking water during lockdown.
- 28% of households had difficulties getting water for cooking, handwashing and bathing due to lockdown.

Note: WASH findings are from Interactive Voice Response of an additional 400 households (a component of the telephonic survey)
Access to Health Services

54% of respondents would seek treatment at health posts while another 35% would go for treatment to a hospital in the city but there is variation by income and other background characteristics.
Access to Health Services
83 per cent of the households with pregnant women had access to ANC but the average masks differences by province, residence and ethnic group.

Pregnant women in Province 2, Rural Municipalities and Tarai Brahmins have the least access to ANC.
Children in low income households are less likely to study at schools that have been offering distance learning and more likely not to be able to use it. Children’s continued loss of access to education in low income families might have irreversible negative effects on the country’s economy. This will adversely affect the potential of the country to ensure equitable and sustainable development.
Increased screen time, low interest & energy plus stopping studying – emerging signs of distress?
While 1/12 families report psychological distress in children, issue comes out more explicitly over educational activities
Variation by income group: tv + internet more likely to affect children in upper income groups
(Child) Protection
70% of respondents know where to report domestic violence

Knowledge gap likely to be the highest in Province 5, among the lowest two income groups, certain Tarai ethnic groups, other excluded ethnic groups and Hill Janajatis.

To be read in conjunction with Protection Cluster assessments pointing out to the fact that 65% of girls did not know GBV response mechanisms.
Child Protection

1 in 10 respondents reported an increase in physical violence in the household. 5% of respondents reported noticing an increase in violence towards children in their communities.

To be read in conjunction with other protection data sets, including helpline data. Possibly observing exposure to personal violence in Sudurpaschim the 4th highest income group & in metropolitan cities compared to other areas; needs tracking.
Some children continue helping their families earn income even during lockdown.

- 31% of 7,500 respondents reported that their children worked to help them earn income before lockdown.
- During lockdown, children in 8% of the households were working at the time of the survey.
- Among currently working children, 76% are those who worked before and continue working during lockdown.
- 24% of currently working children might have started to work to help their families earn income due to financial distress caused by lockdown.
Child Protection
Children’s contribution to HH income: disaggregation

Respondents from Bagmati province, those in lower income groups and those living in rural municipalities tend to report a higher share of children earning income during lockdown – also heavily correlated with loss of family earnings (trend analysis forthcoming).
Respondents’ assessments of whether children were experiencing psychological stress in their household suggests that 1 in 12 households had children who were experiencing at least one type of stress.

% RESPONDENTS SAYING YES FOR EACH CATEGORY

- Fear: 3%
- Gloomy: 2%
- Irritation: 1%
- Anger: 4%
- Sleep: 1%
- Others: 1%

- Likely to be under reported.
- Respondents reported that fear and anger are the main stress symptoms faced by children.
- Significant variation by background characteristics of respondent.
- Respondents with children working in the household are more likely to report children feeling anger or fear.
COVID-19 Awareness and Actions

PER CENT RESPONDING YES FOR EACH ACTION (MULTIPLE RESPONSES ALLOWED)

<table>
<thead>
<tr>
<th>Action</th>
<th>Province 1</th>
<th>Sudurpaschim</th>
<th>Gandaki</th>
<th>Karnali</th>
<th>Bagmati</th>
<th>Province 5</th>
<th>Province 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands with soap frequently</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td>93%</td>
<td>88%</td>
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<tr>
<td>Stay at home</td>
<td>82%</td>
<td>82%</td>
<td>72%</td>
<td>46%</td>
<td>36%</td>
<td>30%</td>
<td>18%</td>
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<tr>
<td>Wear masks when going outside</td>
<td>78%</td>
<td>78%</td>
<td>58%</td>
<td>36%</td>
<td>30%</td>
<td>18%</td>
<td>13%</td>
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<tr>
<td>Stay away from people when going outside</td>
<td>82%</td>
<td>82%</td>
<td>58%</td>
<td>36%</td>
<td>30%</td>
<td>18%</td>
<td>13%</td>
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<tr>
<td>Use hand sanitizers</td>
<td>78%</td>
<td>78%</td>
<td>58%</td>
<td>36%</td>
<td>30%</td>
<td>18%</td>
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<td>Don't know</td>
<td>0%</td>
<td>6%</td>
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PER CENT RESPONDING YES FOR EACH SOURCE (MULTIPLE CHOICES ALLOWED)

<table>
<thead>
<tr>
<th>Source</th>
<th>Province 1</th>
<th>Sudurpaschim</th>
<th>Gandaki</th>
<th>Karnali</th>
<th>Bagmati</th>
<th>Province 5</th>
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<tr>
<td>Radio</td>
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<td>68%</td>
<td>46%</td>
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<tr>
<td>Mobile Ring Tone</td>
<td>36%</td>
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<td>8%</td>
<td>6%</td>
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<tr>
<td>Ward officials or municipality office</td>
<td>46%</td>
<td>46%</td>
<td>30%</td>
<td>16%</td>
<td>13%</td>
<td>8%</td>
<td>6%</td>
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<tr>
<td>Community committees (any)</td>
<td>46%</td>
<td>46%</td>
<td>30%</td>
<td>16%</td>
<td>13%</td>
<td>8%</td>
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<td>Newspapers and Magazines</td>
<td>36%</td>
<td>36%</td>
<td>24%</td>
<td>13%</td>
<td>8%</td>
<td>6%</td>
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<tr>
<td>Hospitals and health centres</td>
<td>30%</td>
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<td>Family Members, Friends, Neighbours</td>
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### Key Insights/Conclusions

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Livelihood Losses</strong></td>
<td>54% of households reported loss of earnings or livelihoods</td>
</tr>
<tr>
<td><strong>Immediate Needs</strong></td>
<td>1/3rd of households reporting shortage of food, medicines, cooking fuel, soap and toothpaste</td>
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<tr>
<td><strong>Coping Mechanisms</strong></td>
<td>Incurred debt and depleting savings (55-44%)</td>
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<tr>
<td><strong>Social Protection</strong></td>
<td>20% of households reported receiving social security allowances</td>
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<tr>
<td><strong>Social Protection</strong></td>
<td>31% of social security recipients experience difficulty receiving them</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td>20% children experiencing changes in dietary intake</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>28% of the same households had difficulties getting water for cooking, handwashing and bathing due to lockdown.</td>
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<tr>
<td><strong>Health</strong></td>
<td>- only 54% of hh sought treatment at health centers</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>95% children not attending school, 30% of households reported schools offering distance learning</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Only 47% with access to distance learning actually use it</td>
</tr>
<tr>
<td><strong>Violence against children</strong></td>
<td>5% of respondents reported noticing an increase in violence towards children in their communities.</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td>Over 8% of households continue to depend on children for household income</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>14% of households reported having a family member with a functional limitation; 20% of them are children</td>
</tr>
</tbody>
</table>
| **COVID 19 Awareness & Behaviour** | 93% risk awareness of Covid-19  
90% are hand washing |
Lessons learnt and next steps

Advantages of digital solutions but also caveats - difficult to establish rapport with respondents.

Only reported summary/descriptive findings of baseline (pre-monsoon + lockdown).

Strengthen inter-agency collaboration

Design of SMART questions (learning process).

Forthcoming: Regressions + geospatial mapping.

Next and future round/s of surveys will help unpack trends and dynamics over time.