

COVID-19 AND ITS IMPACTS IN KHOKANA VILLAGE OF LALITPUR, NEPAL



**A Thesis Submitted to
APF Command and Staff College
Faculty of Humanities and Social Sciences,
Tribhuvan University in Partial Fulfillment of Master Degree in
Security, Development and Peace Studies**

Submitted by

Chet Raj Joshi

Sixth Batch (2077-2079)

Roll No.: 4001

TU Registration No.: 6-2-329-726-99

**APF Command and Staff College, Sanogaucharan,
Kathmandu, Nepal**

September, 2022

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DECLARATION

I hereby declare that this research paper entitled “**COVID-19 and Its Impacts in Khokana Village of Lalitpur, Nepal**” submitted to APF Command and Staff College, is entirely my original work.

I have made due acknowledgments to all ideas and information cited and extracted from different sources in course of preparing this research. The result of this research paper has not been presented or submitted anywhere else for the award of any degree or any other purpose. I assure that no part of the content of this research paper has been published in any form before. I shall be responsible if any evidences found against my research paper.

This thesis is being submitted to APF Command and Staff College, Faculty of Humanities and Social Sciences, Tribhuvan University in Partial Fulfillment of Master Degree in Security, Development and Peace Studies.

Signature:

Name: Chet Raj Joshi

Date: September 05, 2022

LETTER OF RECOMMENDATION

I certify that this thesis entitled “**COVID-19 and Its Impacts in Khokana Village of Lalitpur, Nepal**” was prepared by Mr. Chet Raj Joshi under my supervision. The researcher has fulfilled the criteria prescribed by Faculty of Humanities and social Sciences, Tribhuvan University. I hereby recommend the thesis for the final evaluation and approval.

Prof. Dr. Ramesh Raj Kunwar

Thesis Supervisor

Date: September 05, 2022





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LETTER OF APPROVAL

This thesis entitle “**COVID-19 and Its Impacts in Khokana Village of Lalitpur, Nepal**” submitted by Chet Raj Joshi to APF Command and Staff College, Faculty of Humanities and Social Sciences, Tribhuvan University in Partial Fulfillment of Master Degree in Security, Development and Peace Studies has been approved by the undersigned members of the Evaluation Committee.

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ACKNOWLEDGEMENTS

First of all, I would like to express my sincere gratitude to Prof. Dr. Ramesh Raj Kunwar for his valuable guidance and expert supervision throughout the whole process of this research. Further, I would also like to express my sincere gratitude to Dr. Naresh Rimal for his valuable suggestions and insights for the research work. My special thanks also go to Yogesh Prasad Joshi for providing his expert opinions and references on ethnography of Khokana and COVID-19 impacts.

I am grateful to the Commandant SSP Dipak Adhikari, Academic Coordinator Raju Ram Suwal, and Directing Staffs of APF Command & Staff College for their continued support for the study and research work. I am indebted to all Faculty members, Senior and Junior officers, other ranks, library management and administration team of APF Command and Staff College for their assistance and providing a conducive environment for the study.

I am thankful to the No. 21 Ward Chairman of Lalitpur Metropolitan Mr. Rabindra Maharjan, other elected representatives, and ward officials of the Ward NO.21 Lalitpur Metropolitan for providing valuable time and active participation during the data collection for the study. I am also thankful to Deputy Superintendent of Armed Police Force, Nepal Mr. Shyam Sangati Maharjan and other residents of Khokana village for their remarkable cooperation, hospitality and participation during the field visit of Khokana. Furthermore, I wish to acknowledge Head Constable of the APF, Nepal Mr. Padam Bahadur Bohora for his technical support during the entire course duration.

I also want to admire my colleagues of the 6th APF Command and Staff Course for their cooperation and valuable support throughout the course. Last but not the least; I cannot forget to thank my family members, especially my wife Januka Niraula Joshi, daughters Chejana Joshi and Yojana Joshi, my little son Nishkarsh Joshi and my nephew Mr. Jagdish Joshi for all the unconditional support, care, love, time and motivation during my study.

ABSTRACT

This study has shed light on the impacts of COVID-19 pandemic on Khokana village of Lalitpur Metropolitan city as the pandemic has been affecting the entire world in every sectors of life. Culturally enriched village is purposefully taken as the area of study. The pandemic has impacted on the culture, economy, education, agriculture, human health and so on. At this juncture the focus of the global to local level mechanism have been focusing for vaccinating, mitigating, inventing and following the COVID-19 protocols. Locals have shown collaborated efforts with stakeholders to save lives and situation. It needs more effective collaborations among cultural entities and common people, national/ local crisis management mechanism and other related agencies. The cultural understanding and awareness of the enriched locals, prevailing health facilities and coping capacities of the village can mitigate the pandemic further risks as the past. In this scenario, it tries to dig out the COVID-19 impacts in the typical village.

The study is based on qualitative research design with the primary data from field visit, interviews with local people, stakeholders (KII and FGD) and secondary data from the books, articles, magazines, internet, library etc. Collected data was interpreted in analytical and descriptive way to achieve the research objectives by analysis from collected information. The paper included the economic, cultural, traditional, psychological, environmental, agricultural, social and ethnographical impacts as the major findings based on the bitter past pandemic experiences of locals.

This study finds that the COVID-19 impacts are somewhat distinct in Khokana village from other places because of roles of the cultural and traditional entities, communities' roles and resilient capacities of the local people. The paper will be beneficial for the administrators, researchers, policymakers, crisis manager to understand the COVID-19 impacts in Khokana village.

Key Words: COVID-19, Pandemic, Mechanism, Ethnography, Disaster

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ABBREVIATIONS AND ACRONYMS

APA	American Psychological Association
APF, Nepal	Armed Police Force, Nepal
CBS	Centre Bureau of Statistics
CDO	Chief District Officer
CCMC	COVID-19 Crisis Management Centre
COVID-19	Corona Virus Disease 2019
DDMC	District Disaster Management Committee
DEOC	District Emergency Operation Centre
DM	Disaster Management
DRM	Disaster Risk Management
DR	Doctor
DRR	Disaster Risk Reduction
EOC	Emergency Operation Centre
FGD	Focused Group Discussion
GoN	Government of Nepal
KII	Key Informant Interview
LDMC	Local Disaster Management Committee
LGOA	Local Government Operation Act
LMC	Lalitpur Metropolitan City
MoFAGA	Ministry of Federal Affairs and General Administration
MoHA	Ministry of Home Affairs
MOHP	Ministry of Health and Population
MoHP	Ministry of Health and Population
MoWCSC	Ministry of Women, Children and Senior Citizen

NPR	Nepali Rupees
PHEIC	Public Health Emergency of Inter-national Concern
PM	Prime Minister
PPE	Personal Protective Equipment
VDC	Village Development Committee
SARS-COV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SFDRR	Sendai Framework on Disaster Risk Reduction
SOP	Standard operating procedure
UN	United Nations
UNDP	United Nations Development Program
UNISDR	United Nations International Strategy for Disaster
VDC	Village Development Committee
WHO	World Health Organization



CHAPTER I

INTRODUCTION

1.1 Background of the Study

The COVID-19 was seen in Hubai, China at the last of 2019, as the crisis and a major public health problem. Nepal had the first case of COVID-19 was seen on January 23, 2020 and as advised by WHO, the Government of Nepal started lockdown from 24th of March of the same year. After the pandemic the government of Nepal regulated the situation by different rules, regulations and policies (Kunwar et al., 2022).

Since 50 years Coronaviruses have been seen; as the name “coronavirus”, was named in the year 1968. He also shed light on interesting fact about the coronavirus, that Corona derives from Italian and Spanish word which means crown as the structure of virus seems to be similar. On February 11, 2020, the International Committee on Taxonomy of Viruses, charged with naming new virus, named the novel coronavirus (2019- nCoV). In the 21st century, there are two identified immense drivers of change to tourism industry are climate change and global health emergencies (Ulak, 2020; in Jamal & Budke, 2020).

“The COVID-19 pandemic in India was recognized as a disaster under Disaster Management Act, 2005, besides the clamping Epidemic Disease Act, 1897, during the national lockdown period. The lessons learned while applying the disaster law and epidemic control legislation shreds of evidence robust containment strategy” (Nomani & Parveen, 2021).

The WHO attempted to understand the concept in the disaster management cycle having a multi- component approach. These components envisage mitigation, preparedness, response, and recovery. The pandemic has had immediate negative health effects and is likely to also cause long-term health problems. In addition to economic repercussions across numerous sectors, COVID-19 has also had significant social and political effects” (Bonotti & Zech, 2021).

How COVID-19 has transformed social and cultural activities in various everyday

environments as the public has been mandated to rethink spaces and how to interact within them in ways that follow with new social distancing rules. Here the context demonstrates many of the political consequences of pandemic, including the way it has exacerbated ongoing political conflicts within and between countries, international challenges related to the actions of people, and affected status of belief and political ownership (Burki, 2021).

On Jan 30, 2020, WHO declared the outbreak of COVID-19 a public health emergency of inter-national concern (PHEIC). “Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it”, explained WHO Director -General Tedros Adhanom (Ulak, 2020; in Jamal & Budke, 2020).

1.1.1 COVID-19 pandemic

Last of January 30, 2020, the WHO announced the COVID-19 disease a public health crisis of global concern and, in March 2020, start to define it as a pandemic. The crisis spread all over the world and drew the attention of the world for its gravity and destruction (Nomani & Parveen, 2021).

There have been pandemic outbreaks prior COVID-19 as well which had impacted the travelers’ mobility in the past too; however, the scars in a tourism industry as a residue of those events are eradicated with time (Ulak, 2020; in Jamal & Budke, 2020).

Ulak (2020) further argues that so time is not a correct to advocate the future of tourism industry since crisis of COVID-19 outbreaks is still in process where tourism is not even a primary concern for the worried and anxious persons in the challenging context. Individual are shocked and needs to come out of this terror caused by COVID-19.

The outbreak of such fatal disease affected the people of all sections in villages as people were requested to self-quarantine in private rooms to prevent the spread of the Corona virus. The lockdown had fatal consequences on mental health, psychological health like frustration, stress, and depression (Chaturvedi et al., 2021).

Over the past few years, the world has been hit by a large scale viral outbreak coronavirus-that causes COVID-19. As of August 27, 2022, surveillance data of WHO

published on COVID-19 Situation Report shows the total number of confirmed cases of coronavirus infection worldwide surpassed 600,456,661 and the death count reached 6484857. Total doses administered number is 12555202423 and persons fully vaccinated number is 4916820517 (WHO, 2022).

1.1.2 COVID-19 in Nepal

As far as Nepal is concerned, as of August 27, 2022 confirmed cases of Coronavirus infection nationwide surpassed 996,670 and the death count reached 11,999. Total Vaccine does administered number in Nepal is 53,747,378 and persons fully vaccinated number is 20,876,075 (WHO, 2022).

AS far as Lalitpur Metropolitan City concerned as of 2077 Chhaitra to Fagun 2078 all total cases of Corona are 33114, total discharged 33312, death 302, contact tracing positive 77312 and positive cases identified 10711.

As far as Khokna, ward no. 21 of Lalitpur Metropolitan concerned as of 6th August confirmed cases of COVID-19 infection surpassed 428 And death count reached four people (see Appendix F).

The Government of Nepal and the World Bank signed \$29 million financing agreement for Nepal's COVID-19 (Coronavirus) emergency response and health systems preparedness. This Project has helped Nepal to prevent, detect, and respond the COVID-19 pandemic and strengthen its public health preparedness". The project will basically focus on the rapid response and preparedness to fight the virus. The support to Nepal by World Bank is to enhance the capacity and detect cases and ensuring prompt contact tracing consistent with WHO guidelines and MoHP protocols. The project has also helped to setup required intensive care units, beds, and isolation facilities across the country. The World Bank project will also equip designated health facilities with personal protective equipment's (PPE) and hygienic materials along with capacity enhancement of laboratories to respond public health emergencies and strengthen the health institutions (De Luca et al., 2020).

In addition to the human costs, COVID-19 has also taken a significant toll on the global economy, particularly due to severe travel restrictions and lockdown measures aimed at reducing its spread. A significant number of workers across various sectors have lost

their jobs, and this trend is likely to continue for the foreseeable future. From early on, the World Bank predicted the worst global recession since WWII, with the global economy expected to shrink drastically (Bonotti & Zech, 2021).

“Tourism industry of Nepal has been facing many crisis and obstacles since its inception. Nepal has been officially open for international tourist since 1951. There have been crises and disasters which have directly affected tourism industry of Nepal in different time period (see table.1). The sector was hard hit by earthquake, trade blockade in the year 2015, now it is COVID-19 pandemic” (Ulak, 2020).

1.1.3 COVID-19 as disaster

Fauci et al (2020) defined disaster as “a part of the environmental process that is of greater than expected frequency and magnitude and causes major human hardship with significant damage”. Generally, a disaster is viewed as “an extreme event that arises when a hazard agent intersects with a social system”. Technically, then, disasters are events that take place as part of normal environmental processes; they are not the principal focus of study.

UNISDR (2015), defined disaster as a serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope with using its own resources.

The specific instance is the COVID-19 pandemic, a global disaster the scale of which transcends ecological regions, national borders, economies, and societies, overwhelming their specific capacities to address disruption of societal functions (Alcántara-Ayala et al., 2021).

Likewise it defines “pandemic as an epidemic (a sudden outbreak) that becomes very wide spread and affects a whole region, a continent, or the world due to a susceptible population. It additionally elaborates as a true pandemic causes a high degree of mortality (death).” Medicine Net further states that the word "pandemic" comes from the Greek "pan-", "all" + "demos," "people or population" = "pandemos" = "all the people." A pandemic affects all (nearly all) of the people. By contrast, "epi-" means "upon." An epidemic is visited upon the people. And "en-" means "in." An endemic is in the people. Perceiving the word pandemic is as the disaster.

1.1.4 Natural setting of Khokana

After the promulgation of new constitution, Nepal is declared a Federal Democratic Republic in 2015 dividing the country into seven provinces, 77 districts and 753 municipalities. It has removed the older development regions and zones. Roles and responsibilities of all tiers of the governments are defined by the constitution and other legislations.

Lalitpur is a Metropolitan City, which is located in Lalitpur district, Province No. 3 of Nepal. Lalitpur has total 29 wards, which are scattered across 36 square kilometers of geographical area. Lalitpur Metropolitan City had total population of 284,922 (CBS, 2014).

Lalitpur is on the elevated tract of land in Kathmandu valley on the south side of the Bagmati River which separates it from the city of Kathmandu on the northern and western side. The Nakhu khola acts as boundary on the southern side. It was developed on the relatively thin layers of deposited clay and gravel in the central part of a dried ancient lake known as Nagdada. The city has an area of 15.43 square kilometers and divided into 29 municipal wards. Climate here is mild and generally warm and temperate. In winter, there is much more rainfall than in summer. The average annual temperature in Lalitpur is 25.7°C and precipitation here averages 1128 mm. The average annual temperature in Khokana is 17.9°C and precipitation here averages 1405 mm (Pant, 2019).

1.1.5 Demography and complexion

According to the CBS 2011 the total population of Newar was 1,321,933 which make up almost 5% of the total population of the country. And the population of Khokana village is 4,927 according to CBS 2011. The male and female population is 2,452 and 2,475 respectively (CBS, 2014).

Newars are a mix of the highland Nepalese i.e the Khas Indo-Iranian and Sino-Tibetid people. The Newar people have narrow eyes, broad and flat nose, medium height with light to dark skin complexion (Fisher, 1978).

1.1.6 Language

Nepal is a multi-linguistic country among which Newari language is one. The language spoken by Newar people is known as Nepal Bhasa. Nepal Bhasa is spoken during Licchavi period but inscription in Nepal Bhasa emerged from 12th century and developed as the court and state language from 18th centuries. This language is used in stone and copper inscriptions, sacred manuscripts, official documents, journals, title deed, correspondence and creative writing. According to the data from 2011, there were approximately 846000 native speaker of Nepal Bhasa. The Newar people (Jyapu) of study area also speak their own dialects of Nepal Bhasa. Few of them also speak Nepali language (Fürer-Haimendorf, 1989).

Previously Khokana was a Villge development committee (VDC) which was merged with the neighbouring VDC's of Bubgamati, Chhampi, Dukuchhap and Sanibu to make the Karyabinayak municipality in Lalaitpur, Bagmati Zone of Nepal. During 1991 census of Nepal Khokana had a population of 4258 living in 699 individual households. According to 2011 Nepali census, Khokana had a population of 4927 living in 1056 individual households (CBS, 2014).

According to the Profile of Khokana (2022) Khokana is a traditional and tiny Newari village 8 kilometers south of Kathmandu on out skirt of Patan, Lalitpur district which is known for the production of rich mustard oil since ancient time and the first town in Nepal having light of electricity in 1911 AD during Rana reign during Chandra Shamsher tenure representing a vernacular village and mustard-oil seed industrial cultural. As the living museum for recalling medieval times Khokana plus Bungamati is considered to have been established in the period of King Narendra Dev when Adi Lokeshwor Machhindranath was brought to Nepal after a severe long drought.

A group of conservationists, cultural experts, campaigners and environmentalists, on Saturday, came together in solidarity with locals of Khokana, protesting long for various projects intersecting in their locality. Khokana has five key development projects—the Expressway, the Outer Ring Road Development Project, the Bagmati Corridor, a Satellite City, and a high-tension power line (Pant, 2019).

“Ethnography is the systematic study of people and cultures which is designed to explore the cultural phenomenon of the ethnic groups. The National Foundation for

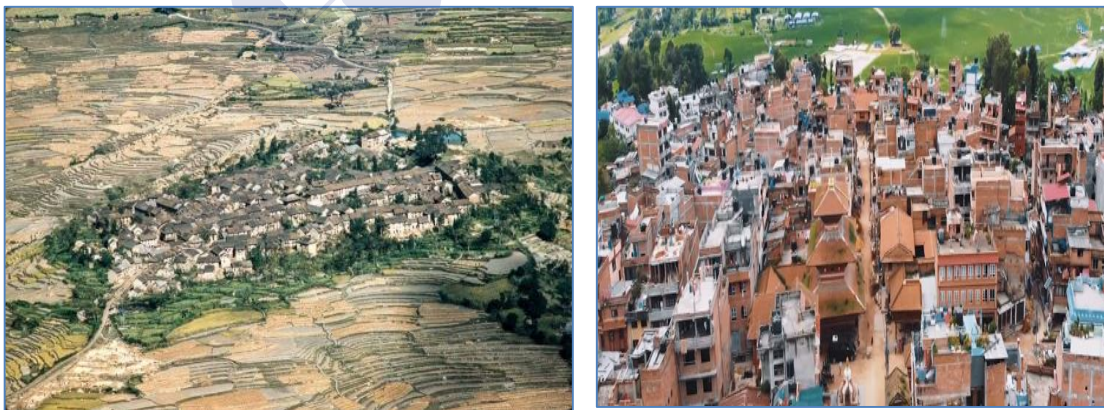
Development of indigenous Nationalities (NEDIN) Act-2002 defines Indigenous nationalities (adhibashi/janajati) as distinct communities” (Pant, 2019).

Pant (2019) further explain the ethnography as nationalities are having their own traditions, national tongues, rich cultures, old histories, traditional geography and special areas with egalitarian social composition. So, their cultural as the skills and techniques invented by indigenous groups are indigenous knowledge technology. Indigenous old learning is the knowledge that is developed over a long passage of time in a designated community based on local customs, culture and ecology.

Pant further mentioned that in globe about 70 countries approximately 250 million indigenous population are scattered where about 60% indigenous people remained in Asia and most of 66.66% of them live in China. Nepal is a multiethnic, multi-religious nation with about 126 ethnic groups speaking about 123 dialects (CBS, 2014). According CBS (2014) indigenous people make up for 35.81 % of the country’s population. Among them Newar are one of the indigenous peoples recognized by government of Nepal. Newars are found in every part of the country and beyond the boundary, but they are the original inhabitants of Kathmandu, Bhaktapur and Lalitpur.

Figure 1.1.

Aerial photography of Khokana/Khvakna Jyāpu village, Lalitpur, 1967 & 2022.



Note: The above images showed the changes in Khokana from 2067 to 2022

Source: google.com (2022)

“It carries the types of experience about ancient technologies of subsistence e.g. tools and ideas for agriculture, midwifery, ethno botany and ecological knowledge,

traditional medicines and so on” (Shrestha, 2018).

Indigenous Newar inhabitants and Communities refers to the people of the valley of Kathmandu. Even though they are seen in large numbers in every as small shopkeepers, importers, exporters, big businessmen, farmers and craft men in city areas, even hills and Terai of the villages in the outlying districts of Nepal as the unique and interesting people (Bista, 1967).

Khokana village, which is located in Ward No. 21 of Lalitpur Metropolitan City (LMC), the main city of Lalitpur district, and belongs to the Kathmandu. It lies in the southern part and about eight kilometer distant from capital Kathmandu with 1300 – 1400 m as sea level. Soil is very fertile and traditional farmland is the dominant rather than forestland. Recently, government has formed a new municipality called Karyavinayak Municipality merging Khokana, Bungamati and Bhaisepati VDCs. Population of the area is 12,786 (CBS, 2014) comprising with homogenous community Newar. The village was badly affected by the last devastated earthquake 2015, April. In Nepal, there is only one traditional mustard-oil seed industry, which is produced by local expert people, physically. They have rich traditional knowledge on health care system using existing wild medicinal plants for caring health. But the cultivation practice of medicinal plants are lacking. Most of the medicinal plants are collected by the local people from the forest and fallow land. At present, these medicinal plants are disappearing from Nepal (Rokka & Singh, 2020).

Khokana has been the center of the socio-cultural activities, festivals and traditions of the community which are few of the major attractions for the national and foreigners. Historians and anthropologists reflects the village with the relation of the agriculture, socio-cultural activities, built cultural and its urban form demonstrated the original character and cultural of the valley. In Khokana, the most of the population regard agriculture as their primary occupation are growing types of mustard, and medicinal plants. Before the quake, oil pressing, spinning, knitting straw mats, cotton cloth and woolen carpets were their cash earning activities. Khokana was famous for its mustard oil production that served the whole valley and beyond. In addition, the village was in the process of becoming a significant cultural Site (Pokhrel, 2018).

Community participation, responsiveness during the COVID-19 crisis starting from

passive activities to active involvements, through the governmental directives, values, norms procedures and policies. As conclusion communities had significant and crucial role in coping the medical response to the crisis, mainly through helping in securing, quarantine staying, testing, and contact tracing attempts. Communities initiated on the accountabilities of developing and distributing essential medical kits such as masks and PPE. Communities coped members in necessities and linked person to services that address the larger socioeconomic aspects of pandemic time. Those attempts were especially vital and effective when governments did not bring basic services. Challenges to settlements engagement during the COVID-19 pandemic included the lack of sustainable government commitments and top-down approaches to community engagement, limitations in engaging voiceless groups and indigenous groups, and balancing efforts to contain the COVID-19 with human lives (WHO, 2022).

Rural communities' show people the story of a millions of years of cooperation and coordination between nature, culture and humans. The current COVID -19 pandemic is relatively threatening rural areas, posing challenges posed by low available financial resources, not easily achievable health services and greater isolation. Rural locations are also considered safe sectors characterized by safe daily living conditions thanks to easy to maintain social distancing and access to nature, to social, cultural and nature-related activities (De Luca et al., 2020).

1.1.7 Newar community

A common definition of community emerged as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings. The participants differed in the emphasis they placed on particular elements of the definition. Community was defined similarly but experienced differently by people with diverse backgrounds. These results parallel similar social science findings and confirm the viability of a common definition for participatory public health (MacQueen et al., 2001).

The term community is used extensively in the peer reviewed literature, though it is used differently by researchers across various disciplines. A better understanding of community, as an object of study, is needed to help guide policy, supports and services planning, and to build inclusive communities (Cobigo et al., 2016).

(...) community and institutional efforts to control the spread of the coronavirus created several challenges to providing mental health services in an acute care setting during the April surge. Most of these challenges were successfully addressed by standardization of infection control protocols, but new challenges emerged including an increase in expenses for infection control and reduction in clinical revenues due to fewer patients, furloughs of mental health services providers and peer specialists in the ED, services not provided or delayed, increased stress due to fear of furloughs or increased workload of those not furloughed, and increases in patients seen with injuries due to risky behavior, violence, and substance use. These findings illustrate the rapidly shifting nature of the pandemic, its impacts on mental health services, and the mitigation efforts of communities and healthcare systems (Palinkas et al., 2022).

The original inhabitants of the Kathmandu Valley, the Newar people and their population comprises 0.6 percent of the total population of Nepal. The Newars are scattered across the country and abroad as well, in different areas of the world, the most of them are still remained in the valley of Kathmandu. Historically, Kathmandu valley was understood by the name 'Nepal'. The Newars have their own ethnic language that related to the Tibeto-Buman group. The history and culture during the Malla reign, from the 13th Century to 1769, the Kings themselves promoted literature languages like Maithili, Avadhi and Bhojpuri. Sanskrit literary tradition was cultivated in the Kathmandu valley for fifteen centuries. The Malla courts supported all languages without discrimination (Shrestha, 1999).

The caste system of Newars of Kathmandu has the historical division into several groups on the basis of the Vedic Varna design. They are divided to their hereditary professions. They were introduced during Lichhavi time (A.D. 300- c. 879) assumed their present shape at the time of medieval Malla period (A.D. 1201-1769) (Whelpton, 2005).

“The Newar caste structure resembles more closely to North India and Madheshis than that of the Khas 'Parbatiyas' in that all four Varna (Brahmin, Kshatriya, Vaishya and Shudra) and untouchables are represented” (Gellner, 1986).

“The social structure of Newars is unique as it is the last remaining example of a pre-Islamic North Indic civilisation in which Buddhist elements enjoy equal status with the Brahmanic elements” (Fürer-Haimendorf, 1979).

King Amara Malla in 15th century established the main Rudrayani temple and after that Khokana was settled. From Pachali Bhairav Maharjans and Dangols of Pachali Bhairav have migrated to Khokana as proven via similarities in living style, cultures and traditions (Shrestha, 1999).

“Jayasthithi Malla, with the aid of five Kānyakubja and Maithil Brahmins whom he invited from the Indian plains, divided the population of the valley into each of four major classes (varna) Brahmin, Kshatriya, Vaishya, Shudra—derived from the ancient Hindu text Manusmriti and based on individual's occupational roles” (Fisher, 1978).

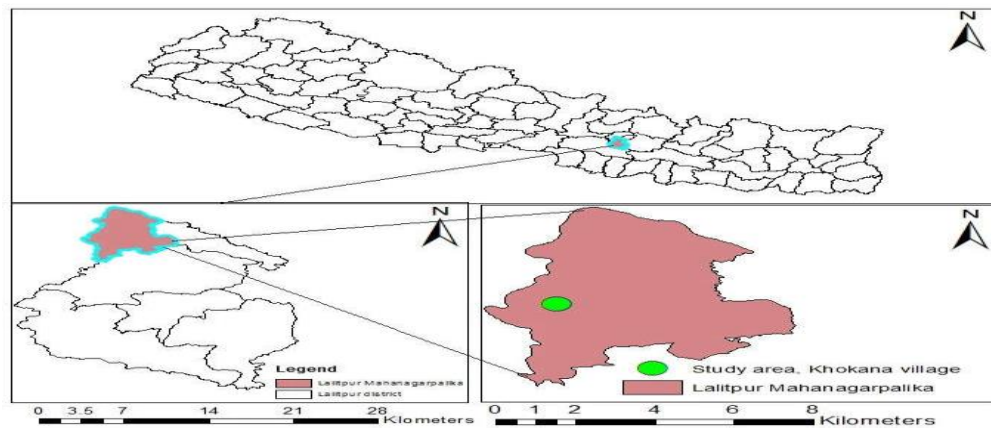
Khokana, a traditional and tiny Newari village is situated north of Bungamati in Lalitpur district and is just about 7-8 km far from Kathmandu. This village has its own tradition and culture and also reflects the medieval settlement pattern with a system of drainage and chowks. The community vastly consists of the *Newars* who earns their livelihood from agriculture. Traditional method of mustard oil processing has also glorified the identity of Khokana. Thistown has its own tradition and culture and also reflects the medieval settlement pattern with a system of drainage and chowks (Khokana Profile, 2022).

“The distinction between Hindu and Buddhist is largely irrelevant from the castes occupying the Shudra varna (Jyapu and below) as they generally do not differentiate between the either and profess both the religions equally and with great fervour” (Bista, 1967).

He further states that Newars, unlike other Tibeto-Burman groups of Nepal, have an elaborate caste system fully consistent with that widespread in South Asia. It is said that in the fourteenth century, the Nepalese king, with the help of five Brahmin priests from the plains, established the caste system among Newars (Bista, 1967).

Figure 1.2.

Map of Nepal Showing Lalitpur District with Khokana as Study Area



Note: The above maps shows the map of Nepal, Lalitpur Metropolitan and Khokana.

Source: Profile of Khokana, 2022

The time-honored village is a living museum which possesses a phenomenal history and showcases an original *Newari* culture that has been conserved in every house within the village since the medieval era. The culture and traditions function as the integral part in the life of locals from generations. Considered as the only places in Nepal exhibiting a distinct fusion of traditional agriculture and modernization; Khokana bear a great potential for agro-tourism (Arya & Henn, 2021).

1.2 Statement of the problem

COVID-19 crisis has badly impacted everywhere in the world so Khokana couldn't remain exceptional one in Nepal. As being cultural these communities have been facing many changes and problems due to the COVID-19 pandemic since two years. Nepal has 126 legally identified ethnic communities (CBS, 2014). Newar is an ethnic group settled mainly in the central hilly area of Nepal. Being age-old civilized, they are enriched with abundant knowledge, skills and technologies on the traditional usage of human and nature-based resources for many objectives like food and medicine, housing and handicrafts etc. Khokana is a typical Newar village as 'living museum' recalls medieval age. Mustard oil is being produced since the 13th century in old Newar settlement.

Research on such crucial subject is very essential, particularly for the least developed

countries like Nepal because this research was showed the reality of the country and its preparedness to encounter with such pandemic situation. To curb this pandemic, Nepal is facing some forms of lockdown, encouraging people to implement social distancing so as to reduce interactions between people which could eventually reduce the possibilities of new infection (MOHA, 2020). This study reveals how the typical Newar communities has been facing the corona crisis since 2020 and what are impacts being faced in the traditional Newar village. People of Khokana have so many lived experiences about the positive and negative consequences of the pandemic since the beginning of pandemic. The traditional and cultural conventions are being changed and stopped in some areas. People are more cautious and aware about the hygiene and sanitation, seasonal flues and gatherings. There are many challenges that Khokana has to face in coming days to follow their historical cultural and age-old traditions. The pandemic was found in 2019, December which make the communities more informative and educative as well.

1.3 Research Questions

The study focused to answer the following research questions:

- i. What is the ethnography of Khokana?
- ii. How did COVID-19 impact on Khokana Community?
- iii. What were the efforts made by local people to save the life from pandemic?

1.4 Objectives

- a. To analyze the COVID-19 as health crisis.
- b. To evaluate the impact of the pandemic in the area of social, cultural and economic aspects of the communities of Khokana.
- c. To explore efforts made by local people to save lives from pandemic.

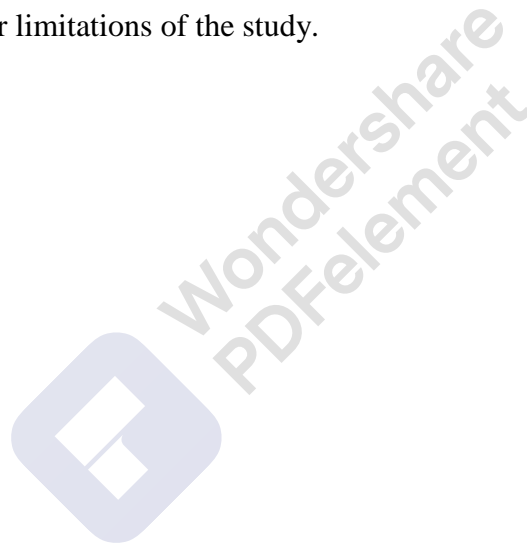
1.5 Significance of the study

The study will be useful to understand effects and consequences of the COVID-19 in the social and cultural life including economy of the people in Khokana. It will also

reveal the real life scenario during COVID-19. It will also give the knowledge about the crisis that brought by COVID-19. This research paper will be a beneficial for the policy makers, politicians, administrators, health workers, researchers and social workers regarding policy making, deep insights about ethnographic learnings, designing the future moves and development for communities.

1.6 Limitation of the study

This study did not cover all dimensions of the COVID-19 pandemic and its impacts in Khokana Lalitpur, Nepal. The study also did not cover all Newar communities of Lalitpur Metropolitan and it included Khokana village only. This study is an academic research which was predetermined to complete in a limited time period. Ongoing health hazard of COVID-19, behavior of the respondents and their knowledge on the subject matter were other limitations of the study.



CHAPTER II

REVIEW OF THE LITERATURE

This chapter is mainly focused on different literatures and previous research findings to provide the theoretical background to the concept of COVID-19 pandemic impacts and factors related to it. The literature review includes of the following topics:

“This is not just a public health crisis; it is a crisis that will touch every sector. So, every sector and every individual must be involved in the fights,” quoted by Dr. Tedros Adhanom Ghebreyesus, Director-General of World Health Organization (Singh, 2020).

The COVID-19 was first detected in Wuhan, Hubei province of China in December 2019 and it has impacted a lot in all the sectors all over the world. The World Health Organization designated the name of the virus as ‘COVID-19’ stands for the year, 2019 which is a high-risk disease spreading to other countries around the world (WHO, 2020).

...The global health, economic, and social impacts of the coronavirus (COVID-19) pandemic are growing day by day. Over the past few months, first China, and now the whole world has been grappling with the effects of the COVID-19 pandemic in businesses, employees, customers, communities, and each other. The people worldwide are strongly committed to working together and supporting each other in every way possible during this critical period filled with fear and uncertainty. Grounded on stakeholder theory and corporate social responsibility (CSR) literature, the study attempts to explore business responses to the COVID-19 pandemic to support its vital stakeholders such as employees, customers, communities, and society as a whole through CSR initiatives (Mahmud et al., 2021).

According to the WHO (2022) COVID-19 is one of the member of large family of the Coronaviruses (CoV) that results illness like the common cold to more severe diseases. The novel coronavirus (nCoV) is a variant that has not been previously found in humans. On 31 December 2019, World Health Organization was acknowledged of

cases of pneumonia of unknown causes in Wuhan City, China. A COVID-19 was identified as the cause by Chinese authorities on 7 January 2020 and was immediately named “2019-nCoV”.

The COVID-19 pandemic has been badly impacting on the factors such as extreme poverty, perception of risk of new COVID cases and deaths, loss of employments, availability of hospital beds, young population, and population density. The quality of good governance, rule of law and government effectiveness and efficiency (Maire, 2020).

Crisis may be defined as an emergency situation arising out of natural or human activity which poses a threat to human life and property or leads to large scale disruption of normal life. A crisis may degenerate into a disaster if it is not properly managed, resulting in an avoidable loss of human life and property on a large scale (Patel, 2017). A disaster is a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts (UNISDR, 2017).

The COVID-19 pandemic which has invisible, fearful, and endemic impacts for vulnerable populations such as the old, children and sick people (Kunwar et al., 2022). The COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which was first identified in Wuhan city, Hubei, China, in December 2019. World Health Organization (WHO) recognized the COVID-19 as a pandemic on 11 March 2020. The infectious disease transmitted so fast that it reached to most of the countries around the world within short span of time (Karki, 2021).

So many layers of societies have been affected by the outbreak of COVID-19 and asked to self-quarantine in their own homes to mitigate the spread of the virus. The lockdown and containment had serious consequences and implications on mental health, psychological difficulties adding frustration, deep stress, and depression. The pandemic impacted on the lives of students of different age groups: time spent on online classes and self-study, medium used for learning, sleeping habits, daily fitness routine, and the subsequent effects on weight, social life, and mental health. Authorities must apply all the needed measures to mitigate the negative impacts caused due to the COVID-19

outbreak (Chaturvedi et al., 2021).

“The latest threat to global health is the ongoing outbreak of the respiratory disease that was recently given the name COVID-19 in December 2019, rapidly shown to be caused by a novel coronavirus that is structurally related to the virus that causes severe acute respiratory syndrome (SARS)” (Fauci et al., 2020).

The global community is concerned about Coronavirus disease 2019 (COVID-19) and its long-term consequences. It is going to impact various spheres of life such as the economy, industries, global market, agriculture, human health, health care, etc. At present, the focus of States and the World bodies such as the World Health Organization (WHO) is on controlling and mitigating the impact of this pandemic by identifying, testing, treating infected people, developing drugs, vaccines and treatment protocols. However, despite such efforts to defeat this pandemic, we are not very sure what direction the pandemic will take in the coming days (Agostini et al., 2018).

The WHO has also expressed its concern over the pandemic's mental health and psycho-social consequences (Gogoi, 2020). It speculates that new measures such as self-isolation and quarantine have affected usual activities, routines, and livelihoods of people that may lead to an increase in loneliness, anxiety, depression, insomnia, harmful alcohol, and drug use, and self-harm or suicidal behavior (World Health Organization, 2020). The lockdowns around the world have led to an increase in cases of domestic violence where women and children who live with domestic violence have no escape from their abusers during quarantine (Abramson, 2020; Chandra, 2020; Graham- Harrison et al., 2020; World Health Organization, 2020a).

The recent survey by the Indian Psychiatric Society shows a twenty percent increase in mental illnesses since the coronavirus outbreak in India. Psychologists and mental health professionals speculate that the pandemic is going to impact on the mental health of the population globally with the increase in cases of depression, suicide, and self-harm, apart from other symptoms reported globally due to COVID 2019. Closing of outlets selling alcohol has also led to withdrawal symptoms and suicides by alcohol addicts, reported in states like Kerala in India. They speculate about the chances of developing neurotic disorders such as generalized anxiety disorder and obsessive-compulsive disorders (OCD) in large population groups (Kumar & Nayar, 2021).

"In March 2020, most countries implemented stringent measures closing schools and workplaces, limiting public gatherings, and curbing travel to reduce the spread of the SARS-CoV-2 virus, which causes COVID-19. Thanks to smartphone data from Google, it is possible to measure the impact of pandemic-related lockdowns on individual mobility" (Maire, 2020).

Social distancing rules and measures caused a main disruption of regular habits and routines. Almost people spontaneously were staying at residence as one of the changes in busy daily life. This is an interesting that did not implement compulsory curfews and lockdowns. Therefore people accepted an effective level of adherence to the stay in side home requested by the government which has Changed in work-related activities (Ares et al., 2021).

The COVID-19 crisis has massively diverted the social and cultural life of Nepali people on a worldwide scale. It has a deep impact on the dimensions of fast mobility, in & out – movement and migration, economy, and socio-cultural dependency that change population diversity. Some of the effects are short-termed, but others may have long-lasting consequences that will be seen in the near coming days (Paudel and Subedi, 2020). The COVID-19 pandemic is revealing the flexibility of all our institutions and different provisions, our dynamic dependence upon various stakeholders, livelihood style and health, and healthcare as the needed human rights. Health security is one parts of social safety, which deals material or financial security; the safety and security of life, and being secured from violence and struggle in this pandemic (Gyanwali, 2020).

"At the end of 2019, a novel infectious agent known as severe acute respiratory syndrome corona virus 2 (SARS- CoV-2) originated from Hubei, China; from where it spread to other regions of the globe. In March 2020, World health organization (WHO) expressed fears that Pakistan might emerge as the next epicenter of corona virus infectious disease 2019 (COVID-19)" (Hussain et al., 2021).

The Impacts of COVID-19 crisis and human security response in Nepal are analyzed in the study of Morang district. It is related to good practices relating to economic decision-making and implementation by all three levels of governments which can boost up the sentiments of responses creating positivity in the guards at the field during the struggle against non-traditional enemy such as COVID-19 pandemic (Karki, 2021).

"The first COVID-19 case in Nepal was detected on January 23, 2020, the government of

Nepal much like the rest of the world was in a state of confusion. The novel coronavirus was like a strange, unwelcome guest humankind knew nothing about” (MOPH, 2020).

The COVID-19 pandemic has been affecting the world in many ways and Nepal isn't remaining exceptional one. This unprecedented disaster emergence of corona virus disease enforce the global entities to think seriously about new non-traditional challenges and threats. The people see COVID-19 as ‘a non-traditional threats of 21st century’. It means the COVID-19 is unanticipated non-traditional security challenges which is the biggest threat to human security for the coming days (Karki, 2021).

“On March 1, the government formed the High-level Coordination Committee for the Prevention and Control of COVID-19, which later became the COVID-19 Crisis Management Centre, to curb the spread of the virus across the country. It imposed a nationwide lockdown and a ban on international flights and Point of Entries to stop” (MOPH, 2020).

The pandemic COVID-19, has significantly disturbed every aspects of our life, including education. The educational system has been hampered by forcing educational institutions to shut down. The UN report revealed 1.6 billion school children across 191 countries have been severely affected by the emergency lockdown. To reduce the impact, educational organizations and institutions have responded to the closure differently for students, teachers, managers and parents. Innovative technologies have provided at least some form of educational continuity. On technological facilities including internet and Wi-Fi, the quality of education has been conducted (Dawadi et al., 2020).

The infectious disease proliferated so fast that it travelled to most of the countries around the globe within few weeks. This created an environment of terror to the public and tension to the states. Consequently, Nepal could not remain apart. A student, aged 31, returned to Kathmandu on 9 January 2020 who was tested and found COVID-19 positive was the first case in Nepal (Karki, 2021; in Shrestha et al., 2020). Similarly they explored COVID-19 pandemic management mechanism of Nepal as followings:

(...) CCMC in the center is coordinated by the Secretary of Office of Prime Minister and Council of Ministers. It has tried to incorporate inputs from subject matter experts when required. There is a joint operation cell accompanied by a help desk to address the public concerns. Here, CCMC has four major sections. Medical Operation looks

after health-related matters like quarantine, isolation, tracking, tracing, testing, treatment, and mortuary and so on. Second is Logistic Operations that is responsible for supply of essential goods and services. Third one is Security Operations dedicated to maintain law and order, and to resolve other security related issues. Forth and the last is Media and Information Technology Operations accountable for handling media-related activities.”

He, further in depth, explored that at the district level, CCMC is chaired by the Chief District Officer, which includes District Coordination Officer, Members of District Security Committee and Chief of government hospital located in the district headquarters as the members. The representative of District Coordination Committee and the district presidents of Federations of Municipalities and Rural Municipalities are within the advisory group of the CCMC. Likewise local level CCMC at the lowest level with the highest importance is formed of Head of the local level, Chief Administrative Officer, Health Coordinator and Representatives of security forces as the members.

On 24 March 2020, the Government of Nepal imposed a nationwide lockdown which affected the day-to-day activities of the majority population in both rural and urban areas of Nepal. This lockdown came at a very early stage of the pandemic in Nepal and well before COVID-19 community transmissions were observed in the country (MOHP, 2022).

Tourism Crisis of Nepal explored by Ulak. (2020, p.120) as followings:

“(…) tourism Industry of Nepal was gradually shifting from passive-impetus to active impetus. The hope of growth in the industry was high as there are many hotels and restaurants projects under-constructions have been halted. However, Megaprojects like Gautam Buddha International Airport in Lumbini, Pokhara Regional International Airport, Tribhuvan International Airport Capacity building, Fast-track road to Nijgadh, are under construction phase to cater the tourism industry of Nepal. Government of Nepal has to cancel the very ambitious “Visit Nepal 2020” Campaign temporarily which was inaugurated on January ‘2020 as a national event targeting 2 million tourists by 2020, almost 100% increase compared to 2018”.

The COVID-19 pandemic causes mental anxiety and fear, disturbance in smooth transportation, lack of medicines for chronic patients, unavailability of regular health facilities, poor arrangement and management of quarantine, isolations, tracings, testing

facilities, demotivation among health services, limited private health care were the major obstacles and barriers in health sectors in Nepal. The essential health services such as maternal problems, chronic diseases treatment services were affected in the cities and villages (Singh et al., 2021).

Each and every sector has been affected globally by the COVID-19. Many researchers and medical practitioners have already resumed rethinking and retrieving in different fields based on problems regarding COVID-19. Some disciplines are International tourism, hygiene and health sector, global economy, international politics, transformation of the human civilization, sustainable development and so on (Ulak, 2020).

“The present coronavirus pandemic is a health crisis that has left the tourism industry with unprecedented challenges and restrictions in all possibilities of human lives such as free movement of people, fear of infection, closure of accommodation and leisure activities, etc” (Kunwar et al., 2022).

“The COVID-19 pandemic is considered beyond the ‘coping capacity of the community and nothing short of a biological disaster. The disaster preparedness in India needs enactments epidemics-pandemic control and public health legislations besides DMA, 2005” (Nomani & Parveen, 2021b).

...Following the entry of COVID-19 in Nepal, the government imposed restrictions on the movement of people's by implementing the closure of the border on a national and international level, suspending travel, requesting people to stay at home, maintaining physical and social distance as well as imposed lockdown resulting to the cancellation of travel reservations and refunding their money in advance. The flow of tourists was also reduced in Sauraha, resulting in decrease in revenue collection in Chitwan National Park, local level & wildlife museum, raised poverty, increased unemployment, increased losing of jobs, and business owners were unable to pay taxes, staff salaries, interest, and loan installments. As a result, people were looking for other ways to make money (Kunwar et al., 2022).

The study of ethnography investigates the lived experiences of conventions and social biases in the relation of the COVID-19 crisis in India and found three particular ideas what originated in the time of pandemic: quarantine time of people and demonstrations of stigmas; social stigmas; and reflections of stigmas (Sumesh & Gogoi, 2022).

“Furthermore, we propose “pandemic ethnography” to uncover the everyday social of a person or group affected by a pandemic like COVID-19 and urge social science researchers to rethink ethnographies with emerging epistemological and methodological challenges posed by the pandemic” (Sumesh & Gogoi, 2022).

The Newars are the indigenous inhabitants of Kathmandu Valley living in the larger number in the capital city and around every district towns and villages in the outlying areas, the hills and Tarai. Having many professions with ranging highest to lowest cast systems to Buddhist and Hindu with fair complexions. Newars cover people of both Mongoloid and Mediterranean who speak both Nepali, Indo-Aryan language and Newari, a Tibeto-Burman language (Bist, 1967).

Khokana is an ancient Newar village, is situated 6 km south-east of Lalitpur Metropolitan City. It is known as the pure hub of mustard oil pressing in the Lalitpur. Khokana village is situated on a plateau with both highland and lowland areas. In the history Khokana was an economic centre located on one of the trade routes to the south. The earthquake of 2015 has dismantled the original form of Khokana village closely packed together in the middle of the fields. The village started with a very wide streets which were made of bricks and mud. Khokana shows the typical aspects of a Newari settlement with villages Similar to Kathmandu, Bhaktapur and Lalitpur cities. It had extraordinary built and open spaces unique of traditional settlements of the Malla time. The large number of sophisticated decorated brick houses with grandly carved windows of typical Newar craftsmanship, the street paving and urban spaces in the form of open places, courtyards and enough water collection systems were signs of a prosperous history (Dangol et al., 2020).

“This ethnographic study investigates the lived experiences of stigma and social discriminations in the context of the COVID-19 pandemic in India and explored three specific themes that emerged during the pandemic: body in quarantine and manifestations of stigmas; social processing of stigmas; and embodied reflections of stigmas” (S. & Gogoi, 2022).

“These themes show the intersections of perceived, experienced and internalized stigmas among the stigmatized and produced the concept of “being-in-the-struggle,” which indicates the complexities, challenges, and hurdles created by the COVID-19 induced stigma and social discrimination among the stigmatized” (Gogoi, 2022).

It is evident that the adverse impact on many sectors of economy hard hit by COVID-19 is tourism, transportation, education and industries because of restrictions imposed to contain the spread, the adverse impact will depend to deter the national economy for the degrading economic growth caused by downturn in economic activities, thus lowering the revenue collection, employment, capital and remittance inflows, economic output as well (Ulak, 2020).

The social traditions and stigmas were perceived, experienced and internalized as hurdles, challenges and complexities in the tough time of the COVID-19 (S. & Gogoi, 2022).

The COVID-19 pandemic is being crucial factor for the role of natural and cultural cultural for social harmony, rural development, health awareness and mental wellbeing. Rural areas can cope with crisis and builds back better the social economic and cultural crucial tipping point for a resilient development of rural territories. It is pivotal idea of rural areas as mere food growing system, vision of rural communities as poles of development based on local cultural, natural resources, creativity and social cohesion as essential elements to regenerate rural areas and to speedy support their transition to sustainable community (De Luca et al., 2020).

The farmers have faced economic, agricultural and other sector challenges at the early stages of the pandemic, the prices of goods fell badly. Farmers faced new difficulties and problems resulting from labour shortages as well (Bonotti & Zech, 2021).

All dimensions of lives have been affected by the COVID-19 pandemic and has become multidimensional social problems as it remains to scatter broadly via the regular interactions of people in common public spots where they gain their livelihood. The massive spreading of COVID-19 needs restrictions in common public spots, even though, the compliance to those measures relays largely on the experiences and interpretations of Corona by consumers of those public places (Omobowale et al., 2021).

In the unexpected and unprecedented times of the 2020/21 Corona pandemic, young environmental activist has gone through a process of comparative transformation and has concretized online as a reply to quarantine, home isolation, social distancing and lockdown measures. Even though, online activism is not an easy domain when

compared to straight action in the physical world” (Arya & Henn, 2021).

Research gap analysis

Though available researches and studies are more focused on the different aspects of COVID-19 and Khokana, they are found to be less concerned with exploring the impacts of COVID-19 in indigenous communities like Khokana communities in the grass root level. Instead, most studies remain at an abstract level. Most of the studies are focused on the COVID-19, Khokana’s traditions and cultures and earthquake impacts and in khokana.

COVID-19 and its impacts in Khokana involves many actors, but the community, as the responsive actor, retains more effective on these issues. Indeed, only the government agency has not the capacity to engage health related, cultural and economic impacts to involve all stakeholders in the pandemic control process and assign them the responsibilities and facilities necessary for their crises. After declaration of the COVID-19 as the pandemic and other protocols, the responsibility of crisis management largely falls under the domain of local government and communities. But there is lack of studies on the role and effectiveness of typical village community like Khokana at local village level. This study fulfilled the research gap on the state of COVID-19 and its impacts and effective safeguarding. Nepal with the case study of Khokana village of Lalitpur district, Nepal.

CHAPTER III

RESEARCH METHODOLOGY

The research design, methods, natures and sources of data, dataprocessing and analysis along with presentations are employed for this research.

For the purpose of data collection, Khokana village were visited five times during June and July 2022. The preliminary visit was made on 4th July 2022. The first field visit was carried on 4th July to 12th July. Each day 6 hours was spent in field. Altogether, the researcher spent five days in the field and asked questions frequently to the concerned respondents as health workers, senior citizens people, community leader, ward chairman, members of the ward and shopkeepers, school teacher, social workers, Guthiyars, as well as youth and local people from the study area. Total 37 individuals were interviewed among which 25 were male and 12 were female. The data were collected by semi-structured interviews. The present study about the COVID-19 and its impacts in indigenous khokana area and knowledge of Khokana village regarding with Newar ethnic groups was conducted.

The researcher followed qualitative research design with data collection, field work, data analysis and interpretation, quality and standard of data collected and concluding the whole work. Qualitative method of research design has been adopted with systematic narrative analysis. The researcher has adopted the comprehensive approach for this research paper.

Primary data was collected from 10 local people from the COVID-19 affected plus 27 person who are locals from the communities at Khokana. Focused group discussion (FGD) was also held amongst key stakeholders and key informants' interview (KII) methods were also conducted with the leader of local government (Ward), the leaders of Guthis, health workers, teachers and cultural specialist of local place.

Primary data collection tools used is Key Informant Interview, Focused Group Discussion, semi- structured individual interview, and observation. Overarching the

methodology is a logical scientific inquiry with specific techniques or procedures for data collection, analysis and interpretation. And the methodology will help dissect the acquired knowledge to understand the research question and objectives set-forth.

Nature and sources of data is to fulfill the objectives of the research work and types of data were used as primary and secondary data. The data were collected by using various methods of data collection which are describe as primary data collection, group discussion / interview group discussion with certain group of people including local healers, elder people, community leader, school teacher, local industries worker and other knowledgeable people of the community was conducted. The set of questions about their awareness, virus, masks, Sanitizer, quarantine, home solation, Personal Protective Equipment, rescue and relief, Jatra and festivals, educations, life style, indigenous knowledge, skills, cultures, traditions, impacts, Corona and technique were discussed.

3.1 Research design

The research is based on qualitative research design and descriptive method has been adopted to explore the depth knowledge on research questions. Wide range of literature has been consulted for funneling of acquired information in tandem to the prescribed objectives. For the validation of the data, both primary and secondary data are triangulated. This qualitative study is focused on describing and understanding a phenomenon with reference to concept, actions, process and relationships.

3.2 Study area

The area of my study is limited to Khokana, (ancient town of Newar people settlement) ward No. 21 of Lalitpur metropolitan City, Lalitpur in Lalitpur District in the Bagmati Zone of central Nepal about 8km south from Kathmandu city. The researcher visited the study area for 8 days to collect the primary data from various respondents. During the visit the researcher conducted individual interviews with 25 persons, one FGD and KII with 12 different respondents.

3.3 Source of data

Data source include both primary as well as secondary sources. Books, journals, articles

and different online portals, library books are some few to mention which the researcher has used as a secondary source of data. During the research, semi-structured questions were asked to the respondents. Primary data collected from one source is compared and verified with other respondents to avoid the bias information from the respondents. During the 8 days of visit, the researcher observed Khokana throughout the night to understand cultural value for local people and to be familiarize with few local people (See Appendices A to E, H and I).

3.4 Tools for data collection

The researcher has adopted various data collection techniques from the field. The pilot study was carried out to understand the preliminary knowledge of the study area; the impacts of COVID-19 and the field situation of Khokana. During the pilot study the researcher conducted the unstructured interview with 3 health workers working in the health post, 5 teachers in the schools, 4 civil servants in the ward office, 3 Guthiyars, 5 local youths and 5 shopkeepers on the way to Sano Khokana to Sikalichaur. In-depth interviews, KII, FGD, Observation and informal conversations has been used to collect the primary data from the field.

Semi-structured Interview questions asked to victims of COVID-19, KII and FGD questions used by the researcher during interaction with several respondents and the conduct of these methods are included in Appendix 'A', 'B', & 'C', respectively.

3.5 Data processing, analysis and presentation

Data collected from secondary resources is analyzed and presented in a logical way. Collected data from resources was analytically synthesized and concluded. Each day, field data was analyzed and assessed in order to give appropriate shape to the research and also to help the researcher assess what is needed next. The given idea was rationally utilized by the researcher during the stay in field visit. Different perspective is incorporated while data analyses were done. The data acquired from various collection tools was properly recorded, rationally described and analyzed for research conclusion.

3.6 Validation of tools

Cross verification of data obtained from various tools has been made. In this regards,

necessary feedback and comments were taken from research supervisor, course coordinator, directing staffs as well as experts working in this field.

4. Ethical consideration

This paper has followed the APA 7th edition and formats. Authentic and approved sources are used for data collection. The researcher in lieu of ethical responsibility has highly regarded respondent's privacy and confidentiality. The researcher has strictly upheld professional standards. The researcher has followed all the formal procedures in the course of conducting this research. This research participants were handled and interacted with dignity, Respect for all participants, approval and consent from the participants prior to the study, protection of the privacy of research participants were ensured. Maintenance of confidentiality of the research data, anonymity of individuals & organizations, vigilance toward the likelihood of misleading information, & actual representation of data findings are some important aspects that researcher has deeply regarded. A Consent letter was produced before interacting with the respondents.

The ten principles of ethical considerations were followed by the researcher according to the ethical guidelines developed by (Bell & Bryman, 2007): research participants were not subjected to harm in any ways whatsoever, respect for the dignity of research participants was prioritized, full consent was obtained from the participants prior to the study, the protection of the privacy of research participants was ensured, adequate level of confidentiality of the research data was ensured, anonymity of individuals and organizations participating in the research were ensured, any deception or exaggeration about aims and objectives of research were avoided, communication related to research was done with honesty and transparency, any type of misleading information, as well as representation of primary data findings in a biased way was avoided.

Bell & Bryman (2007) further elaborates while collecting the data, each respondent was well explained about the study and was requested to give an informed consent. Even if they agreed to give the answers but during answering, they had the right to stop answering the questions if they felt embarrassed. The responses from the respondents were anonymous. However, identification code was used to identify the data collection form. The respondent had full right either to participate or withdraw the interview at any time of study period. All of the answers was kept confidential. All the

questionnaires were kept safely so that only the researcher can access to the data. In any sort of report publication, any information with possibility of identification of the respondents was not included. When conducting this research, researcher was mindful of ethical and data protection issues, protecting the individuals, communities and environments involved in the studies against any form of harm, manipulation or malpractice (See Appendix G).



CHAPTER IV

ANALYSIS, FINDINGS AND DISCUSSION

Ethnography is a part of anthropology and the continuous and systematic study of cultures. Ethnography explains cultural phenomena from the stand point of view of the subject of the study. Ethnography is also a kind of social study that involves evaluating the behavior of the participants in a given social scenario and understanding the team members' own interpretation and exploration of such behavior and characteristics.

All examine the choices, controversies, threats and opportunities fighting ethnography at a time in which face-to-face discussion is deemed vital and restricted by many university. As thinkers who have evaluates vulnerable seniors via intense engagement, all recognize that their presence can spread disease to informants. Ethnography serves a significant role in charting the situations of the dangerous and identifying points of interference. The COVID-19 virus and its effects on ethnographic transparency while simultaneously advancing innovative new styles (Fine & Abramson, 2020).

The question was asked to the headmaster of Khokana community High School. What is your experience about COVID-19 Pandemi in the village of Khokana?

Khokana is age-old village having 98% Jyapus and remaining are kshetri, Khadkis, Shakyas, tailors and so on. They have cultural symbols like Rudrayani temple and its Jatra, Sikali Mandir, Ganesh Mandir, Nityanath, Krishna Mandir, Mahadev Mandir and Bihar. They faced tough time during Corona period when many festivals and feasts couldn't be celebrated according to their cultures and procedures. They couldn't regulate their Guthis and social mechanism even in the difficult time of funeral procession and marriage ceremonies. They only fulfills minimum criteria about the unavoidable Jatras and inevitable Poojas. They lost four senior citizens of their Communities and followed COVID-19 protocols imposed by the state.

Traditionally, the ethnographer gives more emphasis and attention on a community, choosing knowledgeable informants who have deep knowledge the activities of the community (Fisher, 1978). The ethnographic place is generally in process, making

challenges and threats for replication. Reviewing the same physical space does not mean we are visiting the same social space. Neighborhoods change and become gentrified or hollowed out, hospitals change protocols, organizations wither and die, and senior's age out of the scene. Whether ethnographic replication exists and whether this is a possible basis for theory remains a point of contention. Still, the importance of context in field research is a strength and the recognition of the effects of historical events can allow for powerful comparisons (Fine & Abramson, 2020).

4.1 COVID-19 impacts in Khokana

Many more village children present schools in nearby cities, living with relatives and friends during term time. Temporary school and college closures had badly affected in various children going back to the village, increasing the quantity of dependents in each dwellings. Other household family members who had lost earnings outside of the village because of the crisis had also regained. At the same moment, transport and movement restrictions and the stoppage and cessation of road repair/construction work had blocked the availability of transport to and from urban areas, increased transport fair and reduced the number of passengers coming into the village to buy organic agricultural products and meat. It reduces incomes, increase costs and reduces in food consumption for many local family members (Maharjan, 2009). About the above lines one of the health worker answered the question, what did the CORONA-19 pandemic teach to the local people Khokana?

After the first lockdown people were trapped in their houses, schools were closed, no transportation were running, people didn't know much about does and don'ts, Khokana cultural town was about to stop, all traditions and cultural gathering were stopped, many workers lost their daily wage and couldn't have rations for hand to mouth and some lost their family members. In spite of those bitter aspects they got family time, students acquired knowledge of virtual classes, they knew about the Corona's symptoms and local herbal medicines, they gave enough time for their agricultural purposes, they knew about the wearing of masks, sanitizer, social distancing, quarantine, isolation, importance of neighbors, social worker, health workers, and local authorities like ward office, Local Police and Nepal Army.

Results regarding the impact of COVID-19 and its impacts in Khokana of Lalitpur district of Nepal is unique. Although Khokana is a cultural place famous for traditions

and Jatras but due to the pandemic, the unique settlement in has been seriously affected. The security of the cultures, traditions, employment, behavior, health, education and security are at the crisis.

If the world's travel industry cannot promote a safe and worry-free travel experience then the nation will suffer economically, socially, morally, and spiritually (Kunwar et al., 2022). Likewise he states that tourism infrastructure such as hotels, restaurants, and lodges are highly sensitive during the crisis that affects the external appearance and attraction to visitors with huge financial losses.

Several scholar and researcher study ethnographic changes and lifestyle impacts during the COVID-19 pandemic on community factors such as using of masks, physical activities and psychological health. To the best of our knowledge, this study is one of few that studied an ethnographic comprehensive study to investigate impacts on lifestyle during the COVID-19 pandemic in a peculiar village before and during strict lockdown measures. It must be also the first study in Nepal to assess impacts on the Khokana people under these disastrous circumstances. The study findings show most peoples' behaviours were badly affected. Specifically, respondents reported being more panic, having worse mental conditions and passive social support in the first strict lockdown period. Furthermore, though respondents remained inside their residences following COVID-19 protocols eating more domestic medicinal herbal substances during lockdown. Overall, habits of people for using masks, washing hands, maintaining social distancing were changed during lockdown; however, after softening the lockdown people were not following the habits as before. A big number of drinkers and smokers reported increased drinking and smoking intensity whereas overall locally made alcohol consumption decreased because of low production. An important correlation was seen between some lifestyle behaviors, with more pronounced impacts seen between traditions, habits and social support.

4.1.1 COVID-19, traditions and cultures

The FGD gave more emphasis that they were able to prevent extra human loss by stopping local cultural and religious gathering in need to presence basis. Even the drummers were less used during much necessary events of Jatras and they didn't call their kins and relatives in Jatra to contain infection during COVID. Guthiyars conducted

meetings and relayed messages in terms of pandemic rules, measures and directives like wearing masks, social distancing and feeding the poor.

The impacts of COVID-19 in different subsectors in Khokana are discussed below, traditional Jatras, Guthis, agriculture education, daily life, health situation, employments, awareness to wear marks, usages of sanitizer, importance of being separated, cooperation of the societies, local clubs, problems of basic needs for poorer, family relation, social workers, elected members, political parties, media, governmental agencies and cultural programs. After inflowing COVID-19 in Nepal, the government had imposed restrictions in the traditional cultures in Khokana. The locals of this typical traditional village had severely faced problems in their daily activities and routines like celebration of traditional culture, educational activities, health related activities and agriculture. It has created a havoc situation for local shopkeepers, common people, differently enabled persons, students, Guthiyars and elderly people. As one of the senior Guthiyar of Khokana answered. How has been managed the Jatras and cultural events by the local entities?

There are more than 1056 households with 4927 population having 2452 males and 2475 females in Khokana according to 2011 national census in which the Newar community dominated by Maharjan and Dangols (Jyapus) occupies about 98% of the total population. Many Jyapus' daily life and routines have been badly affected by the pandemic to accomplish their responsibilities and liabilities to the Guthis and traditional Jatras in the initial time of COVID-19 lockdown. Due to the Crisis, 4-5 local old citizens of Khokana lost their life due to the Covid from our village as they were unable to have timely medical care though they were above 70 years old. During the first lockdown local traditions were accomplished with formalities with least stakeholders due to fear of the gods and goddesses without having drum.

The Guthiyars of Khokana mentioned that their movements were zero during first lockdown, and the frequent news on radio, FM and announcing by the ward office informed them about the corona and precautions. For the normal situation it will take more years to reach normalcy in the condition as before the COVID-19. In normal condition everyday around 500 workers used to go for their respective working site and earned average NRs. 15000 per day but due to the coronavirus, the factories, industries and other construction sites are closed for months in 2020 so working class people and farmers lost their earnings. Around 60-70 percentage of workers were compelled to

borrow loan from the rich people for the hand to mouth. Among those 500 employees were working in Khokana. One of the woman senior citizen replied. How did you stop your Jatras and manage the coronavirus crisis?

People of khokana celebrate festivals like Sikali Jatra, Kartik jatra, Gaijatra, Khayasanbhu, Bhimsen puja, Paha-charhey, Sithi nakha etc during the month of August, October and November with its best festive mood. Their Guthi could not be more effective and active during the first wave of Corona pandemic in 2020 to maintain their Jatras and traditions as per the age-old convictions. She further informed that they didn't permit to gather the local people and their family guests in the time of main Jatras to continue their cultures and beliefs for maintaining the government's rules, regulations to follow COVID-19 pandemic Protocols. The main priest have been presented at the temple to perform regular Pooja where only needed with minimum other pilgrims like two to fifteen people according to Jatra and Pooja.were presented. They suffered more to make local people make understand why they should wear masks, use sanitizer, maintain distancing and remain inside their home.

One of the skilled laborer said that his family members are dependent on his income and he earn NRs 40000 to NRs. 45000 salary, plus 10% over time allowance, foods, lodging, and clothing from the employers before pandemic but he had suffered a lot to manage their livelihood after the Corona pandemic.

4.1.2 Education

The COVID-19 pandemic ends one day and educational institutions will re-start, the related stakeholders should continue to invest in digital education to enhance learning exercises and experiences. They should minutely research on the issues of transition to online learning and future conditions. Proper knowledge and training of the educators with digital skills and technologies improve the student-teacher interaction. In the same way, the vice-headmaster of a private boarding school elaborately answered. What were impacts on students during pandemic?

While the school owners, teachers, students, guardians and others are directly affected by the pandemic, the habits of students and teachers, teaching aids, teaching approaches, assignments and class works of the teaching profession in Lalitpur like Khokana is indirectly getting its negative impact. As the good parts students and teachers knew about virtual classes and modern technologies, pandemic, protocol, distancing, testing, hygiene, sanitizer, masks,

quarantine, isolation, tracing, and personal protective equipment where on the other hand students couldn't concentrate their mind in the course contents, lost their psychological capacity, habitual on mobile games and other activities which have been impacted badly.

Much access of the gadgets and mobile phones can deteriorate the habits of students so facilities of digital infrastructure with internet availability must be on supervised and ensured to avoid any disturbances to their study. Due to the consequences in COVID-19, so many students are nearly to suffer from psychological disorder, stress, depression and anxiety. Necessary emotional support should be provided to students. Future proper guidelines and health care management of the vulnerable students population should be ensured on mental health and different stress (Chaturvedi et al., 2021). As

Lalitpur is the first fully literate district across Nepal. In Khokana area almost all the people ranging from 15-60 years age group are educated except few older citizens. Most of the children were sent to private school and few to the government school. These days educated elder citizens were busy in trade and governmental job rather than agriculture and old traditional occupations. What were direct impacts on poor families for education? This question was asked to one of the guardians and he uttered as followings:

Around two years of school education was not in a line as students developed different skills to learn by digital and virtual classes with technological new skills and teachers also learnt much more. Many boarding school lost their job or did the job at lowest salary. Students were compelled to contain in their houses and got mobile or computer that's why they were deviated and were not able to pay their attention on study. Another they lost physical exercises and interactions with friends. They developed new habits in this long stoppage of the schools like chatting in social media and habits of loneliness. The numbers of the students are decreasing in all schools and poor families are unable to pay for online classes with the support of mobiles, computers, and internet connection.

In Khokana, there has been huge interval in the schools in 2020 and 2021 because of the COVID-19. Most of the students have been getting virtual class facilities and homework exercises. The students couldn't get physical classes for long times which made the students more mobile friendly and computer oriented with a lot of positive and negative impacts.

Table 4.1.

The lists of schools in the study area with their location

S.N. Location	Name of school	Location	Remarks
1	Shree Rudrayani Secondary School	Dokashi, Khokana	(Government)
2	Yuba Pratibha Bidhya Mandir Secondary School	Dobu	(Government)
3	Peace Garden Secondary School	Kayabasti Fongacho	(Private Boarding)
4	Zing Secondary School	Dobu	(Private Boarding)
5	Simran Academy	Gabu	(Private Boarding)
6	Ganodaya Residential Higher Secondary School	Byagalbu	(Private Boarding)

Note: The above mentioned schools have been affecting since 2020 from COVID-19

Source: Khokana Profile (2022)

4.1.3 Health and impacts

Focused Group Discussion in Khokana was composed of the ward elected members, health workers, social worker, local vender, driver, teacher, farmer, cooperative manager, security personnel, Guthiyar, Club member and medical shopkeeper. They viewed that in the initial lockdown it was very to make understanding to implement COVID-19 Protocol to contain the infection. Later people used to have local medicine like hot water, tea and coffee, Babaripani, Aduwapani, Gurjopani, Tulasipani, Bearspani, soup of local chicken and local alcohol. In contrast local people loosened the social distancing, not using masks and using too much alcohol. Later phase most People went for vaccination and extra doses however some people didn't go for vaccination. When they heard news of deaths whoever didn't have vaccination after that all are ready to vaccinate Corona Vaccine. Local youth were mobilized to block the highways and subways to stop the movements of the people. How did the health post of Khokana succeed to the initial understanding in the local population about

COVID-19 protocol? This question was replied by one of the health post official as:

First time he heard the name Corona on a FM radio, knew how to wear masks from the health office and felt very difficult to remain active during that time to serve people. He experienced that common people of Khokana were not follow the COVID protocols in the time of the first lockdown but the administrations made it possible by announcing and learning them the severity of the pandemic. Initially people didn't know how to use sanitizer and mask properly. They struggled to remain inside their home, to communicate about symptoms of Corona and to maintain social distancing, to live in quarantine. Later after four month some locals were seemed cooperative to help their neighbors, relatives and friends spontaneously. Many people spent time by gardening inside the home, some involved in agricultural production and some spent quality time with family members. Students missed their school physical classes, physical exercises, lively interactions with friends and teachers. Negative impacts fell upon the children being addicted on computer and mobiles what's why they showed negative attitudes and habits.

The WHO always pays keen attentions and concerns over COVID-19 inspired mental and psycho-social consequences and speculates the standards of the home isolation, self-isolation, tracing and quarantine have badly affected routine life activities and livelihoods of common population. Those people's health and mental impacts and changes increase depression, loneliness, anxiety, drug use, suicidal attitude and aggressive behaviors. The lockdown around the globe for stopping spreading of COVID-19 has badly increased the number of the domestic violence with women and children in the quarantine and isolations from their abusers (World Health Organization, 2020). What was the status of cooperation among different stakeholder in Khokana during crisis? The answer of above question was asked to one of the politician and he said as followings:

He knew about the Corona pandemic and its does and don'ts from the public announcement of his ward office for the first time. He experienced good cooperation and coordination among governmental offices during that difficult time for getting information and treatment, hand washing tips, tracing, testing, using of masks and sanitizer, maintaining social distancing and home isolation and dealing with symptoms of COVID-19 by home remedies. He was suffered by COVID-19 for 8 days and got good cooperation from ward chairman. He used hot water, steam bath, ginger and turmeric water, Sancho, soup of goat meat and local chicken. He was initially

frightened with Corona symptoms but later he was inspired by family members, ward chairman, health workers and friends via mobile phone and social media. After recovery he served other Corona affected people directly and indirectly around Khokana. Psychological and mental effects are pervasive in the khokana as people are frightened mood, they dreamt like bad and fearful dreams and crying during their sleep.

While interacting with the local and staff of the health post and medicals, most of them have bitter experiences like local people didn't use masks, sanitizers, maintain social distancing and follow COVID-19 protocols. During first lockdown the locals were afraid and engaged in different activities like farming, gardening, drinking and playing in their home and land. After 3 months people were not so sensitive as before and violate the COVID-19 protocols accordingly. This pandemic brings positive things like health care, quality family time, healthy lifestyle and technological knowledge. The followings are the health related office and medicals in Khokana.

Table 4.2:

Health Post and medicals at Khokana

SN. No.	Descriptions	Address	Remarks
1	Khokana Health Post	Thalachhi	Government Office
2	Das Pharma	Lachhi	Private Medical
3	Rudrayani Farma	Gab	Private Medical
4	Vishun Pharma	Gab	Private Medical

Note: The above mentioned health post and medicals helped to contain the COVID-19 in Khokna during the first and second lockdown

Source: Khokana Profile (2022)

One of the Students of Khokana community replied on how local mechanism managed the patients like as given:

Khokana people they didn't prepare quarantine so that they sent Corona positive people to Nakkhu quarantine which was prepared by the Lalitpur. They requested the local people for remain in home isolation if the symptoms were observed then call either ward chairman or information officer. The Corona positive people supplied necessary medicines by the health post and ward office as necessary in their home

isolation and were fed by the metropolitan office.

4.1.4 Transportation and Impacts

The transportation sector is one of the main elements in any emergency preparation and response. The tourism segments such as public transport, air transport and railways. This topic has two main aims. The first aim is to analyze the state of COVID-19 in Khokana by assessing the current state, capacity and the knowledge of local Newar communities along with general people. The second aim was to assess the impacts on transportation and movements of the local people, visitors for acquiring knowledge of traditions, habits cultural aspects and the perception of the local people. School bus driver answered the question. How did they know about COVID-19, masks, sanitizer and social distancing?

He heard about COVID-19 from Kantiour FM Radio when Corona was in Nepal. After March 23rd 2020 we were more concerned about the government declaration of Corona emergency in our country. He didn't know about the masks, sanitizer, quarantine, isolation, vaccination of such disease, personal protective equipment, tracing, testing before that time. Further he remembered COVID-19 time as the worst and bitter period in his life.

4.1.5 Economic impacts

At the same moment, transport and movement restrictions and the stoppage and cessation of road repair/construction work had blocked the availability of transport to and from urban areas, increased transport fair and reduced the number of passengers coming into the village to buy organic agricultural products and meat. It reduces incomes, increase costs and reduces in food consumption for many local family members (Maharjan, 2009). During the Focused Group Discussion an employee of the cooperative Santha gave the clear cut answer of how were the economic activities conducted during Corona time as following:

During the first lockdown Khokana communities with the collaboration of all Khokana based cooperatives collected money and started 15 days long mess for poor people. Further with same fund they distributed marks, sanitizer and awareness announcement. More than 500 labors were victims of the lockdown who were fed and given shelters by the Guthis with collaboration of the Ward office, cooperatives, clubs and local

donor people. After the first and second lockdown agricultural production has been heavily increased because local people of khokana gave time for agriculture.

Likewise poor and labors lost their employment, they spend their extra money on computers, mobiles and internet connection in their home. The different agencies provided relief but that was not sufficient to live the life. The following cooperatives are located in Khokana:

Table 4.3

Name of the Cooperatives in Khokana

SN. NO.	Description	Location	Remarks
1	Jitapur Bachat Tatha Rin Sahakari	Nayajho	
2	Sikali multi-purpose cooperative Sanstha Limited	Bus Park	
3	Lidhansa cooperative Santha Limited	Thalakakshi	
4	Khona De Bachat Tatha Rin Sahakari Santha Limited	Gabu	
5	Khokana Mahila Bachat Tatha Rin Sahakari Santha Limited	Dobu	
6	Yogadan Upabhokta sahakari santha Limited	Baspark	
7	Manaswan Bachat Tatha Rin Sahakari Santha Limited	Nyohabu	
8	Panch Buddha Mahila Bachat Kosh	Nyohabu	

Note: The above mentioned cooperatives played important role to fight against COVID-19 during first and second lockdown in Khokana

Source: Khokana Profile (2022)

One of the local cooperative manager answered. How was local businessmen and cooperatives active during the strict lockdown?

All industries were locked as schools, local market, and transport business, even so called emergency services and house to house movements so the economic conditions were weak except governmental officials. Because of the indigenous village they exchanged their help through Guthiyars and local cooperatives. They distributed the Rahat to poor local people to support them via ward office and non-government agencies.

4.1.6 Agricultural and industrial impacts

Kandel (2020) stated that the widespread outbreak of COVID-19; it has impacted domestic as well as outside livelihood in recent times in Sauraha. It is said that about NRs. 8 billion investment in the hotel industry in Sauraha is at risk due to the COVID-19 lockdown (Adhikari, 2020). The association of progressive farmer's leader replied smartly. How did Khokana Farmers sustain and grow their farms grains during Pandemic?

During the first lockdown they were trapped themselves for first 15 days after that all family members joined to the agricultural activities however they exchanged their labor with neighbors as previous as Param even in the lockdown. They grew more grains and vegetables than previous year. They contributed on the farm together differently than before. Every householder grew Kaushi Kheti and spent their lockdown time. They didn't ask for outsider laborers due to COVID-19. They some felt scarcity of the seeds and fertilizers initially but later it was provided.

It has massively grown their personnel loan and many more staffs and employees are on leave and even more are jobless now. The Most staff were not getting their salary since last Corona pandemic but are still on their duties in the hotels and lodges because they don't want to lose their job.

4.1.7 Security mechanism impacts

More than 75% Khokana people were aware of their health security this is why they have been wearing masks , washig their hand time and again, getting vaccination in given time, testing in any doubts, follow the government procedures and health tips. They drink hot water and much liquids, healthy vegetables, maintain social distancing.

Spraying in the town, maintaining lines in the crowded places, making and distributing masks are also done by the local government/ ward office. One of the retired police officers explained the crisis time as:

Khokana is a peaceful indigenous society so there has been committing lesser criminal activities than before. However the issues like fast track, Bagmati corridor, outer Chakrapath smart city, other security forces has been deployed in this area but during the lockdown people didn't need police services. Moreover police were mobilized for announcing the Corona related messages and supported to the social necessities. Through the CCMC the government of Nepal showed it's the presence on the Ward level. Armed Police Force, Nepal has been mobilizing for construction of quarantines and the isolation Centre and providing security as well. Nepal army were mobilized for dead body management. National Investigation Department for information collection. CDO office provide over all coordination and liaison to the higher level to provincial authority to federal authority even down to ward level. Oxygen cylinder distribution has been done by the ward office for chronicsick people in the emergencies from the Red Cross society.

4.1.9 Social impacts

A member of the Circle of the Red Cross Society elaborated the impacts of COVID-19 in traditions and cultures of Khokana like:

The intimacy between members of the family is increased people sit together eat together and sleep together. No discrimination could be seen during COVID-19 with gender perspective, caste prospective, economic perspective and political prospective. Society has been more united and cooperative where people couldn't join marriage and funeral programs because of fear.

Likewise a lawyer advocating about the social issues and the policies to contain coronavirus in the Khokana town as followings:

All human being feel that without cooperation and sharing of humanity there is no existence of humans. People perspectives towards health workers is developed positive. People motivated not to hand shake but Namaskar in khokana. Huge resentment in the developmental activities, economic activities and human movements. Under aged marriage cases have been increased because the children got mobiles and leisure time for 24/7 and chances of social conflict would be increased because of employment

losses of the destitute people.

4.2 The efforts made by local people to save the life from pandemic

According to Kunwar et al. (2022) the COVID-19 was seen in Hubai, China at the last of 2019, as the crisis and a major public health problem. Nepal had the first case of COVID-19 was seen on January 23, 2020 and as advised by WHO, the Government of Nepal started lockdown from 24th of March of the same year. After the pandemic the government of Nepal regulated the situation by different rules, regulations and policies. The outbreak of such fatal disease affected the people of all sections in villages as people were requested to self-quarantine in private rooms to prevent the spread of the Corona virus. The lockdown had fatal consequences on mental health, psychological health like frustration, stress, and depression (Chaturvedi et al., 2021).

According to Corona World meter as of August 26th 2022 total Corona infected people of the world is 600 million and death is 6 million and total Corona cases in Nepal reached 997163 and death toll reached 12000. In Khokana four people has lost their life and more than thousands infected.

To contain the Corona pandemic disaster Nepal has National disaster risk reduction act 2074 and other legal instruments like DDR strategy, action plan, standard operating procedures and directives. NDRRM council on the chairmanship of Prime Minister to direct and formulate disaster related policies. Executive Committee on the command of home minister to receive direction from the council and give directions and formulating acts and regulation as per the need. The provincial DRR council, executive committee, at local level district Disaster management committee, local level DDR committees on the leadership of Mayor, rural municipality chairman, ward chairman. The abovementioned mechanism is coordinated and conducted in chain of command automatically NDRRM act, 2074 (Burki, 2020).

Likewise the CCMC (COVID-19 Crisis Management Committee) was formulated than Deputy Prime Minister Isawar Pokhrel to control and direct the mechanism top to bottom. The district body was district Disaster Management Committee chaired by Chief District Officer.

As of the FGD many respondents gave emphasis as following:

The ward level crisis management mechanism is led by Ward chairman and disaster risk reduction fund can be raised in the same level to diagnose the emergencies. So far the COVID-19 is concerned in khokana ward office initiated as directed by the government of Nepal. In the beginning ward office with the help of the health post has announced awareness about the Corona crises. Then after COVID-19 case seen in Nepal, the government declared emergency in March and imposed lockdown in Nepal for first time.

Even in the time of emergency Corona cases has been increased in Nepal, then Khokana has imposed strict lockdown as other places of Nepal did. The following are efforts made by local people to save the life from pandemic in Khokana.

Guthis were activated to collect funds, rations and information to operationalize the mess for the poor, rescued and hungry people. Moreover Guthis were more active to impose COVID protocol in the communities and get information about sick people for further testing, treatment and vaccination.

Local health post of Khokana with the collaboration of ward office, Nepal police, and non-governmental organizations including International Committee of Red Cross society. It sensitized the local population about wearing masks, washing hands time and again, sanitize the hands and surroundings, collection of information about the status of the COVID-19 lockdown protocol, PCR testing, Antigen testing, as usual care of routine patients and chronic patients.

Local teachers and youths sensitized and oriented the common people, coordinated with security mechanism to stop the movements of the outsider and rescued the people who were in difficulties. The Priests of the temples requested general people for praying and worshipping the God from their home and only much needed people were asked to come to the temple and Jatras to perform necessary processions.

Ward chairman and his team dedicated to serve the people 24/7 and motivate people remain inside their dwellings peacefully. Local rich people, clubs, NGOs and Cooperatives raised the fund, fed the destitute for two weeks and blocked the highways and other sub-highways to maintain the lockdown. Then they distributed soaps, sanitizer, masks, medicines, food items and PPE to the needed population.

Local school distributed pens, books, copies and necessary teaching materials to the students up to class five. They learned how to take class by the Zoom app in online to follow the lockdown. Local shopkeepers helped to the administration by shutting up their markets as local administration made routine for opening.

This thesis is an outcome of my academic research. The findings may differ from other researches. During the observation, I found that COVID-19 pandemic has impacted on Khokana people differently as per their resilience capability and ability to face such crisis. During the first wave of pandemic, social behavior of people were different. Labors and tenants were treated badly by the COVID-19 strict lockdown. Similarly, the job providers were compelled to shut down their industries or institution and made low class labors were turned jobless. Following points can draw as findings of this research:

The COVID-19 is a global crisis and spreads massively in Nepal and Khokana was not remained exceptional one. Since Nepal has been classified by the WHO as a high risk country for the Corona outbreak. In Wuhan China the first case of Corona was detected where as in Nepal on 27 January the first case was identified, of a 32 old student who returned from the origin of the Corona, Wuhan China. Nepal has been reported a total of 996670 Corona positive cases, of which 11999 people have died and recovered 981059 people as of August 26, 2022.

The government of Nepal as an early prevention mechanism CCMC declared nationwide lockdown since the March 2020. The local government Ward 21 Khokana of Lalitpur Metropolitan disaster management Committee led by Ward chairman started works on COVID. The ward office collaborated with health post, police, local social workers, schools, cooperatives, local youths, club members and other worked together to contain pandemic. They helped victims of the strict lockdown by feeding them for 15 days regularly, sensitizing and orienting the innocent local people, raising funds with cooperatives and other stakeholders to distribute sanitizers and masks to the common people whoever couldn't afford and who didn't have access to the crisis materials. The schools were closed and the teachers started online classes with distributing teaching material up to class five. The ward office made provisions of the minor health infrastructure and resources like PCR testing mobile ambulance, thermal guns and help desks etc.

Especially local daily wage labors lost their employments while imposing the lockdown, it stopped the renovation of cultural and religious places like temples, personal houses and public places which had been collapsed by the devastated earthquake of April 25, 2015. People were seemed more cooperated to impose lockdown protocol on the cultural and traditional town as they held Guthis meetings and supported in every walks of the emergency. They raised funds, provided foods and shelter to the destitute, requested all to remain inside their homes and performed their rituals, cultures, Gatras, poojas and other gathering with minimum presence. Moreover they didn't invite their relatives on the special occasion of Gatras for the containment of the infection of Corona.

Initially common people didn't know the words COVID-19, sanitizer, social distancing, quarantine, PCR testing, home isolation and lockdown but later with help of the FM, newspaper, ward announcement, health post announcement and social workers the terminologies were familiarized. Farmers could gave time to the land and got more grain and vegetables than previous years. Local youths were mobilized to orient common people, maintain social distancing, and distribute masks, sanitizer and medicine. The lowest mechanism of CCMC as the ward mechanism and chairman played effective role to coordinate top to bottom from the metropolitan leadership to common people of Khokana.

CHAPTER V

SUMMARY AND CONCLUSION

5.1 Summary

The COVID-19 has been impacting the human being in each and every walks of the life since its emergence from China, Wuhan in December 2019. This Pandemic has multiple negative and positive implications in the cultural villages like Khokana as social, economic, cultural, agricultural, health and education related, ethnographic and so on. On 31st December 2019 the Chinese authorities reported first Corona Virus case to the World Health Organization. On January 7, the WHO announced that they had identified the new virus was named 2019-nCoV and identified as belonging to the coronavirus family. The new coronavirus disease (COVID-19) caused by a novel pathogen (SARSCoV-2) spread rapidly around the world in the early months of 2020.

On March 11, the WHO declared the viral outbreak a global pandemic. It did not take long for the virus to make its way to Nepal. On January 5, a 31-year-old man, who returned from Wuhan Chinese Province to Kathmandu was found Corona infected. Then alarmed government announced strict measures: a complete lockdown across the country; restrictions on incoming passengers, including Nepali citizens, from more than 50 countries in Europe, the UK, the Gulf and West Asia; the shutdown of all non-essential services; and a ban on all long-haul travel across the country.

In the world more than 6.4 million people lost their lives where 12000 Nepalese people lost their lives in this period. Still COVID-19 pandemic is seen in different variant around the globe. Likewise khokana, Ward no. 21 of Lalitpur Metropolitan was also not remained untouched from the pandemic. Four people have lost their life who were above the age of 65 years and more than 1500 people are infected.

To save the life of the people in Khokana local people have played positive roles and collaborations with government agencies, non-governmental organizations, Ward mechanism, cultural entity Guthis and youths of Khokana villages. Cultural and

traditional mechanism with local youths the population has provided awareness program, necessary health items and security.

The COVID-19 impacts on the psychology, physical health, education, employment, agriculture, culture and traditions, Gatras, Poojas and other social sectors. The main positive impacts can be illustrated as awareness about sanitation, hygiene, social distancing, technological teaching, learning, agricultural production, family closeness, cooperation and coordination among villagers. All knew about the destruction of pandemic disaster, vaccination, testing, quarantine, isolation, personal protective equipment, thermal guns, lockdown etc.

5.2 Conclusion

The COVID-19 pandemic which has invisible, fearful, and endemic impacts for vulnerable populations such as the old, children and sick people (Kunwar, 2020). The COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which was first identified in Wuhan city, Hubei, China, in December 2019. World Health Organization (WHO) recognized the COVID-19 as a pandemic on 11 March 2020. The infectious disease transmitted so fast that it reached to most of the countries around the world within short span of time (Karki, 2021).

Khokana was as the cultural site. Wooden handicrafts and agriculture are the main occupations of Newar communities of Khokana. Traditional medicine plays vital role in identifying living organisms and treating human health problems and livestock so it is being produced here in Khokana. Indigenous techniques and learnings help in technological process of advancing countries by the usage of local knowledge and skills. Since Newar communities are losing their socioeconomic and cultural characteristics and facing the different types of fatal diseases like the CORONA-19 pandemic.

There have been many disastrous events and cultural crisis in the past like earthquake and conflicts that have impacted cultures and traditions brutally. In last of December 2019, the coronavirus outbreak began in China and transmitted all over the globe causing huge loss to the world economy and cultural sector. Khokana is also not immune to the pandemic. The pandemic-related limitations on movement have wreaked havoc situation on the cultural and traditional routine in 2020 and later. The cultural

activities remained almost closed for the time being. Many Jatras, Poojas, and gatherings, as well as business, cultural houses, museums, local government, employees, transportation, etc., have faced innumerable issues like loss income, loss employment, hardships to pay taxes, livelihood issues, inadequate medical treatment facilities etc. (Kunwar et al., 2022a).

The COVID pandemic affecting the world these days requires a level of preparation that goes far beyond the ability of any country. As the UN Secretary-General said: “More than ever before, we need solidarity, hope and the political will and cooperation to see this crisis through together”. The all tiers of the governments of Nepal is keeping in place a series of strategies to solve the condition, but more efforts to be done, and the local level solidarity is required to enhance that the community is fully prepared to solve the crisis and address its implications in all spheres of the community like Khokana.

As a result of fast coronavirus proliferation, a revolutionary changes are taking place in the dominant modes of social media and communication. For causes of health security, business, education, and even national and global administration accept online. This is a drastic change involving: technical, educational, infrastructure and software, but aforementioned all the modeling of new socio-cultural scenarios. It seems that the transformation to web-based communication technique is taking place at a fast pace and also involve orientation, motivating and controlling staffs (Sułkowski, 2020).

Majority of the Nepalese as well as global people have been affecting on public health, cultural health and private livelihood, so public health and cultural health in the Nepalese context are regarded as backbone to the Nation’s prosperity. Nepal is a country inhabited by overwhelming diversified population where local communities must have to play apex role. Cultures and traditions are the result of historical exercises, which determines the pattern of social health, cooperation and resilience capacities of the people.

From the experiences of COVID-19 typical cultural village like a Khokana is far behind from the exercises of governmental access, new technology and modern facilities of health which can rapidly impacts on cultural, physical and psychological status. Absence of the proper mechanism, coordination knowledge and useful experiences on

health care system is the very important for cultural and social security. Besides this, literacy, strict adherence of the COVID protocols and the condition are also the factors for saving of lives, psychological relief, cultural and traditional regular protection. Though negative impacts lead to cultural diversions and health problems physically and mentally. Many studies are held about COVID-19 and its impacts in villages but nobodies researched on COVID-19 impacts on cultural indigenous society like the cultural site as Khokana.

The most sensitive and at the same time most affected by the epidemic sectors will include tourism, hotel industry, gastronomy, culture, show business, cinematography, transport, education and health Recession, virtualization of communication, and the growing need for coordination of epidemic, health and medical activities between countries can force national governments and international organizations to strengthen cooperation on a global scale. On the other hand, de-globalization tendencies may take over (Balsa- Barreiro, Vié, Morales, & Cebrián, 2020, pp. 1–4; Kozlov & Sokolova, 2020, He, Lin, & Zhang, 2020; in Sułkowski, 2020).

It must accept that the pandemic has affected the entire globe, as well as entire spheres of Nepal. To boost people and cultures of Khokana, the government shall provide financial supports , increase resilient capacity of the community, corona care hospital facilities for locals and others, a solid plan for crisis preparedness, create a safe environment for cultural entities, prepare Khokana exclusively as a cultural destination, and assurance insurance policies locals, so that they are well prepared in the period of pandemic and during the other disasters and the preparation of a high level task force at the national as well as in the community level, comprised of experts and stakeholders from Nepal's cultural cultural sector. There we felt to develop a strategic plan to action plan, regulations and policies to prevent further pandemic and crises like COVID-19.

As Bonotti & Zech (2021) states about the human costs, COVID-19 has also taken a significant loss on the global economy, particularly due to severe travel restrictions and lockdown measures aimed at reducing its spread. A significant number of workers across various sectors have lost their jobs, and this trend is likely to continue for the foreseeable future. From early on, the World Bank predicted the worst global recession since second world war with the global economy expected to shrink drastically (Bonotti & Zech, 2021).

Likewise Khokana population faced several problems including hand to mouth basic needs problems, health problems, cultural problems, security related threats, educational problems, agricultural challenges, social problems, economic problems, transport related problems, physical difficulties, mental problems, psychological challenges, technological problems, unemployment problems, and so on.

To counter the COVID-19 problems of Khokana people, the government agencies, non-governmental organizations, cultural entities, social workers, politicians, ward elected bodies, local youth clubs, schools, civil society, shopkeepers, common people, senior citizens, journalists, media persons, doctors, engineers, security personnel, students, mayor, district disaster management committee members, provincial and central level government agencies and personalities have been contributing since the inception of Corona Pandemic.

Despite of many negative impacts, some positive impacts of pandemic are- technological awareness and use, online education, clean and healthy environment, increase in agricultural products, the realization of humanity, respect for doctors/scientists, family time, donation, cooperation and more. More pathetically people experience a lot of difficulties and spent black bitter days like strict lockdown, loss of dears and nears, health problem, financial losses, psychological traumatic conditions, stoppage of all sectors like school, industries, loss of jobs and so on.

Furthermore, dwellers of Khokana suffered more and couldn't enjoy with their cultural Jatras, gathering, Poojas and other ceremonies. Amid of severe infection, people have been living with high morale and motivation, hopes and aspirations, unity and team spirit to win over the pandemic in the near future. It's the strength of traditional, cultural and indigenous village Khokana.

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APPENDICES

Appendix 'A'

(Refers to page no. 37)

GENERAL PUBLIC

Name:

Age:

Gender:

Current Address:

Previous Address:

1. What are Changes that you have seen within some years with the respect to COVID-19?
2. Can you point out a year where there has been high COVID-19 impacts?
3. According to you, what are impacts of the the COVID-19 in your communities?
4. What are the Changes that you have found due to the COVID-19?
5. What are the assistance that governmental concerning stakeholder had been providing during and after COVID-19?
6. Have you found any link between social structure and the COVID-19?
7. What are changes that has occurred due to the COVID-19 in your traditional cultural changes?
8. What are changes that has occurred due to the COVID-19 in your traditional economic changes?

Appendix 'B'

(Refers to page no. 37)

LOCAL GOVERNMENT / REPRESENTATIVE

Name:

Age:

Gender:

Current Address:

Previous Address:

1. What are Changes that you have seen within some years with the respect to COVID-19 during your tenure?
2. Did you face the situation of COVID-19 during your tenure?
3. If yes, did you find any reason for the COVID-19?
4. How did you respond to address the causes?
5. What are challenges that you faced during your COVID-19 management?
6. What are the assistance that governmental concerning stakeholder had been providing during and after COVID-19?
7. What are changes that you have found due to the COVID-19 most cultural and economic?
8. Did you develop any infrastructure development and relief program in your area?
9. Have you found any link between health infrastructure and COVID-19?

Appendix 'C'

(Refers to page no. 37)

CDO/ OFFICER

Name:

Age:

Gender:

Current Address:

Previous Address:

Do you have any experiences of COVID-19 in Khokana during your job tenure?

1. What was the COVID-19 management strategy adopted?
2. How was the COVID-19 management / response handled?
3. What was the role of the federal/ provincial government during the COVID-19 management?
4. What are challenges that you faced during your COVID-19 management in your area?
5. What are the strategies adopted by your office for the COVID-19 management in Khokana?
6. Have you found any link between health infrastructure and COVID-19?
7. If yes, what has been causes of such COVID-19? In your view what was the causes of COVID-19?
8. What should be done to mitigate COVID-19 by your office?
9. In your view point how should the government respond?

Appendix 'D'

(Refers to page no. 37)

SENIOR CITIZENS/ SENIOR GUTHIYAR/ ETHNIC CHIEF

Name:

Age:

Gender:

Current Address:

Previous Address:

1. What has been your major points and issue that you have found regarding the COVID-19 in Khokana?
2. Can you provide an example by linking your view point with the COVID-19?
3. What has been the role of the federal/ provincial government and different stakeholder with regard to the COVID-19?
4. What should you have done differently?
5. What are the activities you have conducted so far?
6. What has been the status of infrastructure development related to COVID-19?
7. Among the various causes which has been the main causes for the COVID-19?
8. DO you find any challenges that you have identified but government has been able to see?
9. In your view point how should the government respond?
10. Do you find any relation of hygiene and sanitation system on COVID-19?

Appendix 'E'

(Refers to page no. 36)

SECURITY FORCES

Name:

Age:

Gender:

Current Address:

Previous Address:

1. In your tenure have you found any cases of the COVID-19? If yes please elaborate.
2. Have you been briefed about the previous the COVID-19 management plan for your AOR? If yes please elaborate.
3. What are the causes of the COVID-19 in your AOR?
4. Have you ever been participated in the COVID-19 management?
5. In your point of view, what are the difference between previous experience and the experience at khokana?
6. Is there any limitations to the COVID-19 management plan and preparedness?
7. Has there been any challenges during the COVID-19 disaster management and preparedness?

Appendix 'F'

(Refers to page no. 3)

Pandemic COVID-19 impact in Khokana (as of 2079/05/012)

Total PCR test done- 1116 (2077-08-04)					
S.N.	Positive cases	Female	Male	Total	Percentage
1	Active cases	11	15	26	16.88
2	Recovered	52	72	125	81.17
3	Death	2	1	3	1.95
4	Total Infected	66	88	154	100

Source: Information Office, Lalitpur Metropolitan Office, 2022

Appendix 'G'

(Refers to page no. 40)



Government of Nepal Ministry of
Home Affairs

APF Command and Staff College

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Academic Section
Sanogaucharan, Kathmandu

paacademic2015@gmail.com

Ref. No. - (077/078)/Date-2079/04/28

Respected Sir/Madam,

TO WHOM IT MAY CONCERN

I am pleased to introduce myself as the Academic Program Coordinator of APF Command and Staff College, Sanogaucharan, Kathmandu, Nepal.

It is our pleasure to inform you that APF Command and Staff College has been running “**Masters in Security, Development and Peace Studies (MSDPS)**” a two year, four semesters Master’s Level program, affiliated to the Tribhuvan University, Faculty of Humanities and Social Sciences.

In this regard, the Student Officers of 6th APF Command and Staff Course are undergoing through a research-writing assignment according to the curricula of this MSDPS study. Regarding our Student Officers, they are actively serving for more than 18 years. They are all responsible government service holders and any information provided will be used for the research and study purpose only.

Therefore, I would highly appreciate if you provide some relevant information and data that may be required to their research study.

For any further query, it would be my pleasure to avail my service.

Anticipating and appreciating your kind cooperation and assistance to the student concerned.

Name of the Student: Chet Raj Joshi

Rank: Superintendent of APF, Nepal (SP)

Title of Thesis: COVID-19 and Its Impacts in Khokana Village of Lalitpur, Nepal

Respectfully,

Raju Ram Suwal

Deputy Inspector General of APF (Retired)

Academic Program Coordinator

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Appendix 'H'

(Refers to page no. 37)

Conduct of FGD and KII at Khokana



(Refers to page no. 37)

Key Informant Interview

