

BNAC 15th Nepal Study Days 2017

12-13 April 2017

**Executive Business Centre, Bournemouth University
89 Holdenhurst Rd, Bournemouth BH8 8EB**

COLLECTION OF ABSTRACTS

*of papers accepted for (oral and poster)
presentation*



Britain - Nepal
Academic Council



ORAL PRESENTATIONS

Theme 1: Sexual & Reproductive Health

Exploration of appropriate policies and programmes to improve socioeconomic status of HIV-affected individuals and households in Nepal

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Background: First case of HIV/AIDS was reported in Nepal in 1988. Previous studies stated that PLHIV felt a number of social and economic problems due to their disease and society. However, there was no any study which explored appropriate policies and programmes to improve their socioeconomic status. Therefore, this study was conducted to fill the knowledge gap. **Methods:** This is a qualitative study which employed in-depth interviews with 18 key informants who had depth knowledge on HIV/AIDS and its impacts on PLHIV and their families. The respondents were selected purposively by setting strict criteria. The study was conducted in Kathmandu in August 2016 after getting ethical approval from Liverpool John Moores University (LJMU) and Nepal Health Research Council (NHRC). Thematic analysis approach were utilised to analyse the information provided by the respondents and results were presented. **Results:** Majority of the respondents (88.9%) reported that anti-retroviral therapy (ART) and most of the diagnostic tests and services (66.7%) were provided by Nepal Government free of costs to PLHIV. Over 44% respondents reported that the diagnostic tests which were not available from government were supported by NGOs/INGOs to some poor PLHIV, but the supports were limited due to resource constraints. One-third of the respondents reported that PLHIV could not continue their

job after HIV infection, same percentage reported that PLHIV were not given job and almost 28% reported that PLHIV were removed from job by employers after finding their HIV status. Over 22% respondents reported that children affected by HIV/AIDS were discriminated in schools by teachers, fellow students and school administrators.

Conclusion: This research concluded that PLHIV are still facing a number of social and economic problems in Nepal. Although treatment services are said available 'free of costs', it is not completely free. Although a number of awareness raising programmes were conducted, stigma and discrimination is still highly prevalent in villages compared to cities and among female PLHIV compared to male. Therefore, a number of policies and programmes were recommended to the governmental and non-governmental organisations working in the field of HIV/AIDS to improve the socioeconomic status of PLHIV in Nepal.

Health facilitators are key in improving sexual health knowledge and understating of school children in Nepal

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Background: Many Nepalese adolescents are engaged in unsafe sexual practice due to the lack of proper information about sexual health and poor accessibility to sexual health services. Student-learning sexual health teaching materials are also ineffective in promoting sexual health at school level. This study aimed to explore the effectiveness of teaching sex education programme to the secondary school children in Nepal. **Methods:** The study included four schools which were randomised into two groups; control and experimental schools. The teachers in the control schools delivered sex education curriculum in a conventional way whereas the trained health facilitator in the experimental schools used a participatory teaching approach. One of the main outcomes of this

study was to assess the knowledge and attitude gained about preventive measures against HIV and AIDS, STIs and teenage pregnancy. This knowledge was based on ABC: Abstinence means to avoid sex (A); Be faithful to your sex partner (B) and; Correct and consistent condom use for safer sex (C). **Results:** A total of 421 pupils responded in the pre-test and 366 responded in the post-test. The cross tabulation and z -score analysis shows that there were significant differences between male and female responses in the questionnaire variables in both categories of schools. A significant number of school children from experimental schools have reported the increment of sexual health knowledge about preventive measures. **Conclusion:** In comparison with the conventional teacher-led sex education, properly developed sex education led by a health facilitator had a significant impact on the improvement of quality knowledge and understanding of sexual health for the adolescent. The findings could be interpreted as evidence of the success of the school-based sex education intervention programme.

Evaluating the impact of menstrual hygiene programmes in Nepal

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Whilst progress has been made in addressing Nepal's high maternal mortality rate (MMR) between 1996 and 2006, Nepal nearly halved its MMR, from 539 deaths per 100,000 live births, to 170 per 100,000 in 2010 (IRIN 2013) a number of problems remain concerning women's menstrual health. The effective and safe management of menstruation is essential to women and girls' right to live healthy and dignified lives, to access education and employment, freedom of movement, family life and for their reproductive health. This requires access to safe, affordable and hygienic sanitary material (cloths, pads, mooncups etc), clean water, having spaces for privacy to change cloth or pads and somewhere to dispose of them and/or wash and dry reusable pads. Crucially it also means access to education and information on the menstrual cycle and how to manage menstruation hygienically. As well

as these practical needs better awareness and understanding is needed among women and girls, and men and boys, about menstruation, in order to overcome taboos, stigma, embarrassment and negative cultural practices which restrict women and girls' rights and reinforce gendered inequalities and exclusions. In Nepal, unhygienic menstrual hygiene practices have been linked to negative outcomes for women and girls in relation to reproductive health and social factors such as school attendance (Hennegan & Montgomery, 2016; IRIN, 2010). Taboos around menstruation are widespread while basic understanding of menstrual hygiene is limited, especially in rural areas (Adhikari, 2007, Sapkota, 2013) and there is little research on this in the South Asian context. This paper outlines the current situation in Nepal in terms of attitudes, education and approaches to menstrual health in Nepal and begins to explore the barriers to menstrual health and menstrual rights, the negative impact these barriers can have on women and girls' everyday lives. Further the paper presents initial findings from a pilot project evaluating the distribution of reusable sanitary pads in Nepal funded by the BA Small Grant schemes quantitative and qualitative research with NGOS and girls and teachers in Nepal.

Theme 2: Culture, Religion, & Identity

Parameters of activism and queer emancipation in Nepal

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Studies on queer politics and sexual self-assertion have only recently emerged from postcolonial contexts in the Global South. The handful of studies that have been carried out in Nepal have followed traditional approaches that see 'gender and sexual

minorities' as a health concern or a marginalised group in need of protection (Pathak et al., 2010; Pigg, 2001; Singh et al 2012; Sunar, Thapa, and Nepali, 2013; Wilson and Pant, 2010). There have been few exceptions that focus on the agency of these groups as activists involved in bringing about some of the most progressive legislations in the world pertaining to gender identity and sexual orientation (Bochenek and Knight, 2012; Boyce and Coyle, 2013, UNDP 2014, Knight 2015). However, all of the latter studies mainly focus on the work and target groups of one social movement organisation (SMO) - the Blue Diamond Society – and its large network of community based organisations throughout the country. Using in-depth interviews with activists from different LGBTI organisations, civil society actors, government and non-government representatives who work with them and a review of online resources, my paper highlights some of the reasons behind this methodological bias and what this has meant for queer activism in Nepal. The paper sheds light on the neglected issue of how different national and international interest groups engage with each other to define and re-define the parameters of activism.

The sociology of Mt Everest

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Mt Everest is an international icon and a heritage of 'universal' value. To Nepal, it has wider economic, social, cultural meanings: it is the lifeline of mountain tourism, it embodies Nepali nationhood and reinforces a sense of identity. However, it also symbolises the contested side of Nepali national identity that is largely dominated by the cultural landscape of the highlands, overlooking the other provincial heritages of the nation. Despite such a broader significance of the mountain, studies on Mt Everest have largely been dominated by environmental studies and travel narratives, and the question of the sociological significance of the mountain has not received the attention it deserves. The proposed paper explores the significance of Mt. Everest as a national icon across for Nepali society. The study is driven by the following research question: should Mt Everest continue to stimulate Nepal's national

imagery? The paper is based on primary data collected through qualitative interviews (n=20) and focus group discussions (n=2) with members of various national communities represented in the Nepal Federation of Indigenous Nationalities (NEFIN). Secondary data in the form of various publications and archival records have been consulted from: i) the Rastriya Abhilekhalaya (the National Archive of Nepal); ii) Nepal Madan Puraskar Pustakalaya; and iii) Central Library, TU. The paper will discuss the findings from the interview and focus groups data collected in summer 2016. The research was funded by British Academy/Leverhulme Small Research Grants - SRG 2015-16 Round.

Three decades of social movements in GGA: characteristics, transformation and failure

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The region of Greater Gaumukhi Area (GGA) in Pyuthan, Gulmi and Baglung districts of Nepal remains fairly pristine in social and economic life being situated extremely remote from their respective district headquarters. However, the political movement of Nepal in 1990 that turned Hindu kingdom into multi-party democracy giving rise to *communist political movement* in the GGA region; the *civil society movement* for regional rights and identity in 2007 and *Christian faith movement* in 2010s have continually reshaped the region. This research primarily uses social movement theory (McAdam et al., 1996) to explain how these different movements of politics, civil society and faith faced opportunities and constraints, mobilization of structure and resources and the framing process related to social construction and collective meaning of the social movements. This research is based on qualitative sociological paradigm using comparative case study (Yin, 2009) focussed on a geographical area (the GGA) using documentary analysis and interviews from diverse stakeholders of the movements. Though distinct in purpose, timeline and intensiveness, these movements

have presented key similarity surrounding causes of *oppression and injustice* turning into political and social opportunities, the development of organizing structure and *rapid recruitment of active participants* and meaning that was/is *personal to participants* yet in a regional context and collectiveness. Beyond the task of comparative study on social movements, the paper also explains how and why some political and civil movement relented and subsided over time and also offers direction for future research.

Labour Migration and the Remittance Economy: The Socio-Political Impact

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This study explored the impact of foreign labour migration on the social and political dynamics at the local level, by seeking to understand the implications of migration and remittance on social structures, including local institutions and democratic governance, and, more precisely, on political participation and political contestation. The study was conducted in 5 districts of Nepal. By utilizing a mixed-methods approach, with a total of 401 surveys with migrant and non-migrant households (HHs) were, 179 qualitative interviews and 19 focus group discussions, the study suggest that migration has generally been economically beneficial for migrant households. But, more importantly, it has also played an important role in further facilitating broader socio-political changes already underway in Nepal.

Theme 3: Health

Recent developments in Nepal's health systems and challenges for achievement

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Nepal's health sector planning is nearly four decades old. At present, almost half of total Health budget is made up of international aid, in turn highly influenced by donor-driven policy, programmes and resource management. With some exceptions, there has always been lack of home-grown research evidence that could inform policy- and decision- makers. Although, Nepal's Health Systems were transformed after the restoration of democracy in 1990, when the first National Health Policy was formulated and curative services were given the highest priority. Despite of the wider coverage and access to health services in Nepal, it is still centralised.

The causes of morbidity and mortality are highly dynamic in Nepal along with its changing population structure, socio-economic indicators and human environments. Prompt actions at policy as well as population levels are required to address and/or accommodate these changes in disease patterns. However, achieving desired changes in health indicators often require large scale transformations and changes through exceptional political commitments. Such high-level decisions and policy revision need a strong leadership which can be challenging. Under Gagan Thapa leadership, Ministry of Health has expedited actions around formulation of health policies, plans for resources management, expansion of services and reforming medical education. So far, over 24 policies, acts and directives were developed/ revised/ issued: mostly around health promotion, non-communicable diseases, and emerging causes of illness. Meanwhile some centralised tertiary health services are now made available out of Kathmandu. Although, MoH has scrutinised some outstanding issues of its workforce, a debate on the federal structure of health is ongoing. In addition to lack of required human resources for health, systematic factors i.e. bureaucratic obstacles, lack of good governance, lack of data/evidence and lack of public awareness can be identified. This paper will describe the recent developments with key policy objectives and potential challenges.

Identifying gaps in Nepalese migrant workers' health and well-being: A review of the literature

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Background: The health and well-being of migrant workers from low-income countries is often neglected in travel medicine. This paper uses Nepal as a case study to highlight key issues affecting this particular group of international travellers. **Methods:** This narrative review used a comprehensive systematic literature search to identify relevant studies on Nepal. The included papers were thematically analysed leading to four key themes or risk factors. **Results:** The search found 18 papers from which we identified three key themes related directly to migrant workers: (1) sexual risk taking; (2) occupational health; and (3) lifestyles, and a fourth theme related to partners and family of migrant workers who are left behind in Nepal. Of the 18 included papers, 11 papers discussed sexual risk taking and HIV, whilst considerably fewer focused on work-related risk factors and lifestyle factors in migrant workers. **Conclusions:** Migrant workers who are generally healthy appear to be similar to tourist travellers in regarding sexual health as a key issue related to being abroad. Risky sexual behaviour increases in individuals separated from their usual sexual partners, away from their own communities and families, leading to so-called 'situational disinhibition'. Considering the recent media coverage of deaths and injuries among migrant workers in the Middle East, it is interesting to see that their sexual health is more prevalent in the research literature. This paper argues that travel medicine should provide more emphasis to the health and well-being of migrant workers as a highly vulnerable group of travellers with additional impact on the health of those left behind.

Potential for environmental change at community level to prevent child unintentional injuries in the home: A qualitative study

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Background Unintentional injury in the home is an important cause of death and disability among young children in Nepal. Reducing home injury hazards by changing the home environment has the potential to prevent home injuries. The aim of this study was to explore the potential for environmental change at a community level to prevent children from unintentional injury in their home environment, and identify the barriers and facilitators of such change.

Method Focus group discussions (FGDs) were conducted with mothers, fathers, teachers, school students and community health volunteers from three different rural areas of the Makwanpur district in Nepal. All the FGDs were conducted in Nepali languages. The discussions were recorded, transcribed, translated into English and a thematic analysis was carried out. **Results** Five FGDs, with a total of 47 participants, were undertaken. Four major themes with multiple sub-themes were identified. Participants mentioned different home injury hazards that they were aware of in their home and community, but did not voice any strong opinions on whether people in the community had tried to manage these. Strategies suggested by participants for environmental change included adapting the home and installing safety equipment, removing hazardous objects or restricting the child's access to those hazards and changing behaviours to improve safety in the home. Barriers to environmental change included lack of awareness in the community about injury risk and risk management, and a poor financial situation. Geographical constraints, poor quality houses and lack of common responsibility amongst family and community were also key barriers. Things that would facilitate environmental change included provision of an awareness programme for the community, requiring resources and financial support and involvement of family members including community. **Conclusions** The

participants suggested a range of potential environmental change interventions, including the barriers to and facilitators of such change. Addressing the environmental factors identified will be useful in developing an effective and cost effective intervention for preventing home injury in young children.

Assessing the need and type of continuing professional development (CPD) for nurses trained and working in Nepal

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Nurses can continue to practise without any post registration training or any continuing professional development (CPD) in Nepal. The CPD in Nepal remains under-developed despite the existence of a professional regulatory body, policies on licensure and accreditation of nursing educational institutions in Nepal. This study aims to assess the status of post-registration training (CPD) among nurses in Nepal. It also explore the views of nurses and stakeholders including professional bodies such as the NNC, etc. on the need for and opportunities for post registration CPD for nurses. The study used mixed method approach. The quantitative survey of 500 nursing practitioners with minimum three years post registration experiences and 18 qualitative in-depth interviews with nursing stakeholders and member of professional bodies were conducted. The quantitative data was analysed using SPSS 23 and qualitative data was analysed using thematic approach. The quantitative finding suggests that about 50% of the respondents had never attended any training and about 60% were unaware of recognised CPD training in Nepal. However, there is some initiation of good practice in continuous nursing education (CNE) in few hospitals. The majority participant reported that lack of opportunity, lack of provision of CPD in nursing, shortage of staff, lack of notification regarding training, difficult in getting study leave, lack of employers support

were key barrier in CPD in nursing practice. The lack of contemporary evidence-based practice and competency based training were highlighted in qualitative interviews. Issues around lack of authorised/ recognised body for CPD, who will provide CPD training, taking ownership and leadership in CPD were also raised. The study suggests for compulsion of licencing renewal with certain number hours of nursing practice and number of hour of CPD in renewal. Staff development policy around hands-on training relevant to current practice is reported as an important issue in CPD. The study also suggests the need for monitoring of authorising body against standards on available trainings. Consistency and quality control/management of training against set standards by professional body is necessary.

Theme 4: Politics and History

Fiji Nepalis: Reviving connections lost for over a century

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Despite international migration from Nepal being an age-old issue, research on Nepali Diaspora is fairly new. A considerable amount of work has already been done on Nepalis in India, and we know to a varying extent about the migration of Nepalis in many other countries including Bhutan, Myanmar and Thailand. However, until recently, very little, if anything was known on the migration of a large numbers of Nepalis to the South Pacific archipelago of Fiji in the late 19th and early 20th Century. This paper attempts to make a new contribution to the understanding of the migration and lives of Nepalis in Fiji. The paper is based on some qualitative observations and informal interactions between 2009 and 2015, as well as on secondary sources. In addition, the data also comes from five interviews conducted outside

of Fiji (Australia and the UK). In this paper, we aim to introduce the Fiji Nepali community in general and to discuss how their unique migration history forced them to adopt an accommodative strategy, resulting in the formation of a partially hybrid community. Nepalis in Fiji are largely assimilated to a broader 'Indian' culture and have (almost) lost their language. Because of the shared history of migration and suffering as indentured labourers (*girmityas*), class has prevailed over caste, ending the caste system as a hierarchical institution that works as a boundary or means of social differentiation and stratification. The impact of this process means that Nepali identity as found in Fiji today is very different from what is found elsewhere. Illustrating how Nepali diasporic encounters and discourses have spread in a globalized world, this paper attempts to make theoretical contribution to the study of Diaspora. The paper discusses how multi-layered connections and identities particularly between the old Diaspora (with imagined nostalgia) and the new Diaspora (with lived nostalgia) work together with new notions of citizenship and belonging that nation-states are beginning to embrace.

The silenced partners: A Captain's account of Nepali Gurkhas and coolies from the margins of the British Raj

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Captain A.M. Graham's unpublished and previously unexplored diary of the Miri Mission (1911-12) provides a unique insight into the life of a British Gurkha officer while serving with the 5th Gurkha Rifles Frontier Force. Although Nepal is not conventionally considered as having a colonial history, this keyhole offers us a glimpse into its colonial encounters.

The 5th Gurkha Rifles and the Miri Mission

This original, handwritten diary provides a detailed account of army life against the backdrop of the Miri Mission in the then

largely unsurveyed area situated between Dihang and Bhutan in current Assam State. The Miri Mission – to which Captain Graham was providing military escort – was to establish peaceful relations with the people known as "Hill Miri". The sizeable operation included fifty Gurkha riflemen and several hundred coolies, many of whom were Nepali. The politics and unexpected outcome of the mission shed light on the administration of semi-autonomous tribal areas by the British Government of East Bengal and Assam in what was becoming a strategically sensitive area in the region. Further, the diary allows us to trace a piece of Gurkha military history, following an elite regiment, designated Royal in 1921 and considered the foremost Gurkha Regiment before Indian Independence, which serves on today in the Indian Army.

Reading between the lines: the 'non- dit'

Of particular interest in the diary is Graham's relative silence on the relationships with the Gurkha riflemen and coolies: key partners in the mission, they are reduced to almost a commodity in the text. Lionel Caplan has worked extensively on the representation of Gurkha soldiers in British military but this account offers an alternative narrative embedded in a web of status, ethnicity, food, logistics, health, and colonial politics. In exploring these two strands, we hope to present a brief yet multi-dimensional account from the margins of Nepal's entanglement with British colonial history.

Navigating between two cultures: Nepali youths in the UK

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According to the UK census 2011, children and youths under the age of 25 constitute a significant proportion (43%) of the Nepali community in the UK. So far, there has been no research conducted to broaden our understanding of the progress, problems and prospects of the Nepali youths in the UK. Building on our large scale survey of 2008, this paper aims to make contributions to fill this gap. This paper is primarily based on data collected in 2015-16 through a workshop

which was participated by four distinct groups of youths at various education levels: GCSE, A Level, Undergraduate, and Graduate, along with a group of parents. Further data were collected through in-depth interviews and surveys in Reading and Farnborough.

The study shows that despite some initial problems, Nepali children—irrespective of their caste or ethnicity—are increasingly doing ‘well’ in their studies. A strong cultural element seems to be at work with a parental emphasis on the children’s education, and strong preference on subjects such as medicine and engineering. Even though many have also pursued studies related to science-based research, IT, business, and law, study of social science subjects are often discouraged. There is a strong parental favour for up-keeping caste/ethnic endogamy and for the continuation of conservative practices related to sexual and marital relations. This creates some confusion and makes it hard for the children to find a balance—especially while living in a very different cultural and sociological context. Overall, the Nepali youths appear to be confident about their successful future, and, comparatively speaking, they are following pathways of other ‘successful’ South Asian communities. However, further study is necessary to establish if the present trend of educational achievements will result in a high level of occupational achievements, and, thereby, lead to an upward mobility in the British class schema.

Theme 5: Energy

Energy research and earthquake repercussions

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The earthquake has sent many researchers in new directions, and this has been a period to question the status quo of research realities in many respects. This paper will look at how social science research into energy systems can both contribute to understandings of the ongoing aftermath, and be useful for informing or critiquing the principle of build

back better. It focuses on the results of a comparative pilot study into the experiences in three districts of how people’s energy systems were affected and subsequently restored (or not) looking at both on-grid and off-grid locations. The paper will look at the results of trying to get different pictures of the extent and social consequences of energy-deprivation caused by the earthquake in terms of household impact survey materials, focus group energy resilience narratives, and methods for mapping informal governance networks. It will finally consider social science input to the development of energy services in humanitarian emergency contexts, and reflect on learning from resilience research to avoid inappropriate engineering.

Power outages of Nepal, its impact and potential renewable energy solutions

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Energy is indispensable in modern society and is one of the most important components of socio – economic development. Nepal is one of the least developed countries with more than 80% of its population residing in rural communities. According to IEA, Per capita electricity consumption of Nepal is 128 units, far below the per capita electricity consumption of Asia which stands at 806 units. India’s per capita electricity consumption stands at 644 units compared to 2,942 units of China. Nepal’s energy sector is dominated by the traditional energy sources such as fuel woods, agriculture residue and animal residue. Access to reliable energy supplies is fundamental for economic development. As humanity’s dependency on electric power increases, large-scale power outages have grown endemic around the world and this has been having a major effect on the lives of people as well as corporate activities. Reducing economic losses by preventing power outages or reducing the amount of time required to recover from power outages is one of the major issues facing smart grids. In addition, Nepal has a huge hydropower potential with technically feasible capacity of more than 43,000 MW. Despite such a possibility, only less than 2% of this capacity has been explored. Present

time in Nepal, has a huge deficiency of electricity. This study was conducted proposed to determine the causes and Impacts of power outages of Nepal and its potential solution by Renewable energy. Exploiting renewable sources for Energy is not only the sustainable solution but also reduces the CO₂ emission in a developing country without fossil fuel resources. Lesson learnt from other countries have been tabulated and presented to the research as an advice for Nepal. However, Nepal can play a great role as a power provider to its neighbouring countries like India and China if Nepal could harness its full potential. India and China needs huge sources of energy to keep their economic growth. In addition, for power exchange Nepal should have to invest huge amount in its infrastructure to send power up to long distance and also the save energy from highest rate of system loss more than 34%. HVDC system, Smart grid and smart metering are such new technologies that really help to keep system in balance and stop Electricity theft. Nepal has to follow the international trend to liberalise its Energy policy and follow the latest energy management system in timely manner. Public awareness can play a great role to reduce the unnecessary drain of electricity. Nepal also has to focus on Renewable Energy Technology like small hydro, Solar PV, Biomass and Wind energy as a fastest solution of power outage since the large Hydro power is more expensive and needs more investment and more time to complete. Nepal's Geographical situation is also not favourable to reach national grid in all of the country. To address the deficiency in energy, more power projects should be built not only for current need but also for the rising demand in future.

Nepal's electricity shortage: a hope in hydropower

Tulsi P Phuyal*, Ramraj Sharma, Bikash Ranabhat *Hydroplan, UK*

With the proud history of commissioning its first hydropower station in 1911 of 500kW, Nepal has an enormous potential of renewable energy, especially in hydropower. The steep mountainous topography with rivers and rivulets of 45,000km long, many of which are

perennial, has endowed the country with an estimated hydropower potential of 83GW. Many factors to blame for, the country so far has harnessed less than 2% of its technically viable potential of 43GW, totalling 800MW over the decade.

Despite the huge potential for cross border electricity trade with its big neighbours, the country is struggling to meet its domestic electricity demand of 1350MW; and ironically, it is bound to import electricity from India to manage its power shortage.

So not only the neighbouring economic giants like China and India, a similar country like Bhutan leapfrogging in exploiting its hydropower potential; what makes Nepal struggle to utilize this matured, reliable and sustainable technology wisely?

Capacity building session: Writing a PhD application

Padam Simkhada

Theme 6: Earthquake/ Disaster Management

Whose heritage? The 2015 Nepal earthquakes and the Dharhara Tower

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On 25 April 2015 the east-central districts of Nepal were struck by a magnitude 7.9 earthquake which killed over 8000 people and displaced 2.8 million. A second quake, magnitude 7.3, struck the same part of Nepal on 12 May, leading to further devastation. The destructive force of these quakes impacted not only on hill districts, but also on Kathmandu. The first online photographs on 25 April showed heaps of rubble in Kathmandu Darbar Square. This gave the impression of very extensive devastation in the capital and led to an early international media focus on the loss of heritage buildings in the Kathmandu Valley.

Edward Simpson has argued that the aftermath of a disaster is 'a product of the longer history of a locality' and it is the aftermath 'that may reveal what is dear' (Simpson 2013: 53). In the immediate aftermath of the 25 April quake, much coverage was given to the collapse of the Dharhara, the tower established by Bhimsen Thapa in 1825/6 to mark 'national independence, unity, Gorkhali pride, progress and advancement' (Nyaupane 2015: 33). Architecturally, the tower was unremarkable, and its historical and political salience for contemporary Nepal might be expected to be contested. However, a 30 May report from the Jajarkot, Rukum and Dolpo districts suggested that it was the news of the collapse of the Dharhara that made the greatest impression on the local population, though many knew it only from photographs, and that for many Nepalis outside the Valley the Dharhara is still the pre-eminent symbol of the city's identity (Gautam 2015)—perhaps because it is secular, not religious. It was also a major attraction for Nepali visitors to the capital: on 25 April, 167 people had bought tickets to climb to its top, and over 150 died when it fell (ibid.) Indeed, the Dharhara became for many Nepalis a symbol of national resilience and pride: in summer 2015 many young people could be seen wearing Dharhara T-shirts, some with bearing the slogan 'we will rise again'.

This paper will ask why it was that the Dharhara tower loomed so large in the Nepali imagination in the immediate aftermath of the 2015 earthquakes, and why it came for so many to symbolise the country's lost heritage, to a much greater extent than the temples and palaces of Nepal's World Heritage sites.

Dealing the disaster: lessons learned from the 2015 Nepal earthquake disaster

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Introduction: The 2015 earthquake in Nepal killed over 8000 people, injured more than 21,000 and displaced a further 2 million. One year later, a national workshop was organized with various Nepali stakeholders involved in the response to the earthquake. The workshop provided participants an opportunity to reflect on their experiences and sought to learn lessons from the disaster. **Methods:** One hundred and thirty-five participants took part and most had been directly involved in the earthquake response. They included representatives from the Ministry of Health, local and national government, the armed forces, non-governmental organizations, health practitioners, academics, and community representatives. Participants were divided into seven focus groups based around the following topics: water, sanitation and hygiene, hospital services, health and nutrition, education, shelter, policy and community. Facilitated group discussions were conducted in Nepalese and the key emerging themes are presented. **Results:** Participants described a range of issues encountered, some specific to their area of expertise but also more general issues. These included logistics and supply chain challenges, leadership and coordination difficulties, impacts of the media as well as cultural beliefs on population behaviour post-disaster. Lessons identified included the need for community involvement at all stages of disaster response and preparedness, as well as the development of local leadership capabilities and community resilience. A 'disconnect' between disaster management policy and responses was observed, which may result in ineffective, poorly planned disaster response. **Conclusion:** Finding time and opportunity to reflect on and identify lessons from disaster response can be difficult but are fundamental to improving future disaster preparedness. The Nepal Earthquake National Workshop offered participants the

space to do this. It garnered an overwhelming sense of wanting to do things better, of the need for a Nepal-centric approach and the need to learn the lessons of the past to improve disaster management for the future.

Nepal's experience in responding to earthquake: Disability sector's/ stakeholders' perspective

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Background: Earthquakes have huge impacts on human infrastructure, lives and livelihoods. They have a detrimental effect on social and economic welfare of all affected; but even greater on older people, children and women, and people Living with disabilities (PLWDs). The role of service providers is crucial to ensure the suffering of PLWDs is minimal at the time of earthquake; and the recovery and rehabilitation process is smooth post-earthquake. **Aim:** The aim of the study is to evaluate emergency preparedness, access to safe evacuation and rehabilitation for people with disabilities during and post disaster and to identify the barriers faced by emergency management services and disability service providers in assisting PLWDs during evacuation and rehabilitation. **Methods:** An extensive review of literature, policies, disability rights and disaster risk management frameworks followed by Semi-structured interviews with 10 representatives from disability related stakeholders was conducted in Nepal during October/November last year. **Results:** Results show that the disability sector in Nepal is engaged significantly in awareness campaign events about disaster risk reduction, capacity building and resilience development designed for relief, protection and mainstream service providers. However, this study identifies a huge gap between trainings, policies and practice as none of the stakeholders have reported of having introduced any pre-disaster risk reduction, or emergency preparedness plans for earthquake to their organisations. Lack of pre-disaster planning led to making emergency short-term decisions and ability to only provided facilities based on what was

available at the time. Lack of coordination reported between the government and different stakeholders caused serious discrepancies in relief materials and service provided in different areas in addition to discrepancies in those service receivers.

Conclusions: Recommendations for trainings on emergency coordination, capacity building, and disaster risk reduction and recovery action planning to local authority and stakeholders should be an integral part of government's disaster preparedness program.

Project management in post-disaster reconstruction of Nepal & the implementation of BIM, a strategy for efficient coordination and planning

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Disasters have a disproportionately heavy toll on developing countries. Within the period of 1994- 2014, 33% of countries that experienced disasters belonged to low or lower- middle income and 81% of people killed due to disasters lived in these countries (ChildFund International, 2016). On 25th of April 2015, a 7.6 magnitude of earthquake struck Barpak in the district of Gorkha, about 76 km northwest of Kathmandu. The quake was followed by hundreds of aftershocks three of which had a magnitude of 6.6, 6.7 and 7.3. The catastrophe severely affected about one third of the total population of Nepal. Residential, government buildings, other prime infrastructures were damaged causing a colossal loss of property and lives. This indicates a need for efficient integration of disaster recovery strategies and regulations in the construction industry. In such conditions, engagement of the construction industry in disaster resilience efforts is a major catalyst in recovery of a nation's economy and establishing welfare of people. Therefore, it is important to shed a light in the significance of construction industry and what is adopted for post-disaster reconstruction procedures to address gaps that require attention. Particularly bearing in mind that Nepal is a developing country and vulnerable to earthquakes and landslides, sustainable planning of processes and management is crucial in rebuild projects

as an economic safety net. Being able to digitalise the working process of construction industry can lead to a philosophy of lean management with minimized waste and maximum productivity outcome. This paper will hence look at such opportunities through the implementation of BIM (Building Information Modelling) as an introduction as

an efficient approach of tackling time delay, cost escalation, quality defects and other aspects of projects failure in the scenario of reconstruction in Nepal.

POSTERS

Environmental change to reduce child injury in low and middle income countries: A systematic review

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Background: Injuries sustained in the home are a significant contributor to the burden of death and disabilities among young children especially those living in Low and Middle Income Countries (LMICs). The objective of this review was to identify and evaluate the effectiveness of environmental change interventions to reduce child injuries and injury hazards in the home in LMICs. **Methods:** Seven electronic databases were searched for randomized controlled trials (RCTs) and controlled before and after (CBA) studies of environmental change interventions designed to reduce child injuries and home hazards and published up to 1 April 2014. Where possible, meta-analysis was conducted using RevMan 5. **Results:** In total four studies were included in the review. Only one study (CBA) reported child injury and three studies (RCTs) home hazards. In the CBA study, child resistant containers were found effective to reduce the incidence of paraffin ingestion by 47% during the intervention period and by 50% after the intervention. Data from two RCTs pooled in a meta-analysis found that a multifactorial intervention (home inspection, safety education and safety device) significantly reduced the post intervention mean scores in the intervention group for poisoning hazards (Mean Difference (MD) -0.77; 95% CI -1.36, -0.19) and burn

related unsafe practices (MD -0.37; 95% CI -0.66, -0.09) but not for fall, electrical and paraffin burn hazards. The intervention (home inspection and safety education, not safety device) used in a single RCT significantly reduced the post-intervention mean scores in the intervention group for fall hazards (MD -0.5; 95% CI -0.66, -0.33) but not for ingestion hazards. **Conclusions:** There is limited evidence to determine if environmental change interventions reduce child injuries but some evidence suggested that they may reduce home hazards. More evidence is needed to determine if altering the physical home environment by removing potential hazards reduces injuries.

Reflections on THET-funded maternal mental health training in Nawalparasi

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Various institutions in UK & Nepal

Background: Bournemouth University (BU), Tribhuvan University's (Nepal's oldest and largest university), Liverpool John Moores University (LJMU) and Green Tara Nepal have recently completed a maternal-mental health training project in Nawalparasi. This project is supported by the Tropical Health & Education Trust (THET) as part of the Health Partnership Scheme, is funded by the UK Department for International Development (DFID) and ran until March 2017.

Maternity care in many parts of rural Nepal is poor - only 36% of women have access to a 'skilled birth attendant' (MOHP 2011). The level of training of health workers in remote areas falls short of the international standard for midwifery. Maternal mortality rates have declined over the past two decades; however it is still high in remote rural pockets. Nearly 16% of maternal deaths are due to indirect causes - suicide and murder being the highest. Perinatal mental health awareness is low and very much associated with stigma, moreover mental health issues in women as often made worse by the low status of women in society.

Community awareness and skilled first line help from health care workers is a step to protecting and maternal mental and emotional well-being. THET funding helps to send UK volunteers to work together in Nepal with health care providers and experts in curriculum design. Training community health providers through workshops can help them in their communication with experts, pregnant women & new mothers and women's families. Our project: (a) assessed learning needs and expectations of community health workers; (b) designed & planned six interactive workshops to increase skills incrementally (repeated three times to different staff to maximise exposure); (c) re-test learning; and (d) produce draft curriculum, and disseminate in Nepal and internationally. This poster highlights some of the experiences and feedback from both UK volunteers and Nepali community-health workers.

Road traffic injuries in Nepal: A study of causes, patterns and control measures

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Background: The world health organisation (WHO) confirmed that road traffic injuries (RTIs) are burden in public health, contribute 1.3 million deaths each year. It also a problem in low-middle-income countries as an "epidemic disease", ranked ninth for deaths and injuries in the world, and will become the fifth by 2030. Nepal is a low-income country with rapid urbanisation and the numbers of motorised vehicles increasing with it. The traffic police

directorate highlighted 13,582 road accidents among which 1,816 died (2012/13). Crashes involving long-haul passenger vehicles connecting to Kathmandu and other cities contributing large number of deaths and injuries. **Aims:** To quantify, characterise and interpret trends in road crashes over a five-year period (2011-2015) in Nepal. **Methods:** Two approaches will be adopted. The first phase of research will employ with reviewing of secondary data recorded by police. A data extraction checklist will be developed based on the variables recorded by the police. Again, the data will be composed from primary sources as the second phase of the study. It will be delivered by conducting in-depth interviews with the 'key stakeholders' using checklist. **Plan:** The secondary data will explore patterns and causes including detailed information of crash database variables such as time of the day; day of week; age and size of vehicles; types of road; areas; casualty types and vulnerable age group will be extracted from secondary datasets. The association between these variables and RTIs will be explored in this study. Grey literatures will be studied and cross referenced with the secondary data. The qualitative data will be analysed with thematic analysis. It will identify the impacts on the families caused by RTIs and examine the stakeholders' understanding and experiences about RTIs. Both quantitative and qualitative findings will be triangulated in the final discussion. This study will raise awareness about impacts of RTIs on human lives and economy of Nepal.

Ageing well in Nepal? Qualitative analysis of social and health care needs of older people in Dhading

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Background: Ageing and older people's care is a new endeavour in the context of low economic country like Nepal. It is very difficult to derive the clear concept of successful ageing due to the attitude and the assumption towards the older people in the Nepalese society. There is less attention in Nepal, where older people's health and social care is less of a government priority. **Aim:** The main aims of this research are to explore and analyse the ageing experience of

older people residing in the Dhading district of Nepal and develop recommendations for improving local health and social welfare needs of this population. **Methods:** This research study is based on qualitative approach and has employed semi-structured interviews and focus group discussions (FGD). **Study design:** This research is comprised of 2 key phases. In first phase of research study, semi-structured interviews with elderly people aged 65 years and above will be employed in which a number of open ended questions will be included to explore the subjective feeling and self-evaluation of their health and social care needs, experiences, expectations and problems. In the second phase of the study 8 focus groups will be carried out among elderly members of the community and other key stakeholders. Each focus group will consist of 6-10 participants depending upon the availability and type of group of participants. **Implications:** It is anticipated that the study will assist local stakeholders in planning procedures, changing and forming new regulations or modifying the existing strategies to improve health and social care facilities in local level. Most knowledge so far on ageing in Nepal is focused around the Kathmandu valley area, so it is anticipated that this study will provide a different perspective.

Water user groups in smallholders' irrigation schemes in developing contexts: Characteristics, function, efficacy, problems and solutions

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Background: Small holder farmers (SHF) in Nepal and other low-income countries have limited size of farm and are mostly dependent on family labour. Majority of SHF live in rural areas and generally major economic activity is based on subsistence agriculture. However, producing and storing sufficient food for smallholders in wet-dry tropics is a challenge and famine is frequently occurring problem. One of the pivotal reasons behind the famine is low agricultural productivity related to lack of water. Huge investment has been made in water management activities; however, the water management schemes adopted by SHF in

developing contexts are not effective. Managing irrigation water to achieve better production and economic results from agriculture has been a challenge. **Aim:** To identify characteristics, function, efficacy and problems of water user groups (WUG) in small-scale irrigation schemes in low-income countries. **Methods:** a narrative review searching scientific publications through key electronic databases (141 references) as well as grey literature through different sources such as free Google searches, visiting relevant organization's websites and by contacting key persons (55 references). **Conclusion & key recommendations:** Multiple factors limited performances of irrigation schemes comprising issues around managerial aspect, social, economic as well as technical and technological. For the successful implementation of small-scale irrigation schemes in developing contexts, it is crucial to a) manage effective structure of WUGs to attain effectiveness infrastructure as well as proper allocation of irrigation water; b) prioritize and allocate maintenance budget regularly; c) coordinate different tiers of management level; and d) adopt appropriate technological interventions suitable to particular landscape and beneficiary group.

Factors affecting health facility delivery in rural Nawalparasi district of Nepal

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Objective: In Nepal, both percentage of women giving birth at health facility and proportion of birth assisted by skilled birth attendant is very low. The purpose of this research was to investigate the factors related to health facility delivery in two levels of care in Nepal: primary health care and tertiary health care facilities. **Methods:** A cross-sectional household survey was conducted in seven villages of a district lying in plain area of Nepal: Nawalparasi. A structured interview questionnaire was developed and administered face-to-face. Descriptive analysis along with chi-square test and multinomial logistic regression was used to identify the predictors of institutional delivery. **Results:** Women were significantly more likely

to deliver at health care facilities compared to home if the distance was less than one hour, belonged to advantaged caste, had radio, television and motorbike/scooter, decision maker for place of delivery was husband, reported their frequency of antenatal (ANC) visits at 4 or more and belonged to age group 15-19. **Conclusion:** Women have less control over making decisions related to their choice for place of birth rather it is mostly made by husbands. The findings highlight importance of having four or more ANC visits to the health institutions and that it should be located within one-hour walking distance. Inequity in utilisation of delivery services at health institutions exists as showed by low utilisation of such services by disadvantaged caste.

Food belief practices amongst rural and urban mothers in Nepal: A qualitative overview

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Background: Mothers in Nepal misunderstand the role of healthy eating to combat nutritional problems in their children. These beliefs and attitudes can result in the improper feeding of young children which can lead to several complications, particularly in preschool-aged children.

Objective: To study food beliefs and attitudes, and behaviour of mothers related to feeding preschool aged children and key barriers to healthier eating.

Methods: A qualitative research comprising seven focus groups discussions of 50 participants in total. Focus groups were recorded and transcribed, translated and the data were analysed using a thematic analysis.

Results: Our focus groups identified six key themes related to food beliefs such as poverty, knowledge, resources, policy, environmental effects, and beliefs and cultural influences. For example, one participant stated '*...many families, around my working area, believed that feeding of pregnant women a lot of food will make delivery difficult, so they even reduce the amount of food once they notice the pregnancy. Thus, I have observed that many pregnant women are being prevented from (eating) healthy food*' (FGD, Mothers' Group).

Conclusion: Mothers' attitudes and views appear to be poorly-informed. Mothers from

both rural and urban communities had high faiths in spiritual healers. A public health approach is needed to address nutrition problems associated with behaviour.

Mental health among ethnic groups with diabetes in the UK

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Mental health among ethnic minority groups living with diabetes in the UK is an area that requires urgent attention from the research communities in UK. Globally diabetes affects more than 422 million people while in the UK more than 4 million people are affected by diabetes. Ethnic minority groups in the UK are at least six times more at risk of developing diabetes than the general population. In similar trend, mental health has been reported to be more prevalent among ethnic minority in the UK. Already ethnic minority groups experience poorer health outcomes from diabetes leading to complications like mental health. This is because diabetes and mental health have two-way relationship.

The purpose of this presentation is to highlight the need for ethnic minority specific research into the extent of mental health issues among the growing number of ethnic minority groups living with diabetes in the UK. This therefore requires that research communities focus more on the issue of mental health among ethnic minority groups living with diabetes in the UK. Review of factsheets surrounding Mental health and diabetes among ethnic minority groups has been brought together to point out this area that has witnessed limited research among healthcare researchers. The economic and clinical burden of the issue of mental health has been highlighted to reiterate the need for research and clinical efforts to prevent mental health complications among ethnic minority groups living with diabetes in the UK.