MULTI-SECTORAL IMPACT OF THE COVID-19 SECOND WAVE IN NEPAL 2021

KEY FINDINGS FROM A RAPID ASSESSMENT/ HOUSEHOLD SURVEY
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EXECUTIVE SUMMARY

The second surge of COVID-19 in Nepal is having increasing ramifications amongst the most vulnerable in Nepal – on livelihoods, food security and nutrition, health, education, and protection. Restrictions on movement and lockdowns have affected all aspects of life, from the ability to earn a living, to attend school, to procure food and medicine, and to access health services and routine vaccinations.

World Vision International (WVI) Nepal’s analysis of the impact of COVID-19 on households affirms the need for a multi-stakeholder response to respond to the ongoing effects of COVID-19. At the time of the household survey, which this brief is based on, Nepal was experiencing a second wave of COVID-19 and reporting low rates of vaccination. With active intervention and support for vulnerable households, the most significant impacts can be reduced.

Introduction

In May 2021, alongside UNICEF, WVI Nepal carried out a rapid needs’ assessment exploring the impact of the second wave of COVID-19 on the lives of people and communities in Nepal, including children.

The rapid assessment (phone survey) used a semi-structured questionnaire and was conducted in 15 districts, engaging 1346 respondents – 657 adults, 689 children. 51% of the adults were women, and 44% were between 30 to 39, the average age being 37 years. Nearly half (49%) of respondents were from semi-urban areas (municipalities) followed by 44% from rural and 7% from urban settings and an average household size was 6.3. 51% of the children were female, the average age being 14 years and most children (81%) between 12 and 15 years, from Brahmin/Chettri (36%) followed by Janajati/Adivasi (29%), Dalit (23%), Muslim (7%), Madhesi (6%) and others (0.7%).

This policy brief sets out the key findings of the rapid assessment and recommendations for stakeholders to collectively address the impact of the second surge of COVID-19 across multiple sectors on the most affected population. These recommendations will be essential in addressing potential future surges and supporting social-economic recovery in particular areas such as livelihoods, food security and nutrition, health, education, protection, and disaster reduction.

This brief is also intended to complement other policy and programme based on past and ongoing assessments of the ongoing impact of COVID-19 on the most vulnerable in Nepal. For WVI Nepal, preparedness plans for future COVID-19 surges and adaptation of its current child-focused multiple sector programmes across 14 districts and 6 provinces, have also taken the recommendations into account.

The Second Wave of COVID-19 In Nepal

At the time of the rapid assessment, Nepal was struggling to contain a second wave of COVID-19 infections and experiencing an acute shortage of oxygen, intensive care beds, and...
ventilators. The second wave of COVID-19 in Nepal has primarily affected younger adults with more than 50% of tests in this age group coming back positive\(^1\). The Ministry of Health and Population (MoHP) data shows COVID-19 infections increasing across the country after the relaxation of restrictions on movement which were imposed at the end of April\(^2\). A total of 670,017 cases of COVID-19 have been reported and 9,695 deaths, and cases are currently rising with 2,875 new infections every day. Nepal has administered 4,743,274 doses of COVID vaccinations, enough to give 8% of the population 2 doses\(^3\).

Ongoing restrictions on movement have had a wide-spread impact on people’s livelihoods and ability to go out to work. 50% of households in Nepal have lost their source of income, with most of them not in receipt of any form of assistance and one-third of the population reporting a shortage of food, medicines, cooking fuel, soap and toothpaste\(^4\). Those in the informal sector - over 50% of enterprises - are at risk of falling into extreme poverty\(^5\).

According to the Central Bureau of Statistics (March 2021) - Nepal’s economy is in negative growth due to COVID-19 pandemic; however, the economic growth in the first quarter of the fiscal year (2020/21) shows an improvement from -15.4 to -4.6 percent growth. Remittances from Nepali workers abroad have defied expectations.

They have risen to NRs 729.02 billion (USD 6.23 billion); a 16.5% increase from the same period last year\(^6\) and may be due to specific countries - where Nepali workers typically migrate for work - continuing to do well.

A high influx of migrants from India to Nepal, and vice-versa over April and May, further increased the risk of COVID-19. It has been difficult to accurately assess how many migrant workers returned home to Nepal with estimates of 27,000\(^7\) since the end of April 2021 to “hundreds of thousands”\(^8\). Meanwhile, over 9,000 individuals have crossed the border to India in search of jobs. Every day, 200 to 400 Nepali migrant workers cross the Trinagar-Gauriphanta border in Sudurpashchim Province into India\(^9\).

Lockdowns have taken a heavy toll on children. A joint UNICEF and Save the Children report estimated that the number of children living in poverty in Nepal grew from 1.3 million children pre-pandemic to 7 million as a result of the economic lockdown\(^10\). COVID-19 has also negatively impacted the education sector in Nepal, where around 7 million students from 36,000 schools and around 500,000 from university level have had their education interrupted due to lockdown. Increased gender-based violence (GBV) and Violence Against Children (VAC) has been observed with the emergence of lockdowns in the country.

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\(^2\) Focused COVID-19 Media Monitoring, WHO Nepal, 9 July 2021
\(^3\) Reuters COVID-19 Tracker, 26 July 2021
\(^4\) Child and Family Trackers - Rapid Assessment on Job and Additional Income Loss Preliminary Findings, UNICEF, May 2021
\(^5\) COVID-19 impact on Nepal’s economy hits hardest informal sector, World Bank, 8 October 2020

\(^6\) More remittance, more than remittance: Remittances from Nepali migrants overseas rises, defying expectations, Nepali Times, 13 May 2021
\(^7\) Nepali migrant workers start returning India amid COVID-19 pandemic, Indian Express, 6 June 2021
\(^9\) Nepali migrant workers start returning India in search for jobs amid COVID pandemic, Indian Express, 6 June 2021
\(^10\) 150 million additional children plunged into poverty due to COVID-19, Save the Children say, UNICEF, 25 September 2020
KEY FINDINGS

Food Security, Livelihoods and Nutrition

Restrictions on the movement of people and commodities have severely limited people’s ability to earn, access necessities and commodities, and enjoy food security. This has affected the most vulnerable significantly: women headed households, people living with disabilities, primary food producers, daily wage earners, remittances from India and migrant workers, the informal sectors and those living outside the Terai (plain) areas. Negative coping mechanisms during this second wave of COVID-19 indicate an increase in vulnerability and reduction in resilience to further crises.

Uptake on Social Protection Programmes

Continuous lockdowns restricting movement and therefore the ability to earn livelihoods and access essentials, and the limited provision and accessibility of social protection schemes are contributing factors to the food insecurity status in Nepal. The rapid assessment reported that only 64% eligible households are continuously receiving social protection benefits during COVID-19. Noting that, in comparison to other countries, the extent and reach of social protection schemes in Nepal is still relatively limited, not always comprehensive and, as a significant percentage of the workforce is engaged in the non-formal sector, they are not eligible for many of the existing schemes.

HIGHLIGHTS

- Income reduced by two thirds, from 15,000/month (USD130) compared to pre COVID-19 levels of almost 5,000 (USD43).
- 86% of respondents took loans and 22% reduced consumption; 17% sold non-essential household items.
- Severe food insecurity has almost doubled during COVID-19; from 19% prior to the pandemic to 35% of households during the second wave.
- On average, female headed households (39%) are more severely food insecure compared to male headed households (33%).
- 72% of households do not have access to the recommended minimum food diversity.
- Only 56% of respondents were able to meet the essential needs of their family.
- 85% of respondents in Karnali Province and Province 2 reported that their income was affected by COVID-19, 47% and 33% respectively are unable to meet their daily needs, and 58% and 54% are severely food insecure.
- 80% of female headed households reported that their income has been negatively affected by COVID-19.
- Agricultural products (57%), daily wages (49%) and remittances from India (16%) were the top three sources of income affected.
- Expenditure on education decreased significantly during COVID-19 from being a prime source of expenditure amongst 89.8% of respondents to 46%, expenditure on food remained consistent, and expenditure on health dropped by 5%.
Key Recommendations

1. Consumption support to those families who have been adversely affected by COVID-19 needs to be rolled out more comprehensively. This could include conditional cash support to affected families, planned in coordination with local government and cash for work interventions - with safety measures in place for COVID-19 prevention.

2. Agri-input support to affected families who depend on farm-based interventions should be considered. Livestock/poultry could be supported and small business support - such as business plan development and supporting the construction of chicken sheds - to families who rely on small-scale business and whose business has been affected due to lockdown.

3. Income generation activities and skill development interventions with initial setup costs that help people earn money to meet household expenses and alternative livelihood options to create a diversified source of income should be supported.

4. Increase coverage of the government’s Social Protection Programme to support most vulnerable household including female headed households and social protection for children. INGOs like World Vision can support the local government to improve targeting, information on how-to access social protection programmes and monitoring the effectiveness of its implementation.

5. Accelerate linkages to market and cash voucher programming in order to stimulate the local market economy and increase access (see box below).

MARKET ACCESS AND CASH VOUCHERS PROGRAMMING ACCELERATION

- 44% of respondents reported that shops are fully functioning, enabling their access to essential food and hygiene items. 43% noted that these shops are able to meet their current needs. This reflects that almost half of the local markets are functional - mostly in Lalitpur (87.5%) followed by Udayapur (68.8%) - though only able to provide less than half of the basic requirements of the people in the local area.

- 87% reported that the market price has increased for essential goods. The increase in price of essential goods further reduces people’s purchasing power.

- Only 26% noted that they were able to access agriculture inputs during COVID-19 and only 13% were able to sell their agricultural farm products.

- A significant portion of people (69%) were not able to access loans for managing essential needs. At the same time, 69% of respondents do have access to financial institutions including banks (60%), cooperatives (54%) and saving credit groups (39%). A low rate of access to credits and loans could be because of the requirements of documentation, physical inability to access financial institutions and low awareness on dealing with financial institutions.

- Mobile phone coverage is high. 91% of respondents have their own mobile phones and 60% were able to send and receive text messages. The use of online mobile banking for financial transaction/support is a possible option during COVID-19.
**Water, Sanitation and Hygiene**

Generally, access to water, sanitation and hygiene is good, with only some concern around access to household and hygiene cleaning products - only 59% have access to household hygiene and cleaning products during COVID-19 - increasing the possibility of spreading infectious diseases amongst 40% of households.

**Health**

There are concerns around low rates of routine immunization, low testing rates, and lack of access to medicines, driven by a lack of low income, travel restrictions, unavailability of health workers or fear of transmission of COVID-19 while seeking services.

The low number of tests and high (almost 1 in 5) rate of infection reflects the possibility of further community transmission of COVID-19 and preventive measures are still needed to control further spread of the disease. The reasons for unwillingness to seek health services need to be explored and necessary action should be taken so that people will seek these whenever required.

**Education**

Most children are staying at home and/or schools remain closed during COVID-19 lockdowns. The ability of caregivers to support learning at home, and the accessibility of learning tools – including online, virtual, and physical – varies, most significantly affecting vulnerable rural households. The closure of educational institutions has led to the postponement of all national level examinations and formal education has largely discontinued at schools. Learning and skills development of students has been affected, impacting student assessment, drop-out rates, and advancement into upper grades without the development of the requisite skills. Where responses differ between adults and children, this may be explained by adults and children surveyed being from different households.

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FURTHER KEY RESULTS

- Amongst adults surveyed, more than 90% of respondents identified the reported closure of school as the prime reason for not going to school. However, when schools have been open, 5% of respondents indicated that teachers are unwilling to teach.

- Out of those accessing school virtually (7% of child respondents), 98% of children are using online platforms like zoom and google meets, and the remaining 2% are accessing learning through radio. All the children from semi-urban and urban districts reported that they used online platforms for accessing school compared to 50% from rural areas.

- 41% of children reported that guardians are available for and able to support children’s learning at home fully, followed by 54% partially (65% identified by adults) and 5% not at all (9% adults).

- There are three primary factors preventing guardians from supporting their children to continue their education during the pandemic; not having relevant materials (38%), affordability/learning at home is expensive (34%) and not knowing what to do with the learning materials and gadgets (32%). Only 38% of adults are aware of available alternative learning services/support for children to continue learning at home.

- Learning materials such as 1. basic stationery, 2. supplementary reading, 3. other paper-based learning materials, 4. self-learning materials, and 5. online classes were the top five types of support requested by households for effective learning during lock-downs.

- Almost all (94%) children have access to basic stationery (copy paper, pen, pencil, color, eraser, sharpeners) followed by self-learning materials (28%), radio (18%), television (12%), while only 9% have access to online learning materials (whether that is due to availability of devices or internet and the challenges of topography).

- Adults reported that a lack of learning materials or books (52%), distractions or lack of learning environment at home (47%) and lack of guidance or teachers (47%) are the top three learning constraints for children living with disabilities for home-based learning.

- The lack of learning materials or books (60%), lack of guidance or teachers (60%) and no interest on study at home (43%) were the primary three challenges for children living with disabilities for home-based learning.
Key Recommendations

1. Improve quality of learning during school closures, this may include but not limited to:
   a. Develop creative and locally produced learning materials in cooperation with the teachers and school management committee for online learning where it is accessible.
   b. Supplementary reading materials in adequate numbers to households having children can support continuous learning during lockdown.
   c. Equip schools with adequate materials, as well as guiding policies and practices and training for educators, for safe and inclusive school reopening, as well as resources and opportunities for 'catch-up' learning for those who discontinued learning during lockdown.
   d. Expand the coverage of virtual learning through community radio and TV programmes.

2. Strengthen parent and community participation to support learning, this may include but not limited to:
   a. Engage and encourage efforts in continuing home-based education, including orientation to caregivers on the importance of engagement in children's learning, especially during lockdown. This can include awareness of alternative and locally contextualized learning.
   b. Alternative approaches to the education of children need to be explored that can reach a higher proportion of children in the community – helplines, peer learning, mobilizing local teachers/Reading Camp Facilitators for door-to-door or small group services in the community.
   c. Empower parents in the development and use of teaching learning materials using local resources to encourage continued learning at home.

3. Develop inclusive resources for children living with disabilities such as learning packs in different formats, provide technology and media in a variety of accessible formats, and empower and provide targeted guidance to caregivers to support learning.

Protection

Results from respondents who are caregivers (parents or guardians) indicate that children are more at risk of abuse and violence during the second wave of COVID-19 and that caregivers have varying levels of capacities for engagement when children display negative behavior. Children noted changes in the behavior of caregivers, an increase in violence in their communities (also noted by adults), and a lack of knowledge - and accessibility - of child protection mechanisms.

The negative effects of COVID-19 are compounded for marginalized groups within the disability community. People with disabilities, especially children with disabilities, are significantly less involved in social life; they are less likely to make and maintain friends, have intimate relationships, and be included in household life and decision-making. Likewise, women and girls with disabilities face discrimination both on the grounds of their gender and on the grounds of their disability status.

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12 Disability Inclusive Development Nepal Situational Analysis, Institute of Development Studies, June 2020
• 19% of respondents reported that they don’t have time to engage with their children.

• Adults in the rapid assessment reported that one quarter of children have shown a negative change in personality or behavior during lockdown.

• 33% of children reported feeling unsafe and insecure and 4.6% reported being impacted by cyberbullying.

• 20% of respondents were unable to handle the changes in their children’s personality.

• 17% of children reported that their siblings/friends showed a negative change in personality or behavior during lockdown.

• 9% of children noticed recent abuse or violence happening among children in their neighborhoods.

• Children from Mahottari (36.4%), Sarlahi (28%), Lalitpur (25%), Sinduli (22.6%) and Rautahat (14.9%) were the top five districts where children reported that they don’t feel safe at all.

• Only half of children know where to report cases of child abuse and violence.

HIGHLIGHTS

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FURTHER KEY RESULTS

• Parents engaged their children during partial and complete lockdowns in 3 main ways: supporting their education and distance learning (63%), playing and fun activities with children (56%), and storytelling (33%).

• Main concerns expressed by the children included missing school (65%), worry about getting sick (57%) and missing friends (54%).

• 80% of adult respondents reported that they were able to handle the changes in their children’s personality.

• Positive encouragement (84%), assigning housework or other chores and/or giving extra homework (40%) and providing other activity or toys to divert attention (23%) were the main strategies adults undertook to deal with children. In addition, 21% indicated yelling, shouting, threatening children and 6.2% used physical punishment to discipline children. It is worth noting that respondents were able to indicate more than one method.

• 50% of children reported that 1. giving housework or other chores to do (including asking to study), 2. yelling, shouting, name-calling, threatening (47%), 3. taking away toys or other possessions (31%), 4. physical punishment (25%), and 5. ignoring/neglecting children (21%) were the most common approaches adopted by parents to discipline their children when they misbehave; reflecting that parents are adopting negative approaches to discipline their children.

• Physical play (55%), studying (48%) and helping parents in household chores (36%) were the top three activities children were engaged in during COVID-19 lockdowns.

• Quarrels with friends and family without reasons, feeling loneliness, and limited engagement/play with friends were some of the changes highlighted by children.

• 7% of adult respondents reported seeing more violence and abuse in their community since the lockdown began. Violence against children (50%), child labor (39%) and gender-based violence (35%) were the top three incidences indicated.

• The highest rate of incidence of violence noted by children was in Mahottari (27%), Kailali (21%) and Udayapur (17%) districts while lowest was noticed in Lalitpur, 11% of children in rural areas noticed abuse or violence compared to 4% in urban areas.

• 7% of children reported that child abuse or violence/neglect
increased in their community during COVID-19 period. Disaggregated by districts, children from Mahottari (32%), Kailali (19%) and Udayapur (17%) noticed increased in child abuse or violence/neglect during COVID-19. Children from rural areas (9%) and children from Muslim community (14%) reported higher increase in child abuse or violence/neglect during this period.

• Only 46% of children reported that they have access to child protection mechanisms during COVID-19 context. 66-77% of children across 5 districts Children from Kanchanpur (77%), Lamjung (74%), Jumla (68%), Sarlahi (66%) and Rautahat (66%) reported not having access to child protection measures. Disaggregating this by caste/ethnicity, nearly two in five Madhesi children did not have access to child protection measures. This clearly reflects that there is lack of knowledge among children on reporting child abuse and violence mechanisms in community. Furthermore, there seems to be low accessibility among those who are aware of the mechanisms.

• Of all the respondents, 77% of children feel safe most of the time from danger and violence in their community followed by 13% who feel safe some of the time and 10% that don’t feel safe at all.

• 26% of children reported that they were always happy staying at home during these days followed by most of the times (13%), sometimes (43%), very rarely (7%) and not at all (11%). More time with family (70%), more time to play (48%) and no school/less homework (42%) were the prime reasons for their happiness. No contact with friends (55%), no time for education (37%) and not being able to go outside (26%) were the top three challenges for children staying at home.

**Key Recommendations**

There is room to improve by supporting the one in five parents who are struggling to support children amid COVID-19.

1. Parents and guardians need support to create a protective environment for the children at the household level; such as child friendly awareness activities optimizing digital platforms to raise the awareness on the utilization of child protection mechanism in the communities, and engaging parents in positive parenting techniques to reduce the adverse behavior adapted by parents in name of disciplining children.

2. Psychological and life-skills support can be helpful for parents and children to cope with the impact of COVID-19 and other disasters, and there is a need for psychological support for children to promote their wellbeing while they stay at home.

3. Provide information to children on how to report child abuse case when they observe one as only half of children know where to report cases of child abuse and violence.

While respondents noted Child Protection issues in the community, there was little discussion on GBV indicating a need for deeper analysis regarding GBV related risks and incidences including utilizing other assessment report focusing more on this aspect.

**Disaster Risk/Monsoon**

Nepal is likely to receive ‘above normal rainfall’ for the first time in many years this monsoon. While this is expected to boost the economy, households surveyed noted inadequate monsoon preparedness.
HIGHLIGHTS

- 29% of families have been affected by monsoon hazards within the last two years and 57% were affected by floods, 61% by landslides.
- Only 15% of respondents noted that they are fully prepared to cope with the impact of the monsoon while 54% were partially prepared and the remaining 32% are not prepared at all.

Key Recommendations
1. Local government to continue efforts to strengthening early warning system and engaging community members in preparedness activities can be helpful in minimizing the impact of monsoon in collaboration with other development partners and local and international NGOs.
2. Advocate local government for the establishment of seed banks, identification of safe places during disaster and conveying those messages to community people.
3. Disseminate monsoon related (focus on flood, landslide, water borne diseases etc.) and pandemic awareness raising messages through the local radios, IEC materials, events, celebrations and campaigns.

COVID-19 Risk Communication

Generally, respondents have a level of knowledge of COVID-19 and are aware of preventive measures, but a gap between knowledge and practice in relation to limiting the spread of COVID-19 is evident.

84% of respondents have heard COVID-19 related messages broadcast on FM/radio (74%), television (48%) and mobile voice messaging (IVR) (45%). However, 16% of people never heard messages regarding COVID-19 broadcast, almost half of these were from Udayapur (48%).
- 82% were aware of preventive measures (those who can say at least SMS technique as preventive measures were considered aware in this context).
- 75% are aware of who to contact if they show any COVID-19 symptoms.
- Children noted that mothers (78%), father (13%) and grandparents (3%) were the primary caregivers during COVID-19. 73% of children share their issues with mothers, followed by fathers 17%. Empowering mothers with correct information can be helpful to cascade information to children.

Key Recommendations
1. Consider conducting a barrier analysis to understand the gap between knowledge and practice.
2. Promote the risk communication and behavior change messages utilizing different platforms to reinforce that maximum people will use the preventive measures against COVID-19.
3. Consider different measures for reaching different groups.
4. Disseminate government’s different initiatives like toll-free for COVID-19 counselling and other in the community for improving the access to services.
5. Support the dissemination of information on the government of Nepal’s vaccination drive via existing channels.
Buying food (95%), accessing health treatment (88%) and continuing education (77%) were the top three concerns of respondents for upcoming six months; this is exacerbated by the severe impact of the loss of livelihoods due to lockdowns and restrictions on movement, leading to severe and increasing food insecurity, access to healthcare services and medicines, education and access to protection services.

The negative effects of COVID-19 are compounded for the most vulnerable - women, girls and persons with disabilities - who are unable to access social support due to lockdowns, experience disproportionate levels of joblessness and discrimination, and increasingly higher levels of violence in the home.

The response to the impact of COVID-19 will require policy and programming options at multiple levels and by multiple stakeholders - national and local government, communities, development partners, local and international NGOs.

Until most of the population can be vaccinated, restrictions on movement are likely to be continued, worsening already deepening vulnerabilities. The Government of Nepal and its development partners will need to remain flexible and respond to ongoing impacts.

CONCLUSION

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