

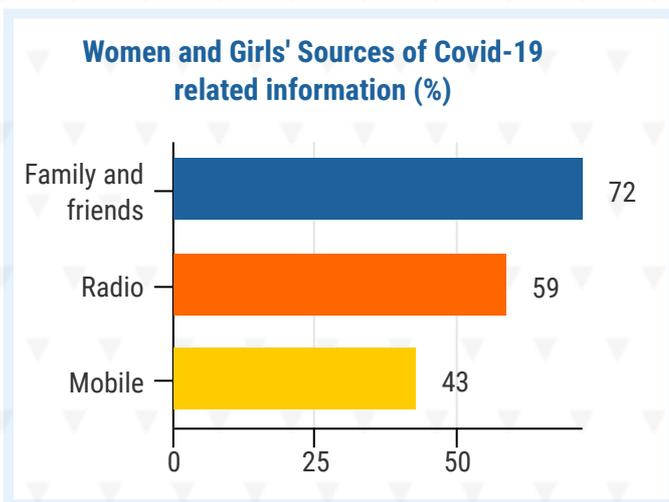
MAJOR FINDINGS

Access to Basic and Other Services

Marginalised communities, as well as women and men with chronic illness, older people, pregnant and lactating women, and people living with disabilities find it difficult to access basic services such as food and health services including reproductive health services.

The current relief measures and quarantine services have failed to address the specific needs of groups such as lactating mothers, pregnant women, women with new-born babies, gender and sexual minorities and Muslim women.

Access to information and Media



Participation in Decision-making

There has not been any significant positive change in decision-making of women as a result of the pandemic.

A total of 64% of the respondents are members of women's organisation but these organisations find it difficult to participate in the design of the COVID-19 response at the local levels, highlighting impacts of gendered norms around participation and decision-making.

Most affected groups include wage workers, farmers, landless women, women working in Adult Entertainment Sector (AES), women from Dalit and Madhesi communities, gender and sexual minorities,² women from geographically disadvantaged locations, women with disabilities, adolescent girls, women whose husbands are abroad, displaced women, and those living with HIV AIDS.

Livelihood and Income

337% Rise in the number of women not involved in any paid work

83% Women Lost their Jobs and income

The pandemic is likely to aggravate food insecurity among the already vulnerable groups, such as landless women, women-headed households with no savings, returnee women migrant workers and single women owing to loss of income.

Those hardest hit are women daily wage-workers, women working in the entertainment sector, brick kilns or those who operated their own businesses.

The current condition of joblessness and loss of income are likely to further impoverish vulnerable groups and push them to accept more risky jobs as a survival strategy.

To date the impact on the agriculture sector does not seem to be severe. However, this study predicts that repercussions may be seen in the coming months, due to loss of investments (by 17%). Nevertheless, positive impacts such as returnee migrant workers (males) supporting women in vegetable farming and sale of vegetables through collective centres in Haat Bazaars have been seen through local government interventions which banned the imports of vegetables, particularly in Rasuwa and Gorkha.

Gender Roles and Responsibility

Women's unpaid care workload has increased as a result of the lockdown imposed by the government to contain the spread of COVID-19, as all the family members are staying back at home and more so with the return of migrant family members, school closure and hospitals not prioritising non-COVID-19 patients' admission and care. Domestic workers have to now work between 18-22 hours each day, instead of the usual 6-10 hours. Household and care work burden has not been shared equally among other family members owing to the traditional gender division of labour that assigns women the primary role and responsibility of household and care work.

A lack of coping strategies has increased emotional and physical problems causing stress and anxiety among women and girls.

Women are losing control over emergency savings that they traditionally used for household emergencies because men are using the savings to cater to their personal needs. Women's lack of decision-making and ownership of assets has remained unchanged.

² Gender and sexual minority refers diverse non-binary people including LGBTIQ+.

Protection

Intimate Partner Violence (IPV) including marital rape, domestic violence and gender-based violence (GBV) have increased considerably during the lockdown period. Women from marginalised groups including women in the entertainment sector, gender and sexual minorities, wives of migrant workers, displaced women and adolescent girls are the among most affected. **Current mechanisms to respond to GBV during the lockdown period have stopped functioning thus exacerbating their vulnerabilities to violence.**

RECOMMENDATIONS

Short-term

Address the current shortcomings in all quarantine centres and improve the facilities that ensures the safety, security, dignity and specific needs of vulnerable and excluded groups in line with the GESI Monitoring Checklist by linking existing referral service mechanisms with adequate human and financial resources through consultations with local groups.

Engage women networks and excluded groups in the high-level committee formed for COVID-19 response mechanism and ensure their increased meaningful participation and representation in coordination mechanisms at all levels.

Provide immediate support to ensure food security of the most vulnerable households, including through unconditional cash transfer and in-kind assistance by adjusting social security allowances, livelihood and relief support provisions to adapt to the needs of marginalised (intersectional) groups that are currently excluded including doing away with cumbersome processes such as presenting identity documents to access relief support/materials.

Strengthen sex, age, diversity, and disability data recording and analysis for all crisis situation to mainstream gender responsiveness in all humanitarian actions.

Ensure access to information for all in the community through the use of different information channels and local languages. This includes the use of community counselling and hotline services, collaboration with media houses, and various actors to make information accessible to marginalised people and especially to those that have no access to information.

Prioritise GBV cases for adjudication by the judiciary in dealing with impunity specially during crisis situations.

Women who were already in abusive family relationships are **trapped now in homes with their perpetrators 24/7** in the house during the lockdown, **exposing them to increased control and restriction on mobility by their abusers.**

The stress of losing income, added household work and expenditure, depletion of savings, along with physical violence, has resulted in **increasing mental health issues for both women and men** with incidences of suicide on the rise.

Conduct orientations to sensitise health workers on ensuring the safety and dignity of patients, as well as on the specific needs of women, girls, LGBTIQ+, elderly people, people living with disability and HIV/AIDS and other vulnerable groups.

Mobilise FCHVs as essential health workers and other health professionals to resume door-to-door services primarily for pregnant and lactating women, without adding to the increased work-burden and health risks of women and FCHVs.

Roll out the Comprehensive Essential Package in line with ILOs Social Protection Floor 2012 number 202 for vulnerable and excluded groups to compliment the ongoing efforts of the GoN.

Recognise GBV services as essential services by rolling out the Comprehensive Essential Packages (health, legal, safe shelter psychosocial counselling, referral, and empowerment) and building the capacities of One-stop Crisis Centres and other service providers for providing services and meaningful support to the GBV survivors and others who are in need of such services by collaborating with various stakeholders including the private sector for providing such comprehensive essential packages.

Emphasise operationalising of local collection centres for marketing of locally produced goods including agricultural products as has been practiced by the local government in Rasuwa.

Focus on inclusion of women in health and other sectors including in the security sector to ensure gender responsiveness in COVID-19 and other humanitarian crisis responses.

Disseminate simple messages to raise awareness about the negative impacts of COVID-19 to eliminate VAWG; stigma and discrimination against frontline health workers, returnee migrant workers, and Muslims in spreading COVID-19; sharing of household work to lessen the burden of increased household and unpaid care work on women and adolescent girls; and, transform social norms.

Ensure women and girls have access to safe and comprehensive sexual and reproductive health services that are aligned with the Minimum Initial Service Package including dignity kits.

Strengthen monitoring bodies such as the NWC, NHRC and other Commissions to monitor the implementation of GESI issues in line with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) including the Guidance note on CEDAW and COVID-19 and call for joint action in the times of COVID-19 pandemic, statement adopted on 21 April 2020 by the CEDAW committee.

Roll out gender responsive economic stimulus packages especially for daily wage workers, vulnerable and marginalised groups to prevent them further falling into the destitution trap which forces them to accept risky jobs.

Mid/Long-term

Increase access to psychosocial counselling throughout the country for people of all ages, along with creating awareness and reducing stigma towards mental health counselling as a part of the current COVID-19 protection messaging.

Integrate mental health and psychosocial issues in training curriculums and school text-books in partnership with government and non-government entities.

Ensure government, development partners and NGOs working on disaster preparedness, response and recovery programmes include social norms change, GESI and protection issues as integral components of their work by adapting the current district disaster response plans to address these issues also in health emergencies such as the COVID-19 pandemic.

Ensure the meaningful participation and equal leadership of women and marginalised social groups in disaster response, preparedness and risk reduction at all levels.

Conduct more in-depth and broad-based analysis of macro-economic framework including trade, monetary and fiscal policies from a GESI lens for informing the government's COVID-19 socio-economic response and recovery framework that is gender transformative.

Design future programmes to address the long-term social, political and economic impacts of the COVID-19 pandemic on vulnerable and marginalised groups by ensuring universal basic income and livelihood options in public works to address care deficits which includes employment intensive social infrastructure projects and service delivery.

Collaborate with various stakeholders in scaling up local innovative approaches in agriculture and agro-based industries by linking them with current national agriculture development and livelihoods programmes.

Strengthen gender responsive budgeting across sectors/levels in health, protection, education, agriculture, service (including tourism and hospitality sectors) and manufacturing sectors to address the economic and social needs of the most marginalised and vulnerable women especially during humanitarian crisis response and recovery.

Enhance women, girls, and marginalised groups access to and build their knowledge on digital technologies.

Promote initiatives that emphasise reducing women's and girls' time use through appropriate and energy saving technologies to lessen their household work-burden.



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