



Rapid Gender Analysis

Update 2021



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Abbreviations

BCT	Brahmin, Chhetri and Thakuri
DAO	District Administration Office
COVID-19	novel coronavirus (2019-nCoV)
DCMC	District Crisis Management Centre
FCHV	Female Community Health Volunteer (FCHV)
GESI	Gender Equity and Society Inclusion
HHs	Households
LGBTIQ++	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other sexual identities including asexual, questioning.
MoWCSC	Ministry of Women, Children and Senior Citizens
NGO	Non-governmental Organization
PwD	People with Disability
WOREC	Women Rehabilitation Centre

1. INTRODUCTION

Nepal is currently undergoing the devastating effects of the second wave of COVID-19 pandemic. With the unprecedented surge in COVID-19 infections, the government of Nepal imposed prohibitory orders since April 29 in Kathmandu valley. Similarly, District Administration Offices (DAOs) in 75 out of 77 districts in the country have enforced prohibitory orders to break the chain of COVID-19 spread.¹ As the country is reeling under the weight of increasing infections and death rates with fragile health infrastructure, there has been less attention to and evidence on gender and socio-economic impacts of the crisis on the most vulnerable and marginalized populations.

Global evidence from the previous year suggests that the pandemic led to disruption of social, political and economic systems and deepening of pre-existing gender and social inequalities. UN study 2020 highlights that the distribution of effect of any disaster or emergency correlates with the access to resources, capabilities, and opportunities which systematically make certain groups more vulnerable to the impact of emergencies, in particular women and girls.² Women and girls in Nepal are particularly vulnerable to the immediate and long-term health and socio-economic impacts of the pandemic because of the pervasive inequalities in gender norms and structures.

The RGA conducted by CARE Nepal in partnership with Ministry of Women, Children and Senior Citizens (MoWCSC), UNWOMEN and Save the Children Women 2020 had shown that women's unpaid care work and unequal division of labor were exacerbated because of closure of schools, public spaces, and care services. In addition, men's loss of jobs and income and use of savings on gambling and alcohol had led to increased household conflict and women's vulnerability to domestic violence. The study also revealed that 83 per cent of respondents lost their jobs; the hardest hit among them being women working as daily wage workers. The pandemic had also aggravated intimate partners and gender based violence for women and girls especially from marginalized groups such as Dalits, gender and sexual minorities (LGBTIQ++), women with disabilities, and adolescent girls.³



¹ COVID-19 Nepal Response: Situation Report . Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/DCA_SITREP_%208%20JUNE.pdf

² The Policy Brief: Impact of COVID-19 on Women, United Nations, 2020

³ CARE Nepal (2020). Rapid Gender Analysis Report on COVID-19 . Kathmandu: CARE Nepal.

This report aims to document the updated status of the impact of the second wave of COVID-19 on different genders building on the findings of the previous RGA. It addresses the existing information gap regarding the impact of the second wave of COVID-19 on all genders and its consequences in order to inform gender responsive planning and programmes.

2. RGA UPDATE OBJECTIVES

The objectives of the RGA update are to:

1. Examine the updated status of gendered and intersectional impacts of COVID-19 during the second wave of the pandemic
2. Identify specific challenges on access to services, livelihood, food security & nutrition and protection experienced by different genders
3. Provide recommendations for gender-responsive planning and programming to address the gaps

3. METHODOLOGY

The study adapted CARE's RGA framework and tools. The RGA employed qualitative tools in order to document detailed differential impacts on women, adolescent girls, boys and men.

Two set of tools were used to collect primary data:

- i) Structured interview checklist with community members**
Structured interviews were conducted with community members including women, adolescent girls, boys and men. Intersectional approach was adopted to include vulnerable population groups such as single women, pregnant and lactating women, and people with disabilities (PwDs). A total of 41 interviews were conducted in five districts between 20-25 May 2021.
- ii) Structured Key Informant Interviews (KIIs) Checklist with relevant stakeholders**
A total of 41 KIIs were conducted with different local and district level stakeholders. The identified stakeholders were- **Mayors/Deputy Mayors of Municipalities, Ward representative, members of District Crisis Management Centre (DCMC), health coordinators, Female Community Health Volunteer (FCHVs), representatives of organizations working on LGBTIQ++ rights, women's rights organizations, human rights organizations, adolescent and youth groups.** The KIIs were designed to collect district and community level information on gendered impacts of COVID-19 and access to and provisions of basic services in the selected study sites.

3.1 STUDY SITES

The study was conducted in five districts namely **Kanchanpur, Banke, Baglung, Siraha and Kathmandu.** The selected districts fall into CARE Nepal's COVID-19 response priority areas and have been identified as COVID-19 hotspots and therefore were prioritized in the study.

3.2 ETHICAL CONSIDERATIONS

Ethical compliance was maintained throughout the study. Anonymity and confidentiality was maintained with respect to research participants’ identity and information. Informed verbal consent of the participants was taken beforehand and consent to record the conversation on phone was also taken. The participants were informed about the objective of the study and their right to decline participation at any given time . The information was explained in the language of the participants.

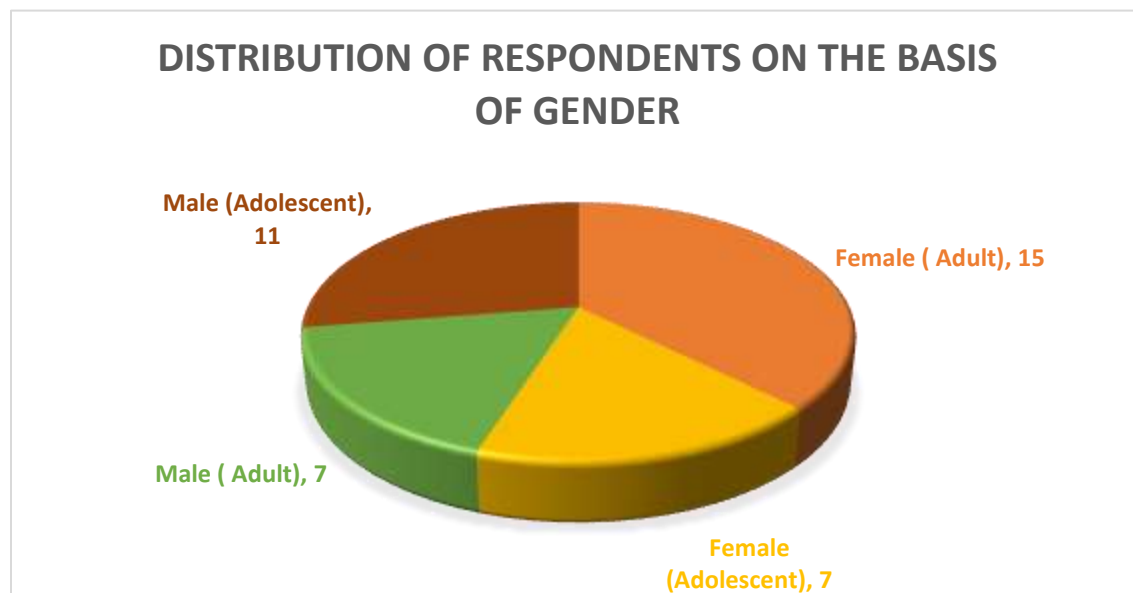
4. LIMITATIONS

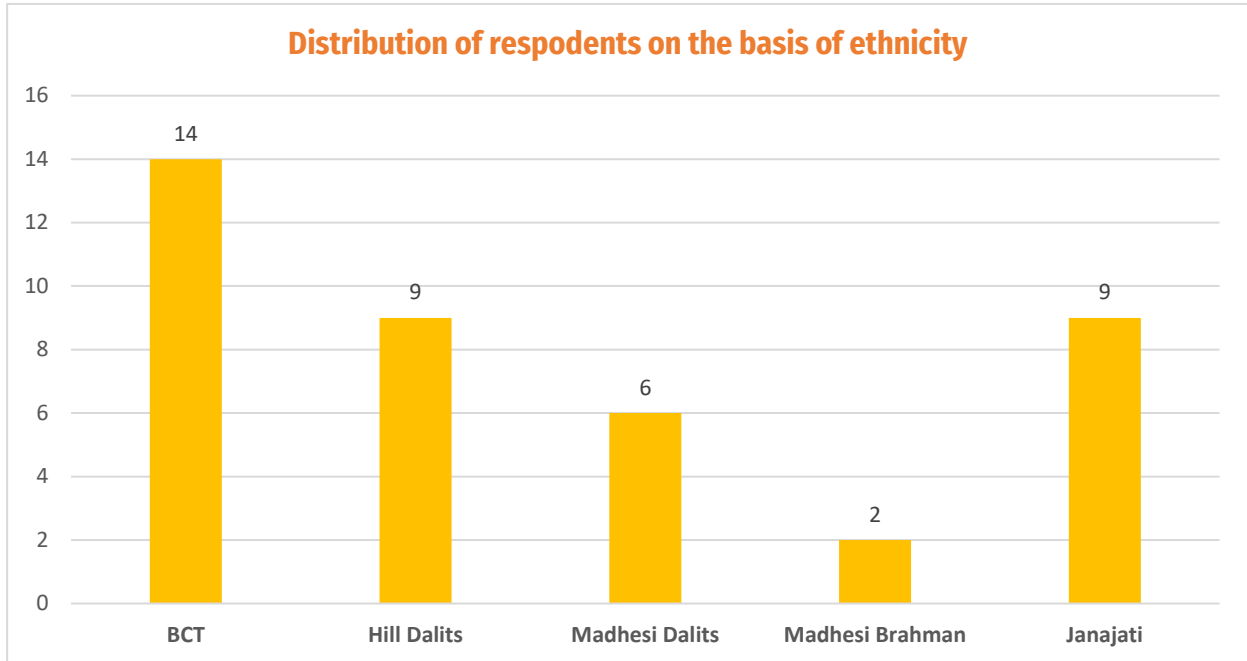
Following were some of the limitations of the study:

- Due to the prohibitory orders, interviews were conducted through telephone that had implications on participants’ attention and time.
- Sensitive issues, such as gender roles/responsibilities and protection
- Due to COVID-19 pandemic, participants were selected using snowball methods and not from a wider population. Therefore, intersectional groups might not have been adequately represented in the data samples.
- While the samples are representative of certain demographic and intersectional criteria to a certain extent, the study findings may not be generalizable because of the small sample size compared to the population of the districts.

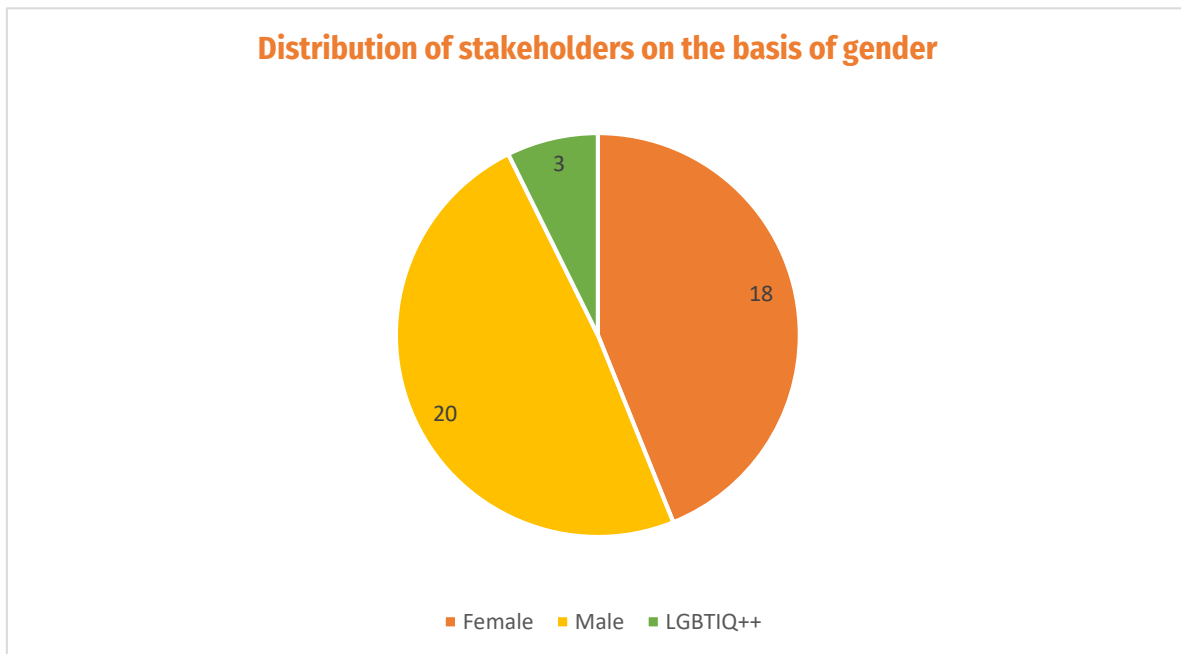
5. FINDINGS AND ANALYSIS

5.1 RESPONDENTS’ DEMOGRAPHIC PROFILE

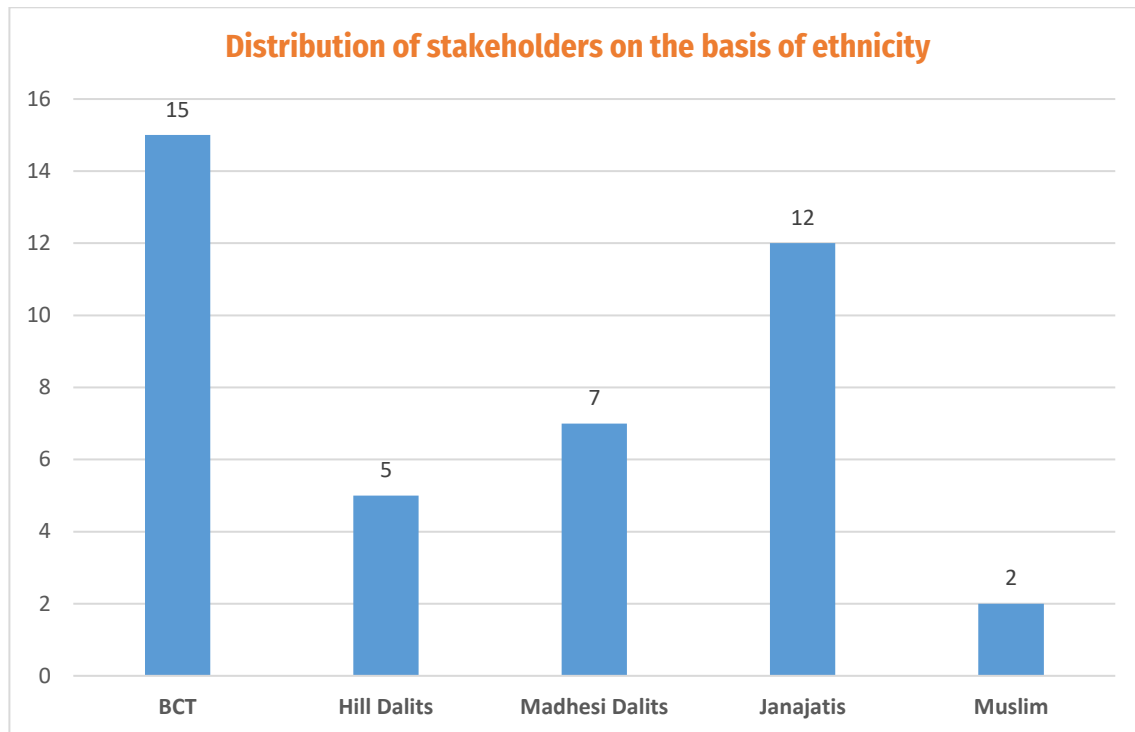




The above figures show that out of the total forty participants, women comprised 37.5% followed by adolescent boys 27.5% and men and adolescent girls (ages 10-19) each formed 17.5%. Within this distribution, an intersectional approach was adopted and single women, pregnant women, lactating mothers, and people with disabilities (PwDs) were selected. Similarly, representation based on ethnicity was ensured. Of the total respondents, Brahmin, Chhetri and Thakuri (BCT) formed 35%, Hill Dalits and Janajatis each formed 22.5% followed by Madhesi Dalits comprising 15% and Madhesi Brahmans forming 5%.



Similarly, the distribution of district and community level stakeholders based on gender and ethnicity is given below:



The figures show that women comprised 44%, followed by men with 49% and LGBTIQ++ 7%. The ethnicity distribution of the stakeholders shows that BCT formed 36.5%, Janajati 29.2%, Madhesi Dalits 17%, Hill Dalits 12.1% and Muslims 4.8%. The stakeholders included representatives of local government and non-government organizations and service providers such as Mayors/Deputy Mayors of Municipalities, Ward representative, member of District Crisis Management Centre (DCMC), health coordinator/FCHVs, representatives of organizations working on LGBTIQ++ rights, women’s rights organization, human rights organization, and adolescent/youth group.

5.2 ACCESS TO BASIC AND OTHER SERVICES

The second wave of COVID 19 pandemic has made it even more difficult for communities to access basic and other services. Access to food, income and health services, including psychosocial counselling and reproductive health services, along with right to information and awareness have been severely impacted, affecting marginalized and vulnerable groups the most. The key findings, in terms of access to five basic services, can be summarized as:

Food Security & Nutrition

The pandemic has resulted in lack of access to basic food services due to increase in prices, market unavailability and restricted mobility during lockdowns. Farming practices and agricultural productions have been adversely affected due to trade disruptions, layoffs, illness and lockdowns. In addition, migrant workers’ capacity to send remittances back home has dropped significantly. This has forced many families, mostly from poor and ultra-poor backgrounds (including farmers and wage workers) to decrease their frequency of intake of nutritious food items such as fruits, vegetables and meat.

Some households also reported insufficient food stocks and expressed uncertainty over managing food for the family in the coming days, which will result in inadequate food consumption, poor and borderline diets.

On the other hand, it was also found that there were positive changes in eating habits and food consumption patterns of some households in Banke. They had added more nutritious food to their diet, with an increase in consumption of meat, vegetables and fruits, along with Nepali herbs and spices for enhancing immunity in order to combat COVID-19.

Our food stock will last for only 10-15 days. We have decreased the frequency of food intake. If we don't have any food left, then we will seek support from our relatives but we don't know how long will it last

Janajati Woman, Kanchanpur



Analyzing the differential impacts of the COVID 19 second wave on men, women, adolescents, ethnic and sexual minorities, it was found that mostly women from Janajati communities were mostly hard hit by the food shortage and uncertainty over managing food for their families. As a result, they (especially mothers) had the added burden of feeding their children and were often the first ones who had to reduce the quantity and frequency of food intake to provide for their children and other family members. On the other hand, in comparison to adolescent girls, the impact of food scarcity was not very evident among adolescent boys as they did not have to compromise their food intake till date, however uncertainty over managing food in the family if the lockdown continued for a few more months, prevailed. The LGBTIQ++ have also been significantly affected by food scarcity and unequal distribution of food during the first and second waves of the pandemic, mostly because they have been cut off from their major sources of income and livelihood (such as dancing, singing and wage labor jobs), along with basic legal rights from the state such as citizenship.



Although we need to eat more nutritious food now, we can't do that since we have lost our jobs which mostly used to be singing, dancing and wage labor. We can't even go to India for these jobs due to the lockdown. So it is very difficult for us to get access to basic needs. We were also deprived of relief food supplies during the food distribution program in the first wave of COVID, since we do not have citizenship, we had to lobby in order to get the relief food materials.

LGBTIQ++ member, Kathmandu

The discriminatory social mindsets, resulting in these unfair and discriminatory systems and structures, have further exposed the vulnerable communities to more marginalization and vulnerability, during emergency situations such as COVID 19. Daily wage workers, including women working in informal sectors, have no work opportunities with little or no savings. Travel restrictions have deprived daily wage labourers of their only source of income and even the work providers are reluctant to hire them due to fear of infections. The construction works of public and private infrastructures that provide work to many as daily labourers have also halted. As a result they do not have money for food and other basic needs. Additionally, the market prices of food, transportation and other essential goods have hiked possibly due to supply chain disruptions have added to the burden, directly impacting the food security of the poor.

Health Service & Reproductive Health

The vaccination status of women, men and other socially excluded groups seems dismal at this point of time. Out of all the community respondents from the five districts, only one respondent (woman, Kanchanpur) has been vaccinated so far. Even with the exception of respondents that were below 18 years and pregnant/lactating women, the lack of access of the majority of marginalized populations to vaccines is concerning. The WHO update on addressing barriers to COVID-19 vaccine roll-out highlights that there are gendered barriers to access to vaccines as women face limited mobility to reach health facilities or vaccination sites. Similarly, restricted decision-making power in their health seeking as well as limited access to and control over resources needed for advancing their health, including information about vaccines and vaccine safety also influences women's reach and perception towards vaccines.⁴

COVID infected are still stigmatized due to which other people disconnect and remain distant from the infected families rather than empathizing with them at this time of need. This is mostly due to limited knowledge, ignorance and superstitions about COVID-19. This has also led COVID-19 infected people to hide their illness and not seek healthcare to avoid discrimination.

In comparison to the first wave of COVID-19, the second wave has severely affected people's access to health services. It was found that most of the health services were limited to emergency or basic health services. In Siraha, ambulance services have been arranged in each municipality and contact information of Health Coordinators and Contact Persons in each municipality have been made public. However, most hospitals face scarcity of oxygen cylinders, hospital beds, safe quarantine and home isolation services as well as human resources to treat COVID patients. Poor and marginalized families, women, adolescents, LGBTIQ++ and ethnically marginalized communities such as Dalit, Chamar and Musahar have been most affected by the shortage of these health services, mostly due to lack of awareness and affordability. It was also reported that priority is given to close relatives of people in power or influential people, and the general people have to face several difficulties while accessing these health services.

It was also found that on the one hand, health workers provided limited services from distance or didn't treat the patients properly due to fear of transmitting COVID from patients, and on the other, the number of patients going to health facilities for medical treatment has decreased due to fear of transmitting the disease from health workers, resulting in a tendency to be treated at home or hiding health issues. It was also found that in Siraha, people could not go to hospitals or health centres because they could not

⁴ <https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-rollout>

afford the high medical expenses. Similarly, transportation has been a challenge due to prohibitory orders. People have to walk for multiple hours to access health services which has discouraged them from getting tested, getting medical help, and even vaccinating.

Likewise, access to sexual and reproductive health (SRH) services, procedures and medications have been affected due to the pandemic. Although these services are available, they are difficult to access for all, in comparison to the first wave, due to high priority given to COVID patients resulting in SRH services being delayed, and drastically reduced. Due to the prohibitory orders restricting people's movements, providers are being forced to suspend services including SRH services that are not classified as essential, such as abortion care.⁵ For example, clinics operated by Marie Stopes International had to close across Nepal due to which neither providers nor clients were able to access the service centres⁶.

With the focus and priority of the Ministry of Health and Population on COVID-19 management and response and disturbances in supply chain management, the pandemic is likely to have had a huge immunization programme and preventive vaccination campaign putting maternal and neonatal health at risk. Last year, a measles-rubella campaign that aimed to reach over 3 million, was halted midway through April 2020 due to safety concerns caused by the COVID-19 pandemic imposed lockdown. While the campaign resumed after a month, cases of measles outbreaks had affected a few communities in Nepal by then.^{7 8}

The second wave of COVID-19 has also greatly increased mental health issues among communities, causing stress and anxiety due to the increasing news of death and infection via media and community members. Although few health service centres and rural municipalities have been providing counselling and awareness services, it is difficult for everyone to access these services easily. Additionally, with the increased risk of gender-based violence for women and girls during the pandemic, there is a surge in requests for GBV and mental health support services⁹. However, due to mobility restrictions impeding in-person counselling services and only very few helpline services fully functioning at this time, the high demands for psychosocial counselling services are hardly met¹⁰.



The health workers are scared and do not treat the patients properly.

Female community member, Banke

⁵ International Planned Parenthood Federation, COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world, 2020, <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

⁶ <https://www.mschoices.org/news/2020/4/95-million-women-could-lose-access-to-our-services/>

⁷ Getting Immunization Back on track. UNICEF, 15 September 2020.

⁸ Measles outbreaks reported in five districts including in Kathmandu and Lalitpur in last one month. The Kathmandu Post, 29 April, 2020.

⁹ National Women Commission (NWC), 2020.

¹⁰ The World Bank, 2020. <https://blogs.worldbank.org/endpovertyinsouthasia/improving-nepals-response-gender-based-violence>

Assessing the differential impact of the second wave of COVID 19 on different groups, it was found that women from ethnic minority communities and pregnant women had to face even more difficulties and restrictions while accessing health services. On one hand, it was hard for them to afford the health services and on the other, they had to suffer from increasing mental health issues and depression due to lack of access to basic services, fear of getting COVID and anxiety and stress over how to sustain living in the coming days. They also had to take care of their children when they had coughs and colds, increasing their exposure to infection. Similarly, it was found that pregnant women faced transportation problems to visit hospitals and there were also fears around pregnant women getting infected in the hospital as a result of which the number of women going to hospitals for pregnancy tests and other services also decreased. Most of the men and adolescent boys, on the other hand, did not report much problems in accessing health services, except for the increasing stress and anxiety caused due to the increasing number of deaths and infections.

News and contents shared through social media about the deaths and peaking rate of infection troubles us.

Adolescent boy, Kathmandu



Likewise, the LGBTIQ++ community members had to face difficulties in accessing regular health check-ups and medicines (including those related to HIV), along with psycho-social counselling services due to the increasing stress and anxiety. Lockdown mobility restrictions can also force LGBTIQ++ people to stay with discriminatory and abusive family members and curb access to support networks.

Drinking Water, Sanitation and Hygiene

It was found that the pandemic has brought a huge change in the hygiene and sanitation practices of the communities. Practices such as hand washing, using sanitizers and masks have been adopted by the community members, mostly adolescents and men, to a large extent.

We are using masks, sanitizers and maintaining physical distance when we go outside. We wash our hand by soap and water after we return to home.

Male community member, Siraha



On the other hand, it was reported that people have difficulties in accessing clean and safe drinking water. Many households use the water supplied from the municipality, boil it and use it for drinking. There are also challenges in accessing cleanliness products since the markets are closed and people have to pay high prices for these products.

Women and adolescent girls were more impacted by these challenges related to health and hygiene since it was mostly their responsibility to maintain hygiene in the house. Lack of access to safe drinking water, hygiene and cleanliness materials, along with problems in waste disposal added an increasing burden to

them. The lockdown has left adolescent girls and women without access to menstrual products like sanitary pads and enhanced the effects of the prevalent stigma towards menstruation¹¹. Lockdowns, supply disruptions have resulted in limited availability of menstrual hygiene products and even increased the prices of these products. Likewise, disruptions in access to WASH facilities and waste management have created additional challenges for women and girls in disposal of products and overall menstrual hygiene.



It is difficult to access sanitary pads and family planning measures in general. There are also problems around waste disposal; the waste collection vehicle doesn't come on time and there is scarcity of water since more water is consumed for bathing, cleaning and maintaining hygiene. All these have made it very difficult for us to maintain hygiene in the house and surrounding, increasing more vulnerability to infection.

Female community member, Baglung

Awareness of sanitation and hygiene is still missing, mostly in the communities out of CSO's coverage. Women still have the responsibility of fetching water from the public taps which puts them at more risk.

Education

The pandemic has adversely affected the education of students. Since they are not able to go to school, they are losing interest in education and forgetting what they learned. Although online classes have been on-going in many places and have been quite beneficial in continuing the studies along with gaining knowledge on new technologies, lack of access to phones and internet among many families have severely affected students and created a digital divide in education. Due to poor ICT infrastructure in rural areas, only very few schools might be able to run online classes and although the majority of the population have access to mobile phones, women and adolescent girls have unequal access to phones and other technologies. In some schools, the online classes have already been halted due to their inaccessibility and lack of effectiveness, and many parents even complained that students are not able to focus on online classes and are more drawn towards using the internet for entertainment purposes through excessive use of social media and online games.

Although our children have been taking online classes, they are easily distracted by games and other means of digital entertainment. We fear our children won't be willing to study if this goes on for long.

Parent, Kathmandu

¹¹ even though the government outlawed chhaupadi in 2005,

Analyzing the differential impact of the pandemic on different groups of communities, it was found that it was very hard for poor and marginalized communities to afford internet access.



Initially, we used mobile data for online class but it is very difficult to afford to buy the recharge card every time, so my children do not take online classes anymore since we couldn't afford it.

Janajati woman, Kanchanpur

Monsoon and COVID Impact

As per the current trend, it has been predicted that COVID-19 infection might reach its peak during the monsoon period. Further, since monsoon is a time of plantation thus labor migrants working in India - where the degree of infection rate is very high, will return to communities for agricultural work. This will significantly increase the rates of community transmission as at present there isn't any mechanism for testing and contact tracing of these returnees at a local level.

Based on past experiences, poor, vulnerable, and marginalized populations with limited capacities usually suffer from monsoon-induced disaster. And under the current circumstances, the same groups are under major threats from and both the health and non-health impacts of COVID.

With prolonged lockdown, the poorest and marginalized populations such as home-based workers (especially women), daily earners, and smallholder farmers have lost job and income opportunities. This is likely to get compounded further by psychosocial trauma in case they get displaced during monsoon as they generally reside in hazard-prone areas. As they get shifted to temporary camps, women, adolescent girls, children, the elderly, and disabled people of these HHs will be at most risk of COVID transmission. Likewise, there exists a high chance of an outbreak of water-borne diseases in displaced areas. Additionally, compromised sanitation facilities and SRH services at these displaced settlements will put the population groups such as pregnant women, lactating mothers, children, and the elderly at critical health risks. As the higher-level health facilities are concentrated at district headquarters or regional centers, the blockage of roads due to floods and landslides will disconnect people of remote geography to seek critical health services, which can increase the number of fatalities.

Monsoon disaster along with COVID will pose a challenge during emergency response. It will be hard to ensure all safety protocols with a high risk of COVID-19 transmission to the people affected by floods and landslides as well as staff and volunteers involved in the response. Most of the displaced population will have to reside in temporary shelters (made from tarpaulins) without appropriate physical distance, isolation rooms, and proper air circulation which might increase the risk of COVID transmission. Likewise, logistics (procurement and transportation of relief materials) will also be challenging due to restrictions on the movement of vehicles as well as prohibitory orders in some districts.

5.3 GENDER ROLES AND RESPONSIBILITIES

Similar to the first wave of COVID-19, the second wave has disproportionately impacted men and women and their gender roles and responsibility as shown in the following subsections:

Distribution of unpaid care work

Respondents from all the districts confirmed that women's workload has increased due to various factors including confinement of family members at home and discriminatory social norms around care work etc. Also, as a result of the lockdown and the spread of the virus, household chores, watching the children and caring for the elderly and sick are also added to women's workload. Lack of redistribution of care work was visible among families with male migrant returnees. Despite being confined within homes, men were reported to rarely share their domestic work responsibilities.



Before lockdown, women used to do household chores and men used to do outside work, but now the situation is different, all are at home and there are no jobs for men. Household chores are not divided and women are facing more workload. There might be only 1% men who share responsibility at house.

Dalit Woman, Kanchanpur

Women smallholder farmers and office working women are also significantly affected by the increased workload. Women working from home are expected to do domestic chores besides doing their paid work. With the increasing rate of infections in the second wave, care work of women has also drastically magnified. The increased workload has caused mental stress and anxiety and has also led to disputes in the family. Similarly, the pandemic has impacted adolescent girls who are often expected to engage in supporting household chores when they are at home. It has especially impacted girls who do not have access to online classes.



As we are compelled to stay at home during the lockdown period, I am responsible to do the domestic chores like cooking to taking care of siblings. My younger sister also assists me in this. It makes me sad for not being able to go to school or shifting to online class. What would happen to my study? Would I forget the lessons that I previously learnt? These days I am disturbed with a lot of negative thoughts.

Adolescent girl, Kathmandu

In contrast, most respondents in Siraha reported changes in gender roles. The men were also involved in cooking and serving their wives and daughters. However, the practice of playing cards among men in some households had led to women's increased workload as they had to serve food and snacks for them.

Decision-making

The findings show that COVID-19 pandemic has not impacted much in decision making practice at the household level. Majority of the respondents from all five districts expressed that men used to take major decisions regarding family resources, expenses and saving before the pandemic which remains the same even during the pandemic. In some cases, their influence on decision making seems to have increased, since they stay at home. Joint household decision-making was reported only in some households, which has not changed in the context of the pandemic.

Due to outmigration of men, women’s decision making on use and control over resources had increased before the pandemic, which seems to be diminishing with the return of men. Many migrant workers, mostly working in India, lost their employment during the pandemic forcing them to return home. However, members of LGBTIQ++ group are concerned about their increasing vulnerability during the pandemic because of lack of citizenship and deprivation from property rights. The pandemic has not impacted decisions related to sexual and reproductive rights of women. However, due to mobility restrictions, women faced greater barriers in accessing reproductive health services.

Nonetheless, FCHVs were found to be proactively providing door-to-door sexual and reproductive health services in some of the study sites.

In the beginning (first-wave), I had conducted community awareness programs on safety measures in the pandemic, now as an FCHV, I am still distributing temporary family planning methods such as contraceptive pills and condoms.

FCHV, Kanchanpur



Participation in community groups

Most of the respondents of this study were affiliated with community based organizations or groups (except the respondents from Banke where none of them were affiliated with any social networks). After the pandemic, their engagement with social networks has been limited, only few got the opportunity to get involved in pandemic related relief and response work. Men, adolescent boys and girls seem to have been more active in such work. However, unlike the first wave when they had plenty of opportunities to volunteer in the relief work, they have not been able to carry out those activities this time. In Banke and Kanchanpur, the hotspots of COVID infection, people were so fearful about COVID that they hardly stepped out of the house and have not been able to work on COVID prevention and relief distribution activities.

However, there were also evidences of women and members of LGBTIQ++ community engaging in awareness raising and relief distribution activities.



I got an opportunity to volunteer in pandemic related social activities. I am also involved with women's networks and cooperatives to distribute masks and lunch for the needy people.

Single woman Baglung

Some members of LGBTIQ++ groups from Kathmandu shared about their engagement in raising awareness on COVID protocols, health and sanitation among their members. Nevertheless, they hardly got opportunities to get involved in social activities beyond their network.

5.4 INCOME AND LIVELIHOOD

The study showed that loss of paid work has exacerbated already existing inequality and vulnerability among communities. People most vulnerable to loss of livelihoods are the poor and marginalized population whose livelihood depends on daily wages. Similarly, the PwDs and single women are also reported to be highly impacted due to the loss of paid work. The imposition of lockdown has mostly affected informal sector work and small-scale businesses (street vendors, small shops, etc.). This, in turn, has ultimately resulted in low or no income and also no new opportunities/options of income generation to sustain their livelihood.

Along with being cut off from income generation and livelihood opportunities, it was also found that there are barriers in access to formal and less risky source of loans, which is likely to push people to resort to borrowing from informal sources (such as local money lenders) increasing their vulnerability to economic exploitation, exorbitant interest rates, which seems to be their only coping mechanism to deal with this financial crisis. For people working in agriculture, inability to sell their produce in a timely manner and unavailability of materials (like seed, fertilizer, etc.) will have a high impact on their income over the coming months.

The study also indicated that there is increasing distress among many community members due to the financial crisis caused by the second wave of the pandemic. People are bothered mostly due to not being able to fulfil their basic necessities, such as food and shelter, due to the loss of work (most of them being women), and not being in a situation of repaying their loans/credits, which has ultimately created stress, anxiety and conflicts among the family members. Contrary to the negative sides, there are a few of them who consider this pandemic an opportunity of being together with family and learning new skills.

Among women, single women who were involved in micro-enterprises such as shops with no alternative source of income seem to have been affected the most. Migrant households that were entirely dependent on remittance were also affected as the migrant husbands were unable to earn and send money in the pandemic situation. In the absence of alternative sources of income, these women are forced to borrow money from informal sources to sustain the basic needs of the family. As a result, women experienced increased stress and worry over loss of income, increased household expenditure and repayment of loan, which had also increased the risks of domestic violence.



My husband works in India. His income has stopped because of the lockdown and he has been unable to send money home. It has made it very difficult for us to meet our needs. I have got a small job now but it is not enough for us to last for the whole month.

Community woman, Kanchanpur

All the male respondents also reported loss of employment and income. Dalit men who were involved in daily wage work have been the hardest hit with no alternative means of livelihood or land, and had resorted to taking loans and borrowing. Most men shared that they experience increased stress and worry about survival and some experienced increased conflicts at home whereas, some had reduced consumption of food

This pandemic has increased mental stress. I have a small shop as an earning source. It has stopped since last year. This financial crisis causes quarrels at home.

Male community member, Banke



The increasing financial crisis of most of the low-income households and deprivation of regular access to education has long-term implications in the lives of adolescent girls. The weak economic condition is likely to exacerbate vulnerability of adolescent girls, through exposure to early and self-initiated marriages, suicides and sexual violence.

5.5 PROTECTION

Humanitarian emergencies have also been linked to increased incidents of gender based violence and other protection related issues. Mittal & Singh (2020) claim that as the COVID-19 pandemic deepens social and economic constraints along with restricted movement and social isolation measures, gender-based violence increases exponentially.¹² Many women are being forced to lockdown at home with their abusers at the same time services to support survivors are being disrupted or made inaccessible affecting women's ability to deal with emergencies.¹³

The RGA conducted by CARE Nepal 2020 had shown that specific groups of women, such as women whose husbands had lost employment or were into alcoholism and gambling were more vulnerable to intimate partners' violence. Similarly, women whose husbands were migrant returnees had also experienced increased domestic violence due to shifts in intra-household power dynamics.

With the announcement of prohibitory orders on April 29, 2021, the concerns related to issues of protection have risen again. The pandemic has increased the risk of women and girls experiencing intimate partner violence and other forms of domestic violence and sexual exploitation and abuse. Women's Rehabilitation Centre (WOREC) has documented a total of 97 cases of violence against women in the period 29 April-14 May 2021, out of which, 42% are cases of domestic violence followed by 28% rape cases.

The study finds that cases of gender based violence have not been reported as much compared to last year despite instances of domestic violence observed in the community. The KII participants showed concerns that this was largely due to restriction of mobility and disruption in regular reporting

¹² Mittal, S., & Singh, T. (2020, September 08). Gender-Based Violence During COVID-19 Pandemic: A Mini-Review. *Front. Glob. Women's Health*. doi:<https://doi.org/10.3389/fgwh.2020.00004>

¹³ Nielsen, M. (2018). *Women and Girls in Emergencies*. CARE Denmark.

mechanisms and support systems as the local governments and law enforcement mechanisms are overwhelmed with COVID-19 management and response as highlighted by the quote below:

There are protection related concerns. Even if gender based violence incidents have occurred, they have not come out. They (survivors) cannot go to the judicial committee at the moment. There is no way to contact the stakeholders and there is no way to document the data on gender based violence.

KII, Baglung

Moreover, women and girls with disabilities and LGBTIQ++ have been found to be more vulnerable to violence and discrimination. The interaction with stakeholders in Banke revealed that cases of violence and abuse against adolescent girls with disability by family members have come out; however, those cases have not been reported to the concerned authorities. According to FSGMN, at least seven LGBTI people have committed suicide since the COVID-19 crisis hit Nepal in March due to various reasons including loss of work, discrimination, mental stress etc.¹⁴

Similarly, LGBTIQ++ who already experience extreme forms of violence and discrimination have been more prone to violence during lockdown, as reported by the KII stakeholder below:

LGBTIQ++ have been the target of discrimination and verbal abuse whenever they go to public places for essential work during the lockdown.

KII, Banke

As LGBTIQ++ community faces discrimination from law enforcement institutions, their access to justice has been further hindered.

Apart from gender based violence, lack of access to essential food items and increased fear of infections have been the major sources of stress and anxiety among people across intersectional groups. People have experienced an increased sense of fear and isolation and absence of a solidarity/support system within the community compared to previous years as everybody is forced to remain inside homes. In addition, COVID infected are still stigmatized due to which other people disconnect and remain distant from the infected families rather than empathizing with them at this time of need.



Insecurity has increased due to scarcity of food, and money. The support system that existed in the community has now been dysfunctional. Earlier, community members used to support each other but now everyone is struggling to survive. Who can support others in such case?

Dalit woman, Kanchanpur

In the absence of accessible psycho-social counseling services in the community, severe mental health impacts arising from stress and anxiety related to infections compounded loss of income and livelihood remains a major concern.

¹⁴ Safer World, August 2020. <https://www.saferworld.org.uk/resources/news-and-analysis/post/895-ai-was-not-worried-about-covid-19-only-my-next-meal-how-covid-19-is-affecting-lgbti-communities-in-nepal>

Safety in isolation/holding centres

There were no isolation or holding centers in most of the study sites.

People have been encouraged to isolate themselves at home in those areas, which has further increased their fear of contracting the infection from other members of the family. The quarantine centres that were built last year have not been in use particularly in Kanchanpur district. The isolation centres that have been built in some areas of Kathmandu have taken into account concerns regarding gender sensitivity and safety but do not seem to be PwD-friendly. However, other researchers reveal that in many areas in the country, quarantine centres lack separate toilets for girls and women and don't have adequate space for the people with no separate sleeping facilities for men and women.¹⁵

We have built two isolation centres. We have ensured safety of women, men, and adolescents, elderly however, we have realized that they might not be easily accessible to people with disabilities .

KII, Representative of Redcross Society, Kathmandu

Services related to protection

Women's access to law enforcement and justice mechanisms has been further affected because of the mobility restrictions and disruptions to public services, including social services, access to phones and helplines, police and the courts. The priorities of local bodies such as municipalities, wards and police administration has been primarily on COVID-19 management, ensuring health safety and enforcing lockdown. Local mechanisms such as judicial committees have also not been fully functional. At a time when regular justice systems are disrupted and inaccessible, swift and adaptive measures to ensure protection in the context of emergency have not been planned and implemented in most areas.

Nonetheless, local groups and networks such as *tole* committees, women groups, adolescent groups, ward committees, Red Cross Society have been more proactive and are even mobilized by municipalities to report cases of violence against women.

Under the social security section of the Municipality, contact numbers of relevant authorities have been made public. We have also mobilized municipality level women's groups and adolescent girls' group to report the cases of violence against women in their communities. Community police task force have also been doing rounds in their respective areas to ensure protection

KII, Kathmandu

Compared to last year, there has been limited distribution of relief support to the community especially to the marginalized groups in the study areas. Some of the respondents shared that while they had faced negative/discriminatory responses from members of community who did not receive the relief support, they have not had such experience this year as relief distribution has not been done in their respective communities.

¹⁵ Plan International, 2020. <https://plan-international.org/blog/2020/06/covid-19-quarantine-centre-conditions-must-improve-nepal>

6. CONCLUSION

Compared to the first wave, the second wave of the COVID-19 pandemic has had severe impacts on community's access to basic and other services, income and livelihood and protection related concerns.

The pandemic greatly impacted community's access to basic and other services such as food, health services including psychosocial counselling and reproductive health services, education, WASH, income and livelihoods, along with right to information and awareness. In contrast to the first wave, many communities, especially from marginalized and vulnerable backgrounds, had to decrease their intake of nutritious food and were deprived of access to health services due to loss of jobs and income as well as scarcity of resources respectively.

Similarly, the care work burden of women has significantly increased in the second wave with the high rate of infections and strict prohibitory measures. This has had an adverse impact on the mental health state of women and adolescent girls. With regards to participation in voluntary and relief work, the community members were not able to actively contribute in such activities due to the increasing number of infections and lockdowns.



Loss of livelihood and income has affected the most marginalized population dependent on daily wages, the hardest hit among them being PwD and single women. It has increased the vulnerability of community members to access risky and informal sources of loans with exorbitant interest rates.

In comparison to last year, reporting of cases of gender based violence has been limited. The regular reporting mechanism through local government institutions such as Municipalities and wards have been disrupted due to strict prohibitory measures and priority has been shifted to ensuring health safety. In addition, not many quarantine/holding centres have been set up compared to previous year and most people are isolating at home. The isolation centres that are functional are not equipped to meet the differential needs of LGBTIQ++ and PwDs.

The differential gender and socio-economic impacts on diverse genders and marginalized groups therefore need to be equally prioritized and addressed in order to prevent these groups from being further pushed into poverty and risks and widening inequalities.

7. RECOMMENDATIONS

Short-term

- Provide immediate support to ensure food security & nutrition of the most vulnerable households, through unconditional cash transfer and in-kind assistance through livelihood and relief support provisions to adapt to the needs of marginalized (intersectional) groups that are currently excluded.
- Mechanisms to address barriers to equitable vaccine roll-out/distribution should be planned and prioritized.
- Promote and facilitate psychosocial counselling support primarily targeting adolescent girls, survivors of GBV and families of deceased.
- Ensure access of girls/boys from excluded communities to online/virtual education
- Ensure immediate access of basic services such as food, relief materials, health services, safe, well-equipped, gender and disabled-friendly quarantine services, especially focusing on poor, vulnerable, marginalized communities including women, adolescents and sexual minorities.
- Facilitate women smallholder farmers and marginalized groups to have access to agri-input support and promote their access to and control over resources and assets.
- Build accessible response systems in local government institutions (judicial committees) to facilitate reporting, monitoring and protection against gender based violence through setting up of emergency mobile contacts and coordination with referral services
- Create awareness on the existing hotline numbers through PSAs particularly for people who are likely to be excluded from information such as people with disabilities.
- Facilitate online registration of gender-based violence cases with the police and the online court proceedings, wherever possible.
- Support and mobilize community women networks to monitor the response plan/program of COVID 19 of the government to ensure that the plan responds to impacts of GBV aggravated by the crisis.
- Continued coordination and collaboration with the government and development partners to keep GBV referral services functional and adaptive in response to lockdown measures and to have a contingency plan in hand to ensure GBV survivors from community can access the services
- Mobilize Female Community Health Volunteers (FCHVs) to resume door to door services primarily for pregnant and lactating women, without adding to increasing work-burden and health risks of women and FCHVs respectively.
- Ensure community's access to right information through credible sources by media sensitization on emergency reporting

Mid to long-term

- Continued advocacy on social norms change primarily on redistribution of care work and eliminating discriminatory gender roles exacerbated in emergency situations
- Design activities and programs to increase digital access and literacy of adolescent girls and boys for access to education, safety, health and other services
- Ensure meaningful participation of women, marginalized social groups and sexual minorities in emergency response activities
- Ensure that government, development partners and NGOs working on disaster preparedness and response programmes design and implement their emergency response plans targeting the most vulnerable such as women, adolescent girls, PwDs, elderly and also incorporate social norms change, GESI and protection issues as integral components
- Work on a long-term plan of GBV prevention and response in the time of emergencies for the future.
- Advocacy on improving access to justice of LGBTIQ++ through sensitization of local government and justice mechanisms (police, court)
- Introduce and implement gender friendly policies for the management of quarantine and home isolation services that promote inclusive behavior, address differential needs and ensure dignified treatment of people of all genders including marginalized women and gender and sexual minorities.



CARE Nepal

T: +977 5525576, 5522800 & 5521202

Email: mona.sherpa@care.org

Address:

House No. 777/34,
Ward No. 3, Jhamsikhel, Lalitpur
(Next to Capital Grill)