



REPORT SUMMARY

Rapid Gender Analysis on COVID 19 Nepal, 2020

INTRODUCTION

Since the onset of the global Coronavirus Pandemic, the Ministry of Women, Children and Senior Citizens (MoWCSC) identified the need to highlight the gender and intersectional impacts of the COVID-19 crisis. A Rapid Gender Analysis (RGA) was conducted to understand the gender differential impact of COVID-19 on vulnerable and excluded groups. The RGA was also conducted to comprehend how existing gender and social inequalities have been exacerbated by the pandemic in the community and in quarantine situations in Nepal.

The RGA was jointly conducted under the leadership of MoWCSC along with UN WOMEN, Save the Children, with CARE Nepal being the technical management lead. **The study was conducted using an Intersectional Approach**¹. Along with primary data collection and analysis, the study was also based on the analysis of 50 secondary documents using the Maxqda software from 31 May to 17 June, 2020.

17 Vulnerable Groups

12 Districts

465 Respondents

OBJECTIVES

- To identify the impacts of COVID-19 on diverse gender and social groups through an intersectional approach.
- To generate evidence to support the development of gender-responsive COVID - 19 pandemic response and recovery plans and programmes in Nepal based on the findings and analysis to inform government and development partners.

¹ Intersectional Approach takes the multiple forms of discrimination based on gender, race, caste, class, ethnicity, religion, sexual orientation and other identities into account.

GEOGRAPHIC COVERAGE



MAJOR FINDINGS

Protection

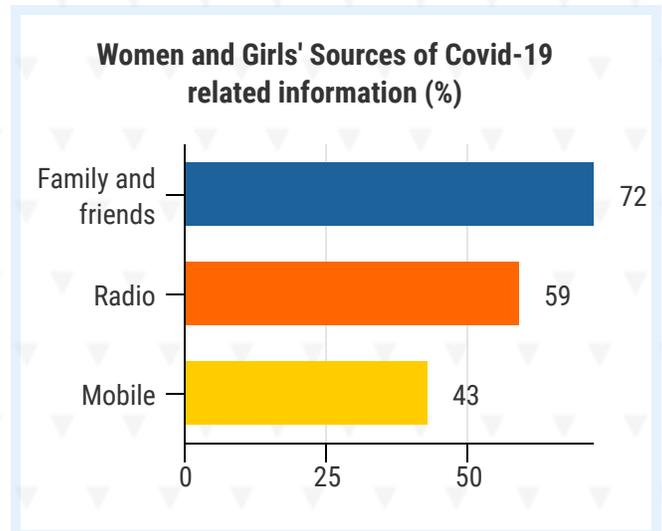
There has been a **considerable increase in Intimate Partner Violence** including marital rape, domestic violence and Gender-Based Violence.

Women who were already facing difficult family relationships are **trapped with their perpetrators 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, have resulted in **increasing mental health issues for both women and men, including suicide**.

Women from marginalized groups including **women in the entertainment sector, gender and sexual minorities, women whose husbands are abroad, displaced women and adolescent girls are most affected**. Current mechanisms to respond to GBV during the COVID-19 vulnerability context seem to be inadequate.

Access to information and media



Misinformation around the virus is common and leads to the **stigmatization of health workers**.

Information regarding mental stress caused by the lockdown, hotline to reach out for mental stress, Gender-Based Violence and Sexual and Reproductive Health were found to have been disseminated.

Livelihood and Income

- 337%** Rise in the number of people not involved in any paid work
- 83%** Lost their Jobs and income
- 66.66%** Decrease in business ownership
- 55.55%** Decrease in income
- 53%** Decrease in formal employment
- 36%** Losing upto Nrs 7,600 monthly

Fewer impacts have been seen to date in the agriculture sector, however, it is predicted that repercussions may be seen in the coming months, due to loss of investments (by 17%). However, positive impacts have been seen through local government intervention in the section

The pandemic is likely to **aggravate food insecurity among already vulnerable groups**, such as women who do not own land, women-headed households with no savings, female returnee migrants, and single women.

The current condition of joblessness/ reduction in income is **likely to further impoverish vulnerable groups and push them to accept more risky jobs** including working in a situation of trafficking.

Access to Basic and Other Services

The pandemic has made it **difficult for marginalized communities to access basic services**.

Most affected basic services are access to food and health services including reproductive health services.

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

**Most affected groups include wage workers, farmers, women without land, women working in Adult Entertainment (AES) sector, women from Dalit and Madhesi communities, gender and sexual minorities (LGBTIQ), women from geographically disadvantaged locations, women with disabilities, adolescent girls, women whose husbands are trapped abroad, displaced women, and those living with HIV AIDS.*

Gender Roles and Responsibility

Women's unpaid workload has increased due to the return of family members, school closure, hospitals not prioritising non-COVID patient's admission and care.

Household and care work burden has not been shared much among all members due to existing gender norms. This has **increased physical distress, emotional problems and stress** to women and girls.

Women are **losing control over emergency savings** as men are forcibly using savings (such as livestock).

Lack of coping strategies has been resulting in heightened stress and psychosocial problem, leading to difficulties in survival.

Ownership of assets has remained unchanged with women's lack of say in household assets.

67% of adolescent girls and **57%** of domestic workers shared that collecting water is their responsibility in the household.

Participation in decision-making

There hasn't been any significant positive change in decision making of women due to the pandemic.

Women and intersectional groups are left out from response, relief design and distribution activities.

64% of participants are members of women's organisation but these organisations do not participate in COVID-19 response, thus reinforcing gendered norms around participation and decision making.

RECOMMENDATIONS

Short-term

Improve facilities to meet the specific needs of vulnerable and excluded groups in all quarantine centres ensuring basic safety, protection and dignity. Link referral service mechanisms ensuring allocation of adequate human and financial resources.

Strengthen sex, age, diversity, and disability data recording and analysis for all crisis response to strengthen gender responsiveness in all humanitarian action.

Raise awareness on reducing the work burden of women and adolescent girls, use of community counselling and hotline services for marginalized groups who are likely not to have access to formal information. Orient security personnel on gender-sensitive and inclusive behaviour and practice while communicating with the citizens especially women and other marginalised group to reduce discrimination and violence against women.

Provide immediate support to ensure food security of the most vulnerable households and adjust social security allowances, livelihood and relief support provisions to adapt to the needs of marginalised (intersectional) groups that are currently left out.

Make safe and comprehensive sexual and reproductive health services including dignity and hygiene kits accessible to women and girls; conduct orientations to sensitize health workers on safety and dignity; mobilise community health volunteers to resume door to door services primarily for pregnant and lactating women, without adding to increased work-burden and health risks of women.

Launch comprehensive essential package (CEP) by ILO's Social Protection Floor recommendation (2012) (no 202) for vulnerable and excluded groups; collaborate with different stakeholders to provide such a package to GBV survivors and those who are in such need. Strengthen one-stop crisis centres and build capacities of such centres and other service providers for meaningful support to GBV victims/survivors.

Engage women's networks and groups in COVID-19 response mechanisms through their increased participation and representation in coordination mechanisms. Strengthen inclusion of women in health and other sectors including in law enforcement, security sector.

Mid/Long-term

Increase access to psycho-social counselling throughout the country for women and men of all ages, ensuring services are adapted to be accessible for at-risk groups; Government and non-government actors should work towards integrating mental health/psychosocial issues as important curriculum in textbooks.

Ensure organizations working on disaster preparedness, response and recovery programs have components of social norm change and adopt current plans to integrate health emergencies; ensure GESI and protection is an integral part of the response work of the government, organizations and different projects.

Future programs should be designed to address the long-term impact of the pandemic on vulnerable and marginalized groups.

Promote initiatives which emphasize reducing time for women through appropriate and energy-saving technologies and awareness of shared household work.

The government should collaborate with the donor community, development partners in ensuring universal basic income and livelihood alternatives for groups that are far below the poverty line. Also, collaborate with various stakeholders in scaling up local innovative approaches in agriculture and agro-based industries.

Ensure the meaningful participation and equitable leadership of women and marginalized social groups in disaster response and preparedness at all levels. Increase their access and knowledge of digital technologies.