GESI MAINSTREAMING IN COVID-19 RESPONSE: BUILDING UPON LESSONS LEARNED AND GOOD PRACTICES IN 2020

GENDER EQUALITY UPDATE 31
JUNE 2021

Gender in Humanitarian Action Task Team (GiHA -TT) Nepal

TABLE OF CONTENTS

INTRODUCTION

The 2020 COVID-19 situation in Nepal culminated in a favorable note, with the World Health Organization-Nepal Country Office reporting in December a declining trend in the "number of RT-PCR tests, positivity rate, number of active cases and cases in home isolation over the last one month".[1] Five months later, however, the trend has been drastically reversed and Nepal is again facing the effect of the pandemic. Regarded as the second wave of the surge, Nepal has recorded, 144,247 additional confirmed cases and an increase in the national average positivity rate from 12.7% on 30 December 2020 to 49.4% on 11 May 2021.[2] Against this backdrop, the imperative of bringing together and building upon good practices and lessons learned to better confront the rising tide of the pandemic could never be overemphasized.

Since the outbreak of the pandemic in 2020, the United Nations Country Team (UNCT) in Nepal has been responding to the crises with a focus on the gendered impacts of the pandemic and **leaving no one behind,** a commitment Nepal pledged to pursue in the 2030 Sustainable Development Agenda. Women and other vulnerable and excluded groups have experienced the most severe negative effects of the pandemic due to pre-existing deep-seated inequalities and discriminatory practices. Challenges, such as increasing incidents of maternal deaths due to lack of access to services, loss of livelihood, rising care burden, and swelling statistics on gender-based violence (GBV) threaten to reverse the progress attained on women's empowerment and gender equality.

Chaired by the UN Women Nepal Country Office, the GiHA-TT is a multi-stakeholder mechanism comprised of government, civil society organisations, development partners, and UN agencies.

It serves as a virtual platform that facilitates constructive dialogues, honors a diversity of voices, demonstrates thought leadership, and enables greater clarity with regard to coordinating GESI efforts in humanitarian work.

Since the 2015 earthquake, **Nepal's Gender in Humanitarian Action Task Team** (GiHA-TT) has served as UNCT's flagship mechanism to ensure that the women and the country's most vulnerable and excluded groups are not left out during humanitarian interventions. The GiHA-TT was reactivated in April 2020 to mainstream gender and social inclusion (GESI) in all responses to the pandemic. Chaired by the UN Women Nepal, the GiHA-TT is a multi- stakeholder mechanism comprised of government, civil society organisations (CSOs), development partners, and UN agencies. It serves as a virtual platform that facilitates constructive dialogues, honors a diversity of voices, demonstrates thought leadership, and enables greater clarity with regard to coordinating GESI efforts in humanitarian work. In 2020, GiHA-TT conducted 15 virtual meetings, during which leaders representing 76 agencies/organizations made presentations about the impact of COVID-19 on various GESI concerns. These consisted of CSOs (63%), government agencies (17%), UN agencies (13%), and individual experts/development partners (7%).

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[1] WHO Country Office for Nepal Situation Update No. 37 - Coronavirus Disease 2019 (COVID-19), 23-29 December 2020, p. 1. https://www.who.int/nepal/news/detail/10-05-2021-who-nepal-situation-update.

[2] WHO Country Office for Nepal Situation Update No. 56 — Coronavirus Disease 2019 (COVID-19), 4-10 May 2021, pp. 1-2.
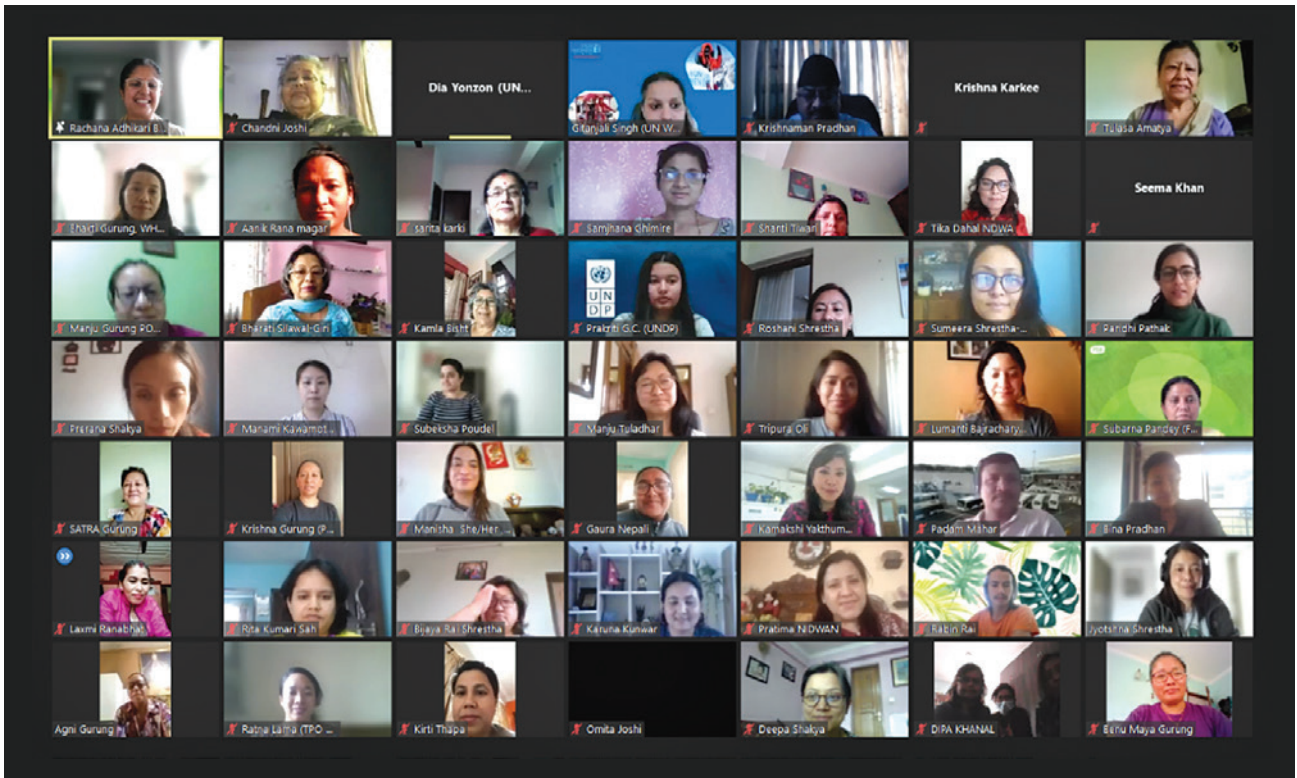
The GiHA-TT has been holding its regular monthly meetings via Zoom since the breakout of the COVID-19 pandemic in Nepal in 2020. *Photo: UN Women*

On 10 July 2020, the UN Women Nepal conducted a meeting poll to assess the effectiveness of the GiHA-TT meetings from April to July 2020. The result showed that an average of 54% of the participants found the meetings to be very good in terms of knowledge sharing, thematic focus, fostering a coordinated and coherent approach on GESI, and content. An average of 29% of the respondents found those same aspects of the meeting to be "excellent" and the rest (17%) rated them as "good."

The members and partners of GiHA-TT pursued coordinated initiatives to advocate, re-purpose, and deliver support to the most vulnerable and excluded populations. Through these, they collected time-sensitive information on the ground realities and helped remind duty bearers about the pandemic's disproportionate impact on invisible segments of the population who are often unintentionally excluded during emergency situations.

This Gender Equality Update 31 presents a collection of GiHA-TT members' insights from mainstreaming GESI in the COVID-19 response in 2020. Readers are encouraged to use or innovate on the actions taken, build upon them, and share their own learnings to GiHA-TT to build a repository of knowledge that could further illuminate Nepal's journey to recovery.

LESSONS FROM SUCCESSFUL INITIATIVES

Challenge 1 Inability to maintain good health and well-being amid the pandemic

The challenges to the general health and well-being of Nepal's people in 2020 were enormous. Fear of infection, along with the stigma and discrimination attached to it, discouraged many people from seeking essential care. The increased burden on Nepal's health service capacity narrowed options among people who had medical needs other than COVID-19. The difficulty of obtaining maintenance medication raised the health risks of certain vulnerable groups, including persons living with HIV who needed antiretroviral treatment and LGBTIQ+ people under hormonal therapy. Emergency sexual and reproductive health services – such as pregnancy labor and delivery and treating injuries from GBV – were hard to access. Women, who comprise a majority of Nepal's health, sanitation, and social sector workers, faced greater risk of COVID-19 infection.

Quarantine and isolation facilities paid limited attention to the needs of women, people from excluded groups, and persons with disabilities. The overall situation caused severe psychological stress to many people, giving rise to mental health issues, depression, and suicide. Disruptions in the food supply chain triggered apprehension about food shortages and its risk to public health.[3]

👍 Lessons Learned and Good Practices

During the COVID-19 crisis in 2020, people's access to basic services became extremely difficult. As a result, **local officials and relevant organizations adopted innovative methods to respond to the important health concerns among women and other vulnerable and excluded groups.** The services included responses to reproductive, sexual, GBV, and mental health concerns, which were made available at the community level.[4]

■ Free ambulances for pregnant women were deployed in Dhangadhi sub-metropolitan city, which helped bring at-risk mothers to the hospital for safe deliveries, thereby avoiding complications from giving birth at home without professional support. The service began and continued during the COVID-19 lockdown, with the ambulance making two-way trips from women's houses to the hospital and vice-versa. The contact numbers required to call the ambulance were disseminated through various channels.

■ In Dhulikhel municipality of Kavrepalanchok District, Bagmati, house-to-house visits made by the Deputy Mayor to distribute food supplies and clothing to pregnant women and their children brought emotional comfort and essential logistics that were hard to procure due to limited money and mobility. In addition, the visibility of elected officials at the height of the crisis enhanced public support to COVID-19 related policies and gave the people a chance to directly raise their concerns to the government.

■ In the same municipality, the development and dissemination of a roster of psychological counselors trained to handle a variety of counseling needs, including mental health, gender-based violence, and concerns of women with disabilities, increased the options, resources, and abilities of people to confront their COVID-19 challenges with a positive outlook and enlightened perspective.

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3 https://asiapacific.unwomen.org/en/digital-library/publications/2020/11/a-rapid-gender-analysis-on-covid-19-nepal-2020.

4 The good practices in Dhangadhi and Dhulikhel were both from the sharing of local elected women leaders, Gender Equality Update 19: Women's Leadership in COVID-19, 30 June 2020, pp. 2-4.

Community-based individual psychosocial counselling was provided by Koshish Nepal to several women in Kailali District, Far West Nepal, Sudurpashchim Province, who experienced mental health issues as a result of COVID-19 challenges in 2020. *Photo: Koshish Nepal*

- <u>Community health clinics have remained open during the pandemic</u> in Udayapur and Dang districts, with support from the Women's Rehabilitation Centre (WOREC) Nepal. These clinics provide access to preventive and curative care, as well as counseling services and primary health care, especially among marginalized and vulnerable groups who have little means to secure health care from other facilities.[5]

- The <u>mental and psychological support services</u> provided by Koshish Nepal through in-person session and a toll-free helpline (166001-22322) **made counseling more accessible to people in need.** Its campaign to promote a better understanding among the public about mental health and its referral services helped communities detect early manifestations of mental health issues and linked people to timely interventions.[6]

- The <u>focus on menstrual health and hygiene</u> by Pad2Go facilitated access to affordable hygienic needs among women and other menstruating individuals, thus reducing stigma around menstrual health. The weekly discussions on social media helped normalize conversations around menstrual health, transform negative perceptions and norms surrounding it, and raise awareness on the disproportionate financial burden of menstruating as a result of the 13% value added tax on menstrual products. The inclusion of sanitary pads in relief packages (distributed in collaboration with other organizations) helped increase access to hygienic supplies during the pandemic.[7]

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[5] WOREC Nepal, Disaster Response, updated on July 2020, at https://www.worecnepal.org/camp/18, accessed on 13 March 2021.

[6] Gender Equality Update 20: COVID-19 Initiatives by GiHA Members, 20 July 2020, p. 2. All Gender Equality Updates may be accessed at https://drive.google.com/drive/folders/1_Jod6msDmtHQ0PLIe82sA6zmxzB3Qzo2

[7] Gender Equality Update 18: Youth Leadership, 9 June 2020, p. 2.

Women are at the centre of the pandemic – as providers of care, health, and sanitation services at home and in formal institutions and as community volunteers, workers, and advocates striving to bridge gaps in information and services between communities and the government. But, without evidence-based analysis and real-time data, their needs could have been missed due to a "one-size-fits-all" template of conventional planning.

The contributions of the women's movement in the fight against COVID-19 were far-reaching, as they advocated and took action to ensure GESI was mainstreamed in COVID-19 responses nationwide. Women's leadership served as a vital component of communities' support chain, especially when regular support was absent or not functioning effectively. The roles of women's organizations were crucial – from identifying needs to mobilizing support – they helped bring communities together, deliver relief, facilitate access to services, and address the exigent needs of women, including GBV survivors.[8]

However, some organizations supporting women and other vulnerable and excluded groups, such as youth, persons with disabilities, and LGBTIQ+ people, operated with limited capacities and resources. They were excluded from formal avenues of coordination and decision-making. Several elected women representatives and GiHA-TT members noted that women in leadership positions were hit with unreasonable expectations, unfair comparisons, constant scrutiny, an increased care burden,[9] and biased perceptions about women's inferior capacity for leadership. They also observed that participatory processes were frequently bypassed in the guise of expediency, often excluding women leaders from planning and decision-making in times of emergency. CSOs and women's organizations that work with Nepal's most vulnerable and excluded groups faced these challenges more than others.

👍 Lessons Learned and Good Practices

Generating real-time GESI data is important to COVID-19 interventions focused on invisible segments of society. At the onset of the crisis, GiHA-TT supported the mobilization and engagement of women and vulnerable and excluded groups to help them inform the decision-making and planning process of COVID-19 responses.

- The Rapid Gender Analysis (RGA) on the impacts of COVID-19[10] by the Ministry of Women, Children and Senior Citizen (MoWCSC), in collaboration with CARE International and Save the Children, and with funding and technical support from UN Women, provided data on the evolving needs of women and girls in the context of COVID-19 from an intersectional perspective. It catalyzed collaborative action between the MoWCSC and several CSOs, which are implementing an action plan to advance the recommendations of the RGA.

- The 18 constructive dialogues conducted by GIHA-TT enabled over 1,300 representatives of government, CSOs, development partners, and UN agencies to design and implement their respective responses to the pandemic from a GESI perspective. The articulated concerns, recommendations, and good practices were captured in 11 Gender Equality Updates, which served as advocacy pieces for the incorporation of GESI into the COVID-19 responses of governments and their partners. Following these dialogues, the MoWCSC coordinated its plan with local government units, advocating that their COVID-19 responses incorporate the identified GESI priorities. The Supreme Court recognized the work of the GIHA-TT in one of its judgments.

- The rapid collection of data and vigorous advocacy to raise awareness about how the

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8   Action Aid Nepal, Brief Experience of Last Year for the Gender Equality Update, March 2021, p.1. and Feminist Dalit Organization (FEDO), Gender Equality Update on Learnings, Good Practices and Recommendations, March 2021.

9   Gender Equality Update 19: Women's Leadership in COVID-19, 30 June 2020, p. 1.

10   Rapid Gender Analysis, July 2020 (https://asiapacific.unwomen.org/en/digital-library/publications/2020/11/a-rapid-gender-analysis-on-covid-19-nepal-2020)

pandemic is impacting women in high-risk categories (i.e., elderly women, women with disabilities, and commercial sex workers) helped ensure that they were not excluded from planning responses to the pandemic. Ageing Nepal, Nepal Disabled Women's Association, and Social Work Allies for Sustainable Approaches demonstrated effective strategies on how these could be done among concerned government agencies.[11]

- An assessment about the impacts of COVID-19 on women professionals in humanitarian and disaster risk reduction, conducted by the Women Humanitarian and Disaster Risk Reduction Platform (WHDRRP), provided evidence to identify ways to protect and meet their emergency needs while responding to the pandemic. The results also informed the WHDRRP's advocacy and awareness raising efforts, counseling, and calls for stronger female leadership in the sector.

The **adoption of a common GESI agenda** proved to be pivotal in systematizing, intensifying, and coordinating advocacy efforts. It helped define common priorities and distribute responsibilities for advocacy and follow up with duty bearers.

- The Charter of Demands[12] developed and disseminated by three national women's networks (Women-Friendly Disaster Management Group, Intergenerational Feminist Forum (IGFF), and WHDRRP), with technical support from UN Women, brought together and formalized the GESI agenda during the COVID-19 response. Titled "Nepali Women Speak about COVID-19: Hear their requests," the charter was submitted to chief executives of seven municipalities, four provinces, eight national government entities, and several CSOs for action. Four government agencies, 36 CSOs, and one private sector organization have, so far, committed to support its implementation.

- The dialogue with the National Planning Commission, organized by the IGFF before the fiscal budget 2020/2021 session, resulted in the incorporation of GESI provisions into the current fiscal budget. The budget incorporated (i) the importance of government collaboration with related non-governmental organizations on raising awareness about GBV and harmful practices; (ii) the provision of free legal assistance to female victims of domestic violence, single women, people with disabilities, children, and other marginalized groups; and (iii) assistance to rescue and protect women migrant workers who are at risk abroad.

Photo shows women migrant workers from India who participated in COVID-19 awareness raising and received nutritious food from the community kitchen managed by Maiti Nepal in the border to India during the lockdown in 2020. Nepal's fiscal budget 2020/2021 incorporates a provision on rescuing and protecting women migrant workers, a plea raised by women's networks in the common Charter of Demands submitted to various government agencies for action.
Photo: Maiti Nepal

[11] GE Update 22, pp. 3-4 and GE Update 24, p. 1.
[12] Charter of Demands, 2020 (https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/the-charter-of-demand)

A counselor providing psychosocial counseling to an adolescent girl in a quarantine centre in Kailali in 2020.
Photo: WOREC

Elected women officials are in a strategic position to ensure the effectiveness of inclusive approaches. Building their capacity proved to be pivotal to the successful mainstreaming of GESI in COVID-19 responses.

▪ UN Women's capacity development support to elected women leaders of six local government units of Sudurpashchim Province helped improve the skills and confidence of local women officials as feminist leaders. Through the capacity-building interventions of the Justice and Rights Institute Nepal and the Nepal National Dalit Social Welfare Organization, the elected women leaders acquired the ability to ensure that gender and disability are included in local governance.[13]

▪ The consultations that the United Nations Development Programme (UNDP) conducted with mayors and deputy mayors of 230 municipalities resulted in improved confidence and valuable insights that enabled the local elected leaders, including women leaders, to help their constituents live through the pandemic. The consultations elicited insights that informed their responses to the enormous need for health services, the establishment and management of quarantine facilities, relief distribution, lockdown, and the implementation of COVID-19 policies. The elected women leaders noted the importance of their visibility and being perceived as accessible by their constituents. Strong leadership, collaboration and coordination among stakeholders, including the police, army, health personnel, private sector, civil society organizations and local elected officials have been found crucial in managing the challenges. Attention to intersectional disadvantage and discrimination experienced by vulnerable groups, such as LGBTIO+ people, returning migrants, elderly, persons with disability, single women and ethnic minorities had been crucial in ensuring that no one was left behind in their COVID-19 response.[14]

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[13] Gender Equality Update 19: Women's Leadership in COVID-19, 30 June 2020, pp. 2-4.

[14] GiHA-TT Minutes of Meeting, 4 June 2020, pp. 4-5.

Challenge 3 — Upsurge of gender-based violence

The COVID-19 lockdown presented additional drivers of GBV and compounded women's vulnerability. Many women were stuck at home with abusive family members in a climate of heightened tension, abetted by depleted family resources, increased care burden, loss of livelihoods, return of migrant family members, fear of infection, and uncertainties about the future.

Although case reporting was limited by restrictions on mobility, data from the National Women Commission and the Forum for Women, Law and Development confirmed a rise in domestic violence incidents. During the first and second waves of the pandemic, GBV case reporting was hindered by: (i) a lack of knowledge on how to file a complaint from home, (ii) the unwillingness of the police to register cases, (iii) suspension of court and out-patient departments at hospitals, which reduced referrals to One-Stop Crisis Management Centre services,[15] and (iv) advice from certain local officials to postpone the filing of GBV complaints until after the lockdown. The survivors' legal right to secure an interim protection order against perpetrators was rendered implausible by the reduced operation of courts.[16] Community-based psychosocial workers and female community health volunteers were unable to do home visits to support GBV survivors because of the policy on restricted mobility.

👍 Lessons Learned and Good Practices

Significantly improving GBV response during the pandemic must be considered. GBV services must be recognized as essential and made available during lockdowns and beyond. GBV service providers, including CSOs, must be equipped with **resources to fast-track service delivery and technological support to conduct remote outreach,** such as Internet connections (hotspot WIFI) or data packages, computers, smart phones and transportation.[17] These will enable them to efficiently deliver, refer or accompany GBV survivors to health, counseling, legal or protection services. These must be implemented with a **strong component on prevention and grounded on changing norms.**

- In Dhulikhel municipality, identifying and making available safe houses, health facilities, and female police focal points allayed apprehensions about the absence of recourse for GBV survivors, especially during the lockdown.[18]

- WOREC Nepal's safe houses enhanced access to psychosocial counseling, health, and legal

support to GBV survivors in Gauriganga, Budhanilkhantha, Kathmandu, Dhanusha, Morang, Udayapur, Dang, Kailali and Lalitpur. Its campaigns made people aware of the need to report GBV cases. The learning support it provided to GBV counselors helped improve their competence. WOREC's focus on women in most vulnerable situations prioritized relief allocations and services for survivors of violence and conflict, pregnant women, lactating mothers, single elderly women, women heads of households, women with disabilities, adolescent girls and daily-wage labourers. WOREC applied a survivor centred approach to its comprehensive essential service package to GBV survivors and engaged them in leadership and alternative livelihood learning skills using a gender transformative method. It also documented health rights violations in Udaypur district during the lockdown and carried out advocacy to protect the health rights of women and excluded groups. WOREC provided counseling to 3,051 GBV survivors in 12 districts through 25 psychosocial counseling centres and safe houses in 2020.

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15 WOREC Nepal, An assessment on risk and preventive measures of gender-based violence during lock-down period of COVID- 19, June 2020.

16 Gender Equality Update 17: Women, Peace and Security and Social Cohesion, 8 June 2020, p. 1.

17 Gender Equality Update 15, 6 May 2020, p. 2.

18 Gender Equality Update 19: Women's Leadership in COVID-19, pp. 2-3.

- Maiti Nepal's <u>shelter for women and girls</u> addressed the needs of women and girls who have been subjected to various forms of violence, including human trafficking. It provided immediate temporary shelter and protection, counseling services, health care, and information on life skills and human trafficking. In coordination with the government, the shelter rehabilitated rescued women and children and facilitated reintegration into their families.[19]

It is important to **intensify and sustain efforts to engage youth in GBV prevention and response,** including during the pandemic, to transform harmful norms and lead toward a future that rejects gender inequality, exclusion, and GBV.

- The use of <u>creative and digital means to engage youth</u> has helped galvanize support in ending GBV. We for Change, in collaboration with Youth Council in Action for Nation and the Family Planning Association of Nepal, produced a video featuring young people raising their collective voice against GBV. We for Change also collaborated with Plan International Nepal in organizing the Power of Poetry Program, using poetry to raise the voice of youth to end GBV in the context of the pandemic.[20]

Continuously **tracking developments about GBV helps keep decision makers informed** about how the COVID-19 pandemic fuels its rise, especially in vulnerable communities. This could also provide a basis for the design of up-to- date public information campaigns to end GBV.

- The <u>Protection Monitoring Systems</u> established by the Protection Cluster help ensure that the impact of specific shocks, including COVID-19, to women and the most vulnerable and excluded groups are monitored and their intersecting vulnerabilities are presented through up- to-date, cohesive data. The systems link up with expansive civil society networks to enable underrepresented groups to tell their story and participate in protection monitoring and advocacy while tracking the status of protection measures across the country, especially in times of crises. The systems identify the problems and response gaps through two tools that are accessible in Nepali and English via mobile phone and Internet. The first tool is a key informant interview questionnaire, which is accomplished monthly by participating entities. It features questions about the impact of the lockdown, including incidents of GBV, violence against children, gender minorities, ethnic minorities, and migrants. The second is an incident report form, which identifies the challenges faced by various populations in accessing services and the gaps that need to be addressed. The data generated by the system is accessible to a variety of users, especially the Protection Cluster members and the participating entities. See https://ee.humanitarianresponse. info/x/eJbM5RKM

- The <u>awareness and education campaigns</u> of Feminist Dalit Organization (FEDO) to end GBV, caste-based discrimination, health and relevant laws reached over 110,000 people nationwide in 2020. A nationwide rapid assessment of the impacts of COVID-19 on the lives of Dalit women in 19 districts informed the local government's COVID-19 response, including on GBV. In addition to providing relief to over 3,000 Dalit and marginalized women, a series of multi-stakeholder virtual dialogues with representatives from all provinces included the topic of GBV prevention amid the pandemic.[21]

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[19] Gender Equality Update 20: COVID-19 Initiatives of GiHA Members, p. 3.

[20] GiHA Transcript of Meeting, 26 January 2021, pp. 5-6.

[21] FEDO inputs to GE Update on Learnings, Good Practices and Recommendations, March 2021, p. 1.

Increased discrimination against women, vulnerable and excluded groups

The pandemic made discriminatory practices more rampant in 2020. Pre-existing discriminations against minorities and people from excluded groups were taken to a new level, as people without citizenship faced discrimination in their access to relief, services, and facilities. The enforcement of physical distancing was used as justification to continue discriminatory practices, such as untouchability towards Dalits. At the onset of the crisis, returning Nepali migrants and Muslims were branded as carriers of the virus, leading to stigmatization. Fear of infection incited discrimination, verging on hate and aggression, as frontline workers were turned away from restaurants, hotels, and public places due to fear of spreading the virus. There were reports about COVID-19 patients receiving hate emails and death threats after the disclosure of their diagnosis.[22]

Among low-income families, girls faced the risk of dropping out of school, getting married prematurely, and serving as their family support to take on domestic chores and care for their siblings, elderly people, and ailing family members. A survey conducted by Room to Read in April-May 2020 revealed that the loss of income among families would negatively influence decisions to send girls back to school.[23] Denial of education to girls will have enduring, adverse implications to the future status of Nepali women and must be addressed as a priority of building back boldly and differently.

Lessons Learned and Good Practices

An immediate high-level policy response is required to end widespread discrimination, particularly those that aggravate the dire situation of women and vulnerable and excluded people during emergencies. Advocates should embrace opportunities to press policies that would otherwise be harder to push without a compelling public outcry. The power of the judiciary to steer game-changing policy reforms in times of crises must be harnessed and supported.

■ The decision of the Supreme Court to overturn the requirement of a citizenship certificate to receive COVID-19 relief and other support from government significantly curbed discrimination against people with no citizenship; mostly single women, migrants and migrant returnees, refugees, and LGBTIQ+ individuals.

■ Other important policy issuances by the Supreme Court provided high-level support to advancing GESI in the responses to the pandemic. In its decision, the Supreme Court declared that: (i) women's human rights remain at the center of COVID-19 response; (ii) GESI is an integral component of the government's response plans; and (iii) migrant workers stranded abroad must be repatriated.

Protecting the rights of women and excluded people requires dedicated attention during emergencies. **Policies and standards have to be quickly adopted and enforced at the frontline to ensure the GESI responsiveness of emergency responses,** including in quarantines and holding facilities.

■ The GESI Checklist for Quarantine Centers,[24] which was developed and adopted by the MoWCSC with UN Women's support, ensured that facilities and services in quarantines were sensitive to gender and inclusion concerns. The Supreme Court's judgment, which referred to the GESI checklist as part of the government's response to the pandemic, laid an official basis for ensuring the quality of current and forthcoming services and facilities for emergencies.

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[22] Nepal UN Country Team, UN Framework for Responding to the Socio-economic Impacts of COVID-19 in Nepal, pp. 14 and 30.

[23] Room to Read, Girls' Education Risk Indicator, April-May, 2020.

[24] GESI checklist to monitor quarantine facilities (2020).

Returnee women migrants waiting for their turn for temperature check at the Women for Human Rights-Single Women's Group Quarantine Centre in Kathmandu in July 2020. *Photo: UN Women/Ashma Shrestha*

- The National Women Commission's effort to require quarantine facilities and services to conform with the guidelines of the above checklist helped ensure that the rights of women and excluded groups were protected at the height of the pandemic.

Emergency support for vulnerable populations must be reinforced. Equity should remain a foregrounding principle in emergency response – ensuring that those who have the least in life receive more attention and support. Relief and cash grant packages must incorporate additional provisions to address the intersecting layers of vulnerabilities experienced within households**.** Obstacles that prevent them from seeking support and surviving during the crisis must be addressed. These include a lack of food supplies and cooking equipment, protective masks and sanitizer, lack of electricity, Internet access, water facilities, communication tools, emergency kits, and other forms of infrastructure.

- UN Women's incorporation of four additional components to the multi-purpose cash assistance value, which was established by the Cash Coordination Group, has addressed intersecting layers of vulnerabilities

experienced by some households. The additional amount covered cash support for child care, pregnancy, breastfeeding, and physical disability. The GESI responsiveness of this support enabled the most vulnerable and excluded households to address their immediate survival needs and achieve financial autonomy while physical distancing and mobility restrictions impaired their income generating ability. It helped ensure that the needs of the most vulnerable family members were not sacrificed in favor of other household spending priorities.

- The women-led quarantine/holding centre of WHR provided temporary shelter and facilitated the reintegration of returnee women migrant workers with their families. The centre assisted women in difficult situations, such as pregnant women, mothers of newborn babies, and elderly women. WHR also provided safe quarantine and isolation spaces in its chhahari[25] shelter homes in 10 districts, which can accommodate 365 women. WHR advocated for humanitarian support to vulnerable groups through mobilizing its staff, networks, and cluster groups at the central and provincial levels.[26]

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[25] Chhahari means 'safe space'.

[26] Gender Equality Update 20: COVID-19 Initiatives by GiHA Members, 20 July 2020, p. 5.

Volunteers of community kitchen in Banke arranging food for distribution to informal workers in 2020. *Photo : Ramsharan*

■ Meal distribution and community kitchens, which were run by several women CSOs, addressed the immediate survival needs of the most vulnerable families. Through the support of UN Women, 84,597 meals were served, reaching about 25,000 people from Provinces 3, 5, and 7 to prevent hunger and a creeping sense of hopelessness among people. The six women-managed community kitchens operated by WHR, Maiti Nepal and Nagarik Aawaz with funding support from UN Women also provided income to women who supervised the cooking and distribution of food, fostered trust-building in the community, and helped alleviate women's domestic care burden.[27]

■ The comprehensive relief package implemented by FEDO, Mandwi, WOREC and Women Act, with the support of UN Women, met the immediate socioeconomic needs of vulnerable women, especially female-headed households, in Provinces 2, 3, 5 and 7 (Sudurpashchim). The package helped women and most vulnerable people to quickly bounce back from shock and take self-directed steps to resilience. Those who received the package said that the food, cash, survival items and information and communication support enabled them to think and explore options, raise issues to authorities, and regain confidence to live productively amid the crisis.

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[27] UN Women, Nepal COVID-19 Response Strategy, October 2020, p. 6.

Room to Read ensured that school girls were supported while taking their lessons from home. Photos show a father helping his daughter to complete a lesson and two social mobilizers engaged in coaching their respective online students during the lockdown in 2020. *Photo: Room to Read*

- The underlined self-help pool of resources, in support of its members, demonstrated the resolve and ability of the Conflict Victim Women National Network to respond to the emergency concerns of conflict survivors at the height of the pandemic. The advocacy, mobilization of resources, and distribution of relief conducted by the Muslim Women Welfare Society also met the essential needs of disadvantaged Muslim women and their families, including food and menstrual hygiene needs. Mitini Nepal's radio advocacy, psychosocial support, counseling, legal services, emergency shelter and distribution of relief helped ensure that LGBTIQ+ people received emergency support with dignity and equal treatment.

- FEDO helped sustain public attention and response to the concerns of the Dalit communities. FEDO conducted advocacy to stop violence and discrimination against Dalits, worked with the government to support and mitigate the impacts of the pandemic on Dalit people, distributed GESI-sensitive relief materials (including sanitary pads and medical kits), and conducted a rapid assessment on COVID-19 impacts on the Dalit community, with attention paid to the needs of Dalit women. The result of the rapid assessment informed the COVID-19 response among many local governments.[28]

- Declared as a high-risk population during the pandemic, elderly people faced the possibility of discrimination and neglect.

However, this was mitigated through the work of Ageing Nepal. Its intervention package covered healthcare (infection testing and care homes); emergency transportation, including ambulances; protection against GBV; and provision of relief that met the distinct needs of the elderly.[29]

The right of girls to continue their education, during and after the lockdown, must be protected and fulfilled by the government. Funding support for CSOs, which deliver effective programmes for the continuity of girls' education, must be considered for incorporation into the gender budget of local governments.

- A multi-pronged family intervention package by Room to Read fostered girls' education during and beyond the lockdown period. The intervention resulted in a reduced risk of girls dropping out of school, from 4% in March 2020 to only 2% by the end of November 2020. The risk of "dropping from home-based schooling" was also reduced from 13% to 4% in the same period. The approach used online and radio-based learning methods, combined with: (i) social mobilizers to mentor girls and monitor their progress, (ii) identification and motivation of girls at risk, (iii) sending text messages to encourage parents to provide a supportive environment for girls' learning, and (iv) holding discussions with girls and parents on such topics as managing emotions and stress, learning tips, delaying marriage, and dealing with challenges to girls' education.

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28 Gender Equality Update 22, 31 August 2020, p. 3,

29 Gender Equality Update 24, 5 November 2020, p. 3.

Digital-based communication has become the new normal during the pandemic. However, the digital divide[30] remains pervasive in Nepal, with only 20% of the population online, compared to 87% in developed countries.[31] Accessibility in online meetings was improved by the use of simultaneous translation, closed captions, and sign language interpretation. Still, many obstacles have to be addressed, such as ownership, remoteness, disability, digital illiteracy, and access to online platforms and devices.

There is an urgent need to ensure that those without Internet access are not excluded from conversations about national recovery. An intersectional approach should also be adopted to ensure that marginalized populations in urban and rural areas are reached. Creative ways to include input from women and excluded groups in digital conversations must be promoted.

Radio also proved to be invaluable in reaching excluded and remote populations during the pandemic. There are around 700 radio stations in Nepal, some of which remained active throughout 2020. They delivered vital health information, public service announcements, interactive talk shows, and multi-theme learning series. The use of radio should be optimized to complement online platforms for communication and engagement, including family and community-learning sessions that promote norm change.

👍 Lessons Learned and Good Practices

Strategic measures to immediately bridge the digital divide must be included among the government's recovery priorities.[32]

- The Ministry of Industry, Commerce and Supplies' effort to formulate a strategy to develop and utilize e-commerce strives to promote information technology to advance commercial activities within and across Nepal's borders. The promotion of e-commerce will narrow the digital divide by expanding the reach of Nepal's information technology. The strategy identifies and addresses existing capacity gaps in the government, private sector, and micro, small and medium enterprises.

- Viamo, a global social enterprise specializing in mobile engagement and information and communication technology for development, helped reduce the digital divide in Nepal in 2020 through three approaches. These were: (i) the development of knowledge and skills in which free, on-demand information services were provided through the number 32100 and entry-level skills on the use of mobile phones and the Internet were given through interactive voice responses; (ii) preparedness and incentives, in which the target participants of future surveys were provided with advanced information on the topic and scheduled a call, including air-time top-up as an incentive; and (iii) agility or working with participants

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[30] The Organization for Economic Co-Operation and Development (OECD, 2001, p.5) defines digital divide as "the gap between individuals, households, business and geographic areas at different socio-economic levels with regard to their opportunities to access information and communication technologies, and to their use of the internet for a wide variety of purposes."

[31] Ananda Gautam, Closing the Digital Divide in Nepal, quoting information from International Telecommunication Union. https://www.internetsociety.org/blog/2020/06/closing-the-digital-divide-in-nepal/, accessed on 11 March 2021.

[32] Unless referenced otherwise, all of the good practices listed have been liberally lifted from the sharing of the concerned GiHA participants during its meeting on January 26, 2021. Source: GiHA Transcript of Meeting, pp. 4-5.

SABAH Nepal, UN Women's partner, developed digital marketing app Mero Pasal (my shop) to support home-based women workers to sell their products directly through the app in 2020. *Photo: UN Women/Uma Bista*

in designing the learning curriculum, which allowed Viamo to deliver a mobile-based remote training that helped build the capacity and support of frontline workers.

- We for Change implemented a campaign to bridge the digital divide by offering technical training courses on the use of MS Office, email writing, and creating unique social media graphics, presentations, and posters through the Canva platform. Responding to the need to build connection among people during COVID-19, it also implemented a campaign called "hashtag distancing and connecting," which won the UN Sustainable Development Goal Solidarity Award in 2020. Engaging youth and the general public through digital technology was also implemented through fire phone activities, bingo, best friend frenzy, postcard for cash, and a video on mental health issues and responses.

- SABAH Nepal's Mero Pasal app connected goods produced by home-based workers to the formal sector market. The app calculates the pricing of products and merchandising and facilitates access to markets by women producers through online marketing platforms. The app helped expand the market for women's products and provided informal producers with additional skills to make their products more competitive and profitable.

- The Agricultural Development Bank Limited provided digital solutions to address the constraints of farmers in accessing cash and information. The bank introduced (i) a Kishan Credit Card, which enabled farmers to access customized financial services, and (ii) a Kishan mobile app, which provided them with a digital marketing platform. Supported by Kishan Knowledge Centre, it facilitated the access of farmers to agriculture-related information.

- The Story Kitchen (TSK) amplified the voices of women and excluded groups by providing access to information and promoting their engagement in digital device discourses. A creative method of keeping GESI advocacy alive was set up by TSK through "Katha Corona" (Corona Stories), a social media campaign that served as a platform for women from different castes, communities, gender and sexual identities, ages, cultures, and abilities to share their experiences and contributions to the response to the pandemic. With over 600,000 views from users nationwide, the platform will likely improve the COVID-19 response among women from excluded groups and communities.[33]

- The UN Capital Development Fund (UNCDF) supported Nepal in advancing digital solutions and unlocking capital through its inclusive digital economic strategy. Its strategic framework was composed of four pillars, namely: (i) policy and regulation, (ii) infrastructure, (iii) innovation, and (iv) skills. In 2020, UNCDF supported a Payment Service Provider (Khalti) to develop an e-Commerce (Khalti Bazar) platform targeting micro, small, and medium enterprises (MSMEs) during the pandemic. The partnership proved to be an effective model for helping MSMEs stay afloat and provided additional revenue for MSMEs through digital financial services (DFS), such as utility payments and top-ups. Since the launch of the pilot in September 2020, 652 MSMEs (217 women-owned) have been included in the platform. They conducted over 54,762 DFS transactions, which amounted to USD 357,177 as additional revenue for the 652 MSMEs.

- The effort of FEDO to increase digital literacy through training of Dalit people debunked the perception that people with low literacy levels may not be able to learn digital technology skills as easily as others. The participants quickly learned how to use the mobile apps, and other devices through training and practice. CSOs working with excluded groups may consider the approach of FEDO, which facilitated digital literacy among Dalit and minorities.[34]

Support should be provided to **increase the capacity of CSO networks to optimize the use of radio** for various purposes during the pandemic.

- Under the UN Joint Programme on Accelerating Progress Toward Economic Empowerment of Rural Women, a learning series on ending violence against women and promoting gender equality and women's leadership was developed and aired on local radio stations. Radio programmes could significantly catalyze norm change for women's empowerment and gender equality, especially during lockdowns, when family members are together at home and are likely to be receptive to productive discussions. For example, a rural woman from Gujara municipality, Rautahat district, shared that by listening to the broadcast series, her husband has become supportive of her participation and leadership in community affairs. The broadcasts also enabled awareness-raising discussions through group listening sessions among neighbors.

- The radio campaign of Dhulikhel municipality increased public awareness about the importance of reporting GBV cases to its judicial committee.[35] Radio advocacy by Mitini Nepal also kept the public and duty bearers informed about the evolving concerns of the LGBTIQ+ community during the pandemic.

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[33] Gender Equality Update 20: COVID-19 Initiatives by GiHA Members, 20 July 2020, p.2.

[34] FEDO, Inputs to GE Update on Learnings, Good Practices and Recommendations, March 2021, p.1.

[35] Gender Equality Update 19: Women's Leadership in COVID-19, pp. 2-3.

Recovering from the shocks of the pandemic will take time and continual sacrifice, which will be felt more in the households and communities of women and the most vulnerable and excluded groups. With an estimated two million heads of households losing their jobs, USD 1.2 billion losses in remittance from returned migrant workers,[36] indebtedness, and the spiraling costs of food and basic necessities, poor families are likely to cut spending considered to be non-essential. These may include girls' education, nutrition, hygiene, and the treatment of non-life-threatening medical conditions, like reproductive health issues and injuries due to domestic violence. The economic foundation of poor families has to be rebuilt with capital subsidies or low interest loans, a stable market, and access to decent work opportunities for youth and adults. Food assistance and cash support must continue for the most vulnerable. Support must also be provided to women-led MSMEs to address recovery challenges, such as an inability to pay workers, taxes, rent, loan installments and interests, lack of raw materials to continue businesses, spoilage of perishable goods due to lack of market and transportation, cancellation of orders, and psychological distress resulting from business losses.[37]

From a GESI perspective, "building back boldly and differently" requires recovering from the pandemic while correcting inequities of the past, demolishing structures that perpetuate exclusion and gender inequality, a fair sharing of leadership in running the country's affairs, and an equitable redistribution of resources, opportunities, and responsibilities in the recovery efforts. Building back boldly and differently is about:

(i)   Delivering a response that leaves no-one behind;

(ii) Reducing vulnerability to future waves of the pandemic;

(iii) Building resilience to future shocks; and

(iv) Overcoming the severe and systematic inequalities exposed by the pandemic.[38]

Nepal's recovery strategy must embrace and implement its constitutional commitment to equality and non-discrimination and attain Goal 5 of Agenda 2030. This requires an enabling environment, which the government must create, by championing norm change at all fronts. It requires fulfilling the right to education of girls, restructuring the care economy, ensuring resources for economic productivity, and adopting a zero-tolerance approach to all forms of abuse, discrimination, and violence against women and other vulnerable and excluded groups. The United Nations framework for responding to the socio-economic impacts of COVID-19 in Nepal has been framed with these aspirations in mind. It pays attention to and makes efforts to ensure meaningful participation of Madhesis, Muslims, indigenous people, elderly people, persons with disabilities, people without legal identity, refugees and sexual minorities, with the goal of advancing their inclusion in social and political decision-making spaces.[39]

👍 Lessons Learned and Good Practices

Providing an enabling environment for the most affected populations to recover from the impacts of the pandemic is a priority. Greater attention should be given to female heads of households who lost their jobs or livelihoods, agricultural workers, women in the informal sector, migrant and wage workers, and women engaged in livelihood and micro, small, and medium enterprises. Remittances from overseas workers should be declared as essential services with reduced transfer costs to mitigate any further decline due to the impacts of the pandemic.

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36   UN Country Team in Nepal, UN Framework for Responding to the Socio-economic Impacts of COVID-19 in Nepal, p. 16.

37   Gender Equality Update 16: Gender and Economy, 29 May 2020, p. 2.

38   UN Comprehensive Response to COVID-19, at https://www.un.org/en/coronavirus/un-response, accessed on 31 March 2021.

39   UN Country Team in Nepal, UN Framework for Responding to the Socio-economic Impacts of COVID-19 in Nepal.

A home-based worker making yomari, an ethnic sweet delicacy, to be packaged and sold in the market in Bungmati, Lalitpur. *Photo: UN Women/ Ashma Shrestha*

- The Federation of Woman Entrepreneurs' Association of Nepal is advocating for a recovery package for MSMEs that are led by women. This package will likely include loans, interest and tax payment extensions, and rebates to (i) upscale funds in the Women Entrepreneurship Development Fund, (ii) bring into effect subsidized loan schemes through bank and financial institutions, and (iii) introduce refinancing schemes accessible to women-led MSMEs. It formed a task force for recovery planning, which envisions to come up with inputs to the government for the economic recovery of women's businesses.[40]

- Through the Ministry of Labour, Employment and Social Security, the government established measures that support women who will return to their work overseas. These include (i) better employment prospects other than domestic work, (ii) addressing trafficking in women in collaboration with the Ministry of Home Affairs and MoWCSC,

and (iii) better collaboration with CSOs on the rescue and rehabilitation of women migrant workers through shelter homes, addressing the stigma attached to returnees, and knowledge production and research. The Ministry established the Foreign Employment Management Information System, which links and makes available important data from 18 government agencies, including the Immigration Department, Department of Passport, and Department of Revenue.[41]

Where government support cannot be fully provided, **women's CSOs with significant experience working with women migrant workers may be included in the support chain of government.** This will ensure that women migrant workers who face difficulties in reintegrating into their families due to lack of citizenship, stigma, infection, and a loss of their economic base are provided with support to rebuild their lives.

[40] Gender Equality Update 16: Gender and Economy, p. 2.

[41] GiHA Transcript of Meeting, 23 February 2021, p. 3.

- Pourakhi's <u>advocacy, helpline, documentation of complaints, legal support, relief distribution and emergency shelters</u> have become a key resource for migrant workers in crisis. Pourakhi and Aaprabasi Mahila Kamdar Samuha, or AMKAS, provided assistance to migrant workers who were severely impacted by the pandemic, including undocumented women migrant workers who are often employed in domestic work, workers who have lost their jobs and were unable to return to Nepal, and women who were denied health care or detained for deportation.

Stabilizing the food supply chain and community livelihoods were key to resilience and survival in many communities. Since community resilience-building requires a lengthy and sustained process, **a local policy mandating the incorporation of resilience-building measures in development interventions** for communities must be considered. A scoreboard to measure compliance with resilience standards may be introduced and monitored by CSO networks.

- The <u>home gardens and local vegetable and fruit production,</u> which were supported by the Rural Village Water Resources Management Project ensured resilience and stability of the food supply in the provinces of Sudurpashchim and Karnali. During the pandemic, the farmers were supported to scale up production and meet the local demand, averting food insecurity and reducing reliance on food imports from India. Employing staff from the same areas strengthened "resilience assets" within communities. It also avoided issues about mobility, delays, trust-building, or apprehension about contracting infection from outsiders. They could also be mobilized as internal resources for planning recovery measures by those communities.[42]

- An effort to repurpose livelihoods by SABAH Nepal brought resilience to 350 home-based workers who were supported to produce, sell and distribute personal protective equipment, soaps, sanitizers, and face masks.

Women home-based workers receiving training on making personal protective equipment (PPE) from SABAH Nepal in Banepa Municipality in 2020. *Photo: UN Women/Uma Bista*

[42]   Rural Village Water Resources Management Project, Informal Inputs to Gender Equality Update on Lessons Learned, March 2021.

TAKING THE NEXT STEPS FORWARD

Nepal faces a twin challenge of moving forward with recovery while responding to a new wave of COVID-19 in 15 districts with the highest new spike of infected cases. In both tracks, the human rights of women and the most vulnerable and marginalized groups must remain central. Advocates are encouraged to consolidate and bring together their key GESI demands into a collective call to action and jointly coordinate their advocacy with local officials.

1   Strengthen GESI mainstreaming in the response to the new wave of COVID-19

- Equity in vaccination must be promoted by government at all levels. Data (as of 10 May 2021 COVID-19 Update, MoHP) indicate that 2,091,511 people have received the first dose and 368,811 have received the second dose of the COVID-19 vaccine. Based on serosurveillance and studies, 50% or more of Nepal's population is still vulnerable to infection.[43] The slow progress in immunizing the population has been attributed to a number of factors, including limited supply of the vaccine, apprehension of some people about the possible side effects, inaccessible locations, and lack of information about the importance and source of vaccination.

  GESI advocates should help facilitate the access to vaccination of women and the most vulnerable and excluded groups. This may include: (i) intensifying information campaign on the importance and the means to obtain vaccination; (ii) facilitating the preparation of a list of the most vulnerable and excluded individuals in their areas in line with the criteria of the Strategic Advisory Group of Experts (SAGE)[44] and advocating with local authorities to include the list in the priority targets for vaccination; and (iii) providing support in the post-vaccination monitoring and counselling as may be needed.

- Care and support services on mental health, well-being and suicide prevention must be coordinated and expanded by government and partners, with attention to women, vulnerable and excluded groups. Cases of severe mental stress and depression leading to suicide have increased across the country, mainly due to death and ailment of family members and friends, food and income insecurity, increased incidence of domestic violence, uncertainties about the future, and the emergent glorification of suicide in the social media. Data compiled by Nepal Police shows that during the 2020 lockdown, the number of suicide cases per day increased to 20 people, compared to only 15 in the previous year.[45] A UNICEF article dated 10 September 2020 reported that "*since mid-March 2020, 1,350 persons, including 319 children and 876 women died by suicide, overwhelmed by the emotional and mental toll of months of uncertainty and sometimes combined with experiences of trauma and loss.*"[46]

  Numerous interventions have been put in place by government, CSOs and international agencies to respond to the growing crisis of mental health and suicide. These include the provision of psychosocial and essential mental health support to adolescents and individuals, stress management workshops and webinars for front liners, training of community psychosocial counsellors, radio message dissemination to the public, helpline services to people in need, and online mental health support to health care providers. There is a need, however, to:

  (i) bring together and systematize the delivery of the interventions to enhance accessibility and complementarity of the approaches;

  (ii) raise the hotline capacity of mental health helplines and facilities with round-the-clock operation that is linked to all mental health care services throughout the country;

  (iii) strengthen the preventive component of mental health by educating the public on how to detect signs of depression and suicidal behaviors, access the needed support, and

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43   GiHA-TT Transcript of Meeting, presentation by Dr. Reuben Samuel, Senior Health Emergency Officer—WHO SEARO and Incident Manager COVID Response, WHO Nepal, 3 May 2021, p. 5.

44   For details see https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1

45   Neupane, Ashim. "At least 20 people committed suicide every day during lockdown," myRepublica, May 28, 2021, https://myrepublica.nagariknetwork.com/news/at-least-20-people-committed-sucide-every-day-during-lockdown/

46   UNICEF, "Working together to prevent suicide among children and young people in Nepal," 10 September 2020, https://www.unicef.org/nepal/press-releases/working-together-prevent-suicide-among-children-and-young-people-nepal

Sanitation materials procured with support from the Rural Village Water Resources Management Project for the protection of returnees from India who were quarantined in Bhairabi in 2020. *Photo: Dailekh*

counteract the glorification of suicide in the social media;

(iv) maintain a disaggregated data base of individuals provided with mental health support and their status, while ensuring confidentiality and privacy; and

(v) continually assess and strengthen the effectiveness of support services to mental health care service providers to avoid burn out.

■ Facilities for isolation, holding, shelter and home treatment must receive adequate resources and support from government. Facilities attending to patients under investigation and persons under monitoring have been reportedly operating beyond their space and logistical capacity with overworked and inadequate personnel. Since these facilities perform a significant role in the response chain to the pandemic, specific attention should be given to ensure their effective and sustained performance. For this purpose, a multi-agency task force may be created to monitor and review the state of such facilities in various locations. Apart from identifying their needs, the task force could be responsible for facilitating the provision of the necessary support to such facilities.

Helping patients with less serious cases to heal at home will mitigate the demand for hospital care and oxygen support. Thus, **the capacity of families to administer home-based therapy for patients under investigation or with mild cases of COVID-19 must be strengthened.** Such families must be equipped with written or recorded standard protocols, which may include a tool kit with appropriate medicines and clear guidance for ingestion; tips on how to do self-quarantine; phone consultation helpline and periodic monitoring by health personnel; access to information; communication device; guidance on how to detect and respond to emergency warning signs and use thermometer, pulse oximeter or blood pressure monitor; and tips on proper nutrition, exercise and hygiene.[46]

■ The rights and well-being of returned women migrant workers must be ensured by government and partners. A survey by the International Organization for Migration in 2020 found that undocumented women domestic migrant workers were the most affected migrant population during the pandemic. India remains as the main destination country for women migrants, partly due to the ease of crossing the porous Nepal-India border,[47] which has become a popular option especially among women migrant workers with incomplete documentation. Nine of the 15 districts identified as hotspots for the new wave of COVID-19 are in the borders to India. As data on returnee women migrant workers (RWMW) remain elusive, **local governments are encouraged to create a database on women migrant workers at the district level,** especially in the 15 hotspot districts. The RWMWs must be prioritized for emergency and reintegration support, with attention to eradicating the societal stigma against them, facilitating their safe and dignified reintegration in their communities and families, and reintegration in their communities and families, and for economic support.

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[46] GiHA-TT Transcript of Meeting, Managing the Second Wave and Preparing for the Monsoon, 3 May 2021.

[47] GiHA-TT Transcript of Meeting, Future of Migrant Women, 23 February 2021.

- The adoption of <u>indicators to monitor GESI mainstreaming in COVID-19 response</u> is recommended to intensify and sustain the mainstreaming of GESI, especially in the response to a new wave of the pandemic. For this purpose, leaders at the local level are encouraged to adopt their own set of indicators in consultation with women, vulnerable and excluded groups. The following are recommended for consideration: (i) engagement of women, vulnerable and excluded groups in the planning, distribution and follow up of response measures; (ii) incorporation of proportionate response to intersectional vulnerabilities; (iii) advancing the redistribution of domestic and unpaid care work; (iv) inclusion of responses to prevent and address cases of GBV, especially during lockdowns; and (v) promoting the participation and leadership of women, youth, LGBTIQ+ people, and representatives of other vulnerable and excluded groups.

2 Information as key driver of GESI responsive humanitarian action

Invisibility in data and statistics continues to be one of the most serious obstacles to the inclusion of women and other vulnerable and excluded groups in programming. This type of invisibility means these groups are excluded from planning, resource allocation, and implementation. Providing duty bearers with real-time, ground-level information (data, statistics, and analysis) that gives a compelling picture of the impacts of COVID-19 on women and other vulnerable groups would enable them to design and deliver responses that fit the specific emergency and recovery needs of these groups, including safety, security and dignity. Toward this end, **the data collection methodologies mentioned above may be repurposed for easy adaptation by local government units, CSOs, and other actors.**

- The <u>Rapid Gender Analysis</u> or RGA, for example, is a powerful method in "understanding the different needs, capacities and coping strategies of women, men, boys and girls and people with diverse gender and sexual identities belonging to various groups in any given crises."[48] Supported by the RGA tools and Good Practice Framework of CARE, simplified models of the RGA may be designed for community or LGU-specific adaptation. The new models should <u>make the RGA process more 'rapid</u>' because of the time sensitivity of the data that the RGA is expected to produce.

- With GIHA-TT's support, other approaches, such as <u>online consultation-dialogues</u>, could also be provided with a standard agenda and guidelines (i) for participants, to prepare the key information to share; (ii) for duty bearers, to focus on key questions and options to explore; (iii) for moderators, to keep ideas linked up and aligned with the objectives of the dialogue; and (iv) for documenters, to consolidate the ideas under a user-friendly framework for planning and action. This would enable local leaders and CSOs to effectively conduct their own online or radio-based dialogues with their constituents. <u>These dialogues must ensure</u> that diverse voices are heard in line with the <u>checklists provided in the multi-stakeholder</u> <u>Diversity in Dialogue Pledge</u>.[49] The Pledge was signed in 2021 by 16 international development partners and the UN to end the underrepresentation of "women, and those from historically marginalized groups, such as gender minorities, persons with disabilities and persons from the Dalit community, youth and ethnic minorities in public forums."

Diversity in Dialogue

An equal and inclusive society demands the inclusion of voices from all paths and experiences. It demands that we do not give center stage to the loudest and most visible voices, but recognize the diverse expertise and experience held across our society, including differing views.

Women, and those from historically marginalized groups, such as gender minorities, persons with disabilities, persons from the Dalit community, youth and ethnic minorities, continue to be underrepresented in public forums. Panels that are largely homogenous, often all male and of similar socio-economic backgrounds perpetuate the under and misrepresentation of women and other marginalized groups. It results in the silencing of multiple arguments and expertise, reinforcing singular narratives and beliefs. It is also diminishing the diversity of role models that the public sees as legitimate experts. **Now is the time to make a conscious choice for better representation, join us in a commitment to create diversity in dialogue.**

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48 CARE Nepal, Rapid Gender Analysis Report on COVID-19 Nepal, 2020, p. 2.

49 https://nepal.un.org/en/123100-diversity-dialogue-pledge-and-checklist

3 Multiply the government's capacity to respond through stronger and inclusive community-based organizations

Enabling organizations that support women and other vulnerable and excluded groups (including youth, LGBTIQ+ people, and persons with disabilities) to do better and more has never been more important than during the current new wave of the pandemic. There is a huge network of leaders who could expand outreach, ensure timeliness, and enhance the government's COVID-19 response, especially in communities where the government's presence is not widespread or immediately felt. They are knowledgeable about GESI, have established productive partnerships with local officials and community leaders, and have their own system of operating in times of crises. For example, the strength that the women's movement brings to humanitarian work was repeatedly demonstrated during the earthquake and flooding emergencies. They have remained at the forefront of the COVID-19 response, even though they have struggled with limited funds and logistics.

It would be a great advantage for the most vulnerable populations and the government **to strengthen the capacity of CSOs working with women and the most vulnerable and excluded groups, so that they could support the government's COVID-19 efforts more effectively. Some of the key measures that could be taken by government are:**

- Formally engage the aforementioned CSOs as part of the government's chain of support during crises, with a mandate to cover women and excluded groups in the COVID-19 response and recovery efforts;

- Ensure that women and excluded groups are equally represented in decision-making processes, mechanisms, and coordination efforts for COVID-19 response at all levels, including in the COVID-19 Crisis Management Center;

- Provide these groups with a full package of digital support, which should be part of the government's strategy to end the digital divide. This will enable them to respond efficiently to crisis situations, provide online services to people in need, and engage in critical conversations that are central to the wellbeing of women and excluded groups; and

- Ensure their continued access to critical information and trainings (including on disaster risk reduction, prevention, and management), which will deepen their expertise as humanitarian actors and support them to better understand the nuances of working as implementing partners or temporary extensions of the government's emergency chain of support.

Nepal government

Government

CSOs/NGOs

Increase public resources for GESI in the COVID-19 response and recovery

Since the pandemic is having a disproportionate impact on women and other vulnerable and excluded groups, the **adoption of targeted funding to enable these groups to rebuild their lives and prevent their situation from further deteriorating is strongly recommended.**

■ The government should consider earmarking 30% of its COVID-19 response and recovery funds to rehabilitate the lives of women and the most vulnerable and excluded groups. This fund may be used for (i) targeted support to re-acquire jobs, revive or repurpose livelihoods, and create community- based economic opportunities for women in the most vulnerable communities; (ii) ensuring the continuity of girls' education, including the completion of higher education and vocational courses; (iii) the resumption and scaling up of basic services at the community level, including for sexual and reproductive health and GBV injuries; and (iv) advancing innovative fast-track recovery approaches

for families at extreme risk. All investments in social care infrastructure must contribute to the reduction of women's care burden. GESI must be incorporated into the Prime Minister's Employment Programme and the Agricultural Development Programme.

■ The government and other development partners should consider funding support to CSOs with existing track records and implementing targeted interventions on gender equality and social inclusion during the COVID-19 response and recovery. This could be from federal and subnational budgets, budgets for disaster relief and rehabilitation, and the Provincial and Local Governance Support Programme.

UN Women staff collecting information on quarantine facilities, during the field mission to Province 7 in June 2020.
Photo : UNDP

5 Support the judiciary in its role as a custodian of human rights, social inclusion, gender equality, and non-discrimination

The strength of the judiciary must be further harnessed to allow the democratic tenets of Nepal's constitution and national laws to work in favor of the vulnerable and disadvantaged, especially in times of crises. This must also be consistent with international human rights instruments, such as the Convention on the Elimination of all forms of Discrimination against Women (CEDAW).

- A national dialogue among judicial luminaries at the national, federal, and local levels and representatives of excluded groups should be convened to explore the ways the judiciary can further flex its mandate and resources to make its services more responsive to the evolving realities of the pandemic.

- Strengthen the capacity of the judiciary across all provinces to deliver justice in crises, including in the current pandemic. Quick responses that are critical in an emergency context may be identified and disseminated with a corresponding directive on actions that must be taken by executive and judicial instrumentalities down the line of command, including in local government units. Related to this, a training package for local judicial actors' response to the emergency situation must be developed and implemented, to focus on (i) procedural aspects of justice delivery that can be enhanced, (ii) international standards related to gender and inclusion in humanitarian contexts, (iii) best practices from other countries, and (iv) landmark judgments of the Supreme Court that could be used as a basis for decisions in the district courts.

Supreme Court

6   Sustain collective action to "leave no one behind"

- Advocacy of GESI stakeholders must be intensified to appropriately follow up and implement the priorities set forth under the **Guidance note on CEDAW and COVID-19,** which was presented by CEDAW Vice-Chairperson Bandana Rana at the GiHA-TT's 5th Meeting on 11 May 2020.[50] Attention to women's rights in all aspects of COVID-19 response and recovery will continue to be an overriding priority, both in GiHA-TT's action and advocacy, with a specific focus on:

  (i)   Addressing the disproportionate impact of the pandemic on women's health;

  (ii)   Providing sexual and reproductive health as essential services;

  (iii)   Protecting women and girls from GBV;

  (iv)   Ensuring equal participation of women in decision making;

  (v)   Ensuring continuous education;

  (vi)   Providing socio-economic support;

  (vii)   Adopting targeted measures for disadvantaged groups of women;

  (viii)   Protecting women and girls in humanitarian settings and continuing the implementation of the women, peace, and security agenda; and

  (ix)   Strengthening the institutional response, dissemination of information and data collection.

Advocacy efforts should focus on reiterating Nepal's commitment under the Sustainable Development Agenda to **"leave no one behind,"** and to constantly bring women's and other vulnerable and excluded groups' concerns to the fore. These groups include women migrants, single women-headed households, elderly women, youth/girls, women with disabilities, informal workers, survivors of GBV and conflict, the LGBTIQ+ community, caste and ethnic minorities and unpaid care workers.

- As Nepal continues to roll out its COVID-19 recovery agenda, GiHA-TT will further expand its outreach to engage more humanitarian and development actors in catalyzing a collaborative and synergistic movement around GESI. It will reach out to social influencers, new networks, and local entities and mechanisms engaged in various aspects of the COVID-19 response and recovery to ensure that no one will be left behind. It will strengthen its mechanics of operation consistent with the Diversity in Dialogue principles and find ways to document ideas from its meetings in a form that would be accessible and useful for an expansive array of advocates, decision/policy makers, field actors and resource mobilizers nationwide.

"

And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure whether the storm is really over.

But one thing is certain. When you come out of the storm, you won't be the same person who walked in.

That's what this storm is all about.

Haruki Murakami

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[50]   Ms. Bandana Rana's presentation was based on the joint declaration of the ten United Nations human rights treaty bodies and the CEDAW's call for joint action in the times of the COVID-19 pandemic, as well as the OHCHR Guidance Note on COVID-19 and Women's Human Rights. See: https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/HRBodies/CEDAW/Statements/CEDAW_Guidance_note_COVID-19.docx&action=default&DefaultItemOpen=1

WE, THE GiHA-TT MEMBERS, WOULD LIKE TO EXPRESS OUR DEEP APPRECIATION TO THE FOLLOWING DONORS AND SUPPORTERS:

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