



GENDER EQUALITY UPDATE 37

EVOLVING ISSUES AND CHALLENGES
FACED BY WOMEN AND EXCLUDED
GROUPS IN THE COVID-19 CONTEXT

JULY 2022

*Representatives from women's groups participating in the
Thought Workshop organized by Tewa in Kathmandu.
Photo: UN Women/Uma Bista*

INTRODUCTION

The long-term repercussions of the COVID-19 pandemic continues to be felt globally. The lockdowns and border closures imposed in an attempt to contain the virus deepened existing divisions in society. The COVID-19 pandemic also brought the limited access to healthcare, essential services, and relief measures for marginalized women to the fore.¹ Exacerbating the situation, there was a rise in the number of women and girls dropping out of educational institutions, as marginalized groups struggled to combat the financial crisis. Further, COVID-19 restrictions disproportionately impacted women's employment.²

The pandemic's impacts on, and implications for, women and marginalized groups were global phenomena. However, the social structure that excludes certain parts of the population is culturally embedded and unique in every country. These divisions may be based on gender, sexual orientation, religion, and caste to name but some. In Nepal, it was revealed in a rapid gender analysis conducted when the pandemic first began that the groups most affected by COVID-19 include daily wage-workers, smallholder farmers, landless women, women working in the adult entertainment sector, women from Dalit and Madhesi communities, gender and sexual minorities, women from geographically-disadvantaged locations, women with disabilities, adolescent girls, women-headed households, displaced women, and those living with HIV AIDS.³ It was observed that because traditional gender roles in Nepal delegated household and care responsibilities to women, the lockdowns along with a risk of infection, increased their work burden exponentially. These unequal gender responsibilities catalysed by violence, anxiety, loss of employment, and a lack of access to essential goods and services made the situation of women in Nepal during the COVID-19 pandemic especially dire.⁴ It is thus crucial to understand how the pandemic has affected different segments of society, in particular vulnerable groups, and communities, to highlight the existing obstacles, cultural norms and institutional barriers that need to be addressed for a country to effectively fight against COVID-19 and its implications.



António Guterres,
UN Secretary-General

“We need to move beyond fixing women and instead fix our systems. We must also support women leaders in all their diversity and abilities – including young women, migrant women, indigenous women, women with disabilities, women of colour and LGBTIQ+.”



UN Photo/Mark Garten

The Government of Nepal along with non-government organizations and development partners are committed to eliminating the inequalities faced by women as a result of COVID-19. The diversity of experiences that the GiHA meetings highlight thus bring much needed attention to experiences that are often lost in generalization. Placing marginalized women and girls in the centre of recovery plans and programmes is key to ensuring that no woman is left behind in the journey towards women's empowerment and gender equality.

The 29th GiHA meeting took place on 29 July 2022. Entitled Evolving issues and challenges faced by women and excluded in the on-going COVID-19 context, it aimed to give perspective to the issues and challenges faced by women in Nepal with special emphasis on returnee migrants, single women, Madhesi women and Muslim women, including women's community leadership through Community Safety Nets.

¹ UN Women (2020b). Will The Pandemic Derail Hard-Won Progress on Gender Equality? Retrieved July 27, 2022, from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Spotlight-on-gender-COVID-19-and-the-SDGs-en.pdf>

² UN Women (2020c). From insights to action: Gender equality in the wake of COVID-19. Retrieved July 27, 2022, from <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>

³ UN Women Asia and Pacific (2020). A Rapid Gender Analysis on COVID-19 Nepal 2020. Retrieved July 27, 2022, from <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publications/2020/11/np-Rapid-Gender-Analysis-on-COVID-19-Nepal-2020-EN.pdf>

⁴ ibid.

RETURNEE WOMEN MIGRANT WORKERS

CHALLENGES



Vulnerability exacerbates migration: The most vulnerable and excluded women, those prevented from access to the nation's services and opportunities due to social, economic, religious, and political exclusions, are also those who tend to migrate for foreign employment.



Informal sectors worst affected: It was observed that women working in the informal sectors are the most affected by the COVID-19 pandemic. Most migrant women workers are employed in the informal sectors in the form of domestic workers, caretakers and in the hospitality sector with no documentation of their employment. Their undocumented status in foreign countries made them even more vulnerable.



Restricted mobility: Since most women workers in the informal sector were undocumented, they faced multiple challenges during lockdowns. They did not possess the necessary documents needed for medical certificates required to enter the country. Even if they were successful in returning to Nepal, the move back would result in the loss of their livelihood.



Contractual workers: The pandemic created a situation where forced termination of work contracts were a stark reality leading many women to be deported. Employers on the other hand, faced an economic crisis resulting in non-renewal of contracts, which in turn introduced further challenges for women workers. In addition, women became increasingly vulnerable owing to the lack of proper work documentation in the informal sector. A major hurdle was the absence of social welfare protection and access to occupational health services.



Domestic workers: Women who worked as domestic helpers had to work in risky and unhealthy environments that lacked basic sanitary conditions and did not follow physical distancing norms. Additionally, they lacked access to health services and daily necessities, which caused mental stress. The risks of harassment, sexual abuse and exploitation intensified. Availability of basic health essentials, such as sanitizers and PPE kits were limited, and sometimes unavailable.



Manju Gurung, Founder and Strategic Advisor of Pourakhi Nepal

"It is observed that women working in the informal sectors are the most affected during the COVID-19 pandemic."



Photo: Manju Gurung



Lack of accessibility to health services: Most women from excluded groups found it difficult to access gender-friendly social protection, insurance, and sexual and reproductive health services. The high cost of health facilities meant that they could often not afford tests for COVID-19 screening, diagnosis and other health services.

RECOMMENDATIONS

- **Inclusive empowerment:** Social empowerment of women alone is not enough for women workers. Thus, economic, political, and psychological empowerment should be holistically undertaken. Women migrant workers should be recognized and respected with social protection both for themselves and their family.
- **Guarantees for protection through foreign agreements:** There is a need for gender-responsive, bilateral agreements for foreign employment between home and destination countries. One important aspect of this is that effective monitoring provisions should be in place in destination countries to observe and analyse the situation while ensuring fair and ethical means for the recruitment of workers. The Ministry of Labour, Employment and Social Security (MoLESS) recently brought forward the reintegration guidelines and strategy, which were found to be lacking in terms of being gender responsive. There is a marked absence of community-based women in committees, and such strategies take a blanket approach thus calling for policies to be revised through a feminist lens.

MUSLIM WOMEN

CHALLENGES



Rise in gender-based violence: The mental stress and burden on men from COVID-19 led to rising incidences of violence against women, including domestic violence and mental violence. Many individuals fell victim to depression due to news and data on the number of deaths caused by the pandemic. No psychosocial counselling was available for those infected by COVID-19.



Impact on education: Children were deprived of education. Although education was provided through online platforms, lack of internet access and financial resources restricted access to classes.



Men as primary financial providers: With the pandemic affecting businesses, men who had been financial providers for their families were compelled to stay at home. In extreme cases, families could not afford proper meals, which exacerbated family stress, especially for men.



Lack of awareness: There was a general lack of awareness about COVID-19 among Muslim communities. Although awareness programmes were conducted, including those related to handwashing, many still feared to venture beyond their homes. Inefficient health management by the government led to worsening conditions among vulnerable communities.



Increased vulnerability of pregnant women: The situation was most severe for pregnant women, as hospitals refused to admit them for treatment. This caused an increase in maternal and child mortality rates.



**Subeda Farheen, Women's Rights Activist,
and Treasurer of Fatima Foundation**

**“Muslim women are more affected,
because the Muslim community is in
comparison very poor and disadvantaged
with lack of awareness, as only men are
engaged in income generating work.”**



Photo: Subeda Farheen

23 Jan 2021

RECOMMENDATIONS

- **Government programmes acommunities:** The design and implementation of programmes targeting women from Muslim and Madhesi communities is necessary to deliver income generating and awareness raising initiatives. The government should be sympathetic towards the local people and provide appropriate and sufficient employment opportunities.
- **Responsible media:** There is a need to encourage and provide appropriate guidance for the publication of positive accurate information that would not cause panic. Due to lack of awareness of COVID-19 vaccines, the uptake was slow with the prevalence of negative myths in communities. Awareness programmes with reliable information are required to address these and related challenges.
- **Financial aid:** There is a need for exemptions for women who had taken loans during the pandemic. Disaster management funds should be allocated for vulnerable communities, including those for women and children.

MADHESI WOMEN

CHALLENGES



Intersectional identities compound disadvantages: The state of Madhesi women is much worse than that for other women; their economic, social and education conditions remain grim. In terms of a social-cultural impact, the pandemic has increased the unpaid workload including care of the Madhesi women. Harmful practices against women and girls, such as caste-based discrimination, child marriage, dowry, accusations of witchcraft, and prosecutions have also increased. Girls have been forced to discontinue education and have become victims of early child marriage and forced marriages. Food security is a continued area of concern.



Economic impact on Madhesi communities: COVID-19 affected small and medium enterprises owned by Madhesi communities. Many lost their jobs without options of falling back on alternative livelihood sources. Difficulties in paying house rent were common, with daily wage workers affected the most as they had to cut back on household needs. Due to non-existent income opportunities, the number of suicides increased.



Limited accessibility to necessities: With everyday items, including food, more expensive due to inflation, poor people on low wages were impacted by a reduced capacity to buy and consume nutritious food which increased their vulnerability to COVID-19. Women engaged in the agriculture sector were unable to access fertilizers, seeds, and other agricultural inputs.



Loss of employment: Most Madhesi youths are engaged in foreign employment. The negative impact of COVID-19 resulted in job losses, which in turn adversely affected their families' ability to make ends meet.



Online education and exclusion: During the lockdown, the mode of education shifted online owing to the temporary pause in physical classes. Most Madhesi girls enrolled in government schools were unable to attend online classes due to a lack of internet access and availability of smart devices. This resulted in many girls discontinuing their education. According to a survey conducted in 2020 by Room to Read, 53 per cent of girls in Nepal including many from the Madhesi communities had to leave school.



Dr. Priti Mandal, Steering Committee Member of Inter-generational Feminist Forum, General Secretary of National Networks Against Girls Trafficking (NNAGT)

“From the socio-cultural perspective, the pandemic has increased the unpaid care workload of Madhesi women.”



Photo: Priti Mandal



Healthcare accessibility: Inadequate income, along with transportation challenges, created obstacles for Madhesi communities to access health facilities. Myths and rumours about COVID-19 vaccines were common with little or no understanding to significantly combat them. Consequently, many women, and girls from Madhesi communities refused to be vaccinated. Access to sexual and reproductive health and menstrual/personal hygiene products were limited. Health services and medical equipment, such as masks, gloves, sanitizers, soaps, contraceptives, proved expensive for Madhesi women and girls. These and other factors led to adverse health conditions, including an increase in unwanted pregnancies.



Mental health and increased violence: Various socio-economic, cultural, and educational factors contributed to the development of negative psychological conditions among Madhesi women. They suffered from anxiety, self-harm tendencies, worry, suicide and other mental health issues. Insufficient income, loss of employment and living with partners for extended periods led to frustration. To cope with such stress, some men began to abuse substances and to sexually and physically abuse women. During lockdown, incidents of violence, including those related to dowry increased. Madhesi women working in the informal sector experienced increased sexual exploitation and violence, and intimate partner violence including emotional, psychosocial, and economic violence.



Inaccessible social welfare mechanisms: GBV survivors did not have access to justice mechanisms, health care and social protection. This was a direct outcome of the closure of judicial courts, mobility restrictions, physical distancing, and the allocation of law enforcement authorities for the COVID-19 response. Additionally, survivors of sexual violence were unable to access sexual and reproductive health services and psychosocial support.

RECOMMENDATIONS

- **Address inequality:** The government needs to address the issue of women's unpaid work, including care. The government including civil society organizations and development partners should conduct extensive research to assess the needs of the Madhesi community before designing a programme for their empowerment. The government should strengthen the social protection system and introduce comprehensive packages to address challenges in the agricultural sector.
- **Need for awareness programmes:** Awareness campaigns, dissemination of relevant information, and key messages related to COVID-19 that address stigma are required to combat increase mental stress and depression at the community level.
- **Creation of income generating programmes:** The government should organize skill development trainings for marginalized groups, including Dalits and migrant workers. These should focus on income generation opportunities and entrepreneurship support.
- **Accessible healthcare:** Sexual and reproductive health services should be accessible to all women during any kind of crisis. To make sexual and reproductive health-related services available and accessible, there must be an expansion of telemedicine services and free health insurance provisions for families of women health volunteers/workers.
- **Access to justice:** Judicial committees should be strengthened and activated in parallel to the establishment of hotline services to address cases of violence against women at the local level.
- **Inclusion in policy-making processes:** Madhesi women should be included and engaged in decision-making processes at all levels of governance.
- **Making education accessible:** A sufficient budget should be allocated by the government to make distance learning accessible for all. School-going children should be supported while monitoring their dropout rates, and new strategies should be developed and ensured.

SINGLE WOMEN

CHALLENGES



Shadow pandemic: With the government enforcing mobility restrictions, including commercial and official closures, a parallel pandemic emerged in safe houses and shelters. WHR supported the needs of vulnerable women groups working in informal sectors, especially single women, to access rapid tests and PCR testing services including data collection and relief distribution during the lockdown period. WHR also made its Chhahari (shelter home) available to the government to provide additional space for quarantine and isolation in 10 districts with 365 fully functional beds. The need for quarantine centres to become gender-friendly and disability-friendly was also communicated.



Socio-economic concerns: Single women and their challenges have remained hidden from mainstream dialogues. The current situation includes severe issues related to livelihood, schooling for children, basic food to eat, place to stay and so on. For instance, the cost of online classes, mobiles, and tablets to attend online classes was out of the financial reach of most single mothers, leading to an inferiority complex among their children. It also led to a belief that they do not need to study due to lack of resources. Even after re-joining physical school classes, this inferiority complex among the children of low-income single mothers remains high.



Sumeera Shrestha, Executive Director, Women for Human Rights, Single Women Group (WHR)

“Ensuring the participation of single women groups’ in local meetings and in planning processes is key to addressing their needs.”



Photo: Sumeera Shrestha



Social security support: There was a fear among single women that the government would discontinue their social security support. WHR advocated against it, maintaining that social security support is crucial during times of emergency, particularly for the most vulnerable. Advocacy programmes to continue social security benefits for single women have been implemented.



Lack of documentation: In the Terai belt, many single women who migrate to urban areas do not have official documents. This indicates that they have lost their right to claim property. Local governments introduced compensation for COVID-19 deaths, but single women have still not been able to access insurance or compensation due to inadequate documentation.



Loss of employment in the informal sector: Most single women work in the informal sector. Due to job losses during the pandemic and consequent poverty in the family, many have become victims of GBV. They have been forced to borrow money, with prolonged repayment terms. There is a need to address this by creating a provision that will help them to pay off their loans and access new income generating opportunities.



Increasing single mothers: The untimely death of male family members due to COVID-19 has led to an increase in the number of young and old widows. However, exact data is yet to be calculated. Losing family members and partners has driven single women to depression. With the absence of vital registration documents, such as a husband's death certificate, many single women were unable to access relief packages distributed by the government.



Children of disenfranchised single women: Dependent children of single women who died during the pandemic face isolation and are left vulnerable. WHR identified their guardians and have supported the placement of these children in rehabilitation centres and shelters in coordination with different partners. The need to gather disaggregated data for single women became

significant in the search for solutions to the challenges they face. A situational analysis of single women in the aftermath of COVID-19 should be prioritized with a focus on vital registration documents. It should be inclusive of single women with disability, women engaged in sex work, Dalits, and single women in both rural and urban settings.

RECOMMENDATIONS

- **Federal level:** At the federal level, the government should review the Contribution based Social Security Act to include single women, with non-withdrawal provisions especially in times of crisis. The dynamics of the livelihood issues of single women before COVID-19 should be understood and planning taken forward accordingly. To provide livelihood support to single women, training and job creation should be undertaken in parallel. Additionally, there is a need for local interventions and support for children of single women who have been orphaned by the pandemic.
- **Local level:** Counselling support should be ensured by local governments and CSOs to address mental well-being and other issues that may encourage suicide. Ensuring the participation of single women groups in local meetings and in the planning process, orienting single women and the authorities on the timeline, agenda, and ways to participate in an effective manner should also be prioritized.

UPDATES – MINISTRY OF WOMEN, CHILDREN AND SENIOR CITIZENS, NEPAL

- **Vulnerable groups:** Although the pandemic affected everyone, women, children, senior citizens, and people with disability were found to be the most affected.
- **Government interventions during the pandemic:** The Ministry of Women, Children and Senior Citizens not only targets COVID-19-impacted groups, but also GBV survivors, marginalized and disadvantaged women, senior citizens, and people with disability through annually planned programmes and activities.
- **Government programmes to aid women's empowerment:** In the new fiscal year, the Ministry is planning to conduct activities of economic empowerment while particularly targeting women. They have planned for skills' development training, entrepreneur development training, and livelihood support training to make women self-sufficient and economically independent. The series of campaigns and programmes organized by the Ministry in previous fiscal years shall be continued to eliminate and eradicate harmful practices from our society such as child marriage, Chhaupadi, and witchcraft accusations and prosecutions.
- **Awareness programmes:** Psychosocial counselling support for GBV survivors and the provision of legal support and assistance for women will continue to be provided by the Ministry.



Laxmi Basnet, Joint Secretary - Ministry of Women, Children and Senior Citizens

“The series of campaigns and programmes organized by the Ministry in previous fiscal years shall be continued to eliminate and eradicate harmful practices such as child marriage, Chhaupadi, and witchcraft from our society.”



Photo: Laxmi Basnet

- **Need for collaborative efforts:** It is not possible for the Ministry to fulfil all development activities and actions that have been discussed alone. Therefore, the government, NGOs and development partners should collaborate to address the issues that have been brought forward. It is important to cooperate with local and provincial governments to move forward with programmes that yield effective outcomes.



Rupa Udas, Team Leader, Community Safety Net Intervention, Tewa

“For immediate action to any kind of problem, it is not possible to wait for a government response.”



COMMUNITY SAFETY NETS

- *The Community Safety Net (CSN) intervention led by Tewa with the technical and financial support of UN Women has reached 21 districts in seven provinces, with a total of 1,492 members.*
- *The project aims to address the issues and challenges raised by COVID-19, such as socio-economic and psychological problems, through community engagement. Rapid action response is required from the community level while waiting for the government to intervene.*
- *The project's objective is to engage and empower women and excluded groups, in community responses.*
- *Women lead the established CSNs in all the districts. Training programmes and workshops are organized at different levels for women to strengthen their leadership capacities.*
- *The CSNs from each province have produced a Charter of Demands that highlight the issues in their districts and a proposed action to solve them. This has been presented to all three tiers of the government.*
- *CSNs have established funds through personal and external support. The funds have helped support women and other families in need. For example, in Okhaldhunga district, Province 1, CSN members utilized funds to support a cancer patient.*
- *CSNs have extended support to GBV survivors through psychological counselling and referred them to support centres.*
- *CSN members have been working in cooperation with the LGUs in different programmes. They have been active in sectors such as organic farming, awareness campaigns, and tree plantations.*
- *Packaged foods are prohibited in CSN programmes to support the promotion of nutritious home cooked meals and organic food.*

