



A PRACTITIONER'S GUIDE ON

FINANCING FOR GENDER EQUALITY IN HUMANITARIAN ACTION

IN CONTEXT OF NEPAL'S COVID-19
PREPAREDNESS AND RESPONSE PLAN

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Cover Photo: Thirty-eight-year-old Ramkali Mahato from Sarlahi buys vegetable seeds from a local shop. She uses climate sensitive farming techniques for commercial vegetable farming. Ramkali has built climate sensitive plastic tunnels to grow off-seasonal vegetables and protect her produce from unexpected rainfalls and harsh cold of Sarlahi.

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ACRONYMS AND ABBREVIATIONS

C19	COVID-19
CPRP	C19 Nepal: Preparedness and Response Plan
FGDs	focus group discussions
FTS	Financial Tracking System
GAM	gender with age marker
GBV	gender-based violence
GEEWG	Gender Equality and the Empowerment of Women and Girls
GESI	gender equality and social inclusion
GiHA-TT	Gender in Humanitarian Action Task Team
GON	Government of Nepal
HATC	Health Technology Assessment Committee
HPC	humanitarian programme cycle
HRAP	health rapid action plan
IASC	Interagency Standing Committees
IPC	infection prevention and control
IPV	intimate partner violence
KII	key informant interviews
OCHA	Office for the Coordination of Humanitarian Affairs
PoE	points of entry
PPE	personal protective equipment
PSEA	prevention of sexual exploitation and abuse
PwD	persons with disabilities
SO	Strategic Objectives
WHO	World Health Organization

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Julekha Khatun arrives at Nepal Muslim Women Welfare Society's office in Kalanki, Kathmandu to collect COVID-19 relief package distributed with support from UN Women on 20 July, 2021.
Photo: UN Women/Uma Bista

CHAPTER-1

INTRODUCTION

“ The year 2020, marking the twenty-fifth anniversary of the Beijing Platform for Action, was intended to be ground-breaking for gender equality. Instead, with the spread of the COVID-19 pandemic, even the limited gains made in the past decades are at risk of being rolled back. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic.

UN Women, 2020

INTRODUCTION

The Nepal **situation report** on COVID-19 (C19) acknowledges the economic and development fallout of extended lockdown measures on vulnerable sections of the population. The report particularly mentions ‘*women, children, youth, persons with disabilities (PwD), refugees, displaced persons and migrants, socially excluded and those with compounded care burdens*,’ who will experience multiple levels of shocks with limited coping potential. It also underlines the concern that economic shocks, especially food insecurity, may push such groups towards adopting ‘*negative coping strategies*’ that will further exacerbate their vulnerabilities leading to an increased exposure to violence and exploitation. Such vulnerable groups as a consequence will continue to face discrimination and marginalization ‘*heightening the need for targeted support*’ or affirmative measures that would require adequate funds in the national COVID-19 response plans.

C19 National Response Planning. A national response plan was prepared jointly by the Humanitarian Country Team working in collaboration with the Government of Nepal (GoN). The **C19 Nepal: Preparedness and Response Plan** (CPRP) is envisaged to support the Ministry of Health and Population, GoN and other federal ministries, provincial and local governments to implement C19 prevention and mitigation interventions in coordination with cluster teams.¹ The CPRP has a strong health focus and includes other crucial verticals, such as risk communication and community engagement, food security, protection, water, sanitation and hygiene, nutrition, education and shelter.

Box 1.1

Strategic Objectives (SO) of Nepal C19 Response Plan

- **Prevention. SO1. Prevent loss of life to COVID-19 through support to the response in health, WASH, logistics, points of entry and risk communication and community engagement.**
- **Mitigation. SO2. Address the urgent humanitarian needs arising from the secondary impacts of the pandemic and renewed lockdown measures, which led to food insecurity, malnutrition, gaps in protection, livelihood needs and education needs.**

Source: COVID-19 Response Plan Nepal, 2021 Issued 20 May 2021, UN RCO

Box 1.2

C19 Nepal Preparedness and Response Plan

The CPRP Twin Objectives

Objective 1

To continue support to the GoN in responding to the ongoing outbreak of COVID-19 at a scale that necessitates an international humanitarian response (including mitigation of social and economic impacts).

Objective 2

To continue to ensure that affected people are protected and have equal access to assistance and services without discrimination, in line with humanitarian principles and best practices.

¹ The United Nations (UN) uses a multi-pronged Cluster Approach to coordinate humanitarian and emergency relief for disasters. By dividing the disaster response into clusters, the UN supports the work of humanitarian organisations based on activities instead of the organisation. There are 11 clusters, each with their own lead organisations that are responsible for all phases of disaster response, from prevention to reconstruction. These clusters are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination. <https://disasterphilanthropy.org/issue-insight/un-cluster-approach/>

C19 and Gender-Based Vulnerabilities. Disasters, including pandemics have differential gender, social and age specific impacts. Adverse socio-economic conditions compound gender-based vulnerabilities and deepens discrimination against women, girls and other marginalised groups. According to the World Health Organization (WHO), the gender-based differences range from variability in the risk factors that lead to exposure, the biological vulnerability to the disease and the socio-economic fallout that may vary based on the biological and social determinants that define gender roles and identities (WHO, 2020). The emerging evidence from UN Women’s **rapid assessment surveys** corroborate the primary gender inequality issues identified by the WHO (box 1.3). In addition, the data also point towards a loss of livelihoods and an increased burden of unpaid care responsibilities. These factors, if not addressed, will not only deepen gender inequality and social exclusion but also hinder the effective implementation of C19 response and recovery plans. The WHO therefore advises countries ‘to incorporate a focus on gender into their C19 responses in order to ensure that public health policies and measures to curb the epidemic take account of gender and how it interacts with other areas of inequality’ (WHO, 2020).

Box 1.3

C19 and Gender Inequality Issues

- **Data gaps.** *There is limited availability of sex and age disaggregated data, thus hampering analysis of the gendered implications of C19 and the development of appropriate responses.*
- **Gender based violence.** *Violence against women and children increases during lockdowns.*
- **Access to reproductive rights and services.** *Access to sexual and reproductive health and rights among women and girls may be hindered during the pandemic.*
- **Frontline workers.** *Health and social workers face increased risk and vulnerability.*
- **Social exclusion.** *Inequities in access to information, prevention, care and financial and social protection are likely to disproportionately affect the poor as well as other populations facing social exclusion, thus potentially exacerbating existing inequities.*
- **Stigma.** *Increased stigma and discrimination are occurring and can hamper effective responses.*

Source: : Gender and COVID-19 Advocacy Brief, WHO, May 2020

C19 and Gender Impact in Nepal. *The Rapid Gender Analysis Report on COVID-19 Nepal, 2020* reflects on hard-hitting statistics and analysis. The report suggests that the pandemic has not only affected women’s unpaid care burden but has also pushed women out of the formal economy, with 83 per cent of women out of work.² This has further escalated the proportion of women out of paid work by 337 per cent.³ It also indicates that women are losing control over emergency savings, which affects the status of living and family food security. Marginalised communities and those with chronic illnesses, including pregnant and lactating women, are finding it difficult to access basic health services as well. The lockdown period also witnessed an increase in incidents of intimate partner violence (IPV), including marital rape, domestic violence and gender-based violence (GBV). Since the redressal and protection measures to respond to GBV cases remained suspended during lockdown, this period witnessed an unprecedented number of incidents, thus aggravating the vulnerabilities of survivors. The Women’s Rehabilitation Centre of Nepal’s ‘GBV dashboard’ indicates that in the time period between 24 March and 15 May, 2020, 336 women and children were subjected to violence of which 55 per cent were incidents related IPV.⁴

² 83 per cent of women lost their jobs/livelihoods. Among these women, those hardest hit are daily wage-workers, those working in the entertainment sector, brick kiln workers or those who operated their own businesses.

³ The study finds that women not doing any paid work has increased by 337 per cent and income from some sectors, such as the entertainment sector and remittances, have stopped.

⁴ The data is collated from incidents documented in 33 districts of Nepal and through three hotlines run by the Women’s Rehabilitation Centre, psychosocial counsellors, Women Human Right Defenders and community-based organisations. <https://www.worecnepal.org/content/131/2020-05-20>.

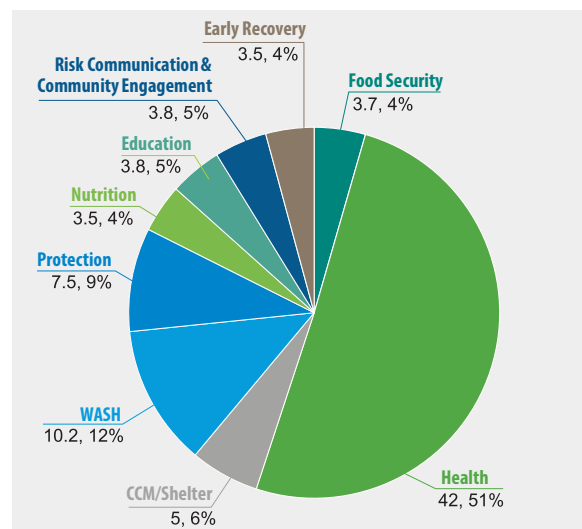
C19 Response Plan: Target Beneficiaries and Cost Estimates. The Nepal C19 response plan indicates that there are 4.9 million people across the country who are currently in need of humanitarian assistance. The **USD 83.7 million** costed C19 response plan envisages to reach out **750,000 beneficiaries** through a basket of services and tailored interventions across clusters.⁵ The highest portion of funding (51 per cent) is required for the health cluster to reach out to approximately 400,000 beneficiaries. The remaining 50 per cent budget is distributed amongst other clusters, with 12 per cent costed for WASH-related interventions; 9 per cent for protection services; 6 per cent for shelter; 5 per cent each for nutrition and community engagement; and 4 per cent each for food security, nutrition and early recovery (figure 1.1).⁶

The Revised CPRP Financing Plan. The GoN is leading C19 preparedness and response in collaboration with the Humanitarian Country and Cluster teams. The partnership was planned to augment and optimise the ongoing GoN efforts in this direction. The Nepal CPRP was revised and finalised in **January 2021** on the basis of the updated C19 active cases between November 2020 and February 2021 and modelling estimates that indicated a worst-case scenario of 300,000 active cases.⁷ With an outlay of **USD 49.4 million**, the CPRP financing plan is divided into 10 Pillars (clusters) of which the largest share (42 per cent) is allocated to the health cluster. The revised CPRP (January, 2021) costing is 59 per cent of the Nepal C19 response plan (May 2021) and estimates the need to mobilise USD 83.7 million to effectively manage prevention and mitigation programmes and activities (figures 1.1 and 1.2).

Rationale. The CPRP acknowledges the gendered nature of C19 impacts and the emerging gender equality and social inclusion (GESI) issues that require special attention in cluster-driven response plans. The gender issues are divided into eight focus areas and include health and wellbeing; gender-based violence, including domestic violence; care burden; labour force participation; information sharing; quarantine sites; migrant workers and issues related to legal identity and lack of documentation. The rapid gender analysis report points towards gender-blind relief measures and quarantine services that fail to address the special needs of women and other

Figure 1.1

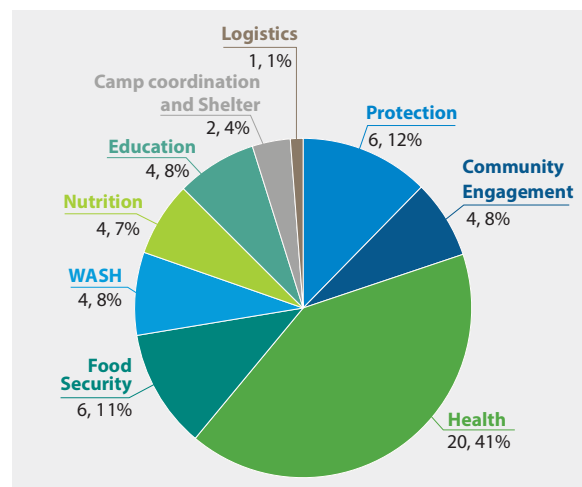
Funding Estimates of the C19 Response Plan (USD Million)



Source: COVID 19 Response Plan, Nepal, May 2021, UNRCO Nepal

Figure 1.2

Nepal CPRP Financing Plan (USD Million)



Source: COVID-19 Nepal: Preparedness and Response Plan, United Nations

⁵ The clusters include Food Security, Health, Shelter, WASH, Protection, Nutrition, Education, Risk Communication/community engagement and Early Recovery.

⁶ The COVID-19 Response Plan, Nepal, May 2021, UNRCO Nepal.

⁷ The revised CPRP was guided by planning assumptions that would affect the ongoing response to COVID-19 in the country.

vulnerable groups. The study also reiterates the need for addressing shortcomings in quarantine centres and recommends directly special attention towards safety, security, dignity and the specific needs of vulnerable and excluded groups.⁸

GESI guiding protocols and checklists. Three checklists were developed in 2020 to guide a GESI-responsive COVID-19 programme (box 1.4). Of the three protocols developed by different agencies, the multi-purpose community centres checklist and the GESI checklist for quarantine facilities are targeted towards gender-responsive community shelters and quarantine facilities. The third on GESI in disaster preparedness covers all twelve thematic clusters. These checklists, though crucial in guiding gender-responsive humanitarian action plans, still **fall short of integrating the important dimension of costing and budgeting**. The limitations in the existing approach to gender mainstreaming in emergency response plans are specific to Gender Equality and the Empowerment of Women and Girls (GEEWG) related costing norms; constraints related to assessing GEEWG funding gaps in cluster plans; and tracking GEEWG cluster spending. A comprehensive checklist on applying gender budget tools in the project cycle is also lacking.⁹

Box 1.4

GESI Checklists, Nepal

- *The Multipurpose Community Centres Checklist*
- *The GESI checklist to monitor quarantine facilities. This checklist was developed and disseminated by the Ministry of Women, Children, Senior Citizens in coordination with UN Women*
- *Checklist on Gender Equality and Social Inclusion in Disaster/Emergency Preparedness in the COVID-19 context.*

TRACKING GEEWG FINANCING IN HUMANITARIAN PROGRAMMING

There are six types of gender markers to help track and tag resource commitments towards GEEWG-related measures in humanitarian programmes. Among these, the Interagency Standing Committee's (IASC) **Gender with Age Marker (GAM)** is most widely used across humanitarian actions.¹¹ The GAM allows organisations to score and rank projects on the basis of the extent of gender and age focus (box 4.2). These scores or 'tags' are inputted into a Financial Tracking System. This system helps track funding requested and funding received for all projects that fall under the UN Coordinated Appeals (box 1.5).

Box 1.5

Tracking Humanitarian Funding

*The United Nations Office for the Coordination of Humanitarian Affairs' (UN OCHA's) **Financial Tracking Service (FTS)** captures data on humanitarian funding flows from government donors, UN-administered funds, UN agencies, NGOs and other humanitarian actors and partners.¹⁰*

⁸ The Rapid Gender Analysis Report on COVID-19 Nepal, 2020

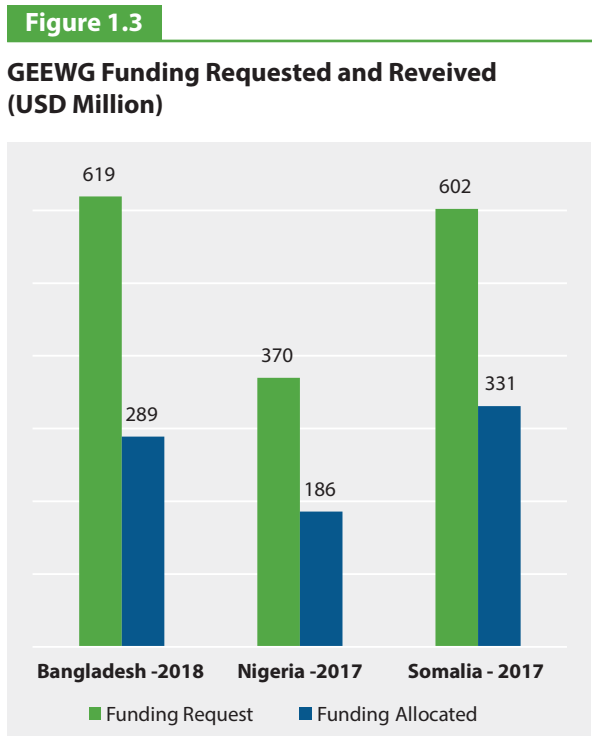
⁹ Project cycle – planning, budgeting, implementation, monitoring and impact assessments.

¹⁰ The UN Financial Tracking system is an important accountability and transparency mechanism that helps in boosting the visibility of funding partners' contribution in humanitarian activities, updating fund flows between donors (government and private) and operational humanitarian actors (UN agencies, the Red Cross Movement, NGOs and CSOs). It also assists in monitoring **funding progress against the humanitarian response plan (HRP)** and appeal requirements (<https://fts.unocha.org/>).

¹¹ https://www.unfpa.org/sites/default/files/pub-pdf/GEEWG_UN_WomenUNFPA.pdf

HUMANITARIAN PROGRAMMING AND TRENDS IN GEEWG FINANCING

UN Women and UNFPA commissioned a joint study to assess the GEEWG financing gaps in humanitarian response.¹² The assessment findings were derived through global studies and an in-depth analysis of data from four countries.¹³ The assessment focuses on the funding gaps in GEEWG programming and tracking ‘tailored and targeted’ funds actually available for implementing programmatic actions in sectors/clusters. The data from global studies indicate substantial funding gaps between budget requested and money allocated towards financing GEEWG programmes. The funding gap range from 31 to 33 per cent for GBV; 43 per cent for reproductive health interventions; and 50 per cent for child protection (UNFPA, UN Women, 2020). The case studies from select countries reveal that programmes focused on women and girls are underfunded with the lowest level of coverage for gender-targeted interventions (figure 1.3).¹⁴




Source: UNFPA and UN Women, 2020

OBJECTIVE, METHODOLOGY AND LIMITATIONS

Objective. The objective of the practitioner's guide is twofold:


ASSESS

GEEWG financing priorities in cluster action plans. The research component will help appraise GEEWG related activities, budget priorities and trends.



PREPARE

Checklists to guide cluster teams in developing and costing GEEWG responsive cluster plans.

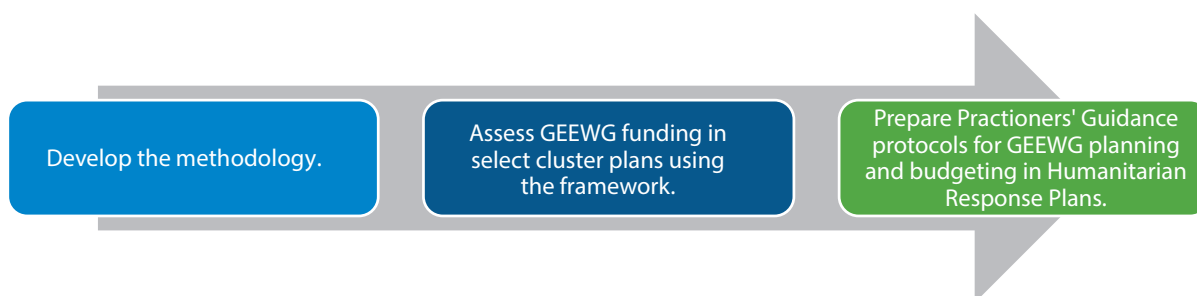


It is envisaged that the guide will serve as a planning and accountability tool that will be available for use by the cluster team members and civil society organizations/women's groups.

¹² Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming, UNFPA and UN Women, June 2020.

¹³ The country-specific case studies were from Bangladesh, Jordan, Nigeria and Somalia.

¹⁴ The funding was requested for projects specific to Livelihoods, WASH, health (sexual and reproductive health), GBV, nutrition and education.




Methodology. The GEEWG budget review was guided by a framework developed through desk reviews. A **classification system** was used to group the activities and corresponding investments into four categories. Activity related budget information were sourced from the latest (approved) cluster-based action plans. Theme-based GEEWG budgets were appraised for activities with approved funding.

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
Gender Targeted	Tailored	Mainstream	Neutral
<i>Principal objective of the 'project' is dedicated to GESI goals. Activities explicitly target women/girls/related needs.</i>	<i>Entire 'project' is not dedicated to GESI but specific 'activities' are planned, then it is 'Tailored.' Tailored or adapted activities for women/girls are within a broader project.</i>	<i>Projects that are planned for the community to benefit women, girls, men, boys, LGBTQI+ or other disadvantaged groups. The design phase may include quotas for special categories of beneficiaries.</i>	<i>Projects that are not directly community based or do not consider gender or any disadvantaged categories.</i>

Limitations. There were several limitations of which choice of methodology and the data posed major constraints. The gender/GEEWG budget assessment (research component) was limited to the ex-post stage and therefore lacked crucial information regarding the planning phase.¹⁵ Cluster-based activity budgets were the only data source and several activities did not include budget information. This narrowed the scope and depth of the review.¹⁶ The review was restricted only to quantitative tools. Due to time constraints, qualitative methods were not used to understand the efficacy and effectiveness of cluster action plans or impacts.

¹⁵ After the programmes were approved and the budgets were allocated.

¹⁶ The protection cluster budget was reviewed as on March 3, 2020; many activities were in the process of securing funding and did not include any budget



Mithu Tamang waits in a queue to get her temperature checked by staff at Women for Human Rights' women-managed quarantine facility.
Photo: UN Women/Ashma Shrestha

CHAPTER-2

PROTECTION CLUSTER RESPONSE PLAN 2021

BUDGET PRIORITIES FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS

“ Experience from previous pandemics suggest that restrictions on movement and other contingency measures can create opportunities for sexual exploitation and abuse; that existing support for GBV survivors may break down during a public health emergency; and that increased tension in the household due to isolation, food and financial insecurity, and the suspension of educational activities may all lead to increased intimate partner violence at a time when women and girls are further isolated and unable to access support. Suspension of education activities can also increase the risks among adolescent girls to different forms of sexual exploitation, abuse and early marriage.

Interagency Standing Committee

PROTECTION CLUSTER RESPONSE PLAN 2021

“Nepal is grappling with unprecedented compounded protection threats and limited resources to mitigate them.

CPRP, 2021

C19 AND PROTECTION CONTEXT

The CPRP acknowledges the increasing protection concerns with long-term consequences that have emerged as COVID-19 spread throughout the country. It recognises that vulnerabilities are further exacerbated for socially excluded groups, especially among women and girls who experience multiple levels of deprivation. As reported in the CPRP, the emerging trends point towards the following concerns:

- A rise in stigmatisation.
- An exponential increase in GBV.
- Heightened child protection concerns.
- Mental health and psychosocial risks.
- Disparities faced by marginalised groups in accessing crucial services, such as health, food, water, education and legal aid.
- Increasing economic insecurity leading to negative coping mechanisms, such as violence, unsafe migration, child labour and forced and early marriages.

The CPRP mentions a special category of populations that experience differential impacts, such as *returnee migrants; those in isolation facilities and in quarantine; school children and adolescents; persons in detention, prisons and juvenile correction homes; PwDs; elderly people; and gender and sexual minorities*. It stresses that these groups experience unique protection risks and challenges and thus require targeted interventions and allocations

PROTECTION CLUSTER PROGRAMME PRIORITIES AND FINANCING

The Nepal C19 Response Plan estimates a financing requirement of USD 7.5 Million to deliver protection services to 518,000 beneficiaries (UNRCO, 2021). This constitutes 9 per cent of the funding required (USD 83.7 million) for implementing the C19 response programme in Nepal. Fifty-two per cent (USD 3.9 million) of the cluster financing requirement has been confirmed; however, the remaining 48 per cent needs to be mobilised. According to the approved CPRP financing plan, the protection cluster with an allocation of USD 61 million, represents 12 per cent of the total outlay. The protection cluster, under the leadership of the Ministry of Women, Children and Senior Citizens and the Department of Women and Children (federal) and the Ministry of Social Development (provincial) delivers priority response activities through five thematic groups (figure 2.1 and appendix 1).

Box 2.1

Protection Cluster - Targeting Criterion

People with pre-existing and emerging vulnerabilities to exclusion, abuse and violence, with a focus on women of reproductive age; children and their caregivers; the elderly; migrants; PwDs; ethnic, gender and sexual minorities; and people without documentation/citizenship.

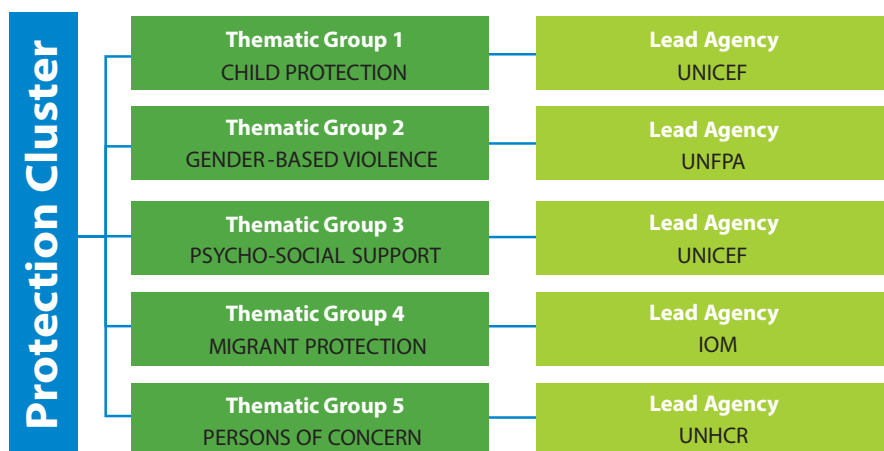
Population served:

- *Children, women and the elderly*
- *PwDs*
- *Migrants, persons of concern/refugees*
- *Gender and sexual minorities*
- *Marginalized caste/ethnic groups*
- *Others with protection concerns*

Source: Protection Cluster C19 Response Snapshot, Report 10, June 2021 & C19 Response Plan, May 2021

Figure 2.1

Protection Cluster Thematic Groups and Responsible Agencies



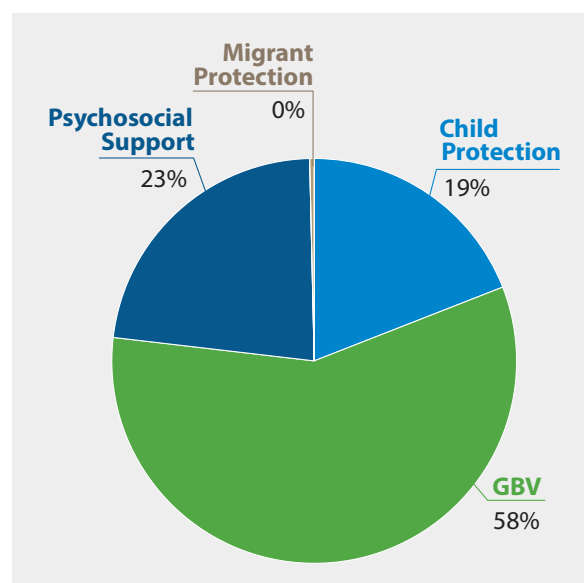
Source: Nepal, CPRP, 2021 and Protection Thematic Area Preparedness & Response Plan Budget, March 2020

Key Strategy and Achievements. The Protection Cluster C19 Response Plan includes the following key strategies: protection monitoring and advocacy; emergency protection interventions including shelter and medical care; psychological support and psychosocial first aid (PFA); targeted relief assistance to the most vulnerable groups; and public awareness against stigma and discrimination. The **cluster response snapshot** with information on funding, international and local implementing partners, geographical coverage, activities, beneficiaries and the estimated protection case load is updated and published periodically.¹⁷ As per the latest cluster snapshot, 28,000 people received protection services and 50,000 were sensitized on GBV prevention issues.

Protection Plan Theme-Based Allocations. As on April 2020, the approved budget for the protection cluster was USD 7,30,587. This represents the amount secured and approved for implementing theme-based activities and is a proportion of the total planned outlay. GBV secures the largest share in the protection cluster financing, representing 58 per cent of the approved funding. Child protection comprises 19 per cent and psychosocial support 23 per cent of approved budget. The lowest allocations with an approved outlay of USD 2,638.42 is for migrant protection. There are no activities or budgets assigned under persons of concern.¹⁸

Figure 2.2

Protection Cluster Thematic Allocations (%)



Source: Cluster Data, March 2020

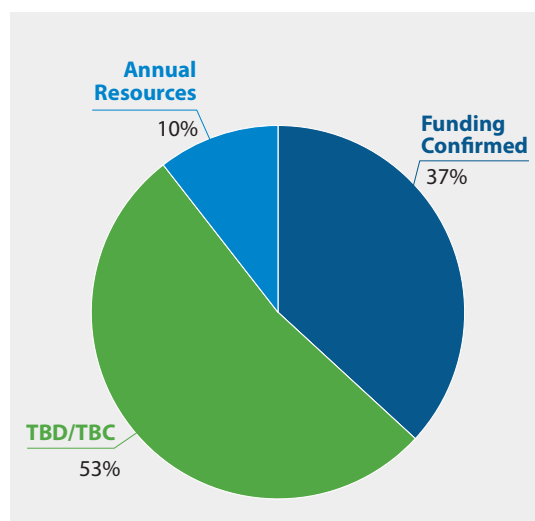
¹⁷ Until the end of June 2021, 10 reports have been published and made public.

¹⁸ This data was compiled from the protection cluster budgets that were updated in March 2020.

Thematic Group 1. Child Protection. Child protection services are a priority area under the protection cluster and represent 19 per cent of the protection cluster approved financing. The lead agency for child protection is UNICEF and there are seven agencies that plan, finance and deliver child protection services in collaboration with local partners and networks.¹⁹ The cluster plan includes 19 activities of which funding is approved/secured for only seven (37 per cent) and the financing of 10 activities (53 per cent) has yet to be decided or confirmed. Two activities that are implemented through government agencies (Nepal Police and Central Child Justice Committee) are financed through annual agency resources (figure 2.3 and appendix 2). As per the protection cluster response snapshot of June 2021, 2,279 children were reached with emergency services in the reporting period and approximately 2,26,000 additional children are estimated to be in need of protection-related interventions in the coming months.

Figure 2.3

Child Protection Activities & Funding Status (%)



Child Protection and GEEWG budget priorities. The **approved budget** for child protection activities was USD 1,39,260 as per the cluster data in March 2020. This is the total outlay for the seven activities for which budgets were approved in the reference period. A review of the activities based on the classification system/typology²⁰ indicates that there are no ‘gender-targeted’ activities planned under the theme, despite the specific vulnerabilities of girls to early and forced marriage; the sexual exploitation of minor girls; trafficking; violence and care work burden (UN Women, 2020). Of the seven approved projects, three are tailored interventions, and three are mainstream projects and one is of a neutral variety (figure.2.4).²¹ The proportional share of budgets across these categories indicate that 71 per cent of the total allocations are secured under mainstream activities; 28 per cent is allocated for tailored interventions and one per cent is for the neutral category.

Figure 2.4

GEEWG Categories – Activities (%)

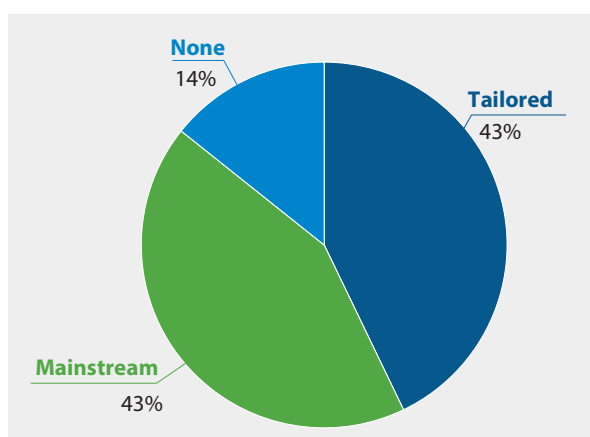
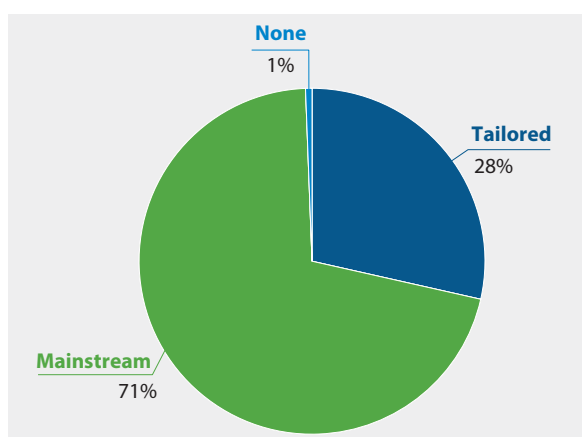


Figure 2.5

Child Protection and GEEWG Budgets (%)



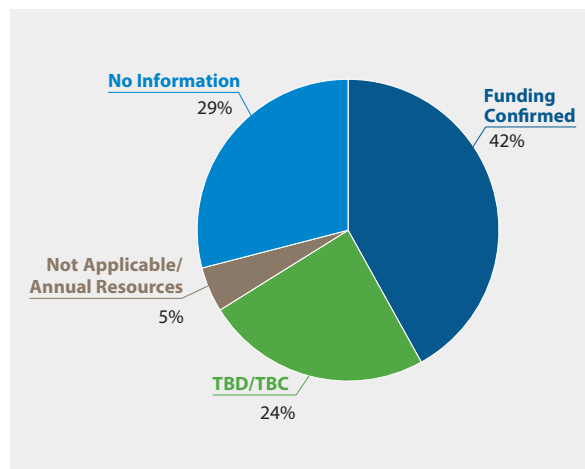
¹⁹ UNICEF Nepal; UNHCR Nepal; World Vision International Nepal; Save the Children; Mercy Corps; Plan International Nepal; Nepal Police; and the Central Child Justice Committee.

²⁰ Category 1 - Gender-Targeted; Category 2 - Tailored; Category 3 – Mainstream; and Category 4 - Neutral. Also refer to Methodology in the Introduction.

²¹ As for the methodology in the GEEWG budgets, the projects/activities are classified as (i) Targeted activities - projects that primarily and explicitly target women and girls; (ii) Tailored activities - projects that indicate tailored or adapted activities for women and girls; (iii) Mainstream activities - projects that consider women, girls, men and boys; (iv) Gender neutral/blind activities - projects that do not consider gender issues. This was adapted from the Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming, UNFPA and UN Women, June 2020.

Thematic Group 2. Gender-Based Violence. The protection cluster snapshot reports that by the end of June 2021, 3,016 persons affected by GBV received support services and around 474 women and girls were provided with dignity kits (Protection Cluster, 2021). GBV funding comprises 58 per cent of the protection cluster financing, with 62 activities funded through 13 agencies and implemented across the country through the support of technical partners and networks. Of the total activities, funding is approved or confirmed for 42 per cent (26 activities). In the reference period, allocations were not firmed up for 24 per cent activities and for the remaining 5 per cent, the budget is either not applicable or will be drawn from the government agency’s annual resources.

Figure 2.6
GBV Activities and Funding Status (%)



GBV and budget priorities. One hundred per cent of the financing under the GBV theme is gender targeted and falls under category 1, as per the GEEWG typology. These are bifurcated across two subcategories based on the nature of invention planned.²²

Category 1a. Mainstreamed/Supportive	Category 1b. Beneficiary Targeted
<i>Population-based activities, such as sensitization; awareness programmes; and information, education and training (IEC) activities; including programme monitoring and support.</i>	<i>Directly beneficiary-based activities, such as legal and financial aid, food and dignity kits, with a focus on vulnerable groups.</i>

The data indicates that of the 26 activities, 81 per cent are focused on awareness, sensitization and trainings using mass media and other forms of technology, and 19 per cent are beneficiary targeted, such as support services for vulnerable households and individuals. With respect to the allocations, 66 per cent of the approved GBV plan is concentrated around mainstream and supportive activities (category 1a). The beneficiary targeted interventions (category 1b) constitute 34 per cent of the approved GBV budget. The GBV related case load until the end of August 2021 is estimated at 1,33,000 (Protection Cluster, 2021). This demands more activities and priority budgeting for targeted interventions

Figure 2.7
Type of GBV Intervention - Activities (%)

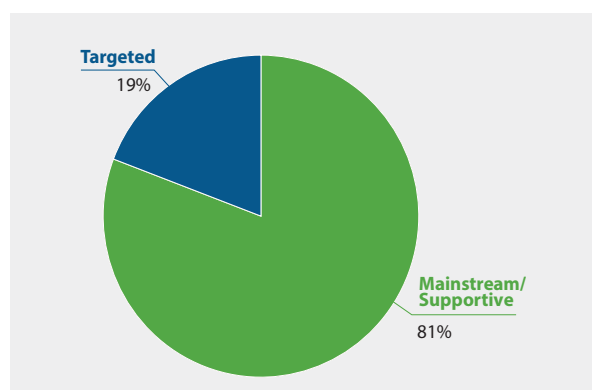
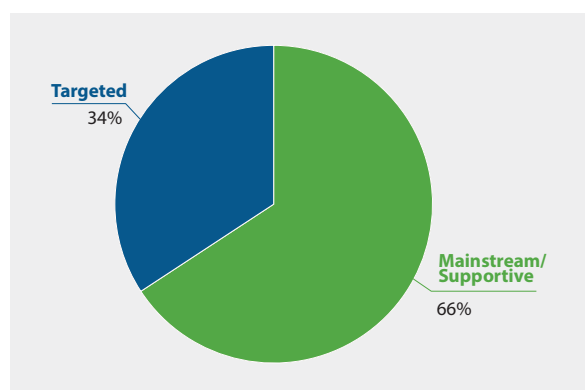


Figure 2.8
Proportional Share of Allocations (%)

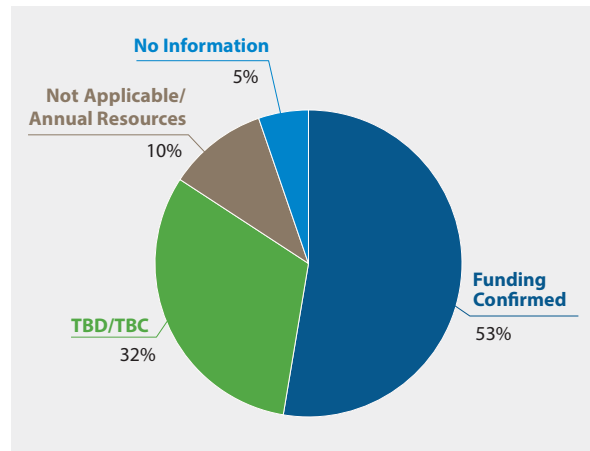


²² All activities (26 with approved funding) were reviewed and based on the nature of activity and beneficiary targeting, each was grouped under the two categories: mainstreamed/supportive and targeted.

Thematic Group 3. Psychosocial Support. The thematic group offers a range of services that include PFA, counselling (physical and virtual), capacity building, awareness and behaviour change communication. As per the data, 23 per cent of protection cluster financing is secured for activities related to mental health and psychosocial support. The latest cluster updates indicate that 1700 persons have been referred to health, legal, psychiatric, security and other services and the protection caseload until the end of August 2021 is estimated to be 1,26,000 people. Of the 19 activities listed under psychosocial support, the budget is approved and confirmed for 53 per cent (10 activities). The allocations for six are undecided in the reference period.

Figure 2.9

Psychosocial Support Activities & Funding Status (%)



Psychosocial Support and GEEWG Budget Priorities. The approved budget for 10 activities is USD 1,66,498. A review of the planned and budgeted interventions indicate that the majority (70 per cent) fall under category 3, gender mainstreamed. Two activities are gender targeted and specific to providing psychosocial support to GBV survivors. The proportional share of the GEEWG budget indicate that 83 per cent of the thematic financing is for mainstream activities (category 3), followed by 17 per cent for targeted interventions (category 1).

Figure 2.10

GEEWG Categories - Activities (%)

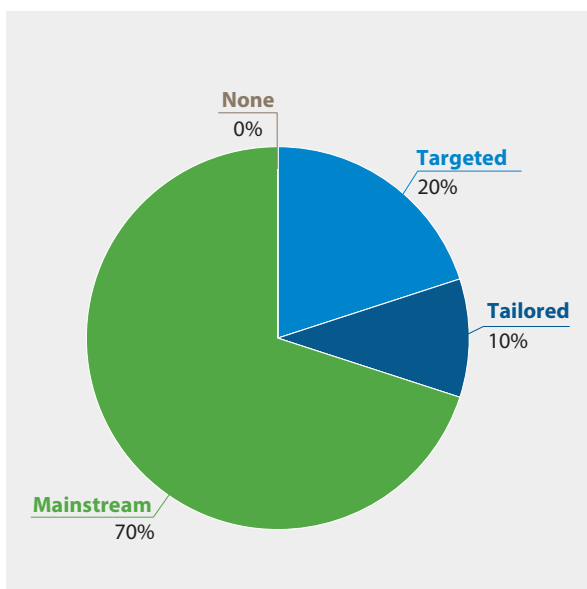
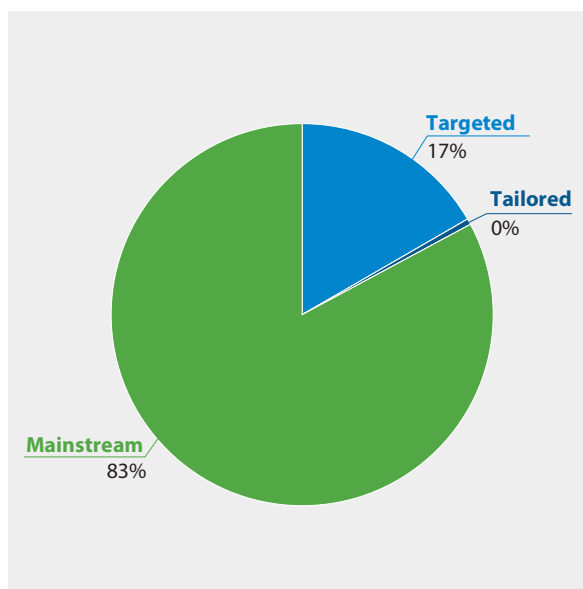


Figure 2.11

Psychosocial Support and GEEWG Budgets (%)



“Unmarried, pregnant returnee women migrant workers (RWMW) face stigma and hostilities from their families and communities because of their unmarried status and the nationality of their child’s father. This has forced them to stay in shelters instead of returning to their homes.

Gender in Humanitarian Action Task Team, Nepal

Thematic Group 4. Migrant Protection. The COVID-19 imposed lockdown, restrictions and closure of economic activities resulted in massive job losses, which had a disproportionate impact on migrant workers in unorganised sectors. This resulted in the mass return of workers to Nepal, with increased pressure on quarantine facilities, raising concerns over stigma and isolation. The International Organization for Migration categorised women migrants in Nepal, especially undocumented **women domestic migrant workers as the most-affected migrant population during the pandemic** (IOM, 2020).

With an approved budget of USD 2,638, Migrant Protection is allocated the lowest share in protection cluster. Of the nine activities, funding is confirmed only for 3 (33 per cent); 5 are awaiting confirmation and the funding status is unknown/not reported for the remaining 1 activity (11 per cent). The estimated migrant protection support service case load is estimated to be 15,000 migrants by the end of August 2021 (Protection Cluster, 2021).

Migrant Protection and GEEWG budget priorities. The core activities are targeted towards family reconciliation, legal counselling, sensitization, economic reintegration, mobility surveys, etc. The target groups identified for the three activities with confirmed funding are migrants, the general public and the federal, local and provincial governments. Activity classification as per the typology indicates that 67 per cent are mainstreamed (category 3) and 33 per cent are perceived as being neutral. With regards to GEEWG budgets, 66 per cent of the total approved outlay is secured for mainstreaming related interventions and 34 per cent are booked under the neutral category. Despite raising concerns and complexities of returnee migrant women, especially those with children or those who are pregnant and ostracised by their families, there are no targeted or tailored interventions planned under this theme (box 2.2).

Figure 2.12

Migrant Protection Activities and Funding Status (%)

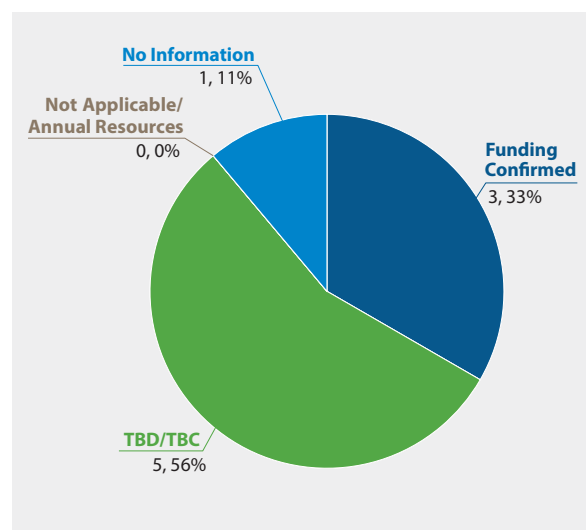


Figure 2.13

GEEWG Categories - Activities (%)

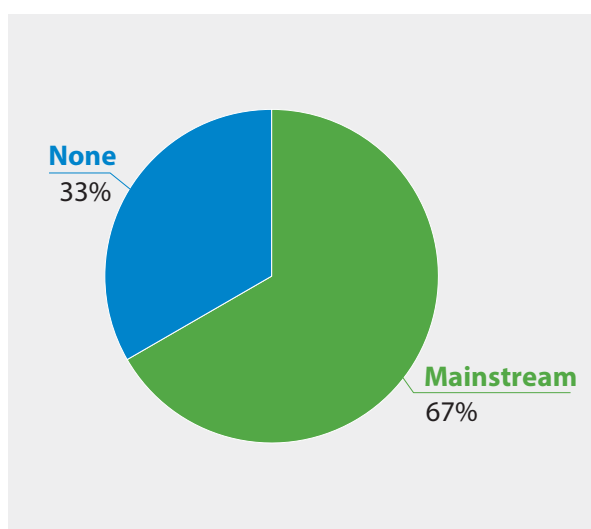
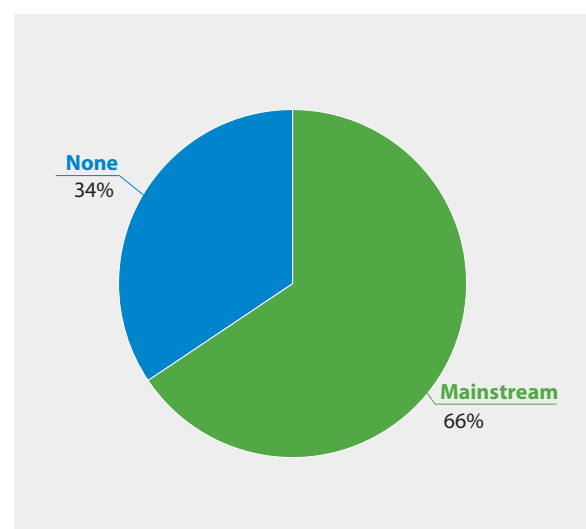


Figure 2.14

Migrants and GEEWG Budgets (%)



Box 2.2**Recommendations from UN Women's guidance note on addressing the impacts of the COVID-19 pandemic on women migrant workers**

- **Enjoyment of full human rights:** Women migrant workers, irrespective of their migration status, should enjoy their full human rights during the COVID-19 pandemic and beyond, in compliance with international law.
- **Information on sending remittances digitally:** Women migrant workers' remittances are a critical source of income for households and communities around the world. Women migrant workers need to be provided with information and guidance on how to send remittances digitally to help close the persistent digital gender gap.
- **Data:** Analysing and understanding the gendered impacts of the COVID-19 pandemic requires collecting comprehensive sex and age-disaggregated data and gender statistics, including on migrant women and girls.
- **Access to health services:** Women migrant workers should have full access to comprehensive health care, including sexual and reproductive health services. All residents, irrespective of migration status, should have access to COVID-19 testing.
- **Crisis response and recovery plans:** Women migrant workers should be included and afforded the same treatment as citizens in national and local crisis response and recovery plans across all sectors of work, including domestic work, in line with international standards.
- **Social protection measures:** Universal access to gender-responsive social protection measures should ensure that everyone, irrespective of their migration status, has a social safety net in times of need.

Source: Guidance note: Addressing the impacts of the COVID-19 pandemic on women migrant workers - UN Women, 2020

CONCLUSION AND KEY TRENDS

A total of 109 activities are listed under the protection cluster budget data, March 2020 (appendix 2). With a cluster outlay of USD 0.7 Million, funding was confirmed only for 46 activities (42 per cent) in the reference period (figure 2.15). Of the 46 activities that have secured/approved funding, 28 (61 per cent) are targeted - category 1; 4 (9 per cent) are tailored - category 2; 12 (26 per cent) are mainstream - category 3; and the remaining are of a neutral nature.²³ The GEEWG budget distribution indicates that 62 per cent of the total approved protection cluster budget falls under category 1 (targeted expenditure), 5 per cent is for tailored and 33 per cent is specific to mainstream projects (figure 2.16).

Figure 2.15

Activities and Funding Status (%)

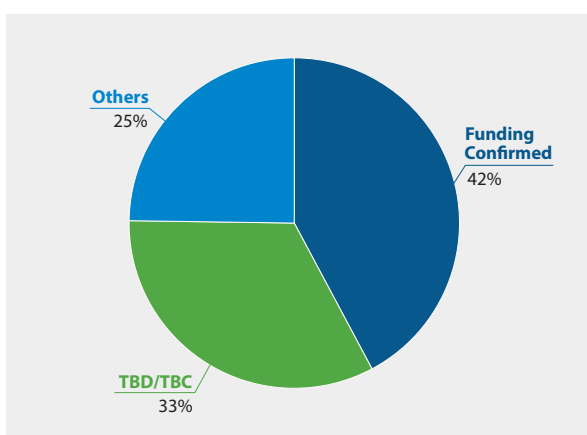
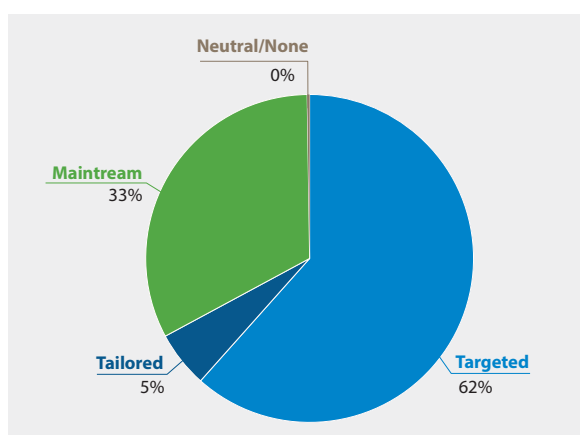


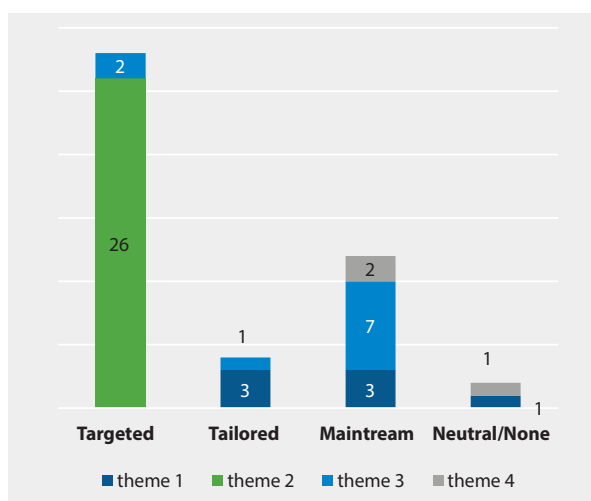
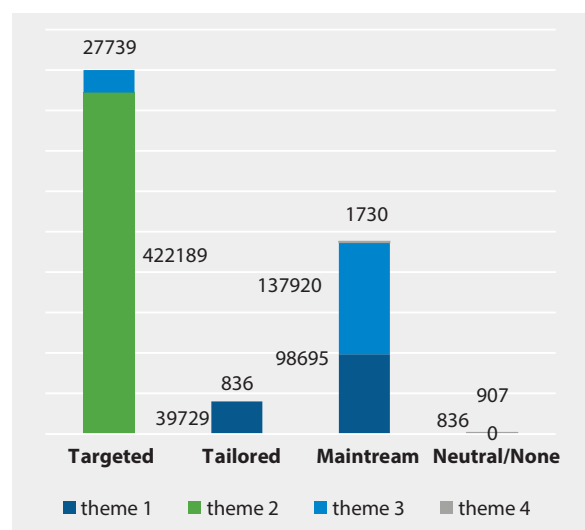
Figure 2.16

GEEWG Budget Distribution (%)



²³ All (100 per cent) thematic group 2 (GBV) activities are counted as targeted activities.

Theme-Based GEEWG Activity and Budget Distribution. The GEEWG activity categories in the five thematic focus areas indicate that 93 per cent of the targeted activities (category 1) are concentrated under GBV (theme 2) and the remaining 7 per cent are planned under psychosocial support (theme 3) – figure 2.17.²⁴ Four activities are tailored interventions (category 2) of which, 75 per cent are planned under child protection (theme 1), and the remaining 25 per cent fall under psychosocial support (theme 3). With regards to the 12 activities that are gender mainstreamed (category 3), the largest proportion (58 per cent) are under psychosocial support (theme 3); 25 per cent are booked under child protection (theme 1); and the remaining 25 per cent are under migrant protection (theme 4) – figure 2.18. GEEWG allocations are mostly concentrated under targeted activities followed by mainstream. With respect to theme-based allocations, GBV covers the largest share of targeted allocations. This is also because the 100 per cent budget for GBV (theme 2) is booked as category 1, targeted expenditure – figure 2.19.

Figure 2.17**Theme-Based GEEWG Activity Distribution (Number)****Figure 2.18****Theme-Based GEEWG Budget Allocation (USD)**

The key trends that emerge highlight the following.

- **The scope of targeted activities is limited only to GBV related interventions.** Category 1 or gender targeted activities are planned only under two thematic groups - GBV (thematic group 2) and psychosocial support (thematic group 3). The only targeted activity listed under psychosocial support also relate to GBV survivors and counselling services for them.
- **Not many tailored interventions are planned and budgeted, despite the need to focus on the special vulnerabilities of women and girls.** Category 2 on GEEWG tailored interventions are limited to two thematic groups (child protection and psychosocial support), despite the fact that gender-based vulnerabilities require affirmative actions and tailored interventions across all themes. Refer to Box 2.2.
- **The proportional share of targeted interventions seems high.** Thematic focus area 2, GBV is booked under category 1 (targeted) and accounts for 56 per cent of protection cluster activities with approved funding and 58 per cent of the protection cluster financing. Therefore, the proportional share of category 1 (targeted) allocations is evidently high for the Protection Cluster.

²⁴ Theme 1 - Child Protection, Theme 2 - GBV, Theme 3 - Psychosocial Support, Theme 4 - Migrant Protection and Theme 5 - Persons of Concern.

Box 2.3**Guidelines to Improve GEEWG financing in Protection Cluster Response Plans****Thematic Group 1. Child Protection**

- ✓ **Support for care arrangements to unaccompanied, separated or other vulnerable children.** Maintain sex, disability and socially disaggregated data. Ensure that appropriate safety provisions, infrastructure facilities and special services are planned, budgeted and extended to unaccompanied girls, differently abled and mentally challenged children.
- ✓ **Helplines and Risk Communication.** Ensure that data on helpline services are collected and maintained in a disaggregated manner. Train and sensitize helpline staff in child protection and GESI issues. Ensure adequate budgets are assigned for this and that more women are encouraged to manage helpline platforms. Plan and budget for GESI inclusive and sensitive risk communication strategies.
- ✓ **Provision of Emergency Child Protection Fund.** Plan and budget for GEEWG specific and responsive design features while planning emergency child protection services.
- ✓ **Socio-economic support to vulnerable families.** Ensure that all socio-economic support packages are vetted from a GESI perspective. Include and budget for special categories of marginalized and vulnerable families, such as single women with children, families with differently abled/mentally challenged children, orphans, etc.
- ✓ **Supporting Local Reporting and Referral Mechanisms.** Ensure that data on local reporting and referrals are maintained in a disaggregated manner. Recruit and train referral staff from the local community and ensure more women are encouraged and recruited.
- ✓ **Capacity Building of Primary Service Providers on Case Management and Referral Mechanisms.** Ensure adequate budgets are provisioned for capacity building programmes. Ensure that trainings include special sessions on GESI and vulnerability issues. Maintain sex-disaggregated data on all capacity building programs.
- ✓ **Mass Communication.** Ensure that mass communication activities highlight the specific vulnerabilities of girls, especially their risk of facing early and forced marriage (which is more prominent in humanitarian situations, such as the pandemic), the sexual exploitation of minor girls, trafficking, violence and the care work burden.
- ✓ **Awareness Raising and Sensitization Activities.** Conduct age and gender appropriate protection and SGBV awareness raising activities.
- ✓ **Contingency Cash Support to Children and Families Vulnerable to GBV.** Maintain disaggregated data on cash support beneficiaries and ensure that benefits reach all survivors.
- ✓ **Investigation of Child Protection Violations.** Maintain disaggregated data on protection violations and the number of cases investigated.
- ✓ **Advocacy.** Create advocacy for gender-based vulnerabilities and GESI-responsive child protection services. Budget for research and advocacy briefs to highlight issues, build partnerships and mobilise funds.

Thematic Group 2. Gender-Based Violence

- ✓ **Referral and SGBV services.** Age, gender, sexual orientation, marital status, social and disability disaggregated data should be maintained across all services.
- ✓ **Psychosocial Support (Helpline), Advocacy and Awareness.** Plan and budget for GESI and LGBTQI+ sensitization trainings for all service providers.
- ✓ **Offline Psychosocial Counselling Support for Migrants.** Ensure that all psychosocial counseling services cover issues related to sexual and gender-based violence. Ensure socially diverse service providers. Also refer to box 2.2.
- ✓ **Capacity Building.** Plan and budget capacity building programmes for social workers in case management. Ensure that issues specific to intersectionality, marginalization and vulnerability are understood.

- ✓ **Relief Materials.** Ensure that essential lifesaving relief materials are equitably distributed and that supplies also include dignity kits and adolescent kits. An assessment of needs should be carried out before distribution is planned.
- ✓ **Information Dissemination and Community Sensitization.** All IEC activities should be planned from a GESI perspective. Sensitize communities on issues specific to senior citizens, PwDs, children, LGBTQI+ and GBV survivors.
- ✓ **Mobilising Young Volunteers.** Mobilise and train young boys and girls for information dissemination and other activities related to awareness on social media platforms.
- ✓ **Monitoring and Tracking.** Plan and budget for robust monitoring and tracking systems. Ensure that data is maintained and reported in a disaggregated manner. Train and hire female staff in monitoring and tracking.

Thematic Group 3. Psychosocial Support

- ✓ **Psychosocial First Aid (PFA).** Plan and budget for age, disability and GESI-responsive PFA. Maintain disaggregated data on services provided.
- ✓ **Development of Guidelines, IEC and Community-Based Behaviour Change Communication (BCC) Materials.** Ensure that all guidelines, IEC and BCC material is vetted from a diversity and GESI perspective.
- ✓ **Counsellors (Direct/Telephone) and Teachers for Psychosocial Support.** Budget and train all counsellors and teachers on GESI issues. Ensure that more women counsellors are provided with trainings and employment opportunities.
- ✓ **Shelter, Psychosocial and Legal support.** Shelter support should include and budget to provide safe facilities that are both gender and disability responsive. Data on legal support should be disaggregated, and vulnerable survivors should be prioritised for all referral services.
- ✓ **Positive Parenting Sessions.** Such sessions should be given over the radio or digital platforms; they must include issues specific to gender discrimination and the disproportionate care work burden in households and families.

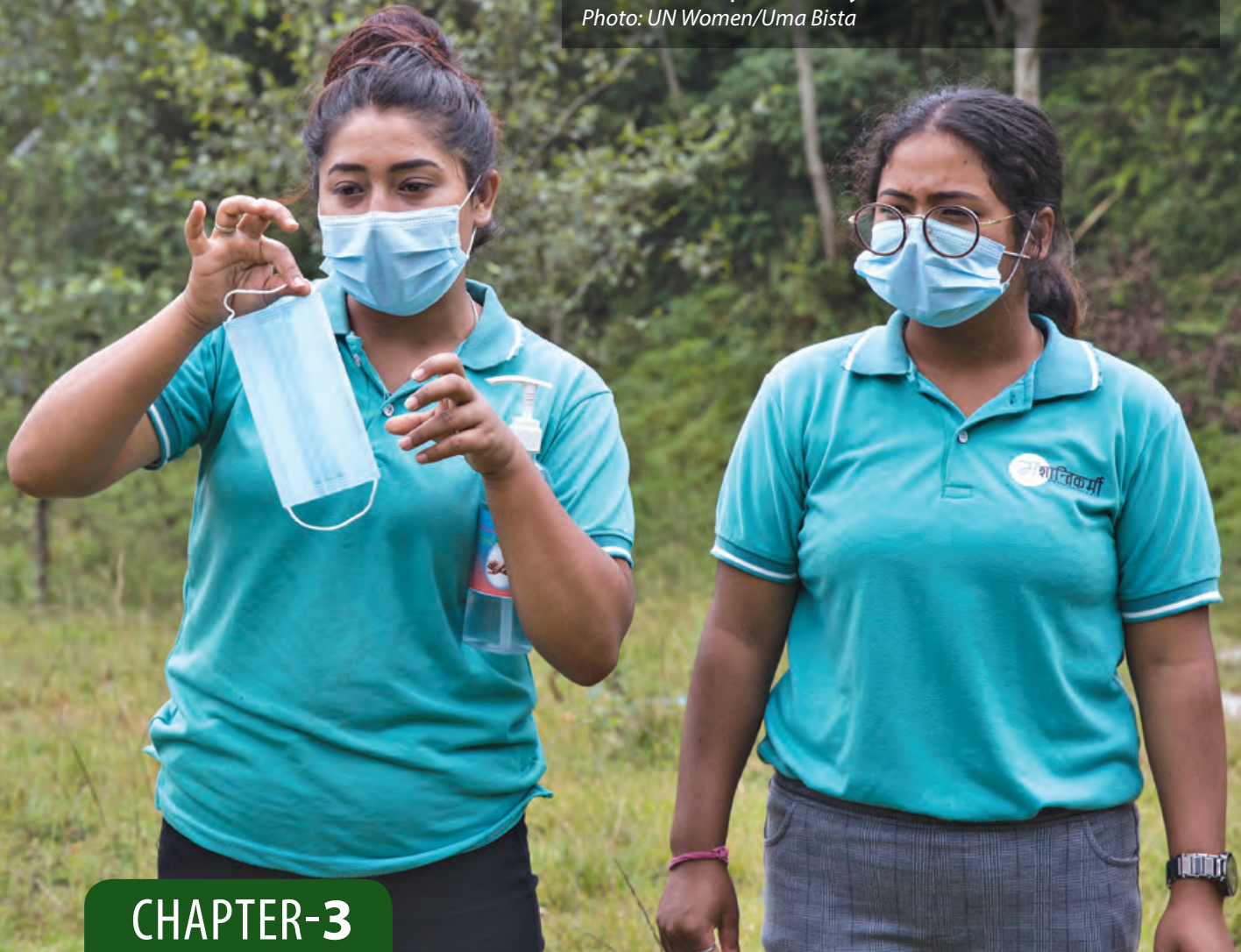
Thematic Group 4. Migrant Protection (Also refer to box 2.2)

- ✓ **Temporary Accommodation and Logistic Support.** Ensure safe and gender-responsive infrastructure facilities and logistical support for women migrants and their children. Also refer to the Multipurpose Community Centres Checklist and the GESI checklist to monitor quarantine facilities.
- ✓ **Legal Counselling and Referral Services.** Maintain disaggregated data on all legal counseling and referral services provided to migrants. Ensure that women migrants, specifically single women with children, are provided with express referral services.
- ✓ **Economic Reintegration/Livelihood Opportunities.** Maintain disaggregated data on all Cash Grant support provided to migrants. Budget for and prioritise cash transfers and livelihood opportunities for vulnerable women migrant workers and domestic workers' families.
- ✓ **Capacity Building.** Plan and budget for sensitization trainings for local bodies and civil society on prevention/protection measures, stigma, GBV and domestic violence.
- ✓ **IEC, BCC and Educational Campaigns.** All IEC and BCC materials should be designed with GESI and migrant vulnerability issues kept in mind.
- ✓ **Orientation Training.** Plan and budget to conduct orientations on migrant and gender sensitive screening, data collection and tracking for all staff members and volunteers working at Nepal's point of entries.

Also refer to the entry points and checklist in the 'PRACTITIONER'S GUIDANCE ON PRIORITISING GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS' FINANCING IN CLUSTER-BASED HUMANITARIAN RESPONSE PROGRAMMING.'

As part of COVID-19 awareness program organized by Nagarik Awaj at Lakuribhanjyang, Lalitpur, 20-year-old Sabina Khadka, Youth Peace Volunteer shows the correct way to wear a mask and dispose it safely.

Photo: UN Women/Uma Bista



CHAPTER-3

HEALTH CLUSTER RESPONSE PLAN 2021

BUDGET PRIORITIES FOR GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS

“ Support to sustain health systems will ensure that critical and essential life-saving preventive and curative health services such as reproductive, maternal and child health services, treatment of people with non-communicable diseases, chronic infectious diseases and life-threatening injuries and infections such as dengue and malaria, public health interventions including disease surveillance and outbreak containment continue, despite the COVID-19 related strain on health systems.

CPRP, 2020

HEALTH CLUSTER RESPONSE PLAN 2021

“ The suits were designed according to the height of tall foreigners. So, they did not fit our personnel, especially the women. They were difficult to put on and take off and, as a result, increased the chances of the wearer getting infected.

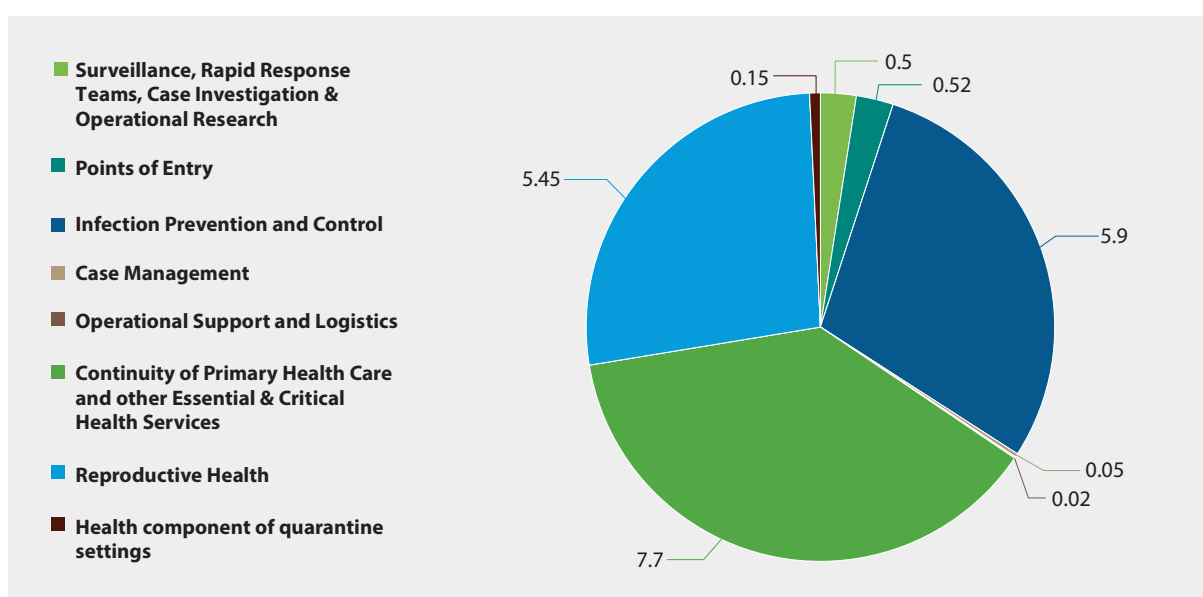
Rachana Shrestha, Deputy Nursing Director, Patan Academy of Health Sciences

CPRP AND HEALTH CONTEXT

The health cluster with the express mandate to prevent the spread of infectious diseases and mitigate adverse health impacts is the key focus area in the CPRP. With an estimated funding requirement of USD 20.3 million, the health pillar comprises 41 per cent of the total CPRP implementation cost.²⁵ The health response is structured around nine components and includes surveillance, rapid response teams, case investigation and operational research; points of entry (PoE); national laboratories; infection prevention and control (IPC); case management; operational support and logistics; the continuity of primary healthcare and other essential and critical health services; reproductive health; and the health component of quarantine settings. Of the nine components, the continuity of primary and critical healthcare services (38 per cent) and reproductive health (27 per cent) comprise the largest share of the estimated health cluster financing requirement (figure 3.1). Major health-related challenges in response to the COVID-19 pandemic include those related to managing quarantine centres, human resource capacities, limited laboratories for testing and limited stock of medical supplies for the response, which includes personal protective equipment and other supplies (CPRP, 2021).

Figure 3.1

Health Cluster Funding Required for the C19 Response, CPRP (USD million)



Source: CPRP for COVID-19, Nepal

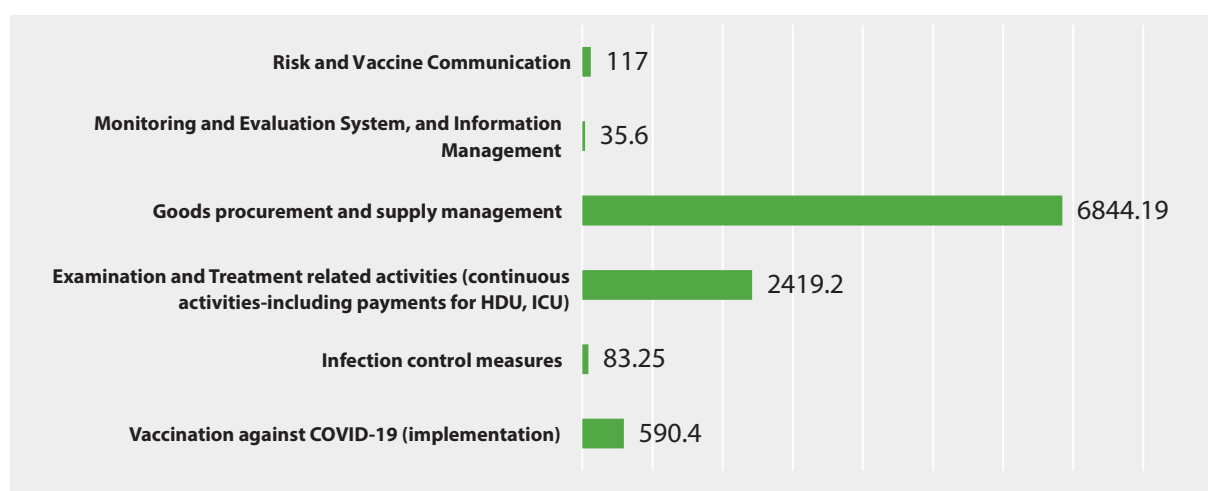
²⁵ The CPRP comprises of 10 pillars, with an estimated funding requirement of USD \$49.488 Million. The largest share is allocated to the Health Pillar/Cluster.

HEALTH RAPID ACTION PLAN ROGRAMME PRIORITIES AND FINANCING.

C19 Health Rapid Action Plan, 2021/22. The rapid action plan provides the health cluster implementation roadmap with well-defined goals, targets and timelines. It also includes activity-based budget estimates. The health rapid action plan (HRAP) with an outlay of NPR 10089.64 million, is divided into six core areas of interventions and numerous subactivities (figure 3.2 and appendix 3). The largest proportion of HRAP budget (68 per cent) is secured for goods procurement and supply management, followed by 24 per cent for examination and treatment related activities. The remaining 8 per cent of the investment plan is split across the other three components: risk and vaccine communication (1 per cent), infection and control measures (1 per cent) and vaccine rollout (6 per cent).

Figure 3.2

Component Wise Budget Estimates, C19 Health Rapid Action Plan, 2021/22 (NPR Million)

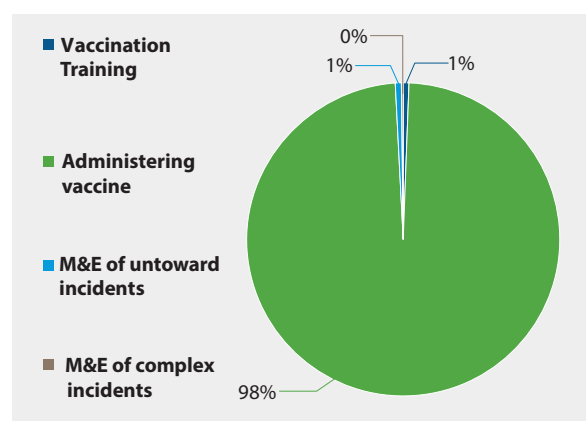


Source: C19 Health Rapid Action Plan, 2021/22

Component 1. Anti-COVID Vaccination. With an outlay of NPR 590.4 million, component 1 comprises 6 per cent of the HRAP implementation cost. There are four activities listed under this component, which include vaccination trainings, vaccine administration to target groups and the monitoring and management of general and complex untoward incidents. The HRAP action plan targets approximately 58,36,232 beneficiaries under this component. The largest share of the budget (NPR 5809 million) is allocated to administering vaccines. The remaining 2 per cent is divided between trainings and monitoring post vaccine incidents.

Figure 3.3

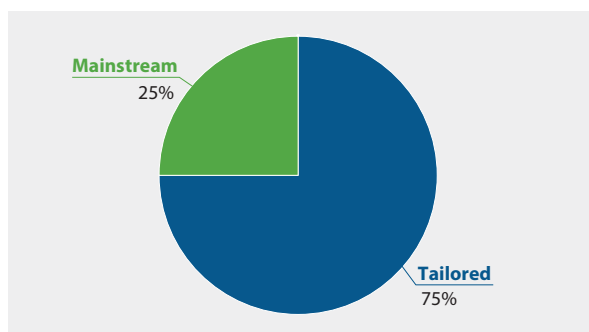
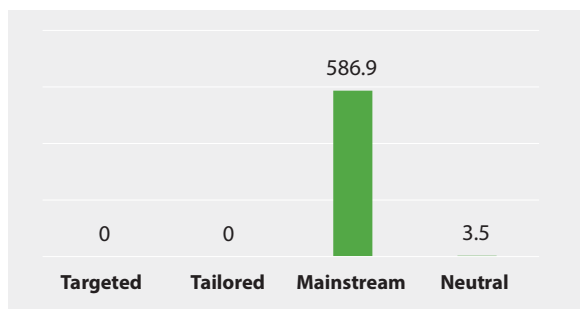
Component 1- activity share in allocations



Component 1 and GEEWG Budget Priorities. The implementation cost for the four activities under component 1 is NPR 590.4 million. A review of the activities based on the classification system/typology²⁶ indicates that there is no gender targeted or tailored activities planned under the component. Of the four activities, three are

²⁶ Category 1 - Gender Targeted; Category 2 - Tailored; Category 3 - Mainstream and Category 4 - Neutral. Also refer to Methodology in the Introduction.

mainstream and one is of neutral variety (figure.3.4).²⁷ The proportional share of budgets across these categories indicate that 99 per cent of the total allocations are secured under mainstream activities and the remaining 1 per cent are booked for neutral category (figure 3.5). There is global evidence to suggest that there are gender-based disparities in vaccine coverage. Given these disadvantages, the Gender in Humanitarian Action Task Team in Nepal suggested measures to ensure that gender concerns are addressed in ensuring equitable coverage (box 3.1).

Figure 3.4**GEEWG Categories - Activities (%)****Figure 3.5****Anti-COVID Vaccine Campaign & GEEWG Budgets (NPR million)****Box 3.1****Checklist for gender-sensitive and equitable immunization in Nepal****Prioritizing Women's Leadership and Decision Making**

- ✓ **Are women engaged at all levels of decision making?**
- ✓ **Are women's voices and needs included in the planning and implementation of the vaccine rollout?**

Gender Barriers to Immunization

- ✓ **In order to understand the barriers that women face in accessing the COVID-19 vaccine, have stakeholders considered unequal social norms, religious practices, lack of autonomous decision making and control over financial means, the burden of unpaid care work on women, limited freedom of movement and GBV?**
- ✓ **Have assessments been undertaken to ensure that women and excluded groups are provided with critical information on the vaccine and personal preventative measures?**
- ✓ **Do women frontline workers have access to transportation and the resources necessary to access vaccination facilities?**

Disaggregated Data

- ✓ **Is there disaggregated data available on sex, age, diversity and disabilities among populations that have already been vaccinated?**

Access to Information and Countering Misinformation

- ✓ **Have targeted interventions been carried out to ensure that women and excluded groups, especially those without access to media, are receiving the necessary information on the COVID-19 vaccine and preventive measures?**
- ✓ **Are women's organisations being included in the joint effort to build trust and disseminate accurate information about the vaccine and its importance in saving lives?**

Source: <https://reliefweb.int/sites/reliefweb.int/files/resources/GE%20Update%2026%20COVID-19%20vaccine.pdf>

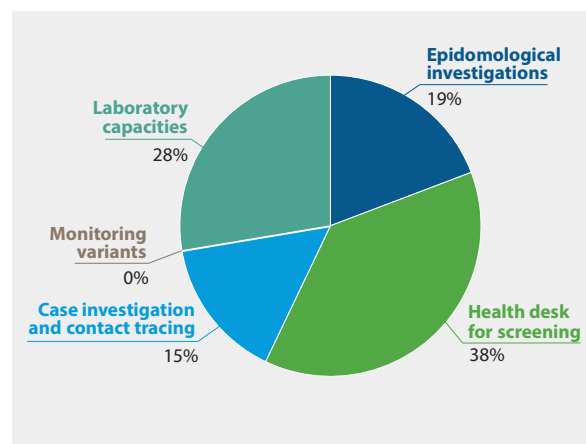
²⁷ For the methodology used in the GEEWG budgets, the projects/activities are classified as (i) **Targeted activities** - projects that primarily and explicitly target women and girls; (ii) **Tailored activities** - projects that indicate tailored or adapted activities for women and girls; (iii) **Mainstream activities** - projects that consider women, girls, men and boys; (iv) **Gender neutral/blind activities** - projects that do not consider gender issues. Adapted from the Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming, UNFPA and UN Women, June 2020.

Component 2. Infection Prevention and Control Measures.

The component includes five activities geared towards infection prevention and control.²⁸ The total outlay for this component is NPR million 83.2 and comprises 1 per cent of the HRAP implementation budget. The activity wise share of the budget indicates that highest proportion is secured for health desks for screening (NPR 31.5 million), followed by activities related to revamping laboratory capacities (NPR 23 million). Epidemiological investigations and contact tracing have a committed NPR 16 million and NPR 12.7 million respectively (figure 3.6). It is estimated that 6,56,046 individuals will benefit from the service package provided under this component.

Figure 3.6

Component 2 - Activity Share in Allocations (%)



Component 2 and GEEWG budget priorities. The activity profile based on the GEEWG typology indicates that 60 per cent (three activities) are of a mainstream nature and the remaining two are neutral. Targeted or tailored interventions are not planned under this component. With regards to GEEWG budgets, 72 per cent of the allocations are mainstream and 28 per cent are of a neutral nature (figures 3.7 and 3.8).

Figure 3.7

GEEWG Categories - Activities (%)

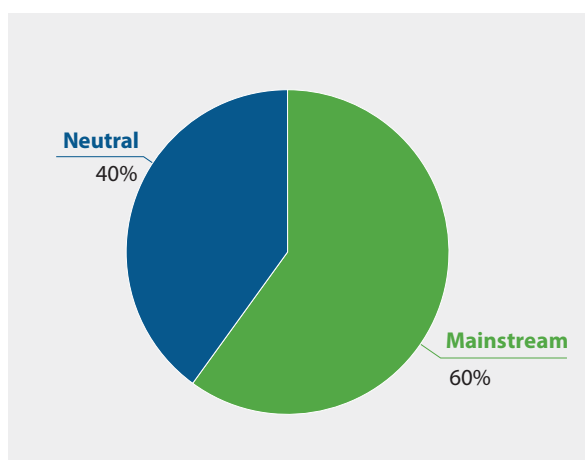
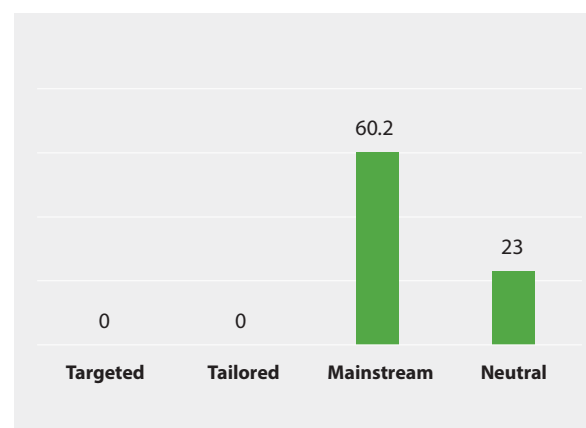


Figure 3.8

Infection Prevention and Control - GEEWG Budgets (NPR million)



Component 3. Examination and Treatment. This component is the second largest, with an outlay of NPR 2419.2 million and it comprises 24 per cent of the HRAP implementation cost. There are 11 activities under this component and the number of targeted beneficiaries is estimated at 95,866 individuals.²⁹ Hospital treatment

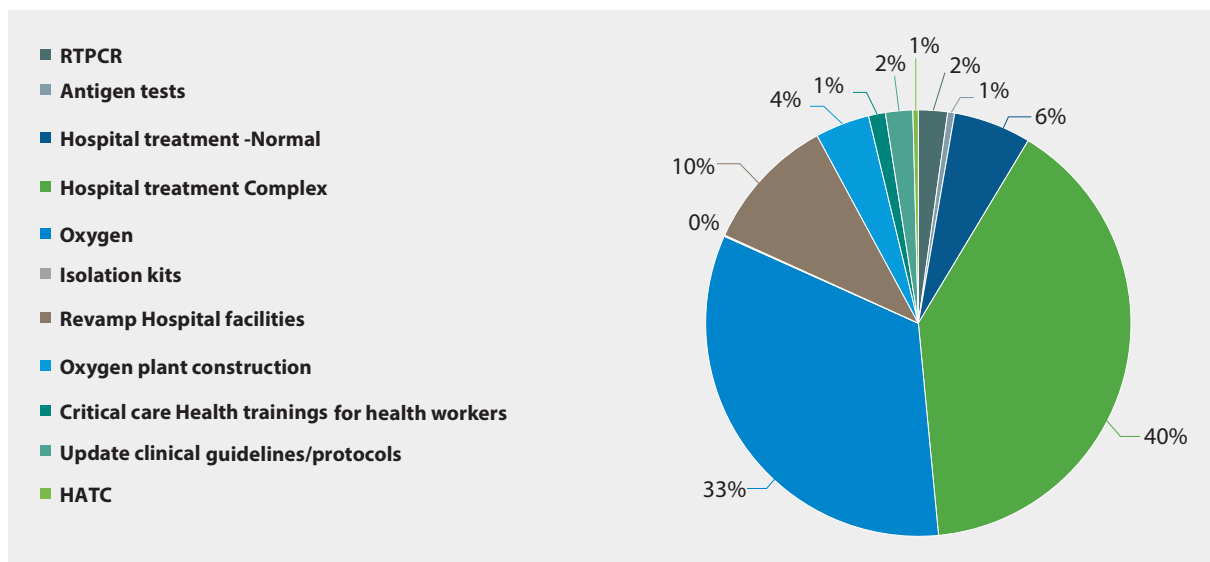
²⁸ The activities require stakeholders to: develop and implement the strategic plan in areas with high infection rates or new areas of possible infection outbreaks by carrying out epidemiological investigations/studies (outbreak investigations); consolidate health desks in the entry points (air and land routes) and carry out screenings; carry out case investigations and contract tracing; monitor new variants, carry out genome sequencing and enhance the capacity of the laboratories.

²⁹ The activities require stakeholders to: carry out RT-PCR tests to identify COVID-19 positive cases; carry out antigen tests for surveillance purposes at the community level and for case identification; provide treatment in hospital-based isolation among infected patients who have normal conditions; provide treatment of COVID-19 infected-complex and critical cases with oxygen or in ICU facilities; provide isolation kits to people in high-risk groups staying in home-based isolation; give continuity to the construction of the ICU and high dependency beds in COVID hospitals, and releasing payment for the completed works; Consolidate the oxygen plant and supply systems in hospitals and release payments for the completed work; develop and institutionalize critical care training packages for health workers and run trainings; update clinical protocols/guidelines and standards based on new facts and institutional consolidating of the Health Technology Evaluation Committee (HATC).

for complex cases (NPR 963.8 million) and critical oxygen supply (NPR 803.2 million) together constitute 73 per cent of the total outlay. Construction to revamp hospital facilities (NPR 250 million) and the construction of oxygen plants (NPR 100 million) are other large investment items. Critical healthcare trainings for health workers comprise 1 per cent of the investment plan.

Figure 3.9

Component 3 - Activity Share in Allocations (%)



Component 3 and GEEWG budget priorities. Of the 11 activities under the component, five are neutral and six are mainstream. There are no targeted or tailored interventions or activities planned under component 3. In terms of GEEWG budgets, 50 per cent of each are placed under the neutral and mainstream categories (figures 3.10 and 3.11).

Figure 3.10

GEEWG Categories - Activities (%)

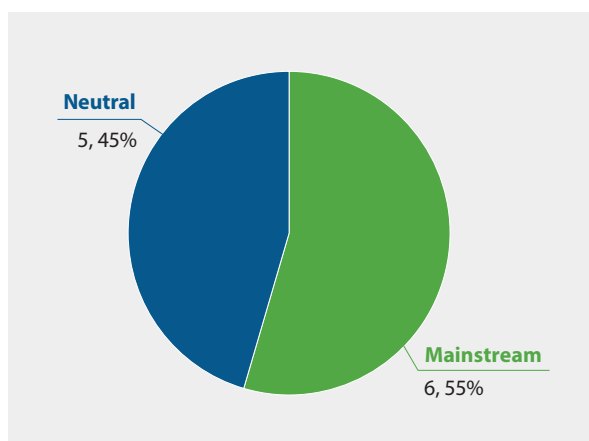
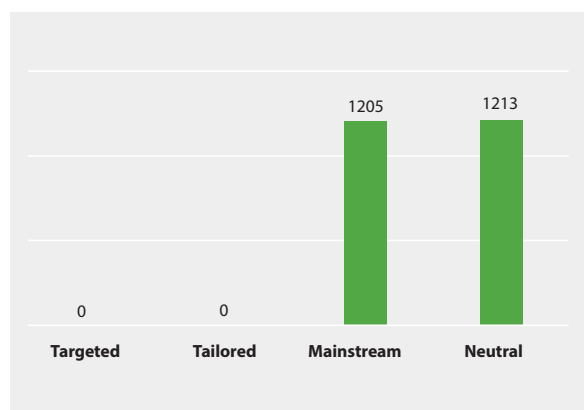


Figure 3.11

Examination and Treatment and GEEWG Budgets (NPR million)



Component 4. Goods Procurement and Supply Management.

With an outlay of NPR 6844.19 million, component 4 comprises 68 per cent of the HRAP budget. There are three core activities listed under this component and includes the procurement of a COVID-19 vaccine, syringes and other essential goods; the consolidation of transportation and storage capacities; and the procurement and transportation of drugs, equipment and supplies essential to controlling the pandemic (figure 3.12). The largest share of the allocations under component 4 are booked under vaccine procurement (NPR 6380 million). All three activities are gender neutral and 100 per cent of the allocations are classified as neutral.

Component 5. Consolidation of Monitoring & Evaluation and Information Management.

With a committed resource envelope of NPR 35.6 million, component 5 represents less than one per cent of the HRAP implementation cost. There are five activities, which include the consolidation of the information management systems related to COVID-19 and vaccines; the digitalization of health records; trainings for software users; and audits of COVID-19 activities. The highest share of NPR 18.5 million is booked under evaluation and auditing of COVID-19 related activities, followed by HMIS management. All activities are gender neutral and 100 per cent of the budget is labelled in the neutral category.

Component 6. Risk and Vaccine Communication.

This component represents only one per cent of the HRAP budget. There are six activities, with a total outlay of NPR 117 million. The activities include preparing and disseminating public awareness materials; hosting panel discussions on national TV; hosting weekly interactions with the media; strengthening hotline and call centres; conducting perception surveys; and putting on community communication activities. A total of NPR 95 million is dedicated for community communication regarding vaccinations (figure 3.14). This represents 81 per cent of component 6 costing. All six activities under the component are mainstream and 100 per cent of the budget is classified as mainstream.

Figure 3.12

Component 4 - Activity Share in Allocations (%)

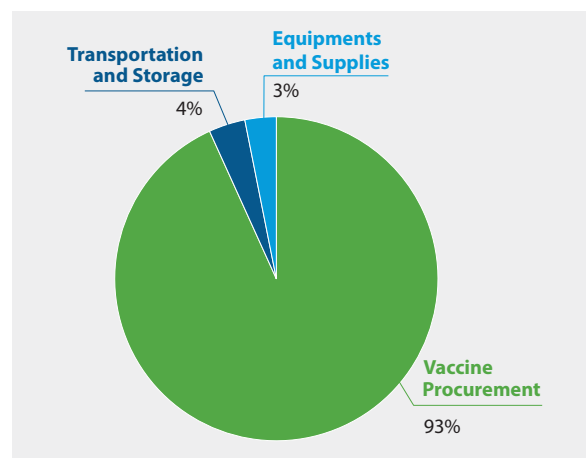


Figure 3.13

Component 5 - Activity Share in Allocations (%)

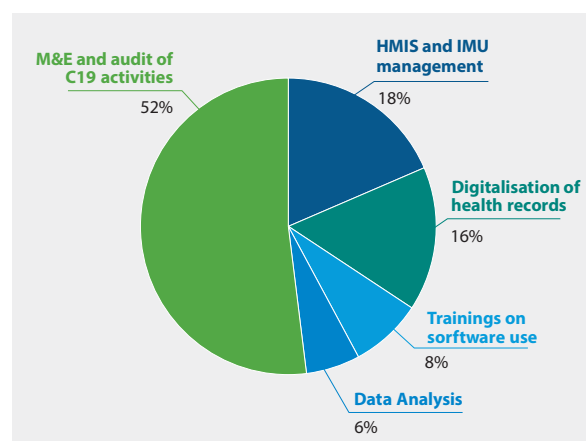
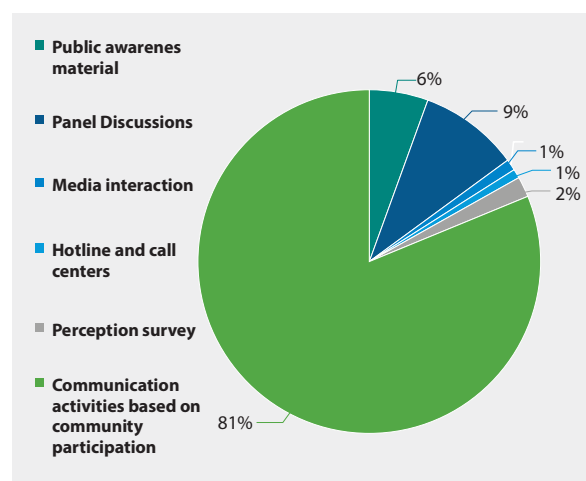


Figure 3.14

Component 6 - Activity Share in Allocations (%)



CONCLUSION AND KEY TRENDS

The HRAP is divided into six components and 34 activities (appendix 3). The costing of the action plan is NPR 10089.64 million (figure 3.2). Of the 34 activities with approved funding, 18 (53 per cent) are mainstream - category 3 and the remaining 16 (47 per cent) are of a neutral nature – category 4.³⁰ There are no activities that are gender targeted or tailored. The GEEWG budget distribution across the two categories indicate that 80 per cent of the HRAP investment plan falls under category 4 (neutral expenditure) and 20 per cent is specific to mainstream projects (figures 3.15 and 3.16).

Figure 3.15

Component-Based GEEWG Budget Distribution (NPR million)

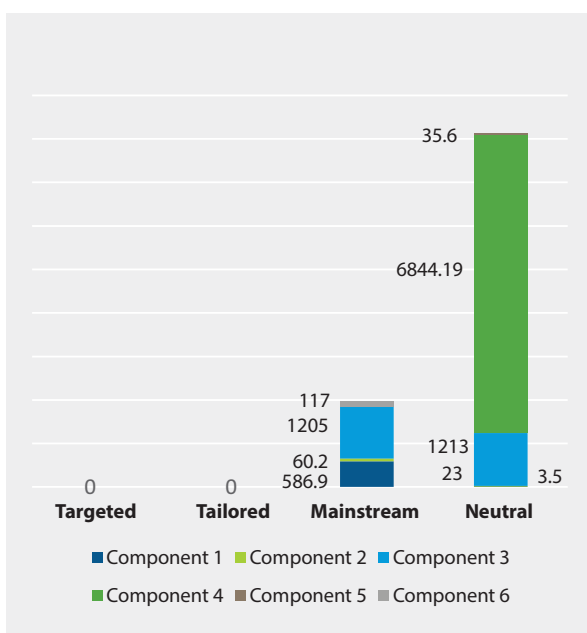
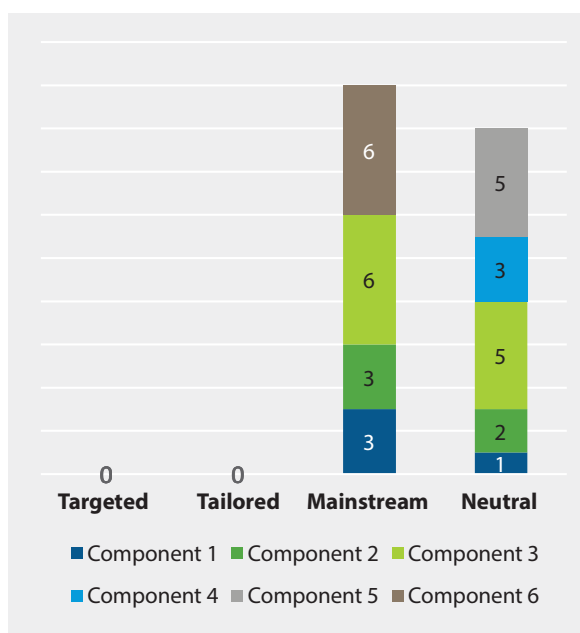


Figure 3.16

Component-Based GEEWG Activity Distribution (Number)



The key trends that emerge highlight the following issues:

- The activity and corresponding budget estimates are concentrated around mainstream and neutral categories. The HRAP does not categorically mention any gender-targeted or tailored activity.
- The largest two components in the HRAP comprise only neutral activities. The GEEWG budget allocation is subsequently high for neutral activities in comparison to the outlay for mainstream interventions.
- Only one component (component 6) is community focused. The outlay for this component is one per cent of the HRAP cost estimates.
- The HRAP does not mention/include activities specific to reproductive and sexual health, which is identified as an important activity in the CPRP. The health cluster in the CPRP indicates an investment need of USD 5.45 million for reproductive health. This comprises 27 per cent of the estimated health cluster financing requirement (figure 3.1).
- There are huge opportunities to plan gender targeted and tailored interventions across all five components as a means to ensure GESI-responsive health cluster plans (refer to box 3.2. for guidelines and recommendations).

³⁰ All (100 per cent) of thematic group 2 (GBV) activities are counted as targeted activities.

Box 3.2**Guidelines to Improve GEEWG Planning and Financing in Health Action Plans****Component 1. Anti-COVID Vaccination (also refer to box 3.1)**

- ✓ **Vaccination Trainings** should include sex-disaggregated data on trainees and ensure that female health professionals and front-line workers are provided with training opportunities. The training component should also include and budget for a short session on aGESI sensitive vaccine rollout.
- ✓ **Vaccine Administration.** The rollout strategy should plan, budget and implement appropriate tailored interventions to reach disadvantaged populations who cannot travel to vaccination centres, such as the elderly, PwDs, pregnant and lactating mothers, and single women with minors. Also refer to the checklist in box 3.1.
- ✓ **Monitoring and Management of Untoward Incidents.** All cases of untoward incidents should be disaggregated based on age and gender. A special tailored component should be planned to monitor pregnant and lactating women post-vaccination.
- ✓ **Data.** Maintain sex, disability and socially disaggregated data for all mainstream activities under this component.

Note: The Gender in Humanitarian Action Task Team (GiHA-TT) meeting on 21 December 2020 focused on women's leadership and decisionmaking in vaccine rollout. Stakeholders were recommended to consider gender-related barriers when planning vaccine distribution strategies in order to reach women from excluded groups; promote women's voices and leadership in all levels of decisionmaking during the COVID-19 response to ensure equitable distribution of the vaccine; and continue efforts to ensure that timely and accurate information on preventive measures and the COVID-19 vaccine are provided through an intersectional approach.³¹

Component 2. Infection Prevention and Control Measures.

- ✓ **Epidemiological Investigations and Studies.** These should consider gender and age variables and risks and include pregnant and lactating mothers as part of the research methodology and sampling.
- ✓ **Health Desk for Screening.** The activity should integrate and budget for a tailored component to fast-track screenings for elderly women, pregnant and lactating women, and women with minors at PoE. There should also be a gender-targeted component on training and employment for female health workers/staff in PoE screenings and appropriately designed personal protective equipment for female staffers should be planned and provided.
- ✓ **Case Investigation and Contact Tracing.** As part of contact tracing activities, GESI sensitive trainings should be planned and budgeted for workers and staff to avoid stigmatisation.
- ✓ **Laboratory Capacities.** This activity should plan and budget for a targeted activity to train female health staff members, especially educated but unskilled frontline workers, to enhance their technical skills in lab work and using laboratory equipment.
- ✓ **Data.** Maintain sex, disability and socially disaggregated data for all mainstream activities under this component.

³¹ Ensuring Equitable Distribution of the COVID-19 Vaccine in Nepal, Gender Equality Update, 26 March 2021

Component 3. Examination and Treatment.

- ✓ **Revamp Hospital Facilities.** *The infrastructure in health care facilities should be gender, senior citizen, child, LGBTQI+ and PwD compliant. These design elements should be integrated into the physical infrastructure design of hospital plans.*
- ✓ **Critical Care Trainings for Health Workers.** *All critical healthcare trainings should ensure the equitable participation of female healthcare workers. All trainings should include sessions on GESI sensitive approaches in critical healthcare. Sensitization about GBV should also be integrated into all training modules.*
- ✓ **Update Clinical Guidelines/Protocols.** *All clinical guidelines and protocols should be reviewed and revised from a GESI perspective. These guidelines should also integrate, as feasible, protocols on GBV and sexual exploitation and abuse.*
- ✓ **Data.** *Maintain sex, disability and socially disaggregated data for all mainstream activities under this component.*

Component 4. Goods Procurement and Supply Management.

- ✓ **Vaccine Procurement and Supply Management.** *Procurement and supply management comprise 68 percent of the HRAP implementation cost. All activities under this component are perceived as gender neutral. Procurements and supply management, though perceived and treated as neutral, have the potential to encourage and promote women-owned enterprise and self-help groups. A targeted or tailored activity to engage women-owned businesses can be planned and piloted under this component. The first step is to map and identify suppliers that are women-owned businesses and develop a network of existing and new suppliers that are capable of providing goods and services in the quantity and quality required. The next steps include expanding information access through social networks and streamlining the application, tendering and contracting process.³² Self-help groups can be trained in manufacturing and supplying PPE gear, sanitizers, etc. A quota on procurements from women-owned businesses can also be explored and included as feasible.*

Component 5. Consolidation of Monitoring & Evaluation and Information Management


- ✓ **C19 HIMS Management.** *Ensure that all beneficiary-related monitoring indicators and targets are age, sex, LGBTQI+, disability and socially disaggregated.*
- ✓ **Digitalization of Health Records Related to C19.** *Ensure that all data is disaggregated, with special attention to C19 health records specific to PwDs and pregnant and lactating mothers.*
- ✓ **Trainings for Software Users.** *Ensure that equitable software training opportunities are provided to female M&E staff. Maintain participant data disaggregated by sex. Trainings should include sessions on the importance of GESI disaggregated MHIS management.*
- ✓ **Analyse Data and Publicize.** *Ensure that all COVID-19 related data updates and infographs include disaggregated information, as feasible. All analytical reports should include a section on gender, vulnerability and excluded groups. A tailored intervention related to standalone GESI analytical reporting can be budgeted and implemented under this activity.*
- ✓ **Carry Out C19 Activity Audits.** *All activity audits should integrate a GESI and vulnerability lens. A tailored action related to gender audits can be planned and budgeted under this activity.*

³² The Power of Procurement: How to Source from Women-Owned Businesses, UN Women, 2017 <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2017/The-power-of-procurement-How-to-source-from-women-owned-businesses-en.pdf>

Component 6. Risk and Vaccine Communication.

- ✓ **Public Awareness Material.** Tailored interventions can be planned under this activity. All public awareness materials should be vetted from a GESI and excluded groups perspective. Special information, education and communication materials can be developed, focused on gender specific issues such as GBV, sharing the care work burden, etc.
- ✓ **Panel Discussions.** To help generate awareness, gender experts and representatives of women networks can be invited to talk about the gendered impacts of the pandemic
- ✓ **Hotline and Call Centres.** A gender targeted component can be planned to train and employ women representatives to manage hotlines and call centres. Information regarding hotlines and call centres should be disseminated to ensure that it reaches everyone, including marginalised groups. Call centre representatives should be sensitized towards dealing with callers in a cordial and sensitive manner.
- ✓ **Perception Survey.** Perception surveys should ensure a representative sample and make concerted efforts to include the inputs of excluded groups, including women, LGBTQI+ communities, PwDs and seniors.
- ✓ **Communication Activities Based on Community Participation.** Special measures and tailored activities should be planned with exclusive women-based community groups – women farmers, self help group members, locally elected representatives, etc. All other community-related activities should ensure that equitable representation is secured in all activities. Local civil society networks and women's groups should be engaged in all community-based interventions.

For guidance on all components, please refer to the entry points and checklist in Chapter 4, 'Practitioner's Guidance on Prioritising Gender Equality and the Empowerment of Women and Girls' Financing in Cluster-Based Humanitarian Response Programming.'



Thirty-six years old Tara Devi Shrestha stitches masks at her tailoring shop in Banepa, Kavrepalanchok on October 3, 2020.
Photo: UN Women/Uma Bista

CHAPTER-4

PRACTITIONER'S GUIDANCE ON PRIORITISING GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS' FINANCING IN CLUSTER- BASED HUMANITARIAN RESPONSE PROGRAMMING

PRACTITIONER'S GUIDANCE ON PRIORITISING GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS' FINANCING IN CLUSTER-BASED HUMANITARIAN RESPONSE PROGRAMMING

Gender, together with other factors including age, sexual orientation and gender identity, ethnicity, disability, education, employment, and geographical location may intersect to further compound individual experiences in emergencies.

Gender Alert, IASC

The Interagency Standing Committee (IASC) reference group for gender in humanitarian action issued a **gender alert for the COVID-19** outbreak in March 2020. An interim guidance was prepared with the intent to guide the integration of gender considerations in the formulation and implementation of national COVID-19 response plans. The reference group emphasizes that pre-existing gender norms and associated inequalities exacerbate gender-based disadvantages and vulnerabilities in health emergencies. It lays out the minimum standards to guide gender integration in the formulation and implementation of COVID-19 preparedness and response plans. It also encourages the inclusion of women and girls as decision-makers in the cluster response planning process (box 4.1). The minimum standards to enable gender-responsive COVID-19 planning emphasize the importance of **appropriate budgets**. It also cautions against withdrawing or reinvesting finances from Nepal's '**already limited funding for existing gender integrated programming**' to the national COVID-19 response.

Box 4.1

Minimum Standards for Integrating GE in COVID-19 Preparedness & Response Planning

- *Conduct a regularly updated, multi-sectoral gender analysis to identify inequalities, gaps and capacities that reveal the specific impacts of the crisis on women, girls, men and boys, and LGBTQI+ people from affected populations and inform priorities of the preparedness and response plans.*
- *Integrate gender equality and the empowerment of women and girls' considerations into any Multi-Cluster Initial Rapid Assessments (MIRA) or Joint Needs Assessments, Response Plans, and appeals, with appropriate budgets.*
- *All data and information gathering efforts from needs assessments on targeting, monitoring and evaluation should include dedicated consultations with women and girls, women's groups and organisations, and women leaders from the community in the modality that is accessible, safe and culturally appropriate.*
- *All assessment teams should include men and women and be gender-balanced, if feasible. Data collected throughout the response by all actors should be disaggregated by sex, age and disability to produce an evidence base for monitoring gender-related impacts.*
- *All M&E frameworks should include gender-focused indicators.*

- *Needs assessments, targeting, response plans and implementation should proactively adopt do-no-harm and “leave no one behind” approaches and prioritise the mitigation, response and prevention of GBV and the prevention of sexual exploitation and abuse (PSEA).*
- *Ensure that the restrictions placed on citizens’ movements and the surveillance systems used to detect COVID-19 cases do not inadvertently expose women and girls to additional harm.*
- *All social mobilisation, community engagement and surveillance mechanisms should be developed and implemented in conjunction with representatives from the most affected groups, including women and youth groups, female community health workers, traditional birth attendants, traditional female healers, and women from indigenous and other highly vulnerable groups.*
- *Factors in gender-based differences in literacy levels and access to information tools, such as mobile phones and the internet ensure that communication is inclusive and transmitted through multiple media options, including radio, visual guides and community mobilisation as well as in a diversity of languages, accessible formats and with the use of accessible technologies.*
- *Adopt interventions that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls. safeguard their dignity, and make contributions towards eliminating discriminatory practices against women and girls.*
- *Ensure that each cluster has dedicated gender expertise, such as a gender focal point or advisor and when applicable, collaborate with the Gender in Humanitarian Action Working Group (or alternative), the GBV Sub-Cluster and the Interagency Working Group on Reproductive Health (or their equivalents) to utilize existing expertise.*
- *All projects/programmes should use the IASC Gender and Age Marker tool (or equivalent) to guide gender considerations in their design.³³*
- *It is also essential that already limited funding for existing gender integrated programming, including protection, sexual and reproductive health and livelihoods initiatives in existing crisis and fragile settings are not withdrawn and redirected to cover the COVID-19 response.*

Source: <https://www.humanitarianresponse.info/en/operations/sudan/document/iasc-gender-reference-group-gender-alert-covid-19>

Guidance Framework and Design. Humanitarian response requires coordinated actions from multiple stakeholders to effectively plan and deliver services.³⁴ It also requires optimal use of human and financial resources. The humanitarian programme cycle (HPC) is a tool that assists in coordinated planning and the successful implementation of any humanitarian response (figure 4.1). Effective implementation is also contingent on other factors, such as the level of emergency preparedness, coordination within governance systems/ authority, vibrant local humanitarian actors/networks and good information management systems (IASC, 2020). The practitioner’s guidance on GEEWG financing follows the HPC cycle as the overarching framework to identify entry points and actions for effective integration of gender budget tools in humanitarian programme planning. As relevant, the entry points are aligned with the IASC gender with age marker (GAM) tool (box 4.1).

³³ <https://iascgenderwithagemarker.com/en/home/>

³⁴ <https://www.humanitarianresponse.info/en/programme-cycle/space>

Figure 4.1

The Humanitarian Programme Cycle



The HPC and entry points for GEEWG-responsive planning, budgeting and implementation.

<p>Entry Point 1 Needs Assessment Analysis HPC Cycle – Figure 4.1</p>	<p>Key GEM in Project Design A. Gender Analysis. The issues facing women, men and LGBTQI+ communities in different age and/or disability groups are understood and described. GAM Tool – Box 4.2</p>			
<p>Recommended Actions and Checklist.</p>				
<p>Action Area 1. The needs assessment analysis should undertake a ‘situational analysis’ – the situation of women, men, girls and boys in a given sector/subsector. Refer to box 4.3 for tips on situational analysis.</p>				
Checklist	Yes	No	NA	Comments
Does the situational analysis – the impact of the crisis and humanitarian conditions –include gender statistics, sex-disaggregated/binary and disability data?				
Does the needs assessment include a thorough review of the gender-based disadvantages specific to the crisis?				
Does the needs assessment address gendered divisions of labour?				
Are there rapid assessments/secondary literature that highlight the gender-based disadvantages of the humanitarian crisis?				
Is there a dedicated gender expert/focal point to ensure that gender, LGBTQI+ and disability data are effectively collated and used in the needs analysis phase?				

Are effected community members, specifically women, girls, elderly, PwDs and LGBTQI+ individuals being consulted in the needs assessment phase?				
Are civil society organisations, local networks and women-led/disability groups being consulted in the needs assessment phase?				
<p>Output.</p> <ul style="list-style-type: none"> • Gender Assessment tip sheets/infographs/policy briefs. • The country humanitarian dashboard includes sex-disaggregated and disability data on the needs, response monitoring and gaps taking place during the crisis. 				
<p>HPC Tools/Template – Reference Documents</p> <p>Multi-Sector Initial Rapid Assessment Guidance³⁵ 2021 Humanitarian Needs Overview - Annotated Template³⁶</p>				

Box 4.2

IASC Gender with Age Marker (GAM) Tool

The IASC GAM is a planning tool to assist users in designing and coding gender, disability and age inclusive programmes in humanitarian responses. The tool includes a questionnaire that guides the project team. The GAM assesses projects for 10 essential programme elements known as Gender Equality Measures (GEM) based on which projects are coded as gender mainstreamed, targeted or neutral (appendix 4).

Primary GEMs Project Design Phase	Supporting GEMs Monitoring Phase
Four KEY GEMs are considered in the project design phase.	Each of the four key GEMs have one or two supporting GEMs that are considered during project monitoring.
A. Gender Analysis. The issues facing women, men and LGBTQI+ ¹ in different age and/or disability groups are understood and described.	B. Disaggregated Access Data. Different groups of people are able to access assistance.
D. Tailored Activities. Women, men and all gender groups of different ages and/or disabilities get the assistance they need.	E. GBV Protection. People are safer.
G. Influence. Women and men in appropriate age and/or disability groups influence decisions throughout the project.	H. Feedback & Complaints. People can complain and be heard. I. Communication with Communities. People get the information they need.
J. Benefits. Different groups of concern (gender, age and disability) get different benefits; no one will be left behind.	K. Satisfaction. Different people are satisfied. L. Project Problems. Problems are known and addressed.
<p><i>Source : https://www.iascgenderwithagemarker.com/en/home/</i></p>	

³⁵ <https://www.humanitarianresponse.info/en/programme-cycle/space/document/multi-sector-initial-rapid-assessment-guidance-revision-july-2015>

³⁶ [2021 Humanitarian Needs Overview - Annotated Template | Assessment & Analysis Knowledge Management Platform \(hpc.tools\)](#)

Box 4.3

Situational Analysis, Prioritisation and Project Design – Tips

Understanding drivers of the crisis, underlying factors and vulnerabilities.

Identify the drivers of the crises and the factors that exacerbate vulnerabilities. Organise focus group discussions (FGDs) with affected groups and key informant interviews (KIIs) with experts and civil society members to understand the pre-existing conditions that may lead to increased vulnerabilities. Ensure that the FGDs and KIIs include a diverse set of participants, with equitable representation of women and LGBTQI+ members. Secondary (research) and demographic data can also be used to understand how these drivers may affect different groups of populations as well as its impact on specific issues, like women’s work force participation and unpaid care work, for example. The following information should be collected: the number of people affected, sex, disability and socially disaggregated data and populations that are at highest risk (migrants, slum dwellers, daily wagers, children, senior citizens, etc). Also identify the data gaps that restrict this mapping exercise.

Identify the action areas and strategic priorities for humanitarian interventions.

Once the drivers, underlying factors and vulnerabilities are mapped, identify the **important priorities** that should be considered in planning and developing action plans. These action areas should be aligned with the specifics of geographical location, vulnerabilities of the affected groups and priority cluster/sector response domains. The tailored interventions/action areas and special targeting (based on vulnerability mapping) can be planned in a consultative manner, with experts and civil society groups and beneficiaries. Well-defined protocols and monitoring tools should be used to ensure effective targeting of affected groups in core areas of interventions – e.g., cash for work; food; provision of health services or drugs; rehabilitation; violence prevention and mitigation; linkages to other services; etc. Cross-cutting issues such as environment, disability, age, gender, sexual orientation, etc., should be accounted for while planning interventions and priorities.

*Source: Adapted from the MIRA framework
<https://www.humanitarianresponse.info/en/programme-cycle/space/document/mira-framework>*

Entry Point 2

Cluster Planning
(Strategic Planning)

HPC Cycle – Figure 4.1

Key GEM in Project Design

- D. Tailored Activities.** Women, men, all gender groups of different ages and/or disabilities get the assistance they need.
- G. Influence.** Women and men in appropriate age and/or disability groups influence decisions throughout the project.

GAM Tool – Box 4.2

Recommended Actions and Checklist

Action Area 2. Prioritization of needs in activity/project planning.

Action Area 3. Project/activity design.

Refer to box 4.3 for tips on situational analysis and prioritisation.

Checklist	Yes	No	NA	Comments
Prioritisation of Needs in Activity/Project Planning				
Do cluster interventions/activities consider the special needs identified during the needs assessment phase to guide project/activity prioritization?				
Are tailored interventions planned across all activities/projects approved in cluster-based plans?				
Were women, girls, civil society organisations, women’s networks and excluded groups consulted during project/activity prioritization?				

Do women, men and people of SOGI in appropriate age and/or disability groups influence project/activity prioritization decisions?				
Project/Activity Design				
Does cluster-based activity planning consider sex disaggregated data including data on female-headed households, work profiles (labour divisions within home and outside), literacy, employment, access to social and economic infrastructure, financial services and community leadership?				
Does project/activity planning and design consider gender and disability design features/elements?				
With regards to infrastructure projects (like water sanitation and education), do physical designs account for gender needs and considerations, including access for PwDs?				
Does the project design include targeted actions, tailored interventions or mainstream activities? Refer to box 4.4.				
Do the project/activities include affirmative actions to ensure the participation of women and other vulnerable group members in the project through quotas or other special incentives?				
Do targeted, tailored or mainstream interventions recognize, reduce and redistribute the unpaid care and household responsibilities that are often assigned to women and girls?				
Does the project design phase also include an assessment of the impacts (positive and negative) that the project will create, with special consideration given to women's mobility and safety, GBV, sexual exploitation and human trafficking among other factors?				
Are there any special measures in place to mitigate the negative impacts that the project activity may create, if applicable?				
Are women, girls, civil society organisations and networks focused on women or PwDs being consulted during project/activity design phase?				
Are gender experts and focal points being hired or consulted during the activity/project design phase?				
Does the project use the IASC GAM tool to guide gender considerations in the design phase?				
Are team members trained in the IASC GAM tool?				
HPC Tools/ Template/Guidance				
<ul style="list-style-type: none"> • Guideline Cluster Coordination at Country Level, July 2015 IASC Sub-Working Group on the Cluster Approach and the Global Cluster Coordinators' Group. • Gender Alert for COVID-19 Outbreak, March 2020, IASC. • IASC GAM tool. 				

Box 4.4**GEEWG Programme Categories and Criterion**

- (i) **Targeted.** Projects/activities that primarily and explicitly target women and girls in activities. For example, activities related to GBV prevention or sexual and reproductive health. Targeted interventions also include activities in which the 'objective' of the intervention is specific to GEEWG goals; these can include gender trainings, GBV capacity building, counselling, etc.
- (ii) **Tailored.** Projects/activities that include tailored activities for women and girls or other disadvantaged groups who may face barriers in accessing project benefits. For example, female returnee migrants may face stigma and social ostracization, which may be even more pronounced for pregnant returnees. Given these disadvantages, the migration theme under the protection cluster may have to plan tailored interventions to mitigate the special disadvantages and vulnerabilities.
- (iii) **Mainstream.** Projects that consider women, girls, men and boys. Most mainstream activities are beneficiary oriented, such as food vouchers, direct payments, social security, etc. These projects consider sex and disability disaggregated data in the project design but do not specifically indicate tailored or adapted activities.
- (iv) **Neutral.** Projects that do not consider gender or any special beneficiary category.

Source: Adapted from 'Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming, UNFPA and UN Women, June 2020.

Entry Point 3. GEEWG-Responsive Budgets (Resource Mobilisation)	Key GEM in Project Design D. Tailored Activities. Women, men and all gender groups of different ages and/or disabilities get the assistance they need.			
HPC Cycle – Figure 4.1	GAM Tool – Box 4.2			
Recommended Actions and Checklist				
Action Area 4. Cluster-based plans allocate GEEWG-responsive budgets.				
Checklist	Yes	No	NA	Comments
Do cluster plans ensure that sufficient budgets have been allocated to fund targeted, tailored and mainstreamed activities? Refer to box 4.4.				
Do cluster teams prepare cost estimates and funding requirements based on prevailing unit costing norms and projected beneficiary needs to deliver targeted and tailored activities? Refer to box 4.5 for cost estimates (unit costs).				
Do team members have data on the cost estimates of gender-based interventions that enable them to budget for these plans?				

Are budgets allocated to hire a part-time or full-time gender equality and social inclusion specialist as a member of the cluster team? ³⁷				
Are cluster-based activities and allocations assessed to understand GEEWG priorities in cluster allocations?				
Are cluster plans, activities and budgets available in the public domain?				
Do clusters engage in budget discussions with civil society organisations and women's networks to prioritise GEEWG-related spending priorities?				
Do projects with approved funding indicate GAM marker/coding in the financial tracking system (FTS)? ³⁸				
Do cluster teams ensure that the funding for existing gender integrated programming (protection, sexual and reproductive health, skills training and livelihoods) are not withdrawn or redirected to the COVID-19 response plan (Gender Alert, IASC, 2020)?				
HPC Tools/Template/Guidance - Reference Documents				
<ul style="list-style-type: none"> • Knowledge products, infographs and policy briefs specific to cluster-based GEWG needs, programme priorities and funding gaps. • IASC gender with age marker in the FTS. • Country-level analysis of funding and human impact through a GEWG and social inclusion lens when funding falls short. 				

Box 4.5**Cost Estimates and Funding by Sector - Global and Nepal**

There is not much information on estimates/costing norms related to GEEWG financing and funding requirements in a humanitarian context. Of the gender-targeted interventions, only GBV costing has attracted some attention. Global estimates on sector-based funding requirements were determined through a desk review of available and relevant literature on the subject matter as well as consultations (UNFPA, UN Women, 2020).

Table. Global Estimates - Unit Costs and GEEWG Funding Required by Sector/Theme

Sector	Funding Required
Gender Equality	\$97.50-\$165.90 (per person)
GBV	\$661.5 million (total estimates)

³⁷ The IASC COVID-19 gender alert recommends to, "Ensure that each cluster has dedicated gender expertise, such as a gender focal point or advisor and where present, collaborate with the Gender in Humanitarian Action Working Group (or alternative), the GBV sub-cluster and the Interagency Working Group on Reproductive Health (or their equivalents) to utilize existing expertise."

³⁸ Access the marker – IASC Gender with Age Marker

Health - Sexual, Reproductive and Maternal	\$17 per person (family planning) \$8.5 per person (maternal and newborn health and contraception); \$4.81 per person (reproductive, Maternal, newborn and child health)	
Nutrition	\$96.58 per child	
Adolescent Girls - Life Skills	\$299 per girl	
Education	\$113 per child (additional to current spending; \$156 total per child)	
Child Protection	Awareness Raising: \$7-\$10 per child Psychosocial Support (PSS): \$40-\$50 per child Case Management: \$167 - 2423 (\$800 on average)	
Economic Empowerment	\$47-\$49 per woman	
<p><i>Note: These estimates are derived from a desk review of global studies relating to funding requirements for specific types of gender-targeted programming.</i></p> <p><i>Source: Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming, UNFPA and UN Women, June 2020.</i></p>		
<p>Nepal Sustainable Development Goals (SDG) and GEEWG investments The average investment requirement for gender-related interventions and achieving SDG5, as per the National Planning Commission Report, Nepal, is estimated at NPR 23.4 billion (USD \$197.34 million) per year for the time period 2026-30.³⁹</p>		
<p>Table. Major Interventions and Annual Average Investment Requirement for Gender*</p>		
Interventions NPR in Billion	2020-22	
	USD IN Billion	USD IN Million
Awareness of Sexual and Reproductive Health Issues	1.5	12.6
Helping Transition Girls to Work	4.2	35.4
Encouraging Political Participation	0.2	1.6
The President's Women Empowerment Programme	0.4	3.3
Ending Violence against Women	2.2	18.5
Systematic Issues	2.1	17.7
General Administrative Costs	1.6	13.5
Total Gender Costs	12.2	102.8
<p>* Refers to estimates made by the study team.</p> <p>Source: https://www.npc.gov.np/images/category/SDGs_Costing_Final_Version.pdf</p>		

³⁹ Needs Assessment, Costing and Financing Strategy for Nepal's Sustainable Development Goals Government of Nepal, National Planning Commission, 2018. https://www.npc.gov.np/images/category/SDGs_Costing_Final_Version.pdf

Entry Point 4 Implementation and Monitoring HPC Cycle – Figure 4.1	Supporting GEM in Project Implementation and Monitoring B. Disaggregated Access Data. Different groups of people are able to access assistance. E. GBV Protection. People are safer. H. Feedback & Complaints. People can complain and be heard. I. Communication with Communities. People get the information they need. J. Satisfaction. Different people are satisfied. K. Project Problems. Problems are known and addressed. GAM Tool - Box 4.2
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Recommended Actions and Checklist

Action Area 5. Gender and socially-responsive implementation

Action Area 6. Procurement and contracting

Action Area 7. Monitoring

Checklist	Yes	No	NA	Comments
Gender and Socially-Responsive Implementation				
Does the cluster implementation team have a good balance of women, men and people with disabilities among its staff members?				
Are all staff and team members trained on diversity and inclusion issues?				
Does the cluster implementation team receive guidelines/advisories/instructions on gender and social inclusion issues as well as cluster strategies?				
Do cluster response teams ensure that all social mobilisation and community engagement activities are developed and implemented in conjunction with representatives from the most affected groups, including women and youth groups, female community health workers, traditional birth attendants, traditional female healers and women from indigenous and other vulnerable groups? (IASC, 2020)				
Do cluster team members and implementing partners ensure that different groups of people are able to access assistance and that there is equitable access to project benefits?				
Procurement and Contracting				
Is the procurement and contracting process simple, with civil society organisations and women and disability networks encouraged to apply?				
Is there a component and budget to conduct capacity building on inclusion and diversity issues among implementing partners, such as trainings on GBV, human trafficking etc.?				
Do cluster teams ensure that implementing partners follow labour laws and social protection compliances?				
Are any quotas fixed to ensure that women-owned enterprises, businesses or self-help groups get a fair share in procurement contracts?				

Monitoring				
Are cluster surveillance-mechanisms developed through community engagement, with representation of the most affected groups? (IASC, 2020)				
Do project monitoring indicators include gender and social inclusion parameters? Does the project monitoring system collate and maintain sex, age and disability disaggregated data for all mainstream activities?				
Do affected communities, especially women, people with disabilities and senior citizens receive information and communication on project activities and benefits?				
Is there a feedback and grievance redressal mechanism with representation from impacted and vulnerable groups?				
Is there a mechanism to track spending and beneficiary profiles of all categories of GEEWG activities – targeted, tailored and mainstream?				
Does cluster COVID-19 response snapshots include sex and age disaggregated data on (i) estimated caseloads, (ii) key achievements and (iii) gender-targeted activities?				
HPC Tools/Template/Guidance - Reference Documents <ul style="list-style-type: none"> • Periodic Monitoring Report Guidance. • Humanitarian Dashboard. • Country-Level Cluster C19 Response Snapshots - Example Protection Cluster. 				

Entry Point 5 Operational Peer Review and Evaluation HPC Cycle – Figure 4.1	Supporting GEM in Project Implementation and Monitoring J. Satisfaction. Different people are satisfied. GAM Tool – Box 4.2			
Recommended Actions and Checklist Action Area 8. Operational peer review through a gender and inclusion lens. Action Area 9. Evaluation and gender impact of cluster response.				
Checklist	Yes	No	NA	Comments
Operational peer review through a gender and inclusion lens.⁴⁰				
Are clusters and agencies provided with timely strategic guidance on gender and social inclusion issues, including GEEWG and gender-responsive budgeting in delivering COVID-19 response?				
Are gender needs prioritised and adequately financed in the cluster response design and implemented in a timely and effective manner?				
Are GEEWG activities monitored regularly and the results tracked at the sector/cluster level?				

⁴⁰ Customised from the Operational Peer Review (OPR) guidance template. OPR is an internal, inter-agency management tool, which was introduced as part of the IASC Transformative Agenda and serves as a course corrector to identify areas for immediate corrective action. OPR is designed to help Humanitarian Coordinators (HCs) and humanitarian country teams (HCTs) determine whether adjustments or improvements are necessary, *s The OPR focuses on four dimensions: leadership arrangements*, implementation of the Humanitarian Programme Cycle, coordination mechanisms and mechanisms for accountability to affected people.

Have collective resource requirements for the GEEWG activities (targeted, tailored and mainstreamed) been clearly assessed across clusters and funds allocated according to priority needs?				
Do the sector/cluster groups effectively contribute to the GEEWG components of the humanitarian programme cycle to enable the delivery of gender equality results?				
Have sectors/clusters identified practical entry points for improving accountability to affected women, girls and other vulnerable populations?				
Are sectors/clusters systematically communicating with affected women and girls, PwDs and other vulnerable populations using relevant feedback and communication mechanisms?				
Evaluation and gender impact of cluster response.⁴¹				
Relevance. Were cluster/sector objectives of the humanitarian response plan in line with the identified gender needs assessed in the design phase?				
Effectiveness. Were GEEWG-related results achieved and cluster interventions effective in meeting the needs of the most vulnerable women and girls?				
Efficiency. Were budgets allocated for cluster-based GEEWG interventions spent efficiently and as planned?				
Sustainability. Are GEEWG-related interventions sustainable and successful in achieving long-term strategic benefits?				
Partnerships. To what extent have adequate partnerships been established with international and national organisations that promote GEEWG objectives and with local women groups and networks to deliver assistance to affected people?				
Localization. Have the national women machinery, local women-led organisations and disability networks been involved in the cluster-based response design?				
Localization. Are budgets and resources invested in building the institutional gender capacities of national stakeholders?				
Are good practices in gender mainstreaming across programme cycles being documented?				
Are gender and social audits planned and budgeted?				
Do impact studies (if undertaken) include a strong gender and social inclusion perspective in their methodology?				
HPC Tools/Template/Guidance - Reference Documents				
<ul style="list-style-type: none"> • Operational Peer Review, Guidance Terms of Reference Report Template • Inter-Agency Humanitarian Evaluations - Process Guidelines (May 2018) 				

⁴¹ The checklist is framed around the evaluation's analytical framework for crisis-specific interagency humanitarian response (IAHEs), which is structured around six dimensions/questions. (**Inter-Agency Humanitarian Evaluation | Humanitarian Response**)

APPENDIX 1 CPRP, Nepal - PROTECTION CLUSTER

Government Lead: Ministry of Women, Children and Senior Citizens/Department of Women and Children (Federal) and Ministry of Social Development (Provincial)

Lead Agency (Co-Lead): UNICEF and UNFPA

Sector Members: IOM, UNDP, UNHCR, UN Women, WFP, National Child Rights Council, National Senior Citizens Federation (NSCF), Nepal Police, Blue Diamond Society, Care Nepal, CIVICT Nepal, CMC, DCA, Family Planning Association of Nepal (FPAN), FWLD, Humanity and Inclusion, ICRC, Islamic Relief, KOSHISH, Lutheran World Federation, Mercy Corps, Mitini Nepal, National Alliance of Women Human Rights Defenders, National Federation of the Disabled-Nepal, Nepal Red Cross Society, Oxfam, People in Need, Plan Nepal, Relief Trust, Save the Children, Tearfund, Terre des Hommes, Transcultural Psychosocial Organization (TPO) Nepal, VSO, WOREC Nepal, World Vision, ActionAid Nepal and Felm-Nepal

Priority Response Activities:

- Provide child protection services, including emergency response, to unaccompanied and separated children; family support to prevent re-institutionalization; and emergency rescue, protection and rehabilitation support to children at risk of, or rescued from, early and forced marriage, child labour, sexual exploitation and other forms of violence against children.
- Identify and support vulnerable families to decrease vulnerability and protection risks, including violence against children, GBV, trafficking, etc., through target assistance and referrals.
- Promote online safety among children and continued parent education on protection risks.
- Coordinate with health, WASH and justice sectors to ensure persons in jail, detention and correction facilities have access to information, continued quality sanitation, health and psychosocial services and other necessary assistance, with a specific focus on the situation of children and women deprived of liberty and the child dependents of inmates.
- In coordination with the Health Cluster, support the mental health and psychosocial wellbeing of affected populations and their families distressed or traumatized by the pandemic, including refugees, those hospitalised or in quarantine/isolation and those in jail/detention/child correction homes, with a focus on PFA and psychosocial counselling.
- In coordination with RCCE and the Education and Health Clusters, support coordinated multisectoral mental health promotion and suicide prevention programmes.
- In coordination with the Education Cluster, support the integration of PFA modules and active referral processes within the Education Cluster as part of school reopening processes.
- Support the Health, Food Security and Nutrition Clusters in integrating protection risk mitigation in response activities.
- Deliver stress management sessions to humanitarian and frontline service providers, such as health workers, teachers, police and community psychosocial workers (CPSWs).
- Coordinate with relevant stakeholders to ensure frontline workers (police and the staff of quarantine/isolation centres and health facilities, including one-stop crisis management centres, child protection actors, psychosocial counsellors and CPSWs) have the necessary skills and resources to deal with sensitive protection concerns using a standardized approach.
- Continue the dissemination of protection messages, including protection from sexual exploitation, abuse and sexual harassment (in local languages), highlighting the vulnerability of children, women (GBV, domestic violence and other harmful practices), migrants, PwDs, elderly, persons of concern/refugees and LGBTQI+ in the current context. Disseminate messages on available protection services, including helplines. Activate and maintain referral pathways for essential services on GBV, psychosocial support and violence against children.

- In coordination with the RCCE inter-agency working group, develop messaging and strategies rooted in behavioural insights to address the entrenchment of social norms around gender, mental health and GBV risks, targeting critical demographic segments (including youth, religious leaders and men and boys).
- Ensure essential GBV prevention and response services, such as sexual and reproductive health care, psychosocial counselling, safe houses/shelters and strengthened GBV referral pathways, including adequate resources and capacities to provide COVID-19 survivor-centred services.
- Support the development of age appropriate GBV services to address the specific vulnerability of children and adolescents to sexual abuse and all forms of GBV.
- Continue prepositioning essential lifesaving relief materials and supplies, including dignity kits, kishori (adolescent) kits and Post-Exposure Prophylaxis (PEP) kits, for immediate response purposes and in preparation for the cyclical nature of the crisis (e.g., including winter materials for vulnerable groups).
- Support vulnerable returnee migrants with social and economic reintegration assistance, including family reunification support, shelter and temporary accommodation, psychosocial counselling, mental health and psychosocial support, immediate medical and basic necessities, cash or in-kind economic recovery/livelihood reintegration assistance and referral support.
- Continue the operation of a dedicated 24/7 hotline/tele-counselling service to respond to critical protection needs faced by refugees. Continue to provide ambulance and hospital transfer services to address the medical needs of refugees and vulnerable members in host communities and for GBV survivors.
- Support access to legal assistance and justice services for the most vulnerable, including access to remedies and compensation related to legal identity, foreign employment, labour migration and safe migration procedures.
- Continue to strengthen data collection and information management systems in order to identify vulnerable communities, protection issue trends and services to adapt responses, including the expansion of the protection monitoring system, to all affected areas and programming environments (isolation).
- Strengthen coordination around identifying vulnerable persons at PoE and cross-border coordination on human trafficking prevention and response.
- Support local governments in identifying, training and deploying outreach social workers to support early identification, referrals and coordination with other sectors.
- Engage the private sector and informal sectors to develop innovative solutions to reach marginalised groups, expand access to information and support alerts, reporting and monitoring mechanisms.
- Improve coordination between protection mechanisms at federal and provincial levels in order to promote a harmonized approach to service provisions, avoid duplication and address protection service gaps.
- Provide comprehensive relief packages for women and excluded groups to strengthen access to their quality services.
- In coordination with Early Recovery partner organisations, support the implementation of livelihood and income-generating activities for refugees.

APPENDIX 2 Theme-Based Protection Activities and Budgets (March 2020)

Thematic Group 1: Child Protection					
Thematic Group Responsible Agency: UNICEF					
Date: 03 March 2020					
SN	AGENCY	ACTIVITY	Estimated Cost (NPR)	Estimated Cost (USD)	REMARKS
1	UNICEF Nepal	Support for care arrangements to unaccompanied, separated or other vulnerable children, including for children and families affected by quarantine and confinement arrangements.	85,00,000.00	71,094.01	
2		Support for helplines to extend child protection services.	30,00,000.00	25,092.00	This is the total planned budget, not yet fully secured.
3		Promotion of risk communication and child protection services (including helplines).	3,00,000.00	2,509.20	
4		The provision of Emergency Child Protection Fund.	10,00,000.00	8,364.00	This is the total planned budget, not yet fully secured/
5		Capacity building among frontline service providers (including helpline operators) to respond to cases of unaccompanied, separated or other vulnerable children.	13,50,000.00	11,291.40	This is the total planned budget, not yet fully secured/
6		Prevention of family separation through coordinated socio-economic support to vulnerable families.	Based on assessments. TBD		Assessments on socio-economic impact to be carried out.
7	UNHCR Nepal	Support for care arrangements to unaccompanied, separated or other vulnerable children, BIA/ BID work for UAM SC.	TBD		
8	World Vision International Nepal	Risk messaging on COVID-19.	1,00,000.00	836.40	
9		Support for local reporting and referral mechanisms to reach the most vulnerable children.	24,00,000.00	20,073.60	Funding yet to be secured. Some activities will be done through regular programmes as well.

10	Save the Children	Capacity building of primary service providers on case management and referral mechanisms specifically to respond to cases of unaccompanied, separated or other vulnerable children.	TBC	This is part of the existing partnership with NCRC.
11		Preparation and delivery of sessions on Positive Parenting and Parenting without Violence through radio stations and local television.	TBC	
12		Broadcasting of messages on general protection, child protection and GBV prevention.	TBC	
13		Strengthening the capacity of para-social workers to safely provide protection services for the most vulnerable children, following case management processes and guidelines to support to the children as per their needs.	TBC	
14	Mercy Corps	The provision of printed materials and the broadcast of messages on COVID-19 (in different local languages, such as Chaudhary, Rana Tharu and Doteli), child protection and GBV prevention through eight FM stations in the far west.	TBC	The activities are adapted from ongoing programmes supported by DFID.
15	Plan International Nepal	Conduct age and gender appropriate protection and SGBV awareness raising activities (through flyers, PSAs, social media, etc.).	TBC	
16		Contingency cash support to potentially vulnerable children and families experiencing SGBV.	TBC	
17		Facilitation in case/incident management and referral processes, including specialized support.	TBC	
18	Nepal Police	Investigation of child protection violations that amount to government-party criminal offences and the mediation of domestic violence cases as per the law.	Annual Resources	
19	Central Child Justice Committee	Advocacy and coordination for the protection of children deprived of liberty.	Annual Resources	
Total			1,66,50,000	139260.62

Thematic Group 2: GBV Thematic Group Responsible Agency: UNFPA Date: 01 April 2020					
SN	AGENCY	ACTIVITY	Estimated Cost (NPR)	Estimated Cost (USD)	REMARKS
1	UNHCR	Reporting mechanisms and referral for SGBV survivors are in place and a case management system for SGBV is in place, both linked with national services.			Address throughout the year.
2	UN Women	Radio PSAs (3 radio PSAs focusing on GBV, including DV.	6,40,000.00	5,352	Broadcast will be done in collaboration with a partner.
3	TPO Nepal	Psychosocial support through helpline, PFA, advocacy and awareness, care for care givers	60,00,000.00	50,184	More activities are being conducted virtually, so local level is difficult to mention.
4	IOM	Direct psychosocial counselling support for returnee/aspiring migrants, communities and families left behind through counselling services and public health campaigns.	TBC		Budget reported in the Protection Plan.
5	IOM	Awareness raising and capacity building on COVID-19 (protection and prevention) and in addressing stigma, GBV and domestic violence.	TBC		Budget reported in the Protection Plan.
6	WOREC	COVID-19 and self-care related awareness through radio messages (PSA airing) in Maithili, Chaudhari and Nepali languages.	54,000.00	451	
7	WOREC	Awareness raising on COVID-19 related messages in different local languages throughout social media (Facebook, WhatsApp, various websites, etc.).			
8	WOREC	Observation and monitoring of quarantine facilities and providing suggestions to make them gender and disability friendly.			
9	WOREC	Psychosocial counseling by training counsellors over the phone in different local languages.			

10	WOREC	Awareness raising programmes on COVID-19 and passing information on the importance of being quarantined to returnees from foreign employment.			Coordination with local governments.
11	Save the Children	Address the heightened risk of domestic and family violence by providing information about complaints	TBC		Will update the list of NGO partners and working Palikas.
12	Save the Children	Broadcasting of messages on general protection, child protection, GBV prevention and response.	TBC		Will update the list of NGO partners and working Palikas.
13	Save the Children	Strengthen capacity of para-social workers to safely provide protection services to the most vulnerable children and adolescent girls and women, following case management processes and guidelines and providing support as needed.	TBC		Will update the list of NGO partners and working Palikas.
14	Save the Children	Provide essential lifesaving relief materials and supplies, including dignity kits and kishori (adolescent) kits, if required.	TBC		Will update the list of NGO partners and working Palikas
15	Nepal Red Cross Society	Restoring family links (RFL).	N/A		With support of ICRC.
16	Nepal Red Cross Society	Distribution and dissemination of IEC materials.	N/A		
17		Prepositioning of PEP kits.	N/A		Implemented through local governments.
18	Nepal Red Cross Society	Volunteer mobilisation to support the collection of SADDD in quarantine facilities.			
19	Nepal Red Cross Society	Psychosocial support.			
20	Nepal Red Cross Society	Hotline service 1130.			
21	DanChurch Aid	Food support.	8,85,000.00	7,402	A total of 545 HHS will receive support.
22	DanChurch Aid	Information dissemination and community sensitization.	50,000.00	418	
23	DanChurch Aid	Hygiene kit distribution.	17,72,350.00	14,823	A total of 1,700 HHS will receive hygiene kits.
24	DanChurch Aid	Information dissemination and community sensitization.	1,01,500.00	848	

25	ActionAid Nepal	Radio jingles, video messages and livestreaming preparation.	33,00,000.00	27,601	
26	ActionAid Nepal	Phone messages (in Nepali languages) to community beneficiaries about awareness ,on GBV and issues affecting women, girls, elderly people and children.	10,00,000.00	8,364.001338	This is for both general and protection issues (GBV).
27	ActionAid Nepal	COVID-19 quarantine kit (hand sanitizer, antiseptic soap, digital thermometer, paracetamol, mask, sanitary pads and tissue paper).	1,05,25,000.00	8,8031	
28	ActionAid Nepal	Mobilisation of young people and volunteers (including women and girls) in social media campaigns to generate awareness and prevention.	5,00,000.00	4,182	
29	ActionAid Nepal	Facebook and other social media use (awareness messages, prevention and reporting case of violence).			
30	VSO	SMS tracking for safeguarding and health concerns of primary actors (counselling and PSS and monitoring the tracking).	3,33,000.00	2,785	
31	VSO	Awareness activities on girls' education, rights of PwDs and safeguarding through radio programmes (jingles).			
32	VSO	Hygiene kit distribution to primary actors in coordination with local governments.	34,08,750.00	28,510	
33	VSO	Distance mentoring support.	92,02,475.00	76,969	
34	VSO	Distance guidance to the mentors to handle CP and GBV cases.			
35	VSO	Mass media programmes on parenting education in different thematic groups.			
36	VSO	Align with government plan and disseminate information published by the government on COVID-19 prevention and response procedures.			
37	VSO	Distance learning support.			
38	VSO	Hygiene kit distribution.			
39	VSO	PSA through different radio stations developed by GoN on COVID-19.	1,80,000.00	1,505	
40	VSO	Psychosocial counselling.	3,50,000.00	2,927	

41	VSO	Support hygiene kits.	17,60,000.00	14,720	
42	VSO	Distribute WASH, hygiene and dignity kits to quarantine and isolation facilities.	21,00,000.00	17564	
43	VSO	Prepare draft standards on volunteer mobilisation during crises, with support of external expert consultants.	3,00,000.00	2,509	
44	VSO	Training package development and orientation.	2,25,000.00	1,881	
45	VSO	Volunteer mobilisation for awareness raising and information collection.	8,91,000.00	7,452	
46	VSO	Support to GoN on information management and coordination.	7,98,600.00	6,679	
47	VSO	Provide assistance in food items to select households and purchase food items. (2.2.4)	20,00,000.00	16,728	
48	VSO	Media engagement and information dissemination to generate awareness.	35,90,300.00	30,029	
49	UNFPA	Risk communication and messaging on COVID-19 related GBV response and other issues affecting vulnerable groups (such as senior citizens and PwDs).	5,00,000.00	4,182	In conjunction with MoHP, National Women Commission (NWC) and the MoWCSC.
50	UNFPA	Strengthen the existing hotline and referral services for medical help, counselling and the police.	TBC		Collaborate with World Bank, NWC, etc.
51	UNFPA	Contribute to the guideline development of helpline counsellors, CPSWs and shelter and OCMC counsellors to provide services during lockdown conditions.	TBC		In collaboration with World Bank.
52	UNFPA	Mobile psychosocial counselling services through CPSW and CPSW managers.	TBC		
53	UNFPA	Ensure survivor response services are maintained as life-saving interventions (including telephone support where feasible) and continue to strengthen support for shelters/safe houses/OCMCs.	TBC		

54	UNFPA	Sensitize frontline workers on existing and expected protection risks on GBV and elder abuse, responding to disclosures of abuse and guiding victims/survivors through the existing referral mechanisms.	TBC		
55	UNFPA	Support the OCMCs and shelters/safe houses with PPE, sanitary supplies and other basic needs required to keep these facilities operational.	TBC		
56	UNFPA	Ensure that quarantine facilities prioritise protection measures.	TBC		Coordination with the NDMA, MoHP, NWC and the MoWCSC.
57	Plan International Nepal	Conduct age and gender appropriate protection and SGBV awareness raising activities (flyers, PSAs, social media messaging, etc.).	TBC		
58	Plan International Nepal	Contingency cash support to children and families who are potentially vulnerable to SGBV.	TBC		
59	Plan International Nepal	Facilitation in case/incident management and referral processes, including specialized support.	TBC		
60	Plan International Nepal	Provide remote PSS and case referrals.	TBC		
61	Mercy Corps Nepal	Radio PSAs on COVID-19 in local languages (Tharu, Rana Tharu and Doteli) that highlight child safeguarding measures and care during crisis situations.	10,000.00	83	Radio PSAs will be modified.
62	Mercy Corps Nepal	Fortnightly assessment on child safeguarding and GBV issues and the current situation of school-age students, especially girls, during crisis periods.			
Total			5,04,76,975.00	422,189	

Thematic Group: Mental Health and Psychosocial Support Thematic Group Responsible Agency: UNICEF Date: 03 March 2020					
SN	AGENCY	ACTIVITY	Estimated Cost (NPR)	Estimated Cost (USD)	REMARKS
1	UNICEF/TPO Nepal	1	75,00,000.00	62,730	
		PFA and psychosocial support through virtual mediums (helplines and conference calls).			
		Development of guidelines (COVID-19 MHPSS IASC, helpline counselling training guidelines), PSAs and IEC materials.			
2	UNICEF/TPO/ Life Nepal/ SODCC	PFA and psychosocial support through psychosocial counsellors (direct/telephone).			
		PFA and awareness raising through CPSWs.			
3	UNICEF	Risk communication messaging on PSS and referral services via online platforms and the radio.			
4	CVICT/UNFPA	PFA and psychosocial counseling through telephone by counsellors and CPSWs.	10,00,000.00	8,364.00	
		Shelter support, including psychosocial and legal support.	21,00,000.00	17,564.40	
5	WVIN	Psychosocial support through virtual messaging.	30,00,000.00	25,092.00	Funding yet to be secured.
6	Save the Children	Mobilise trained teachers for psychosocial support.	TBC		Teachers can be mobilised if required.
		Support to parents and caregivers on psychosocial support to their children through positive parenting sessions via the radio and other digital mediums.	TBC		

7	KOSHISH	Online and tele-counselling, PFA, tele-psychiatric services.	15,40,000.00	12,880.56	TKOSHISH's toll free number (16600122322) and/or the individual cell numbers of psychologists.
		Mental health and psychosocial support services, including community mental health services through follow-ups and psycho-education referrals.	N/A		Ongoing programme.
		Awareness/promotion of mental health and psychosocial wellbeing.	2,00,000.00	1,672.80	Digital platforms, the radio and IEC material.
		Research on mental health/ psychosocial consequences of the COVID-19 crisis.			
8	UNFPA	Psychosocial support through existing GBV response mechanisms and services (hotlines).	TBD		Activities in line with GBV preparedness and response working areas.
		Risk communication messaging on PSS and referral services.	TBD		
9	UNHCR	PSS capacity building and awareness training to targeted groups and PSS and telephone counseling through hotlines.	33,16,587.00	27,739.94	
10	Nepal Red Cross Society	Psychosocial support.	N/A		Telephone/hotline services of NRCS (1130) and/or individual cell numbers of psychologists.
11	IOM	Direct psychosocial counselling support and public health campaigns to address fear, stigma, GBV and xenophobia.	TBC		Budget reported in Protection Plan.
12	The Relief Trust	Online and individual counselling.	10,00,000.00	8,364.00	Funding to be secured.
		Online awareness campaign and PSAs.	1,50,000.00	1,254.60	
		Develop community-based Behaviour Change Communication (BCC) materials.	1,00,000.00	836.40	
13	Plan International Nepal	Provide remote psychosocial support and case referrals.	TBC		

SN	AGENCY	ACTIVITY	Estimated Cost (NPR)	Estimated Cost (USD)	REMARKS
1	IOM	Migrant family reunification: Mapping and tracing of returnee migrants that are admitted to isolation/quarantine facilities and stranded across borders. Temporary accommodation and logistic support.	TBC		
2	IOM	Legal counselling and referral services to aspiring/returnee migrants for access to remedies and compensation related to foreign employment and labour migration issues,	TBC		
3	IOM	Economic reintegration/livelihood opportunities: Immediate cash grant support for migrants families and returnee migrants who are unable to send remittances due to job loss or non-salary payment from employers during the lockdown. Women migrant workers and domestic workers' families, who are especially vulnerable, must be included.	TBC		
4	IOM	Psychosocial support for returnee/aspiring migrants, migrant communities and families left behind - Mental Health Psychosocial Support (MHPSS) interventions targeting migrants and communities to address mental health wellbeing, fear, stigma, GBV, domestic violence, xenophobia, etc.	TBC		
5	IOM	Capacity building and awareness raising among local government bodies and CSOs on prevention/protection measures against COVID-19 and addressing stigma/fear and GBV-associated risks and vulnerabilities.	TBC		

6	IOM	Compilation and development of IEC materials and information on protection mechanisms, services, embassy information, travel information and development of migrant sensitive-communication materials to disseminate among Nepali migrant workers in destination countries and raise awareness among employers/suppliers in destination countries.			Ongoing
7	IOM	Support the development of culturally/linguistically tailored and migrant-inclusive communication materials, such as PSAs, audio-video materials, IEC materials, etc., to reduce stigma/discrimination and promote COVID-19 prevention through the federal, provincial and local outreach and educational campaigns.	10,000.00	83	Ongoing
8	IOM	Conduct Participatory Mobility Mapping (PMM) in the three major districts bordering India, especially at the formal and informal ground crossing and PoE areas.	1,97,000.00	1,647	
9	IOM	Support three PoE areas in improving hygiene infrastructure and equipment. Provide training to all ground staff at airports on hand hygiene and other basic steps in infection prevention. Provide PFA to all first responders and people quarantined with possible COVID-19 infection. Provide orientation training to staff and volunteers working at PoEs on migrant sensitive screening, data collection and tracking based on recommendations from WHO, international health regulations, PMM, etc.	1,08,450.00	907	

APPENDIX 3 Health Cluster - Rapid Action Plan Activity-Based Budget

S.No.	Details	Budget (NPR in '000')
1.	Vaccination against COVID-19 (implementation)	590,460
2.	Infection control measures	83,250
3.	Examination and treatment-related activities (continuous activities, including payments for HDU and ICU).	2,419,212
4.	Goods procurement and supply management	6,844,192
5.	Monitoring & evaluation systems and information management	35,600
6.	Risk and vaccine communication	1,170,00
Total		10,089,714

Activity-Based Targets and Budget (in NPR 000)

S.No.	Scope and Activities	Responsibility and Targets	Total Amount	REMARKS
1. Anti-COVID vaccination campaign			59,0460	
(a)	Carry out trainings on vaccination	FWD/DoHS No. of people	3,500	
(b)	Administering COVID-19 vaccines to targeted groups	FWD/DOHS & HFs No. of people	580,000	
(c)	Monitoring and management of untoward incidents (normal)	FWD/DoHS & QARD/MoHP No. of people	5,800	5 per thousand
(d)	Complex	FWD/DoHS & QARD/MoHP No. of people	1,160	4 per hundred thousand
2. Infection Prevention and Control Measures			83,249.50	
(a)	Develop and implement strategic plans for areas with high infection rates or new areas with possible infection outbreaks by carrying out epidemiological investigations and studies (outbreak investigations).	EDCD Times	16,000	
(b)	Consolidate health desks in PoE areas (air and land routes) and carry out screenings.	EDCD No. of people	31,500	Establish and strengthen health desks in the transit points.
(c)	Carry out case investigations and contract tracing.	EDCD No. of people	12,749.5	

(d)	Monitor new variants and carry out genome sequencing.	EDCD No. of people	0	A provision to be carried out by WHO's influenza network.
(e)	Enhance the capacity of laboratories.	NPHL No. of people	23,000	
3. Examination and Treatment			2,419,212.40	
(a)	Carry out RT-PCR tests for COVID-19 identification.	NPHL No. of people	53547.9	
(b)	Carry out antigen tests for surveillance at the community level and for case identification.	EDCD No. of people	12749.5	
(c)	Treatment in hospital-based isolation among the infected (normal cases).	CSD & HEOC No. of people	142,794.40	
(d)	Treatment of COVID-19 infected (complex cases).	CSD & HEOC No. of people	963,862.20	
(e)	Treatment of COVID-19 infected (critical cases requiring oxygen or ICU treatment).	CSD & HEOC No. of people	803,218.50	
(f)	Providing isolation kits to the people of the high-risk group staying in home-based isolation	CSD & HEOC No. of people	2,039.92	5 per cent among the infected in their homes.
(g)	Giving continuity to construction of ICU and high dependency beds in COVID hospitals, and releasing payment for the completed works	MoHP & DOHS Hospital	250,000	Payment for continuous work.
(h)	Consolidate the oxygen plant and supply system in the hospitals, and release payments for the completed works	MoHP & DOHS Hospital	100,000	" "
(i)	Developing and institutionalizing critical care training package for health workers, and running training.	CSD, NHTC & HEOC No. of people	31,000	
(j)	Update clinical protocol/guidelines and standards based on new facts	EDCD, CSD & MOHP Times	50,000	
(k)	Institutional consolidating of the Health Technology Evaluation Committee (HATC)	QAD Times	10,000	
4. Supply management			6,844,192	
(a)	Procuring anti-COVID-19 vaccines (including syringes and other essential goods).	MD/DoHS Dose	6,380,000	

(b)	Consolidating COVID-19 transportation and storage capacity.	MD/DoHS Location	250,000	Cold chain capacity strengthening and expansion.
(c)	Pre-estimate, project and procure and transport drugs, equipment and supplies essential to control the COVID-19 pandemic	MD/DoHS Amount (in NPR 000)	214,191.60	
5. Consolidation of monitoring & evaluation and information management			35,600	
(a)	Consolidate HIMS and IMU for management of information related to COVID-19 and vaccines.	DoHS Times	6,600	
(b)	Carry out structural consolidation for digitalization of health records related to COVID-19.	DoHS Records	5,600	
(c)	Organise trainings for software users.	DoHS Times	2,800	
(d)	Analyse data received from various sources and make it public.	DoHS Times	2,100	
(e)	Carry out monitoring, evaluation and audits of COVID-19 related activities.	NHRC Times	18,500	
11. Risk and Vaccine Communication:			117,000	
(a)	Develop and disseminate awareness materials on COVID-19 through various media (video, audio, messages, etc.).	HCD & NHEICC Times	6,500	
(b)	Carry out moderated panel discussions on national television.	HCD & NHEICC Times	11,000	
(c)	Hold weekly interactions with the media.	HCD & NHEICC Times	1,250	
(d)	Strengthen hotlines and call centres.	HCD & NHEICC Times	1,000	
(e)	Carry out surveys to understand the perception and views of the service recipients towards vaccines and COVID-19.	HCD & NHEICC Times	2,250	
(f)	Carry out communication activities based on community participation for vaccination	HCD & NHEICC Municipalities	95000	
Grand Total Health Cluster			10,089,714	

APPENDIX 4 IASC Gender Marker - Coding Definitions**Coding Definitions**

Gender Mainstreaming - Targets Everyone (M)	
Code 0.	Does not systematically link programming action.
Code 1.	Does not respond to differences based on gender, age or disability; does not consistently pay attention to specific groups of concern.
Code 2.	No attention to gender equality, although it intends to address age and/or disability differences.
Code 3.	Intends to contribute to gender equality but without attention to age groups and/or people with disabilities.
Code 4.	Intends to contribute to gender equality, including across age groups and/or people with disabilities.
Targeted Action for Gender Equality (T)	
Code 0.	Does not systematically link programming action.
Code 1.	Does not consistently respond to differences based on gender, age or disability.
Code 2.	Intends to address differences of age and/or for PwDs but lacks attention to gender.
Code 3.	Focused on promoting gender equality but does not give attention to age groups or PwDs.
Code 4.	Main programme purpose is increasing gender equality, including across age groups and/or for PwDs.
Not Applicable	
	Does not engage with or affect people in need.

Source: IASC GenCap, Updated: December 2020.

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