

South Asia
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COVID-19 & The New Normal for Women in the Economy in Nepal

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Research Conducted By:
Himalayan Climate Initiative



South Asia Economic Policy Research
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In partnership with
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Acronyms

BFI	Banks and Financial Institutions
COVID-19	Corona Virus Disease 2019
GbV	Gender-based Violence
IPPF	International Planned Parenthood Federation
MMR	Maternal Mortality Rate
MP	Member of Parliament
MoHP	Ministry of Health and Population
MOWCSC	Ministry of Women, Children and Senior Citizens
NHRC	National Human Rights Commission
NRB	Nepal Rastra Bank
PPE	Personal protective equipment
PIL	Public Interest Litigation
SME	Small and Medium-sized Enterprises
SSF	Social Security fund
UNFPA	United Nations Population Fund
WOREC	Women's Rehabilitation Centre
WHO	World Health Organization

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Introduction

The COVID-19 pandemic, coupled with an unprecedented global crisis, has hard hit all the countries around the world. However, particularly low-income countries like Nepal have been impacted disproportionately. The pandemic has taken more than five hundred lives and infected around eighty thousand people in the country (Worldometer, 2020). Due to the strict lockdown protocols, the economy came to a halt for more than 150 days, disrupting transportation and supply chains that impeded sectors from businesses, financial services, medical services, agriculture, hospitality, tourism and education. This crisis not only exposed the gaps that were already there in the system, but it further exacerbated the adverse impacts faced by vulnerable sections of the society such as women, low income families, marginalized communities, and other minority groups. The remittance and foreign-aid dependent economy of Nepal saw additional impacts as the inflow from these sources plummeted. Finally, the government's ongoing challenges on budget allocation and spending resulted in the delays to effectively deploy fiscal and monetary tools to deliver relief on time.

This study covers 401 women and 51 private sector firms from all 7 provinces of Nepal and focuses on three major aspects affecting women: i. economic ii. psycho-social and iii. sexual and reproductive health. Additional insights were drawn from a trend analysis done through secondary research and review of government response measures. The report concludes with key recommendations.

The findings of the study largely paint a grim picture on the economic front with a large number of women both on the formal and informal sectors facing pay-cuts (37% of businesses imposed a pay-cut on their employees) and layoffs (37% of businesses laid off a proportion of their employees). This is compounded with increased unpaid household work and burgeoning instances of domestic violence and abuse. The report highlights how the lack of planning has led to a default on the state's obligations in the areas of sexual and reproductive health, illustrated by the inability to ensure the availability of contraceptives, increased chances of unintended pregnancies, and starkly high maternal mortality, among others. These, along with many other factors have compounded the impact on mental health of women. The women-exclusive and centralised style of decision-making has worsened the impact on women. Although there are some efforts made by the government specifically focusing on women during the crisis, these are either inadequate or have not reached the intended beneficiaries.

While there are multiple studies that have looked at the impact of the COVID-19 crisis on the economy as a whole or even its sectoral components, a comprehensive study focusing on the disproportionate ways in which this crisis has impacted women in particular, is absent. Hence, this research was conducted to study and understand COVID-19's impacts on women in Nepal during and after strict lockdown measures were imposed by the government.

1. Methodology

The methodology of the study encompassed three stages: desktop review, primary data collection, and data analysis.

Table 1.
Women employee respondents

Location	No. of female respondents
Province 1	72
Province 2	34
Province 3	155
Province 4	45
Province 5	30
Province 6	19
Province 7	46
Total	401

1.1 Structure of the research process

1. Desktop research began from July 16, 2020. It covered a study of the trends, of the stories-of-impact of COVID-19 on women in the country, and a review of other related research reports from Nepal. Also, a review was conducted on existing and newly drafted policies in the budget, and post-COVID-19 policy measures declared by the government at all levels relating to women and also their implications.
2. Primary research took place from July 28, 2020 to August 16, 2020 for the employee survey (Table 1), and again from August 23 to 28, 2020 for the employer survey (through in-person visits, phone/video calls) (Table 2). Key informant interviews were also done with governmental representatives, private sector respondents and relevant institutions.

Table 2.
Private sector women employer respondents

Sector	% Composition
Food and Accommodation	18 %
Manufacturing	12 %
Trade	10 %
Household Employer	8 %
Beauty Parlor	6 %
Media	6 %
Dairy & Livestock	4 %
Garment Industry	4 %
IT	4 %
Accounting/Audit Firm	2 %
Agriculture	2 %
Banking	2 %
Dental Clinic	2 %
Education	2 %
Handicraft	2 %
HR and Talent Management	2 %
Hydropower	2 %
Movies and Entertainment	2 %

Pharmaceuticals	2 %
Telecommunication	2 %
Tourism and Trekking	2 %
Transportation	2 %
Waste Management	2 %

3. Then, data was compiled, and key trends were analysed.
4. Finally, recommendations were drafted, and Key Informant Interviews were conducted with experts.

1.2 Sample size

1. A survey was conducted with 401 Nepalese women employees representing different geographies, education and income backgrounds from all over Nepal. The respondents were of different ethnicities (45 % *Janajatis*, 18% *Brabmins*, 18% *Chettris*, 12 % *Dalits*, and 5% *Madbesis*). More than one-third were of the age group 30-39 years, and 82 % were married.
2. Another survey was conducted with 51 female employers representing individual employers (households), SMEs and informal sector employers, and formal sector employers (large industries). 27% of the surveyed businesses were either fully or primarily owned by women.

2. Economic impacts of COVID-19

2.1 Economic impacts on Small and Medium Enterprises (SMEs)

The lockdown imposed by the government brought the entire economy to a standstill for a considerable period of time. The fear of the spread of the virus and the strictly enforced lockdown that followed affected both formal and informal economies. The informal sector, which largely remains beyond the government's oversight, regulations, and control, continues to be deprived of the public provisions and protections extended by the government aimed at minimizing the impact of COVID-19. This further heightens the vulnerability of certain groups – given the disparities created by the intersection of gender and economic marginalisation. In order to unpack and understand the economic impact of the crisis on a large section of women in the informal sector, the analysis of the SME sector is pertinent.

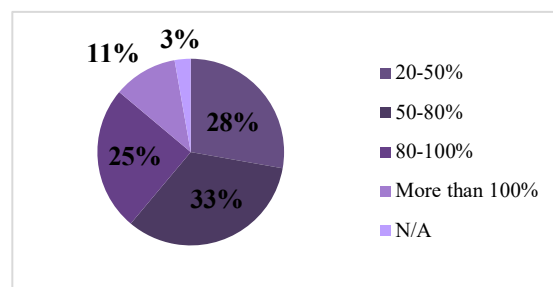
In Nepal, micro enterprises comprise of the businesses that have up to 9 employees, where small-sized and medium-sized enterprises are defined as those having 10 to 49, and 50 to 249 employees, respectively (IFC, 2012). SMEs contribute about 22% to Nepal's GDP, and have created almost 1.7 million job opportunities (NRB, 2020). Notably, despite 80-90% of share in employment creation that SMEs provide,

almost half of the total SMEs in Nepal fall in the informal sector by virtue of being unregistered (CBS, 2018). Although women are involved in different capacities in the SME sector, of the 111,442 estimated operational SMEs, only 12.8% women entrepreneurs fully or partially owned these SMEs (Louis Berger, 2014). Cumulatively, 84.6% of the total working population in Nepal are engaged in informal jobs, where women's share in the informal economy (90.5%) is more than men's (81.1%) (CBS, 2018).

In Nepal, an economy where only 37% of women work, the majority (90.5%) are in the informal workforce, while the remaining 9.5% are in the formal sector. The pandemic has left none untouched, affecting several sectors and industries – food and accommodation services, hospitality, wholesale and retail – where a greater proportion of workers are female. This leaves women vulnerable to income losses and layoffs, with no social protection, further exacerbating the existing gender inequalities. Gendered social norms have already limited women's work opportunities reflected by the fact that most women remain in unpaid work. Majority of nurses, support staffs, cleaners and sanitation workers are women, and their work has been serially undervalued and underpaid. Also, as jobs become scarce, given gender norms, women are also likely to be the ones to give up their paid job for unpaid care work at home. In Nepal, nearly 73,000, of which two-thirds are women, are employed by private households as domestic help. (CBS, 2018). A significant proportion of them are single women and the sole breadwinner for their families. With the prolonged lockdown, more than 85% of domestic help workers lost their jobs, and many were still waiting for their salaries as of June (Mandal, 2020).

According to a recent survey on the labour market conducted by the ILO, Nepal's labour force has lost anywhere between 1.6 and 2 million in the current crisis, either with complete job losses or reduced working hours resulting in decreased wages. Results of the survey found that 37% of businesses imposed a pay cut on their female employees, out of which 58% had inflicted a 50% deduction in salary. 5% of businesses had even inflicted a full 100% pay cut on their female employees. Similarly, 37% of the surveyed businesses had laid off a proportion of their female staff. 58% of these businesses laid off 50% to 100% women employees. In Nepal, a total of 631,000 female jobs (24.3% of the 2018 female workforce) are estimated to be at risk in the higher impact scenario, compared to 1.3 million jobs for men (also 30.3% of the 2018 male workforce) (ILO, 2020). For women entrepreneurs and SMEs, the pandemic has led to the closure of businesses and into financial distress and insecurity, leaving many without a regular income or effective social security safety nets. While the government announced that it would provide coverage through the Social Security Fund (SSF) to private entities for the month of April 2020 (worth Rs. 180 million), none of the companies in the survey sample seemed to be aware of it, with a further 6% wishing to receive contribution to their SSF as government support (IIDS).

Figure 1. Percentage decrease of sales revenue after the lockdown as compared to the pre-existing amount



Like many SMEs decreased revenues have resulted in low cash to asset ratio. According to the report published by the NRB on the impact of COVID-19 on SMEs, the debt to total asset ratio was found to be 48.7% (NRB, 2020). This is a potential red flag as generally a ratio of 40 % or lower is considered healthy. SMEs that have experienced a reduction in revenue have seen a drop in sales of goods/services which has largely been due to a loss of demand in the market (NRB, 2020). The lockdown has impacted tens of thousands of SMEs that are unable to reopen due to the shortage of raw materials, lack of transport, inadequate liquidity, and inability to meet outstanding financial obligations such as payment of loans and rent. The recovery of outstanding receivables is a challenge as is, even when businesses are in operation. With the scale of impact on multiple sectors and limited operations, the domino effect on business and supply chains has made collection of outstanding receivables near impossible.

Table 3. Sectors in which the female employees were involved in

Sector	% Composition
• Self-employed in agriculture	20 %
• Self-employed in own business	19.7 %
• Employed in Private sector	18 %
• Housekeeping	16.2 %
• Daily wage labour in construction	10.7 %
• Governmental job	8.7 %
• Remittance from family member	7.2 %
• Waste worker	6.7 %
• Daily wage labour in non-agriculture	6.5 %
• Daily wage labour in agriculture	6.2 %
• Foreign employment	5.7 %

Among the business firms that were surveyed from the private sector, about one third of them reported that their business (assets, etc) was not insured. Another, 40% of the businesses did not provide health insurance for their employees, heightening their insecurity and worsening health outcomes in case of emergencies. Many enterprises are in dire circumstances as production was halted and sales dwindled. The difficulty to procure raw materials and the lack of transportation services have compounded the woes of businesses during the lockdown. The private sector survey corroborates these findings, where during the most stringent period of the lockdown, about 58% of the companies were still in operation, out of which 83% were only partially operational (operating at less than 10% to 80% of pre-COVID-19 times), while the remaining 42% were completely shut off. 75% of businesses observed a reduction in sales, out of which every one in four businesses (25%) observed a near complete (80% to 100%) loss in sales revenue (Figure 1). Strikingly, 44% of these businesses were owned by women. Crisis compelled the businesses to bring adjustments and recalibrate their business models: 21% laid off employees, 17% shifted to work-from-home, and 16% adopted

online e-commerce, among others (Table 4). Even in case of some new hires, the businesses had preference for new skills, but no specific preference for or against women.

2.2 Sector-wise impact

Of the businesses surveyed, about 37% of respondents reported that their businesses were thriving before the COVID-19 crisis. Almost one-third of the businesses were expanding, and barely any (3.8%) were struggling. Following the onset of the lockdown, nearly half (48%) of the businesses reported to have had serious impact due to the social distancing protocols imposed during the lockdown. About 83% of the businesses responded that their profit margin from pre-COVID-19 times plummeted.

Table 4. Ways in which businesses changed their business model

Changes in Production	% Respondents
Started locally sourcing	18 %
Started outsourcing	8 %
Disruption of supply chain/Irregular supply	6 %
Went online	6 %
Production/Import of COVID-19 related products	4 %
Decreased supply	2 %
Had to buy less from the same sources	2 %
Home-based production	2 %
Increased local sourcing	2 %
Increased savings from depositors but not enough lending	2 %
Maintained large amount of stock	2 %
Removed some services (Food line distribution)	2 %
Social distancing	2 %
N/A	42 %

Results from the private sector survey revealed how some businesses (32.7%) struggled to meet all of their financial obligations. One in five businesses had already resorted to running their operations through personal loans and savings, and another 25% were planning to do the same. Other respondents intended to meet their business obligations by applying for bank loans (33%), closing down business verticals (6%), bringing in new investors (6%), selling stakes (4%), merging branches (2%), and offering small kiosks instead of permanent establishments (2%). However, even upon attempting to make reparations, 29% of businesses reported to survive for only three to six months if similar economic conditions are to continue. Another 11.5% reported that their businesses might survive only for a month or two.

Results from this survey also provide evidence on the gendered impacts experienced by businesses based on their sectors. For instance, business that required physical touch such as massage therapy, an industry that predominantly employed females and one that was severely hit by the pandemic, was not considered a

part of the tourism sector under the government's categorization. Results also show that the entertainment sector such as cinema was disproportionately impacted because it was not an essential part of public life. Similarly, food and restaurant sectors that were able to operate after the lockdown was lifted experienced a drop in their sales, since eating out was not deemed essential. However, sectors such as dairy, bakery and household grocery suppliers, on the other hand, experienced a growth in their business during the lockdown. Education and media that could easily be moved into virtual platforms also saw growth in their business because they were essential was quick to adapt activities through virtual mediums.

According to NRB's survey, findings show that entrepreneurs were expecting flexibility in the repayment of loans (both interest and principal amount), relaxation of income tax payments, additional credit to meet short-term obligations, and extension of credit repayment period. National survey results were consistent to NRB findings; primary respondents hoped for interest waivers (53% of respondents), extension of credit period (41%), instalment postponement (41%), credit (29%), payroll (18%), relief and market support (6%), and tax reduction/waiver (6%), among other reliefs.

Table 5. Ways in which businesses changed their production

Changes in business model	% respondents
Staff cut (downsize)	21 %
Shifted to work-from-home	17 %
Adopted online e-commerce	16 %
Limited number of offerings	15 %
Made online payment available	8 %
Offered new products/services	6 %
Hired staff with new skill sets	1 %
Staffs switched to piece-rate from salary-based	1 %
New safety regulations	1 %
N/A	14 %

The government also established a separate fund of Rs. 50 billion to provide additional financing, allocating targeted assistance to the tourism industry and SMEs, along with an expansionary monetary policy to cushion the recovery. The central bank increased the CCD (Credit to Core Capital) limit from 80% to 85% until October 2021 where the remaining 15% is held by banks to maintain liquidity. The Cash Reserve Ratio (CRR) was decreased from 6% to 4% for commercial banks freeing up more financing for lending purposes to revitalise the investment environment.

With a special emphasis on the SMEs, NRB:

- a. maintained interest rate at 5% for loans to cottage industries and SMEs to help maintain liquidity and meet short-term liabilities,
- b. allowed BFIs to disburse an additional loan up to 20% of the current capital credit limit,
- c. extended the loan instalment and interest payment by 6 months to 12 months based on the effect of COVID-19 crisis on borrowers,
- d. extended the credit limit provided through microfinance from Rs. 700,000 to Rs. 1,500,000, and capped the maximum interest rate charged to the customer at 15%.

Keeping the economic crisis in mind, provision of refinancing was liberalized, and the limit for refinancing amount was increased by more than five-folds from Rs 38 billion to Rs. 200 billion. The Refinancing Procedure 2020 allows severely and moderately affected enterprises to pay the loan obtained under the refinancing facility within a year and six months respectively, and the interest rate for cottage industries and SMEs has been set at 2%. Further, special refinancing provisions have been made to the loans obtained by women, disabled, indigenous, Madhesi and Dalit entrepreneurs, foreign migrant workers and export-oriented industries at 1% interest rate to the BFI and 3% to the clients.

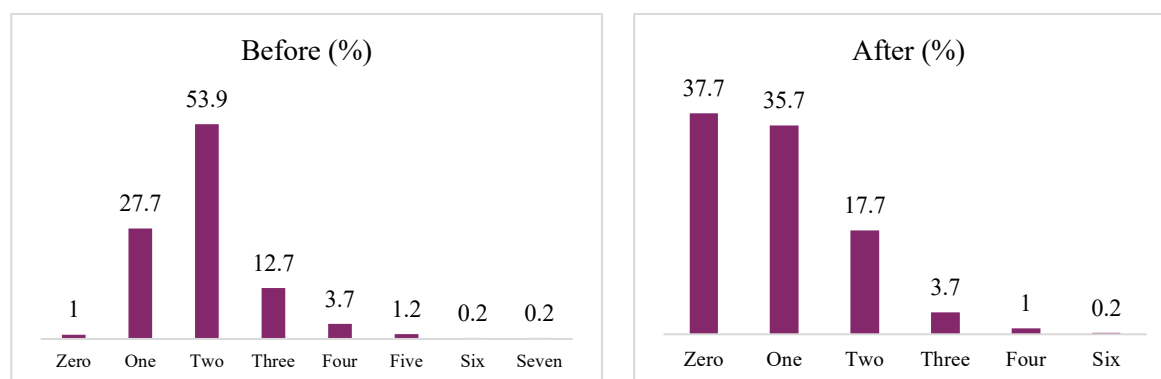
Though these policies are progressive and positive, government relief and refinancing facilities did not reach the needy entrepreneurs, largely due to unclear communications and delays in guidelines for BFI's to disburse funds. From the private sector survey, 63.5% of respondents, from large scale industrial and heavyweight entrepreneurs in Kathmandu to the small rural home-based entrepreneurs (both male and female) all over Nepal, were not aware of any government assistance. From private sector survey sample, 27% of businesses were fully or primarily owned by women. With the majority of respondents having limited knowledge of relief measures which included lower interest rate loans for cottage industries, SMEs, etc, and the eligibility to access those loans. In the absence of clear communication, the effectiveness of the government measures announced remains to be seen.

Many rural women farmers who also take informal loans on high interest rates, at around 18 % and remain excluded from interest reduction schemes of the government. Many women farming on credit are struggling to repay their loans. Being landless, a majority of women farmers who work on lands owned by others cannot access the government announced compensation/schemes (UN Women, 2020).

2.3 Economic impacts of COVID-19 on women

Before the lockdown, a majority (67 %) of the respondents were in the informal sector (Table 3). Two-thirds of the respondents earned a monthly salary of less than Rs. 15,000 whereas only 9% earned more than Rs. 25,000. Almost half (45 %) of the respondents had less than Rs. 5,000 as their monthly savings. Once the lockdown was enforced, 41% of the respondents lost their jobs, and a majority (88%) of respondents' income decreased. 38 % of families were left without having any income earners. (Figure 2).

Figure 2. Number of income-earners in respondents' family before lockdown and during lockdown



As per the respondents, these job losses occurred as a consequence of the business shutting down (13.7%), fear of COVID-19 (11%), being fired from the job (4%), lack of transport (4%), no call from employers (2.5%), migration to new locations (1.5%), and health issues (0.7%). Despite the large number of job losses, only 10.6% of respondents were able to find an alternative income source during COVID-19. With the current year's inflation rate in Nepal at 6.7%, and with shortages of goods, a continued high rate of inflation is likely to magnify the struggles due to unemployment, pay cuts, harm the poorest of the population, and further widen the income inequality in society (Statista, 2020). All of this has compelled a majority of the respondents to cope with the crisis by depleting the remaining of the meagre savings they had, borrowing money from informal lenders, borrowing food, reducing number of daily meals, etc (Table 6).

Table 6. Problems respondents had to face

Problems faced by the respondents	% Respondents
Depleting savings	45.1 %
Borrow money from an informal lender	42.1 %
Borrow food	33.7 %
Default on loan/instalment payment	25.7 %
Reducing number of meals per day	19 %
Discontinuing children's education	16.5 %
Take loans from banks/cooperatives/finance companies	16.2 %
Inability to plant/harvest/sell agricultural products	10 %
Selling animals	5.7 %
Selling household assets/goods	5.2 %
Gone an entire day without a meal	4.5 %
Selling land/house	1.5 %

Despite their best efforts, about 44% of respondents reported the inability to sustain their families for another month if the crisis was to continue. More than half (58%) of respondents faced a difficulty in meeting basic needs. Families were in dire need of support, with most of them hoping for monthly rationing of food (51%), loan/interest waiver (42%), monthly allowance (41%), rent waiver (38%), healthcare support (35%), and school tuition waiver (26%). However, what is noteworthy is that a significant percentage of the respondents, prioritized employment – stating “we do not need any relief, we would rather have our jobs back” – when asked whether they had any specific requests for government services.

2.4 Government relief for households

Even though households are in urgent need of support, the selection procedure for identifying needy families for distribution of relief varied at each local level. Arbitrary selection standards for vetting the beneficiaries led to the exclusion of a large section of people in need of relief. To rectify this, the Supreme Court had issued an interim order to the government directing it to provide relief materials to the economically marginalised and helpless without requiring them to provide citizenship, or identity card.

From the primary survey, 65% of respondents were aware about the support and services offered by the government, however, only 31% of them had received the support. The reasons reported for women not being able to get the distributed relief were striking. Some respondents who had their own house or/and had their husbands abroad were considered well-to-do by the authorities. One particular respondent, a street vendor, was denied relief as she was considered a ‘businesswoman’. Another respondent was asked to provide her landlady’s citizenship card to get access to the relief. This raises serious doubts on the implementation of the Court’s order.

In Dailekh district of Karnali province, Bhadrakala Sarki, a daily wage worker from a marginalised low-income household has struggled to get relief from the authorities. She lives with her husband, who has been sick for a year, and her two sons, who are returnee migrant workers. No one in the family is employed, and although the family obtained a package of rice and salt as relief on the 15th day of the lockdown, they have not received any other material since. She awaits to receive at least two meals per day for her family from the government as relief.

3. Psycho-social impacts of COVID-19 on women

3.1 Role of gender-based information gap

Reports showed that marginalized and segregated communities in low and middle-income countries face larger barriers in access to information because of the lower penetration of cell phones, internet, television, and social media tools. This information barrier makes important government announcements and updates including that of COVID-19 inaccessible to these communities.

There is an existing gender gap in terms of cell phone ownership and access to the internet. While global data suggests that women are 20% less likely to use mobile internet than men, the data from South Asia is even more worrisome, as a staggering 51% of women are less likely to use these services (GSMA, 2020).

This number stands at 17% on average in Nepal, which is comparatively better than its South Asian counterparts. However, the phone ownership gap is higher among women in rural areas, where it is 25%, and this figure hits around 27% for women from poorer economic backgrounds. This substantial gap in access to technology puts women, especially from rural and economically weaker backgrounds, at a disproportionate risk during the health crisis and also widens the existing gender and economic inequalities. The disparate ownership of mobile phones and lack of access to other modes of communication might suggest that only women are being impeded from receiving potentially life-saving information (UN Women, 2020).

Also, it was found that only 44.6% of the total population had Nepali language as their mother tongue while around 22% of the people did not speak Nepali either as a first or second language (CBS, 2011). However, the information disseminated by government agencies is mostly in Nepali. The language, as well as the technology barrier, makes important government announcements and updates inaccessible to these communities, including those on COVID-19. Due to the lack of proper information, these communities often resort to unscientific rituals to ward off the disease as opposed to proper medical treatment. Considering that women are responsible for taking care of the elderly, children and ill at homes in these communities, their entire family and communities are exposed to a higher risk.

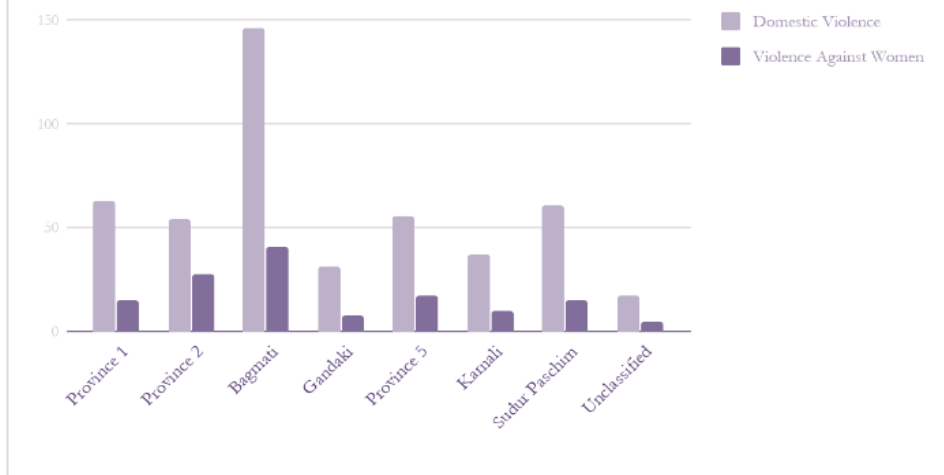
In Basaniya village of Sindhuli, Danuwar community is deprived of information regarding COVID-19 -19, as they don't have access to any kind of media like radio and television. Similarly, in Ratanpur village of Dudhauri, local radios don't broadcast news bulletins in their language which local people cannot relate and understand as such they have been deprived of potentially life-saving information on preventive and safety measures against the disease (Baral, 2020).

3.2 COVID-19 and domestic violence

An extended period of lockdown means a longer period of confinement with partners. Crisis-induced anxiety and depression among partners increases the likelihood of domestic violence by a significant degree. The World Health Organization (WHO) in its interim guidelines also has emphasized the need to provide

special attention to survivors of gender-based violence pre-empting the heightened number of incidents during the lockdown. Emerging data in Nepal shows that domestic violence increased almost twofold after the pandemic hit the nation (National Women Commission, 2020). According to WOREC, among the reported 624 cases, 61% had experienced domestic violence of both physical and mental nature while

Figure 3. Province-wise data of reported incidents of Domestic Violence and Violence Against Women During the Lockdown (National Women Commission, 2020)



the remaining 39% reported experiencing rape, attempts to rape, deprivation of basic necessities, or socio-economic violence (WOREC, 2020).

Results from the primary survey also found that the lockdown escalated conflicts in 10.7% of respondents' families, and 1.5% had even suffered abusive behaviour from their partners or other household members. A recent report from National Women Commission's helpline for domestic violence reflects a surge in calls: a total of 1361 calls were received within the first two months of the lockdown. However, due to the lack of proper directives and infrastructure, the concerned authorities were not able to reach the site once a violence complaint was filed (Rai, 2020). The situation is riddled with the inability of women to report domestic violence due to the imposed lockdown, lack of infrastructure, closure of judicial services, and general inaction of the authorities (Shrestha, 2020). Further, there are no provisions of separate shelters for the victims of domestic violence nor can they be placed in the regular quarantine facilities due to the risk of spread of virus (Rai, 2020). The latest budget has provision for free legal aid to the victims of women violence, single women, person with disabilities, Dalit, children and senior citizens (MoF, 2077/78). However, because of the stigma attached to reporting domestic affairs, the fulfilment of the purpose aimed by this provision remains doubtful.

In Triyuga Municipality-12 of Udayapur district, a dalit woman (a daily wage worker) who is a mother of two daughters faced violence from her husband during the lockdown. The dalit community is one of the worst hit due to the pandemic and the surging discrimination against such marginalized groups has made them more vulnerable—especially for women (Sakha, 2020).

3.3 Quarantine shelters and COVID-19 containment management

During the lockdown, women were found to be living in fear of sexual violence in quarantine centres as no separate shelter facility was provided to women, mothers, or separated and unaccompanied children, who face a greater risk of sexual violence. The Quarantine Centre Operation and Management guidelines was announced

The Rapti municipality in Chitwan has put in place a separate quarantine for women and children. Mayor Prabha Baral informed that the 30-bed quarantine has been arranged. This is the first-ever quarantine managed for women and children in the district (Radio Nepal, 2020). (UN Women, 2020).

by the government to arrange separate quarantine shelters for pregnant women, ten-year old children, senior citizens and people with disabilities (MOHP, 2020). However, contrary to the guideline, the existing quarantine shelters lack safe spaces and accommodation for pregnant women, adolescent girls, and senior citizens, and for younger children, lack of proper adequate nutritious food and drinking water in these centres (NHRC, 2020). The unavailability of clean toilets, sanitary pads and hygiene products, absence of demarcated place for mothers to

In Lamkichuha Municipality-1 of Kailali district a 31-year-old was sexually assaulted by three quarantine volunteers at the local quarantine centre, (Deuba, 2020).

breastfeed their child, and lack of female guards speak of the poor state of quarantine shelters and the exclusive nature of its management (UN, 2020)

4. Impacts of COVID-19 on Health

4.1 Mental and psychological health

The government-imposed lockdown has multiplied the already prevalent financial burdens and job losses, which has invited further stress and mental health risks. It is well known that women bear the primary responsibility of managing their households, and results from the primary survey show that in Nepal, 28% of respondents have faced increased household workload due to the lockdown, and 35% of respondents have also found difficulty in juggling their income-generating activities and their household responsibilities. The resource constraints to run the household, the increased household work burden, unemployment, and the ensuing poverty has further increased the stress levels of women (Table 7). According to this survey, 67% of the respondents generally felt sad during this time, and 93% experienced some form of fear. About half of the respondents admitted to feeling fed up with life at times. 62% of the respondents felt loneliness, and 58% had trouble sleeping at times. According to WOREC, during the lockdown, 46% of women had to face the burden of multitasking. Likewise, 30% stated that their stress escalated and that their family members expected all household chores to be done by them (WOREC, 2020).

Suicide cases in Nepal also increased at an alarming rate. The number of suicide cases among women one month prior to the lockdown was 127, and cases one month into the lockdown became 134 (Nepal Police, 2020), which is a 6% increase in suicide cases. Likewise, even health workers in Nepal are being ostracized, publicly humiliated, and threatened by landlords and neighbours who

suspect them of being the carriers of the virus. E.g. more than 20 staff at Bayalpata Hospital in Achham district tested positive for COVID-19, and their landlords drove them out of their rented rooms in town and they are now forced to isolate in the hospital facility's staff quarters. Many had to resign from their jobs due to community harassment, stigma, and family pressure (Awale, 2020). This has severe implications on a large number of women who represent the healthcare industry as nurses (100% female) and other medical practitioners (44% female) (ILO, 2017). Likewise, lack of provision of psychological counselling services at quarantine facilities, especially to deal with the mental health of quarantined people, may result in unfortunate cases of suicides. As per Nepal Police Headquarters, 11 individuals had committed suicide while in quarantine for a two-month duration where ten were men and one was a woman (Adhikari, Basnet, Rai & Singh, 2020). Furthermore, it is equally important that quarantine shelter volunteers should be trained to respond to sexual and gender-based violence and in preventing sexual exploitation and abuse with guidelines and standard operating procedures.

Table 7. Respondents' greatest worries

Respondents' worries	% Respondents
Lack of income/job	80.5 %
Inability to pay rent	38.7 %
Inability to pay loans	38.2 %
Inability to pay for food	33.2 %
Inability to continue kids' education	28.4 %
Family member stuck in another location	16.5 %

In Goljung village of Rasuwa district, during the lockdown, two pregnant women faced an increasing mental health crisis - depression and anxiety - owing to reasons such as no source of income avenue, lack of ambulance and other transport facilities to go to hospitals for regular health checkups, and fear of contracting the virus. (Primary data)

4.2 Sexual and reproductive health

The need for contraceptives remained unmet in Nepal even before the COVID-19 crisis. The contraceptive prevalence rate is at 53% with still a long way to reach the objective set by the government to increase it to 75% by 2030 (Bhattarai, 2019). The extended period of lockdown with forbidden mobility, its implication on the production, supply, and demand of contraceptives, and the hesitance to visit pharmaceuticals and clinics due to fear of exposure to the virus has drastically reduced the use of contraceptives. Conspicuously, sale of condoms, one of the most used contraceptives, was reduced by 52% in April-May when the lockdown was strictly enforced as compared to the immediately preceding month of March-April. This is only 33% of the total sales in the same timeframe in 2019. The data is especially alarming considering the extended period of cohabitation between husband and wife during the lockdown. It was reported that in Bakaiya of Makawanpur district of Nepal, there was an increased demand for contraceptives by 20% but the same remained unfulfilled due to the shortage of supply (Basnet, 2020). The data in Table 8 presents the gravity of the impact of the pandemic on the sale of all types of contraceptives.

Table 8.

Comparison of the trend in the consumption of contraceptives between Jan-May of 2019 and 2020 classified according to the age of the users (Dhakal, 2020)

Source: Family Welfare Division, under the Department of Health Services as reported in The Himalayan Times on 23 June 2020

Period	Depo <20 years	Depo ≥ 20 years	IUCD <20 years	IUCD ≥ 20 years	Implant <20 years	Implant ≥ 20 years	Pills <20 years	Pills ≥ 20 years	Condom pieces
Jan-May 2020	4836	58605	94	3060	893	22292	2561	31169	5920105
Jan-May 2019	6953	84535	380	5982	1631	33964	3436	41295	8840489
% Reduction in Contraceptive use	30.4%	30.7%	75.3%	48.8%	45.2%	34.4%	25.5%	24.5%	33%

A recent study by the UNFPA estimates that with medium-level disruption to health services in 114 medium and low-income countries, almost 13 million women may have been unable to procure modern contraceptives which might lead to 325,000 unintended births because of a three-month long lockdown. If the lockdown was extended to six months with a high level of service disruptions, this number could drastically rise to 47 million women being prevented from procuring contraceptives with around 7 million unwanted pregnancies (UNFPA, 2020).

As per the results from this national survey, 57% of respondents were living with their husbands, and only 26% of them were using birth control, and 5.7 % of the respondents said that they had faced some trouble in acquiring the contraceptives and getting reproductive health services during the lockdown period. Recommendation of experts to send returnee migrants with a supply of contraceptives before leaving for home remains unimplemented despite the government including it in the interim guidelines published in end of May. Unwanted pregnancies are likely to further trigger threats of women resorting to unsafe abortion, unassisted childbirth, mental health issues among women, and it also contributes to child and maternal mortality. Additionally, inadequate number of midwives raise additional red flags (Shrestha, 2020). In Nepal's pre-COVID-19 scenario, only 59% of the deliveries were institutional and the prenatal coverage stood at 80% and a staggering number of 1200 mothers died every year while giving birth, which is among the highest in the Asia Pacific region (Logan, 2020).

The '*Aama and Newborn Program*', the most coveted component within the Safe Motherhood Program (SMP), provides financial incentives for transport and completion of four antenatal visits, free delivery services, and sick new-born care, incentives for the workers attending deliveries, and has also faced the brunt of the lockdown. Pregnant women have been reported to be asked to delay their check-ups due to the threat of the virus, missing opportunity for early detection of high-risk pregnancies, administration of antenatal vitamins and required immunizations (Aryal & Shrestha, 2020).

Women delivering babies in hospitals and clinics have further plummeted by 40% during the lockdown as compared to pre-lockdown period (Poudel, 2020). The President Women Upliftment Program, started in 30 districts from the fiscal year 2018/19, also provides aerial rescue service for pregnant and lactating women in remote areas. However, incidents of pregnant women deaths due to birth complications have been reported where the local recommendation committees are found to be uninformed of their responsibility to recommend the rescue of pregnant women in critical conditions.

In Nepal, it was claimed that 56 new mothers had died during the two months of lockdown and 60,000 women were being denied the required check-up and other medical facilities. Due to the lack of PPE to the frontline workers, and due to fear of transmission, many hospitals refused to admit pregnant women without a COVID-19 test report. However, it takes at least 24 hours to get a PCR test report, and until then, critical patients do not survive. These factors contributed to a 200% increase in the MMR compared to last year, failing to meet this year's target of lowering the MMR to 125 per 100,000 live births from the country's current rate of 239 deaths per 100,000 live births (Poudel, 2020). The first reported COVID-19 casualty in Nepal was a new mother who succumbed to post-partum sepsis and COVID-19 infection 10 days after delivery. In response to a PIL filed in the court, the Supreme Court on June 9 ordered the government to make special arrangements for pregnant women and their new-born babies by making provisions for regular check-ups and vaccinations during the lockdown. The Court further ordered the Ministry of Women, Children and Senior Citizens to create necessary helplines for pregnant women as the existing one (1145) was not effective. It was emphasized that Article 38 (2) of the Constitution guarantees the right to safe motherhood and reproductive health to all women. "Nepal's constitution has ensured safe motherhood and right to reproduction as the right of the women, and therefore there must not be any hindrance for women to enjoy this right," the interim order states (Post Report, 2020; Jha, 2020). However, the implementation of the order remains questionable (Silwal, 2020).

In remote areas of Taplejung, 16 women have died due to excessive bleeding during labour while delivering babies at home. The health volunteers, local people's representatives and state agencies claim to have no information on such (Guragain, 2019).

Government prioritization towards women's health can prove to be beneficial as it affects child health and nutrition. In addition, a healthy population ultimately leads to better productivity and participation in the labour market, and lower the burden on healthcare during a pandemic (Bloom et al., 2015). This is of greater importance to Nepal as a high proportion of women are in the working age bracket and their wellbeing impacts the potential to reap the economic dividends.

5. Lack of gender lens during COVID-19 handling and its impacts

On April 15, Seti Zonal Hospital, the most advanced hospital in the Sudurpaschim Province of Nepal, was declared a COVID-19-dedicated hospital by the Ministry of Population and Health. With the emergence of infections in the region, the regular services of the hospital were stalled, and the facilities were devoted to the treatment of Covi-19 patients. The hospital was required to shut off its maternity ward as well. This was done despite the alarm raised by the doctors against the move, and the new mothers who were receiving care in the ward were transferred to Navajivan Hospital, a much smaller hospital in Dhangadhi. However, Navajivan Hospital did not have the required capacity to serve such an inflow of patients in the maternity ward (Paschim Today, 2020). Nonetheless, after the protests by women rights activists the earlier decision was overturned. Similar issues of difficulty in treatment of patients that were undergoing treatment, especially women who were approaching delivery date, were at a high disadvantage in Narayani Hospital in Birgunj. The government designated Narayani Hospital Bara, a multi-specialty hospital, bringing other services except the emergency services to a standstill. This was done despite the doctors of the hospital raising an alarm against the move as other crucial healthcare services almost unparalleled in the region by other hospitals would be affected, for example, upto seven child deliveries in the day, dialysis of kidney patients, treatment of snakebite, and so on.

In Kanepokhari, a rural municipality in Morang, a 23-year-old pregnant woman passed away when she was denied check-up from seven different hospitals. She had a fall injury in the bathroom a few days earlier which had brought some health complications. Hospitals had responded that they did not have an ICU nor a ventilator and could not admit a new patient due to the fear of COVID-19 (Budhathoki, 2020).

The government had introduced an interim directive relating to the operation of health facilities for COVID-19-related and other services 2076. In this directive, pregnancy-related services are conspicuously absent in the list of emergency services that were to operate during the pandemic. The directive does not answer how the hospitals that would be designated as COVID-19 centres would transfer the patients who are undergoing treatment or who were planning delivery in that hospital.

Globally, women healthcare workers are on the frontlines in the fight against COVID-19. In Nepal, there are 34,000 and 100,000 registered doctors and nurses respectively. Many more are working as support staff, such as cleaners, in the health care sector (Paudel & Menge, 2020). The MoHP's health sector emergency response plan has listed out adequate resources such as supply of necessary PPE, and other commodities, such as oxygen, blood gas analysers, ventilators, and other essential items to be provided according to WHO guidance (MoHP, 2020). However, the shortage of PPE has brought about the fear of infection among women healthcare workers, most of whom are majorly concerned about placing their families at risk. To add up, most of these women are juggling household responsibilities, childcare and elderly care as well. Under the President Women Upliftment Program, the current FY 2020/21 budget announcement has allocated a significant sum of NRs. 1.14 billion for security and protection of women, children; to provide free health insurance to the families of 52,000 women health volunteers across the country to run sanitation, health awareness and health

insurance campaigns by mobilizing women health volunteers (MoF, 2077/78). However, implementation of these initiatives remains unclear and questionable.

The decisions taken by the government are found to be exclusionary at all levels— firstly, the decisions seem to be taken without the gender lens, and secondly, the federal government seems to have imposed its decision without considering the suggestions from the local health experts and even the provincial and local governments. Although women are usually at high risk during crisis situations and also constitute a majority of frontline health workers, they are underrepresented in crisis management leadership roles. Their significant involvement in the health sector places them in a position to grasp the nuances of the situation and devise a more holistic policy, however, the same has been disregarded to the disadvantage of women and rest of the marginalized (Claire, 2020). The government finally released interim guidelines for Reproductive, Maternal, Newborn and Child Health Services on May 21. The guideline provides that the services ensuring safe motherhood as well as abortion should be kept operational at all times and directs the local health posts to have pregnancy and maternity related services, including child care, intact and operational. It also includes guidelines on the provision of contraceptives on the exit points of the quarantine centres. However, the incidents of unsafe abortion, lack of ambulance services, and the inability to get admitted into hospitals even towards the end of July suggest that the guidelines have not been effectively implemented (Timilsina, 2020).

6. COVID-19 and its impact on workers whose work involves physical touch

COVID-19 has seriously impacted sectors that involve physical touch, for e.g. parlour, massage, sex work etc. From the survey, a particular spa/massage center having 14 branches was severely impacted. 90% of their female employees were laid off during the lockdown period.

Another segment of society that has been heavily impacted but has not received any government support and consideration are sex workers. According to IPPF, there are around 40,000 sex workers in Nepal out of which 1,300 are living with HIV. Initially, many sex workers stopped working due to the fear of the virus and strict lockdown. However, now they are forced to get back to their jobs despite knowing the risks involved. Since prostitution is illegal in Nepal, there are no separate relief packages introduced for the sex workers. The stigma attached to the sex industry also dissuades donors and other institutions to focus their charitable activities towards sex workers. Moreover, sex workers are constantly harassed and threatened by the police who have files cases on the grounds of indecent behaviour (Sampurna Weekly, 2020). With the difficulty in acquiring records and identifying sex workers due to illegal and stigmatised nature of the sex industry, implementation of such a broad guideline becomes next to impossible. This makes them among the most marginalised and ignored section of the population. The WHO

Kanchan, a member of the sex industry, when asked about why she was out on the streets during this crisis, responded by saying that if sex workers can withstand the threat of AIDS, then the threat of COVID-19 does not inspire much fear. The question is of survival (Sampurna Weekly, 2020).

suggests that the needs of marginalized population including the sex workers should be prioritized during the pandemic (WHO, 2020).

7. Best practices

Designated Quarantine Facilities for women:

Few of the designated quarantine facilities for women, (E.g. in Chitwan, Dhangadi, Lalitpur, etc) managed by women were found to be better at catering to the unique needs of the women (UN Women, 2020). These quarantine centers were started in places where female elected representatives were very active in decision making roles (E.g. Dhangadi).

Innovation in Business Practices:

Of all the businesses surveyed in this study, 27% had introduced policies to specifically benefit women employees, including flexible working hours, mentoring programs, food support offers and transport facilities for employees who were pregnant or unwell, and had retained female employees.

1.9% of the private sector respondents said that they have observed an increase in business revenue. These businesses relied on telecommunications, and their demand increased as the culture of work-from-home became a norm. Many businesses have brought changes in their production and supply chain. 18% of businesses have switched to local sourcing, whereas 8% have started outsourcing. Some businesses have gone online (6%) and others have started producing or importing COVID-19 related products (4 %) (Table 5).

Newfound entrepreneurship:

Interestingly, some women have unleashed their inner entrepreneurial skills and have turned this crisis into an opportunity. The issues with the procurement and sale of milk severely impacted small-scale women farmers during the lockdown. To overcome this, milk producers have started making dairy products such as cheese, cottage cheese (paneer) and other items. Also, surplus vegetables are being used to make pickles, jams and juices, or being dried to avoid wastage by some women entrepreneurs (Bhusal & Khatri, 2020). Similarly, some women are getting engaged in roof-top farming and terrace farming for the cultivation of vegetables by using kitchen waste as compost, and old containers as pots (Dhungana, 2020).

8. Way ahead: Recommendations to minimize the impacts of COVID-19 on women

Results and analysis from this study clearly show that women, marginalised communities and SMEs are disproportionately impacted due to COVID-19 in Nepal. Therefore, the way forward should consider the disproportionate impacts on the marginalised groups and attempt to address this with the following recommendations:

Recommendations for effective policy response

a. Inclusion of women in decision making at all levels

Despite the majority of personnel involved in the health sector in Nepal being women, the High-Level Coordination Committee for the Prevention and Control of COVID-19 (CCMC) constituted by the government did not have a single woman in it. Firstly, the decisions seem to be taken without the gender lens, secondly, the federal government seems to have imposed its decision without considering the suggestions from the local health experts and even the provincial and local governments. The requirements under the Minimum Initial Service Package (MISP) as developed by the Inter-Agency Working Group on Reproductive Health in Crisis remained unfulfilled. This issue has also been addressed in the latest Supreme Court order in the case of *Roshani Poudel v. Government of Nepal* (076-WO-0962). Therefore, it is of utmost importance that all decision-making bodies have diversity and representation from all marginalized groups, especially women local health experts, provincial and local governments, women frontline health workers in the decision-making bodies to have a holistic, inclusive and effective response.

b. Effective use of the federal structure

The crucial decision to designate a hospital as COVID-19-hospital was being taken by the federal government through the MoHP despite having limited knowledge of the state of health infrastructure in the specific places. In the absence of make-shift hospitals, the designated COVID-19-hospitals in some instances were multi-specialty hospitals with unparalleled facilities in the region. The alternate hospitals could not cater to the diverted traffic of patients from the bigger hospitals. A sound alternative is allowing the provincial government in consultation with the local government to take such decisions. Similarly, the views of local health professionals should be taken into account. Strikingly, Section 2 (a) of the Infectious Diseases Act provides for the federal government to override any decisions taken by the provincial government. This requires immediate amendment.

Similarly, the role of Chief District Officers (CDOs) should be limited in a federal setup. The absolute powers devolved to CDOs, who are not directly accountable to people, to take decisions on imposing prohibitory orders has the risk of the order being inconsiderate to the needs of the people. Under the

Constitution, Schedule 6 provides powers to the province to maintain peace and order. Therefore, the continuation of the practice to allow CDOs to take decisions on the imposition of prohibitory orders does not sit well with the federal setup.

c. Better, and uninterrupted general, reproductive, mental health-care facilities to ensure better health of women:

i. Ensuring safe quarantine facilities for women and separate shelters for GbV victims:

- Quarantine spaces should cater to the special needs of women: provision of separate toilets, safe spaces for breastfeeding, nutritional requirements of lactating and pregnant mothers, security of women inside the centres, provision of sanitary pads, pills, and other reproductive health essentials, availability of reproductive and mental health experts inside quarantine centres. Furthermore, it is equally important that quarantine shelter volunteers should be trained to respond to GbV with elaborate guidelines and standard operating procedures.
- Convert some hotels into shelters for the women who are victims of domestic violence to escape the abuse at home, and widely disseminate information about the services that can be availed by gender-based violence.
- Draft a new law empowering the provincial government to take decisions in this regard.

ii. Provisions for availability of Sexual and Reproductive Health related services:

- Ensure that the 'Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in COVID-19 Pandemic', requirements under the Minimum Initial Service Package (MISP), and regulations under the Right to Safe Motherhood and Reproductive Health Act 2018 are immediately and fully implemented throughout the country.
- The supply chain of contraceptives and reproductive health services like abortion, pre-natal, post-natal services, maternity wards of hospitals, ambulance service, etc must be kept operational at all times during the crisis complying with safety guidelines.
- Use of telemedicine should be expanded so that the physical visits to the hospital can be minimized and female health care workers must be trained to provide telemedicine services.
- Properly implement the provisions of free health insurance to the families of women health volunteers across the country to run sanitation, health awareness and health insurance campaigns as envisioned in the Presidential Women Upliftment Program.

Recommendations to support economic recovery by supporting the employers and the employees:

a. Economic stimulus packages that reach, and benefit the SMEs:

- Encourage banks to promote liberal microfinance policies and secure the sustainability of the SMEs through access to training, technology, and innovative financial instruments so that the SMEs won't be forced to resort to informal lending channels charging high interest rates.
- Majority of the private sector respondents expected some form of technological training and access to relaxed credit facilities immediately to handle and recover from the crisis. Hence, preparation of a step-by-step guide or handbook to enable them to learn about all the facilities and provisions of the government and the process of accessing these services/facilities, and an effective channel/communication campaign to disseminate such information to the target audience seeking such information is urgently required.

b. Formalising the informal economy and informal workers:

To avoid the risk of a permanent exit of women in the informal economy from the labor market, in the short term: ensure assistance to the people currently in the informal economy by launching direct cash transfers, food support, and extending insurance programs on a nation-wide level on a need-blind basis that does not involve complex bureaucratic vetting and red-tapism.

In the long term: formalise the informal economy, compulsorily registering each and every MSME in the government system and introducing policies to ensure social security schemes for the businesses and their employees. The recently enacted Industrial Enterprises Act 2020 has made some effort in this regard by imposing fines on the industries that run without registration.

c. Skill identification of the returnee migrants and providing entrepreneurship support to them to grow the local, rural economies and create women-friendly jobs all over Nepal:

Registering returnee migrants and creating their database as soon as they arrive in Nepal, identifying their skills, topping up their existing skills with other complementary skills and providing entrepreneurship support to them (access to finance and access to markets), to transfer their knowledge, to economically engage the large number of returnee migrants and create inclusive, rural employment opportunities for everyone, including women.

d. Skill enhancement trainings for women to aligned to the new opportunities post-COVID-19 (Virtual as well as in-person trainings)

- The existing skill set of most female employees included agriculture, construction labour, care giving in the hospitality or household sector, etc. To secure employment for the short term, these women need employment in the industries that can utilise their existing skillset while in the longer term, women require capacity building trainings to take part in economic activities in the transforming job market. For that, in the short-term, it is important to Conduct large scale trainings to increase the access to mobile, internet, social media, radio, etc of women and to increase online payment and formal banking systems for women entrepreneurs and workers. The very access to internet and digital mediums, will be instrumental in conducting low-cost, skill development trainings for women all over Nepal via virtual mediums, opening doors for them for new jobs in the new economy post-COVID-19.
- In the long run, it is very important to invest in women education in basic level as well as in STEM fields to close the digital gap and enable women to prepare for, and be aligned to the post-COVID-19 economy which will have increased virtual elements in every sector of the economy.

Recommendations for further research:

- a) Detailed study on the profile, skills brought home by migrant workers and their needs and aspirations so that they can be better integrated into the new economy post-COVID-19.
- b) Conduct a detailed, micro-level study focusing on the response of the local governments to understand the policies and responses they adopted, what worked and what did not, if they were able to come up with women-friendly policies, what enabled them to do so, etc so that the best practices and learnings from the experiences can be better understood, replicated all over Nepal.

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