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Impact of COVID 19 diverse group of women and girls in Nepal

Context

Global evidence suggests that the pandemic led to disruption of social, political and economic systems and deepening of pre-existing gender and social inequalities. UN study 2020 also highlights that the distribution of effect of any disaster or emergency correlates with the access to resources, capabilities, and opportunities which systematically make certain groups more vulnerable to the impact of emergencies, in particular women and girls. Across the globe, COVID-19 continues to have devastating impacts on women and girls. This devastation then leads to a repeating cycle of catastrophic consequences for our future. For women and girls in Nepal, disaster and pandemic both are unprecedented and are particularly vulnerable to the immediate and long-term health and socio-economic impacts of the pandemic because of the pervasive inequalities in gender norms and structures.

The COVID-19 pandemic is having tremendous effects on the world's economy and social fabric of every society. Data suggests that women and girls in particular are facing a greater risk from this pandemic, as they are systematically disadvantaged and often suppressed by poverty, violence, inequality, and marginalization. Nepal is no different.

The COVID-19 pandemic has entrenched systemic gaps, underlying structural inequalities and pervasive discrimination, more visible with inadequate healthcare, access to information, employment and livelihoods, and social protection system mainly for marginalized groups. Over two years into the COVID-19 pandemic, secondary waves had unfurled across fragile economic and social landscapes, with the most devastating consequences for individuals and groups with pre-existing vulnerabilities and esp. to women and girls at Nepal. As lockdowns and restrictions persist, inequalities that underscore the pervasive impacts of the pandemic threaten to further exacerbate conditions for those most marginalized and vulnerable. Disproportionate increases in

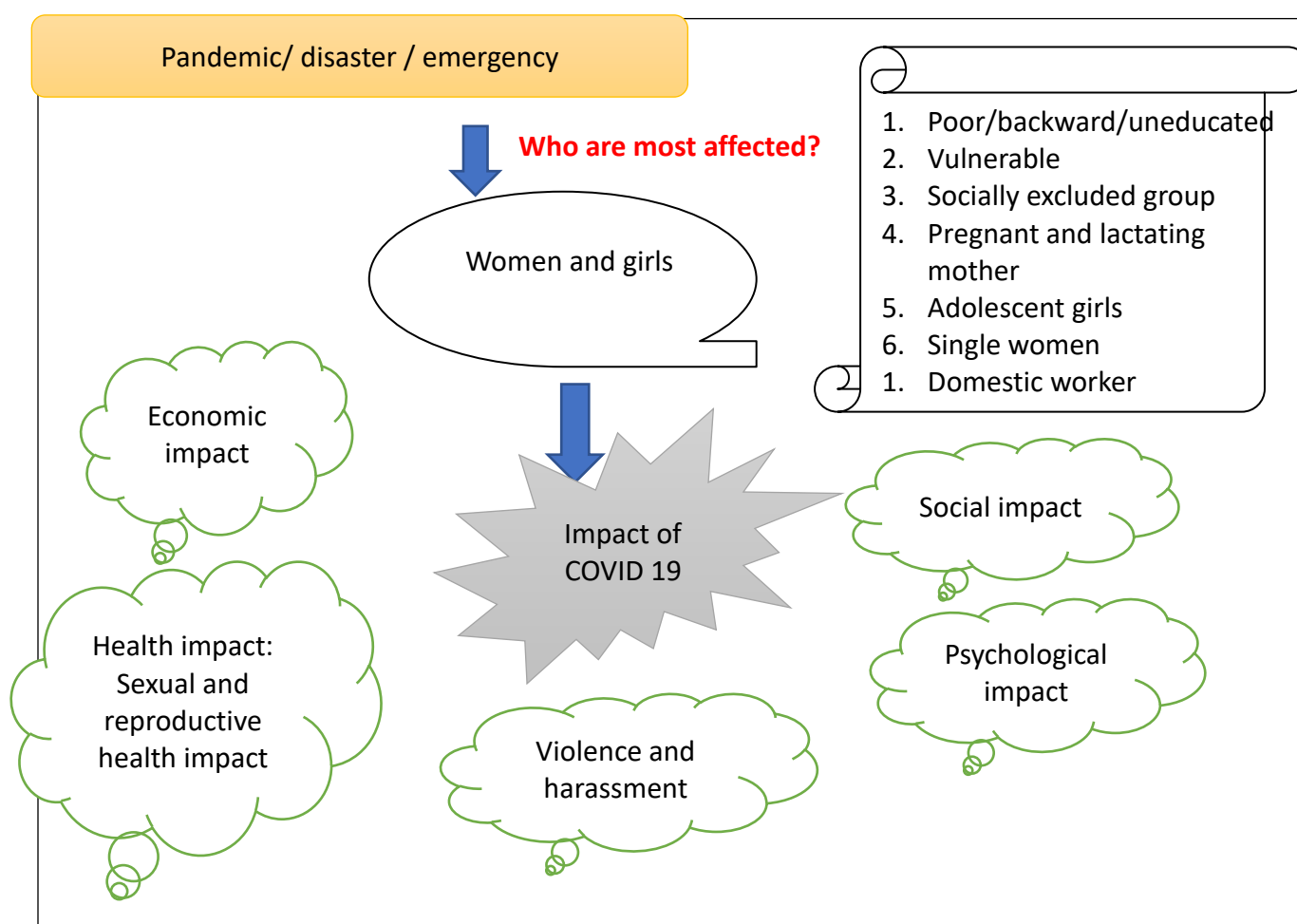
inequalities for women and girls of diverse group across health, protection, education and livelihoods have resulted from the pandemic. The pandemic crisis is unfolding against the backdrop of several important milestones for equality and the human rights of various marginalized groups including women and girls, indigenous peoples and persons with disabilities in all their diversities and intersections in Nepal. Research has shown that a pandemic like COVID-19 can result in increased mental burden to marginalized or low-income people via socioeconomic disadvantage such as job insecurity, housing instability, discrimination and food insecurity (Goldman and E., 2014)¹. The pandemic-related restraints, such as spatial distancing, isolation and home quarantine, are impacting on economic sustainability and wellbeing, which may induce psychological mediators such as sadness, worry, fear, anger, annoyance, frustration, guilt, helplessness, loneliness and nervousness (Bhuiyan et al., 2020; Mukhtar, 2020)

¹ Goldman, E., & Galea, S. (2014). Mental Health consequences of disasters. *Annual Review of Public Health*, 35, 169–183. <https://doi.org/10.1146/annurev-publhealth-032013-182435>

Impact of COVID -19

While Nepal is reeling under the weight of increasing infections and death rates with fragile health infrastructure, there has been less attention to and evidence on gender and socio-economic impacts of the crisis on the most vulnerable and marginalized populations (Rapid Gender Analysis Update 2021, 2021). The pandemic greatly impact women and girl's access to basic and other services such as food, health services including psychosocial counselling and reproductive health services, education, WASH, income and livelihoods, along with right to

Figure 1: Impact of COVID-19 on diverse group of women



information and awareness. Similarly, the care work burden of women has significantly increased in the second wave with the high rate of infections and strict prohibitory measures. This has had an adverse impact on the mental health state of women and adolescent girls. The impact of COVID -19 on these diverse group of women and girls is multi-faceted as economic impacts, social

impact, psychological impact, health impact, gender-based violence, sexual and reproductive impact etc. (as shown in figure 1)

a. Economic Impact

The impacts of crises are never gender-neutral, and COVID-19 is no exception. COVID 19 pandemic has caused widespread job loss resulting in economic strain for people. Financial hardship resulting from the pandemic has affected livelihoods, especially the women who are working in the informal sector. In Nepal, 62.3% of total employed people are engaged in the informal sector and among them 31.8 percent are in informal agriculture sector, 32.9 percent are in informal non-agricultural sector, 1.8 percent are in informal private sector. The participation of women and girls in informal sector is 66.5 percent. (Report on the Nepal Labour Force Survey 2017/18, March 2019). So, amidst COVID-19 and lockdown the informal sector economy is most impacted moreover women and girls are impacted the most and have little or no income security and social protection. Economic insecurity has been linked to poor coping strategies like substance use, taking on debt and engaging in risky behaviors, which may trigger for conflict, argument, and interpersonal violence.

As shared by Anita Devkota, Saptari – Women whose life depends on the daily wages were impacted as they have no saving. Also, they have avoided using mask as it was costly for their daily use. Also, those women from vulnerable group have no or weak access to the relief material distribution mechanism as well.

b. Social Impact

When we discuss about the social impact of COVID 19, we observe the existing disparities to the women of diverse group of different economic group, social group, cultural group, geographical areas, educational level and more. There is differential impact of COVID 19 and its amidst on women of diverse group. As women are more involved at the reproductive role at home, they are responsible the household activities in everyday life and during pandemic the situation is worst where 28% of respondents have faced

increased household workload due to the lockdown. (COVID 19 and new normal for women in the economy in Nepal, 2021) The role that women and girls are assigned by their family and community create distinct division of labor, which effect the access and control over resources and decision-making power. This unequal power relation among women and girls and men and boys at society have affected them during lockdown, quarantine shelter, the distribution of relief package, access to health care facilities, access to treatment, and access to vaccine and make them more vulnerable. The reproductive role and household activities to women and girls is tremendously increased, which have deteriorated the physical and mental health of women and girls.

Child Marriage:

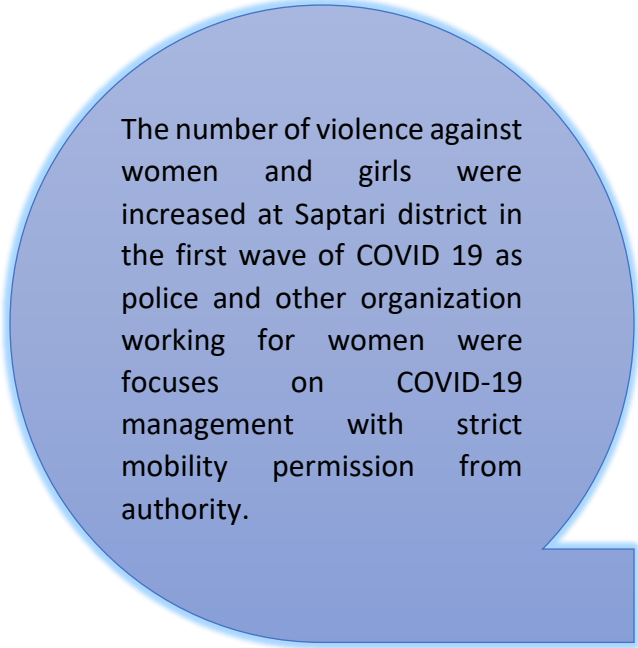
The COVID-19 pandemic is equally threatening for young girls in the country. It profoundly affecting the everyday lives of girls, increasing the risk of girls to witnessing violence at home and facing exploitation, violence, abuse and likelihood of child marriage. Over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic. In Nepal, the rate of child marriage before 18 years is 44.1% (USAID). The risk of child marriage increases through various pathways, including economic shocks, school closures and interruptions in services. (UNICEF, 2021). With increasing poverty as a result of the pandemic, parents are more likely to marry off their daughters soon as a mechanism to reduce the economic burden. The economic fallout, in addition to the disruption in various programs and interventions focused on preventing child marriages, is estimated to result in millions of more child marriages in the future². Child marriage also results in an increase in school dropout rate as shreds of evidence show that married girls aged 15–17 years are ten times likely to drop out school compared to their unmarried peers in the country³. Drop out from schools will prevent young girls to complete their education, which compromises their opportunity to empowerment.

² UNFPA. Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic [Internet]. 2020 [cited 2020 May 28]. Available from: <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>

³ Sekine K, Hodgkin ME. Effect of child marriage on girls' school dropout in Nepal: analysis of data from the multiple Indicator cluster survey 2014. PLoS One. 2017;12(7):1–13

Gender based violence:

COVID 19 has forced governments across the world to implement measures to restrict public movement. The situation of home confinement may exacerbate the existing violence against women and girls due to their increased proximity to the perpetrator. Women and young girls might struggle to seek help in such conditions. The compromised and patriarchal support system further poses an increased risk of worsening the violence directed towards them.



The number of violence against women and girls were increased at Saptari district in the first wave of COVID 19 as police and other organization working for women were focuses on COVID-19 management with strict mobility permission from authority.

Emerging data in Nepal shows that domestic violence increased almost two-fold after the pandemic hit the nation (National Women Commission, 2020). Also, as per the data provided by Nepal Police, in three months, from February 13 to May 14, a total of 4, 773 cases of violence against women and children have been reported⁴. As per the data on average 53 such cases are reported daily across the country.

The data include cases related to rape, attempted rape, allegations of witchcraft, polygamy, domestic violence, rape and murder and kidnapping. And 88 percent of the cases involved either domestic violence or rape.

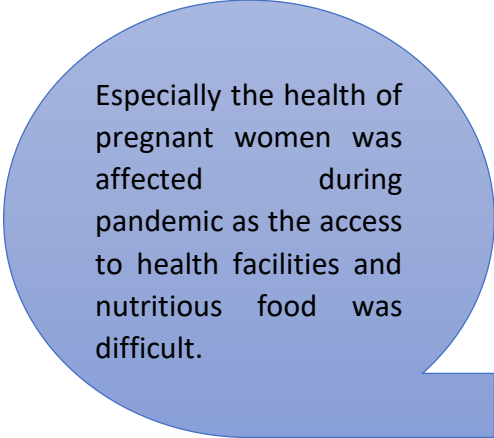
According to WOREC, among the reported 624 cases, 61% had experienced domestic violence of both physical and mental nature while the remaining 39% reported experiencing rape, attempts to rape, deprivation of basic necessities, or socioeconomic violence (WOREC, 2020).

⁴ <https://kathmandupost.com/national/2021/06/15/no-let-up-in-cases-of-violence-against-women-and-children-during-lockdown>

c. Impact on Health

Women and girls have unique health needs, but they are less likely to have access to quality health services, essential medicines and vaccines, maternal and reproductive health care, or insurance coverage for routine and catastrophic health costs, especially in rural and marginalized communities. The health of women and girls are always a matter of concern during the normal situation and during the situation of pandemic, they are more vulnerable. The impact of COVID-19 on health of women and girls are also critical, especially to the diverse group. There are gendered barriers to access to vaccines as women face limited mobility to reach health facilities or vaccination sites. Similarly, restricted decision-making power in their health seeking as well as limited access to and control over resources needed for advancing their health, including information about vaccines and vaccine safety also influences women's reach and perception towards vaccines⁵. The women and girls of diverse groups are affected by the shortage of these health services, mostly due to lack of awareness and affordability. Even if who are aware and can afford have unreached to health service as priority is given to close relatives of people in power or influential people, and the general people have to face several difficulties while accessing these health services⁶.

Sexual and reproductive health: The provision of sexual and reproductive health services, including maternity care, preventive interventions, nutritional advice and mental health



Especially the health of pregnant women was affected during pandemic as the access to health facilities and nutritious food was difficult.

care and related services, are central to health, rights and well-being of women and girls. The diversion of attention and critical resources away from these provisions may result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases. Also, minimum access to sexual and reproductive

⁵ <https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-COVID-19-vaccine> rollout

⁶ Rapid gender analysis update 2021 – page 10

health (SRH) services, procedures and medications have been affected due to the pandemic. Although these services are available, they are difficult to access for all, in comparison to the first wave, due to high priority given to COVID patients resulting in SRH services being delayed, and drastically reduced. Due to the prohibitory orders restricting people's movements, providers are being forced to suspend services including SRH services that are not classified as essential, such as abortion care.

As the services related to reproductive health is non-emergency, this reduction in services have led to an increase in unplanned pregnancies, unsafe abortions and decrease in quality of life for women suffering from gynecological conditions. Other women's health services that were not offered during COVID-19 include subfertility treatments and even more alarming gynecological cancer screening services. Essential investigative tests and the national immunization program have also been severely restricted. Unfortunately, the delay in these services may prove fatal for some women. The introduction of telehealth services by many institutions and health care workers have provided a solution by shifting to online or telephone consultations. However, this is not an effective approach for many obstetric and gynecological conditions where a physical examination is essential practice in providing an accurate diagnosis and treatment plan. Also, the women and girls of diverse group are not in easy access (financially and technically) to such information and telehealth service-related facilities.

d. **Impact on Vulnerable groups**

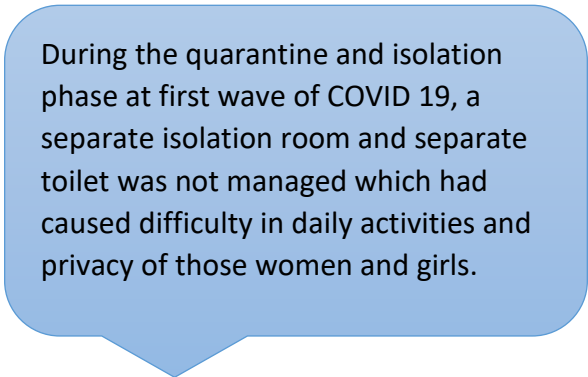
Impact on Persons with disabilities and especially women are disproportionately impacted by COVID-19 due to inaccessible information, negative attitudes, inaccessible health facilities, social distancing challenges and inadequate social protection measures. The women and girls with disabilities face even more critical consequences as even under normal circumstances, they have poor and difficult situation during their menstruation cycle, daily cleaning and changing, and during the pandemic or nay disaster their personal privacy is ignorant and unaddressed. During normal circumstance, persons with disabilities are less able to access health care, education or employment, and to participate in the community because of lack of disable responsive policies, actions,

behavior, road infrastructures and buildings. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community.

During this pandemic as the mobility was very restricted and much of relief, communication was handed over to local government, they have suffered because of lack of local government coordination with organizations persons with disabilities and local community leaders and their unavailability of data and information available with them together with bureaucratic barriers have prevented this group from being counted and included in relief efforts, which can result in starvation, and prevention of passing on intergenerational knowledge (Nepal, 2020).

The health of these persons with disabilities was at risk during COVID 19 as they are unaware of the accessibility criteria to be adopted in isolation centers, quarantines and hospitals, and the appropriate treatment of persons and World Health Organization categories these community at high risk as a) most sanitation and hygiene facilities and structures are not accessible to them, b) it is difficult to maintain social distance in need of other people help, c) they have to resort to touching, holding or walking around, d) have poor access to public information, e) have difficulty accessing health care.

Impact on marginalized groups like indigenous women, Dalit's, Madhesi, Muslims, LGBTQI and single women are facing aggravated health risks, food insecurity, loss of employment and livelihoods, increased violence, poverty and persecution to their lives due to the fueling threats particularly to the women of such who have additional responsibilities and challenges when it comes to coping with the pandemic.



During the quarantine and isolation phase at first wave of COVID 19, a separate isolation room and separate toilet was not managed which had caused difficulty in daily activities and privacy of those women and girls.

Studies shows that majority of the Dalits depend on daily wages and small scale income generating activities and examples 46% of migrant returned from seasonal migration after losing their jobs from India were from Dalit Community in Sudhurpaschim Province⁷.

COVID-19 is having a huge impact on the work, wellbeing and rights of sexual and gender minorities in Nepal. Loss of income and movement restrictions have affected access to food, accommodation and other basic necessities. Many LGBTIQ+ people have greater health vulnerability, access to SRHR and trans-specific health care has been compromised, and that diverse SOGIESC inclusive mental health support is needed. Also, shelter-in-place and other constraints have forced some LGBTIQ+ people into potentially unsafe living arrangements with family members who do not accept diversity of gender and/or sexuality.⁸

Bina, a single mother from Dumrigaira, Dang district who have 21-year- old physically disabled son says, “I can no longer earn. My income has stopped. This means no income for food and other amenities for my household. My struggle feels unending, and all this while, I worry what will happen to us tomorrow”.

Single women, or women who are widowed, divorced, or in a female-headed household faced especially difficult circumstances as the pandemic exacerbates existing social and economic hardships and creates

unanticipated challenges. The situation for many single women during the pandemic has been precarious as the sole income-earner and caretaker for their family and this economic insecurity exacerbates other challenges of mental and psychological pressure, physical overburden and social pressure.

⁷ Recent DCA conducted Survey on the Impacts of COVID-19 on Migrant Workers in Sudurpashchim province. <https://www.danchurchaid.org/where-we-work/nepal/covid-19-impact-on-dalit-community-in-nepal>

⁸ <https://www.alnap.org/help-library/briefing-note-impacts-of-covid-19-on-lgbtiq-people>

e. Impact on Education

By the end of March 2020, UNESCO estimated that over 89 per cent of the world's student population were out of school or university because of COVID-19 school closures, forcing many learners online with large parts of the population in low-tech or no-internet environments at a severe disadvantage⁹. There are currently around 1.3 billion young people globally, of whom 267 million are classified as NEET (not in employment, education and training). Two-thirds, or 181 million, of NEETs (not in employment, education and training) are young women¹⁰. The situation must worst after the pandemic. In Nepal also the alarming spread of the virus caused a havoc in the educational system forcing educational institutions to shut down. As of the second week of May 2020, UNESCO (2020) estimates that nearly nine million (8,796,624) students in Nepal are affected due to school/university closures in response to the pandemic. Out of this number, 958, 127 (11%) are in pre-primary, 2,466,570 (28%) are in primary, 3,463,763 (39%) are in secondary and 404,718 (5%) are in tertiary education. Countries with lower learning outcomes and high drop-out rates in general are particularly vulnerable to the impact of school closures. Three consequences of crises and related school closures have been identified to directly cause the disproportionate loss of learning and drop-out rates among vulnerable children, namely: Family poverty and loss of income; Increased child labor; and Increased child marriages (particularly affecting girls).

The occurrence of these types of pandemics and disaster is unavoidable to the countries like Nepal who is already at vulnerable zone in different types of disasters. Also, these are the natural phenomenon resulting directly or indirectly from the actions and behavior of people living in the country. The risk from all these events is always there, especially at high degree to those whose coping capacity is weak like women, poor and other excluded groups. We cannot eliminate the risk of these pandemic to them, but we can reduce the impact of such risk on them. These impacts can be reduced by: a) Making policies,

⁹https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html?gclid=CjwKCAjw1JeJBhB9EiwAV612yyxCx3g60BQ0P24-r_a0JDGyvlxcG-A_JmD_NqisK07ABjXx9Xea9RoCbAcQAvD_BwE

¹⁰ https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_737053?lang=en

guidelines, action plans related to COVID 19 from gender perspective and its implementation; b) Sufficient resource to reduce the impact on women and girls; and c) Implementation or execution capacity of the system

Efforts made in managing COVID -19

A. Analysis of policies, guidelines related to COVID 19 from gender perspective

A.1 The Infectious Disease Act 2020 (1964)

The government activated the Infectious Disease Act 2020 (1964) to fight the pandemic. Section 2(1) of the Act enables the Government of Nepal (ie the federal executive) to take ‘necessary action’ and ‘issue necessary orders applicable to the general public or a group of any persons’ to ‘root out or prevent’ the development or spread of an infectious disease. Section 2(1) can, in theory, provide legal foundation for any government action taken to tackle COVID-19—both moderate and extraordinary. In order to make necessary arrangements for the implementation of this order issued in accordance with sub clause (2) of clause 2 of the Act, designate all Chief District Officers of Nepal. For this purpose, the CDOs may exercise the authority as per the Local Administration Act, 2028 (1971) as required. Any person defying or obstructing the implementation of this order issued under the Contagious Diseases Act, 2020 (1964) shall be subject to punishment in according with that Act.

After the declaration of COVID-19 as a pandemic, the Council of Ministers formed the COVID-19 Crisis Management Centre-Operation (CCMCOps). The main objective of the CCMC-Ops was to carry out responses in an integrated manner through a unified group of representatives from the central, provincial, and local levels of government, as well as the security department and all other stakeholders.

Later, in May 2020, three different committees were formed for a quick and coordinated response for COVID-19 prevention, control, and treatment activities. These were:

Major laws policies / guidelines	Key includes
Infectious Disease Act 2020 (1964)	The government activated the Infectious Disease Act 2020 (1964) to fight the pandemic. Section 2(1) of the Act enables the Government of Nepal (i.e. the federal executive) to take ‘necessary action’ and ‘issue necessary orders applicable to the

	<p>general public or a group of any persons’ to ‘root out or prevent’ the development or spread of an infectious disease. Section 2(1) can, in theory, provide legal foundation for any government action taken to tackle COVID-19—both moderate and extraordinary. In order to make necessary arrangements for the implementation of this order issued in accordance with sub clause (2) of clause 2 of the Act, designate all Chief District Officers of Nepal. For this purpose, the CDOs may exercise the authority as per the Local Administration Act, 2028 (1971) as required. Any person defying or obstructing the implementation of this order issued under the Contagious Diseases Act, 2020 (1964) shall be subject to punishment in according with that Act.</p>
<p><i>Key observation</i></p>	<p><i>The infectious disease act 2020 is a gender-neutral act whose implementation during COVID 19 management will also leave the neutral affect. The impact of COVID 19 on women and girls of diverse group is more server which have to be intervined and treated with differential measures.</i></p>
<p>Different committees for coordination and response of COVID-19</p>	<ol style="list-style-type: none"> 1. The Direction Committee led by the Deputy Prime Minister/ Defence Minister, with membership of the Minister of Foreign Affairs, Minister of Federal Affairs and General Administration, Minister of Health and Population, Minister of Commerce and Supplies, and the Minister of Finance. 2. The Facilitation Committee led by the Chief Secretary, Government of Nepal with membership from security authorities, such as the Chief of Army Staff, Secretary (Ministry of Home Affairs), Inspector General of Police, Inspector General of the Armed Police, and Chief Investigation Director.

	<p>3. The COVID-19 Crisis Management Centre (CCMC) led by the Secretary, Office of the Prime Minister and Council of Ministers (OPMCM), with membership of the 11/12th levels of the Ministry of Health and Population (MoHP)</p>
<p><i>Key observations</i></p>	<p><i>In the working group formation and terms of reference given to the team under CCMC, a compulsory representation of women in such group is not envisioned. Further in defining the TOR for the group, the specific concerns related to women and girls is not included.</i></p>
<p>Health Sector Emergency Response Plan COVID-19 Pandemic</p>	<p>Government of Nepal, Ministry of Health and Population have released this response plan on May 2020. This plan intends to prepare and strengthen the health system response that is capable to minimise the adverse impact of COVID-19 pandemic. It has set a clear objectives to provide clear policy guidance for timely health system preparedness and readiness to respond to the pandemic; Provide a guiding framework for timely, efficient and effective response to the pandemic; Provide official guidance to prepare and implement specific interventions applicable at all spheres of governments and level of health care delivery; and Support policy makers and managers in exploring the options and making the decisions for resource allocation and management.</p> <p>This response provides a strategic approaches and key interventions for a. Quarantine management; b. Community engagement and risk communication; c. Case investigation and contact tracing; d. Surveillance; e. Screening at point of entries (POE); f. Community level screening and testing; g. Emergency response teams; h. Other socio-administrative measures; i.</p>

	Hospital-based interventions, j. Hospital care and referral; k. Laboratory services and other areas of hospital interventions
<i>Key observation</i>	<ul style="list-style-type: none"> - <i>Quarantine Management: The plan communicated to monitored and ensured about a quarantine guideline about considering the special Health Sector Emergency Response Plan COVID-19 Pandemic needs of vulnerable groups: women and children, pregnant and lactating mothers, elderly, persons with disability.</i> - <i>Community engagement and risk communication: Dissemination of prevention and protection at scale using means and media including Call Centres with a focus on reaching vulnerable population groups and addressing stigma and discrimination as well as continuation of appropriate and healthy behaviours and practices (e.g., for pregnant women on danger signs and birth preparedness, breastfeeding, early childcare etc.)</i> - <i>The management and oversight committee's members are nominated among existing positions where there will always be the men members as per our political and bureaucratic culture of men's holding the top-level positions. It has to be more inclusive.</i>
COVID-19 Emergency Medical Deployment Teams Mobilisation guideline	The guideline came into operation after May 10 2020 which envisions each team consisting a physician, a doctor, six nurses and three attendants, and would be led by the senior most doctor in the group. The major tasks envisioned for the teams were providing treatment and other necessary care to patients, training the existing hospital staff in the various aspects of COVID-19 care, and supporting the hospital.

<i>Key Observation</i>	<i>The mobilization guideline has given a neutral treatment to the doctors, nurses and other staff. There should have differential treatment based on gender as the biological need and priority is different.</i>
COVID-19 Case Isolation Management Guideline	According to the COVID-19 Isolation Management Guideline, every hospital had to establish screening points at their entrances, and categorise service seekers into green and yellow groups after measuring their temperatures and inquiring about their health and travel history.
<i>Key observations</i>	<i>This guideline is approved and came into operation on 2022/02/20 with a neutral gender lens. It does not give a differential treatment of men and women during isolation beside the fact that there will a more vulnerability (security, harassment, risk of rape and sexual exploitation etc.) of women and girls during such time.</i>
Guideline on Environmental Cleaning and Disinfection	This guideline was first released on 25 January 2020 and revised on 03 August 2021. It will apply to hotels, premises and public places where a confirmed case has stayed or has visited. This guidance is based on our current knowledge of the COVID-19 virus and has been adapted from guidance documents from the Ministry of Health (MOH), Singapore and Centres for Disease Control and Prevention, United States.
<i>Key Observation</i>	<i>The guideline suggests that instead of wearing a disposable gown, shower or wash up and change clothes immediately after the clean-up. But there is no special consideration for women and girls cleaning workers, as they need a safe and secure for changing clothes and bath.</i>

B. Analysis of Federal Budget 2021/22 from COVID 19 and Gender perspective

The fiscal year budget 2021/22 is committed to save the lives of citizen and revive the economy by making it more vibrant even at the most challenging situation that country has ever had in our lifetime due to COVID-19 pandemic. It appeared in early 2020 but has severely affected our trajectory of development and prosperity. The budget has envisioned the economic growth rate of 4 percent against the last fiscal year of 2.1 percent as a result of positive impact of the economic recovery policies and program implemented by the government. The budget has set the priorities targets as:

- a. Expanding the coverage of COVID- 19 tests, provision of treatment, supply of health equipment and logistics, assurance of free vaccination, development of health infrastructure and effective mobilization of doctors and health workers for prevention, control and treatment of COVID-19
- b. Providing relief to the families affected by COVID-19, expansion of economic activities through incentive, facilitation and recovery to the private sector
- c. Ensuring work and employment for workers entering in the labor market and for those who have lost employment
- d. Investing in educational infrastructure for life-sustaining and skill-based education

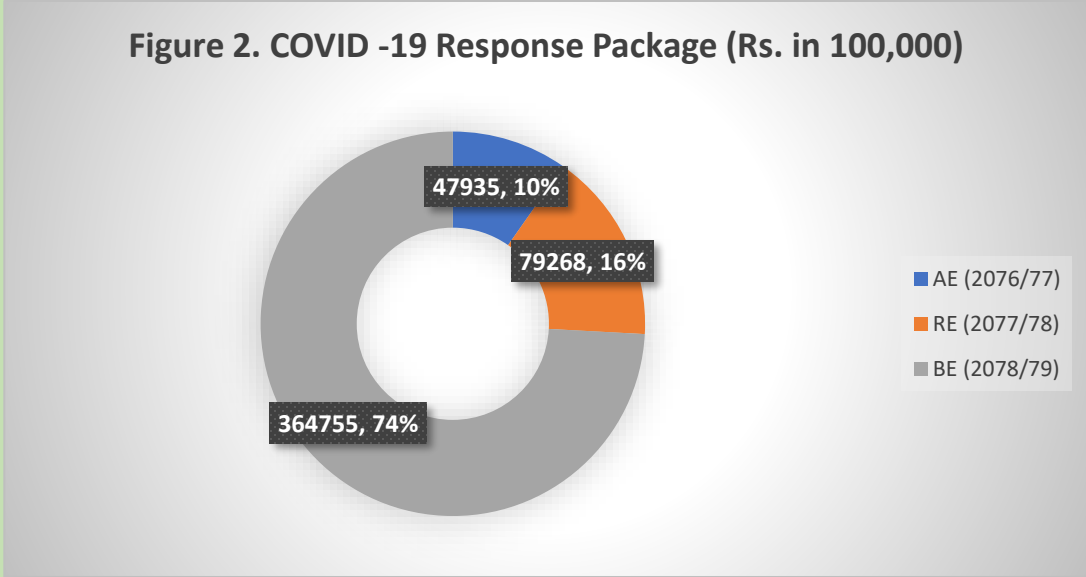
The Federal Budget 2078/79 has various programs that has given special attention to advancing the social and economic wellbeing of citizens through equal rights and opportunities to ensure an equitable access to services and resources. Pandemic response and recovery are priority of the Federal Budget 2078/79. Relevant budgetary commitments are made across the social and economic sectors. Prevention and treatment of COVID-19 through expansion of testing, quarantine, treatment and vaccination facilities including revamping of the health care infrastructure is given utmost importance. Protection and relief measures for health care providers, frontline workers, COVID affected families including relief packages for unemployed, poor and disadvantaged groups is another priority area for the government.

The Federal Budget has made significant investments to promote health and well-being of citizens with a focus on disadvantaged groups. The primary health services strive to ensure free and emergency response, improved and safe reproductive and child care services and better-quality conditions of work for the health care providers and front-line workers. The outlay for the Ministry in 2078/79 increased by almost 117 percent compared to the revised estimates 2077/78.

Federal Budget and COVID 19 Response

The government is committed to protect the lives of all Nepali people by adopting reliable measures of prevention, control and treatment of COVID-19 pandemic.

An allocation of *Rs 37.53 billion* is earmarked for COVID -19 prevention, control, treatment and vaccination (Figure 2). Detailed and comprehensive budgetary allocations are made for the prevention and management of the pandemic.



Source. Redbook, Federal Budget 2078/79

Free testing, treatment: Arrangements for free testing and treatment of COVID-19 in all government laboratories and hospitals. Regular supply and sufficient stocks of medicines, testing kits and personnel protection gear will be ensured.

Free Vaccination: accountable government towards making free vaccination available to all. For which allocation of Rs 26.75 billion is arranged for COVID-19 vaccine to ensure that all eligible citizens are vaccinated.

Ensuring sustained oxygen sufficiency. Necessary measures are planned and budgeted to ensure uninterrupted oxygen supply in hospitals –oxygen plants, cylinders, equipment, and transportation. It is mandated for all hundred bedded hospitals to build oxygen generation plants in the facility. The government has taken special measures to exempt custom and value added taxes on raw material imported for setting the oxygen generation systems. The budget also makes the provision to cost share the expense by 50 per cent for community and private hospitals. The federal budget also provides cost exemptions of 50 percent on the electricity costs incurred in operating these plants.

Refurbishing health facilities. There is an allocation of Rs 4 billion for the purchase of necessary equipment including ICU, HDU, ventilator and testing kits needed for the treatment of COVID-19 patients and revamp the facilities. Exemption of customs duties on the import of medicines for COVID-19 treatment.

Health care providers. The budget makes provision for the contract recruitment of health care providers given the increase in demand and to overcome human resource shortages. A component of 50 per cent risk benefit cover is included in the contract recruitment salary component to encourage retired doctors, nurses and auxiliary health workers. Adequate budgetary provision is made to ensure that risk benefits are extended to all health care providers engaged in COVID -19 management.

Screening, contact tracing, and counselling. Health desks will be operational at holding ports and airports for screening to control the risk of spreading COVID-19. Budget is ensured for the arrangement for providing free health services including regular observation of health condition, mobile service for counselling and treatment, operation of call centre psycho-social counselling, emergency treatment and oxygen support to the patients infected by COVID-19 staying in home isolation.

Communication and transparency: Concept of Central Command Approach to be implemented in all types of hospitals and health centres to provide treatment to all COVID-19 infected patients. Arrangement to make public the details regarding the availability of specialist doctors, oxygen and ventilator, ICU, HDU and hospital beds on a regular basis through MOHP website.

Inclusive education: Affirmative measures are planned to ensure inclusive and equitable access in the sector. Scholarship budget is allotted for students belonging to the marginalized and endangered communities (Chepang, Raute, Badi, Majhi and Musahar); persons with disabilities and HIV; children of a martyr parent or those affected by insurgency or victim of COVID 19.

Emerging opportunities for women and children of diverse group

The coronavirus pandemic has a lot of dark sides. Around the world, people get ill and die, schools close, the healthcare system is overloaded, employees lose their jobs, companies face bankruptcy, business closings and countries have to spend billions on bailouts and medical aid. And for everyone, whether directly hurt or not, COVID-19 is a huge stressor shaking up our psyche, triggering our fears and uncertainties. No matter how serious and sad all of this is, there are upsides as well. All threats have an opportunity beneath it. Only matter is how are we able to explore it and convert it in our benefit.

COVID around world have compelled everyone to learn and adopt technology as a part of everyday life. All medical appointments are virtual, educational classes are virtual, business and

As shared by Laxmi Pradhan from Nuwakot, the women who were working at her tailoring shop have starting swing dresses on their own home and taking risk as the mobility of their neighbor were restricted and she was the only available person around the community. It had given them self-confident and opportunity of earn.

meeting are virtual, trainings are virtual, yoga are virtual etc. Women and girls especially are much benefitted from these virtual learning process as their mobility access had always been limited due to their different role of life. Also as given on Forbes¹¹ they get more time to explore themselves because

of it; provides an opportunity to reflect on things and to reconsider what we do, how we do it and why we do it and speed and innovation at the work.

¹¹ <https://www.forbes.com/sites/jeroenkraaijenbrink/2020/03/23/the-bright-side-of-corona-seven-opportunities-of-the-current-pandemic/?sh=71f68929785c>

Women and girls have use their whole strength to bounce back and grasp the opportunity around them. They have involved themselves to learning environment by developing reading and writing habits, leaning the world from use of mobile applications and internet. Also, during COVID 19 and lockdown lot of women have taken risk to sharpen their skills and take risk on the work they perform for earning.

Figure 2 opportunity of COVID 19 on women and girls



Similarly, women have also taken the agriculture as a sustainable means of earning by diverting to vegetable farming and selling it to small shops and hart for earning. They have changed their habit to save a certain percent from earning for coping with any such unforeseen condition In Small and Medium Enterprises (SMEs), which account for 96 percent of all businesses in Asia, were hit hardest, with millions of workers left unemployed. As given in the article of ICIMOD¹²,

¹² Along with South Asian Women Development Forum (SAWDF), we conducted a rapid assessment on the pandemic’s impact on women entrepreneurs in South Asian and the HKH countries using an online questionnaire survey method. A total of 753 women were surveyed from ten countries in South Asia,

many women entrepreneurs of HKH region displayed their innovative spirit, resilience and leadership that needs to be recognized and applauded.

To cope with the financial difficulties created by the pandemic, women entrepreneurs used their personal savings. Support from spouses, family members and friends also played a pivotal role in this process. Women found alternative ways to run and restructure their business. This includes using local resources and technology, starting online platforms to sell products, installing health

“Ms Sangita Maharjan used to work at Dairy Development Corporation. She has had a good professional knowledge on bakery too. With pandemic and restriction on mobility, she had to leave the job. Then she started the bakery as her full-time profession at her home. In the beginning it was not so easy for her to establish the business due to unavailability of workers to support her. But gradually her bakery shop has gained a reputation where customers are regular to shop as bakery is refresh and healthy. She has now become a successful entrepreneur, where she had employed few persons at work.”

precautions at workplaces, facilitating employees to work from home, innovating and developing products to meet specific demands, and expanding market channels. Some even reduced product prices to cut losses.

There are many stories of women where at a time when businesses are seeing dark days due to the COVID-19 pandemic, a few organizations in Nepal have been helping women make steady

“Bina Pariyar, 42 of Tarkeshore, Kathmandu, Nepal is one of the local artisans working for Hatemalo Women’s Group. She is among other local entrepreneurs affected by the COVID-19 pandemic but after her engagement with Hatemalo Women’s Group, she has been sewing local masks and earning Rs.1000(US \$8.5) per day.”¹³

incomes by producing masks. A story under article at United Nation Development Program¹³ shared successful journey of many women engaged in

including in the HKH region (SAWDF and ICIMOD report on “Impact assessment on women entrepreneurs post COVID-19”, in preparation) <https://www.icimod.org/article/covid-19-and-women-entrepreneurs-a-tale-of-leadership-and-resilience/>

¹³ <https://undp.medium.com/masked-opportunities-8efe44559384>

mask production and support from various non-governmental organization. They have changed the situation of pandemic and economic vulnerability to an opportunity and gain.

The innovation, resilience and leadership displayed by women entrepreneurs, as well as millions of other working women across the world deserves to be recognized and applauded. Governments, development agencies and the society at large can advance these developments and provide valuable support. Such initiatives can include, but are not limited to, providing relief packages and ways of easier access to finance, and assistance on financial management, particularly risk planning and managing operations during a crisis. In an era of digital transformation, investing in skill enhancement of women entrepreneurs would also be a key area for policy initiatives. These initiatives can strengthen women entrepreneurs' resilience to unforeseen risks and situations in the future.

Conclusion and way forward

A pandemic amplifies and increases all existing inequalities along class, race/ethnicity, age and gender lines. These inequalities in turn shape who is affected, the severity of that impact, and the efforts at recovery. The COVID-19 pandemic and its social and economic impacts have created a global crisis unparalleled in the history of world. The differing impacts of COVID-19 on women and girls requires an urgent call to action for government, non-government agencies, civil society, private sector and individuals to ensure that their recovery efforts are inclusive. This is because the impact of COVID 19 on women and girls are different to men.

A strong policy intervention is required to make women and girls more resilient and increase capacity to bounce back from any shock of such crisis. A sustainable way of thinking and intervention for uplifting economic losses, decreasing social inequalities, improving the educational access, removing gender-based violence and sex-based discrimination. The response plans formulated to mitigate the mentioned problem needs to be gender responsive.

The pandemic is not only sin it is also an opportunity for women and girls to play a transformative role by implementing solutions that can mitigate risks to their economic security, health, and safety, both during, and beyond the crisis.

Way Forward:

- Ensuring the women and girls are included in process of COVID 19 response plan and its implementation process for more inclusive and intensive plan if action.
- Making gender responsive policies and its implementation as neutral policies will bring unequal results.
- Ensuring the mechanism to have more and better sex disaggregated data and use of these data in decision making.
- Targeting women and girls in all efforts like budgets, program, campaigns and behaviors etc. to address the socio-economic impact and other impacts of COVID-19.
- Creating a favorable environment of non-discriminatory practices at social protection efforts.
- Advocating for a strict legal conduct against violence, harassment and rape and sex based discrimination.
- Conducting a massive awareness campaign against the elimination of such social disparities between men and women.