

THE FEMINIST HUMANITARIAN NETWORK



WOMEN'S HUMANITARIAN VOICES:
Covid-19 through a feminist lens in

NEPAL



EXECUTIVE SUMMARY

The Feminist Humanitarian Network (FHN) is a member-based network of grassroots and national women's right organisations (WRO), regional networks, international non-government organisation (INGO) and individuals working to strengthen the agency and amplify the voices of women in emergencies and to transform the humanitarian system into one that is guided by feminist principles.¹ It facilitates spaces for its members to share experiences in humanitarian settings and develop collective solutions to overcome patriarchal practices and barriers.

To raise the voices of women and engage with a broader discussion of the impacts of Covid-19, FHN aims to collect different narratives from members of grassroots WROs especially from lower and middle-income countries (LMIC). FHN members in Nepal, Tewa and Gyanbodh Research and Development Services, conducted research to identify the challenges that emerged during the Covid-19 for WROs both professionally and personally. The research examined different coping mechanisms and feminist solutions adopted by the WROs in responding those challenges.

The key findings demonstrate that WROs are struggling against a background of entrenched patriarchal norms, the challenges posed by Covid-19 around funding and partnerships, as well as the increase in cases of Gender Based Violence (GBV) faced by women and girls. There has largely been little recognition of WROs leadership role in the Covid-19 crisis and WROs have not been adequately consulted at the decision-making level of the planning process, especially in planning for the long-term impacts of the pandemic. WROs have suffered a loss in funding overall, especially as funds that might have otherwise been allocated to them have now been directed towards the Covid-19 emergency response program, some of which have not been easily accessible to WROs.

The research was based on qualitative methodology. In total, two focus group discussions (FGD) and six key information interviews (KIIs) were conducted with members of WROs to gather the data.

Key Recommendations

1 National and international actors must include transparent policies in disaster risk management planning to address GBV during conflict and emergency situations including a pandemic.

2 Local government, Community Based Organisations (CBOs) and civil society must work together to determine their roles in disaster risk management to address GBV cases.

3 Women's voices and issues should be given space in decision-making processes, especially in humanitarian response planning.

Images have been provided by Tewa, Women for Human Rights - Single Women's Group, and Gyanbodh Research and Development Services, and are of their work during the Covid-19 response and beyond.

INTRODUCTION

The Covid-19 pandemic took the world by storm. Most countries imposed mandatory lockdowns for a couple of months. In Nepal we saw the rise of Covid-19 start with just nine identified cases in April 2020 to 273,872 cases by early December 2020. The government of Nepal imposed a country-wide lockdown from March 24 to July 21 2020, bringing everyday life to standstill.

According to the Covid-19 Crisis Management Center Nepal (CCMC), 273,872 tests have been positive out of 2,153,636 PCR tests conducted² with 272,760 cases and 270,139 recovered cases in Nepal (25 February 2021).³ The government of Nepal initiated preventive measures to control the spread of the virus through a nationwide lockdown from 24 March. The lockdown added further challenges as people could no longer earn a livelihood or access health care and soon the increase in gender-based violence was widely visible. These conditions led to worsening health outcomes for already vulnerable and marginalised people, resulting in long-term impacts of other chronic illnesses which may not be related to Covid-19.⁴ Along with being economically vulnerable, food security is another crisis in Nepal – the World Food Program (WFP) estimates that 4.6 million Nepalese are food-insecure with 10 percent in severe need. The influx of returning migrant workers across the border from India sped up the spread of the virus while the delay in establishing testing centres, limited number of well-equipped isolation wards and quarantine centres further escalated the situation.⁵

Along with the rise of Covid-19 cases, the lockdown imposed by the government in Nepal increased hardship for women and children in multiple ways, as well as saw an increase of GBV cases. Many daily-wage women workers struggled financially during the lockdown with no work. Having so many family members inside a house all the time meant more household work for women.

Managing children and their education in addition to cases of alcoholic husbands/partners further increased the mental and physical stress for many women. According to the Rapid Gender Analysis Report on Covid-19⁶ conducted by the Ministry of Women, Children and Senior Citizens, the stress of losing income plus additional expenditures and household work can result in increased mental stress for both men and women as well as an increase in cases of suicide and suicidal tendencies. Similarly, the report also highlighted an increase in the cases of intimate partner violence (IPV) and violence from immediate family members during the Covid-19 lockdown, including marital rape and domestic abuse. Women who were already in an abusive situation were forced to share space with their perpetrators, putting them at heightened risk. During the lockdown when all state operations were shut down, a delay in reporting and responding to GBV cases had severe consequences.

Contextual background

During the lockdown, the media played a crucial role in reporting cases of GBV in Nepal. According to a report by WOREC Nepal, a WRO working in Nepal, 465 cases of GBV were reported between March 24 and May 29, 2020.⁷ In Nepal, GBV cases are generally under-reported as women are hesitant to report their experiences due to the stigma faced from the police authorities, family, and society. Despite this, there were 12,192 recorded cases of domestic violence in Nepal according to police records from June/July 2019 to January/February 2020.⁸ The data shows that there were 211 cases of reported complaints of child sexual abuse nationwide in the year 2018/19, whereas there were 48 cases in the WOREC data for only 6 weeks of the lockdown period in just 18 of Nepal's 77 districts.⁹ This data suggests an increase in GBV cases during the lockdown in Nepal, including child sexual abuse. Another unpublished report which was based on interviews with local

representatives of Lalitpur Municipality, shows there was an increase in cases of violence related to drug abuse, alcoholism, gambling and forced divorce.

In addition to the rise in cases of GBV, many health facilities including family planning services, regular medications and Sexual and Reproductive Health Rights (SRHR) were limited or closed during the pandemic, leading to further health risks. The restrictions of movement affected the daily wage workers most as many lost their jobs or had their salaries reduced as they could not go to work. People were also stranded abroad due the closures of international airports with huge economic implications. Dissatisfied with the government's Covid-19 response, the youth led a protest in June 2020 against the government's mismanagement and response to Covid-19.¹⁰ In December 2020, the Prime Minister KP Sharma Oli disbanded the House of Representatives, further adding to the political instability in the country.¹¹ All of these factors, exacerbated by Covid-19, have further deteriorated the already vulnerable situation in Nepal. The government of Nepal has completed its first round of Covid-19¹² vaccines amidst the chaos, but the question remains as to how learning from the experiences of Covid-19 will be incorporated

Hygiene kits distributed by Tewa during the Covid-19 response.



into planning and response to for future emergencies.

The situation in Nepal is reflected in countries across the world as Covid-19 hit the world at a time when humanitarian crisis was already reported to be highest in decades by the UN Office for the Coordination of Humanitarian Affairs (UNOCHA).¹³ Covid-19 not only escalated pre-existing humanitarian crises, but also brought additional challenges that shook the world health system, hit the world economy hard and caused many deaths. One of the ripple effects of the Covid-19 pandemic is an increase in the cases of violence against women. Women and children are the most vulnerable during any conflict or emergency. During the Covid-19 response, women are at risk both at home and at work. Reports by many media outlets and UN Women have reported increases in the number of cases of gender-based violence (GBV) across the world, calling it a 'shadow pandemic' against women and girls.¹⁴ According to the data of UN Women¹⁵ and the Organization for Economic Co-operation and Development (OECD)¹⁶ 70% of health professionals are comprised of women. Despite women being on the frontlines of the pandemic, their voices are largely absent globally from reports, policies, and decision-making.¹⁷ The lack of gender-sensitive planning and response to the Covid-19 pandemic is failing to address a huge number of workforces that are crucial not just in fighting Covid-19 but also in rebuilding the economy globally.

Women for Human Rights - Single Women's Group relief distribution to single women and waste workers community.



FINDINGS: CHALLENGES

Women's leadership and decision-making processes

When asked whether they felt their leadership had been recognised during the pandemic, WRO respondents had mixed feelings. WROs working in Bajura, one of Nepal's seventy-seven districts, said their role had been recognised and well-received, not only by the community but also by the government and media. They even received a token of appreciation from the local government for their work during the Covid-19 response. However, other WROs shared that even though they are established and well-known in the community, during the Covid-19 response, there was a lack of transparency around budget allocation shown by the local government representatives. It was not clear who would receive funding or how much was available, and the politicisation of the pandemic caused issues in accessing relevant information. In some cases, this led to WROs being excluded from decision-making committees or failing to receive funds from the government.

Following the local elections in 2017, many village and ward level committees have been formed, activated, and institutionalised. Because there must be a minimum of 40.4% women in all levels of government and government bodies,¹⁸ local governments are compelled to include women. However, all the participants in the KII shared the view that this space and system is highly politicised. Several respondents explained that it has become a competition between political party-led organisations and Civil Society Organisations (CSOs). The political party organisations are constantly challenging and trying to out-do the work of CSOs. Respondents emphasized the importance of CSOs having access to information that would enable them to participate in decision-making spaces and opportunities, and shared that because policies are either being developed

or just formed following the local elections, not many people are aware of current provisions. One respondent shared how she and her organisations' members use their personal networks to stay updated on the political and administrative events in their district headquarters.

"Representation for women has been at the mercy of our male counterpart in the districts. In Dhankuta they formed a District level Coordination Committee for Covid-19 response, but there was not a single woman in the committee. Even when WROs tried to work independently, we were blamed for gathering people and spreading Covid-19. It became a common excuse to keep people indoors and prevent them from questioning the activities of the local representatives."

WRO representative from Dhankuta, Nepal.

Women for Human Rights - Single Women's Group cooked food distribution initiative



Gender-based violence and protection of marginalised communities

One of the challenges during the lockdown was that cases of GBV were hidden and difficult to report. The trend of increased levels of GBV during lockdown occurred in two primary sites: inside homes and in quarantine centers.¹⁹ One respondent shared several examples of sexual gender-based violence (SGBV) incidents that had occurred in her province during the crisis: of a woman gangraped in a quarantine centre, of a female police officer who was raped while on duty, and a factory worker who was raped by the factory owner during the lockdown. Others shared what their organisations had observed and/or documented throughout Covid-19: that quarantine was unsafe for women generally and especially for pregnant women, and that unemployment and economic pressures had led to increased domestic violence. During focus group discussions (FGDs) participants shared that starvation due to Covid-19 and lockdowns was leading to an increase in suicide cases especially among the LGBTQIA+ communities, homeless people, and daily wage workers.

“During the lockdown women face multiple pressures. Men who are locked indoors resort to alcohol and gambling as they are unemployed and have nothing to do. This has led to increase in physical and verbal abuse of wives by their alcoholic husbands. Children too are locked indoors as schools are closed, this adds additional burden and pressure to women having to take care of household chores amidst of economic constraints and psychological trauma.”

WRO representative from Dhading

The issue of GBV has been overshadowed by Covid-19. Most WRO respondents reported that the funds from local budgets allocated to women and children have been diverted to the Covid-19 response. Local representatives have shown a tendency to be more interested in big infrastructure projects and work seen to be directly Covid-19 related as it helps their visibility in their constituency and makes them more appealing to future voters.

Respondents perceived Covid-19 to have been an easy excuse for the government and local authorities to sideline any issues they do not want to deal with, especially cases of GBV. The government-imposed lockdown forced many organisations and even government offices to limit their services and work. The false information surrounding Covid-19 and the social distancing rule made it hard to reach out to people to assess the situation of GBV in local communities. Most situation update reports were gathered via telephone communications. Respondents feared being blamed for spreading Covid-19 while gathering women’s group members or the general public for discussions or awareness raising programs. Respondents also shared that they perceived local government members to be using Covid-19 as an excuse to make quick decisions without consulting community members.

Partnerships, procedures, and policies

The WRO respondents who work at the community level rely heavily on their local networks and face-to-face approach to work effectively. With mobility restricted during Covid-19, WROs with limited access to and knowledge of digital technology struggled to continue their everyday work. While national and international NGOs have worked through Zoom calls and other online platforms during Covid-19, this has not been feasible for many WROs and women’s groups as not everyone had access to technology or the internet. For many WROs their only means of communication with their colleagues and women in the community was via mobile or telephones.

In 2017, local level elections took place across Nepal for the first time in more than 15 years. Prior to the election, NGOs and Civil Society Organisations (CSO) played a crucial role in bridging the gap between local community and government agencies.²⁰

As one respondent shared, the role of CSOs has been minimised following the elections. For example, many local governments adopted the 'one-door' policy to respond to Covid-19, meaning any activity must pass through multiple levels of local government sign-off, inevitably delaying response. Nearly all respondents agreed that political bias negatively affects the ability of WROs to access local resources for the Covid-19 response. Some WRO respondents belonged to or were affiliated with the opposition party, so their position did influence their work. A common concern among WRO respondents was lack of transparency regarding budget management, and perceived political party influence and nepotism used as means to influence access to resources for the Covid-19 response. One respondent shared that their Chief Minister allocated money for big development projects but not for ventilators in the hospitals. Another key issue was that the budgets for services to support women and children were diverted to the Covid-19 response without consulting the WROs in the community.

Funding challenges

The WRO respondents shared that because they work mostly at the grassroots level, accessing funds from INGOs or donor agencies is very hard. Most foreign donors limit their funding to big NGOs and INGOs which have specific issues they work on. Accessing foreign donors' budgets to respond to GBV is difficult, and even if they have allocated budget, it is very minimal. One respondent shared that due to Covid-19

travel restrictions, their organisation was unable to travel to Kathmandu to meet with donors. However, they recently received a call from a funding agency with a request to work on sanitation kit distributions in schools, without consultation on this activity. Another respondent shared that accessing foreign funds is also highly centralised within the 'Kathmandu circle', and it is very difficult to ensure that funds trickle down to district and community level WROs. WROs are sometimes randomly approached by donors with agendas and projects driven by the donor without much consultation with WROs.

WROs access to funding through donors is limited by tedious due diligence processes that most small WROs are unable to fulfill. Much of the information about funding availability is not distributed to or made accessible to WROs. Other WRO respondents shared that without the help and assistance of key national WROs based in Kathmandu (like TEWA) with links to donor agencies it is very hard for WROs who work in the district and at community level to access funding and support unless donors are already working in the district.

Some of the WROs shared that due to Covid-19 they were unable to renew their organisation's annual permit. This prevents them from working or even applying for funds and grants. The procedures to renew annual permits are lengthy and due to a lack of timely approval, there has been delay in response to GBV efforts and even Covid-19 response work by the WROs. After the local governments were elected, most of the work at the village and ward level is now overseen by the local government. One of the challenges shared by the WRO respondents is the lack of policies. The recently elected local governments were in the process of policy formulation when Covid-19 happened. As there are no clear policies, there seems to be a tendency of resources being accessed by a limited number of people without clear guidelines or transparency.

FINDINGS: WROs' FEMINIST SOLUTIONS

WRO respondents shared that during lockdowns the community members looked to each other for solutions. Amidst lockdowns and strict travel restrictions, communities came to value the importance of self-reliance and sustainability greatly.

It is well-known that women and girls suffer differently to men and boys during a humanitarian crisis. It is important to maintain an awareness of this difference when analysing, planning and implementing any humanitarian intervention. When asked how feminist humanitarian response differs from mainstream humanitarian response, most WRO members focused on how they “harmonise” their resources.

One respondent shared that because WROs work in the field of women's rights they are more experienced and sensitive to the issues of women, especially during an emergency. She also explained that because there is a sense of sisterhood among members of women's groups and organisations, it is easy to work collectively by sharing their networks, funds, and even human capacity.

One organisation shared that, because they are the only WRO working in their area, they are consulted on every program related to women. However, the downside is they are expected to fill-in or respond every time there is an issue related to women.

The role of WROs in responding to the crisis

During the Covid-19 outbreak, WROs were amongst the first to act and led many community-based initiatives. From assessment of the situation in their community, to awareness raising activities, WROs and their members initiated the following activities:

- Campaigns about Covid-19 and its symptoms
- Lobbying for rent discount for families in financial difficulty
- Radio announcements regarding Covid-19 prevention and treatments
- Prevention against Covid-19 by educating community members on hygiene and hand washing techniques
- Distribution of hygiene kits (soap, masks, sanitiser and providing relief materials like food, medicines, hygiene kits, tents etc.)
- Information about different government relief and support programs

WROs have been working closely with the communities for years, especially in absence of a stable local government before the local level election of 2017.²¹ WROs and women's groups and their members are known faces to the communities they work in. It is common that community members come to them to seek advice and counselling. Despite the changes in the federal structure of Nepal, WROs and their members are still the first to know about issues related to women and children, including GBV.



Focus group discussion run by Tewa and Gyanbodh Research and Development Services

Sahara Foundation is a non-profit organisation working to empower marginalised groups including the physically and mentally disabled, people living in poverty, the elderly and women and raise awareness on issues they face. During the pandemic, Sahara Foundation has been working at Imadol (area in Lalitpur district) distributing relief material and feeding 200-500 extremely poor and unemployed workers living in the area. The organisation has distributed hand sanitisers to 50 houses, with the capacity to distribute 50 pieces of hand washing soap to the quarantine centers if needed. They have raised awareness of the causes and symptoms of Covid-19 by holding discussions for public awareness at the grassroots level. Since 8 April, the organisation has run a daily feeding program for the daily wage earners of Imadol, Bojpkhari – this program was inspired by an approach taken by Tewa, another WRO in the area. Sahara Foundation receives Rs. 6,000 (around \$82) from its members to contribute to the daily food distribution program. To continue this program on an ongoing basis the organisation receives Rs.25,000 (around \$343) from the local community. At present, funds are being contributed by members of the organisation, social workers and the Tole Reform Committee.²²

Tewa also organised a three-day training on participatory planning and budget preparation at the local level before the government announced lockdown during Covid-19, in which Sahara Foundation participated. The purpose of the training was to raise awareness about the effects of Covid-19. On the last day of the training, the participating organisations were given 55 posters printed on canvas to display publicly. The posters provided information on the symptoms, effects and how to prevent Covid-19 using simple language and pictures. The organisation printed an additional 1,000 posters and posted them on walls to raise awareness among volunteers, members of the organisation and people in the community.

Collective strength & stronger partnerships

Many of the WRO members noted “collectiveness” as one of the strengths in their approach to the Covid-19 response. The community-based networks and women’s groups have been instrumental in dealing with issues and communicating during Covid-19. WRO respondents shared that women in the community find it comfortable to share their problems and issues with other fellow network members/ WROs and maintaining and amplifying this collective voice can help strengthen their influence at the local level.

As mentioned under 'Challenges,' most WROs are not linked to or do not work directly with international organisations and donor agencies. As most of the WROs interviewed worked in districts outside Kathmandu, they believe that international organisations would benefit from taking the role of WROs seriously. International organisations work mostly with the central government and their monitoring reports and research influence the policy decisions of the government – therefore it is crucial that international organisations include a variety of local and grassroots narratives in their findings.

“The international organisations should also include the WROs in planning and not just implementing. The fund allocation and management should be strictly monitored by the international organisation and the respective authorities at central, provincial and local level.”

A WRO respondent from Lumbini, Nepal

Addressing gender-based violence

All of the WRO members shared that since the beginning of the pandemic they have been trying to assess the GBV situation in their communities. WROs have played a crucial role in holding local authorities accountable for prevention as well as responding to cases of GBV in their communities. The WRO members have not only identified and responded to GBV cases within the communities they work with, but also monitored government-run quarantine and isolation centers in their respective provinces.

Gramin Mahila Jagran Sanjal is working hand-in-hand with the local government in Okhaldhunga district to prevent the spread of Covid-19 and reduce misinformation. Food aid has been provided to the patients who have been admitted to the Community Mission Hospital Sobu and District Hospital Rumjatar. In addition, Rs. 24,000 (around \$329) has been spent on the distribution of hand washing soap in public handwashing stations and Rs. 25,000 (around \$343) has been used to purchase food grains for single women and persons with disabilities experiencing poverty affected by the impacts of Covid-19 in Molung Village Municipality. Gramin Mahila Jagran Sanjal has also deposited money in the local fund to provide meals to the patients in the quarantine at Rumjatar which was reported in the media, raising the profile of the organisation. The organisation was cooperating with Institutional Development Network Lalitpur, which later donated Rs.50,000 (around \$685). The main sources of income of this organisation are revolving fund interest, membership fees, donations from committee staff and their philanthropy fund. The organisation has developed plans for further income generation by conducting training on producing local handicrafts using local resources.

Access to livelihoods and strengthening the local economy

In the interviews, the WRO members shared that they organised and encouraged women to sell their home-grown vegetables in the local market as there was a shortage of food due to the lockdowns. There were also examples of WROs organising and motivating women and young people in the village to

engage in agricultural activities for income generation. Some WROs advocated for local authorities to allow small scale industries with high female representation to operate after complying with safety measures.

Despite the Covid-19 limitations, Didi-Bahini Women's Agriculture Multipurpose Co-operative Ltd. continued to work, implementing safety precautions. They manufacture eco-friendly products like Duna Tapari (disposable traditional leaf-plates) using local raw materials (Sal leaves). They earned NPR. 15000 (around \$129) by selling Duna tapari and contributed the earnings to build a quarantine centre in their area. They also started to encourage their members to engage in agriculture. They grew potatoes and other vegetables during the lockdown. They had provided NPR.4200 as money for their 25 members. With the grant they received from some women rights organisations at the central level and the local ward office they provided educational support to children from poor and marginalised communities. The main sources of income of the organisation are revolving fund interest, membership fees, donations from committee staff and their philanthropy fund. The organisation is active in social work, provides legal and psychological counseling to women and adolescent girls, and also coordinates modern agriculture initiatives in the village. Because they were able to generate funds from within the organisation, Didi-Bahini Cooperative and its members were able to keep working despite the challenges of Covid-19.

Rohini Devi (name changed for privacy) and her husband live with their family of nine. She works as manual worker in the farm and her husband works as a migrant worker in India. During Covid-19 her husband was trapped across the border and Rohini was left with no work and no food. She tried with all her means but only ended up getting NPR. 1000 (\$8) from a stranger and 3 kgs of rice from the landlord for a month's work. She and her family were on the verge of starvation – as were many other families in her area. Pachula Majhi Musahar did a quick survey and identified 66 Musahar families suffering from starvation. Pachula team distributed food supplies to the identified families. Around 600 people live in Dhankual village where Rohini lives. The literacy rate is very low with very few school graduates. Most of the residents do not have legal documents to access government relief and 19 residents are living with disability.

**Women for Human Rights -
Single Women's Group relief distributions**



CONCLUSION

Based on the views and opinions shared by WROs and women's groups and their members, the preparedness of the local as well as the central level government of Nepal is not adequate to deal with a humanitarian crisis. The sharp rise of Covid-19 cases in Nepal after the lockdown was lifted is evidence of the huge gaps in the Nepalese government's response to the pandemic.²³ At the local level, communities were just overcoming the longer-term effects of the 2015 earthquakes when the pandemic struck, undoing recovery efforts.

While a crisis such as this cannot be predicted, preparedness work can be done and preventative measures can be taken. From the discussion with the WROs, it is evident the crisis has hit communities in villages hardest, therefore that recovery must be led from the grassroots. The local, provincial, and central government must focus on recovery from the Covid-19. As part of the recovery work, the government should take the opportunity to work closely with WROs and other local civil society groups on lessons learned from the Covid-19 pandemic to improve future emergency preparedness and response systems.

Women and children are the most vulnerable in any crisis, yet the government and authorities tend to have a blanket approach to disaster response. Different communities are vulnerable in different ways based on their gender, location, age, environment, ability, etc., therefore specific intervention and preparedness should be designed to respond to specific needs.

The local government and community-based organisations are critical actors mitigating disaster risks in their respective communities. Therefore, they need certain resources: fully trained staff and volunteers, secured funding and other financial resources and a strong humanitarian

response plan. In terms of the effects of Covid-19 in Nepal, lack of clear policies and transparency are major barriers in resource allocation to disaster-affected communities and could also lead to corruption.

The lack of a humanitarian response plan at the local level is forcing people to disobey the social distancing and other precautionary measures. People are forced to work due to their urgent need to feed themselves and their families, pay rent and otherwise survive. The ongoing political instability is overshadowing not only the concerns of GBV but also the dangers of Covid-19.²⁴ To conclude, the lack of government preparedness both at the local and national level has led to rapid spread of Covid-19. If necessary measures are not taken it could lead to further deaths, both directly or indirectly as a result of the virus.



Top, Tewa's grantee partners run food distribution to disabled women in Makwanpur. Below, Tewa's grantee partners provide WASH support to police office in MUGU district

RECOMMENDATIONS

The following recommendations were shared by the members of the WRO for local and national government and the international communities to strengthen the humanitarian system in Nepal and make it more gender sensitive.

Local government:

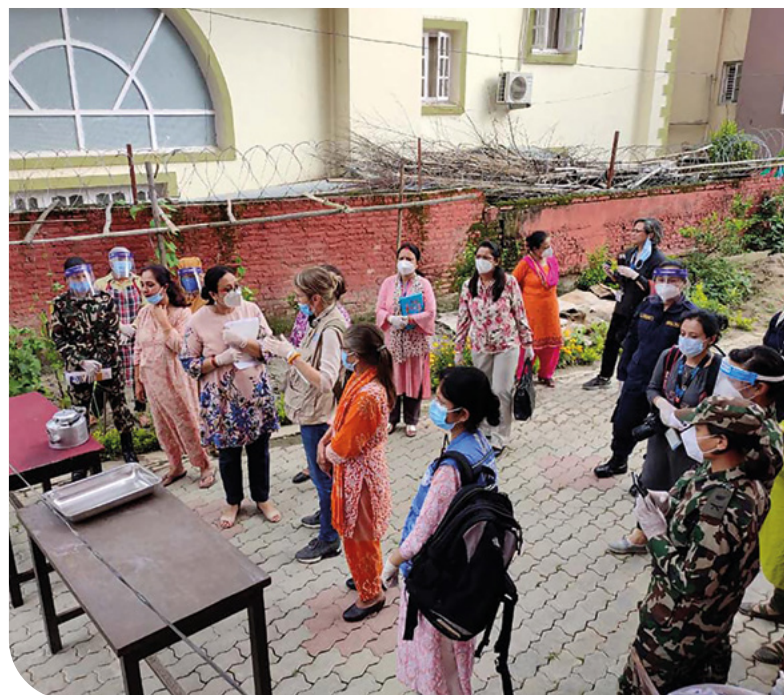
- **Put in place a clear humanitarian response guidelines and plan:** Every local level government must have clear humanitarian guidelines in place in case of an emergency. These guidelines should include clear resource and role allocation. The guidelines should be developed in consultation and collaboration with community members. The most important part of the process is to educate community members regarding the response guideline and plan.
- **Social audit:** In an emergency, existing structures are often paralysed, meaning quick and urgent decisions must be made. To maintain transparency and the trust of the community, regular social audits must be conducted weekly (or monthly at a minimum), to avoid any misunderstanding and corruption.
- **Local leadership and readiness:** Locally elected representatives should be prepared to lead the community in case of any crisis – whether the crisis is humanitarian (such as a sudden onset environmental emergency) or due to political instability.
- **Data and information management:** During any emergency, the local authorities and CBOs are the only entities with access to the community that are in position to assess the damage and the need of the community. A strong data management system to map the needs of the community before and during a crisis is important for effective planning and response.

National government

- **Stable political environment:** The political dynamics at the national level directly affects the political landscape at the local level. It is evident that during the pandemic as well as during the 2015 earthquakes, national leaders were distracted by political turmoil while the rest of the nation suffered the consequences of the crisis. The national government must prioritise the well-being of the citizens during an emergency. It is critical that a stable political environment is maintained to overcome crises when they occur.
- **Resource mapping:** Mapping the resources in local communities such as safe spaces, hospitals, water sources etc. helps the community know where to go and who to contact in an emergency. The mapping would also include data such as household surveys so support teams can identify when someone is missing and training for WROs and CBOs in disaster relief and emergency rescue.
- **Preparedness:** During the pandemic, the Nepal government chose to adopt an extended lockdown to battle the rising Covid-19 cases. The lack of preparedness was evident when schools, which were used as quarantine centres, could not re-open as no alternative plans had been made. Preparedness in terms of planning fund allocation for infrastructure as well as human capacity is important in any humanitarian crisis.

International community

- **Sustainability:** The international community's work is mostly limited to time-bound projects in specific areas with specific themes. Once the project is over, there is generally no follow up on the development and sustainability of the interventions. While planning and designing programs, international donors and organisations should involve the members of the target group and work together to ensure longer term goals can be met.
- **Role of watchdog:** As mentioned above, the international community has influence and therefore holds an important role as watchdog to monitor the funds and program interventions in the community. International organisations also have an important role in mediating between government agencies, WROs and community members and can bring technical expertise and guidance.
- **Resource harmonisation:** Different INGOs have specific thematic issues they work in. Sometimes different organisations working on the same issue in the same area leads to duplication and overlapping of resources. Resource mapping and harmonisation between the local and international organisations could achieve greater impact.



Top, food distribution in Lalitpur. Middle, WASH support to community school. Bottom, WHR briefing for UN Resident's visit to WHR-run quarantine.

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