



Youth Webinar Report

**Women Issues Related to COVID-19
7 July 2020**

**Prepared by:
Electoral Support Project- UNDP**



1. Executive Summary

A second youth webinar, which is part of a larger youth webinar series, took place on 7 July 2020 to discuss the issues and problems women faced in context of COVID-19. Moreover, the webinar also sought to provide recommendations on the ways to address these issues.

The youth webinar was attended by a total of 60 participants. In the webinar, youth volunteers from all seven provinces in Nepal conducted surveys of the people in their community, all of whom were women. Because this webinar sought to address the specific issues of the women, survey respondents included at all female sample. The youth volunteers surveyed a total of 169 respondents for the survey, all of whom were female participants, spread across Nepal. 33 number of volunteers asked the survey respondents questions relating to access to basic services, health care access, issues related to gender-based violence, the level of decision making they had in their households and communities, education, relief distribution.

From the responses, common trends that appeared include: respondents faced hardship related to food security, economy, psychosocial stress; agriculture was the main income source for many and had been affected in the current context; pregnant women faced difficulties in easily going to the hospitals and acquiring post-natal care, including vaccination for their child; there was an existing risk of gender-based violence at the community level for the women; women had minimal decision making authority over their own health issues, both in their families and at the community level; quarantine facilities were generally not gender-friendly either; people wanted financial support and psychosocial support.

The recommendations that emerged also revolved around providing support to the aforementioned issues. The youth volunteers offered innovative ideas on how they could also help in minimizing these issues with collaboration from other concerned stakeholders.

2. Introduction

2.1 Background & Rationale

The UNDP Electoral Support Project (ESP) and the Country Office (CO) collaborated to join forces in the fight against the COVID-19 pandemic. A joint analysis from the team concluded that a webinar conducted by and for the youth from across the seven provinces in Nepal would play a key role in informing about the ground realities. These would then also inform the five pillars for socio-economic framework including putting health first, protecting people, economic response and recovery, macro-economic response and multilateral collaboration and social cohesion and community resilience.

The second webinar was on Problems faced by women in context of the COVID-19. The opening remarks for the event was provided by Ms. Nikila Shrestha, GESI and Outreach Advisor of the Electoral Support Project. She extended a warm welcome to the attendees, sharing that the webinar was the second one in a series of youth led webinars to better understand the impact of COVID-19 at the grassroots. The event was attended by 60 participants, including youth volunteers, representatives from the Ministry of Women, Children and Senior Citizens- Ms. Ms. Anju Dhungana, Under Secretary and Ms. Binda Magar, Gender and Social Inclusion Programme Specialist, UNDP.

2.2 Objectives

- To bring issues of inclusion to the forefront.
- To engage the youth and capacitate them to get important information in the fight against COVID-19.
- To use the learnings from the youth webinars to inform future UNDP programming.

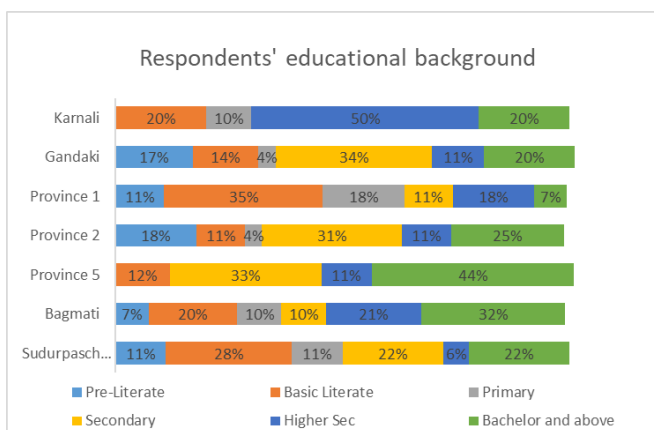
3. Key Findings (Province-wise)

The overall findings of the event were presented by Ms. Pushpa Mukhiya Sunuwar, Monitoring and Evaluation Officer with the Electoral Support Project. She presented the findings from across the seven provinces, providing a general trend of the responses.

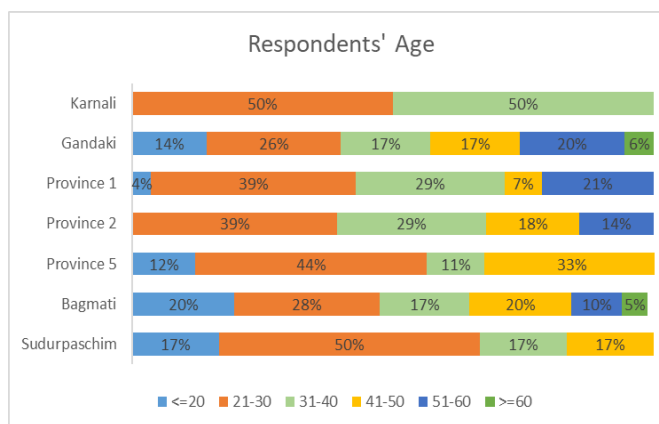
- *Respondents Demography*

There was a total of 169 respondents for the survey, all of whom were female: 10 from Karnali Province, 35 from Gandaki Province, 28 from Province 1, 28 from Province 2, 9 from Province 5, 41 from Bagmati Province and 18 from Sudurpaschim Province.

There was the participation of people from different educational background in the survey. Overall, there was a good participation of people educated up to Bachelor level and above (23%) and the lowest percentage was with primary level education (8%). Province-wise representation in terms of educational background is presented in the adjacent graph.



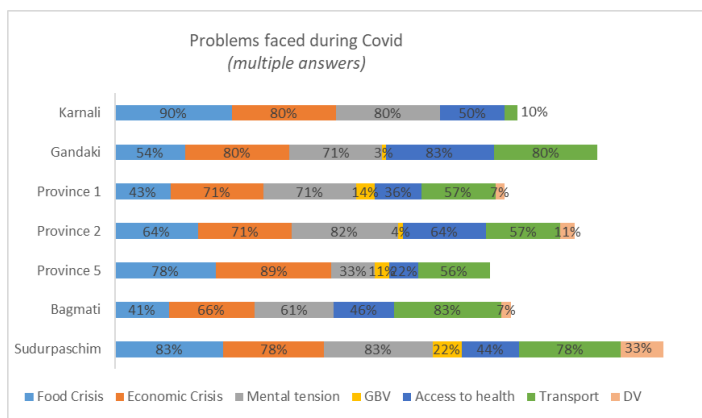
In terms of age, most of the respondents were from the age range 21-30 (36%) and there were at least 2 % of those surveyed from the age 60 and above. The province-wise information is provided in the adjacent figure.



Among the respondents, 87% said that the virus spread in their community because of a returnee. In fact, all the respondents from Karnali and Province 5 reported this.

Overall, most of the respondents stated economic crisis as the major issues followed by mental tension, difficulty in transport, food crisis and gender-based violence, domestic violence among others.

The respondents from Province 1, 2 and Gandaki shared that 92% washed their hands regularly with soap water, 72% by maintaining physical distancing, however 2% adopted no measures at all.



Majority of the respondents from Province 1 and Bagmatic province, including 79 % reported that they were aware of the quarantine managed at the local level ,14 % were unaware and 7% did not know.

Food Security

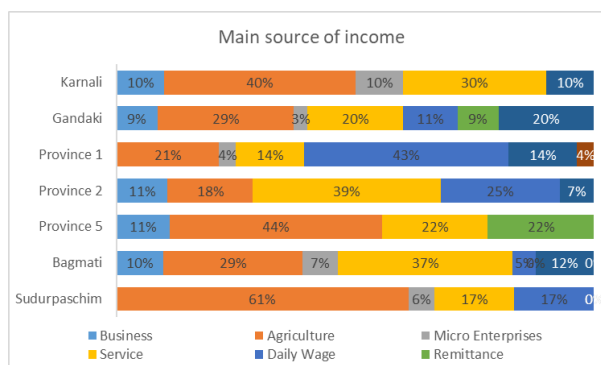
The responses, primarily from Province 1, 2 and Sudurpaschim province showed that 44 % had food stock for over a month in their households, whereas 4% had no stock whatsoever.

They shared that because they did not have enough stock ,they borrowed money or sought support from their neighbours. The same respondents also shared that 60 % of them could find basic necessities in their local market ,37 % could find them partially ,whereas 3% said that necessities were not available.

The respondents were also asked which means they received financial support from: In Karnali province, 90% received relief through cooperatives and 10% through support from near and dear ones. In Gandaki province, 86% received it through support from near and dear ones, 14% from cooperatives. In Province 1, 78% received it through support from near and dear ones, 4% through civil society organizations, and 18% through cooperatives. In Province 2, 93% through support from near and dear ones and 7% from cooperatives. In Province 5, all the respondents received support from their near and dear ones. In Bagmati Province, 78% received support from near and dear ones, 2% from civil society organizations and 20% through cooperatives. In Sudurpaschim Province, 72% received support from their near and dear ones, 17% through civil society organizations and 11% through cooperatives.

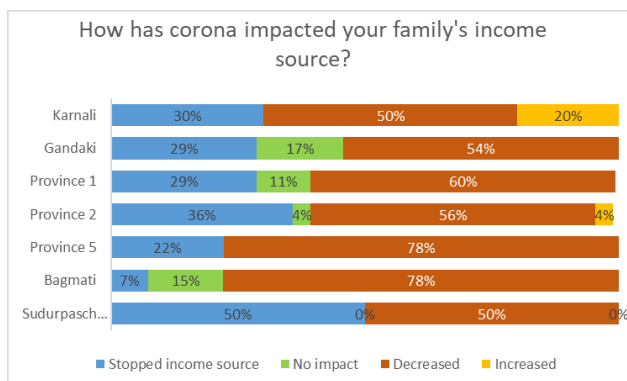
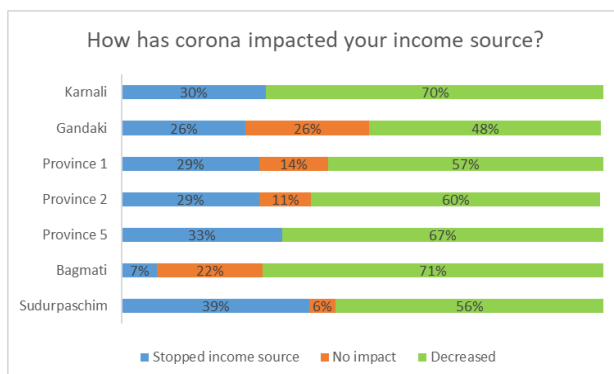
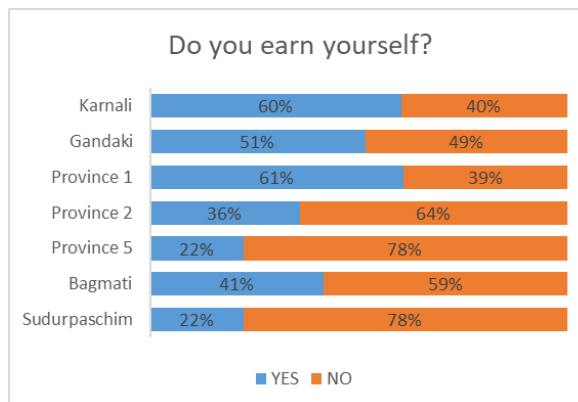
Financial Transactions and Services

Most of the respondents stated agriculture as the main source of income of their family followed by service, daily wages and few with small businesses, micro enterprises and remittance. Province-wise disaggregated information is presented in the adjacent figure.



Overall nearly 44% respondents reported to have earned by themselves. From among the women who earned themselves, 24% were self-employed, 22% were working in civil society organizations, 16% had permanent jobs, 12% in agriculture, 12% as daily wage earners, 4% in seasonal work and 9% in other jobs like thanka-making as artists. The respondents also shared that 78% conducted their financial transactions via cash, 44% via bank and 37% through loans or borrowing.

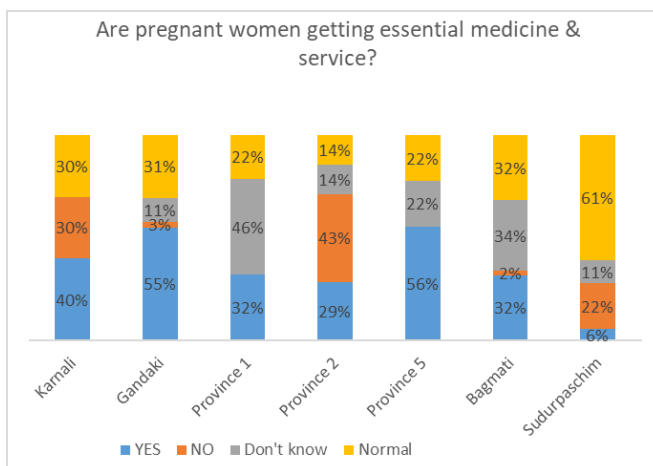
When the respondents were asked about the impact of COVID-19 in their and their family's income source, more than half of them stated that their family's income has been decreased (62%) as well as their own income (60%). Whereas, some (24%) reported that source of their family's income has stopped (27%) as well their own (24%). In contrary, some (20% in Karnali and 4% in Province 2) reported increment in their family's income. In addition, 31 percent reported that at least one of their family members has lost job amid COVID-19 crisis.



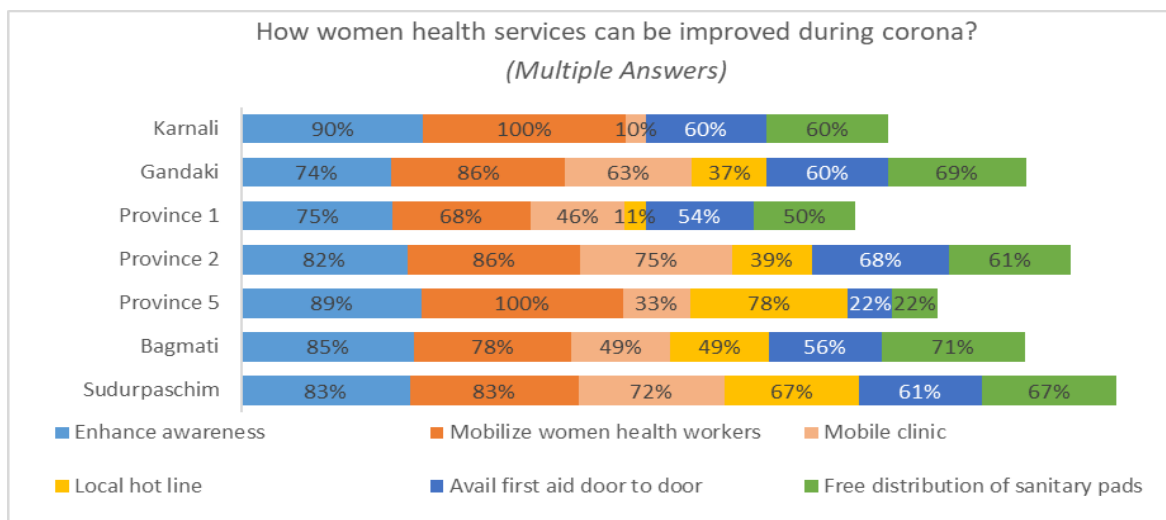
Infant-maternal/Health Services/ Psycho-social counselling

This survey was focused on the issues related to women amid Covid-19 crisis, so respondents were asked about the situation of infant-maternal health and other basic health services in their community. Forty-one percent said their family needed to take the services of a health centre or hospital during COVID-19. When they were asked about the health services available at the health centres nearby their community, 69 % said that the nearest health facilities offered services like before, only 17 % said there was specialized services available and 27% said there were services related to COVID-19 testing as well. Among the respondents, 39% said that the availability of medical supplies and lab for women available at the community level (including reproductive health, blood sample) had gone down, 33% said it was like before.

Seventy-six percent respondents stated that pregnant women in their community could not go to the hospital easily; 19% said there was no availability of mobile health camps for pregnant women; 48% said they had difficulty in accessing post-natal care, and mainly from Karnali where 60% respondents reported so. However, 81% said the health status of their family was normal. In order to know whether the health facilities are in their catchment, 26% said it takes them over an hour to go to the nearest health facility. Sixty-seven percent reported knowing of COVID-19 testing centres, but 70% from Karnali province were not aware of this; among the total respondents 12% were frontline health workers



Forty-four percent said the vaccination of the infants had been affected. When asked what kind of an impact the pandemic had on the child's vaccination, mostly stated that they couldn't access the vaccination service due to the difficulty in transportation and secondly there's no vaccination service in lack of PPE to the health workers.

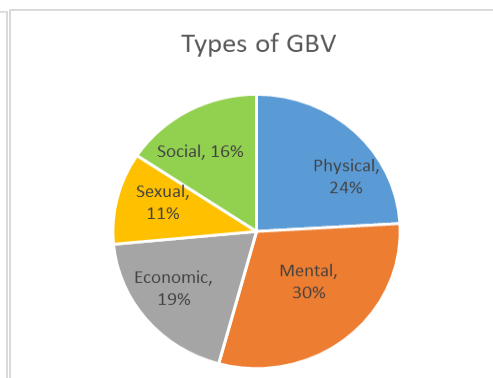
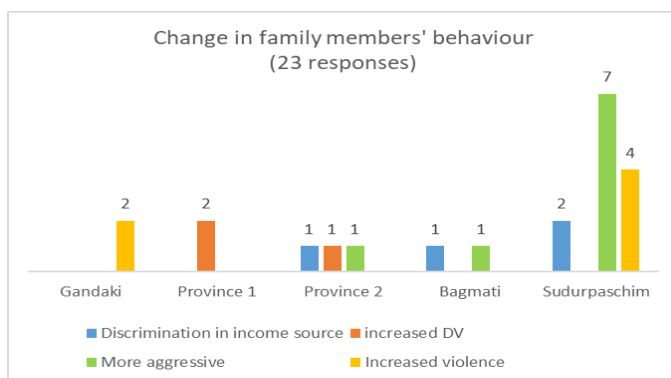
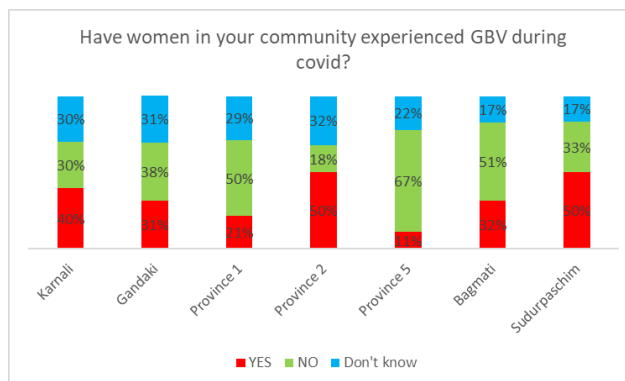


Drinking Water and Sanitation

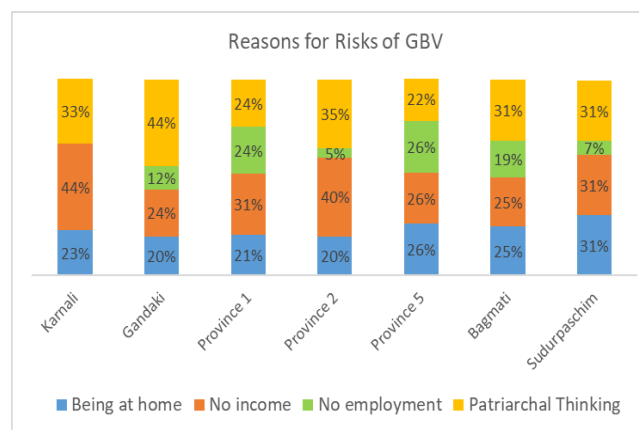
The respondents were accessing water through various means: 44% of them had access to private water taps, 23% used public water taps or used a well, and 21% used tubewell water. However, 52% drank boiled water, 40% filtered water and 31% did not use any of the precautions. Among this 31% that did not take any precautions before drinking water, 83% were from Sudurpaschim and 60% from Karnali. Moreover, 99% of the respondents had a toilet in their homes, and 1% from Province 2 did not have a toilet in their homes. From the respondents, 96% used soap water to wash their hands and 4% used only water.

Gender Based Violence and Domestic Violence

From the survey, 88% were aware of gender-based violence and domestic violence, whereas majority of the respondents who were not aware of this were from Karnali, Surpashim Province 1 and 2. Moreover, 14% said that the behaviour toward women during the time of COVID-19 had changed, including 78% from Sudurpaschim. However, none of the respondents from Karnali and Province 5 reported any changes in behaviour. There were 23 respondents who identified the potential reasons for a change in behaviour.



From among them, 54% said that women were free to take decisions on their health in their families on their own, 37% said it was taken together with their husband or the head of the household, and 9% said their husband or the head of the household took this decision. The respondents who reported having no control on this decision were primarily from Karnali province. Sixty-two percent of the respondents reported that there's risk of GBV and DV in their community. They cited various reasons of the risks as shown in the adjacent figure.

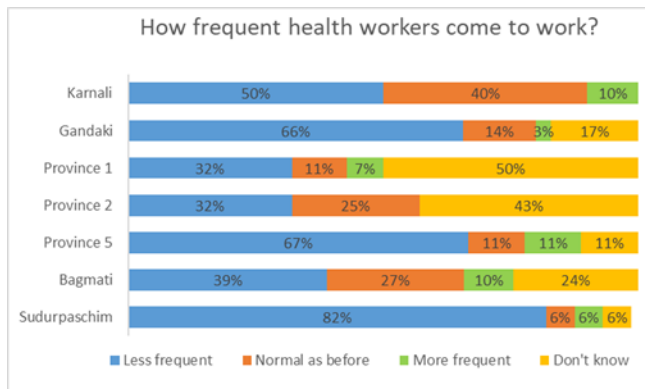


Access to Information

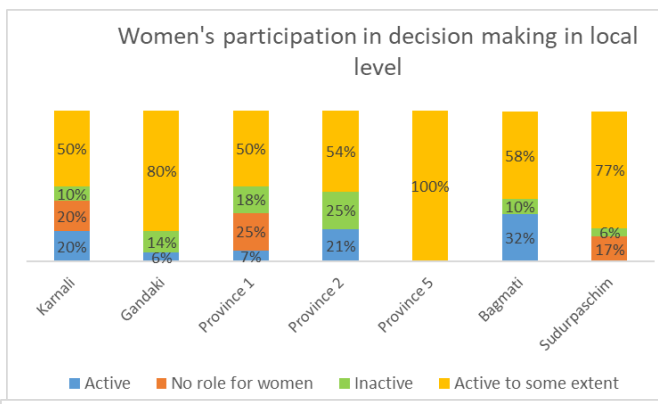
The respondents were aware of the novel coronavirus at different points in time: 72% after it appeared in China, 16% after lockdown was imposed in Nepal. When asked what the easy means for them to access information was, 66% said radio, 66% television, 61% social media, 53% mobile ring tone. Furthermore, on 57% were aware about how to access basic services in the current context. In this regard, 84% said they obtained this information from the local level, and 60% said through miking, 46% through local FM, 23% through ward representative. 45% respondents felt that the information disseminated from the local level was somewhat effective, 42% felt it was effective, and 9% said it was not effective.

Social Accountability and Transparency

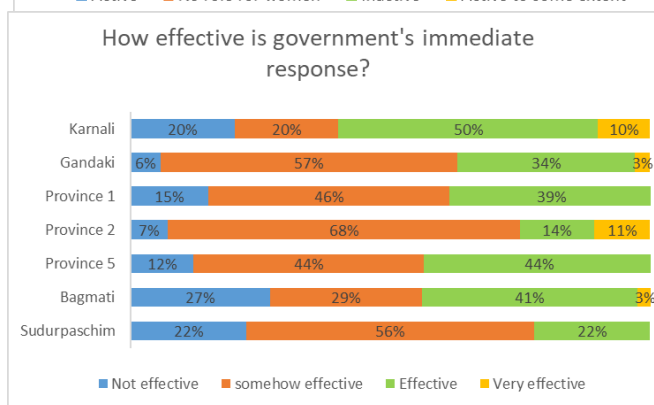
From the respondents, only 30% said that the health workers were availed with personal protective equipments. However, 84% said that they obtained information on the virus from the local level, and 49% said the services provided by the government (including the local government) was somewhat effective (37% said it was effective, 9% said it was very effective and 13% said it was not effective). When asked if they were aware of what the government was doing to prevent COVID-19, 72% had general information, 15% had complete information and 12% were had no information.



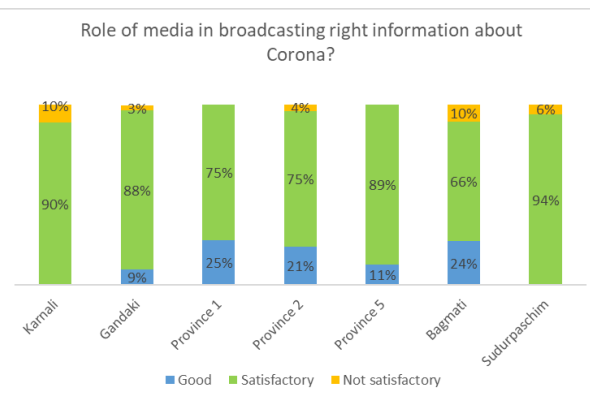
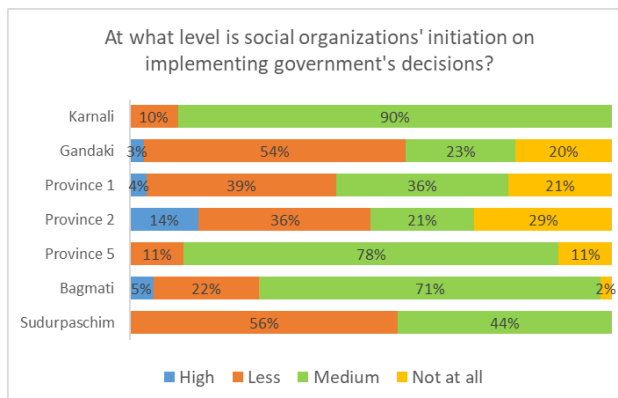
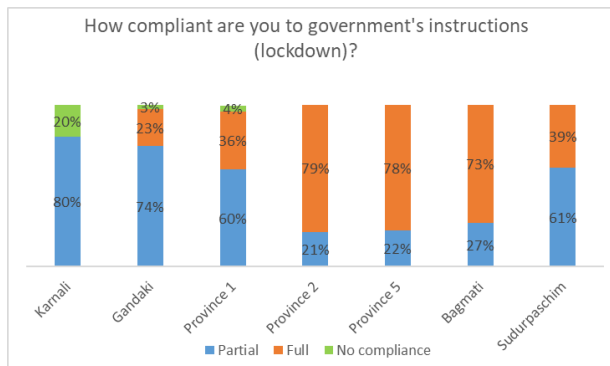
Overall, 64 percent of the respondents stated that women are active to some extent in decision making in local level. However, seven percent reported that women are provided no role in the decision making. Province-wise information is provided in adjacent figure.



Nearly half of the respondents (47%) said that government's immediate response is somehow effective, and remarkably 34 percent of them stated it as very effective, mostly from Karnali and province two.

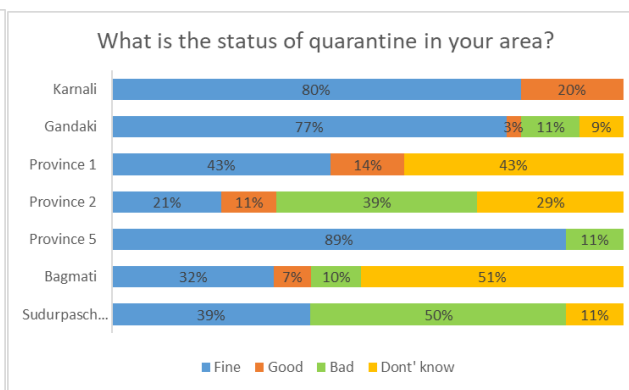
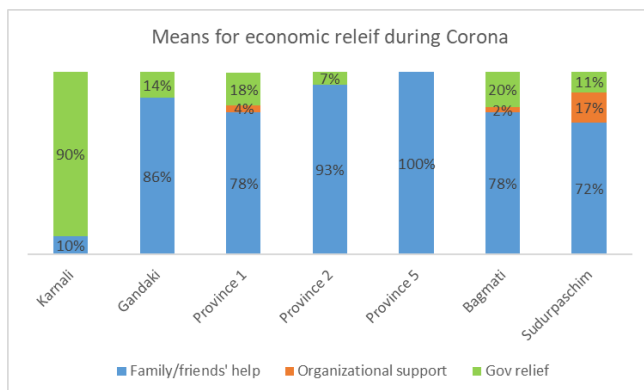


Remarkably, half of the respondents stated that they are fully compliant towards the government's instructions including lockdown, remaining showed partial compliance and very few two percent said they weren't compliant at all and most of them were from Karnali.



Relief Distribution

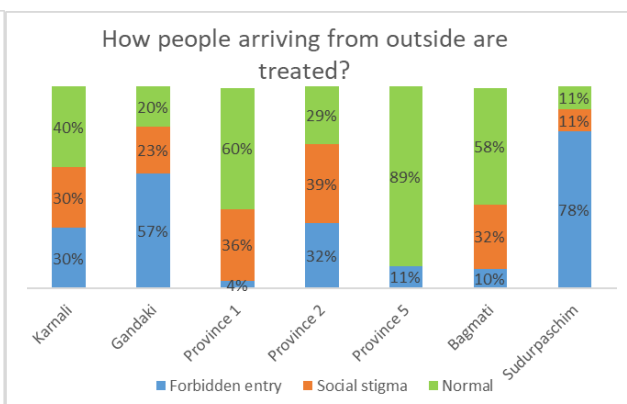
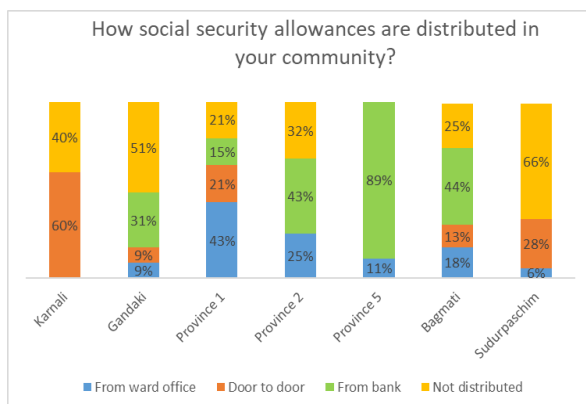
Thirty-four percent of the respondents needed relief material during COVID -19, primarily from Sudurpaschim, Karnali and Province 5. 85% respondents said relief material was distributed in their communities, and the remaining 15% said it was not distributed. The respondents from Sudurpaschim were the majority who said relief materials were not distributed. 24% also said they were not timely informed of the distribution, primarily from Sudurpaschim and Province 2. 45% received information on the relief distribution from their neighbours, 38% from local representatives and 13% from local news mediums.



Moreover, 28% of the respondents said that there were no separate quarantine arrangements for men and women (mainly from Karnali province and Gandaki province) and 44% were not aware. Moreover, 26% said the quarantine was not gender friendly, mainly from Karnali province (50%). The 49% of respondents also shared there were returnees during the time of the pandemic, primarily from Gandaki and Sudurpaschim province at 74% and 72% respectively. 79% respondents shared that the returnees stayed in the quarantine, where 5% said they did not. The returnees were primarily from the Gulf countries and India

Education & Social Security

65% said that the education of their children had not started and 19% said their children were studying via online classes.



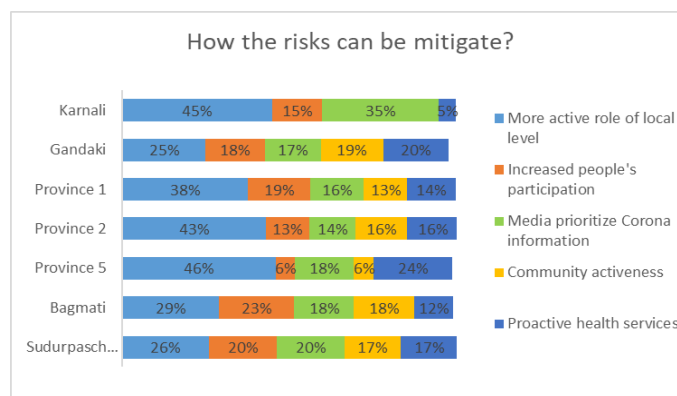
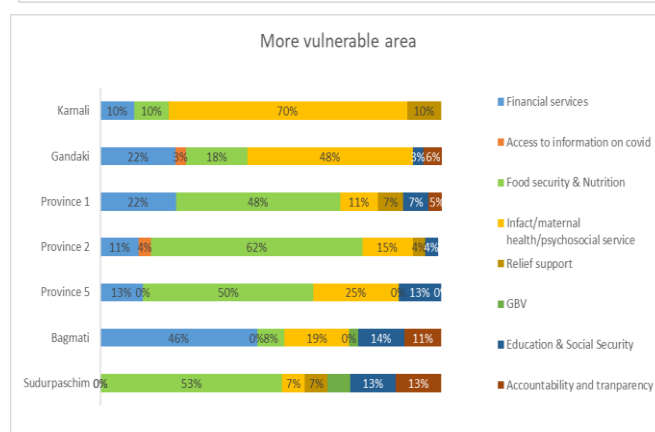
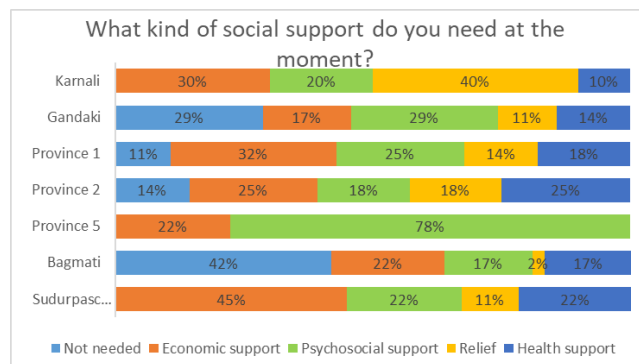
Seventy-six percent of the respondents stated that women's work load has increased during Covid crisis. All participants from Sudurpaschim stated so. Upon asking what kind of support they needed the most, many of them (26%) mentioned economic support followed by psychosocial counselling (25%). Province-wise information is presented in the adjacent figure.

Most of the respondents mentioned food security and nutrition as the most vulnerable area and needing immediate support followed by infant/maternal health/psychosocial service and financial services.

Respondents suggested more active role of local level as the major area in order to mitigate the risks of Covid-19 and its impacts. Province wise response is presented in the adjacent figure.

4. Observation from field

- All provinces faced hardship related to food security, economy, psychosocial stress.
- Agriculture was the main income source for many, and their income had decreased post-COVID19.
- Although basic health facilities were still available, pregnant women faced difficulties in easily going to the hospitals and acquiring post-natal care, including vaccination for their child.
- There was an existing risk of gender-based violence at the community level for the women.
- Women had minimal decision making authority over their own health issues, both in their families and at the community level.
- There were no separate provisions for male and female quarantine, and they were not gender-friendly either.
- There was a gap in providing financial support and psychosocial support.
- The main areas at risk were food security and nutrition, mother-infant health. health services,





including psychosocial counselling.

5. Best Practices/Lesson Learned

Province 1:

- There is a need for accurate information at the community level: In province 1, quarantine centres were established in 455 places (as per the data from the Internal Affairs and Legal Ministry). Nonetheless, majority of the respondents were not aware of this. Moreover, the survey also found a negative attitude toward the quarantine centre despite the fact that many news on gender-based violence appeared in the news.
- Majority of the respondents had financial and psychosocial difficulties and COVID-19 had perpetuated this. The cases of suicide had also risen. To address this, economic support, loans, start-up capital and relief packages need to be distributed along with psychosocial counselling.
- Jobs need to be created for those who have lost their jobs, as many people in Province 1 who work as daily wage labourers have lost their job.
- The vaccination services need to be provided to infants, with the health workers abiding by the yardsticks set by the World Health Organization and wearing personal protective equipment.
- The respondents, with 29% reporting an increase in gender based and 11% in sexual violence. The data from the local police and local offices also show the same. Various awareness raising activities against these need to be conducted, the family needs to be made aware, the level of awareness of women also needs to be increased, they should be encouraged to speak up. Alongside this, trainings on safety/self-defense should be conducted for women so that they can take action against the threat of sexual violence.
- The respondents asked for mobile health camps for pregnant women; for this, the concerned authority must take the precautionary measure and conduct these camps.
- Women economic empowerment classes are needed so that women have more decision-making power.
- The government at all three levels, in coordination with civil society, must provide economic and psychosocial support, conduct mobile health camps.
- Between 11 Chaitra 2076 and 15 Asar 2077, there were cases 213 registered at the District Police Office related to violence against women, and 413 suicides (among whom 54 were children and 142 women), 1067 women were in home quarantine, 106 in holding area and 363 in quarantine; 65 women in isolation beds.
- Those in the informal sector need to be provided with jobs by the government in their infrastructure development projects.

Province 3:

- People are not aware of the quarantine centres at the local level.
- Women have had to ensure gender-based violence in the context of the pandemic.
- Services that are accessible need to be present at the community level.
- Virtual platforms also help in learning-sharing activities.
- The skills and investment on agricultural sector needs to be increased.
- Quarantine for the female returnees need to be well-managed.
- Awareness raising activities on gender-based and domestic violence need to be conducted.

Province 4:

- The majority of the respondents faced economic and psychosocial hardship.
- To provide economic support, relief materials need to be distributed and loans at minimal interest rates need to be arranged. Once the issue of economic hardship is addressed, people will be mentally relieved too. But in addition, exercise, yoga and meditation can be recommended for people to deal with the mental stress.
- Moreover, job opportunities in agriculture need to be created. And agriculture should be made attractive to the youth.
- Manage ambulance service for pregnant women.
- Specify hospitals for COVID-19 treatment.
- Inform people of the ways they can register a complaint against domestic violence, and increase awareness on the issue.
- Provide basic facilities to the health workers, including personal protective equipment.
- Manage separate quarantines for men and women.

6. Recommendations

The recommendations based on the learnings from the event include:

- Since majority of the respondents depend on agriculture as their main source of income of their family, the government and interested parties should support them by introducing new farming methods, providing subsidy in agricultural seeds, agricultural loan, good marketing of their products, encouraging returnee youth to be involved in modern agricultural, which includes their new skill and knowledge. Women can be encouraged and linked with home-based skills and markets until they resume their usual employment.



- During the pandemic and crisis period, special attention should be given to the women (pregnant, neonatal care and infant health facilities). The health officials should be well trained and should introduce mobile health service at their doorstep in safe manner. Development partners can come together with local bodies and local health service providers in order to leverage the gap. Long distance support through online/telephone health and psychosocial counselling can be provided to the people in distress. Effective awareness campaigns on women health and mental health can be catered targeting women especially preliterate. The vaccination services to the infants should not be affected.
- It is very essential to have safe drinking water at all times as other types of water borne diseases may arise during this time of pandemic. More awareness programme is required at Sudurpaschim and Karnali since 83% and 60% do not use any measures for their safety.
- GBV is highly prevalent in Sudurpaschim and Province 2. Hence it is recommended to organize GBV awareness programmes and empowerment programmes in these provinces. Coordination and collaboration with local governments, organization, police, protection cells, security organization, civil societies are needed. Complaint and registration mechanism should be available and accessible to all. There should be massive engagement of power bearers especially men and boys in order to address GBV/DV issues whilst working in social norms change.
- Women should be given health related issues information and empowered to take their own decision regarding their health. Household heads/husbands need to be included in women's health awareness programmes so that they can facilitate women's decision making at home as well as prioritize women's health and needs.
- TV, radio and social media, mobile ring tone are effective means for giving information to the general people. It would be more effective if the information is given in the local and regional languages too. Also, 51 % of the respondents were not satisfied with the information that they had received from the local level; hence it is recommended that the information is designed in the simple and local languages that are more understandable.
- The activities carried out by the government should be transparent and all the citizens should get information about it. There should therefore be an appropriate mechanism to support this.
- Since many respondents are not satisfied with the relief distribution carried out by the government, a well-coordinated mechanism should be developed so that those most in need can be reached first. There should be effective complaint handling mechanism in place so that the concerned authorities can effectively address them.
- All the quarantines should have been GESI friendly and with all the basic facilities, along with good security measures. Regular monitoring of the quarantines should be done. All service providers in quarantine centres should be oriented on women safety and have signed code of conduct.
- Children's right to education has been severely affected during this lockdown period. Online classes



have been enjoyed by only a few students. Therefore, long-distance learning programmes should be developed. The schools at the local level also prepare to welcome their students and should sanitize the schools to resume classes in safe manner.

In addition to these specific recommendations, youth too can play an important role in this endeavor. The role that the youth volunteer can play to support this cause include:

- Help in awareness raising activities at the community level among community level stakeholders, students at the primary level, those not in formal education on topics including domestic, gender based and sexual violence in coordination with civil societies.
- Encourage women who are victims of violence to register a complaint and speak out against violence against women.
- Volunteer in the work done by the government on all three levels on minimizing violence against women, women development and empowerment.
- Inform the community members of the work that the government is doing for the upliftment of women in the community.
- Provide advice to the government at the three tiers on what they can do to improve women's issues.

7. Conclusion

The event was filled with enriching insights from the presenters of the seven provinces. The experts also shared how they were working to address the myriad issues caused by the pandemic. The event echoed the need to work together to collectively combat COVID-19. The programme turned out to be a good initiative in terms of engaging young people across the country to access the ground reality.

ANNEX

Annex 1: List of Experts and Presenters

- Ms. Anju Dhungana, Under Secretary, Ministry of Women, Children and Senior Citizens
- Ms. Binda Magar, Gender and Social Inclusion Programme Specialist

Province	Sex	Name of the volunteers
1	Female	Sabita Bhandari
2	Male	Karan Sharma
Bagmati	Female	Shrena Shrestha
Gandaki	Female	Sunita Ghimire
Province 5	Female	Sweta Gurung
Karnali	Female	Binita Bogati
Sudurpashchim	Male	Naresh Sharma



Annex 2: Stories

Province 1:

Biratnagar: Mina Chaudhary, 28, is a daily wage earner. She and her husband worked in the same field, and together earned Rs. 1200 a day. However, the contractor continuously threatened to dismiss both of them from their jobs and also sexually abused Mina. If she does not comply, she is scared that both of them will lose their jobs and will have no work in the lockdown period. So, she bears this abuse.

Budhiganga 1, Morang: Lalita Devi, 72, has been eating only one meal a day for the past four months. She was married into Nepal from India and came here at the age of 13. Soon after their marriage, she lost her husband. He has been a single woman, with no children, ever since. She says that remarrying was not a possibility given that she did not even know how to return to India after her husband passed away. And in spite of visiting the administration offices, she was not able to get a citizenship. She is therefore stateless and has been so for the past six decades. Because she has no citizenship, she is unable to access the welfare that the state is providing in context of the pandemic. This forces her to either rely on her neighbours or go to surrounding villages in search for food.

Province 4:

Shuklagandaki 3, Tanahun: Muna Gurung, around 35 years of age, lived with her daughter and son. She was a daily wage earner, and did not have a stable source of income. She earned just enough to feed her family twice a day. After the onset of the lockdown, her situation further deteriorated. Because she did not have a source of income during the lockdown, she was not able to give money to her son. When she told her son that she had no money for him, he got violent and physically hurt his mother and sister. Unable to bear this, Muna took her daughter and went to their neighbour's house. When she returned home, she saw that her son had hung himself. Seeing this, she too fainted.

**The names in the stories have been changed.*

Annex 3: Few Photographs (With Captions)



Picture 1: Distributing awareness raising pamphlet on COVID-19 in Bagmati Province.



Picture 2: Demonstrating the proper technique to wash hands in Bagmati Province.