Impact of COVID – 19 on Women and Poor People
Final Report

Institute of Strategic and Socio-Economic Research (ISSR)

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December 2020

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Institute for Strategic and Socio-Economic Research (ISSR)
Yak and Yeti Road, Durbar Marg
G.P.O. Box: 20410, Kathmandu, Nepal
Phone: +977-1-4229985, 4229986,
Fax:+977-1-4249158

Email: info@issr.org.np
Website: www.issr.org.np

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Final Report

Submitted To

The Open Society Foundations (OSF)
The Open Society Policy Center (OSPC)
1730 Pennsylvania Ave, NW 7th Floor · Washington, DC 20006
Phone: 202-721-5600 · Fax: 202-530-0128
www.opensocietypolicycenter.org

Submitted By

Institute for Strategic and Socio-Economic Research (ISSR)
Yak and Yeti Marg, Kathmandu-1, Nepal
Tel: +977 1 4229985, +977 1 4229986
Email: info@issr.org.np

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Prof. Dr. Govind Nepal
Member, Board of Directors
Institute for Strategic and Socio-Economic Research (ISSR)
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EXECUTIVE SUMMARY

In view of the outbreak of coronavirus disease (COVID-19) pandemic emerged as a global humanitarian crisis creating setback to the development gains, efforts to recover better and build back better are the major concerns of both the state and non-state actors. This study is focused on the marginalised communities compounded with economic impacts especially the women and poor people who are generally earning less, saving less, and holding insecure jobs or living close to poverty. The main objective is to assess the impact of pandemic on vulnerable groups and women and beyond as well as to understand their hardship and pain through desk study and news analysis and analyse the impact of lockdown on their employment, income, livelihood and access to basic food, shelter, health and education.

Based on both primary and secondary data, the compact learnings, mainly, the impact of COVID- 19 on women and poor people were generated to validate through primary data collected in three districts: Bhulke of Udayapur, Banaganga of Kapilvastu and Tokha Municipality of Kathmandu. Conducted among the sample size of 300 purposive sample the field study team prepared the list of potential respondents based on the records of those who have stayed in quarantines, holding centres and isolation centres following various government and non-government data sources. Overall data collection effort aims to contribute for the detailed analysis of right holder's situation and impact status, particularly, on education, economic empowerment, health and access to local governance and decision making.

SOCIO-DEMOGRAPHICS OF THE STUDY POPULATION

More than half of the sample population selected for this study were of females which ranges from 46 per cent in Udayapur to 58 per cent in Kapilvastu. Nearly half of them were from age group 30-44 years where higher proportion of the respondents were from Kathmandu (52%) and least were from Udayapur (46%). Nearly one-third were Brahman/Chhetri and Janajati each whereas nearly one in every nine were Dalit and 18 per cent were Madhesi/Muslim. A large majority were married and most of the respondents had lower educational status, that is, attaining below secondary level. Agriculture was the main occupation for many of them.

SAFETY MEASURES ADOPTED TO BE SAFE FROM COVID-19

Almost all selected respondents were found familiar with COVID-19. Three primary measures adopted by them to be safe from COVID -19 were adopting physical distancing, using sanitizer and others such as putting on mask. Almost all of them were found maintaining physical distancing which was comparatively less in Kapilvastu (57%) whereas using sanitizer and mask was practised by less number of the people. About 84 per cent respondents reported that the condition of safety measures at work and living place was okay, however, 9 per cent expressed that it was inadequate.

IMPACT OF COVID-19 ON LIVELIHOODS

An overwhelming majority of the respondents do not get or have regular salary or income from employment source which reveals negative impact on livelihoods of people indicating special packages to promote their livelihoods. The pandemic has severely hit to Dalit and Madhesi/Muslim as almost all of them reported that they did not have regular salary or income after COVID-19. Similarly, an overwhelming majority of the respondents (93%) reported that their salary/income had reduced during the lockdown. Comparatively, more female (95%) had experienced reduction in salary/income than their male counterpart (92%). Almost all respondents from Dalit and Madhesi/Muslim reported that their salary/income had reduced. Almost all the respondents engaging in production, security guard and domestic work reported that their salary/income had decreased. The irregularity of salary/income is directly proportional to reduction in salary and decreased workload with significant variation between male and female (79% Vs. 74%). Only a small proportion of respondents (9%) expressed receiving economic assistance during lockdown which indicates the government's less priority on social security system during pandemic.

IMPACT ON HEALTH

COVID -19 has severely impacted on vulnerable groups and women. During initial period of the COVID -19, people did not identify the direct impact on health. However, acute problems have been observed overtime. These problems are associated with mental health, depression and timely treatment of the sick and infected people. Mostly the pregnant women and women in their delivery period were severely hit and affected persons. The respondents from all the three districts have complained that the medical services and facilities are not in smooth operation. This has created a problem in the treatment of pregnant, delivery and women with post-natal period. The Kathmandu with highest density of population is the hardest hit by this problem in comparison to other districts. Lack of transportation facility was also found the main reason for timely treatment of the patient. People suffered from chronic diseases and their families involved in small business, informal wage earning works and household activities with low-income source were found in need of serious financial aid for their treatment of diseases like kidney dialysis, regular blood transfusion for cancerous patients, and so on.

IMPACT ON ECONOMY/INCOME

Women and vulnerable people have been severely hit by economic crisis. This study reveals that the families making their income by informal works like grocery have fallen in serious crisis of bankrupting when multiple crises add up like continuity of children's education, treating the patient with chronic disease and so on. A high proportion of respondents who faced income related problems. The daily income related problems are closely associated with job, employment, business etc. Higher proportion of the respondents in this study reported that their daily income related problems were related to no job or turning joblessness. Although some relief packages were distributed by the governments especially by the local government, the women, children and vulnerable people like persons with disabilities, sexual minorities and similar in special need were found deprived of legal documents like citizenship card, old age certificate, relationship paper and so on.

IMPACT ON EMPLOYMENT

Unemployment rose sharply in the wake of the onset of the crisis and vulnerable groups and women have been severely affected. Significant proportion of respondents (77%) reported that they had problems related with employment of family. The main problems identified were losing jobs, unemployment continued since long past, shut down of business and entrepreneurial activities. Some cases collected during the field study have highlighted the problems created due to losing works in the city area that have welcomed multiple crises like funeral of dead body, taking ill people to the hospital, paying room rent, paying cost of internet facilities for the children's online education, managing foods for the family, and so on.

IMPACT ON EDUCATION

School going girls are at particular risk of dropping out and not returning to school in the aftermath of the COVID pandemic. This study further reveals that the impact of COVID-19 has also been found severely impacting on the school going children and youths enrolling the higher education. Since the educational institutions have not formally opened to date, millions of students have been deprived of continuing their formal studies. Although, the institutes have provisioned the online education, they are mostly popular among the private boarding school students. The community schools are the educational hubs of the marginalized communities in Nepal. These schools are severely lacking virtual class facilities due to both financial crisis as well as the crises appeared due to the lack of proper knowledge to better hand the technology.

IMPACT ON LIVELIHOOD

Lives of people have drastically changed with the emergence of a new lifestyle during the COVID pandemic. According to this study, obtaining or maintaining quality assured, timely nutritious diet was found the major problems among the selected communities. Of the total respondents, 88 per cent from Udayapur and 73 per cent from Kathmandu reported that obtaining food was their major livelihood related problems. Such a problem was found comparatively among fewer (24%) respondents in Kathmandu. The collected case stories in this context show that the government facilitated isolation centres in the hospitals lack cleanliness and hygiene. The selected respondents who were tested positive complained that there was no proper care, lack of regular check-up, and poor quality food.

Infected people are compelled to use the same washroom without proper mechanism of disinfection. Problems after coming back from the isolation centre are equally acute: negative response from neighbours, friends and family members.

The reduction in workload and curb in salary/income due to COVID crisis had negative impact on shelter of the family. Among different caste/ethic group, Dalit had the highest shelter problem (18.5%) followed by Madhesi/Muslim (18%) and Janajati (18%). On an average 77 per cent shelter related problem was related to rent due.

PROBLEM SOLVING MEASURES

The problems identified and raised are crucial for livelihood security and enhancing human development. Significant proportion of respondents (32.5%) reported creation of sufficient employment opportunities could be the way to solve the problem which is followed by financial help (19%). One-fifth of the selected respondents suggested this crucial problem to solve by enhancing cooperation and coordination among government, non-government and and private sectors. Whereas the role of the local government is important at the programmatic level, coordinating role can be played by the provincial governments and the policy level coordination by the federal government.

ACRONYMS AND ABBREVIATIONS

ASD	Alliance for Social Dialogue
CCMC	Corona Virus Crisis Management Centre
COVID	Corona Virus Disease
ISSR	Institute for Strategic and Socio-Economic Research

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

SECTION ONE: INTRODUCTION

1.1 BACKGROUND

Outbreak of coronavirus disease (Covid-19) pandemic has emerged as a global humanitarian crisis. This is a major setback, likely of undoing the development gains, and recovery from it may take years. Multiple analysis and several predications made worldwide in this context show that post-Covid-19 world may never be like before and a paradigm shift is awaiting us. Come what may, we must aim to recover better and build back better.

Compounded economic impacts are felt especially by women and poor people who are generally earning less, saving less, and holding insecure jobs or living close to poverty. Although early reports reveal more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. Among those dead men are mostly those suffered from abject poverty or are in vulnerable situation in one way or the other. Women's unpaid care work has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services. COVID-19 pandemic further deepens economic and social stress coupled with restricted movement and social isolation measures. Gender-based violence is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible. All of these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited (UN, 2020). Most vulnerable among them are from the poverty stricken communities.

The pandemic has thus given rise to a new set of problems and challenges to women and poor people which have been the new priorities. Efforts and resources are being diverted to the emergency needs. Economy, jobs and delivery of basic services have been badly affected. This disruption has hit hard on the poverty reduction, food and nutrition, health and education, among others. The world is going ever more digital; but digital divide can worsen the inequality impacting again to a larger scale on women and poor people.

Lockdowns and restrictions in transportation and travel in the context of Covid-19 have disrupted and constrained the production, supply and value chains. Agriculture-based and other local productions, sales and employment generated in this way have been badly affected. In the current fiscal year, economic growth is estimated at 2.3 percent. In this context, higher investment becomes imperative for the protection of vulnerable populations.

With over 17,000 cases and death of 39 individuals till third week of July, spread of the virus in Nepal seems unabated. Against this backdrop, the annual budget for the FY 2020/21 has announced to create 700,000 jobs at home considering the impacts of COVID-19. Likewise, the government has allocated Rs 4.34 billion to provide trainings to support the job losers from the informal sector and the new labour force that enter into the market (MoF, 2020). The most needy groups among the vulnerable communities to be served by these provisions are the women and poor people who lack access to correct and reliable information on the provisions made by the government as well as those who became jobless since two -three months and lack of immediate cash to go back to their home district and meet immediate livelihood.

Seasonal change and lack of adjustment plan has been severely making impact on the communities with settlement of vulnerability. Most vulnerable among them are women, youth, girls and resource lacking people who struggle hard for family livelihood. Nepal has already faced the multiple concurrent effects of heavy floods and landslides and the proposed study areas Kathmandu, Kapilvastu and Udayapur are not an exception.

1.2 OBJECTIVES

The main objective of the study is to conduct 'Rapid Phone Survey with selected women and poor people to assess the vulnerabilities and social protection mechanism, changes in social perception and priority work sector. The specific objectives are the following:

i. Assess the impact of pandemic on vulnerable groups and women and beyond as well as to understand their hardship and pain through desk study and news analysis;

ii. Analyse the impact of lockdown on their employment, income, livelihood and access to basic food, shelter, health and education;

iii. Prepare a narrative of their problems associated with testing, staying in quarantine, and or isolation and getting treatment; and

iv. Recommend to the policy makers, experts and campaigners with the necessary protection measures for reducing vulnerabilities of women and vulnerable communities due to impact of COVID -19.

STUDY DELIVERABLES

1. A 40-50 page study report on impact of COVID -19 on women and poor people

2. A 10-15 page policy brief on impact of COVID -19 on women and poor people.

1.3 DESK REVIEW

This section reviews the relevant literatures, documents, reports and information obtained from various secondary sources. Review of COVID and impact on women and poor people have been carried out using references from international experiences, emerging best practices, particularly, in the context of policies, programmes and support mechanisms for the early recovery and immediate needs. This exercise is concentrated more on the status of women and vulnerable communities to involve in entrepreneur activities', government's retaining strategies and utilization of skills, expertise and knowledge as a means of social cohesion.

The COVID-19 pandemic has left a striking socioeconomic impact globally and Nepal is no exception. The government announced lockdown on March 24th,that was stretched further till July 21st, resulting in a total of 120 days of complete halt in the country. As most of the people affected with the virus had been categorised as asymptomatic by the Government itself, the effectiveness of the lockdown is yet to be evaluated, on the other hand the aftermath of the lockdown evolved into having devastating effects on the population, especially on women and vulnerable communities.

HEALTH

While early reports reveal more men are dying as a result of COVID-19, the health of women generally is adversely impacted through the reallocation of resources and priorities, including sexual and reproductive health services. Maternal and neonatal mortality rate has increased by 200%, and over 60,000 women have been deprived of needful check-up and other service (Karuna Foundation, 2020). Institutional delivery rates have cut down to half, as health care services have been more focused towards COVID, and also because of the dangers that hospitals expose one to (Rising Nepal, 2020). Women have been put out of reach of birth control options and other sexual and reproductive health services, increasing rates of adolescent and unplanned pregnancies, HIV and sexually transmitted diseases, and unsafe abortions. People with physical and mental disabilities are facing a lack of adequate medical supplies and care support. Increased mental burden in marginalized or low-income and less privileged people has been seen, leading to a heightened amount of stress and anxiety resulting in suicide (Republica, 2020). The vulnerable communities who live far from modern health care and doctor's consultation, have been posed to bigger threats due to lack of proper information, and economic reach being low.

ECONOMY

Women and vulnerable people, who live off of daily wages and little income, have been severely hit by economic crisis. The COVID pandemic has left them stranded in the city with no secure jobs and savings to feed themselves nor family to help. Most of the migrant workers belong to the vulnerable community, whose family income is totally dependent on remittances. These migrant workers pay a high price for the money they earn in the Gulf (World Economic Forum, 2020). Laid off at short notice, often without no savings and no unemployment insurance, the not insignificant risk of death or injury at work has been replaced by the reality of poverty and homelessness. 56% of Nepalese households are at least partly remittance-dependent[1] , and the

[1]Vital remittances to Nepal at risk due to coronavirus outbreak, says Ambassador Pertti Anttinen
https://reliefweb.int/report/nepal/vital-remittances-nepal-risk-due-coronavirus-outbreak-says-ambassador-pertti-anttinen

condition of such families have no different woes. With the shrinkage of informal sectors, the share of workers earning below 50 per cent of the median could increase by more than 50 percentage points (ILO, 2020). This is likely to push the families rising from poverty below the poverty line.

EMPLOYMENT

Unemployment rose sharply in the wake of the onset of the crisis the household budget was thrown off-gear, particularly because a large proportion of workers in the region are in the informal sector. Studies show that 31.5% of the total workers have been laid off, and 41% of women have lost their jobs (UNDP, 2020a). Compounded impacts are felt especially by women who often rely on labour income and live hand-to-mouth. The layoffs have been acute in the service and informal sectors, where most of women and people of vulnerable communities are engaged in (UN Women, 2020). It will take several months before businesses return to normal, let alone start hiring – reducing incomes opportunities for the poor. Only a few percentage of migrant workers might get the opportunity to restore to their jobs, while the other struggle to meet ends and return back to their homeland. Approximately 5.7 million or 80.8 per cent of workers in Nepal have informal jobs, who do not have state funded safety nets, which has mostly collapsed during the COVID pandemic (ILO, 2020). In such unstable conditions, it is difficult for vulnerable groups to find alternative sources of income as well.

EDUCATION

In a patriarchal society like ours, women are still deprived of education. Evidence from earlier epidemics suggests that girls are at particular risk of dropping out and not returning to school in the aftermath of the COVID pandemic (Bajracharya, 2016). The children of the poor, largely rely on the state education system, which has been shut down due to the ongoing COVID pandemic. In a country where only 56% people have access to the internet and less than that have access to laptops and smart phones, the conduction of online classes and exams puts a lot of mental pressure on them. This is likely to have a long-term impact on the ability of the poor to invest in human capital, making poverty and inequality more persistent. Many vulnerable children have been left behind, and knowledge and skill development has become almost impossible for them.

LIVELIHOOD

Lives of people have drastically changed with the emergence of a new lifestyle during the COVID pandemic. People are compelled to stay inside their homes and a new culture of work from home has sprung up among office workers. Many workers have been laid off from their jobs, and the vulnerable people have been striving to fulfil significant ongoing financial commitments such as mortgages or rent, student education expenses. Unpaid care work has increased, with children out-of-school, heightened care needs of older persons and overwhelmed health services, deepening already existing inequalities in the gender division of labour (UN, 2020). Women trapped in abusive relationships are experiencing increased domestic violence. Religious and gender minorities have also experienced stigma and discrimination. Cases of human rights violation in the first three months of lockdown has skyrocketed, reaching a total of 436, which include rape, domestic violence and other (Reliefweb, 2020). Child marriage and girl trafficking has also been on the increasing trend. Small business and agriculture driven families are facing larger financial difficulties, degrading their quality of life (Nepali Times, 2020a).

SHELTER

The virus has not only put the health of people on risk, but problem solving measures also made living and shelter insecure. Many migrant workers walking home from India remained stranded in the border area, without shelter and basic facilities (Gill & Sapkota, 2020). Stranded women are deprived of sanitary items, and pregnant women are at greater risk. Vulnerable people are forced to leave their rentals, and the travel restrictions has compelled people with short economic reach walk till their permanent residences (Nepali Times, 2020 b), making them prone to accidents and attacks. Poor management of quarantine and ill- facilities have been afflicting the infected, making them vulnerable to other health issues (The Kathmandu Post, 2020). Meanwhile, natural calamities like flood and landslide has displaced over 400 people, further pushing them into insecurity. Female-headed households are more likely to have inadequate shelter than male-headed households (UNDP, 2020b) and have

been disproportionately affected during this time.

ACCESS TO BASIC FOOD

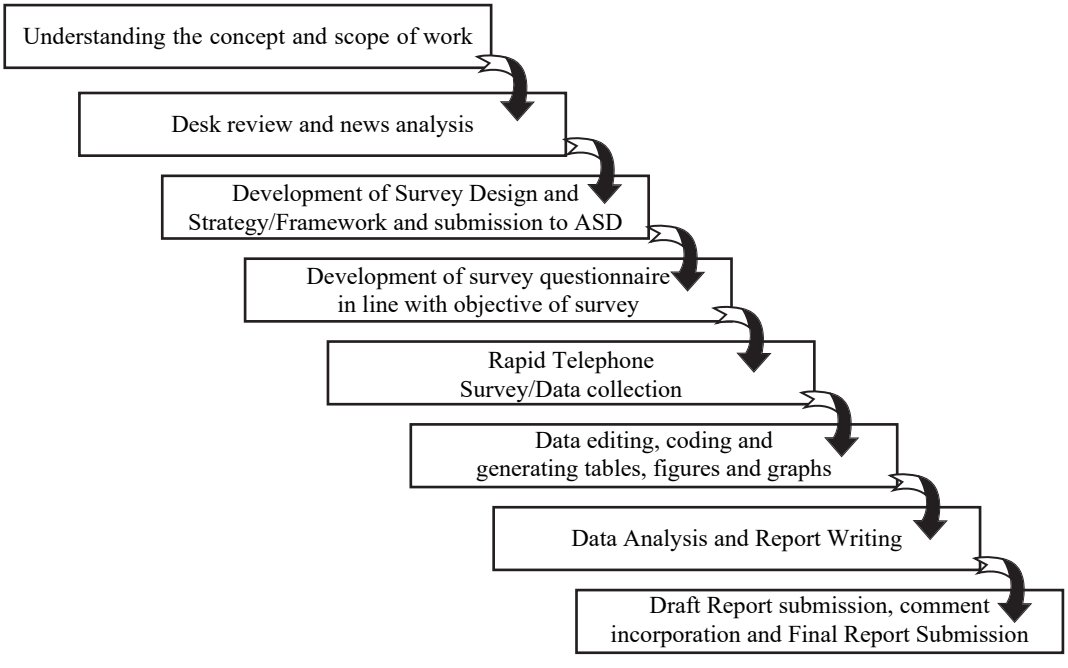
With constant rise in poverty during this period, exacerbating food insecurity has been observed. The already poor people's capacity to buy nutritious food has been reduced, making them less immune towards the virus and more likely to be infected. Due to disruption in the food supply chain, the prices of food products have escalated to a greater degree. Studies show that many households have adopted negative coping strategy to address food shortages, and many had limited food to meet their needs. For every 100 employed males there are only 59 employed females (CBS, 2018), which shows that women are naturally more deprived of access to basic food. Rural areas have been grappling with food shortages due to restrictions in import of food, likely increasing hunger in the country[2].

1.4 METHODS AND STUDY APPROACHES

This study is based on both primary and secondary data. First, a desk study and news analysis were carried out. The compact learnings on the impact of COVID- 19 on women and poor people were then generated to validate through primary data collection. The desk review and news analysis efforts provided the indicator and issue based efforts for generating tools (questionnaire and checklist) to validate the learnings by administering them among the selected respondents and key informants in the three localities: Bhulke of Udayapur, Kapilvastu and Tokha Municipality of Kathmandu.

The study design, tools and work plan were finalized with the close consultation of team of ISSR as well as experts and campaigners in this sector. The consultation meeting also helped to focus on key issues and concerns of the survey for the relevant information. So, consultation meeting was regarded as the basis for shaping the strategy to gather the required data for the phone survey.

FIGURE: METHODS AND STUDY APPROACHES



[2]Northern Humla braces for a food shortage https://tkpo.st/3evkGvh

1.4.1 STUDY DESIGN

This study was based on cross-sectional design, which employed mixed methods, that is quantitative and qualitative. In order to fulfil the quantitative needs, the telephone interview with the selected women and poor people with focus on those in vulnerable situation was carried out.

1.4.2 SAMPLING

To select the sample size, the study team made the desk review a major basis. The total sample size of the rapid phone survey was fixed close around 300 following a purposive sampling procedure. Out of total sample, at least 33% was ensured for the female respondents. Some qualitative tools were also employed such as site observation at first round of the study by the main field staff and case study during the interview process were carried out as a means of cross-verification of the data collected through the phone survey.

The study team prepared the list of potential respondents based on the records of those who have stayed in quarantines, holding centres and isolation centres, provincial offices, district administrative offices, concerned local government and from different networks and organizations and federations such as Human Rights Alliance.

1.4.3 DEVELOPMENT OF INDICATORS AND TOOLS

The review of documents/literatures enables in generating ideas in developing indicators, which were classified in terms of mainly quantitative, and some few qualitative arenas as cross verification of data collected through quantitative efforts. Online tools were used as per the target group. Structured questionnaire was constructed in line with the objectives of the rapid phone survey. The questionnaire was developed in excel format so that data would be collected at the same time while performing the phone conversation with the respondent.

1.4.4 DATA COLLECTION STRATEGIES

Overall data collection effort aims to contribute for the detailed analysis of right holder's situation and status on education, economic empowerment, health and access to local governance and decision making. It, furthermore, aims to provide a well-documented analysis of current socio-economic, cultural, civic and political situation of women and poor people from the perspective of human rights, poverty, gender inequality and social exclusion. This effort furthermore aims to:

- Record their grievances towards the response of the government, quantity and quality, and frequency of relief package.
- Record attitude of their former employees and society towards them at the time of difficulty
- Attempt to capture the gender specific hardship as well as "Mahila Himsa " during pandemic period, and
- Prepare a set of recommendations to address the problems faced by vulnerable groups and women during this pandemic and other disasters.

1.4.5 DATA EDITING, CODING AND GENERATING TABLES, FIGURES AND GRAPHS

The primary data collected from the survey were rigorously analyzed to draw the conclusion. The intensive analysis and synthesis of the data and information were done as per objectives. The report of the survey was finalized within the given timeframe. The comments, feedbacks and suggestions received were incorporated in the draft before finalization of the report. The data collected from telephone survey were edited and coded using SPSS software. Two levels of data editing (i.e. data editing by research assistant and by supervisor) were used to ensure the reliability and quality of the data. After editing and coding the data, the required tables, graphs and figures were generated in line with objectives.

1.5 ETHICAL CONSIDERATION AND QUALITY ASSURANCE

The following approaches were adopted for this:

- The purpose of the survey was explained to all participants and all information remained confidential; no particular name was disclosed,
- The interviewer checked that the phone survey questionnaires are filled completely and correctly before terminating each interview,
- Privacy and confidentiality of the information were maintained and all possible measures taken to prevent the influence of others on the respondent's responses,

● ISSR senior core team members monitored and supervised the data collection processes, record the progresses made each day and any strategies to be adopted.

1.6 ORIENTATION TO STAFF FOR TECHNICAL QUALITY ASSURANCE

The questionnaire and guidelines/checklists were finalized in close consultation with the ASD Subsequently. The study team organised a 2-day extensive training and orientation to the field team on data collection and the tools. During the training, the field staff were oriented on the designed tools for the survey for two days. The first day training was focused on the briefing of the tools by the core team members. Role-play and necessary corrections on the tools based on the feedback identified were conducted on the second day.

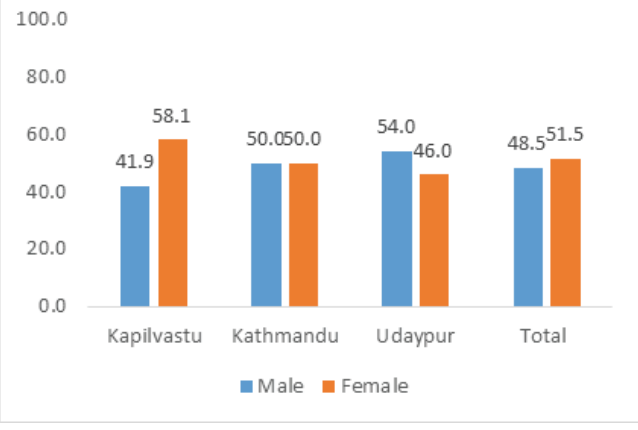
SECTION TWO: RESULTS AND DISCUSSIONS

2.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

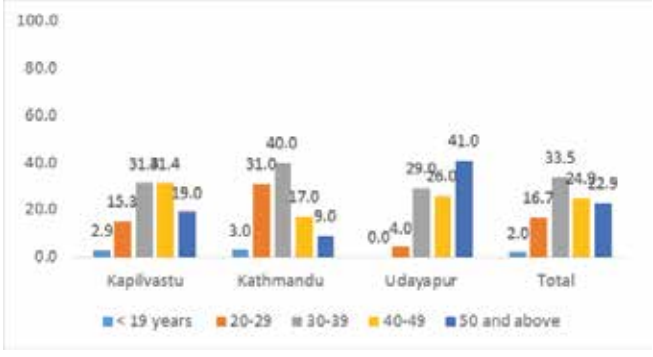
Distribution of the sample population and their socio-demographic characteristics (presented in Table 1) shows that more than half (51.5%) were female. Their proportion in the sampled districts ranges from 46 per cent in Udayapur to 58 per cent in Kapilvastu. The proportion of male in the sample ranges from 42 per cent in Kapilvastu to 54 per cent in Udayapur.

FIGURE 1: DISTRIBUTION OF RESPONDENTS BY SEX



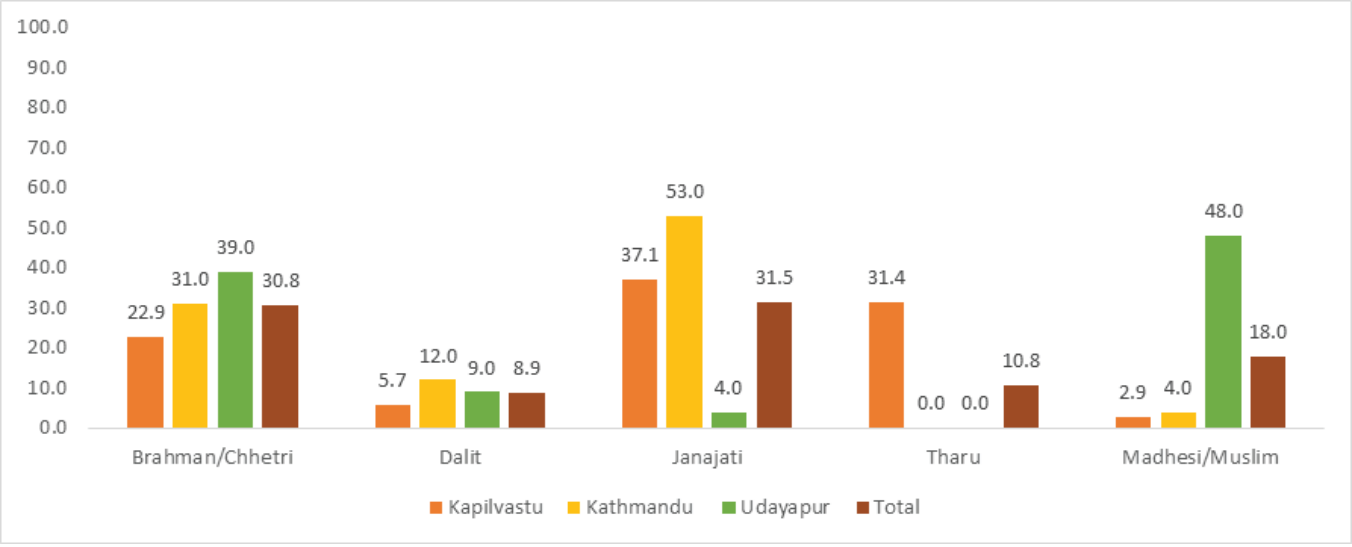
About 49 per cent respondents were from age group 30-44 years where high proportion of respondents were from Kathmandu (52%) and least were from Udayapur (46%). Within age groups, the proportion of respondents is found highest (18.4%) in the 35-39 age group whereas least is observed among below 19 years (i.e. 2%).

FIGURE 2: DISTRIBUTION OF RESPONDENTS BY AGE GROUP



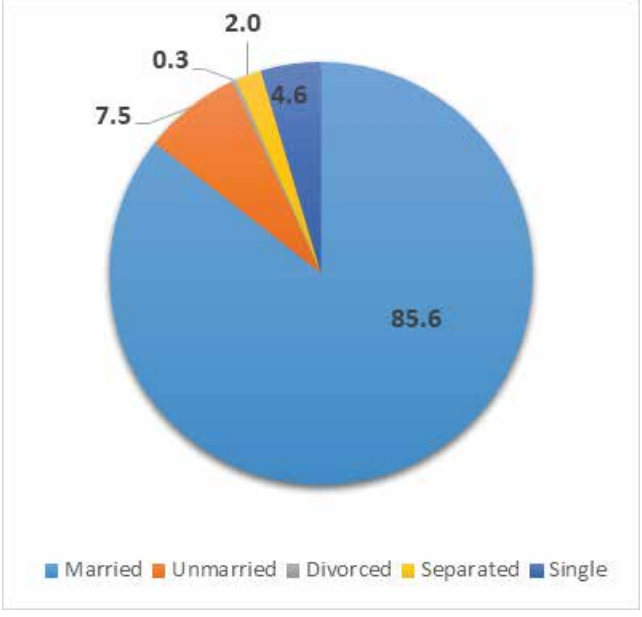
Among the sampled respondents, 31 per cent were Brahman/Chhetri and Janajati each. Nearly one in every 10 (9%) were Dalit, whereas 11 per cent were Tharu and 18 per cent Madhesi/Muslim. The proportion of Brahman/Chhetri is observed highest (39%) in Udayapur whereas the proportion of Dalit (12%) and Janajati (53%) is found highest in Kathmandu. The proportion of Tharu and Madhesi/Muslim is found highest in Kapilvastu (31%) and Udayapur (48%).

FIGURE 3: DISTRIBUTION OF RESPONDENTS BY CASTE/ETHNICITY



A large majority (86%) of the respondents were married representing 88 per cent from Kapilvastu and Udayapur each and 81 per cent from Kathmandu. The proportion of respondents in other marital groups (divorced, separated and widow/widower) was very small in size.

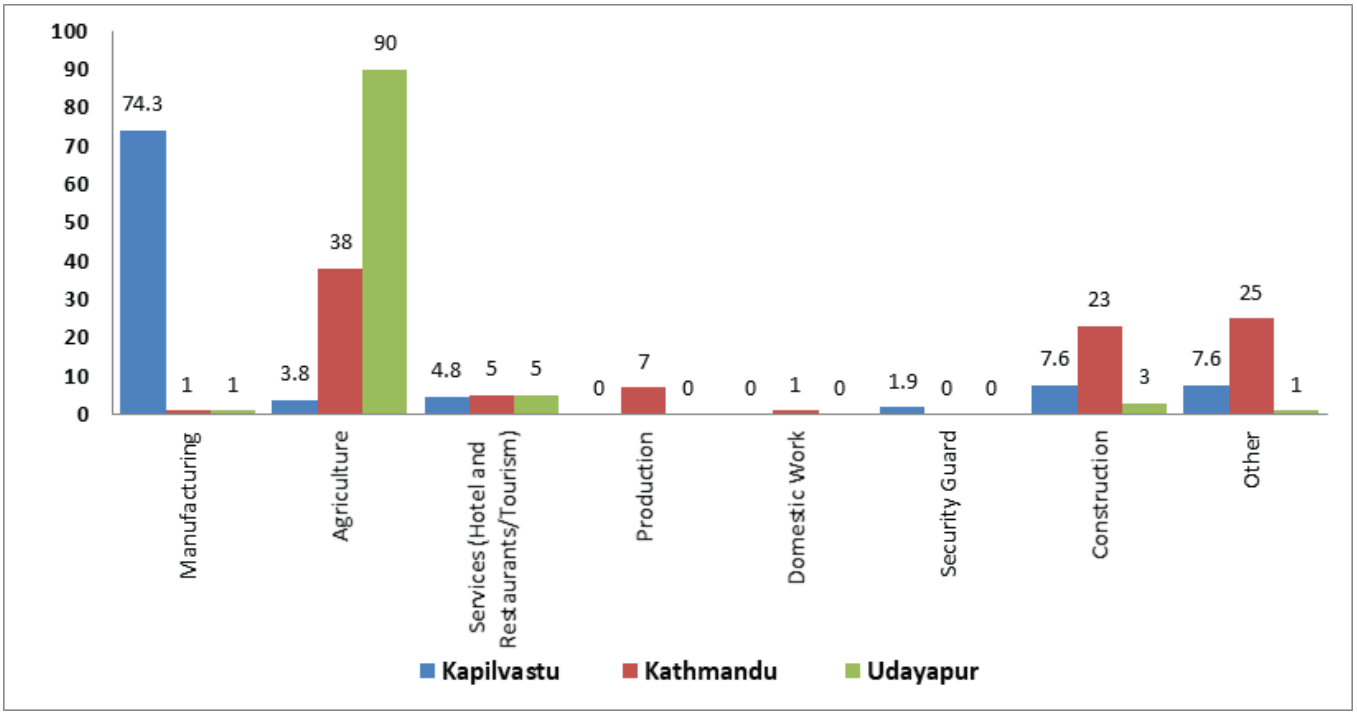
FIGURE 4: DISTRIBUTION OF RESPONDENTS BY MARITAL STATUS



Most of the respondents had lower educational status. Although about 93 per cent of them had obtained secondary level or less, only 7 per cent had obtained intermediate (equivalent to 11 & 12 grades) whereas very few respondents (0.3%) were bachelors. The proportion of illiterate respondents is nearly one-third (27%). This was observed highest (52%) in Udayapur against those with lower than primary level of education in Kathmandu (15%).

Agriculture is the principal occupation for many of the respondents. Nearly 43 per cent respondents were involved in agriculture. Similarly, manufacturing stands out as the second most cited occupation comprising 26 per cent. Among the three districts, majority of the respondents (74%) from Kapilvastu were involved in manufacturing whereas the proportion of respondents engaged in agriculture is observed highest in Udayapur (90%) followed by Kathmandu (38%). In Kathmandu, the proportion of respondents involved in constriction is found highest (23%) as compared to Kapilvastu (8%) and Udayapur (3%). The small proportion (5%) of respondents was involved in occupations like services (hotel and restaurants/tourism) in all three districts (Figure 5).

FIGURE 5: OCCUPATION OF RESPONDENTS IN THREE DISTRICTS



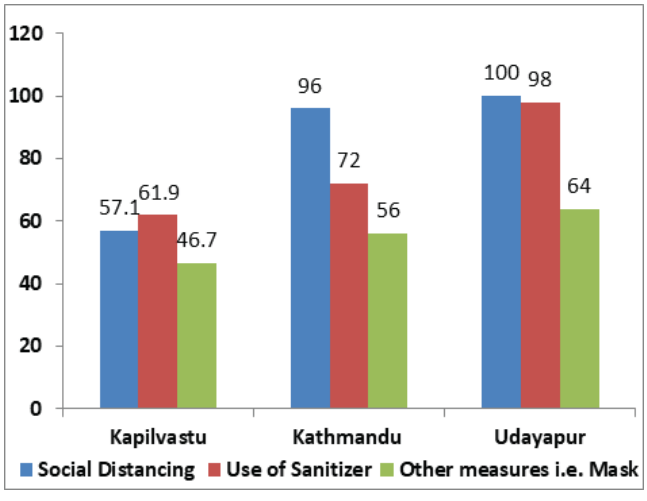
2.2 IMPACTS OF COVID-19 AND SECURITY MEASURES

Since there is no medicine of COVID-19, only the best preventive measure is to keep away maintaining physical distance. Mostly, people are adopting physical distancing, use of sanitizer, use of mask and home quarantine (including living in isolated place) as the safety measure to be safe.

SAFETY MEASURES ADOPTED TO BE SAFE FROM COVID-19

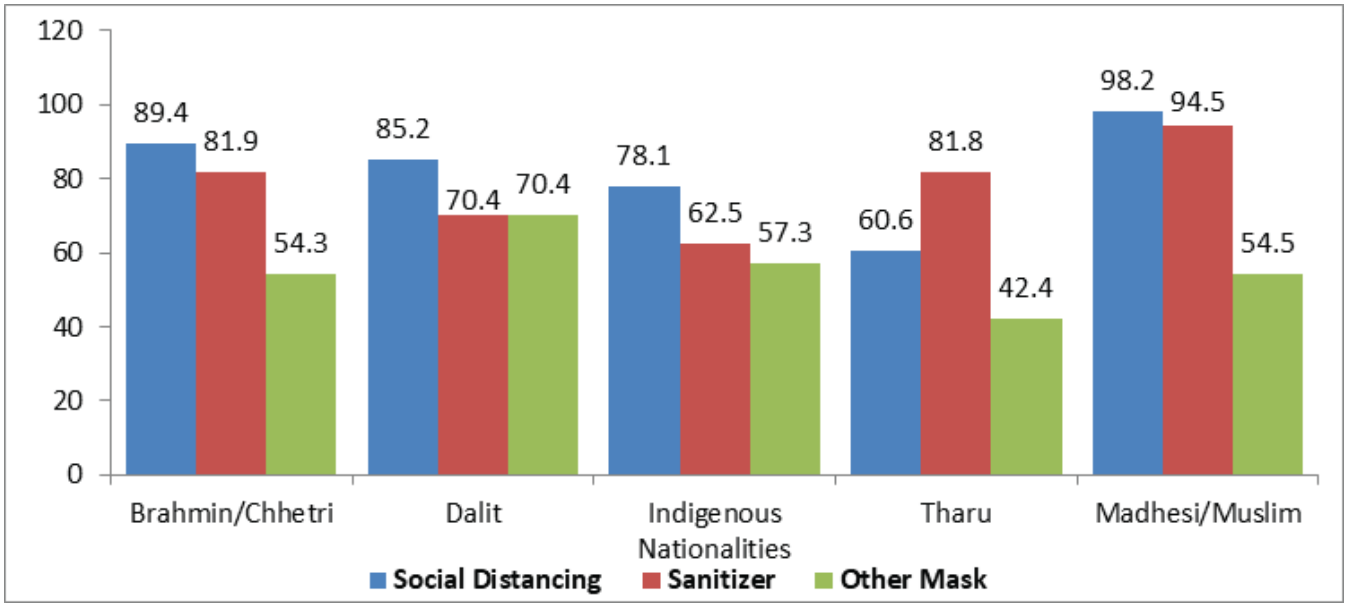
Of the total respondents, almost all were found familiar with COVID-19. They shared that they had heard and known about COVID-19. It is found that three primary measures were adopted by respondents to be safe in the study districts. The proportion of respondents who adopted physical distancing is highest in Udayapur(100%) followed by Kathmandu(96%) and Kapilvastu (57%). Accordingly, the respondents who adopted sanitizer and other measures i.e. mask are observed highest in Udayapur (98% and 64% respectively) (Figure 6). From the comparison of three districts, it is clear that there is high chance of being affected from COVID-19 in Kapilvastu as there are less proportion of respondents adopted the security measures.

FIGURE 6: SECURITY MEASURES ADOPTED TO BE SAFE FROM COVID-19



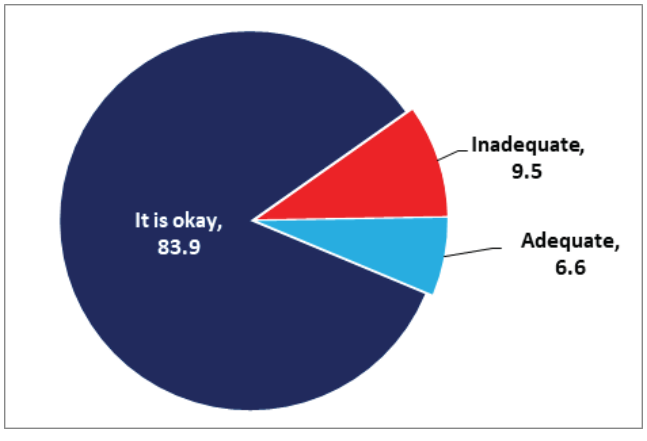
Similarly, the majority of respondents from all caste/ethnicity were adopted physical distancing as common measures (i.e. 89% Brahman/Chhetri, 85% Dalit, 78% Janajati, 61% Tharu and 98% Madhesi/Muslim adopted physical distancing as safety measures). Whereas other measure like mask is observed as less priority among them. (Figure 7).

FIGURE 7: SECURITY MEASURES ADOPTED TO BE SAFE FROM COVID-19 BY CASTE/ETHNICITY



Different types of safety measures were reported to be used in working and living place by respondents in the study area. About 84 per cent respondents reported that the condition of safety measures at work and living place was okay, 7 per cent reported that it was adequate and 9 per cent expressed that it was inadequate (Figure 8).

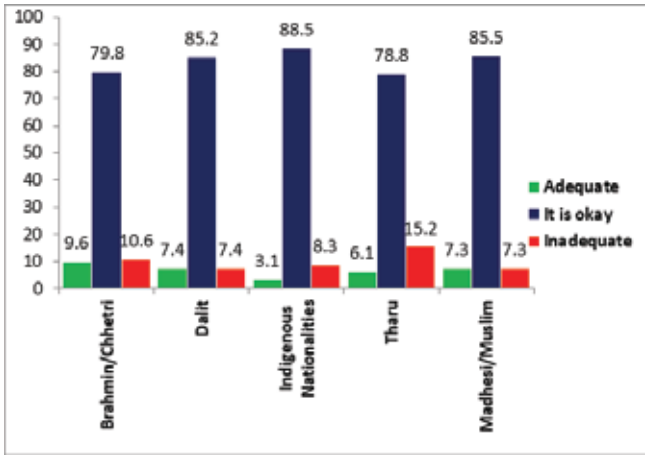
FIGURE 8: CONDITION OF SAFETY MEASURES AT WORK AND LIVING PLACE



Among the caste/ethnic group, significant number of respondents reported that the condition of safety measures was okay (80% Brahman/Chhetri, 85% Dalit, 88% Janajati, 79% Tharu and 85% Madhesi/Muslim).

The proportion of respondents who reported the safety measures was inadequate is observed highest among Tharu (15%) followed by Brahman/Chhetri (11%) and Janajati (8%) (Figure 9).

FIGURE 9: CONDITION OF SAFETY MEASURES AT WORK AND LIVING PLACE BY CASTE/ETHNICITY

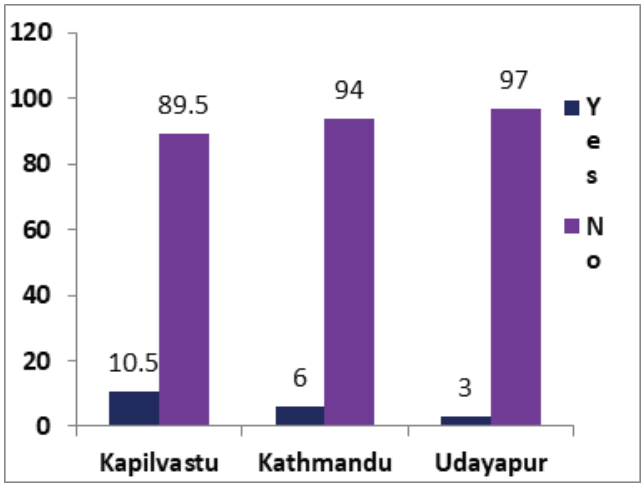


IMPACT OF COVID-19 ON LIVELIHOODS

An overwhelming majority of respondents (94% on an average) do not get/ have regular salary or income from employment/source. Of the total respondents, 97 per cent from Udayapur, 94 per cent from Kathmandu and 89 per cent from Kapilvastu did not get/ have regular salary or income (Figure 10). This reveals that cut off in regular salary/income could have

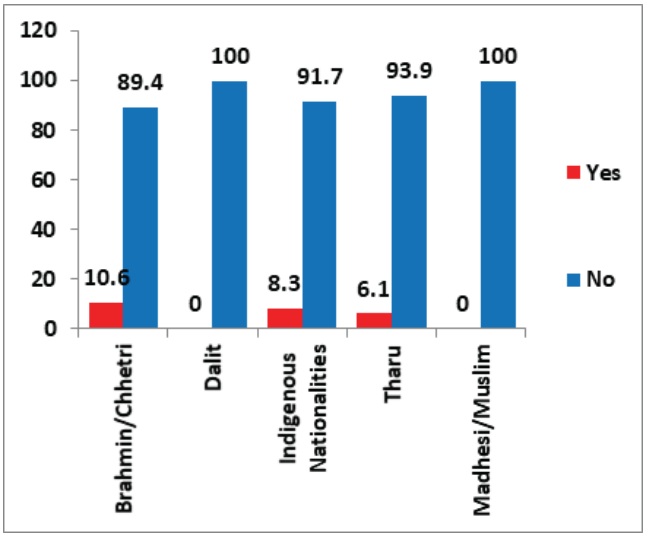
regular salary or income (Figure 10). This reveals that cut off in regular salary/income could have negative impact on livelihoods of people need special packages to promote their livelihoods.

FIGURE 10: REGULARITY OF SALARY/INCOME FROM EMPLOYMENT/SOURCE



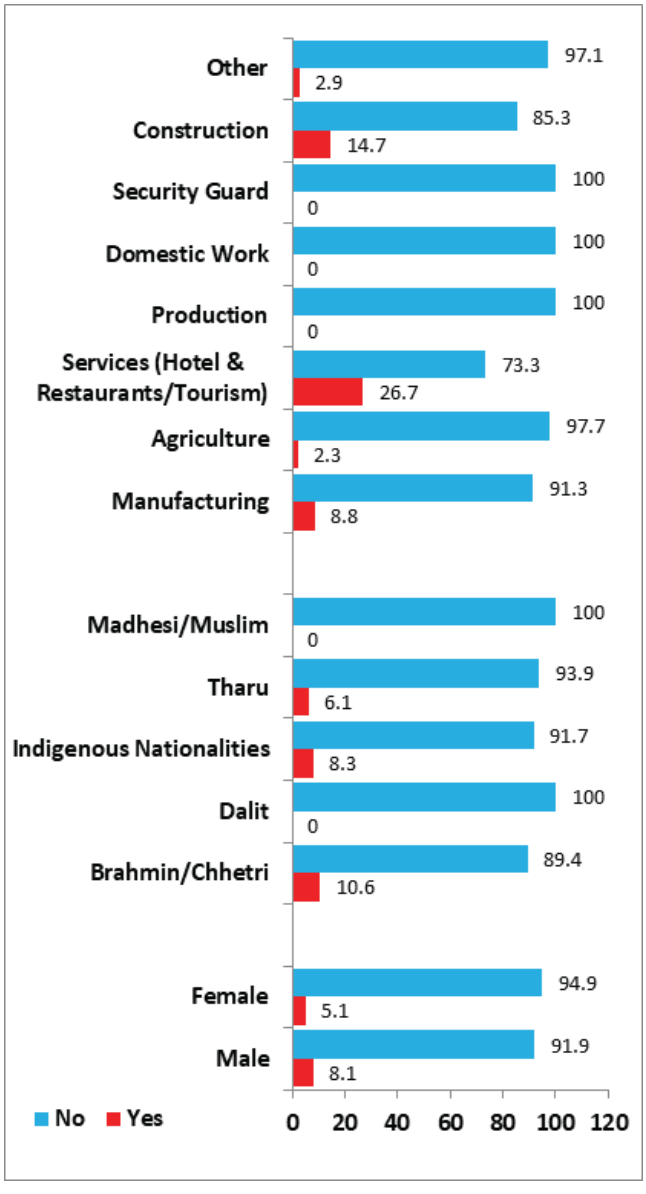
Overall, COVID has affected to all caste/ethnic groups. However, it shows that among different caste/ethnic group, COVID-19 has severely hit to Dalit and Madhesi/Muslim. Cent per cent Dalit and Madhesi/Muslim reported that they did not have regular salary or income after COVID-19. Small proportion of respondents from other caste/ethnic groups like Brahman/Chhetri (11%), Janajati (8%) and Tharu (6%) reported that they had regular income (Figure 11).

FIGURE 11: REGULARITY OF SALARY/INCOME FROM EMPLOYMENT/SOURCE BY CASTE/ETHNICITY



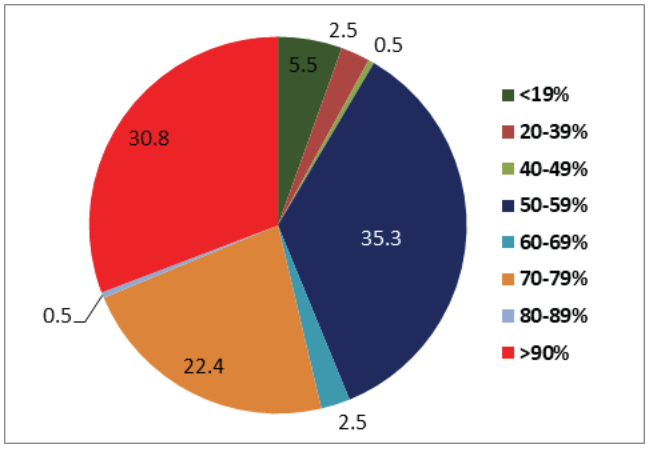
An overwhelming majority (93%) of the respondents reported that their salary/income had reduced. Comparatively, more female (95%) had experienced reduction in salary/income after COVID than their male counterpart had (92%). Almost all (100%) respondents from Dalit and Madhesi/Muslim reported that their salary/income had reduced whereas comparatively by lower proportion of the Brahman/Chhetri groups (89%) observed this. Furthermore, cent per cent respondents who engaged in production, security guard and domestic work reported that their salary/income had decreased (Figure 12).

FIGURE 12: REDUCTION IN SALARY/INCOME BY DIFFERENT BACKGROUND CHARACTERISTICS



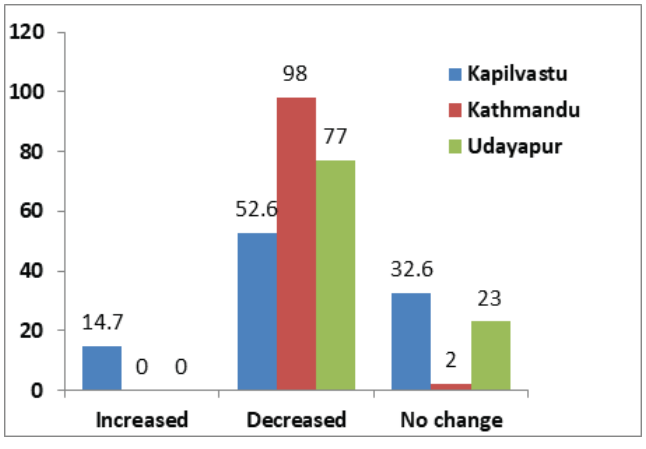
The irregularity of salary/income is directly proportional to reduction in salary. About 31 per cent respondents whose salary had decreased for more than 90% whereas 35 per cent expressed that their salary/income decreased by 50-59%. Only the small proportion (5%) of respondents reported that their salary/income decreased by less than 19 per cent (Figure 13).

FIGURE 13: REDUCTION PERCENTAGE IN SALARY



Due to effect of COVID-19, most of the respondents experienced decreased in workload in all three districts (i.e. 98% in Kathmandu, 77% in Udayapur and 53% in Kapilvastu). Only small proportion of respondents (15%) from Kapilvastu experienced increased in workload (Figure 14).

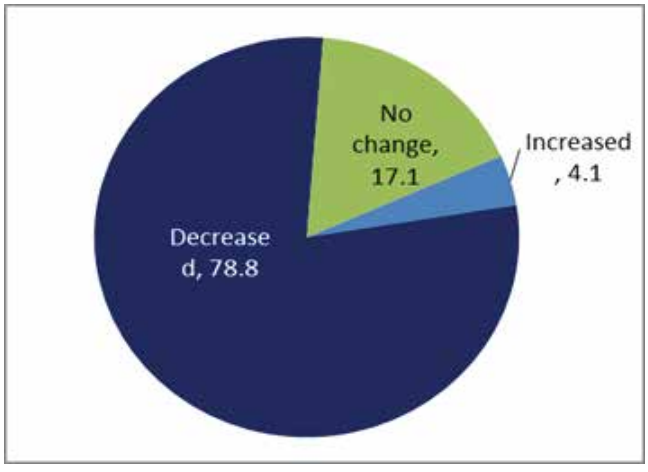
FIGURE 14: WORKLOAD SITUATION AFTER COVID-19



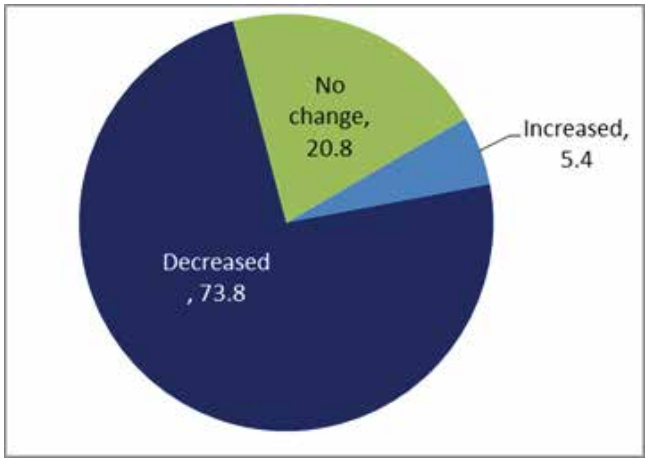
The comparison of workload among male and female reflects that there is slightly higher decrease in workload among male than their female counterpart (79% Vs. 74%) whereas there is higher proportion of female respondents who expressed there was no any change in workload (21%) (Figure 15).

FIGURE 15: WORKLOAD SITUATION AFTER COVID BY GENDER

MALE



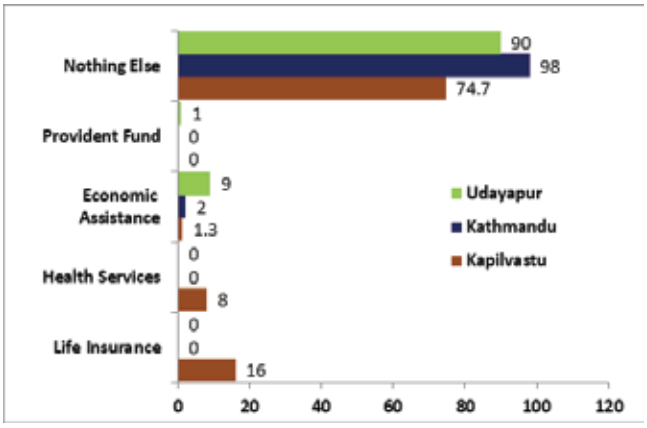
FEMALE



The social security scheme has significant role to curb negative impact of different hazardous situation i.e. COVID-19 in human populations. Proper social security scheme yields as the shield for human being to promote and protect their life. Most of the respondents from all three districts reported that there was no any social security scheme for them to cope with COVID-19 (90% in Udayapur, 98% Kathmandu and 75% in Kapilvastu). The small proportion of respondents received economic assistance

(i.e. 9% in Udayapur, 2% in Kathmandu and 1.3% in Kapilvastu) (Figure 16).

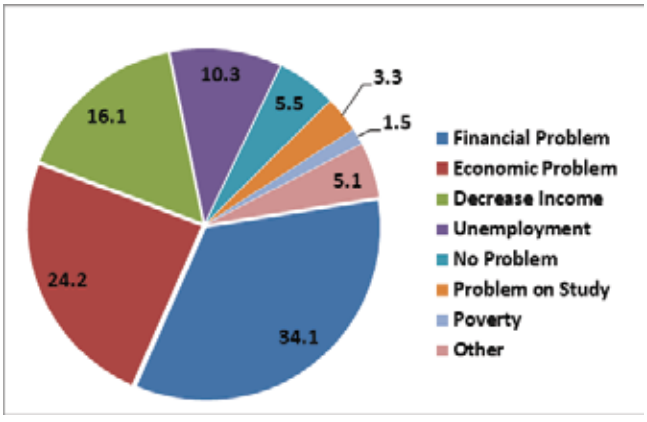
FIGURE 16: SOCIAL SECURITY PROVIDED TO RESPONDENT



2.3 PROBLEMS FACED

Numerous problems have aroused as a result of COVID-19 and Nepal and Nepalese society is no exception. Majority of the respondents were suffered from financial and economic problems (34% from financial and 24% from economy related problems). About 16 per cent respondents were faced decrease in income, 10 per cent faced unemployment problem and 3 per cent faced problem related to study (Figure 17).

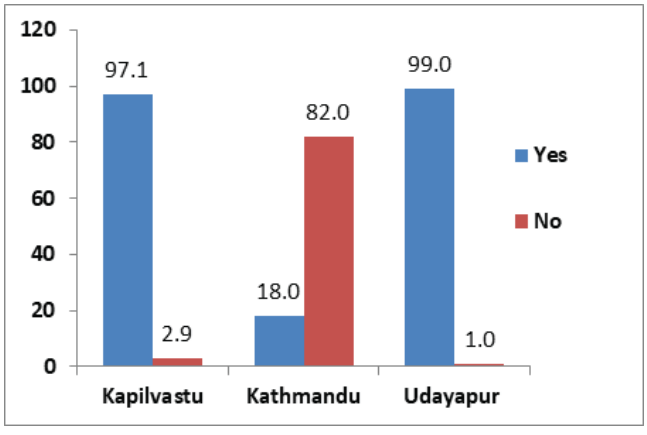
FIGURE 17: CURRENT PROBLEMS DUE TO COVID-19



PROBLEMS RELATED TO TEST, QUARANTINE, SECRECY AND TREATMENT

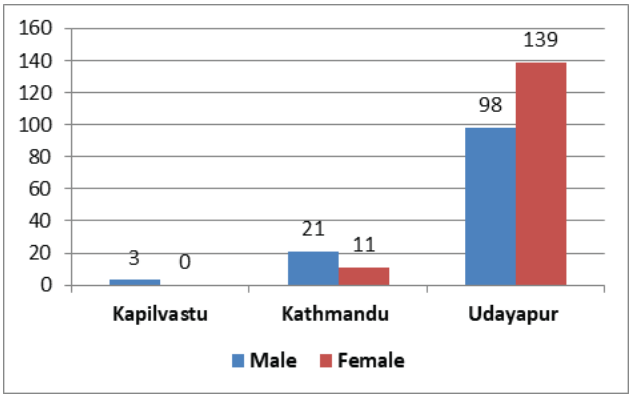
Physical distancing is regarded as the main way of staying safe from COVID-19. Government of Nepal with the collaboration and coordination of COVID -19 Corona Virus Crisis Management Centre (CCMC), has managed quarantine facilities at all local levels. Figure 18 reveals that there were quarantine facilities in all three districts. There is significantly high proportion of quarantine facilities nearby locality of respondents (for example 99 per cent in Udayapur, 97 per cent in Kapilvastu and 82 per cent in Kathmandu).

FIGURE 18: AVAILABILITY OF QUARANTINE FACILITY



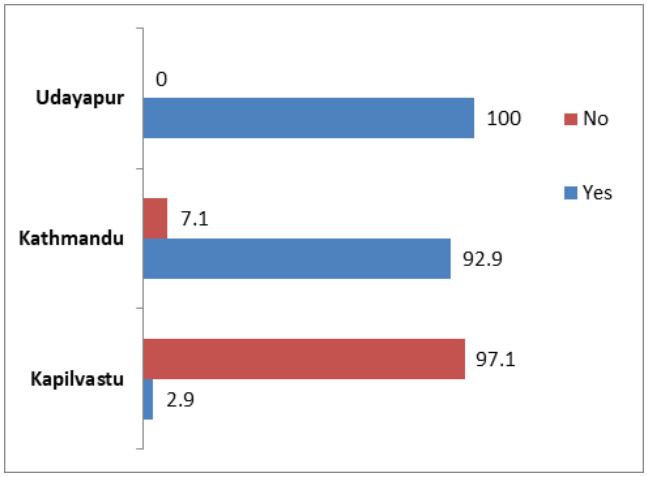
Respondents from Udayapur reported that there were 237 persons with COVID positive in their locality. Similarly, in Kathmandu the number of COVID positive were 32 who resided nearby locality of respondents whereas significantly less number was found in Kapilvastu i.e. 3 persons (Figure 19).

FIGURE 19: NUMBER OF INFECTED PERSON BY SEX



Of the total infected persons, PCR test in Udayapur was 100 per cent whereas test was 93 per cent in Kathmandu and 97 per cent in Kapilvastu (Figure 20).

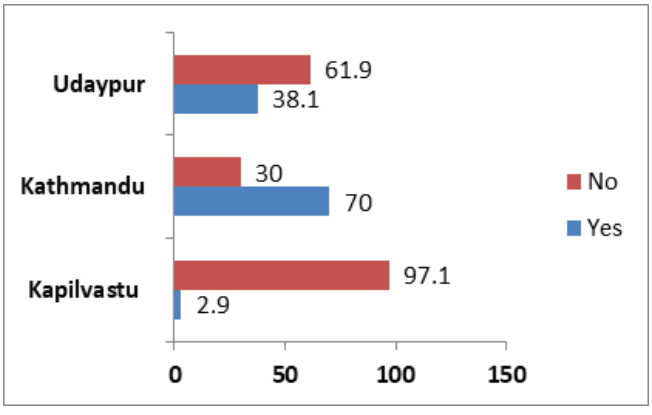
FIGURE 20: STATUS OF PCR TEST OF INFECTED PERSONS



ISOLATION AND TREATMENT OF COVID-19 POSITIVE

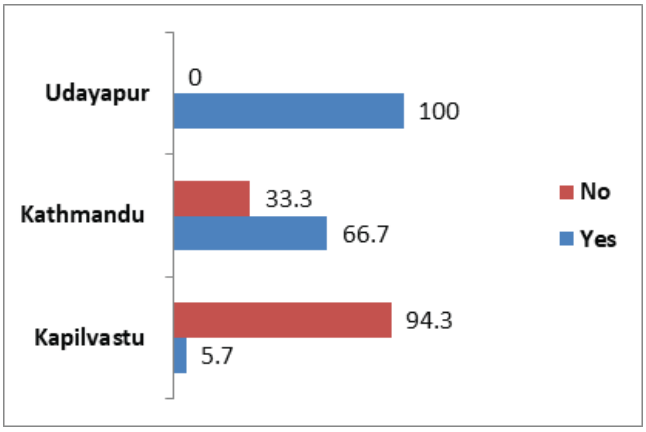
COVID infected person is the susceptible host of transferring virus to other person who needs separate place for treatment of cure. So, isolation is the prerequisite. Of the total infected persons, 38 per cent in Udayapur, 70 per cent in Kathmandu and 3 per cent in Kapilvastu were isolated in different isolation centers (Figure 21).

FIGURE 21: INFECTED PERSON ISOLATED IN DIFFERENT CENTERS



Almost all infected person in Udayapur were in appropriate treatment whereas in Kathmandu only 67 per cent were in good treatment condition. The treatment condition in Kapilvastu is observed worse (Figure 22).

FIGURE 22: CONDITION OF APPROPRIATE TREATMENT

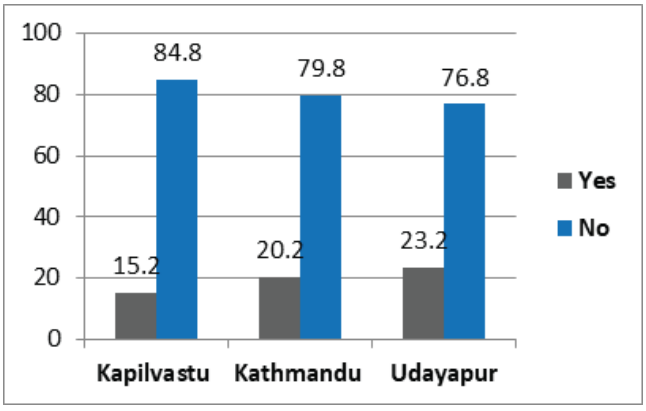


2.4 IMPACT OF COVID-19 AND REDUCING MEASURES

IDENTIFICATION OF HEALTH PROBLEM AFTER COVID-19

After COVID-19, significant proportion of population did not identify their health problem due to fear of COVID. Accordingly, only about one fifth respondents (20%) reported that they identified the health problems. By district, 15 per cent from Kapilvastu, 20 per cent from Kathmandu and 23 per cent from Udayapur identified their health problems during COVID-19 crisis (Figure 23).

FIGURE 23: IDENTIFICATION OF HEALTH PROBLEM AFTER COVID-19

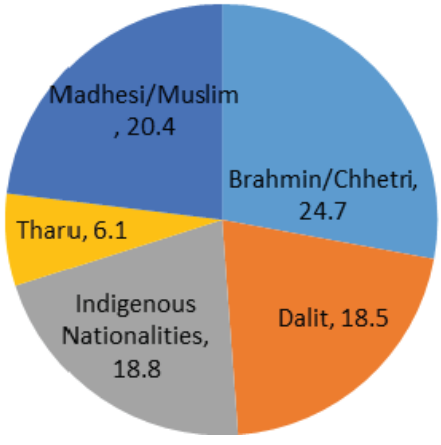


By caste/ethnicity, the high proportion of Brahman/Chhetri group expressed identification of the health problem (25%) whereas the lowest proportion was expressed by Tharu (6.1%) (Figure 24).

CASE STUDY 1: COVID-19 CREATED MENTAL HEALTH PROBLEMS AND THE FAMILY WENT IN LOSS OF ALL PROPERTY

Mahammad Lal Mahammad, a 48-year-old man is living in Udaypur with his six children and wife. Literate up to the primary level, Mahammad, used to work as a worker. There were no any problems in their family before COVID-19. When the pandemic occurred, they were unable to manage hand-to-mouth, as they turned jobless. Mahammad's one of the sons has been suffering from mental problem since last 7-8 months. Since the family was not able to manage the son's treatment, they took loan from neighbour for his treatment. He visited various hospitals and used different medicines but those all attempts went in vain. Then, Mahammad took his son to India but the son could not recover there too. The family used all their borrowings, the savings as well as the fixed assets on son's treatment. He even sold his house but the son's treatment is not possible. The money lender took their home away. Even though, they got some financial help from government, it was insufficient for eight people to fulfill their basic needs. They are now deprived of eating healthy foods. They are going through very difficult time and he is requesting for some financial help from the government so that they could get back to their normal life.

FIGURE 24: IDENTIFICATION OF HEALTH PROBLEM AFTER COVID-19 BY CASTE/ETHNICITY



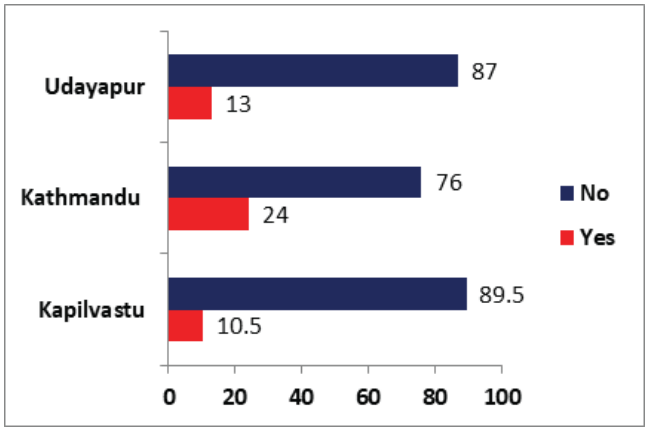
TREATMENT PROBLEM DURING COVID-19

Due to COVID-19, mostly pregnant women and women in their delivery period were severely hit and affected negatively. The medical services and facilities were not smooth during the COVID crisis. According to Figure 25, 13 per cent respondent from Udayapur, 24 per cent from Kathmandu and 11 per cent from Kapilvastu reported that there were problem in treatment of pregnant, delivery and women with post-natal period. The Kathmandu was hardest hit by this problem than other districts.

CASE STUDY 2: POLICEMAN'S STORY OF DEPRESSION DUE TO COVID-19

Radha Dhakal, a 65-year-old woman is living in Udaypur with her son, daughter and husband. She works as a housewife and in the field. Her husband is a policeman who was tested positive for COVID-19. Her husband explained that he was infected during his duty time. Living in isolation was a hard time for the policeman with no proper facilities of food, water and cleanliness. When he tested negative and came back home, the policeman is experiencing stigma and verbal abuse by his own community people. He said, "I feel lonely, depressed and upset as no one speaks to me with love and care."

FIGURE 25: PROBLEM OF TREATMENT OF PREGNANT, DELIVERY AND WOMEN IN POST-NATAL PERIOD



The lack of transportation was the main reason (37%) of treatment problem followed by poverty (33%), no fresh food (25%) and fear of Corona (4%) in Kathmandu whereas in Udayapur no admission permission at hospital and no fresh food (38.5% in each) and fear of CORONA (23%) were the reason of

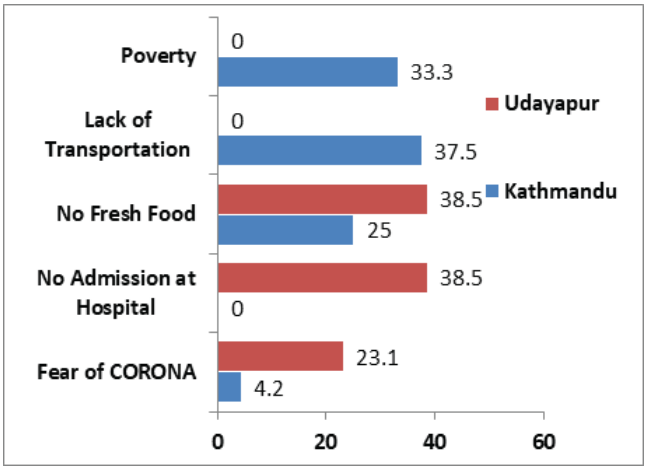
treatment problem in Udayapur (Figure 26).

CASE STUDY 3: GROCERY SHUT DOWN, SAVINGS FINISHED OFF, FAMILY BANKRUPTED AND NO MONEY FOR DIALYSIS AND ONLINE CLASSES

Binod Karki, a 39-year-old man, is living in Tokha, Kathmandu in a rented apartment. There are four members in his family: a son, a daughter and his wife. He has studied up to SLC. He runs a small shop in his locality. However, with a meagre income, he was having hard time managing for their daily meals. With the COVID-19 pandemic, as the lockdown came into effect, he also had to shut down his shop, which is the only source of income and an only means to earn his family's daily livings. Furthermore, Binod has been suffering from kidney problem since last two years. With such low income, he was hardly able to manage his treatment. He spent all his savings as well as his fixed asset on his treatment. Consequently, he has nothing left to pay for his treatment. He has been recommended to do his kidney dialysis thrice a month but he has not gone for the same due to lack of money. He has not even paid the rent of his apartment since last five months, nor has paid the school fees of his children. His children are not able to attend the virtual classes because of lack of internet and necessary devices. Before COVID-19, his wife used to work on daily wages as a labourer to manage for their daily survival, but she has no work these days. They got some financial help from the government but it was not sufficient for them to fulfil their basic needs for 5 months. Their children are deprived of eating healthy foods and attending online classes. They are going through very hard times.

The case refereed as above justifies how the families making their income by informal works like grocery have fallen in serious crisis of bankrupting when multiple crises add up like continuity of children's education, treating the patient with chronic disease and so on.

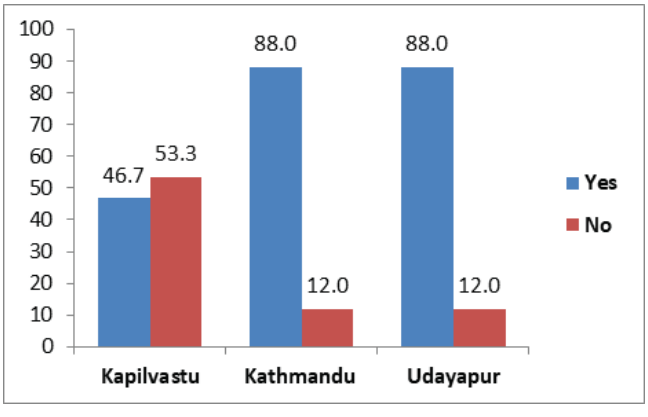
FIGURE 26: MAIN REASON OF TREATMENT PROBLEM OF PREGNANT, DELIVERY AND WOMEN IN POST-NATAL PERIOD



PROBLEM RELATED WITH INCOME

The COVID-19 pandemic has created uncertainty in different sectors. It has severely hit the economy of nation, society and individual. According to Figure 27, there is high proportion of respondents who faced income related problems in Kathmandu and Udayapur i.e. 88 per cent in each district whereas this proportion is comparatively lower in Kapilvastu (47%).

FIGURE 27: DAILY INCOME RELATED PROBLEMS DUE TO COVID-19



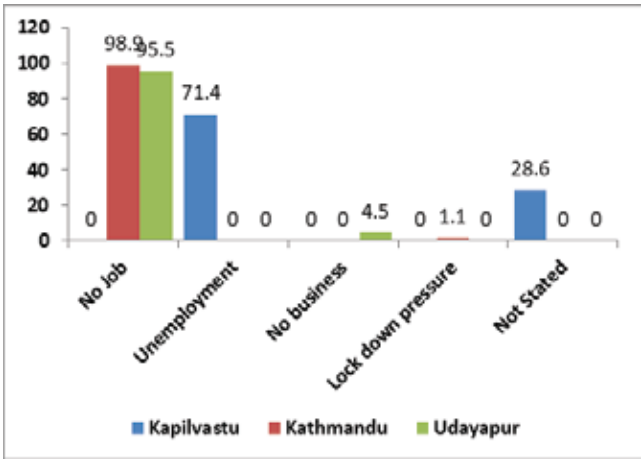
The daily income related problems are closely link with job, employment, business etc. Accordingly, high proportion of respondents from Kathmandu and Udayapur (99% in Kathmandu and 96% in Udayapur) reported that their daily income related problems were related to no job or joblessness. Furthermore, unemployment was the major problem of Kapilvastu (Figure 28).

CASE STUDY 4: CITIZENSHIP CARD NEEDED TO OBTAIN THE GOVERNMENT RELIEF PACKAGES

Dolma Tamang, a 68-year-old woman, is living in Tokha, Kathmandu in a rented apartment. She is single and living with her son. Dolama who never saw the door of education has neither got citizenship card nor thus not been able to get any type of financial help from the government. She works in others' house as a maid. She was hardly able to manage their hand-to-mouth with her very low income. With the pandemic of COVID-19, Dolma lost her day-to-day wage earning work. Her son has been suffering from mental problem since 4-5 months. She was not able to manage money for her son's treatment. Her rented house is very rough and mismanaged with many problems like leakage during rainy days. She has not been able to pay her house rent since last 5 months. Her son was working as a vehicle labour but due to lockdown, he has also lost the job.

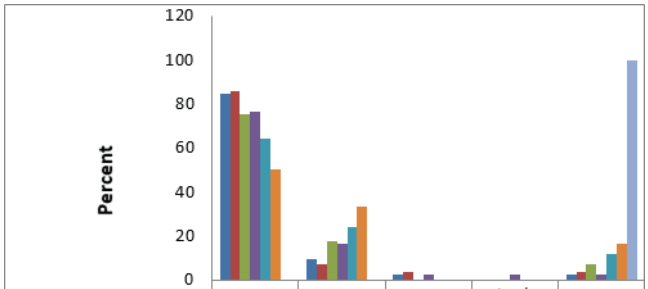
The COVID -19 is a humanitarian crisis. It comes under neither a basic need nor a rights based approach but a special situation. In such a crisis, legal treatment and action has nothing to do with the poor and helpless people who have lost their resources due to unavoidable situation like lockdown. The case referred to as above symbolises how the helpless families are bearing a crisis due to having no legal document like citizenship card.

FIGURE 28: DAILY INCOME RELATED PROBLEM DUE TO COVID-19



The daily income related problem varies with level of education. According to Figure 29, 85 per cent respondents with illiterate status and 86 per cent respondents with lower than primary level of education reported that they did not have job.

FIGURE 29: DAILY INCOME RELATED PROBLEM DUE TO COVID-19

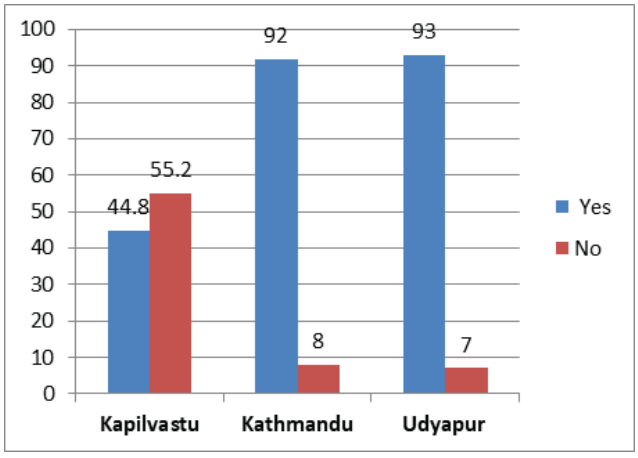


	No Job	Unemployment	No business	Lock down pressure	Not Stated
Illiterate	84.7	9.7	2.8	0	2.8
Primary Incomplete	85.7	7.1	3.6	0	3.6
Primary	75	17.9	0	0	7.1
Lower Secondary	76.2	16.7	2.4	2.4	2.4
Secondary	64.3	23.8	0	0	11.9
Intermediate/10+	50	33.3	0	0	16.7
Bachelor	0	0	0	0	100

EMPLOYMENT STATUS OF FAMILY

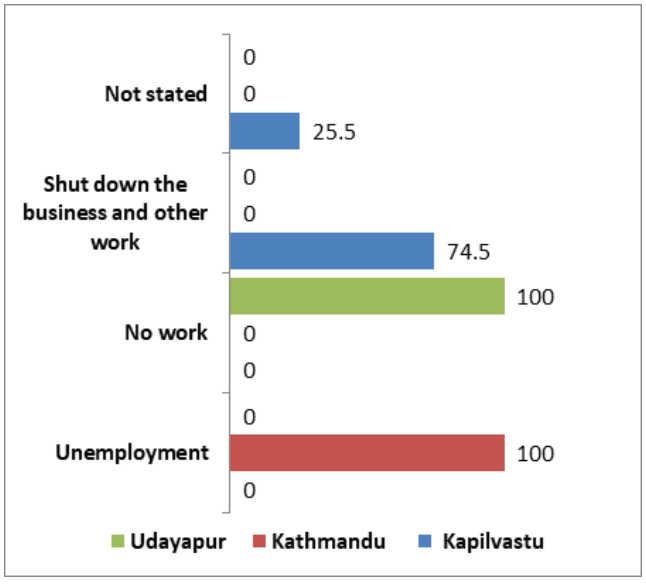
Significant proportion of respondents (77%) reported that they had problems related with employment of family. The highest proportion of respondents (93%) from Udayapur shared that they had problem related to employment of family, which is followed, by Kathmandu (92%) and Kapilvastu (45%) (Figure 30).

FIGURE 30: PROBLEM RELATED WITH EMPLOYMENT OF FAMILY



The main problem related with employment of family in Udayapur was no work (100%) whereas unemployment was the main problem of Kathmandu (100%). In the case of Kapilvastu, shut down of business and other relevant work was reported as main problem (Figure 31).

FIGURE 31: NAME OF PROBLEM RELATED WITH EMPLOYMENT OF FAMILY



CASE STUDY 5: LOSING WORKS IN CITY HAVE WELCOMED MULTIPLE CRISES

Iman Singh, a 39-year-old man, is living in Tokha, Kathmandu. There were five members in their family but her grandmother died during lockdown. It was very hard to perform all the activities of his grandmother's funeral. He is now living with son, daughter and his wife. He used to work as labour. It was very hard to fulfill their basic needs due to his low income. His son was suffering from fever since many days. But, due to lockdown they were not able to go to the hospital for his treatment. Poverty is their main reason to be deprived of the treatment. The family was not able to pay the rent of their apartment since 5 months. The children were not able to attend the online classes due to the lack of internet facility at home. The available resource for the family is not sufficient to pay the school fees to resume the children's education. They are going through hard times and not able to eat healthy foods. Although the family obtained some relief packages for the government, it is not sufficient for them to fulfil all the needs.

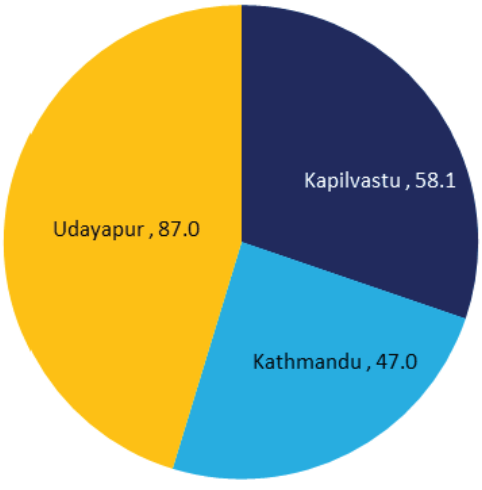
The case presented here show the pathetic life of the city area in Kathmandu where the wage earning family lost the jobs and went in crises of multiple nature. Among the caste/ethnic group, the main problem of Brahman/Chhetri was no work (45%) whereas the main problem of Dalit and Janajati were unemployment (48% and 67% respectively) (Table 1).

TABLE 1: NAME OF PROBLEM RELATED WITH EMPLOYMENT OF FAMILY BY CASTE/ETHNICITY

Caste/Ethnicity	Unemployment	No work	Shut down business and other work	Not stated
Brahman/Chhetri	41.3	45.3	10.7	2.7
Dalit	47.8	39.1	8.7	4.3
Janajati	66.7	4.3	15.9	13.0
Tharu	0.0	0.0	100.0	0.0
Madhesi/Muslim	7.8	92.2	0.0	0.0
Total	**39.7**	**40.1**	**15.1**	**5.1**

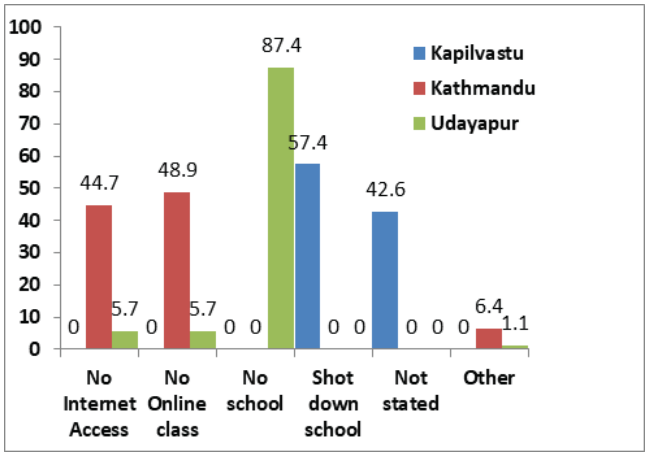
IMPACT ON EDUCATION

FIGURE 32: PROBLEMS RELATED TO EDUCATION



Among three districts, the main problem of Kapilvastu was shot down school (57%) whereas no online class (49%) was the main problem of Kathmandu. Accordingly, the main problem of Udayapur was no school (87%) (Figure 33).

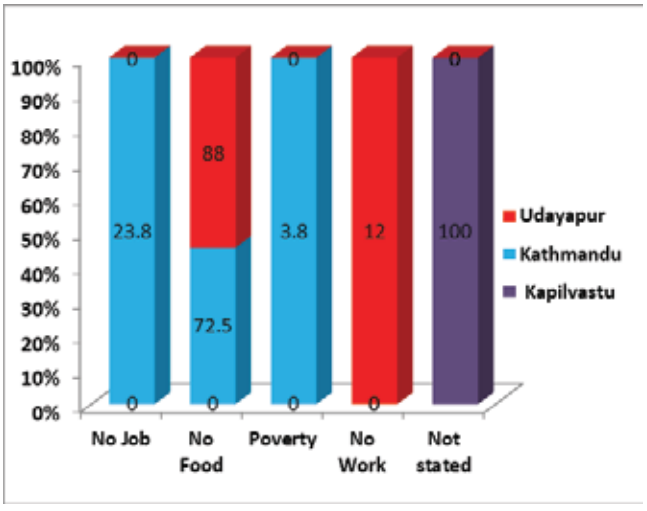
FIGURE 33: NAME OF PROBLEM RELATED TO EDUCATION IN THREE DISTRICTS



LIVELIHOODS OF FAMILY DURING COVID-19

Of the total respondents, 88 per cent from Udayapur and 73 per cent from Kathmandu reported that availing food was their major livelihood related problems. Similarly, 24 per cent respondents from Kathmandu reported that lack of job was another problem (Figure 34).

FIGURE 34: LIVELIHOOD RELATED PROBLEM OF FAMILY



CASE STUDY 6: GOVERNMENT FACILITATED ISOLATION CENTRES IN HOSPITALS LACK CLEANLINESS AND HYGIENE

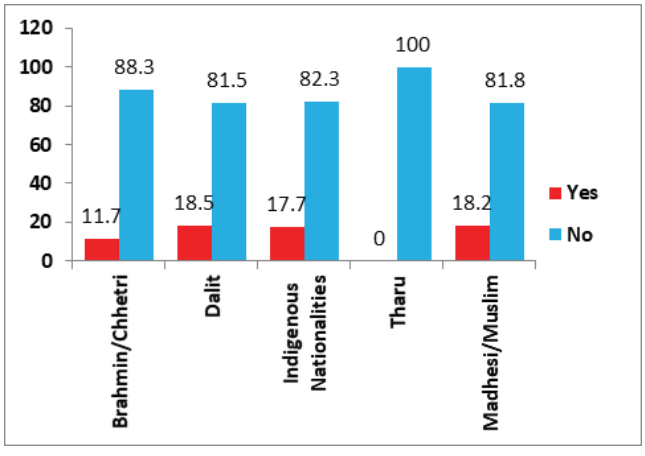
Sabir Miya, a 40-year-old man is living in Udaypur in a small house with three children and a wife. He has studied up to +2 level. He was working as an auto rickshaw driver in his locality.

Before Corona, there were not many problems in his home. Then, he tested positive for COVID-19. He did not have any travel history. He was in his own home since the lockdown but he was tested positive for COVID-19. His family, however, did not tested positive for COVID-19. Their family was in quarantine but he was in isolation in hospital. He explained that those days were very hard. Hospital was not providing proper care for the person who tested positive. People refrained from coming near to him. There was not regular check-up and he felt very lonely there. The facilities of food and water was not proper. Water was dirty and food was neither healthy nor tasty. He explained that there were many problems in the government facilitated isolation centres in hospital. All people used the same washroom and it was not even clean. After doing thrice PCR testing, in 21 days, he was tested negative and returned back home. After returning from hospital, he experienced negative responses from his neighbours and friends. Now, he is staying in his home and uses all the safety measures while going out from the home. He is safe now.

The case presented here highlights the condition of the isolation centres in hospital, which are not neat and clean.

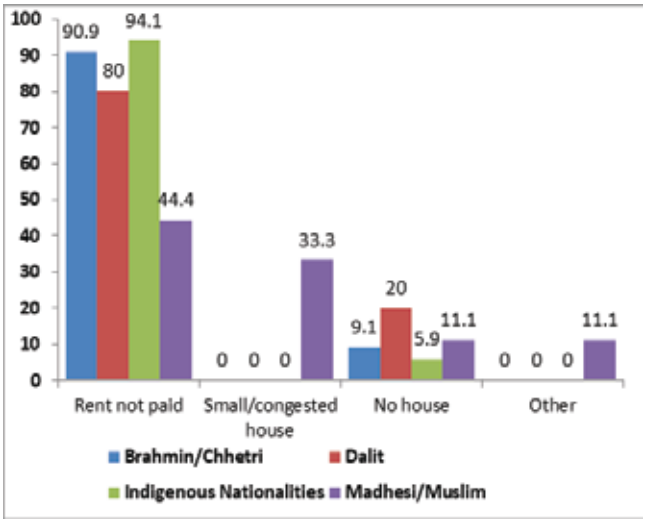
The reduction in workload and curb in salary/income due to COVID crisis had negative impact on shelter of the family. Among different caste/ethic group, Dalit had the highest shelter problem (18.5%) followed by Madhesi/Muslim (18%) and Janajati (18%). There was no any shelter related problem of Tharu (Figure 35).

FIGURE 35: PROBLEMS OF FAMILY RELATED TO SHELTER BY CASTE/ETHNICITY



On an average 77 percent shelter, related problem was related to rent due. The proportion of respondents who faced 'rent not paid' problem is observed highest among Janajati (94%) followed by Brahman/Chhetri (91%), Dalit (80%) and Madhesi/Muslim (44%). Similarly, 20 per cent Dalit reported that they had no house (Figure 36).

FIGURE 36: PROBLEMS OF FAMILY RELATED TO SHELTER BY CASTE/ETHNICITY



PROBLEM SOLVING MEASURES

The problems identified and raised are crucial for livelihood security and enhancing human development. Significant proportion of the respondents (32.5%) reported creation of sufficient employment opportunities could be the way to solve the problem, which is followed by financial help (19%).

TABLE 2: PROBLEM-SOLVING MEASURES

Problem Solving Measures	Kapilvastu	Kathmandu	Udayapur	Total
Employment Opportunities	0.0(0)	59.0(59)	40.0(40)	32.5(99)
Local Government	54.3(57)	0.0(0)	0.0(0)	18.7(57)
Provincial Government	10.5(11)	0.0(0)	0.0(0)	3.6(11)
Financial Help	0.0(0)	21.0(21)	37.0(37)	19.0(58)
No Lockdown	0.0(0)	8.0(8)	5.0(5)	4.3(13)
Private Sector	20.0(21)	0.0(0)	0.0(0)	6.9(21)
Control Corruption	0.0(0)	1.0(1)	4.0(4)	1.6(5)
Proper Development	0.0(0)	0.0(0)	7.0(7)	2.3(7)
Not Stated	14.3(15)	0.0(0)	0.0(0)	4.9(15)
Other	1.0(1)	11.0(11)	7.0(7)	6.2(19)
Total	**100.0(105)**	**100.0(100)**	**100.0(100)**	**100.0(305)**

Accordingly, 19 per cent respondents shared that the role of the local government could be crucial to solve the existing problems whereas 7 per cent respondents reported that the role of private sector could be important for minimizing the problems. Furthermore, respondents from Kapilvastu shared that the role of local government could be crucial whereas respondent from Kathmandu and Udayapur reported that the creation of employment opportunities would be a greater value for solving the problems (Table 2).

SECTION THREE: CONCLUSION, RECOMMENDATIONS AND POLICY INPUT

3.1 CONCLUSION

Women, marginalised and vulnerable communities consulted for this study were found exposed to the awareness and effect of COVID -19 pandemic and adopting certain measures to be protected from this. However, the level differs in terms of geographical locations, socio-economic and cultural conditions. The condition of safety measures at work and living place was found inadequate. Curtail, reduction and stop of regular salary or income from employment and entrepreneur sectors had negative impact on livelihoods of people indicating special packages to promote their livelihoods. The most severe case is of the most marginalized communities like Dalit, Madhesi and Muslim communities and those in special need: persons with disability and sexual minorities.

Acute health problems have been observed due to COVID-19 crisis, which are associated with mental health, depression and timely treatment of the sick and infected people. Mostly the pregnant women and women in their delivery period were severely hit and affected who have complained that the medical services and facilities are not in smooth operation. People suffered from chronic diseases and their families involved in small business, informal wage earning works and household activities with low-income source were found in need of serious financial aid for their treatment of diseases like kidney dialysis, regular blood transfusion for cancerous patients, and so on.

The families making their income by informal works like grocery have fallen in serious crisis of bankrupting when multiple crises add up like continuity of children's education, treating the patient with chronic disease and so on. The daily income related problems are closely associated with job, employment, business etc. Although some relief packages were distributed by the governments especially by the local government, the women, children and vulnerable people like persons with disabilities, sexual minorities and similar in special need were found deprived of legal documents like citizenship card, old age certificate, relationship paper and so on.

Unemployment rose sharply in the wake of the onset of the crisis and vulnerable groups and women have been severely affected. School going girls are at particular risk of dropping out and not returning to school in the aftermath of the COVID pandemic. The community schools are severely lacking virtual class facilities due to both financial crisis as well as the crises appeared due to the lack of proper knowledge to better hand the technology.

Lives of people have drastically changed with the emergence of a new lifestyle during the COVID pandemic. The government facilitated isolation centres in the hospitals lack cleanliness and hygiene. There was no proper care, lack of regular check-up, poor quality food. Infected people are compelled to use the same washroom without proper mechanism of disinfection. Problems after coming back from the isolation centre are equally acute: negative response from neighbours, friends and family members. The reduction in workload and curb in salary/income due to COVID crisis had negative impact on shelter of the family.

The problems identified and raised are crucial for livelihood security and enhancing human development. Creation of sufficient employment opportunities could be the way to solve the problem which is followed by financial help by harnessing cooperation and coordination among government, non-government and and private sectors. Whereas the role of the local government is important at the programmatic level, coordinating role can be played by the provincial governments and the policy level coordination by the federal government.

The COVID -19 is a humanitarian crisis. It comes under neither a basic need nor a rights based approach but a special situation. In such a crisis, legal treatment and action has nothing to do with the poor and helpless people who have lost their resources due to unavoidable situation like lockdown. The case referred to as above symbolises how the helpless families are bearing a crisis due to having no legal document like citizenship card.

The data and cases presented in this study show the pathetic life of the city area in Kathmandu where the wage earning family lost the jobs and went in crises of multiple nature. The case presented here highlights the condition of the isolation centres in hospital which are not neat and clean. The virus has not only put the health of people on risk, but problem solving measures also made living and shelter insecure. With constant rise in poverty during this period, exacerbating food insecurity has been observed.

3.2 RECOMMENDATIONS

1. The laws and policies have clearly stated who are vulnerable groups and people in special need. However, in the context of COVID -19, it has been difficult to identify who they are. Identifying them is to be given first priority. There can be several other ways to do this exercise. One of the options is to make the local government representatives. The ward members are to be mobilised and the ward chair has to coordinate them to prepare the list of the households as the vulnerable and marginalized communities. The bases for this can be both general such as caste/ethnicity, education, geography, sex, mental and physical condition as well as the context specific such as those losing jobs or wage earning source, earning no one at the household, income source/investment/entrepreneurship completely or partially collapsed or bankrupted.

2. A special directive to make the local elected representative needs to be developed for this to make them accountable in collecting and preparing the list of the vulnerable and marginalised communities to respond by the government with the COVID -19 crisis. Failure to meet the obligation while preparing such a list should be brought into the legal action.

3. Once identified the vulnerable and marginalised communities by the above efforts, context specific relief packages are to be announced by the government with clear provision of mobilizing all three sectors: government of all three levels, social sector and the private sector.

4. Any relief packages to be distributed should avoid duplication, dependency, mismanagement and fraud.

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END NOTE

Vital remittances to Nepal at risk due to coronavirus outbreak, says Ambassador Pertti Anttinen
https://reliefweb.int/report/nepal/vital-remittances-nepal-risk-due-coronavirus-outbreak-says-ambassador-pertti-anttinen
Northern Humla braces for a food shortage https://tkpo.st/3evkGvh

APPENDIX: STUDY TOOLS

QUESTIONNAIRE

SECTION A: INTRODUCTORY

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP TO
101	Name (Record the full name of respondent)	_____	
102	Contact No.	_____	
103	Age (Complete Age)	_____	
104	Sex	Male … 1 Female … 2 Third Gender… 3	
105	Caste/Ethnicity	Brahman/Chhetri… 1 Dalit… 2 Adibashi Janajati/Indigenous Nationalities…3 Tharu… 3 4 Madhesi/Muslim … 5 Other_____	
106	Occupation of respondent	Agriculture… 1 Unpaid house care work… 2 Services (Civil, Non-government, Private sector) … 3 Wage earning… 4. Construction… 5 Manufacturing… 6 Other_____	
107	Specific work/occupation (Write the engaged specific work)	_____	
108	What Specific skills do you have? (Write the main skill of respondent)	_____	
109	Completed Education	Illiterate… 1 Lower than primary… 2 Primary… 3 Lower secondary… 4 Secondary… 5 Intermediate/10+2… 6 Bachelor… 7 Masters and above… 8	
110	Marital Status	Married… 1 Unmarried… 2 Divorced… … 3 Separated… 4 Single… 5	
111	District (of permanent residence)	_____	

SECTION B. PANDEMIC COVID 19 IMPACT ON EMPLOYMENT, INCOME, LIVELIHOOD AND ACCESS TO BASIC FOOD, SHELTER, HEALTH AND EDUCATION

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP TO
201	Have you heard about COVID -19?	Yes… 1 No… 2	Section C
202	Which one of the safety measures are you adopting?	Physical/Social distancing…1 Use of sanitizer… 2 Other measures (specify)_____ Nothing at all … 3	
203	Do you think health and safety in the workplace and place of stay good enough?	Quite enough… 1 Ok… 2 Inadequate… 3	
204	Are you regularly getting income from your job or source?	Yes… 1 No… 2	
205	Is there any reduction in income?	_____	
206	if so, by how much (% reduction)	_____	
207	Is there any change in working style after COVID-19?	Increased… 1 Decreased… … 2 No Change… 3	
208	Have you obtained any support by anyone to ease your hardship due to pandemic?	Yes… 1 No… 2	Q
209	What is the main social security scheme given to you?	Insurance… … 1 Medical Service … 2 Gratuity… 3 Economic support… 4 Provident fund … 35 Not at all… 6	
210	What problems do you have now?	Loneliness… 1 Fear… 2 Hypertension … 3 Economic Insecurity… 4 Depression… 5 Others… 6 Not all… 7	
211	What types of support do you want from government when you return back?	Financial Aid… 1 Conducive environment……. 2 Network development …….. 3 Other (Specify)… 34	

SECTION C: PROBLEMS ASSOCIATED WITH TESTING, STAYING IN QUARANTINE, AND OR ISOLATION AND GETTING TREATMENT

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	Are there quarantine facilities in your locality?	Yes… 1 No… 2	
302	If yes, please explain the quality of the quarantine in your locality?	_____	
303	Are there identified infected people in your locality?	Yes… 1 No… 2	
304	If yes, who are they?	 No. of male_____ No. of female_____ Ethnicity_____	
305	If yes, have they all been tested with PCR?	Yes… 1 No… 2	
306	Are they in isolation centre?	Yes… 1 No… 2	
307	Are they getting proper treatment	Yes… 1 No… 2	
308	Please give us additional information on infected people.	_____ _____	

SECTION D: PROTECTION MEASURES FOR REDUCING VULNERABILITIES OF WOMEN AND VULNERABLE COMMUNITIES DUE TO IMPACT OF COVID -19

Q.N.	QUESTIONS	CODING CATEGORIES	SKIP TO
401	Have you identified any health problems after COVID -19 in your family?	Yes… 1 No… 2	
402	If yes, what are the major health problems?	_____	
403	Have you got treatment?	Yes… 1 No… 2	
404	If not, why have you not got the treatment?	_____	
405	Are there any problems related to pregnancy, delivery and postnatal care in your locality?	Yes… 1 No… 2	
406	If yes, what are they?	_____	
407	Are there any problems related to daily income/earning of your family?	Yes… 1 No… 2	
408	If yes, what are they?	_____	
409	Are there any problems related to employment in your family?	Yes… 1 No… 2	
410	If yes, what are they?	_____	
411	Are there any problems related to education?	Yes… 1 No… 2	
412	If yes, what are they?	_____	
413	Are there any problems related to livelihood in your family?	Yes… 1 No… 2	
414	If yes, what are they?	_____	
415	Are there any problems related to shelter in your family?	Yes… 1 No… 2	
416	If yes, what are they?	_____	
417	Are there any problems related to basic food in your family?	Yes… 1 No… 2	
418	If yes, what are they?		
419	Finally, who should do what to solve these problems?	Local government_____ Provincial government _____ Federal government_____ NGO/CBOs_____ Private sectors_____	

Thank you very much for your information

ANNEX TABLES

TABLE 3: BACKGROUND CHARACTERISTICS OF RESPONDENTS

Characteristics	Kapilvastu		Kathmandu		Udayapur		Total	
	N	%	N	%	N	%	N	%
Gender								
Male	44	41.9	50	50.0	54	54.0	148	48.5
Female	61	58.1	50	50.0	46	46.0	157	51.5
Age Group								
<19 Years	3	2.9	3	3.0	0	0.0	6	2.0
20-24	7	6.7	15	15.0	1	1.0	23	7.5
25-29	9	8.6	16	16.0	3	3.0	28	9.2
30-34	12	11.4	21	21.0	13	13.0	46	15.1
35-39	21	20.0	19	19.0	16	16.0	56	18.4
40-44	19	18.1	12	12.0	17	17.0	48	15.7
45-49	14	13.3	5	5.0	9	9.0	28	9.2
50-54	12	11.4	3	3.0	11	11.0	26	8.5
>55 yrs	8	7.6	6	6.0	30	30.0	44	14.4
Caste/Ethnicity								
Brahman/Chhetri	24	22.9	31	31.0	39	39.0	94	30.8
Dalit	6	5.7	12	12.0	9	9.0	27	8.9
Janajati	39	37.1	53	53.0	4	4.0	96	31.5
Tharu	33	31.4	0	0.0	0	0.0	33	10.8
Madhesi/Muslim	3	2.9	4	4.0	48	48.0	55	18.0
Marital Status								
Married	92	87.6	81	81.0	88	88.0	261	85.6
Unmarried	11	10.5	10	10.0	2	2.0	23	7.5
Divorced	1	1.0	0	0.0	0	0.0	1	0.3
Separated	1	1.0	5	5.0	0	0.0	6	2.0
Widow/Widower	0	0.0	4	4.0	10	10.0	14	4.6
Level of Education								
Illiterate	13	12.4	16	16.0	52	52.0	81	26.6
Lower than Primary	11	10.5	15	15.0	13	13.0	39	12.8
Primary	17	16.2	18	18.0	10	10.0	45	14.8
Lower Secondary	21	20.0	23	23.0	13	13.0	57	18.7
Secondary	31	29.5	21	21.0	9	9.0	61	20.0
Intermediate/10+	11	10.5	7	7.0	3	3.0	21	6.9
Bachelor	1	1.0	0	0.0	0	0.0	1	0.3
Total Sample	105	100.0	100	100.0	100	100.0	305	100.0