

India & Nepal



**ENHANCING PUBLIC SECTOR ACCOUNTABILITY
AND TRANSPARENCY FOR GENDER INCLUSION
IN RESPONSE TO NATURAL HAZARD
INDUCED DISASTERS
AND THE COVID-19 PANDEMIC
IN SOUTH ASIA**

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GRRIPP
Gender Responsive
Resilience and Intersectionality in
Policy and Practice



GENDER INCLUSION IN RESPONSE TO DISASTERS AND THE COVID-19 PANDEMIC IN SOUTH ASIA



INTRODUCTION

COVID-19

The COVID-19 pandemic is a global disaster which has affected the lives of people, disrupting societal life and forcing the adoption of new norms among individuals, families, communities, institutions, markets and governments. South Asia is one of the most populous regions of the world. Its densely populated cities served as an ideal environment for high community transmission during the last two years, with little scope for social distancing norms to evade infection. Inadequate health facilities, poverty and a smaller number of physicians per capita (less than 1) are reasons that South Asian countries were ill-prepared to fight COVID-19 when it was declared a pandemic in March 2020 by the WHO.¹ However, as the number of cases increased, governments took measures to greatly improve their country's healthcare systems, putting up safeguards and setting guidelines as part of the management of the pandemic.

COVID-19 affected different people differently. Women were particularly affected, especially women from low-income groups and migrant workers. The pre-existing gender disparities widened due to COVID-19 lockdowns and its related restrictions. Women were forced to face a number of issues, including the loss of employment, economic uncertainty, an increased burden of home care and the related increases in stress and anxiety levels. In addition, there were many cases of domestic and sexual assault during the lockdown period. Although governments attempted to provide assistance with stimulus packages during the COVID period, little could be done to improve the situation of women.

OTHER DISASTERS DURING THIS PERIOD IN RESEARCH LOCATIONS

During the global COVID-19 pandemic natural hazard induced disasters also occurred, stretching already exhausted resources to the limit and impacting the vulnerable and marginalised the most. One such disaster was the severe category three cyclone 'TAUKTAE' which made landfall² in Gujarat on 17th May 2021 and brushed past Kerala, Karnataka, Goa, and Maharashtra. According to the National Disaster Management Authority "...82 people died across the States of Gujarat (45), Maharashtra (17), Kerala (9), Karnataka (8), and Goa (3). In addition, 64 people were injured, 255,758 people were evacuated, 11,714,481 affected, and 55,834 houses damaged."³ Tropical Cyclone Tauktae came when Gujarat was battling with the second wave of COVID-19 since late April and was experiencing severe shortages of medicines, beds, oxygen, and other medical supplies. Nearly 200,000 people, mainly from the coastal belt of Saurashtra and Kutch, were evacuated in Gujarat.⁴ Vaccinations were suspended for two days to facilitate evacuations.⁵

In Nepal, more than 80% of the total population is at risk of multiple natural hazards, such as floods, landslides, windstorms, hailstorms, fires, earthquakes and Glacial Lake Outburst Floods (GLOFs). The country is among

¹ World Health Organization. WHO announces COVID-19 outbreak a pandemic. 2020 [5th May, 2020]. Available from <http://www.euro.who.int/en/health-topics/healthemergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>

² [Cyclone Tauktae Highlights: Cyclone Tauktae Crosses Gujarat Coast, Weakens \(ndtv.com\)](#)

³ [India - Tropical Cyclone TAUKTAE update \(GDACS, IMD, NDM India\) \(ECHO Daily Flash of 19 May 2021\) - India | ReliefWeb](#)

⁴ [Cyclone Tauktae Tracking: Gujarat, Maharashtra, Kerala, Karnataka, Mumbai, Goa, Arabian Sea \(indianexpress.com\)](#)

⁵ [Tropical Cyclone Tauktae - May 2021 | ReliefWeb](#)

the 20 most disaster-prone countries in the world. In part, this is because Nepal is in a seismically active zone with a high probability for massive earthquakes.⁶ The landslide in Parbat district on 16th June 2020 killed 9 people, 5 of whom were females. In the third week of October 2021, landslides and floods after heavy rainfall killed 120 people, including 36 women and 26 children.⁷

Super Cyclonic Storm Amphan was a powerful and catastrophic tropical cyclone that caused widespread damage in Eastern India (specifically in West Bengal and Odisha) and Bangladesh, in May 2020.⁸ It was the strongest tropical cyclone to strike the Ganges Delta since Cyclone Sidr in 2007. Amphan is also the costliest cyclone ever recorded in the North Indian Ocean, causing over US\$13 billion of damage. According to the US Pacific Disaster Center, Amphan's forecast track placed 38.9 million people in India and Bangladesh at risk of exposure to the storm's winds.⁹ At least 86 people died in West Bengal. Over a million people were affected by Amphan across nine districts in the divisions of Khulna and Barisal, with the cyclone causing an estimated Tk11 billion (US\$130 million) in damage. The cyclone also produced heavy rainfall and strong winds in Sri Lanka which intensified in the east of the island, affecting approximately 2,000 people and triggering floods and landslides.¹⁰

This brief intends to call on governments and civil society organisations (CSOs) to prioritise the needs of women during emergencies like the COVID-19 pandemic - emergencies that come on top of climate disasters. Understanding the socio-economic situations of women is paramount to effectively addressing the plight of women in such compounded situations.

THE RESEARCH

The research 'Enhancing public sector accountability and transparency for gender inclusion in response to natural hazard induced disasters and the COVID-19 pandemic in South Asia' was carried out by Duryog Nivaran, supported by the Gender, Resilience and Intersectionality in South Asian Region (GRRIPP) as part of its Micro research projects under the theme 'Governance in Pandemics and Beyond'. The research aimed to understand how resilience can be strengthened by better integrating gender considerations into policies and practice and improving transparency and accountability. In addition, it intended to analyse the effectiveness of existing governance mechanisms to deal with regular disasters during the COVID-19 pandemic and how disaster management policies were used or applied to arrest the spread of the pandemic. Finally, the research also envisaged increasing the participation, collaboration, accountability, and capacity of local government authorities, CSOs and community leaders - especially women's groups - in governance decisions.

The research used several methods to draw out facts and evidence on the gendered and compounded impacts of climate disasters and the COVID-19 pandemic, with a view of making some recommendations on inclusive governance. Livelihoods and intersectionality were the focus of the analysis. It aimed to develop two policy briefs which would focus on enhancing public sector accountability and transparency for the above in India and Nepal, and the South Asia report extracting some lessons from this comparison for the region as a whole.

Extensive literature reviews were conducted for India and Nepal. A regional literature review was also carried out to get a South Asian perspective on the issue.

As part of the ground level research, in India, people from two Cyclone Tauktae affected villages from the Patan District (Anternes and Rajusara) in Gujarat were consulted through focus group discussions, case studies, and interviews. In total, 64 individuals from these two villages were consulted.

In Nepal, focus group discussions, interviews and case stories were conducted in Bhaladmi Chowk and Jyamire community of Makwanpur District of Province 3 (Bagmati Province). In total, 54 individuals were consulted from these village communities.

⁶ Ministry of Home Affairs. (2018). Nepal Disaster Report, 2017: The Road to Sendai, Kathmandu: Government of Nepal. Available from <http://drrportal.gov.np/uploads/document/1321.pdf>

⁷ <http://drrportal.gov.np/uploads/document/2252.pdf>

⁸ Cyclone Amphan. Wikipedia. Available from https://en.wikipedia.org/wiki/Cyclone_Amphan

⁹ G. Amarnath. 2020. Climate-related disasters and index-based risk transfer. Available from <https://un-spider.org/sites/default/files/3.2IWMIGirirajKP.pdf>

¹⁰ A. Yadav. 2022. A study of cyclone disaster in India in the special context of Amphan cyclone. Available from https://www.researchgate.net/publication/358270631_A_study_of_cyclone_disaster_in_India_in_the_special_context_of_Amphan_cyclone

IMPACTS OF THE COVID-19 AND NATURAL HAZARD INDUCED DISASTERS ON WOMEN IN SOUTH ASIA DURING THE LAST TWO YEARS

As stated previously, it is a known fact that women tend to face greater risks during emergencies including that of a pandemic. During most disasters, women and girls, especially those from poor and marginalised communities, are among the most affected. During the COVID-19 pandemic, the literature points to the increasing fear, insecurity, disease, mental stress, domestic violence, hunger and loss of livelihoods, that many women in South Asia faced.

Some of the key impacts can be categorised into: 1) livelihood related impacts, 2) health, 3) security concerns, gender-based violence (GBV) and intimate partner violence (IPV), and 4) changing household roles and responsibilities.

LIVELIHOOD

Unemployment of both men and women has resulted in a loss of income being experienced in most households in the region. It is estimated that lockdowns and other related measures had a significant impact on 1.6 billion informal workers, with women over-represented in the most hard-hit sectors.¹¹ In India, the second wave had a disastrous impact on unemployment, with over 7 million jobs being lost in April 2021.¹²

Workers in the **informal sector** in South Asia were hit hardest, with the most vulnerable being the informal/unorganised sector workers and informal enterprises. Women in South Asia make up a disproportionate percentage of workers in the informal sector, and 80% of women in non-agricultural jobs in the region are engaged in informal employment.¹³ In addition, women employed in the informal sector are not protected by social security and social protection. In *Anternes* and *Rajusara in Gujarat, India*, most women depend on agriculture or animal husbandry work, and most of their work in and around houses and farms remains unpaid.

Women's livelihoods in South Asia are predominantly in the informal sector and in **small and micro enterprises**. These were the enterprises that were the worst hit with data showing that men's SMEs were quicker to recover than those owned/managed by women. In Sri Lanka, COVID-19 had widespread business impacts on the SMEs, often with little difference among male-owned, female-owned or jointly-owned companies. There has been a range of human resource and operational challenges and most SMEs have used some form of financial support from their financial institution. However, one of the major challenges has been accessing much needed financial support. While SMEs that were men-owned/managed (MSME), women-owned/managed (WSME) and men and women jointly owned/managed (JSMEs) experienced similar impacts in many areas, the WSMEs were more likely to have experienced a change in demand (both positive and negative) than MSMEs or JSMEs, with five percent of WSMEs reporting no change, compared to 11% of MSMEs and 12% of JSMEs.¹⁴

Domestic workers (who are mostly female) lost their jobs during the pandemic, especially those working overseas. The impact on migrant workers is a well-documented fact and South Asia contributes a large

¹¹ ILO. April 2020. ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods. Available from https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang-en/index.htm

¹² Delhi. May 4, I. T. W. D. N., May 4, 2021 UPDATED:, & Ist, 2021 17:53. (n.d.). Covid-19: Unemployment rate rises to 4-month high, over 70 lakh out of jobs in April. India Today. Available from <https://www.indiatoday.in/business/story/covid19-unemployment-rate-rises-to-4-month-high-over-70-lakh-out-of-jobs-in-april-1798800-2021-05-04>

¹³ UN Women. Women in informal economy. Available from <https://www.unwomen.org/en/news/in-focus/csw61/women-in-informal-economy>

¹⁴ IFC. 2020. Gendered Impacts of COVID-19 on Small and Medium-Sized Enterprises in Sri Lanka, International Finance Cooperation & Australian Aid. Available from <https://www.ifc.org/wps/wcm/connect/c1e0511d-f368-48c5-8bea-18984cb0faec/Gendered+Impacts+of+COVID-19+on+Small+and+Medium-Sized+Enterprises+in+Sri+Lanka.pdf?MOD=AJPERES&CVID=nkBAMBx>

proportion of migrant labour overseas. In Nepal, a Household Survey conducted by the World Food Programme Nepal in August 2020 shows that 11% of the household lost at least one source of income after the COVID-19 outbreak, affecting their livelihood badly.¹⁵ The impact of COVID-19 on the livelihoods of Nepalese households highlights increasing pressure on the ability of households to access food, and their vulnerability to shocks. Another survey showed that 85% of the domestic workers who lost their jobs because of COVID-19 are now unemployed.¹⁶

HEALTH

A Higher risk of COVID-19 infection due to line of work, lack of knowledge, and lack of access to healthcare or vaccination programmes was evident. A report by UN Women in Asia Pacific states that amidst many roles of hardships, South Asian women continue the fight against COVID-19 on the front lines as health care workers, social mobilisers and caregivers. This puts many at a higher risk of infection. Findings from the focus group discussions in Nepal stated that (in the age group of 30-60 years) front line workers - like health workers, security, shopkeepers (vegetable, grocery etc.) - who were exposed to the virus, included a large proportion of women. More than 66% of Nepal's health workers are women, who make up 33% of medical doctors and an overwhelming 99% of nursing personnel.¹⁷ In India, women make up 47.2% of all health care workers and almost 89% of nurses and midwives.¹⁸ A mobile phone-based survey conducted from 3rd to 22nd April 2020, in Uttar Pradesh and Bihar found that compared to men, women were seven percentage points less likely to know the main symptoms of COVID-19 and 22 percentage points less likely to practice preventive behaviours.¹⁹ Communities from Anternes village attributed the lack of awareness, testing, and treatment as the main reasons for widespread impact and deaths. "Initially, I was afraid of the vaccine. I took it only after half of the village got vaccinated. I have not received the second dose of the vaccine as nobody came to my village again," said a 62-year-old widow from Anternes.

The pandemic **reduced women's access to essential healthcare services**, especially sexual reproductive health services (SRH). Women were/are less likely to attend a health facility for pre-conception counselling, contraception and family planning advice. A policy brief in May 2020 estimated that 24.55 million couples in India would not have access to contraceptives that year.²⁰ Another study in July 2020 estimated that 1.85 million women would be unable to access safe abortion services for unintended pregnancies due to India's national lockdown.²¹ Prior to the pandemic, only 58% of births in Nepal were attended by skilled health personnel²², and many women faced serious risks if complications arose during childbirth. With the pandemic,

¹⁵ The Impact of COVID-19 on Households in Nepal September 2020. World Food Programme. Available from https://reliefweb.int/sites/reliefweb.int/files/resources/Nepal_COVID_Food_Security_Report_2.pdf

¹⁶ C. K. Mandal. June 2020. Out-of-job domestic workers are struggling for survival even as lockdown is relaxed. The Kathmandu Post. Available from <https://kathmandupost.com/national/2020/06/21/out-of-job-domestic-workers-are-struggling-for-survival-even-as-lockdown-is-relaxed>

¹⁷ United Nations Harmful Practices Group (2020) [Gender Equality Update 25: COVID-19 and Harmful Practices in Nepal](#), December 2020

¹⁸ Nepal Research Institute & Care Nepal. 2020. [A Rapid Gender Analysis on COVID-19 Nepal 2020](#), Care Nepal, Save the Children, and Ministry of Women Children and Senior Citizens. Available from <https://asiapacific.unwomen.org/en/digital-library/publications/2020/11/a-rapid-gender-analysis-on-covid-19-nepal-2020>

¹⁹ J. Pinchoff, et. al. 2020. Gender specific differences in COVID-19 knowledge, behavior and health effects among adolescents and young adults in Uttar Pradesh and Bihar, India. PLoS ONE 15(12): e0244053. Available from <https://doi.org/10.1371/journal.pone.0244053>

²⁰ V.S. Chandrasheker. et.al., 2020. Impact of COVID 19 on India's Family Planning Program. Available from <https://pratigvacampaign.org/wp-content/uploads/2020/05/impact-of-covid-19-on-indias-family-planning-program-policy-brief.pdf>

²¹ Ipas Development Foundation. July 2020. COVID-19 restrictions compromised abortion access for 1.85 million women in India. Available from <https://www.ipas.org/news/covid-19-restrictions-compromised-abortion-access-for-1-85-million-women-in-india/>

²² S. Chhetri. May 2020. In Nepal, turning pregnancy excitement into fear. Available from <https://www.unfpa.org/news/nepal-covid-19-turning-pregnancy-excitement-fear>

women are facing even more barriers to accessing maternal health care, including movement restrictions, transport challenges and anxiety over possibly being exposed to the virus.

The **loss of income has also resulted in negative health impacts**. The loss of work, unavailability of nutritious food, and increased workload exposed them to negative health consequences. The World Bank's survey of 'COVID-19 Related Shocks in Rural India 2020' indicated that rural households were experiencing nutritional and economic shocks, even before the second wave.²³

Increase in mental health issues and cases of IPV and related injuries etc. is yet another impact. COVID-19 has triggered a higher suicide rate in Nepal. In the first four months of lockdown, 2,218 people committed suicide, which was a 25% increase in the suicide rate compared to the previous year.²⁴ Even more disturbing is the rising suicide rate among women, including pregnant women, in Nepal. The stress of losing income, added household work and expenditure, depletion of savings, along with physical violence, has resulted in both men and women suffering from increased mental health issues and a rising incidence of suicide.

SECURITY AND GBV/IPV

Intimate partner violence (IPV) including marital rape, domestic violence and gender-based violence (GBV) has increased considerably during the lockdown period. There has been an increase in cases of violence against women, mostly IPV.

Women who were already in abusive family relationships were trapped in homes with their perpetrators 24/7 during the lockdown, exposing them to increased control and restriction on mobility by their abusers. "In India, reports of domestic violence, child marriage, cyber violence and trafficking of women and girls increased within the first few months of the pandemic."²⁵ Cases of domestic violence against women in Nepal were also reported as showing a marked increase, as was the case in most other South Asian countries.

The return of male family members employed in other states, and their **uncertainty regarding future livelihoods, led to an increase in domestic violence and marital rape**. "It is well recognized that clustering family members into small spaces under lockdowns could increase the risk of physical and verbal abuse, it is less recognized that male unemployment can also escalate domestic violence, as found in India" stated one study.²⁶

As per a report from the National Commission of Women (NCW), India recorded a 2.5 times increase in domestic violence between February and May 2020.²⁷ The Commission responded by opening a WhatsApp helpline to improve reporting, but this policy left out those women without access to cell phones or the internet.

A total of 885 complaints of domestic violence were received through the 24-hr toll-free helpline operated by NCW from April to June 2020. This was over twice the number of complaints received within the same period before lockdown (December 2019 to February 2020). A year after the lockdown, the NCW continues to receive

²³ D. Murali. D. Maiorano. April 2021. Nutritional Consequence of the Lockdown in India: Indications from the World Bank's Rural Shock Survey – NUS Institute of South Asian Studies (ISAS). Available from <https://www.isas.nus.edu.sg/papers/nutritional-consequence-of-the-lockdown-in-india-indications-from-the-world-banks-rural-shock-survey/>

²⁴ K. Giri. September 2020. More Men Die From COVID-19 in Nepal but who suffers most? LSE. Available from <https://blogs.lse.ac.uk/covid19/2020/09/15/more-men-die-from-covid-19-in-nepal-but-who-suffers-most/>

²⁵ UN Women. July 2021. Your questions answered: Women and COVID-19 in India. Available from <https://www.unwomen.org/en/news/stories/2021/7/faq-women-and-covid-19-in-india>

²⁶ B. Agarwal. 2021. Reflections on the Less Visible and Less Measured: Gender and COVID-19 in India. Volume 35, Issue 2. Sage Journals. Available from <https://journals.sagepub.com/doi/full/10.1177/08912432211001299>

²⁷ National Human Rights Commission. 7 October 2020. Human Rights Advisory on Rights of Women in the Context of COVID-19. Available from https://nhrc.nic.in/sites/default/files/Advisory%20on%20Rights%20of%20Women_0.pdf

over 2,000 complaints of crimes against women every month; 1,463 domestic violence complaints against women were received from January 2021 to 25th March 2021.²⁸

HOUSEHOLD ROLES AND RESPONSIBILITIES

Women's household workload increased significantly during the pandemic. With schools and childcare centres closed almost for a year and men spending more time at home due to restrictions and loss of work, women's time spent on unpaid domestic work increased. In addition, the pandemic increased the burden of unpaid work for women by an estimated 30%, as found in an Indian survey.²⁹,

Another survey in India found that in 2019 women spent 243 minutes a day on domestic and household work, almost ten times more than men.³⁰ The time use survey "...showed that women spend 84% of their working hours on unpaid activities, while men spend 80% of their working hours on paid work. Just 6% of men participate in cooking in any manner, and just 8% do any house cleaning."³¹ The survey also revealed how caste and geographic location intersections play an important role in determining gendered division of time and labour. It found that: 1. Upper-caste women spend the least time on paid work among all social groups, but upper-caste men spend the most time on paid work. 2. In Telangana and Tamil Nadu, women spend over 30% of their working hours on paid work, while in Bihar and Uttar Pradesh, fewer than 10% of women's working hours result in any pay. "When caste intersects with other identities such as sex, gender identity or disability, we find that the nature of discrimination experienced by people at the interstices is severe."³²

However, **the roles of men and other members of the family showed some change** during the pandemic, as they had to help with either accessing food and help with housework. In Nepal, interviewed community members pointed out that while there was an increased burden, this generated support from other family members (men, daughters, sons).

OBSERVATIONS

GENDER

COVID-19 has deepened the pre-existing gender inequalities for vulnerable and marginalised groups, especially that of poor women and girls, gender and ethnic minorities, women and girls with disabilities, and older women. It has had a severe impact among these women.

- Women are more vulnerable to COVID-19–related economic effects because of existing gender inequalities. During the uncertainty created by the pandemic, women's economic opportunities and activities have been disproportionately affected. During the lockdown, women were the first to lose jobs, and those in the informal sector (construction workers, domestic helpers, etc.) across South Asia lost their

²⁸ PTI/The Times of India. 2021. Complaints of domestic violence against women spiked in year of lockdown: NCW data. Available from <https://timesofindia.indiatimes.com/india/complaints-of-domestic-violence-against-women-spiked-in-year-of-lockdown-ncw-data/articleshow/81687915.cms>

²⁹ R. Purushothaman, et.al. 2020. Opening with care. Hindustan Times. Available from <https://www.hindustantimes.com/analysis/prioritise-care-work-to-integrate-women-working-from-home-into-the-economy/story-QCCWBF2j5Qm6G6NuULm1O.html>

³⁰ B. Kamdar, 2020. India's Women Bear the Burden of Unpaid Work – With Costs to Themselves and the Economy. The Diplomat. Available from <https://thediplomat.com/2020/11/indias-women-bear-the-burden-of-unpaid-work-with-costs-to-themselves-and-the-economy/>

³¹ S. Rukmini. 2020. Your cast and class determines how you spend time. Mint. Available from <https://www.livemint.com/news/india/your-caste-and-class-determines-how-you-spend-time-11602657834829.html>

³² J. Kothari et al. 2019. Intersectionality: A Report on Discrimination based on Caste with the intersections of Sex, Gender Identity and Disability in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala, Centre for Law and Policy Research. p.12. CLPR. Bangalore. Available from <https://clpr.org.in/wp-content/uploads/2019/08/Intersectionality-A-Report-on-Discrimination-based-on-Caste-with-the-intersections-of-Sex-Gender-Identity-and-Disability-in-Karnataka-Andhra-Pradesh-Tamil-Nadu-and-Kerala.pdf>

livelihoods and livelihood opportunities. A higher percentage of WSMEs experienced a change in demand compared to MSMEs and JSMEs. Even in formal employment structures, women were managing the dual burden of unpaid care work and office work. And more women lost formal jobs compared to men.³³ While both men and women lost their jobs, more women lost jobs (mostly informal), not just due to closure of business institutions or due to lockdowns, but also because of the increased home care role the women had to play.

- Thousands of vulnerable women lost their livelihoods and were unable to earn an income; they were unable to feed themselves and their families and meet essential needs such as health care and personal protective equipment.
- Strict lockdowns and stay-home guidelines gave rise to gender-based violence, often underreported, and this was experienced across the subcontinent. "Lockdowns, stay-at-home orders and other measures implemented during the COVID-19 pandemic have led to what the UN has called a 'shadow pandemic' of rising gender-based violence."³⁴
- COVID-19 has deepened pre-existing gender disparities. Roles of women and men re-evolved, and while there were glimpses of positive change, generally large huge disparities were found and the burden on women increased. As noted above COVID-19 has disproportionately increased the time women spend on family responsibilities.
- Gender differences in knowledge regarding COVID-19 symptoms affect the practice of preventive behaviours, with women less likely to practice preventive behaviour compared to men. This difference in preventive behaviour could be attributed to lower literacy levels, lower internet usage, lack of ownership of a mobile, and lower media exposure.

INTERSECTIONALITY

During the ground level discussions and interviews, it was noted that while the above was generally true, there were intersecting factors of vulnerabilities or marginalisation that made particular categories more susceptible to one or all of the above, as well as experiencing the impacts more acutely due to the multiple angles by which they fell into the margins. Some of those noted in the research were:

- Women from low-income categories were more likely to be working in the informal setting and thus were doubly hit by COVID-19. This job loss led to the loss of income, staying at home taking care of family members and also experiencing domestic and sexual violence.
- Loss of job and economic uncertainty increased the suicide rate among women workers including pregnant women.
- Elderly widows in remote locations were more likely to be left out of 'full vaccination' due to vaccine-hesitation brought about by fear of the vaccine, lack of awareness, but also due to lack of follow up.
- Majority of the frontline health care workers, social mobilisers and caregivers are women and are at high risk of getting infected with the virus.
- The pandemic has affected the LGBTIQ+ community as well. In India many transgender people have lost their meagre means of livelihood. In Nepal policy responses have been slow or even failed to take into account the needs of the community particularly in access to healthcare services (including vaccination), psychosocial support and LGBTIQ+ - friendly quarantine centres.

³³ The Asia Foundation, Feb 2021. COVID-19 and the New Normal for Women in the Economy in South Asia. <https://asiafoundation.org/2021/03/19/the-asia-foundation-releases-study-on-covid-19-women-in-the-economy-in-south-asia/>

³⁴ United Nations. November 2020. COVID-19 worsening gender-based violence, trafficking risk, for women and girls. UN News. Available from <https://news.un.org/en/story/2020/11/1078812>

GOVERNANCE RESPONSES

- South Asian countries used different mechanisms to address the pandemic. In some cases, the Disaster Management Acts were invoked and revisions on the Acts were suggested by the governments owing to new context. For example, in India the Government invoked the Disaster Management Act, 2005, which declared the pandemic a 'national disaster' and increased fund access to states and Union Territories (UTs). In other countries, other health related policies and mechanisms were used. For example, in Nepal the Infectious Disease Act 2020 (1964) was activated to fight the COVID-19 pandemic, and the act had provisions to enable the Government (federal, local) to take necessary action to prevent the development or spread of the infectious disease. In many cases the Disaster Management Acts which could have been used were not, as in the case of Sri Lanka where some of the mechanisms put into place to deal with the pandemic were parallel ones.
- The Health Sector took the lead in controlling the pandemic. For instance, Nepal's Health Sector Emergency Response Plan³⁵, formulated to manage the spread of the Covid-19 pandemic, provides the official guidance to prepare and implement specific interventions applicable at all spheres of government and levels of health care delivery.
- Guidelines and framework for implementation of the guidelines were prepared meticulously by governments. All government departments were guided by whichever guidelines that country decided to use. Special tasks forces were put into place in some of these countries, as was the case in Sri Lanka.
- Initially, priority was given to adopting measures to control and contain the spread of the virus. These were put into place and strictly enforced, overlooking social and economic concerns. This was in a sense a part of the learning curve, as a pandemic of this nature had not been experienced by this region in remembered history. Thus, there was a lot of fear that surrounded it, scant attention was given to rational and reasoned planning. Only when the adverse impacts on the economy and the social fabric began to be evident, was attention given to these aspects. This could perhaps have been avoided if the usual disaster management practices had been put into place - practices which in most countries take a multi-faceted approach.
- Governance of the pandemic also included the whole process of testing (setting in place protocols and authorisations, providing free testing), finding enough locations for isolation centred quarantining, and treatment of the infected. When vaccines became available the process of vaccinating the population began, which included establishing holding centers, storage, etc. For instance, National Testing Guidelines for COVID-19 support to standardise laboratory testing criteria for SARS-CoV-2 was adopted in Nepal, to facilitate and ensure common understanding of COVID-19 laboratory testing throughout the country.
- One of the compounded impacts during the climate disasters of the cyclone etc., was the need for more places to house the displaced, as social distancing was required due to the pandemic. Many new guidelines were developed by governments to support this aspect.
- A relief component was introduced to help provide relief to people facing economic hardships brought about by the pandemic and other emergencies. When it became obvious that people were finding it difficult to survive on reduced incomes and with less access to supplies, the relief component was introduced, which in turn had to be governed in a proper manner. Many governments provided cash grants or relief packs to poor households who lost employment and livelihoods due to the COVID-19 pandemic. For instance, in Nepal, in the areas the research was carried out, the local government made a list of those eligible for food aid and beneficiaries had an identity card from their ward councils. Provincial and municipal governments also distributed food aid depending on the size of families, giving special priority to expecting mothers, orphans, the disabled or those with chronic illnesses. In India, too, relief was meted out through various schemes. However many women could not access these schemes if they

³⁵³⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7925847/>

did not hold a ration card, biometric ID, Pradhan Mantri Jan Dhan Yojana (PMJDY) account, or active bank accounts for the schemes that required them.³⁶ In the places the field research was carried out, sometimes as much as half of the poor women were excluded from direct benefit transfers.

- Huge budgets were required for all these aspects of governance and their administration, and there were many gaps. Those at the margins were often inadvertently left out as the service structures were already poor in these instances. Efforts were further challenged by the lack of disaggregated data in most South Asian countries, making relief measures uneven.
- Further, the consultation of local governments, let alone civil society, hardly happened, leading to many problems as the design of the governance mechanisms were in themselves lacking, as pointed out by the local government officials in India.

Recommendations

The research came out with a rich assortment of information, some of which are already known, while also highlighting others that perhaps are less well known. A few appropriate medium, and long-term gender responsive measures during future disasters and COVID-19 waves for policymakers and practitioners are recommended here, especially focusing on the local government level.

- Efforts have to be taken towards creating awareness and sensitisation on gender roles, especially during emergencies. Gender transformative action in a community in ordinary times, can be helpful during emergencies.
- Government as the lead authority needs to ensure documentation of gender and disability disaggregated data/information - for women/girls, with disability/ senior citizens / marginalised and other at-risk groups. Information of service providers and the right holder's details (type of need, type of disabilities, age, sex) should also be collected and used to improve the country's appropriate response to emergencies.
- Mechanisms should be in place to effectively respond to increases in violence. The state police as well as the local police should ensure that people report domestic violence and abuse during emergencies. If there is a mechanism such as the Special Cell on Gender Violence Management, as in India, such mechanisms should be made active and continue to operate during emergencies. Such systems should be sensitive to the concerns of females, the elderly with disability and the LGBTIQ+.
- Governments have stringent vaccination mechanisms including that of the digital registration and offline registrations, so while there may be vaccine-hesitation in rural areas, completion of vaccination doses needs to be ensured.
- The National and State governments need to prioritise maternal and child health issues during emergencies so that the health indicators related to mother and child health are not adversely affected.
- Governments need to prioritise sexual and reproductive health needs during emergencies - such as the needs of the women including needs during menstrual periods, prevention from domestic violence, contraceptives etc. Relevant data, such as that pertaining to pregnant women, also needs to be available with local public health institutes.
- Social protection nets have to be strengthened by the government for the informal workers, especially the women workers, during emergencies. The way forward in post-pandemic recovery must generate an environment to not only recover any lost status and opportunities but also to facilitate women's participation in all societal functions so that the recovery becomes more resilient in the region. This also requires strengthening the capacities, the contribution and leadership by women for risk management.

³⁶ A. Khullar. 2021. The Quint. How India's COVID Relief Package Ignores Women – 50% of Population. Available from <https://www.thequint.com/voices/opinion/indias-covid-relief-package-ignores-women#read-more>



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GENDER INCLUSION IN RESPONSE TO DISASTERS AND THE COVID-19 PANDEMIC IN NEPAL: AN INTERSECTIONALITY PERSPECTIVE

INTRODUCTION

The Government of Nepal took measures to protect the lives and livelihoods of its citizens with the onslaught of the COVID-19 pandemic. However, as experiences and outcomes are not the same for everyone, the pandemic has affected women differently and to a greater extent. Therefore, special attention should be given to ensuring that government policies and actions reduce, rather than aggravate, the existing inequalities women face daily and during natural shocks. As the Government continues to lead the way in pandemic management and natural hazard induced disasters, they are presented with an opportunity to adopt gender-inclusive approaches to preparedness, response, and recovery.

In this light, the research 'Enhancing public sector accountability and transparency for gender inclusion in response to natural hazard induced disasters and the COVID-19 Pandemic in South Asia' was carried out by Duryog Nivaran, supported by the 'Gender Responsive Resilience and Intersectionality in Policy and Practice (GRRIPP)' programme as part of its Micro research projects in South Asia under the theme 'Governance in Pandemics and Beyond'. The research carried out by Duryog Nivaran, aimed to understand how resilience can be strengthened by better integrating gender considerations in policies and practice and improving transparency and accountability. In addition, it intended to analyse the effectiveness of existing governance mechanisms to deal with regular disasters during the COVID-19 pandemic and how disaster management policies were used or applied to arrest the spread of the pandemic. Finally, the research also envisaged increasing the participation, collaboration, accountability, and capacity of local government authorities, civil society organisations (CSOs) and community leaders - especially women's groups - in governance decisions.

Available literature was reviewed, followed by field investigations, to explore how COVID-19 and other disasters caused by natural hazards affected gender issues and how the gender concerns were/are being addressed by the government in Nepal. The exploration of the impact of COVID-19 and other natural disaster on women and other socially excluded groups (keeping in mind intersectional aspects) and efforts taken by the authorities to overcome those impacts during the last two years, helped summarize the sensitivity and accountability of the government and public sector for an inclusive response. The brief also suggests the way forward to overcome possible future challenges. This brief aims to support governments and their civil society partners in designing gender-inclusive policies and measures, especially at the local levels.

The research aimed to understand how governments and civil societies have addressed the Gender Equality and Social Inclusion (GESI) issues and whether the existing disaster management and GESI policies are sufficient for addressing the specific GESI needs, in the context of Nepal.

This research was carried out in 2 villages (*Bhaladmi Chowk and Jyamire*) of Makwanpur District of Bagmati Province.

Bhaladmi Chowk is located at Manhari Rural Municipality ward no-9 of Makwanpur District, with around 120 families residing in the community and a population of 630 individuals - 321 (51%) are female and 309 (49%) are male. Similarly, **Jyamire** is another community in the same rural municipality where nearly 500 households reside, encompassing 2,800 individuals – 1,414 (50.5%) are female and 1,386 (49.5%) are male.

A total of 54 individuals - 32 woman 32 and 22 men 22 - were consulted during the field visit.

Disasters and COVID-19 overview

Nepal is exposed to multiple hazards and the resulting multitude of disasters throughout the country. These disasters claim a large number of lives and cause significant economic loss every year. The geography, geological position, and the impact of climate change are the primary causes of disasters. The most recent disaster report published by the Government of Nepal (Nepal Disaster Report, 2019) claims that there were 6,381 disaster events in two years (2017-2018) where 968 people lost their lives (569 men and 399 women)¹. After the COVID-19 outbreak in 2020, there have been 1,076 deaths due to different disasters during the last 2 years (April 2019-April 2021), 450 were women and girls, which is 42% of the total deaths². After the outbreak of COVID-19 in Nepal, climate induced disasters also threatened the Nepalese people, especially in the monsoon season. Among the different disasters³ landslide and floods were the major disasters faced by Nepal during the COVID-19 outbreak. The landslide in Parbat District on 16th June 2020 killed 9 people, 5 of whom were female.⁴ In the third week of October 2021, landslides and floods after heavy rainfall killed 120 people, where 36 were women and 26 were children⁵. A strong rainstorm swept through southern Nepal on 31st March 2019, leaving at least 28 people dead out of which 15 (53%) were female⁶.

The very first COVID-19 case was confirmed on 23rd January 2020 in Nepal. Nepal's government announced the first nationwide lockdown from 06:00 (local time) on Tuesday, March 24, until 06:00 on Tuesday, March 31, following confirmation of the country's second case of the coronavirus (COVID-19). This continued for nearly 4 months and ended on July 21, 2020. As at 7 June 2022, the Ministry of Health and Population (MoHP) had confirmed a total of 979,213 cases, 967,154 recoveries, and 11,952 deaths in the country. In the meantime, 5,719,524 real-time RT-PCR (RT-qPCR) tests have been performed in 40 laboratories across the country⁷. As at 13th March 2022, a total of 42,119,439 vaccine doses had been administered⁸. As per the last situation report updated by the Government of Nepal, out of the total population (29,192,480⁹), at least 70% received the first dose of vaccine and 64.5% Nepalese received the full dose of the COVID-19 vaccine¹⁰.

COVID-19 IMPACT ON WOMEN

Globally women and girls in particular are facing a greater risk from the COVID-19 pandemic, as they are systematically suppressed by violence and inequality, and Nepal is no different. With women and girls generally earning less, saving less and holding insecure jobs while living close to poverty, the compounded economic impact of the COVID-19 is more on women than men across the sphere.¹¹ COVID has triggered an increase in gender-based violence (GBV) and people are not prioritising sexual and reproductive rights, especially for maternal health and newborn babies. The consequences are already evident with a 200%¹² increase in the maternal mortality rate since the lockdown began, and increased cases of domestic and sexual violence. Nepal has at least 200,000 domestic workers¹³ and majority of them are female. In addition, more than 90% of women

¹ NEOC, MoHA 2017 and 2018. Similarly, data for 2019-2020 shows that 1,050 peoples (443 were women) lost their lives due to different disaster events in two years as per data updated in <http://drrportal.gov.np/home>.

² <http://drrportal.gov.np/>

³ Landslide, fire, thunderbolt, avalanches, windstorm, flood, earthquake, windstorm, cold and hot waves etc. are disasters listed by the NEOC.

⁴ <http://drrportal.gov.np/uploads/document/1633.pdf>

⁵ <http://drrportal.gov.np/uploads/document/2252.pdf>

⁶ [http://drrportal.gov.np/home\(16](http://drrportal.gov.np/home(16) no.)

⁷ Covid-19 pandemic in Nepal. Wikipedia. Available from https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Nepal

⁸ WHO Emergency Dashboard. Available from <https://covid19.who.int/region/searo/country/np>

⁹ Central Bureau of Statistics, Nepal. <https://cbs.gov.np/>

¹⁰ Ministry of Health and Population. Health Sector Response to COVID. Government of Nepal. Available from https://covid19.mohp.gov.np/covid/englishSituationReport/623afc5b18810_SitRep773_COVID-19_23-03-2022_EN.pdf

¹¹ A policy brief '*Impact of COVID_19 in Women*' published by the United Nations in April 2022 highlighted this.

¹² Nepal Research Institute, CARE Nepal 2020. Rapid Gender Analysis of COVID 19 Nepal 2020

<https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAsia/Docs/Publications/2020/11/np-Rapid-Gender-Analysis-on-COVID-19-Nepal-2020-EN.pdf>

¹³ S. Shresha. June 2017. Modern Domestic-day slaves. Nepali Times. Available from

<https://archive.nepalitimes.com/article/nation/Modern-day-domestic-slaves-domestic-workers,3785>

who work in Nepal are part of the informal economy with no social protections against the loss of jobs or income due to COVID-19 pandemic.¹⁴

The above impacts were reflected in the two villages studied, Bhaladmi Chowk and Jyamire. Women, children, elderly, people with disabilities, people with chronic health problems, and pregnant women faced compounded impacts due to mobility restriction, school closure, and scarcity of basic healthcare services. This was because the main focus of the Government was on PCR testing, isolation and quarantine management, as well as converting hospitals into COVID hospitals. Front line workers like health workers, security persons, and shopkeepers (vegetable/grocery vendors etc.) in the 30 to 60 years age group were most affected by COVID-19¹⁵. During focus group discussions (FGD), a civil society leader (Chairman of the Community Forestry User Group) said, *“Small entrepreneurs, and daily wage workers were badly affected due to the lockdown. Daily wage workers face food shortages and normal health facilities are disturbed.”* Some of the key areas where women were affected are detailed below.

Health

The line of work, the stress of losing income, added household work and expenditure, depletion of savings, along with physical violence, has resulted in many health issues among women.

Women represent 70% of workers in the healthcare and social care sector in Nepal, making them particularly vulnerable during a pandemic.¹⁶

The literature highlighted that unexpected travel restrictions resulted in increased mental stress. As was observed in the research, women and men with chronic illnesses, the elderly, pregnant and lactating women, and people living with disabilities found it difficult to access basic services such as food and health services including reproductive health services. Most of the women were lax about their own health; they took care of family members and did not consume nutritious food themselves.

An increase in mental health issues among both women and men, was seen, with the incidences of suicide on the rise. In the first four months of lockdown, 2,218 people killed themselves, which was a 25% increase from the suicide rate in the previous year¹⁷. Even more disturbing is the rising suicide rate among women in Nepal, including pregnant women. The lack of access to maternal healthcare and shortages in access to basic supplements during the pandemic put expectant mothers at risk.

Women faced even more barriers to accessing maternal health care, including movement restrictions, transport challenges and anxiety over possibly being exposed to the virus. The number of institutional birth cases decreased during the COVID-19 period, especially during lockdown. As was reported in Jyamire village, such restrictions and fear of infection led to the untimely demise of a pregnant woman.

Livelihood

In Nepal, a total of 631,000 female jobs (24.3% of the 2018 female workforce) are estimated to be at risk in the higher impact scenario, compared to 1.3 million jobs for men (30.3% of the 2018 male workforce).¹⁸ The impact of COVID-19 on the livelihoods of Nepalese households highlights increasing pressure on households' ability to access food, and their vulnerability to shocks.¹⁹ An assessment showed that 85% of the domestic workers lost

14 A. Ghimire. January 2022. 90 percent of employed women are working informally in Nepal. The Kathmandu Post. <https://kathmandupost.com/national/2022/01/07/90-percent-employed-women-are-working-informally-in-nepal>

15 Key informant (ward chairperson of ward no.9 of Manahari RM) interview during filed consultation

16 S. Chhetri. May 2020. In Nepal, COVID-19 turning pregnancy excitement into fear. UNFPA. Available from <https://www.unfpa.org/news/nepal-covid-19-turning-pregnancy-excitement-fear>

17 K. Giri. September 2020. More men die from COVID-19 in Nepal, but who suffers the most? LSE. <https://blogs.lse.ac.uk/covid19/2020/09/15/more-men-die-from-covid-19-in-nepal-but-who-suffers-most/>

18 Himalayan Climate Initiative. February 2021. South Asia Economic Policy Research COVID-19 & The New Normal for Women in the Economy in Nepal. The Asia Foundation. Available from <https://asiafoundation.org/wp-content/uploads/2021/03/Covid-19-The-New-Normal-for-Women-in-the-Economy-in-Nepal.pdf>

19 September 2020. The Impact of COVID-19 on Households in Nepal. Ministry of Agriculture and Livestock & Government of Australia. Available from https://reliefweb.int/sites/reliefweb.int/files/resources/Nepal_COVID_Food_Security_Report_2.pdf

their jobs because of COVID-19 and are now unemployed.²⁰ A study conducted by the Government of Nepal assessing the gendered impacts of the pandemic found a 337% increase in the number of women not involved in any paid work and 83% of women had lost their jobs.²¹ Those hardest hit are women daily waged workers, women working in the entertainment sector, brick kilns or those who operated their own businesses. An example of such resulting unemployment was seen in the villages of Jyamire and Bhaladmi Chowk, where women from the disadvantaged communities who mostly worked for daily wages in the construction and household sectors, lost their income due to lockdown and restrictions in mobility.²²

On average, female headed households in Nepal (39%) are experiencing more severe food insecurity compared to male headed households (33%).²³ Other already vulnerable groups, such as landless women, returnee women migrant workers and single women owing to loss of income, were also seen as likely to face aggravated food insecurity. According to a study in Nepal, 37% of businesses imposed a pay cut on their female employees, out of which 58% had inflicted a 50% deduction in salary while 5% had even inflicted a full 100% pay cut on their female employees.²⁴ Further, an ILO study also states that another particularly vulnerable group, are the approximately 1.4 million home-based workers in Nepal, most of them being women²⁵.

Education

Nearly 9 million students were affected by the COVID-19 pandemic due to school/college/universities closure. The Nepali government introduced schooling via television for grades 6- 10 as part of its 'Digital Education System'.²⁶ However, the Share Cast Initiative's 2017 survey shows that only 72% of households in Nepal own a television and fewer than 50% of marginalised girls are able to access digital resources. This affects the girls' learning process and increases the chances of child marriage. The field study revealed that the lockdown closure of the school and colleges affected around 800 school aged children in both villages. Private schools started to offer online classes after sometime, but only 200-250 children were able to participate because not all parents have smart phones and internet access. Thus, online classes were not very effective in villages. In addition, the online devices were misused. Chairperson of the CFUG (Community Forest User Group) in Manhari shared, "*he got 3 cases of misuse of social media in his village due to access of the internet by teenagers*".

The literature review states that school closures can lead to an increase in care-related, and other domestic, tasks - likely impacting girls more than boys, which was seen in the two villages. School closure led to an increased engagement of girls and their mothers in household chores and an increase of child marriages. Villagers reported that, "*in the first lockdown, 11 children dropped out of the school and 3 school-age girls got married in Jyamire village*".

Domestic Violence

Nepal is reeling from the pandemic and people are losing their jobs which has resulted in an increase in the cases of domestic violence. Intimate Partner Violence (IPV) including marital rape, domestic violence and GBV have increased considerably during the lockdown period. Women who were already in abusive family relationships

²⁰ C. K. Mandal. June 2020. Out-of-job domestic workers are struggling for survival even as lockdown is relaxed. The Kathmandu Post. Available from <https://kathmandupost.com/national/2020/06/21/out-of-job-domestic-workers-are-struggling-for-survival-even-as-lockdown-is-relaxed>

²¹ Nepal Research Institute & Care Nepal. Rapid Gender Analysis Report on COVID-19 Nepal, 2020. Available from <https://asiapacific.unwomen.org/en/digital-library/publications/2020/11/a-rapid-gender-analysis-on-covid-19-nepal-2020>

²² Based on Jayamire and Manhari FGDs, around 10% of women in both researched villages were unable to continue their work after the lockdown in the informal sector and 3 front liners (female health staff) in Manhari left their job due to fear.

²³ World Vision. 2021. Multi-Sectoral Impact Of The Covid-19 Second Wave In Nepal 2021. Available from <https://www.wvi.org/sites/default/files/2021-08/Multi-sectoral%20impact%20of%20the%20COVID-19%20second%20wave%20in%20Nepal%2C%202021%20v2.pdf>

²⁴ Himalayan Climate Initiative. February 2021.

²⁵ ILO. Who are Domestic Worker. Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms_809272.pdf

²⁶ April 2020. Nepal to Introduce 'Digital Education' Amid COVID-19 Lockdown. Nepali Ansar Available from <https://www.nepalisansar.com/education/nepal-to-introduce-digital-education-amid-covid-19-lockdown/>

are now trapped in homes with their perpetrators 24/7 during the lockdown, exposing them to increased control and restriction on mobility by their abusers.

There were 176 cases of violence against women and girls in just 18 districts since the lockdown began on 24th March up to 1st May, and this was expected to raise the nationwide annual average of cases of domestic violence.²⁷ A total of 885 complaints of domestic violence were received via the 24-hr toll-free helpline operated by the National Women Commission from April to June 2020. This was more than twice the number of complaints received within the same period before the lockdown (December 2019 to February 2020).²⁸ While there were no registered cases in the **Judiciary Committee**²⁹ of domestic violence in both villages visited, the chairperson of one of the NGOs working towards the education of girls in Manhari shared that, *“though people are hesitant to register the cases but informally many people shared about their experience of domestic violence with me due to income loss, collapse in entrepreneurship, restriction in mobility and losing the job by family members(male) in both villages”*.

Workload

The workload of Nepalese women is high, and they reported that they work about 16 hours every day. A 2013 study showed that the Nepalese woman spends a more time working than the global average for women³⁰. In developing countries like Nepal, women spend 4 and a half hours per day on unpaid care work compared to 1 hour 20 minutes for men.³¹ As with many cultures, in Nepal, girls have the responsibility of helping their mothers with housework while men and boys are generally not expected to assist with domestic work. Clearly, higher literacy has not led to behavioural changes among males in Nepal’s conservative culture. Working from home has doubled women’s workload (of work and household) as was revealed by the Bhaladmi Chowk FGD, with around 10-15% working women (excluding front liners) saying they worked from home in both villages during lockdowns and performed double roles. *“Children and elderly members expect more when we are at home, so I spent around 5-6 hours in the kitchen, 8 hours for office work, 3-4 hour for other household*

Overburden of household

chores for working women Saru B.K,

from the Makwanpur district. She has been working in the Women & Children Care sector for many years. She was infected by COVID-19 while working. Her NGO has been working for girl education and she saw the condition of women closely during the pandemic. She herself faced being overburdened while working from home. *“Taking care of family member (children, old age), working in kitchen, maintain hygiene around the home and performing the office responsibilities was really not a joke”* she said.



According to **Thakur Bartaula**, Ward Secretary of Manhari 9, *“Male members of family and children of school age are spending more time on mobile phones due to school closure. We noticed misuse of mobile phone and social media and few male teenagers fell into drug addiction, but most of the women and girls were involved in household chores during lockdown.”* This was the situation all over Nepal where women had to deal with household chores and office work at same time during the lockdown.

²⁷ N. Sharma. May 2020. In Nepal Lockdown, a domestic violence spike. Nepali Times. Available from <https://www.nepalitimes.com/latest/in-nepal-lockdown-a-domestic-violence-spike/>

²⁸ J. Sharma. July 2020. In Nepal, a helpline serves as a lifeline for survivors during COVID-19 lockdown. World Bank. 2020. Available from <https://blogs.worldbank.org/endpovertyinsouthasia/Nepal-helpline-serves-lifeline-survivors-during-covid-19-lockdown>

²⁹ Local Government Operation Act 2074 provides the role to vice chair and or vice mayor in local government to lead the local judicial committee which have right to settle the GBV case depending open their seriousness in local level in Nepal.

³⁰ Based on extensive surveys in 65 countries, an (ILO report concludes that in developed countries, women spend an average of 4 hours and 20 minutes on unpaid care work while men spend 2 hours and 16 minutes per day. In developing countries, women spend 4 hours and 30 minutes per day on unpaid care work compared to 1 hour 20 minutes for men. But in a 2013 report, Action Aid showed that in Nepal, women on average spend 4 hour 46 minutes per day in housework (includes cooking, cleaning, washing, shopping) in comparison to 56 minutes per day by men. In contrast, men spend 101 minutes per day in socio-cultural activities (includes socialising, attending external events) as opposed to 24 minutes per day by women, which draws attention to the common social dichotomy of public as male and private as female space.

³¹ S. Thebe. 2016. Who cares? Nepali Times. Available from <http://archive.nepalitimes.com/regular-columns/Engender/who-cares-for-unpaid-care-work,805>

chores in a single day” said one of the female FGD participant from the Jyamire village who was employee in an INGO (see box).

Policy Responses

Policy measures to arrest the spread of the disease

The Government of Nepal’s policy response for COVID-19 management: -

- Activating the Infectious Disease Act 2020 (1964) to fight the COVID-19 pandemic, in order to enable the Government (federal, local) to take necessary action to prevent the development/spread of the infectious disease.
- Responding to COVID-19, the Government formulated the Health sector preparedness, response and lessons learnt guide that applied preparatory measures to control the wide spread of COVID-19 throughout the country.³²
- Health Sector Emergency Response Plan formulated to manage the spread of the COVID-19 pandemic, provides the official guidance to prepare and implement specific interventions applicable at all spheres of governments and level of healthcare delivery.³³
- COVID-19 Preparedness and Response Plan (CPRP) guides the government to mitigate the impacts of the latest spike in COVID-19 cases.³⁴
- COVID-19 Emergency Medical Deployment Teams (EMDT) Mobilization Guidelines provides guidance on the management of mobile teams by hub or hub and satellite hospitals in order to send them to hospitals where there is a lack of human resources to treat and care for COVID-19 cases.³⁵
- National Testing Guidelines for COVID-19 supports the standardisation of laboratory testing criteria for SARS-CoV-2 in Nepal, and facilitates and ensures the common understanding of COVID-19 laboratory testing throughout the country.³⁶

The Government of Nepal formed a High Level Coordination Committee for the Prevention and Control of COVID-19, which later became the COVID-19 Crisis Management Centre, i.e. the main body responsible for managing the COVID crisis and making decisions. Even though, the Disaster Management Act (2017) includes mandatory provision to ensure the participation of women at all levels of institutional mechanisms, this national high level committee, as well as the Corona Crisis Management Centre are led by men and largely made up of male members, nor does it include other minority groups³⁷. This is despite the recognition COVID-19 gave to women constituting the majority of frontline healthcare workers.

The availability of free COVID-19 tests, establishment of isolation centered quarantines, free treatment for infected people, establishment of holding centers, were/are the Government’s major COVID-19 management and response initiatives. An allocation of NPR 37.53 billion was earmarked for COVID-19 prevention, control, treatment and vaccination and NPR 26.75 billion for the COVID-19 vaccine and to ensure that all eligible citizens are vaccinated.³⁸ Nearly 28 million doses of free COVID-19 vaccines have been safely administered in Nepal; achieving 52% first dose coverage and 40% second dose or full vaccination coverage among the total population

³² MoHP. 2021. Responding to COVID-19: Health sector preparedness, response and lessons learnt. Kathmandu: Ministry of Health and Population

³³ This plan intends to prepare and strengthen the health system response that is capable to minimise the adverse impact of COVID-19 pandemic.

³⁴ The revised CPRP is a plan prepared by the Humanitarian Country Team and the clusters working in collaboration with, and support to, the Government of Nepal. https://un.org.np/sites/default/files/doc_publication/2021-04/10_January_Revision_CPRP%202020%20consolidated%20FINAL.pdf

³⁵ MoHP. 2020. COVID-19 Emergency Medical Deployment Team (EMDT) Mobilization Guidelines. Available from [https://ccmc.gov.np/doc_upload/COVID-19%20Emergency%20Medical%20Deployment%20Teams%20\(EMDT\)_28-05-2020.pdf](https://ccmc.gov.np/doc_upload/COVID-19%20Emergency%20Medical%20Deployment%20Teams%20(EMDT)_28-05-2020.pdf)

³⁶ MoHP. 2020. National Testing Guidelines for COVID-19. Available from https://ccmc.gov.np/doc_upload/MoHP-Testing-Guidelines-Final-2077-02-20.pdf

³⁷ Nepal Research Institute & Care Nepal. Rapid Gender Analysis Report on COVID-19 Nepal, 2020.

³⁸ IIDS and NIPOR on June 2020. "Covid-19 Pandemic and Nepal’s Road to Post-Pandemic Recovery " POLICY COMPENDIUM <https://www.iids.org.np/images/publications/ac801fe80c6b6c823ee05edd14eba148.pdf>

till March 2022.³⁹ While this shows marked improvement, there is also a percentage that has not been vaccinated, with the groups and communities at the margins finding it harder to be vaccinated, e.g. the transgender community. Initially, the Government did not prioritise the vaccination of the transgender community but they eventually included an ‘other’ column, which allowed them to get vaccinated using their identity cards. Here too, as the ID cards are different, it sometimes causes them some marginalisation and anxiety.⁴⁰

Response and Relief

The importance of social protection systems became even more evident with the pandemic with its economic and social impact. However, as these were hardly in place, the Government had to infuse a lot of resources into response and relief in these spheres:

Relief package distribution became another of the Government’s COVID-19 management and response initiatives. A total of 4,359 women and excluded groups received the comprehensive relief package across four provinces: Province 2, Bagmati Province, Lumbini Province and Sudurpaschim Province during the first 3 months of the COVID-19 outbreak.⁴¹ An insurance package of NPR 2.5 million was provided to healthcare and security personnel involved in treating COVID-19 patients.⁴² The Plan of Action for Relief in response to COVID-19 pandemic affected sectors, included gender responsive provisions such as special attention to food and other necessities of pregnant women, disabled, elderly and children. Provincial and municipal governments distributed food aid depending on the size of families, with special priority given to expectant mothers, orphans, the disabled or those with chronic illnesses.⁴³ The Government of Nepal, on 10th September 2021, announced that it would provide a cash grant of NPR 10,000 each to 500,000 poor households who lost employment and livelihoods due to the COVID-19 pandemic. The Government has spent around NPR 3 billion as at November 2021, benefitting 5.7 million people with relief packages.⁴⁴

However, studies have shown that there were systemic flaws that continued to marginalise women even in the provision of relief. For example, women farmer groups were excluded from the government's relief measure of providing loans of NPR 750 per *kattha* of land to farmers, as they do not have any land in their names. This in turn means they could not access loans due to lack of collateral.⁴⁵

Local Government Response

The Local Government (LG) is and should be at the centre of any disaster response, given its proximity and knowledge of the people under its jurisdiction. Unfortunately this was not always the case. However some of the aspects they were involved in based on the KPIs are listed here:

- Efforts were made to strengthen the healthcare service response to the virus – established COVID hospitals within their jurisdiction (for example such a hospital was established in Manahri Rural municipality nearly 5-6 KM away from the Jyamire and Bhaladmi Chowk villages); provided training on safety measures and vaccination for frontlines and COVID safety awareness for National Red Cross Society volunteers and leaders of community organisations (CBOs); provided a LG managed free ambulance service for pregnant

³⁹ WHO. January 2022. 40% of Nepal’s total population now fully vaccinated against COVID-19.

<https://www.who.int/nepal/news/detail/16-01-2022-40-of-nepal-s-total-population-now-fully-vaccinated-against-covid-19#:~:text=Nepal%20has%20fully%20vaccinated%2040,by%20the%20World%20Health%20Organization>

⁴⁰ C. Karki. 2020. Nepal’s transgender community gets vaccinated. VaccinesWork. Available from

<https://www.gavi.org/vaccineswork/nepals-transgender-community-gets-vaccinated>

⁴¹ UN Women. Comprehensive Relief Package. Available from https://un.org.np/sites/default/files/doc_publication/2021-06/Final%20Comprehensive%20Relief%20Package%20brief-24-06-021.pdf

⁴² ILO. 2021. Social Protection Responses to COVID-19 in Nepal. Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms_809272.pdf

⁴³ Field discussion 2022

⁴⁴ <https://kathmandupost.com/national/2021/11/04/government-readies-guidelines-for-cash-grant-to-the-pandemic-hit-poor> : When the government imposed a Covid-19 lockdown starting March 23, 2020, the federal and local governments had announced relief packages for the poor people affected by the lockdown and the local governments had made arrangements to distribute food and other relief materials including free meals targeting the daily wage workers and the destitute.

⁴⁵ Nepal Research Institute & Care Nepal. Rapid Gender Analysis Report on COVID-19 Nepal, 2020.

women and old women; provided free vaccination in both of the villages in the study with almost all people (including children above 5 years of age) being vaccinated. Local governments also gave attention to get all health care facilities functioning after the first 4 weeks of lockdown.

- Food aid was provided to identified eligible beneficiaries with and identity cards provided from their ward councils. Provincial and Municipal governments also distributing food aid as mentioned earlier.
- Specific measures were taken to support the vulnerable - including expectant mothers, children and old women. 'Dignity hygiene and nutrition kits' were distributed. Relief packages (hygiene and food materials) were also distributed irrespective of sex and gender. Extra focus was given to the unemployed and the poor, with 713 families out of 1,140 received relief packages in ward no 9 of Manhari. Relief support was delivered to homes of single and widowed women to decrease women's burden of hygiene and food management at home and during isolation.
- There were attempts towards Inclusive and participatory methods by some LGs, who coordinated with all stakeholders like CSOs, women's organisations, and community members in managing the pandemic and made efforts to reach the women in communities. However, studies showed that the voice of women in meetings and decision making processes remained unheard.
- Awareness creation was undertaken in communities and management of domestic violence related cases (LG has a major role to play in providing justice at the local level).

Impact of COVID-19: Intersectionality perspective

Intersectionality is a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. The tendency is to consider race inequality as separate from inequality based on gender, class, sexuality or immigrant status. Based on the available literature and discussions with people from different castes, sex, age groups, economic status, communities, social and education backgrounds in the communities, the research tried to understand how they experienced the COVID-19 effects and how the authorities, in terms of their policies and practices, responded to their needs.

In this study, information, and evidence from the field-level consultation over the linkage between disaster, pandemics and GESI have been gathered in order to determine effectiveness. Thus, below are key findings from the research on the stipulated issues based on information collected in the field.

Caste	Caste-based discrimination, untouchability, deprivation, poverty, etc., are the root cause of the problems the Dalit faced. The degree of impact caused by the COVID-19 pandemic varies with these intersections. During the COVID-19 pandemic, a few Dalit people were provided with some food items as part of the relief packages. However, many more have been left behind in accessing these benefits due to the lack of information and formal documents. Strict social norms (not constitutional) restrict minorities from having access to common facilities, especially in rural villages. But the research participants felt that there was equal access to all COVID-19 response services and facilities in Manhari.
Age group	Age-based discrimination may manifest in the provision of services because the treatment of older persons may have perceived to have less value than the treatment of younger generations. ⁴⁶ In Nepal, older people faced the most threats and challenges during the COVID-19 period, and the highest percentage of deaths is above 60 years in Nepal but 50% of the total positive cases in Nepal were among young people. In comparison to others, more senior people face a significant risk of developing severe illness if they contract the disease due to physiological changes that come with aging and potential underlying health conditions. Younger generations also faced challenges during the pandemic. In many cases young girls were forced to drop out of school and get into child marriages. Field research found that there were incidents of 3 young girls dropping out of school and falling into child marriage in Jyamire village.
Connectedness	96% of Nepali households own mobile phones and a significant number of women own mobile phones in urban areas but in rural areas elderly women, economically disadvantaged groups of women, and socially marginalised community groups like Dalit women do not have their own smart phones. And even if they have them, they are unable to operate their smart phone. So, they were unaware of the government issued messages about COVID during the pandemic. In addition, the lack of access to cell phones and the internet and increased care burden reduced girls' accessibility to education, especially in rural villages. The vulnerability of women and girls to violence has been compounded by disruptions to public services, including social services, access to phones and helplines, police and the courts.

⁴⁶ UN (2020). Everyone included: Social impact of COVID-19. Available from <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html>

	Discussion with women in Jyamire village and key informant interviews (KII) with Saru B.K and women working in NGOs, who shared their experience on the increase in domestic violence and abuse of social media, but stated that there was no recorded case found in local juridical committee lead by vice chair of Manhari RM during lockdown. “We had informal information about [an] increase in domestic violence, but no one came to put file [file a complaint] about the violence during lockdown, It is due to the restriction on mobility” said vice chair of Manhari RM.
Geographical location	Location determines the accessibility of services. Nepal is comprised of diverse terrains, and people living in the high hills have less accessibility to mobility/transport, healthcare services and many other services in comparison to those living in the Terai (lowland regions). Remote villages were less impacted by the disease than densely populated villages and the rate of infection was higher in the latter. Jyamire and Bhaladmi Chowk are rural villages with medium populations and are accessible by road and within transport network range. Women in remote villages had less information about COVID 19. Manhari lies in the Terai and Siwalek area and women in the Jyamire and Bhaladmi Chowk were found generally aware about the COVID-19 pandemic and related government responses. They were also quite familiar with the natural disasters in their areas.
Sexuality/ preferences	Every crisis makes the LGBTIQ+ community vulnerable”...because policy responses do not take their needs into account. LGBTIQ+ people have faced difficulties accessing healthcare services including psychosocial support and LGBTIQ-friendly quarantine centres”, said Sarita KC of Mitini Nepal, a NGO that advocates for LGBTIQ rights. Vaccination for COVID-19 was also delayed due to constraints in the paperwork needed.
Employment status	In Nepal, an economy where only 37% of women work, the majority are in the informal workforce, while the remaining 9.5% are in the formal sector. ⁴⁷ The pandemic has left no one untouched, affecting several sectors and industries – food and accommodation services, hospitality, wholesale and retail – where a greater proportion of workers are female. This leaves women vulnerable to income losses and layoffs, with no social protection, further exacerbating the existing gender inequalities. Gendered social norms have already limited women’s work opportunities, reflected by the fact that most women remain in unpaid work. The majority of nurses, support staff, cleaners and sanitation workers are women, and their work has been severely undervalued and underpaid. Consultations with women and other community members shows that women in Jyamire and Bhaladmai Chowk work in both the formal and informal sectors and especially workers in informal sector lost their source of income by 40%(around) during the pandemic. Working women had to also deal with increased workload during the pandemic as discussed in the above sections, with a housewife spending more than 16 hours on household and agriculture-related chores normally in rural villages like Jyamire and Bhaladmi Chowk.
Migration Status	The COVID-19 pandemic has resulted in job losses and a mass return of Nepali migrant workers. Many migrants are facing loss of employment status, and job losses were more common among female migrant workers. Many of the migrants who are still employed have faced a reduction in work hours and income levels. As a result, many of them were unable to meet their basic needs such as food, shelter, and necessary health services for days to weeks and this creates tension within the household which leads to women members becoming victims of domestic violence in many cases. Returnee migrant workers also had to deal with stigmatisation in local areas as being Carriers of the virus and they were reported to be hesitant to access health services.

⁴⁷ ILO Nepal country office (2020) *Socio-economic impact of COVID-19 and beyond on women domestic workers in Nepal: challenges and way forward*

Recommendations

In conclusion, disasters and pandemics are not experienced uniformly by everyone in society. Men and women, boys and girls, and people of diverse gender identities are affected differently by disasters, even if they live in the same household, so the response mechanisms should be gender friendly and capable of addressing practical and strategic gender needs. The vulnerability and exposure to disaster risk that disproportionately impacts women and girls is economically, socially and culturally constructed and can be reduced. Women earn less, save less and are more likely to be employed in the informal sector, resulting in their access to savings or social protection in times of disaster or COVID-19-induced recessions being more limited than men; therefore, priority should be given to assisting women, girls and the other categories of marginalised through in-cash support and vocabulary training to enhance their coping capacity. Unequal access to information is an area where women face more barriers than men during disaster and COVID-19. Especially in many rural villages, like Jyamire in Nepal, the lack of access to technologies, reduced social mobility, lack of access to formal networks and inability to receive essential information on disaster preparedness or COVID-19 safety is found to be a major gender barrier. As noted the intersectional aspects of vulnerability are many, and these need to be understood to have more effective responses in the future, as well as to strengthen the resilience of all of society.

Based on consultations with different stakeholders, community members, civil societies and local government representatives, reflecting on immediate practical need and long term strategic requirements, the following short-term and long-term recommendations are suggested:

Short term	Long-term
<p>Government as a Lead authority needs to:</p> <ul style="list-style-type: none"> ● Manage documentation of Gender and disability disaggregated data/information of service providers and the right holders' details (type of need, type of disabilities, age, sex) for women/girls with disability/with autism/ senior citizen with disability/marginalised and vulnerable persons. ● Roll out gender responsive economic stimulus packages especially for daily wage workers, those who've lost their jobs, and other vulnerable and marginalised groups. 	<ul style="list-style-type: none"> ● The Government should also focus on overall aspects of health rather than only COVID-19. ● Systematic research should be done so essential health services fall under the category of 'priority'. ● Special policies and strategies need to be formulated and implemented to address and provide assistance services at national and local level. Gender based budgeting should be an integral part of this. ● Conduct gender analysis of existing economic and finance policies, so that the government's COVID-19 socioeconomic response and recovery framework is gender transformative. The importance of comprehensive and shock-responsive social protection systems in economic and social development, that also consider gendered concerns, need to be recognized and put in place in normal times, so that in times of this and other crisis, these can provide the needed cushion of protection. ● Regularly update the guidelines/protocols based on global and regional updates which should be evidence-based, uniform, and disseminated at the local level.
<p>Local level government bodies need to focus on:</p> <ul style="list-style-type: none"> ● Counselling, opening helplines (police run, local government justice unit) for any type of violence communities face ● Broadcast awareness messages through local FM ● Need to increase livelihood support to low-income families, marginalised communities, small entrepreneurs, and single woman to help them return to their normal life as soon as possible ● In-cash support should be provided to specific types of impaired women/girls to resolve their hygiene and health 	<ul style="list-style-type: none"> ● The federal government should delegate the authority to manage COVID-19 like outbreaks to local government - such as the authority to impose local restrictions. This could be in the form of local lockdowns based on risk assessment rather than the nationwide lockdown.

<p>related issues, enabling them to maintain their regular life with dignity.</p>	
<p>Local Government should take initiatives for:</p> <ul style="list-style-type: none"> ● Management of hotline services for the quick registration of GBV cases ● Extend psychosocial support - to women, teenage, and pregnant women - as much as possible through Community Campaigns in case of domestic violence and any kind of assistance regarding their mental health during post COVID-19 period because many women do not have online access or mobile phones. 	<ul style="list-style-type: none"> ● Nepal needs to be better prepared for a re-emergence or probably another outbreak of the novel coronavirus based on the lessons learned from COVID-19
<p>Judicial Body and Nepal Police need to:</p> <ul style="list-style-type: none"> ● Be more alert and dynamic to providing support for survivors of rape, violence, discrimination and any other type of heinous crime. This should not be compromised. Such incidents often occur during emergencies in more frequency and intensity than during normal times. Quarantine centres need to have female policing to prevent GBV, as well. ● Taking action and a special fast track system of hearing cases at court should be applied for cases concerning women, girls, the elderly with disability, intersectional, and LGBTIQ+. 	<ul style="list-style-type: none"> ● Increase the ICU capacities of hub and satellite hospitals with proper and mandatory provision for women, elders, disable peoples, marginalised and disadvantages communities.

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GENDER INCLUSION IN RESPONSE TO DISASTERS AND THE COVID-19 PANDEMIC IN INDIA: AN INTERSECTIONALITY PERSPECTIVE



INTRODUCTION

Since the beginning of the COVID-19 Pandemic, the Government of India has taken several measures to protect the lives and livelihoods of its citizens. However, experiences and outcomes are not the same for everyone. The pandemic has affected women differently and more. Therefore, special attention should be given to ensuring that the government policies and actions reduce rather than aggravate existing inequalities women face daily and during natural shocks. As the Government continues to lead the way in pandemic management and natural hazard-induced disasters, they are presented with an opportunity to adopt gender-inclusive approaches to preparedness, response, and recovery.

In this light, the research “Enhancing public sector accountability and transparency for gender inclusion in response to natural hazard induced disasters and the COVID-19 Pandemic in South Asia” was carried out by Duryog Nivaran, supported by the Gender, Resilience and Intersectionality in South Asian Region (GRRIPP) as part of its Micro research projects under the theme “Governance in Pandemics and Beyond”. The research aimed to understand how resilience can be strengthened by better integrating gender considerations in policies and practice and improving transparency and accountability. In addition, it intended to analyse the effectiveness of existing governance mechanisms to deal with regular disasters during the COVID-19 Pandemic and how disaster management policies were used or applied to arrest the spread of the Pandemic. Finally, the research also envisaged to increase the participation, collaboration, accountability, and capacity of local government authorities, CSOs and community leaders, especially women’s groups, in governance decisions. The research was carried out in both India and Nepal, and the work in India was carried out with the support of the All India Disaster Mitigation Institute (AIDMI).

The brief draws on existing literature and field responses of India's response to the Pandemic and recent natural shocks. This brief aims to support governments and their civil society partners in designing gender-inclusive policies and measures, especially at the local levels.

AN OVERVIEW OF COVID-19 SITUATION IN INDIA

India detected its first case of COVID-19 on January 30, 2020, in Kerala. To contain the virus's rapid spread, the first nationwide lockdown was imposed for 21 days, *w.e.f.* March 2020 to April 14, 2020. The lockdown had to be extended thrice¹, initially for 19 days from April 15 to May 3, 2020; for 14 days from May 4 to May 17, 2020; and for another 14 days from May 18 to May 31, 2020, respectively. In January 2021, the Indian Government declared that India had beaten the Pandemic and began to relax the restrictions and loosen standard public health protocols.² However, in early May 2021, the B.1.617.2 variant of SARS-CoV-2, known as Delta and other highly transmissible variants, drove India's devastating second wave. According to official records, in June 2021, India was approaching 3 million active coronavirus cases, and 200,000 people died.³ It is now widely acknowledged that the figure could be three to ten times higher.⁴ As of January 2, 2022, the country has 1,22,801 active COVID-19 cases; these 1,525 are Omicron cases⁵. According to the National Covid-19 Supermodel Committee in India, "the third wave, driven by Omicron, is likely to arrive early next year and peak in February."⁶

NATURAL SHOCKS DURING COVID-19 PANDEMIC

The extremely severe cyclone 'TAUKTAE' (category three cyclone Tau'Te) made [landfall](#) in Gujarat at around 8.30 pm on May 17, 2021. Tropical Cyclone Tauktae came when it was battling the second wave of COVID-19 since late April with severe shortages of medicines, beds, oxygen, and other medical supplies. Nearly 2 lakh people were evacuated in Gujarat, mainly from the coastal belt of Saurashtra and Kutch. Vaccinations were [suspended](#) for two days to facilitate evacuations. According to the Gujarat Government, [45 persons lost their lives](#); over 16,000 houses were damaged, more than 40,000 trees and over 70,000 electric poles were uprooted, while 5,951 villages faced a total power blackout. After conducting an aerial survey of cyclone-hit areas in Gujarat, the Prime Minister [approved](#) Rs 1,000 crores for immediate relief activities on May 19, 2021. As a part of the research, people from two Cyclone Tauktae-affected villages from the Patan district of Gujarat, India (*Antarnes* and *Rajusara*) were consulted through focus group discussions (4), case studies (4), and interviews (4). In total, 64 individuals from these two villages were consulted in 2022.

Antarnes¹ is located in Santalpur Taluka of Patan district, with 436 families residing. It has a population of 2219, of which 1152 are males while 1067 are females as per Population Census 2011. In Antarnes, Male literacy stands at 45.64 %, while the female literacy rate is 24.01 %. Rajusara² is in Santalpur Taluka of Patan district, Gujarat, with 222 families and a population of 1211, of which 610 are males while 601 are females as per Population Census 2011. In Rajusara, Male literacy stands at 59.87 %, while the female literacy rate is *Focus Group Discussion at Rajusara village, Patan district, Gujarat, India. 2022. Photo AIDMI.*

32.45 %. As per the constitution of India and the Panchyati Raaj Act, both the villages are administrated by Sarpanch (Head of Village), who is elected representative of the village. The primary sources of livelihood of the people in these two villages are linked to agriculture, salt farming, and labour work in and around Santalpur Taluka and other nearby towns.



Focus Group Discussion at Rajusara village, Patan district, Gujarat, India. 2022. Photo courtesy: DN/AIDMI

¹ Population Census 2011, <https://www.census2011.co.in/data/village/508670-antarnes-gujarat.html>

² Population Census 2011, <https://www.census2011.co.in/data/village/508653-rajusara-gujarat.htm>

IMPACTS OF COVID-19 ON WOMEN

In India, the COVID-19 Pandemic compounded existing vulnerabilities around food, livelihoods, water and sanitation, and health. "Women and girls in India seem to be fighting a triple pandemic: one, that is restricting their mobility; two, that is restricting their access to education and employment; and three, that is pushing them into forced child marriages and cycles of violence."⁷

Livelihoods

The second wave triggered a fresh wave of unemployment in the country; over 7 million jobs were lost in April 2021.⁸ Because 90% of women are engaged in the informal sector characterized by irregular work and payment, women have faced more economic uncertainty than men during the current Pandemic.⁹ According to a report, "Women in the rural informal sector accounted for 80 percent of job losses between March and April 2021."¹⁰ Compared to men (61 percent), only 19 percent of working women remained employed during the lockdown. While just 7 percent of working men lost employment and did not return to work, 47 percent of working women suffered a permanent job loss during the lockdown, not returning to work even by the end of 2020.¹¹ FGDs in *Anternes* and *Rajupura* villages revealed a lack of diversified sources of income as the significant barrier to overcoming the economic effects of the Pandemic.

Health

Because of factors such as low literacy levels, internet usage, ownership of a mobile, and media exposure, compared to men, women are seven percentage points less likely to know the main symptoms of COVID-19 and 22 percentage points less likely to practice preventive behaviours.¹⁴ The Pandemic reduced women's access to essential healthcare services and increased cases of violence against women. A policy brief in May 2020 estimated that 24.55 million couples would not access contraceptives in 2020.¹⁵ Another study in July 2020 estimated that 1.85 million women would be unable to access safe abortion services for unintended pregnancies due to India's national lockdown.¹⁶ Communities from *Anternes* village reported three deaths from COVID-19 and attributed lack of awareness, testing, and treatment as the main reasons for the widespread impact. "All the three people who died were neither tested nor did they visit a hospital for treatment as most households were afraid of social stigma and fear of hospitalization for 14 days," said An Accredited Social Health Activist (ASHA) worker from *Anternes*. It was reported that villagers were afraid of the COVID vaccine, and only 60 percent of the villagers in *Anternes* are vaccinated. "Initially, I was afraid of the vaccine. I took it only after half of the village got vaccinated. I have not received the second dose of the vaccine as nobody came to my village again," Said a 62-year-old widow from *Anternes*.

Violence against Women and Girls

According to the National Commission of Women, India recorded a 2.5 times increase in domestic violence between February and May 2020.¹⁷ The Commission responded by opening a Whatsapp helpline to improve reporting, but this policy left out women without access to cell phones or the Internet.¹⁸ A year after the lockdown, the NCW continues to receive over 2,000 complaints every

As per Census 2011, India has a transgender population of 487,803.¹² The enactment of the "Transgender Persons (Protection of Rights) Act" in 2019 provides them equitable access to health, education, skill development, and housing. But the Pandemic has affected them disproportionately by wiping out meagre means of livelihoods for transgender persons. "A lot of transgender people resort to begging or are sex workers, or they go to ceremonies like weddings to perform. The pandemic has put an end to most of these activities. As a result, many people in my community were starving," said Pia, who now works as a coordinator with a local NGO in Uttam Nagar, an impoverished part of New Delhi.¹³

month of crimes against women; 1463 domestic violence complaints against women were received from January 2021 to March 25, 2021.¹⁹ The return of male family members employed in other states, and their uncertainty regarding future livelihoods, led to an increase in domestic violence and marital rape.²⁰ "Lockdowns, stay-at-home orders, and other measures implemented during the COVID-19 pandemic have led to what the UN has called a "shadow pandemic" of rising gender-based violence."²¹ "An estimated 1.5 million underage girls marry each year in India. The Pandemic appears to be causing a spike in numbers."²² Women with disabilities are more vulnerable to any form of violence than non-disabled women. "There is simply no recognition of such issues in the official data, which fails to provide any disaggregated information around disability."²³

The Burden of Household Responsibilities and Unpaid Work

India's first-ever time use survey found that women spent 243 minutes a day on domestic and household work, almost ten times compared to men in 2019.²⁴ With schools, *Anganwadis*, and childcare centers closed almost for a year, and men spending more time at home due to restrictions and loss of work, women's time spent on unpaid domestic work is bound to increase. In addition, the Pandemic has increased the burden of unpaid work for women by an estimated 30%.²⁵ The time use survey "showed that women spend 84% of their working hours on unpaid activities, while men spend 80% on paid work. Just 6% of men participate in cooking, and just 8% do any house cleaning."²⁶ The survey also revealed how Caste and geographic location intersections play an essential role in determining the gendered division of time and labor. It found that: 1. Upper caste women spend the least time on paid work among all social groups, but upper-caste men spend the most time on paid work. 2. In Telangana and Tamil Nadu, women spend over 30% of their working hours on paid work, while in Bihar and Uttar Pradesh, fewer than 10% of women's working hours result in any pay. "When caste intersects with other identities such as sex, gender identity or disability, we find that the nature of discrimination experienced by people at the interstices is severe."²⁷

POLICY RESPONSES

Policy Measures

The Government of India took the following measures in response to the COVID-19 Pandemic.

- The Epidemic Diseases Act, 1987 was invoked, and international travel remained suspended during the peak of both the waves.
- The Government of India also invoked the Disaster Management Act, 2005, which declared the Pandemic a 'national disaster' and increased fund access to states and UTs. The nationwide lockdown was implemented on March 25, 2020.
- Section 144 of Criminal Procedure Code, 1973 was activated prohibiting public assembly of ≥ 4 people; and States drafted respective COVID-19 pandemic regulations at regular intervals based on directions received from the Government of India.
- The Aarogya Setu mobile app was launched for risk communication and contact tracking/ tracing.
- The Government provided free-of-cost testing and treatment for COVID-19 under the national universal health insurance scheme ('PM JAY').
- The price of masks (two-ply/three-ply surgical masks, N95) and hand sanitizers were capped by the enforcement of the Essential Commodities Act, 1955.
- On January 16, 2021, the Government of India launched free vaccination drives against COVID-19.

Since March 2020, the central Government has rolled out three stimulus packages, which have largely ignored the needs of women. In March 2020, India announced a package worth Rs 1,70,000 crore for the poor, daily wagers to shield the poor. The package²⁸ offered; a) a compensation of Rs 500 per month for three months to 20 crore Jan Dhan women account holders and, b) doubled the collateral-free loans to Rs 20 Lakh for women self-help groups under the Deen Dayal National Livelihood Mission, and c) one-time additional amount of Rs 1,000 in two instalments to widows. But half of the poor women, i.e., 0.56 percent, who do not even have a PMJDY account, were excluded from direct benefit transfers.²⁹ The Government also provided in-kind benefits, including grains and dal (pulses) for ration cardholders and free gas cylinders for households below poverty. However, many groups and households faced difficulties accessing these entitlements. Some benefits were only available to those with ration cards or the Aadhaar biometric ID, active bank accounts.

ROLES AND CONTRIBUTIONS OF WOMEN

Women in India have individually and collectively contributed to COVID-19 responses and natural shocks. Females account for 83.4% of the nurses category in India have been at the frontline of COVID-19 response.³⁰ In rural areas, 1 million accredited Social Health Activist (ASHA) workers have worked tirelessly for tracking, testing, and monitoring COVID-19 patients.³¹ Across the country (Bihar and Jharkhand

to Kerala and Karnataka), nearly 6.8 crore women in Self Help Groups (SHGs) joined the fight against covid to make up for shortages of masks, food, sanitizers, and other essential supplies as early as May 2020.³² "women, if given a chance, turn their intersectionality as an asset for resilience building at the local level where it matters the most." ³³ Yogesh Ghore, Coady International Institute, Canada, reported that about 500 women from SEWA learned how to make the masks and produced half a million masks during the national lockdown in March 2020.³⁴ "The trinity of women functionaries at the grassroots – ASHA, Anganwadi and ANM – deal with issues of child and female reproductive health and nutrition which assume critical importance post emergencies." Said, Dr. Prabodh Dhar Chakrabarti.³⁵ "In the recently held Mayor's conclave at the World Congress on Disaster Management in Delhi, women Mayors of many cities, including that of Mumbai, Indore, and Ranchi stole the show with their impassionate interventions regarding the role they played in leading from the front the fight against the Corona Virus."³⁶

CONCLUSION

Discrimination and inequality have to be examined through an intersectional lens, where multiple identities of people such as Caste, sex, gender identity, disability, religion, etc., collide.³⁷ The Government took many effective measures to combat COVID-19. However, actions did not adequately take into account gender disparities. COVID-19 will result in an increased gender gap due to the widening of already existing socio-economic inequalities in India.³⁸ "The intersectionality of gender, risk and resilience very often makes women much more vulnerable to the adverse impacts of disasters and extreme events."³⁹ The following analysis tries to capture the experience of COVID-19 by different groups of women.

Caste	Caste has always been an important determinant of vulnerability, resilience, and recovery speed from shocks in India. The COVID-19 pandemic experience in India again shows that compared to higher-cast women, women from lower Caste have faced greater discrimination and stigma, including loss of paid work rise in unpaid work. Social norms established by certain casts in India don't allow women to work, especially in rural villages such as <i>Anternes</i> and <i>Rajusara</i> , and restrict girls from studying beyond primary levels. The minorities and lower cast population mainly
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	comprising of Muslims, Harijans, Thakors, and Bharwads depending on irregular and seasonal labour work have been reported to hit hardest by the Pandemic and cyclone Tautke.
Age and health status	The COVID-19 pandemic experience in India shows that older women with pre-existing medical conditions such as diabetes, high blood pressure, heart and kidney diseases are most vulnerable and least likely to recover. In addition, the Pandemic is forcing young girls out of schools and exposing them to child marriages, trafficking, and domestic violence. Cases of lack of access to health facilities among older women, school dropouts, and early marriages were reported in field research. As per community estimates in two villages, forty percent of the adult population has received the first dose of the vaccine, and only twenty five percent is fully vaccinated.
Disability	While the official data fails to provide disaggregated information around disability, evidence suggests that women and girls with disabilities are more vulnerable to any form of violence than non-disabled women. They are also less likely to access medical healthcare facilities due to mobility issues. The field research identified six disabled adults (4 F and 1 M) in two villages. In comparison, the disabled man is employed as a computer operator; all four disabled women are engaged in irregular sewing work. Thus, it might be concluded disabled women are less likely to find formal employment compared to disabled men.
Location	While the COVID-19 Pandemic made women living in densely populated urban areas more exposed to infection, women living in remote villages lacked information and easy access to medical services. <i>Anternes</i> and <i>Rajusara</i> villages are remote and located near the desert area. During floods and cyclones, they become inaccessible for almost a week. In addition, because they are not well-connected with the administration, they receive less and timely information to prepare against possible threats.
Migration status	Millions of women, along with their families, found themselves stranded in cities and towns of India due to lockdowns, restrictions, and containment measures. As a result, many of them could not meet their basic needs such as food, shelter, and necessary health services for days to weeks. Moreover, women from migrant families faced enormous financial pressure to take care of their families as the Pandemic adversely affected remittances from migrant males.
Literacy and access to technology	Gender differences in knowledge of critical COVID-19 symptoms, preventive behaviour, and vaccination could be attributed to low literacy levels, internet usage, ownership of cell phones, and lower media exposure of women. In addition, the lack of access to cell phones and the Internet and increased care burden reduced the accessibility of education for girls. Access to technology and smartphones is found low in women compared to men in two communities consulted for this study. In two villages consulted, an estimated 70 percent of adults had a simple cell phone; of these, only 30 percent are smartphones—further, only 20 percent of women owned a cell phone. Moreover, less than five percent of women reported having a smartphone, significantly affecting their prospect of accessing COVID-19-related messages and early warnings about cyclones or floods. Education levels were also much lowered compared to men as families don't prefer to send girls outside villages for higher studies.
Employment	Because 90% of women are engaged in the informal sector, characterized by irregular work and payment, women have faced more economic uncertainty than men during the current Pandemic. In addition, women employed in the informal sector are not protected by social security and social protection. In <i>Anternes</i> and <i>Rajusara</i> , most women depend on agriculture or animal husbandry work. Most of their work in and around house and farms remain unpaid.
Domestic workload	India's first-ever time use survey found that women spent 243 minutes a day on domestic and household work, almost ten times compared to men in 2019. ⁴⁰ With schools, <i>Anganwadis</i> , and childcare centers closed almost for a year, and men spent more time at home due to restrictions

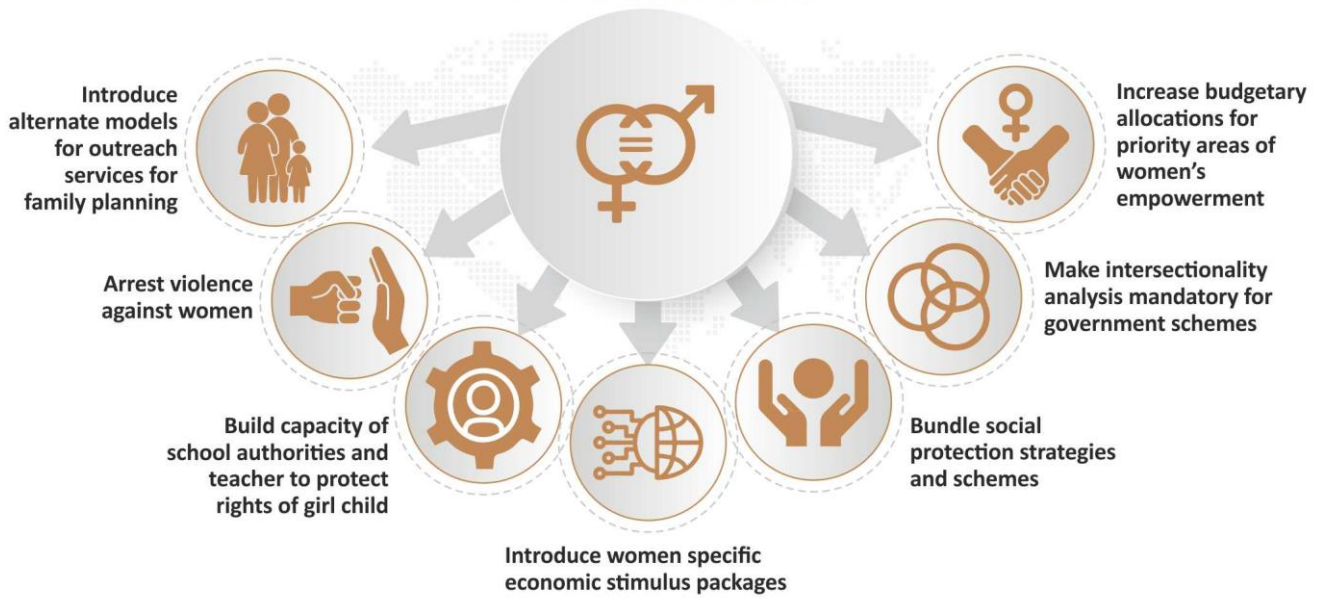
	and loss of work, women's time spent on unpaid domestic work is bound to increase. In addition, the Pandemic has increased the burden of unpaid work for women by an estimated 30%. ⁴¹ In both villages, where women were consulted, complained about increased workload (household and income early activities) due to the Pandemic. Incidents of domestic violence against women are reported to have increased in the wake of Pandemic and disasters in both villages. However, no formal complaint are registered by women as they are living in remote areas and have no or little access to help-lines, legal advice, and protection.
LGBTQ	The Pandemic has affected the LGBTQ community disproportionately by wiping out meager means of livelihood for transgenders. "Many transgender people resort to begging or are sex workers, or they go to ceremonies like weddings to perform. The Pandemic has put an end to most of these activities. No transgender population was reported in either of the villages. Visits of Pavaiyas (Gujarati for eunuch or hermaphrodite) during auspicious occasions and childbirth during the Pandemic were curtailed, affecting their livelihoods.

RECOMMENDATIONS

The study recommends the following actions.

1. **Introduce alternate models for outreach services for family planning:** The Government must introduce alternate models for outreach services for family planning, such as the use of technology (telemedicine services and virtual appointments) should be explored to avoid unwanted pregnancies and prevent maternal and reproductive mortality and morbidity during emergencies.⁴²
2. **Arrest violence against women:** It is recommended to provide safe access to emergency support, including legal assistance, judicial remedies, and medical and psychological support to arrest violence against women.⁴³ "Various tools like mobilizing police and judicial services, the assistance of volunteers, etc., should be implemented to support women, especially where digital access is lacking."⁴⁴
3. **Build capacity of school authorities and teachers to protect the rights of girl child:** Teachers must be trained to counsel parents to ensure that girls do not drop out of school due to extended school closures.⁴⁵ Such initiatives can prevent early marriages, child labour, and domestic violence.
4. **Introduce women-specific economic stimulus packages:** It is recommended to introduce women-specific financial support packages, including direct cash transfers, subsidized loans to women-owned small businesses, and increased allocation to Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and expanding the limit of collateral-free lending to women's self-help groups.⁴⁶
5. **Bundle social protection strategies and schemes:** The Government response during the Pandemic has shown the need for a bundled social protection strategy that includes a universal Public Distribution System with no domicile requirements and universal entitlements to food, water, and shelter.
6. **Make intersectionality analysis mandatory for government schemes:** While relief and social protection measures are intended to support the poorest, benefits are not always accessed equally. In addition, geographies, gender, age, and social class influence individuals to access benefits. Thus, conducting an intersectional analysis of benefits and vulnerability is essential to achieving equitable outcomes. But such methods and tools are yet to be developed and applied. "Intersectionality offers a promising framework for contextual assessment as it can boost development outcomes for women."⁴⁷
7. **Increase budgetary allocations for priority areas of women's empowerment:** India's budget needs to increase allocations for areas such as social protection, digital literacy, skill training, and domestic violence, emerging in the wake of Covid-19. "it is imperative to understand and address this 'intersectionality' to redeem the pledge of India's NDMP and PM's 10-point agenda on DRR which lay stress on improving the disaster preparedness and participation of women in risk reduction activities across different levels".⁴⁸

RECOMMENDATIONS



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