

Japan International Cooperation Agency (JICA)

**Data Collection Survey
on Impact and Response
to Women and Girls
in the COVID-19 Pandemic**

Final Report

March 2022

Japan International Cooperation Agency (JICA)

IC Net Limited

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| GP |
| JR |
| 22-036 |

Exchange Rate

1USD=114.674JPY

1INR=1.53092JPY

1THB=3.42464JPY

1NPR=0.966JPY

(January 2022 JICA Rate)

Abbreviation List

【Common】

| Abbreviation | Long Form |
|--------------|--|
| ADB | Asian Development Bank |
| ANS | Access to Antenatal Care |
| ASEAN | Association of Southeast Asian Nations |
| CEDAW | Convention on the Elimination of Discrimination against Women |
| COVID-19 | Coronavirus disease 2019 |
| CRC | United Nations Convention on the Rights of the Child |
| CSOs | Civil Society Organizations |
| DV | Domestic Violence |
| ECCD | Early Childhood Care and Development |
| ECD | Early Childhood Development |
| ESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| EU | European Union |
| FCDO | Foreign, Commonwealth & Development Office |
| FRHS | Foundation for Reproductive Health Services India |
| GGGI | The Global Gender Gap Index |
| GDP | Gross Domestic Product |
| GIZ | The Deutsche Gesellschaft für Internationale Zusammenarbeit |
| GNI | Gross National Income |
| HDI | Human Development Index |
| HIV/AIDS | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| ICT | Information and Communication Technology |
| ILO | International Labour Organization |
| IMR | Infant Mortality Rate |
| IOM | International Organization for Migration |
| ITU | International Telecommunication Union |
| JICA | Japan International Cooperation Agency |
| KOICA | Korea International Cooperation Agency |
| LDC | Least Development Country |
| LGBTQ | Lesbian, Gay, Bisexual, Bisexual, Transgender and Queer/ Questioning |
| LARC | Long-Acting Reversible Contraception |
| MMR | Maternal Mortality Ratio |
| MSMEs | Micro, Small, and Medium enterprises |
| NGO | Non-Governmental Organization |
| ODA | Official Development Assistance |
| OECD | Organisation for Economic Co-operation and Development |

| Abbreviation | Long Form |
|---------------------|--|
| OSCs | One-Stop Centers |
| PDM | Project Design Matrix |
| PISA | Programme for International Student Assessment |
| PPE | Personal Protective Equipment |
| SAARC | South Asian Association for Regional Cooperation |
| SARC | Short-Acting Reversible Contraception |
| SC | Scheduled Castes |
| SDGs | Sustainable Development Goals |
| SGBV | Sexual and Gender Based Violence |
| SMRC | Shanta Memorial Rehabilitation Center |
| SNS | Social Network Service |
| SRH | Sexual Reproductive Health |
| SRHR | Sexual Reproductive Health and Rights |
| ST | Schedule Tribes |
| STDs | Sexually Transmitted Diseases |
| STEM | Science, Technology, Engineering, and Mathematics |
| UHC | Universal Health Coverage |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNODC | United Nations on Drugs and Crime |
| UN Women | United Nations Women |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene |
| WEF | World Economic Forum |
| WFP | United Nations World Food Programme |
| WHO | World Health Organization |
| WIEGO | Women in Informal Employment: Globalizing and Organizing |

【India】

| Abbreviation | Long Form |
|---------------------|--|
| ANM | Auxiliary Nurse Midwife |
| ASER | Annual Status Education Report |
| ASHA | Accredited Social Health Activist |
| AWW | Anganwadi Worker |
| BOCW | Building and Other Construction Workers Act 1996 |

| Abbreviation | Long Form |
|---------------------|--|
| CIP | Central Institute of Psychiatry |
| CWC | Child Welfare Committee |
| CYSD | Centre for Youth and Social Development |
| DC&FW | Department of Agriculture, Cooperation & Farmers Welfare |
| DCPO | District Child Protection Officer |
| DSWB | District Social Welfare Board |
| FLFPR | Female Labor Force Participation Rate |
| FPAI | Family Planning Association India |
| FRHS | The Foundation for Reproductive Health Services India |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit |
| GeM | Government e-Marketplace |
| ICDS | Integrated Child Development Services |
| ISST | Institute of Social Studies Trust |
| ITU | International Telecommunication Union |
| JJ Board | Juvenile Justice Board |
| MGREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| NASVI | National Association of Street Vendors of India |
| NCW | National Commission for Women |
| NIMHANS | National Institute of Mental Health and Neuro-Sciences |
| NITI Aayog | National Institute for Transforming India Committee |
| NRHM | National Rural Health Mission |
| NRLM | National Rural Livelihood Mission |
| OSC | One Stop Center |
| PDS | Public Distribution System |
| PMJDY | Pradhan Mantri Jan Dhan Yojana |
| PM-KISAN | Pradhan Mantri Kisan Samman Nidhi |
| POCSO | Protection of Children from Sexual Offences Act |
| SC | Scheduled Caste |
| SEWA | Self Employed Women's Association |
| SHG | Self Help Group |
| SRS | Sample registration System |
| ST | Scheduled Tribe |
| WEP | The Women Entrepreneurship Platform |
| WIEGO | Women in Informal Employment Globalizing and Organizing |

【Thailand】

| Abbreviation | Long Form |
|---------------------|---|
| AAT | Alliance Anti Traffic |
| ASEAN-ACT | ASEAN–Australia Counter Trafficking |
| CAMRI | Child and Adolescent Mental Health Rajanagarindra Institute |
| CHV | Community Health Volunteer |
| DCY | Department of Children and Youth |
| DWF | Department of Women’s Affairs and Family Development |
| EEF | Equitable Education Fund |
| ESCAP | Economic and Social Commission for Asia and the Pacific |
| FIT | Federation of Informal Workers of Thailand |
| LAO | Local Administrative Organization |
| MCATT | Mental Health Crisis Assessment and Treatment Team |
| MDES | Ministry of Digital Economy and Society |
| MDP | Multidimensional Poverty |
| MDT | Multi-Disciplinary Team |
| MPH | Ministry Public Health |
| MSDHS | Ministry of Social Development and Human Security |
| NBTC | National Broadcasting and Telecommunications Commission |
| NESDC | National Economic and Social Development Council |
| NLSA | National Legal Services Authority |
| NPCT | National Press Council of Thailand |
| OSCC | One Stop Crisis Center |
| PAO | Provincial Administrative Organization |
| PISA | Programme for International Student Assessment |
| PPAT | Planned Parenthood Association Thailand |
| PSDHS | Provincial Social Development and Human Security |
| RSA | Referral System for Safe Abortion |
| STD | Sexually transmitted disease |
| SWING | Service Workers in Groups |
| TAO | Tambon Administrative Organization |
| TICAC | Thailand Internet Crimes Against Children Task Force |
| VOTs | Victims of Trafficking |

【Nepal】

| Abbreviation | Long Form |
|---------------------|---|
| AATWIN | Alliance Against Trafficking in Women and Children in Nepal |
| ACORAB | Association of Community Radio Broadcasters Nepal |

| Abbreviation | Long Form |
|---------------------|--|
| ANM | Auxiliary Nurse Midwifery |
| CEHRD | Centre for Education and Human Resource Development |
| CHMG | Community Health Mother Group |
| CLC | Community Learning Center |
| EMIS | Education Management Information System |
| FCHV | Female Community Health Volunteer |
| FEDO | Feminist Dalit Organization |
| FFN | Female Forester's Network |
| FHAN | Federation of Handicraft Association Nepal |
| FO | Field Officer |
| FPAN | Family Planning Association Nepal |
| FWEAN | Federation of Women Entrepreneurs Association of Nepal |
| FWLD | The Forum for Women, Law and Development |
| GESI | Gender Equality and Social Inclusion |
| OCMC | One Stop Crisis Management Centres |
| OSCC | One Stop Crisis Centre |
| REED | Rural Education and Environment Development Center |
| RHRWG | Reproductive Health and Rights Working Group |
| MOEST | Ministry of Education, Science and Technology |
| MOFAGA | Ministry of Federal Affairs and General Administration |
| MoHP | Ministry of Health and Population |
| MOWCSC | Ministry of Women, Children and Senior Citizens |
| NDWA | Nepal Disabled Women Association |
| NWC | National Women's Commission |
| VSO | Voluntary Service Overseas |
| WOREC | Women's Rehabilitation Centre |

Table of Contents

| | |
|--|----------|
| Abbreviation List..... | i |
| Table of Contents..... | vi |
| Part 1: Introduction | 1 |
| Chapter 1: Introduction | 1 |
| 1-1. Background of the Survey | 1 |
| 1-2. Objectives of the Survey | 1 |
| 1-3. Analytical Framework of the Survey | 1 |
| 1-4. Targets of the Survey | 2 |
| 1-5. Structure of the Report..... | 2 |
| 1-6. Survey Period..... | 2 |
| 1-7. Survey Methodology | 3 |
| Part 2: Study on Identifying Challenges Faced in Gender Equality and Women Empowerment During COVID-19 pandemic in India, Thailand, and Nepal | 7 |
| Chapter 1: Challenges Faced in Gender Equality and Empowerment of Women During COVID-19 pandemic in India..... | 7 |
| 1-1. Gender Gaps in India | 7 |
| 1-2. Sexual and Gender-based Violence | 8 |
| 1-2-1. SGBV during the COVID-19 pandemic..... | 9 |
| 1-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic..... | 13 |
| 1-2-3. Response Measures to SGBV during the COVID-19 pandemic..... | 15 |
| 1-2-4. Gaps in SGBV response..... | 18 |
| 1-3. Health Services (Sexual Reproductive Health and Mental Health) | 19 |
| 1-3-1. SRH and Mental Health during the COVID-19 pandemic..... | 20 |
| 1-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic | 25 |
| 1-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic..... | 27 |
| 1-3-4. Gaps in Response to SRH and Mental Health | 30 |
| 1-4. Economic Activities and Livelihoods..... | 31 |
| 1-4-1. Economic Activities and Livelihood during the COVID-19 pandemic..... | 33 |
| 1-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic | 39 |
| 1-4-3. Response Measures to Enhancing Economic activities during the COVID-19 pandemic..... | 41 |
| 1-4-4. Gaps in Response to Economic Activities and Livelihoods | 47 |
| 1-5. Education..... | 49 |
| 1-5-1. Access to Education during the COVID-19 pandemic | 49 |
| 1-5-2. Factors that Girls are Losing Opportunities to Learn..... | 54 |
| 1-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic | 55 |
| 1-5-4. Gaps in Response to Continuous Learning | 57 |
| 1-6. Digital Technology | 58 |
| 1-6-1. Digital Technology and Its Impact on Women and Girls during the COVID-19 pandemic..... | 60 |

| | |
|--|-----------|
| 1-6-2. Factors that Obstruct Digital Inclusion of Women and Girls | 62 |
| 1-6-3. Response Measures to Improve Women’s Lives through Digital Technology during the COVID-19 pandemic | 63 |
| 1-6-4. Gaps in Measures to Enhance Women’s and Girls’ Access to Digital Technology | 65 |
| 1-7. Roles and Contributions of Women and Girls | 66 |
| 1-7-1. SGBV | 67 |
| 1-7-2. Health Services | 67 |
| 1-7-3. Economic Activities and Livelihoods | 70 |
| 1-7-4. Education | 71 |
| 1-7-5. Digital Technology | 72 |
| 1-7-6. Paid Care Work, and Unpaid Care and Domestic Work during the COVID-19 pandemic | 73 |
| Chapter 2: Challenges Faced in Gender Equality and Women Empowerment during the COVID-19 pandemic in Thailand | 75 |
| 2-1. Gender Gaps in Thailand | 75 |
| 2-2. SGBV | 76 |
| 2-2-1. SGBV during the COVID-19 pandemic | 78 |
| 2-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic | 82 |
| 2-2-3. Response Measures to SGBV during the COVID-19 pandemic | 83 |
| 2-2-4. Gaps in SGBV Response | 86 |
| 2-3. Health Services (Sexual Reproductive Health and Mental Health) | 88 |
| 2-3-1. SRH and Mental Health during the COVID-19 pandemic | 89 |
| 2-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic | 94 |
| 2-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic | 95 |
| 2-3-4. Gaps in Response to SRH and Mental Health | 97 |
| 2-4. Economic Activities and Livelihoods | 97 |
| 2-4-1. Economic Activities and Livelihoods during the COVID-19 pandemic | 98 |
| 2-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic | 103 |
| 2-4-3. Response Measures to Enhance Economic Activities during the COVID-19 pandemic | 104 |
| 2-4-4. Gaps in Response to Economic Activities and Livelihoods | 107 |
| 2-5. Education | 108 |
| 2-5-1. Access to Education during the COVID-19 pandemic | 109 |
| 2-5-2. Factors that Girls are losing opportunities to Learn | 113 |
| 2-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic | 113 |
| 2-5-4. Gaps in Response to Continuous Learning | 116 |
| 2-6. Digital Technology | 117 |
| 2-6-1. Digital Technology and Its Impact on Women and Girls during the COVID-19 pandemic | 117 |
| 2-6-2. Factors that Obstruct Digital Inclusion of Women and Girls | 120 |
| 2-6-3. Response Measures to Improve Women’s Lives through Digital Technology during the COVID-19 pandemic | 120 |
| 2-6-4. Gaps in Measures to Enhance Women’s and Girls’ Access to Digital Technology | 122 |

| | |
|--|-----|
| 2-7. Roles and Contributions of Women and Girls | 122 |
| 2-7-1. SGBV | 123 |
| 2-7-2. Health Services | 123 |
| 2-7-3. Economic Activities and Livelihoods | 124 |
| 2-7-4. Education | 125 |
| 2-7-5. Digital Technology | 126 |
| 2-7-6. Unpaid Care and Domestic Work during the COVID-19 pandemic | 126 |
| Chapter 3. Challenges Faced in Gender Equality and Empowerment of Women during the COVID-19 pandemic in Nepal | 128 |
| 3-1. Gender Gaps in Nepal | 128 |
| 3-2. Sexual and Gender-based Violence | 130 |
| 3-2-1. SGBV during the COVID-19 pandemic | 130 |
| 3-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic | 138 |
| 3-2-3. Response Measures to SGBV during the COVID-19 pandemic | 139 |
| 3-2-4. Gaps in SGBV response | 145 |
| 3-3. Health Services (Sexual Reproductive Health and Mental Health) | 148 |
| 3-3-1. SRH and Mental Health during the COVID-19 pandemic | 148 |
| 3-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic | 151 |
| 3-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic | 152 |
| 3-3-4. Gaps in Response to SRH and Mental Health | 155 |
| 3-4. Economic Activities and Livelihoods | 156 |
| 3-4-1. Economic Activities and Livelihoods during the COVID-19 pandemic | 158 |
| 3-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic | 163 |
| 3-4-3. Response Measures to Enhance Economic Activities during the COVID-19 pandemic | 164 |
| 3-4-4. Gaps in Response to Economic Activities and Livelihoods | 167 |
| 3-5. Education | 168 |
| 3-5-1. Access to Education during the COVID-19 pandemic | 169 |
| 3-5-2. Factors that Girls are Losing Opportunities to learn | 174 |
| 3-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic | 175 |
| 3-5-4. Gaps in Response to Continuous Learning | 178 |
| 3-6. Digital Technology | 180 |
| 3-6-1. Digital Technology and Its Impact on Woman and Girls during the COVID-19 pandemic | 181 |
| 3-6-2. Factors that Obstruct Digital Inclusion of Women and Girls | 185 |
| 3-6-3. Response Measures to Improve Women’s Lives through Digital Technology during the COVID-19 pandemic | 186 |
| 3-6-4. Gaps in Measures to Enhance Women’s and Girl’s Access to Digital Technology | 190 |
| 3-7. Roles and Contributions of Women and Girls | 191 |
| 3-7-1. SGBV | 191 |
| 3-7-2. Health Services | 192 |
| 3-7-3. Economic Activities and Livelihoods | 194 |

| | |
|---|------------|
| 3-7-4. Education..... | 194 |
| 3-7-5. Digital Technology..... | 195 |
| 3-7-6. Unpaid Care and Domestic Work during the COVID-19 pandemic..... | 195 |
| Part 3 : Results of the Quick Impact Project in India, Nepal, and Review of Pilot Projects Implemented by JICA Overseas Offices..... | 198 |
| Chapter 1. Results of the Quick Impact Project in India..... | 198 |
| 1-1. Background of the Quick Impact Project..... | 198 |
| 1-2. Design of the Quick Impact Project..... | 198 |
| 1-2-1. Overview of the Quick Impact Project..... | 198 |
| 1-2-2. Outline of the Quick Impact Project..... | 201 |
| 1-2-3. Implementation Structure..... | 204 |
| 1-3. Achievements of QIP in India and its Implementation Process..... | 205 |
| 1-3-1. Output 1: A band of SGBV Warriors are trained to mobilize the community on the Impact/Consequences of Sexual Gender Based Violence (SGBV) especially during crisis like COVID-19 pandemic and how to respond to it..... | 205 |
| 1-3-2. Output 2: Help Desks are functioning in the target villages..... | 209 |
| 1-3-3. Output 3: The residents in the village, especially women and girls, are sensitized to SGBV, register their grievances related to SGBV through Help Desks, and open up to share their concerns and ask for support through appropriate platforms..... | 210 |
| 1-3-4. Output 4: The activities and expected outputs planned under the Project are periodically monitored and necessary corrective measures are taken up towards realization of desired results..... | 216 |
| 1-4. Achievement of Project Objective and Analysis of the Hypotheses..... | 216 |
| 1-4-1. Achievement of Project Objective..... | 216 |
| 1-4-2. Analysis of the Hypotheses..... | 217 |
| 1-5. Lessons Learned from Quick Impact Project..... | 220 |
| Chapter 2. Results of the Quick Impact Project in Nepal..... | 224 |
| 2-1. Background of the Quick Impact Project..... | 224 |
| 2-2. Design of the Quick Impact Project..... | 225 |
| 2-2-1. Overview of the Quick Impact Project..... | 225 |
| 2-2-2. Outline of the Quick Impact Project..... | 226 |
| 2-2-3. Implementation Structure..... | 228 |
| 2-3. Achievements of QIP in Nepal and its Implementation Process..... | 229 |
| 2-3-1. Output 1: Through gender-responsive academic radio education program, girls' motivation towards continuation of their studies are maintained..... | 229 |
| 2-3-2. Output 2: Through gender-responsive life skills radio education program, girls and boys in the monitoring group understand the issues faced by girls under COVID-19 pandemic..... | 233 |
| 2-3-3. Output 3: Through participating in an essay contest on "My Dream, My Future" (Mero Sapana: Mero Bhabisya), student's motivation toward their studies is promoted..... | 239 |
| 2-4. Achievement of Project Objective and Analysis of the Hypothesis..... | 240 |
| 2-4-1. Achievement of Project Objective..... | 240 |

| | |
|--|------------|
| 2-4-2. Analysis of the Hypotheses..... | 241 |
| 2-5. Lessons Learned from Quick Impact Projects..... | 245 |
| Chapter 3. Review of Pilot Projects Implemented by JICA Overseas Offices..... | 247 |
| 3-1. Summary of Pilot Project Review..... | 247 |
| 3-1-1. Purpose of the Pilot Projects..... | 247 |
| 3-1-2. Outline of the Pilot Projects..... | 247 |
| 3-2. India: Survey and Mental Health Training for Female Frontline Health Care Workers..... | 248 |
| 3-2-1. Project Summary..... | 248 |
| 3-2-2. Survey Outline..... | 249 |
| 3-2-3. Summary of Pilot Project..... | 250 |
| 3-2-4. Results of the Pilot Project..... | 251 |
| 3-2-5. Lessons Learned from the Pilot Project..... | 251 |
| 3-3. Cambodia: Support for Female Migrant Workers to Improve Their Income after Returning Home..... | 252 |
| 3-3-1. Project Summary..... | 252 |
| 3-3-2. Survey Outline..... | 252 |
| 3-3-3. Summary of Pilot Project..... | 253 |
| 3-3-4. Results of the Pilot Project..... | 254 |
| 3-3-5. Lessons Learned from the Pilot Project..... | 254 |
| 3-4. Thailand: Support for Vulnerable People to Improve Their Income and Prevent Digital Sexual Violence..... | 255 |
| 3-4-1. Project Summary..... | 255 |
| 3-4-2. Survey Outline..... | 255 |
| 3-4-3. Summary of Pilot Project..... | 257 |
| 3-4-4. Results of the Pilot Project..... | 258 |
| 3-4-5. Lessons Learned from the Pilot Project..... | 258 |
| 3-5. Philippines: Support for Small-Scale Women Farmers to Improve Their Income through Digital Platforms..... | 258 |
| 3-5-1. Project Summary..... | 258 |
| 3-5-2. Results of the Pilot Project..... | 259 |
| 3-5-3. Lessons Learned from the Pilot Project..... | 259 |
| 3-6. Bhutan: COVID-19 Impact on Women and Children Study..... | 260 |
| 3-6-1. Project Summary..... | 260 |
| 3-6-2. Findings..... | 260 |
| 3-6-3. Lessons Learned from the Pilot Project..... | 262 |
| 3-7. Jordan: Support for Palestinian Refugee Women to Increase Their Income Using Digital Technologies..... | 262 |
| 3-7-1. Project Summary..... | 262 |
| 3-7-2. Survey Outline..... | 263 |
| 3-7-3. Summary of Pilot Projects..... | 264 |
| 3-7-4. Results of the Pilot Project..... | 264 |
| 3-7-5. Lessons Learned from the Pilot Project..... | 265 |
| 3-8. Guatemala: Assistance for Women Entrepreneurs' Access to Formal Markets..... | 265 |

| | |
|--|------------|
| 3-8-1. Project Summary..... | 265 |
| 3-8-2. Outputs of the Pilot Project..... | 266 |
| 3-8-3. Lessons Learned from the Pilot Project..... | 266 |
| 3-9. Guatemala: Income Generation of Women Entrepreneurs/Groups | 267 |
| 3-9-1. Project Summary..... | 267 |
| 3-9-2. Outputs of the Pilot Project..... | 268 |
| 3-9-3. Lessons Learned from the Pilot Project..... | 268 |
| 3-10. Bolivia: Capacity Development on Digital Skills of Entrepreneurial Women | 269 |
| 3-10-1. Project Summary | 269 |
| 3-10-2. Outputs of the Pilot Project..... | 270 |
| 3-10-3. Lessons Learned from the Pilot Project | 270 |
| 3-11. Bolivia: Job Assistance for Skilled Young Women..... | 270 |
| 3-11-1. Project Summary..... | 270 |
| 3-11-2. Outputs of the Pilot Project..... | 271 |
| 3-11-3. Lessons Learned from the Pilot Project..... | 272 |
| 3-12. South Sudan: Income Enhancement Support for Women Entrepreneurs | 272 |
| 3-12-1. Project Summary | 272 |
| 3-12-2. Survey Outline..... | 272 |
| 3-12-3. Summary of Pilot Project..... | 274 |
| 3-12-4. Outputs of the Pilot Project..... | 274 |
| 3-12-5. Lessons Learned from the Pilot Project | 275 |
| Part 4: Recommendations for Formulating Projects to Promote Gender Equality and Empowerment of Women..... | 276 |
| Chapter 1. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in India..... | 276 |
| 1-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in India..... | 276 |
| 1-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in India | 285 |
| 1-2-1. Proposed Project 1: Strengthening the Capacity of One Stop Centers in Hospitals..... | 285 |
| 1-2-2. Proposed Project 2: Promoting Empowerment of Rural Women through Digital Technology | 288 |
| Chapter 2. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in Thailand..... | 291 |
| 2-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in Thailand | 291 |
| 2-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in Thailand | 302 |
| 2-2-1. Proposed Project 1: Strengthen the Capacity on Responding to Mental Health Issues of VOTs to Promote Rehabilitation | 302 |
| 2-2-2. Proposed Project 2: Setting up SGBV Protection Mechanism at the District and Sub-District Levels..... | 304 |
| Chapter 3. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in Nepal | 306 |
| 3-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in Nepal..... | 306 |
| 3-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in Nepal..... | 318 |

| | |
|---|------------|
| 3-2-1. Proposed Project 1: Project to Support for Improvement of School Management from the Gender and Social Inclusion Perspective | 318 |
| 3-2-2. Proposed Project 2: Support for Women's Economic Empowerment through Capacity Building of the Woman Entrepreneurship Facilitation Center | 321 |
| Part 5: Recommendations to JICA on Approaches and Concrete Measures to Promote Gender Equality and Women's Empowerment in the Post-COVID-19 Era | 325 |
| 5-1. Areas of High Support Needs for Women and Girls during the COVID-19 Pandemic | 328 |
| 5-1-1. SGBV | 328 |
| 5-1-2. Health services (SRH and Mental Health) | 331 |
| 5-1-3. Economic Activities and Livelihoods | 335 |
| 5-1-4. Education | 337 |
| 5-1-5. Digital Technology | 340 |
| 5-2. Recommendations to JICA on Concrete Measures to Promote Gender Equality and Women's Empowerment Based on JICA's Strengths | 343 |
| 5-2-1. SGBV | 343 |
| 5-2-2. Health Services (SRH and Mental Health) | 344 |
| 5-2-3. Economic Activities and Livelihoods | 345 |
| 5-2-4. Education | 347 |
| 5-2-5. Digital Technology | 348 |
| 5-2-6. Crosscutting Challenges | 349 |
| 5-3. What to Bear in Mind for Intervention | 350 |
| 5-3-1. Implement Projects with a Focus on Fostering Women's Leadership | 350 |
| 5-3-2. Collect Gender Disaggregated Data for Better Targeting, Bearing in Mind that Women are not a Homogeneous Group | 351 |
| 5-3-3. Implement Projects Incorporating Activities to Transform Mindsets and Behaviors of the Family Members and People in the Community of the Female Participants in the Projects | 351 |

Part 1: Introduction

Chapter 1: Introduction

1-1. Background of the Survey

The coronavirus disease of 2019 (COVID-19) outbreak has profoundly impacted all of humanity, but this impact is not uniform by country, region, gender, or economic status of individuals. In crisis situations such as pandemics, disasters, and conflicts, the inherent gender inequalities of society and the problems of the poorest become more apparent. Under the COVID-19 pandemic, gender inequalities have become more prevalent resulting in increased sexual and gender-based violence (SGBV) against women and girls, limited access to health services and education, loss of livelihood, and a digital divide. As a result, there are concerns about further increasing gender inequality.

In this context, although the general situation and challenges faced by women and girls under COVID-19 have been determined, the country-specific situation and challenges, as well as measures taken by the national government, NGOs, women's groups, private companies, and development partners, and so on, have not been sufficiently compiled. It is therefore important to accurately address country-specific realities by promoting gender equality and women's empowerment in the post-COVID-19 society and to support establishing a resilient society that can “Build Back Better” against all kinds of crises.

1-2. Objectives of the Survey

This survey examines development policies and approaches for gender equality and women's empowerment under COVID-19 in the target countries. To achieve this, it is necessary to consider the following five issues (“the five areas of analysis”): 1) Sexual and Gender-based Violence (SGBV), 2) Health Services (focusing on sexual and reproductive health), 3) Economic Activities and Livelihoods (including informal employment and work, and formal employment), 4) Education, and 5) Digital Technologies. After analyzing the current situation and challenges faced by women and girls in the five areas of analysis, support measures taken by the national government, NGOs, women's groups, private institutions, and development partners are summarized and gaps identified. Against this background, quick impact projects aimed at promoting gender equality and women's empowerment under COVID-19 will be implemented, and lessons learned will be identified. Based on the findings, a specific technical cooperation plan for post-COVID-19 era is proposed, and measures and approaches to promote gender equality and women's empowerment in JICA activities in the post-COVID-19 era is recommended.

1-3. Analytical Framework of the Survey

In this survey, information will be collected on the impact of the COVID-19 pandemic on women and girls and the role and contribution of women, in line with the five areas of analysis. The collected information will be analyzed into the current situation and issues, causes, response measures, and gaps, as shown in the analytical framework in Table 1-1. After analyzing the current situation and response measures, direction of future support for gender equality and women's empowerment will be examined.

Table 1-1: Analytical framework

| | Current situation and issues | Causes | Response measures | Gaps |
|-------------------------------------|------------------------------|--------|--|------|
| ①SGBV | | | <ul style="list-style-type: none"> ● Government ● Development Partners/NGOS ● Private companies | |
| ②Health Service | | | | |
| ③Economic Activities and Livelihood | | | | |
| ④Education | | | | |
| ⑤Digital Technologies | | | | |

In carrying out the survey using the analytical framework, the impact of each of the five areas of analysis will vary depending on the segment to which the women belong. In addition, since the situation and needs of each segment vary from country to country, the analysis will take into account the perspective of diversity and intersectionality among women. We will then identify groups that are particularly vulnerable in each area.

1-4. Targets of the Survey

The target countries for the literature review and online research are India, Thailand, and Nepal. The selection criteria for the target countries are 1) countries where the contracting organization has reliable local resources and can conduct the survey under the COVID-19 pandemic and 2) countries with serious SGBV and educational challenges and high gender inequalities that urgently need to be addressed, among the priorities identified in the JICA’s guidance note “Establishing Gender Responsive Approaches to COVID-19 Response and Recovery.”

1-5. Structure of the Report

In this report, the first section provides an overview of the survey, and the second presents the current status and challenges of gender equality and women’s empowerment under COVID-19 in India, Thailand, and Nepal. The third section presents the findings and lessons learned from the quick impact projects implemented in India, Nepal, and eleven pilot projects conducted by JICA’s overseas offices. The fourth section summarizes the recommendations for the formation and implementation of gender-specific projects to promote gender equality and women’s empowerment. The final section proposes concrete measures and approaches to promote these in JICA activities in the post-COVID-19 era.

1-6. Survey Period

This survey was implemented from September 2020 to March 2022.

1-7. Survey Methodology

(1) Research: Current status and challenges of gender equality and women's empowerment during the pandemic
In line with the analytical framework, the organizations presented in Tables 1-2 to 1-4 were selected from five areas of analysis issues and the segments to which women belong. Initially, the survey was planned to be carried out in the respective country but was shifted to an online survey due to the spread of COVID-19.

Table 1-2: Interviewed organizations in India

| Five areas of analysis | Organizations interviewed |
|--------------------------------------|--|
| ①SGBV | <ul style="list-style-type: none"> - National Commission for Women (NCW) - Women Police Station (Jharkhand) - One Stop Center (Odisha) - UN Women - UNICEF - Centre for Social Research - SAHAYOG - Shakti Shalini - Prakalpa Foundation - AKS Foundation - Advocate of District Court |
| ②Health Services | <ul style="list-style-type: none"> - National Commission for Women - Family Planning Association India (FPAI) - AASRA (NGO working on Mental Health issues) - Digital Green - Psychologist |
| ③Economic Activities and Livelihoods | <ul style="list-style-type: none"> - Food Corporation of India (FCI) - V.V. Giri National Labour Institute - UN Women - Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) - Bill and Melinda Gates Foundation - Building and Wood Worker's International (BWI) - All India Trade Union Congress (AITUC) - SEWA Bharat - National Association of Street Vendors of India (NASVI) - Digital Green - Centre for Social Research (CSR) - Mahila Vitta Evam Vikas Nigam (MVVN,NGO working with SHGs) |
| ④Education | <ul style="list-style-type: none"> - UNICEF - Building and Wood Worker's International (BWI) - Project Kaagaz - High School teachers (2 from Bihar) |
| ⑤Digital Technologies | <ul style="list-style-type: none"> - All India Trade Union Congress (AITUC) - Building and Wood Worker's International (BWI) - SEWA Bharat - National Association of Street Vendors of India - Digital Green |
| ⑥Segments | <ul style="list-style-type: none"> - Poor (Adult women): National Association of Street Vendors of India - People with disabilities: Samarthyam - Elderly: Help Age International India - Informal sector worker: All India Trade Union Congress (AITUC), SEWA Bharat , National Association of Street Vendors of India (NASVI), Snehalaya (NGO working with sex workers, transgender women and people living with HIV/AIDS) - Adolescent women: Family Planning Association India, SAHAYOG |

Table 1-3: Interviewed organizations in Thailand

| Five areas of analysis | Organizations interviewed |
|--------------------------------------|---|
| ①SGBV | <ul style="list-style-type: none"> - Department of Women Affairs and Family Development, Ministry of Social Development and Human Security (MSDHS) - Division of Anti-Trafficking in Persons, MSDHS - Kredtrakarn Protection and Occupational Development Center, MSDHS - Shelter for Children and Family (2 provinces) - UN Women and International Labour Organization (ILO) - ASEAN-Australia Counter-Trafficking Initiative (ASEAN-ACT) - International Justice Mission - Alliance Anti Traffic (AAT) - The Center for the Protection of Children's Rights Foundation - HUG Project - Social Equality Promotion Foundation - Smile Lay Youth Center |
| ②Health Services | <ul style="list-style-type: none"> - Department of Mental Health, Ministry of Public Health - Planned Parenthood Association Thailand - Childline Thailand Foundation - Nurse (2 women) - Community Health Volunteer (2 women) |
| ③Economic Activities and Livelihoods | <ul style="list-style-type: none"> - Department of Women Affairs and Family Development, MSDHS Provincial Social Development and Human Security Office, MSDHS (3 provinces) - UN Women - Duang Prateep Foundation - Alliance Anti Traffic (AAT) - IT Maeban |
| ④Education | <ul style="list-style-type: none"> - Provincial Special Education Center, Ministry of Education - UNICEF - United Nations Educational, Scientific and Cultural Organization (UNESCO) - Foundation for Child Development - Smile Lay Youth Center - Wheelchairs and Friendship Center of Asia Thailand - Teacher |
| ⑤Digital Technologies | <ul style="list-style-type: none"> - International Telecommunication Union - UNICEF - IT Maeban |
| ⑥Segments | <ul style="list-style-type: none"> - Poor women: Duang Prateep Foundation, Smile Lay Youth Center - Persons with disabilities : Rights of Persons with Disabilities Committee Member, Provincial Special Education Center, Foundation for Child Development, Wheelchairs and Friendship Center of Asia Thailand - Elderly: Foundation For Older Persons' Development - Informal women workers: Duang Prateep Foundation, AAT, IT Meaban - Adolescent women: AAT, Smile Lay Youth Center |

Table 1-4: Interviewed organizations in Nepal

| Five areas of analysis | Organizations interviewed |
|-------------------------------|---|
| General | <ul style="list-style-type: none"> - Ministry of Women, Children and Senior Citizens (MOWCSC) - UN Women - United Nations Children's Fund (UNICEF) - Foreign Commonwealth Development Office (FCDO) |
| ①SGBV | <ul style="list-style-type: none"> - National Women Commission (NWC) - Women's Rehabilitation Centre (WOREC)/NGO - Saathi/NGO - Nepal Police |
| ②Health Services | <ul style="list-style-type: none"> - Family Planning Association of Nepal (FPAN) - United Nations Fund for Population Activities (UNFPA) - Beyond Beijing Committee (BBC) - Female Community Health Volunteers (FCHV) |

| Five areas of analysis | Organizations interviewed |
|---------------------------------------|--|
| ③ Economic Activities and Livelihoods | <ul style="list-style-type: none"> - Ministry of Agriculture (MOALD) - Federation of Women Entrepreneurs Association of Nepal (FWEAN) - Federation of Handicraft Association (FHAN) - Beautician Professional Association (BPA) |
| ④ Education | <ul style="list-style-type: none"> - United Nations Educational, Scientific and Cultural Organization (UNESCO) - Ministry of Education, Science and Technology (MOEST) - Volunteer Service Overseas (VSO)/NGO |
| ⑤ Digital Technologies | <ul style="list-style-type: none"> - Ministry of Communication and Information Technology (MOCIT) - SAARC Business Association of Home Based Workers (SABAH)/NGO |
| ⑥ Segments | <p>Leadership:</p> <ul style="list-style-type: none"> - Women and Social Committee (WSC), House of Representative, Federal Parliament Nepal - Media Advocacy Group (MAG) - Feminist Dalit Organization (FEDO)/NGO <p>Poor (Adult women):</p> <ul style="list-style-type: none"> - Women for Human Rights – Single women Group (WHR) - National Indigenous women Federation (NIWF) <p>People with disabilities/ Elderly:</p> <ul style="list-style-type: none"> - Nepal Disabled Women Association (NDWA) - National Indigenous Disabled women Association Nepal (NIDWAN) - Practical Help Achieving Self Empowerment (PHASE) Nepal <p>Informal sector worker: Women forum for Women Nepal (WOFOWON)</p> <p>Adolescent women: Plan International Nepal</p> <p>Migrant workers: Nepal Policy Institute (NPI)</p> |

(2) Implementation of quick impact projects and compilation of findings and lessons learned

As a response to the impact of the COVID-19 pandemic, Quick Impact Projects to promote gender equality and women's empowerment were implemented within a limited time of seven months. For this reason, the following selection criteria were developed:

- 1) Organizations that are currently implementing activities related to the five areas of analysis and are able to conduct Quick Impact Projects from a gender perspective
- 2) Organizations that are able to identify lessons learned in a short period
- 3) Countries where the knowledge, networks, and languages of the target country of the contracting organization can be used, and
- 4) Organizations that have a network with government and international organizations.

As a result, a Quick Impact Project on addressing SGBV issues by the Centre for Youth and Social Development (CYSD) in India and project on addressing education issues by the Rural Education and Environment Development Centre (REED) in Nepal were selected.

As for the review of pilot projects by overseas offices, nine countries listed in Table 1-5 implemented the project, and the reports were reviewed to extract the findings and lessons learned.

Table 1-5: List of pilot projects implemented by overseas offices

| Country | Project Name |
|--------------|---|
| 1 India | Understanding the Impact of Coronavirus Pandemic on Women: An Intervention Research on Women FHWs in Delhi. |
| 2 Cambodia | Survey on the Impact of COVID-19 on Livelihood of Women Returned Migrant Workers in Cambodia |
| 3 Thailand | Data Collection Survey on Impact and Response to Women and Girls in COVID-19 |

| | Country | Project Name |
|----|-------------|--|
| | | Pandemic |
| 4 | Philippines | Utilizing Technology to Achieve Food Security for Rural Women |
| 5 | Bhutan | COVID-19 Impact on Women and Children Study |
| 6 | Jordan | Survey to Explore Effective Response and Strategy for Palestinian Women and Girls under COVID-19 Pandemic |
| 7 | Guatemala | Consultancy “Introduction of Women Entrepreneurs’ Products in Supermarkets in Guatemala” |
| 8 | Guatemala | Consultancy to Strengthen 45 groups of women entrepreneurs |
| 9 | Bolivia | Women Digitized for a Decent Job/ Entrepreneurship to Face the COVID-19 Pandemic and Post-Pandemic Times |
| 10 | Bolivia | Promoting Financial Inclusion, Generating Employment for Women with Experience in Technical Services and Young Women from Technical Institutes High School (ITS) and Alternative Education Centers (CEA) through Their Insertion in a Technological Platform of Articulation with the Labor Market, for the Economic Reactivation of Bolivia in Contexts Marked by the COVID-19 Pandemic |
| 11 | South Sudan | Building Economic Resilience and Recovery among Women Entrepreneurs Affected by Covid-19 in Juba |

As a limitation survey, quick impact projects were initially planned to be implemented for 7 months from September 2020 but in view of the delays in quick impact projects due to the second wave of COVID-19, JICA decided to extend the deadline for the completion of the survey to March 2022. In this survey report results up to December 2021 is covered.

(3) Recommendation for formulating projects to promote gender equality and women’s empowerment

The challenges of gender equality and women’s empowerment under COVID-19 were identified from the studies in India, Thailand and Nepal, quick impact projects and JICA Overseas Offices’ pilot projects. Support measures taken by the development partners and private companies were compiled and their gaps were also identified. Based on the results from the above-mentioned activities, consultations with respective JICA overseas office were held, and projects aimed at promoting gender equality and women’s empowerment were proposed.

(4) Recommendations to JICA on approaches and concrete measures to promote gender equality and women’s empowerment in the post-COVID-19 era

The current situation and challenges of gender equality and women's empowerment during the COVID-19 pandemic were summarized based on the studies in three countries, and the results and lessons learned from the quick impact projects and JICA Overseas Offices’ pilot projects, as well as the trends of support measures taken by development partners. Based on the results and lessons learned from the above-mentioned activities, approaches to overcome the inhibiting factors were proposed for each of the five areas of analysis.

In addition, “Tool for project planning and implementation with gender perspective in the context of the COVID-19 pandemic” was developed for each of the five areas of analysis.

Part 2: Study on Identifying Challenges Faced in Gender Equality and Women Empowerment During COVID-19 pandemic in India, Thailand, and Nepal

Countries around the world are working to contain the spread and negative impacts of COVID-19. Evidence from similar outbreaks indicates that women and girls can be affected in specific ways, and in some areas, face more negative impacts. There is a risk of gender gaps widening during and after the pandemic and reversing the gains in women's and girls' accumulation of human capital, economic empowerment, as well as voice and agency, built over the past decades.

Chapter 1: Challenges Faced in Gender Equality and Empowerment of Women During COVID-19 pandemic in India

The first case of COVID-19 in India was reported on January 30, 2020. On March 24, 2020, the Prime Minister declared a nationwide lockdown that continued until May 31, 2020. All non-critical businesses and services were ordered to close during the lockdown. Daily confirmed cases peaked in mid-September, and infection rates started to drop in January 2021. However, the second wave that began in March 2021 was devastating, and by April 2021, India had the second highest number of COVID-19 cases in the world.¹

This chapter will study COVID-19's impact on women and girls in India using five areas of analysis from March 2020 to October 2021.

The study is based on a literature review and interviews conducted by the researchers for the organizations mentioned in Table 1-2 of Part 1.

1-1. Gender Gaps in India

According to the Global Gender Gap Index (GGGI) 2021², India ranks 140 out of 156 countries. It ranks 151 in “economic participation and opportunity” and 155 in “health and survival.”

The wide gender gap can be attributed to the country's strong patriarchal values that prefer sons to daughters. In many cases, the first son inherits land and property because he is expected to continue the family lineage and take care of the parents. Daughters are less desirable because they are considered part of their future husbands' households, and the family must prepare dowry for the groom's families. Therefore, daughters become burdens, specifically, in poor households. This situation is reflected in the sex ratio at birth, which is 899 girls born per 1,000 boys.³

Girls' mobility is restricted from a younger age. They are expected to become good mothers and wives, which justifies confining them to households to perform chores and take care of younger siblings. Gender discrimination since childhood limits girls' opportunities to obtain higher education, gain productive employment, and hence,

¹ COVID-19: India overtakes Brazil with second highest number of cases, April 12 2020, <https://www.newindianexpress.com/nation/2021/apr/12/covid-19-india-overtakes-brazil-with-second-highest-number-of-cases-2289126.html>

² World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

³ Sample Registration System (SRS) Report 2018, https://censusindia.gov.in/vital_statistics/SRS_Report_2018/4.Executive_Summary_2018.pdf

hinder their economic and political participation at higher levels. These inequalities put women's status as subordinate to men, increasing the risk of violence against them.

Table 1-1 : Country score card of Global Gender Gap Index (2021)

| | Rank | Score | Avg | Female | Male | F/M |
|--|------|-------|-------|--------|------|------|
| Global Gender Gap Index (GGI) | 140 | | | | | |
| Economic Participation and Opportunity | 151 | 0.326 | 0.583 | | | |
| Labour force participation rate, % | 148 | 0.280 | 0.655 | 22.3 | 79.6 | 0.28 |
| Wage equality for similar work, 1-7 (best) | 135 | 0.482 | 0.628 | - | - | 3.38 |
| Estimated earned income, int'l \$ 1,000 | 148 | 0.207 | 0.494 | 2.2 | 10.8 | 0.21 |
| Legislators, senior officials and managers, % | 140 | 0.171 | 0.349 | 14.6 | 85.4 | 0.17 |
| Professional and technical workers, % | 136 | 0.411 | 0.755 | 29.2 | 70.9 | 0.41 |
| Educational Attainment | 114 | 0.962 | 0.95 | | | |
| Literacy rate, % | 129 | 0.799 | 0.897 | 65.8 | 82.4 | 0.80 |
| Enrolment in primary education, % | 1 | 1.000 | 0.755 | 93.0 | 91.6 | 1.02 |
| Enrolment in secondary education, % | 1 | 1.000 | 0.950 | 62.4 | 60.9 | 1.02 |
| Enrolment in tertiary education, % | 1 | 1.000 | 0.927 | 29.1 | 27.2 | 1.07 |
| Health and survival | 155 | 0.937 | 0.957 | | | |
| Sex ratio at birth, % | 152 | 0.909 | 0.925 | - | - | 0.91 |
| Healthy life expectancy, years | 145 | 1.002 | 1.029 | 60.4 | 60.3 | 1.02 |
| Political empowerment | 51 | 0.276 | 0.218 | | | |
| Women in parliament, % | 128 | 0.168 | 0.312 | 14.4 | 85.6 | 0.17 |
| Women in ministerial positions, % | 132 | 0.100 | 0.235 | 9.1 | 90.9 | 0.10 |
| Years with female/male head of state (last 50) | 7 | 0.450 | 0.144 | 15.5 | 34.5 | 0.45 |

Source: World Economic Forum (2021) Global Gender Gap Report 2021

While most people have been negatively affected by the crisis, women and girls living in poverty are hit harder and are more vulnerable to COVID-19. Moreover, women who belong to the following categories face further discrimination: Scheduled Castes (SC; also known as "Dalits"); Scheduled Tribes (ST); Muslims; singles; widows; the elderly; the disabled; those who identify as lesbian, bisexual, transgender, and other sexual minorities; and sex workers.

1-2. Sexual and Gender-based Violence

In India, girls and women can encounter numerous sexual and gender-based violence (SGBV) throughout their lives. Table 1-2 shows some of the main types of SGBV in different stages of life.

Table 1-2: SGBV in different stages of life

| | Major SGBV experienced |
|------------------------------|---|
| Pre-natal | pre-birth elimination of females |
| Infancy | female infanticide |
| Childhood | child marriage, child prostitution, sexual abuse and exploitation, trafficking, rape |
| Adolescence and Youth | Honor killing, acid attack, rape, dowry, intimate homicide, domestic violence (DV), sexual harassment |
| Adulthood | Honor killing, acid attack, rape, DV, sexual harassment |
| Old age | Stigma attached to remarriage of widows, rape |

Source: prepared by the survey team⁴

India enacted several laws related to SGBV, such as the Protection of Women from Domestic Violence Act, 2005; Prohibition of Child Marriage Act, 2006; Sexual Harassment of Women at Workplace: Prevention, Prohibition and Redressal Act, 2013. Schemes such as helplines and one-stop centers (OSCs) offer comprehensive assistance to abused women and girls, and the Ujjawala scheme offers protection from trafficking and commercial sexual exploitation.

The gang-rape of a young Indian woman in Delhi in 2012 gained vast national and global attention, and the Indian government took further steps regarding SGBV. According to the 4th National Family Health Survey 2015–16, 33% of ever-married women (women who have been married at least once) have experienced physical, sexual, or emotional spousal violence. Of all women who have ever experienced any type of physical or sexual violence, only 14% sought help.⁵ Among them, the most common source for help was the woman’s family (65%); those who approached the police was only 3%. This means that most women are not able to raise their voices when they encounter violence.⁶

1-2-1. SGBV during the COVID-19 pandemic

The National Commission for Women (NCW) received 116 complaints on violence against women, from 2 to 8 March 2020 and 257 complaints from March 23 to April 1, which correspond to the week before and after the lockdown. As shown in Figure 1-1, complaints on violence against women increased 2.2 times and those of DV increased 2.3 times compared with a week before and after lockdown.⁷

The following sections describe the situation of domestic violence (DV), child marriage, and human trafficking, which are the SGBV cases frequently mentioned in NGO and academic reports, as well as newspaper articles during the COVID-19 pandemic.

⁴ UNFPA (2005) Violence Against Women in India, <https://india.unfpa.org/sites/default/files/pub-pdf/435.pdf>; Ministry of women and child development, Violence Against Women: A State Level Analysis in India <https://ssi.edu.in/wp-content/uploads/2019/05/Internship-Report-by-Ms.-Tanisha-Khandelwal.pdf>, JICA (2005) India Gender Profile Report, https://www.jica.go.jp/activities/issues/gender/reports/ku57pq00002hdv3w-att/india_2015.pdf

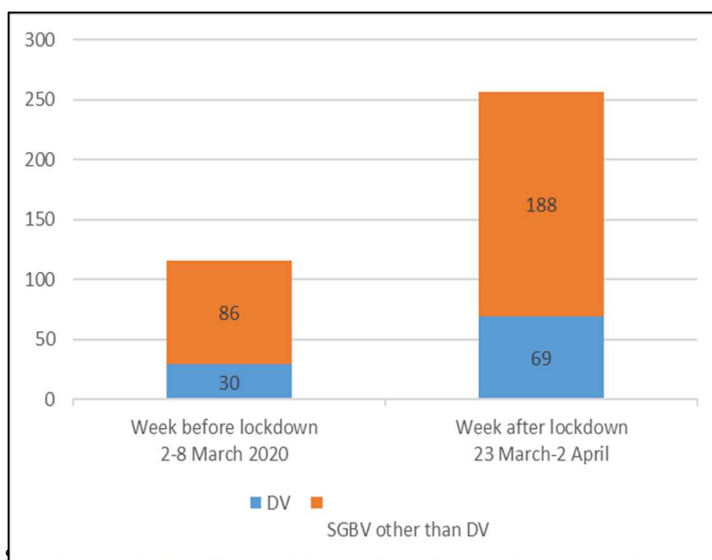
⁵ International Institute for Populations Sciences (IIPS) and ICF (2017) National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS, pp.563-597, <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>

⁶ *ibid.*

⁷ COVID-19 lockdown spike in domestic violence says NCW. April 2 2020, <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece> [Accessed: October 15, 2020]

(1) DV during the COVID-19 pandemic

As explained earlier, the number of complaints on DV that reached NCW one week after the lockdown increased 2.3 times compared to the week before it, as shown in Figure 1-1. The NCW launched a WhatsApp-based helpline in April 2020 to respond to the sharp increase in complaints, suggesting that a discreet reporting method was needed during the pandemic because the abusers were living under the same roof as the DV survivor.



NWC, The Hindu, April 2 2020

Figure 1-1: Number of complaints reported to NWC a week before and after the lockdown

The number of DV complaints that reached NCW started to rise from April to July 2020, as shown in Figure 1-2. This corresponded with the lockdown period. The number of

complaints in July was 2.4 times more compared in January 2020, and although it started to decrease since July, the number had increased compared with the same months of the previous year.

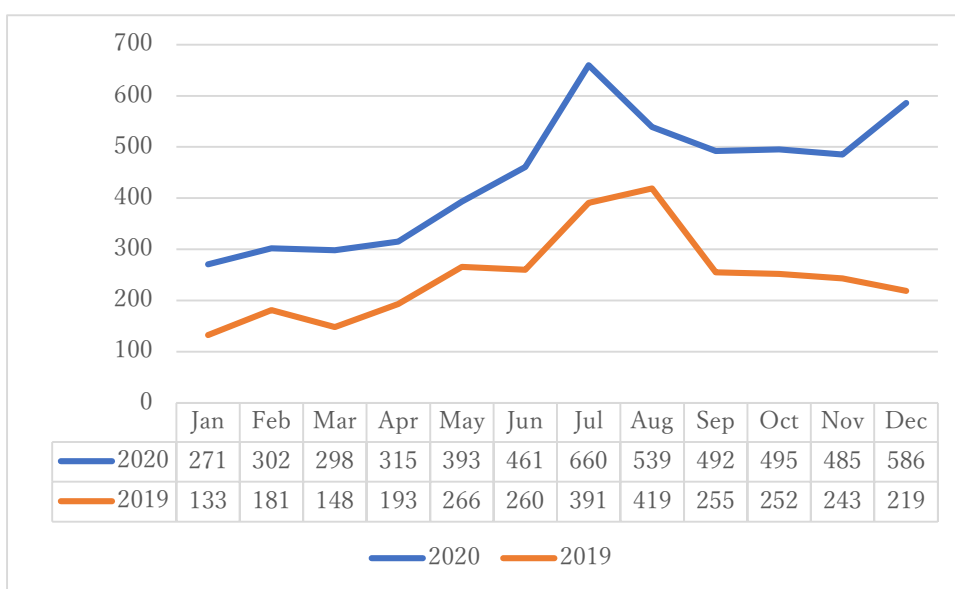
NGOs that provide services to DV survivors also mentioned that the number of cases increased during the COVID-19 pandemic. Before it, they used to receive calls from DV survivors in the afternoon when the husbands were working. Since the husband was always at home during the lockdown period, the NGOs started WhatsApp-based counseling to communicate discreetly with the survivors. However, challenges remained because not all women had access to smartphones.

The operation of OSC and helplines were defined as essential and continued their functions under lockdown;⁸ however, it was not clear if it was applied to NGOs. Therefore, NGOs' movement was restricted and, hence, their activities were curtailed. Moreover, shelters had to take COVID-19 preventive measures and limit the number, which was a challenge as more abused women were seeking help.⁹ The police also had to take COVID-19 preventive measures that also curtailed their capacity to protect the abused and investigate the abuser.¹⁰

⁸ No.WW-22011/27/2016-WW Government of India, Ministry of Women and Child Development, https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL1_0.pdf

⁹ Women choose between virus and domestic violence, May 1 2020, <https://www.hidden-pockets.com/women-choose-between-virus-and-domestic-violence/> [Accessed: October 19, 2020], from an interview with Shakti Shalini (an NGO)

¹⁰ Locked down: domestic violence reporting in India during COVID-19, August 3, 2020, <https://www.oxfamindia.org/blog/locked-down-domestic-violence-reporting-india-during-covid-19>



Source: NWC's website

Figure 1-2: Number of DV complaint that reached NCW's helpline

The number of complaints reaching the NCW's helpline increased during the COVID-19 pandemic, as shown in Figure 1-2, but it is extremely low considering India's population. According to the Center for Youth and Social Development (CYSO), among 123 DV survivors interviewed in 2021, only two knew about the helpline. Moreover, there is no protection mechanism in communities where they can seek assistance. DV is perceived as a private matter; therefore, the abuser rarely gets punished and most abused women do not report the case because they fear backlash from the perpetrator, stigma associated with experiencing violence, and the belief that they will receive no help even if the violence is reported.

Police have the duty to protect women from DV and investigate the abuser based on the Protection of Women from Domestic Violence Act, 2005. Some police stations have women help desks that provide emergency services, specifically, for those in distress, and deal with complaints related to crimes against them. However, prosecution has been a challenge during the COVID-19 pandemic. The number of complaints received at NCW's helpline, categorized as "police apathy against women" has increased since May 2020.¹¹ Moreover, a report by the Department-related Parliamentary Standing Committee on Home Affairs noted that criminal cases against women and children were not registered on time.¹²

A study revealed that in a district that has a greater proportion of wives who view DV as a justified experience, the complaints to NCW decreased during the lockdown relative to their comparison groups.¹³ This means that although

¹¹ Statistics from National Commission for Women, http://ncwapps.nic.in/firmComp_Stat_Overview.aspx; COVID-19 lockdown spike in domestic violence says NCW. April 2 2020, <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece> [Accessed: January 15, 2021]

¹² COVID-19 lockdown led to rise in trafficking, domestic violence, finds parliamentary panel, March 16, 2021, <https://scroll.in/latest/989691/covid-19-lockdown-led-to-rise-in-trafficking-domestic-violence-finds-parliamentary-panel> [Accessed: April 7, 2021]

¹³ Ravindran, S and M Shah (2020), 'Unintended Consequences of Lockdowns: COVID-19 and the Shadow Pandemic_', National Bureau of Economic Research (NBER) Working Paper 27562, September 2020, https://www.nber.org/system/files/working_papers/w27562/w27562.pdf

the law prohibits DV, if people, specifically, women, think it is justified then it is difficult to prosecute or punish the abusers.

(2) Child marriage during the COVID-19 pandemic

The poor were hit the hardest by the lockdown, and child marriage was a way of reducing household expenses.¹⁴ Childline, the 24-hour toll-free helpline set up by the Ministry of Women and Child Development (MWCD) for children in distress, reported a 50% increase from regular call volumes in 2020. Childline received 5,584 calls reporting child marriage,¹⁵ and between April and August, officials tracked over 10,000 cases.¹⁶

According to the data from the district administration in Tamil Nadu, the number of cases under the Protection of Children from Sexual Offences Act, 2012 (POCSO) showed an increase of 52% from April 2020 to March 2021 as compared to the period between March 2019 and March 2020, and cases of child marriage doubled.¹⁷ It is assumed that the longer schools remain closed, the more in number child marriage cases will be.¹⁸

(3) Human trafficking during the COVID-19 pandemic

According to Bachpan Bachao Andolan, 1,127 children suspected of being trafficked were rescued across India, and 86 alleged traffickers were arrested between April and September 2020.¹⁹ Several NGOs have expressed concerns regarding the risk of children who have lost their parents to COVID-19 becoming targets of traffickers.²⁰ The staff from women protection organizations mentioned cases wherein trafficking agents were approaching poor households taking away the daughters by offering money and convincing the parents that they would arrange their marriage.

(4) Segments that were more vulnerable to SGBV during the COVID-19 pandemic

1) Female children and adolescent girls

As aforementioned, child marriage increased during the COVID-19 pandemic, mainly due to the households' worsening economic situation. Girls who married young are frequently deprived of their rights to health and

¹⁴ Child marriages surge during and after the lockdown, officials figure tip of the iceberg, October 24 2020, <https://www.nationalheraldindia.com/india/child-marriages-surge-during-and-after-the-lockdown-official-figure-tip-of-the-iceberg> (Accessed 5 November 2020) UNICEF (2020) C4D-Gender Results Report 2020, <https://www.unicef.org/india/media/6136/file/C4D-Gender%20Results%20Report.pdf>, p.42, from an interview with Snehalaya

¹⁵ Govt intervened to stop over 5,584 child marriage during coronavirus induced lockdown, June 27 2020, <https://timesofindia.indiatimes.com/india/govt-intervened-to-stop-over-5584-child-marriage-during-coronavirus-induced-lockdown/articleshow/76661071.cms> [Accessed: November 5, 2021]

¹⁶ Untold story of lockdown: sharp surge in child trafficking, October 12, 2020, <https://indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/>

¹⁷ Tamil Nadu: Amid Covid-19 lockdown, Nilgiris witnessing rise in cases of child marriages, sexual abuse, October 12, 2020 [Accessed: October 19, 2021]

¹⁸ India's COVID crisis sees rise in child marriage and trafficking, September 18 2020, <https://www.bbc.com/news/world-asia-india-54186709> (Accessed 19 October 2020), Sharp rise in child marriages in Karnataka during COVID-19 lockdown, August 29 2020, <https://indianexpress.com/article/india/sharp-rise-in-child-marriages-in-karnataka-during-covid-19-lockdown-6573188/>; India's Covid-19 lockdown threatens efforts to stop spikes in child marriage: Reuters, August 12 2020, <https://timesofindia.indiatimes.com/blogs/foreign-media/indias-covid-19-lockdown-threatens-efforts-to-stop-spikes-in-child-marriage-reuters/> [Accessed: November 25, 2020] Child marriages on the rise in India amid the Covid-19, August 29 2020, pandemic <https://www.straitstimes.com/asia/south-asia/child-marriages-on-the-rise-in-india-amid-the-covid-19-pandemic> [Accessed: November 25, 2021]

¹⁹ The pandemic has created a second crisis in India- the rise of child trafficking, October 26 2020, <https://satyarthi-us.org/the-pandemic-has-created-a-second-crisis-in-india-the-rise-of-child-trafficking/> [Accessed: October 10, 2021]

²⁰ SAVE THE CHILDREN fears trafficking and abuse amid social media pleas to adopt India's COVID orphans, May 7 2021, <https://www.savethechildren.net/news/save-children-fears-trafficking-and-abuse-amid-social-media-pleas-adopt-india%E2%80%99s-covid-orphans>, Generation of Covid Orphans at Risk of Exploitation in India, May 26 2021, <https://www.bloomberg.com/news/articles/2021-05-26/indians-flood-internet-with-pleas-to-help-covid-orphans-at-risk-of-exploitation>, Illegal adoption of COVID-19 orphans reportedly on rise in some Indian States, September 15 2021, <https://gulfnews.com/world/asia/india/illegal-adoption-of-covid-19-orphans-reportedly-on-rise-in-some-indian-states-1.82277076> [Accessed: October 10, 2021]

education. They are often isolated and have a higher risk of experiencing dangerous complications during pregnancy and childbirth and DV, which affects their mental health and well-being. Moreover, female and adolescent girls tend to be easy targets for human traffickers. There are cases where parents sell their daughters to the traffickers, and girls are lured with promises of marriage, employment, and a better life in the city.²¹ The Internet is also a medium for traffickers to connect with the girls.²² Girls who have lost their guardians to COVID-19 are also at an elevated risk of being trafficked.

2) Girls with disabilities

A global study from United Nations Population Fund (UNFPA) revealed that girls and young women with disabilities face up to 10 times more SGBV than those without.²³

A survey conducted by the Shanta Memorial Rehabilitation Center (SMRC) in April 2020 targeting 200 women with disabilities in the states of Odisha, Telangana, and Gujarat, revealed the following findings:

- 80% complained about verbal violence.
- 90% complained about economic violence.
- 30% complained about battering cases.
- 70% responded that they could answer the question on sexual abuse if they met the caller in person because they were using phones belonging to a family member and were living in the same house. ²⁴

Many women with disabilities do not own smartphones and therefore cannot benefit from helplines. Moreover, their mobility is restricted, making it difficult to seek help when they suffer from violence.²⁵

1-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic

SGBV is not a new phenomenon, but it increased during the COVID-19 pandemic because more family members stayed at home for longer hours and household conflicts became more frequent, leading to DV. Child marriages increased due to the loss of income. The root causes are the social norm that justifies violence when women are accused of not being able to take good care of their household, and the social structure that puts them in a subordinate status.

(1) Increase of DV caused by family members spending longer hours in the same house

During the COVID-19 pandemic, schools and offices were closed, and children and adults were at home. The elderly and sick people could not go to the hospital. In some cases, family members who were working in other cities returned home. In many households, more people were spending longer hours in the house than before. Moreover,

²¹ Why Covid-19 has increased trafficking of children in parts of rural India, November 16, 2021, <https://www.itv.com/news/2020-11-16/why-covid-19-has-increased-trafficking-of-children-in-parts-of-rural-india>

²² Tamil Nadu: Amid Covid-19 lockdown, Nilgiris witnessing rise in cases of child marriages, sexual abuse, May 1 2021, <https://indianexpress.com/article/india/tamil-nadu-amid-covid-19-lockdown-nilgiris-witnessing-rise-in-cases-of-child-marriages-sexual-abuse-7298115/> [Accessed: October 19, 2021]

²³ Five things you didn't know about disability and sexual violence, October 30 2018, <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence> [Accessed: September 5, 2021]

;WE decide (2016) Pamphlet, https://www.msh.org/sites/msh.org/files/we_decide_infographic.pdf,

²⁴ SMRC (2020) COVID-19 and impact of lockdown on women with disabilities in India, [https://www.smrcorissa.org/upload_file/COVID-19%20&%20Impact%20of%20Lockdown%20on%20Women%20with%20Disabilities%20in%20India%20\(1\).pdf](https://www.smrcorissa.org/upload_file/COVID-19%20&%20Impact%20of%20Lockdown%20on%20Women%20with%20Disabilities%20in%20India%20(1).pdf)

²⁵ SMRC (2020) Sexual and Gender-Based Violence against women with disabilities in India, https://www.smrcorissa.org/upload_file/Sexual%20&%20Gender%20Based%20Violence%20against%20Women%20With%20Disabilities.pdf

people staying at home were stressed about income loss, unemployment, and fear of getting infected. Consequently, household conflicts became more frequent, leading to DV. Alcohol consumption fueled domestic violence, and women could not escape due to movement restrictions.²⁶ Not only wives but also daughters have been victims of violence.²⁷

(2) Increase in child marriages to lessen the financial burden on the household

The increase in child marriages during the COVID-19 pandemic is related to dowry. During COVID-19, mass gatherings were prohibited, so the bride's family did not have to spend much money on the wedding, and therefore many families wanted to marry off their daughters.²⁸ Another reason was that they were worried about their daughters' safety because many men who migrated back to the villages and parents felt that it was safer for the daughters to get married, not knowing when the schools will reopen.²⁹

(3) Acceptance of violence against women when women are perceived as not taking good care of the family

A study conducted by Oxfam India revealed that more than 30% felt that it was acceptable to beat a woman if she failed to take good care of the children, and more than 40% felt it was acceptable to beat a woman if she did not prepare a meal for the men in the family.

During the COVID-19 pandemic, women's household work increased because they had to take care of more family members who stayed in the house for longer hours due to movement restrictions. Moreover, many experienced income losses that made taking care of the household more difficult and thus put women at more risk of violence since they were blamed for not taking good care of the family.

(4) Social structure that perpetuated women's subordination

The social structure that puts women in a position where she is economically dependent on men perpetuates SGBV. Women cannot leave the house because most of them are economically and financially dependent on their spouses. In such instances, women have nowhere to go when they are abused, especially, by their husbands. Moreover, the married status is particularly important in a patriarchal society in which divorced or separated women are considered as the most unwanted sections. Therefore, such structures make it socially and economically difficult to escape from abusive husbands.³⁰

²⁶ Krishnakumar, A., Verma, S. (2021) Understanding Domestic Violence in India During COVID-19: a Routine Activity Approach. *Asian J Criminal* 16, 19–35, <https://doi.org/10.1007/s11417-020-09340-1>, 'Every man was drinking': how much do bans on alcohol help women in India?, September 14, 2021, <https://www.theguardian.com/global-development/2021/sep/14/every-man-was-drinking-how-much-do-bans-on-alcohol-help-women-in-india>

²⁷ Tamil Nadu: Amid Covid-19 lockdown, May 1 2021, Nilgiris witnessing rise in cases of child marriages, sexual abuse, <https://indianexpress.com/article/india/tamil-nadu-amid-covid-19-lockdown-nilgiris-witnessing-rise-in-cases-of-child-marriages-sexual-abuse-7298115/> [Accessed: October 19, 2021]

²⁸ Center for Catalyzing Change (2020) Lived Realities: The impact of COVID 19 on the wellbeing of adolescent girls and women in India, https://pnmch.who.int/docs/librariesprovider9/meeting-reports/c3-lived-reality-report.pdf?sfvrsn=f5433c59_5, from an interview with UN Women

²⁹ India's COVID crisis sees rise in child marriage and trafficking, September 18 2020, <https://www.bbc.com/news/world-asia-india-54186709> [Accessed: October 19, 2020], Sharp rise in child marriages in Karnataka during COVID-19 lockdown, August 29 2020, <https://indianexpress.com/article/india/sharp-rise-in-child-marriages-in-karnataka-during-covid-19-lockdown-6573188/>; India's Covid-19 lockdown threatens efforts to stop spikes in child marriage: Reuters, August 12 2020, <https://timesofindia.indiatimes.com/blogs/foreign-media/indias-covid-19-lockdown-threatens-efforts-to-stop-spikes-in-child-marriage-reuters/>; Child marriages on the rise in India amid the Covid-19 pandemic, August 29 2020, <https://www.straitstimes.com/asia/south-asia/child-marriages-on-the-rise-in-india-amid-the-covid-19-pandemic> [Accessed: November 25, 2020], Center for Catalyzing Change (2020) Lived Realities: The impact of COVID 19 on the wellbeing of adolescent girls and women in India, https://pnmch.who.int/docs/librariesprovider9/meeting-reports/c3-lived-reality-report.pdf?sfvrsn=f5433c59_5

³⁰ Biswas CS, Mukhopadhyay I. Marital status and women empowerment in India. *Sociol Int J*. 2018;2(1):29-37. DOI: 10.15406/sij.2018.02.00030

1-2-3. Response Measures to SGBV during the COVID-19 pandemic

Governments, development partners, and private companies have taken measures to respond to the increase in SGBV during the COVID-19 pandemic. Table 1-3 shows activities undertaken in the areas of prevention, protection, and prosecution.

Table 1-3: Response measures taken in the area of prevention, protection, prosecution of SGBV

| Area | Measure/activity | Agency |
|-------------|---|---|
| Prevention | <ul style="list-style-type: none">- Awareness raising on issues related to SGBV- Setting-up and strengthening of helplines- Awareness raising on helplines and its function | Government (NCW, Ministry of Women and Child Development), UN and NGOs |
| Protection | <ul style="list-style-type: none">- Setting-up and strengthening of OSC and shelters- Setting-up and strengthening of helpdesks | Government (Ministry of Home Affairs, Ministry of Women and Child Development), UN and NGOs |
| Prosecution | <ul style="list-style-type: none">- Functioning of the courts through video conferencing- Provision of online legal assistance services | Family courts, The National Legal Services Authority |

(1) Measures taken by the government during the COVID-19 pandemic

1) Prevention

a) Setting-up and strengthening of helplines

- NCW launched a WhatsApp-based helpline in April 2020, suggesting that a discreet method of reporting was needed during the pandemic. The helpline numbers were operational 24 × 7 during the lockdown.
- NCW extended support for immediate activation of the “Special Cell for Women” by creating several local helpline numbers to reach out to women during emergencies. The Special Cell also responded to other needs, such as counseling, medical aid, and shelter homes for women facing violence.
- Childline, a 24-hour toll-free helpline of the Ministry of Women and Child Development, reported an increase in calls regarding child marriage, and field interventions were made when deemed necessary.³¹

b) Raising awareness

NCW raised awareness regarding mental stress, self-care, and the need to foster equal partnerships from home. Before the launch of the helpline number, it created awareness among women facing violence on accessing institutional support and available redressal remedies using social media and TV. Famous personalities from the sports and entertainment industries took on Twitter to raise awareness of issues associated with SGBV and where to seek help.³²

³¹ Untold story of lockdown: sharp surge in child trafficking, October 12, 2020, <https://indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/> [Accessed: November 25, 2020]

³² http://www.ncw.nic.in/sites/default/files/2.%20RS%20April%202020_0.pdf,

2) Protection

a) Setting-up and strengthening of OSC and shelters

- Operation of the OSC and helplines was defined as essential and their functions continued during lockdown.³³ In 2020, 194 new OSCs were established (38% increase from the previous year).³⁴
- In Tamil Nadu, childcare centers under the MWCD were utilized as shelters due to the increase in DV. The childcare workers, called Anganwadi Workers (AWW), were provided with smartphones to receive cases and refer to concerned institutions, as necessary.³⁵ A similar approach was taken in Jammu and Kashmir, where the AWW functioned as the first contact point for DV and utilized the childcare center as a shelter.³⁶

b) Setting-up and strengthening of helpdesks

- Ministry of Home Affairs, Ministry of Railways, NCW
 - Women helpdesks were set up in police stations, and NCW held training sessions for police officers in handling cases of violence against women.³⁷
 - The Ministry of Railways increased the number of child help desks at stations from 84 to 139 to support unaccompanied children who were vulnerable to traffickers.³⁸
 - Advisory on preventing and combating human trafficking was issued in June 2020 to strengthen anti-human trafficking units (AHTUs) and to focus on women and girls who were sexually exploited because they may be unable to return to their communities due to the related stigmatization.³⁹

3) Prosecution

- In April 2020, the Supreme Court of India prescribed guidelines for the functioning of the courts through video conferencing in matters related to family law, and high courts across the country followed suit.⁴⁰
- The National Legal Services Authority (NLSA) began providing online legal assistance services through a panel of female lawyers in each district who aided survivors of DV and child abuse.⁴¹
- Despite the implementation of the aforementioned measures, many organizations mentioned that due to lockdown and movement restrictions, court cases on SGBV were delayed and not prioritized.⁴²

³³ No.WW-22011/27/2016-WW Government of India, Ministry of Women and Child Development, https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL1_0.pdf

³⁴ US State Department (2021) TIP Report 2021, India

³⁵ Effective steps taken to curb domestic violence during lockdown, TN tells Madras HC, April 25, 2020, <https://www.newindianexpress.com/states/tamil-nadu/2020/apr/25/effective-steps-taken-to-curb-domestic-violence-during-lockdown-tn-tells-madras-hc-2135296.html> [Accessed: February 10, 2021]

³⁶ EMG WP(C)PIL No.3/2019, High Court of Jammu and Kashmir at Jammu, [http://jkhighcourt.nic.in/doc/upload/orders&cir/ordersuc_jmu/EMG%20WP\(C\)%20PIL%202%20of%202020.pdf](http://jkhighcourt.nic.in/doc/upload/orders&cir/ordersuc_jmu/EMG%20WP(C)%20PIL%202%20of%202020.pdf)

³⁷ An interview with NWC

³⁸ US State Department (2021) TIP Report 2021, India, <https://www.state.gov/reports/2021-trafficking-in-persons-report/india/>

³⁹ Ministry of Home Affairs (2020) Advisory on preventing and combating human trafficking especially during the period of COVID 19, 6 June 2020, https://www.mha.gov.in/sites/default/files/Preventing_07072020.pdf

⁴⁰ World Bank (2021) Women, Business and the Law 2021. Washington, DC: World Bank. doi:10.1596/978-1-4648-1652-9. License: Creative Commons Attribution CC BY 3.0 IGO, <https://openknowledge.worldbank.org/bitstream/handle/10986/35094/9781464816529.pdf>

⁴¹ *ibid.*

⁴² Data, laws and justice innovations to address violence against women during COVID-19, December 7 2020, <https://blogs.worldbank.org/developmenttalk/data-laws-and-justice-innovations-address-violence-against-women-during-covid-19>; Comments at the interview from various organizations

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) Prevention

- The United Nations International Children's Emergency Fund (UNICEF) conducted training sessions for child protection officers on SGBV.⁴³ Guidelines and manuals were provided to self-help groups (SHGs) so that the women members could respond to SGBV cases in their communities.⁴⁴
- The Center for Social Research (CSR),⁴⁵ Family Planning Association India (FPAI), and CYSD have strengthened their counseling services.
- Many organizations that support women started providing online services due to restrictions on face-to-face meetings. COVID-19 prevention measures, such as movement restrictions and social distancing, curtailed some activities. However, there have been positive results, such as more reports reaching organizations after providing online services.

2) Protection

- The UN team increased investment in SGBV five times more than in the pre-COVID era, as well as increasing investment on trained nurses, staff members of OSCs, family counseling centers, and special cells for women on how to respond to SGBV cases, and trained law enforcement agency officials to prevent and counter human trafficking.⁴⁶
- The UNFPA trained officers of OSCs and UN Women trained women members of the SHGs on how to respond to SGBV.⁴⁷
- NGOs that support women assisted the SGBV survivors providing counseling and shelters.⁴⁸

3) Others

- Not many activities on prosecution were identified by development partners or NGOs, but international organizations supported the government's legal assistance schemes. Development partners and NGOs also contributed to conducting surveys, research, and sharing information with the public.

(3) Measures taken by Private Companies

Many private companies have supported the government, development partners, and NGOs in the SGBV area.

- Uber provided free rides to the functionaries and childcare professionals of Childline so that they could efficiently reach out to children in distress.⁴⁹

⁴³ UNICEF (2020) UNICEF India COVID-19 Monthly Situation Report July 2020, <https://www.unicef.org/india/media/4346/file/UNICEF%20India%20COVID-19%20Situation%20Report%20July%202020.pdf>

⁴⁴ Case study on SHG, <https://infogram.com/case-study-3-1hnq4105k9nwp23?live> [Accessed: November 15, 2021]

⁴⁵ Women's relief response to COVID-19 crisis (2020) <https://www.csrindia.org/womens-relief-response-to-the-covid-19-crisis/> [Accessed: April 25, 2021]

⁴⁶ UN agencies working closely with India as country launches world's largest COVID vaccination drive, January 20 2021, <https://indianexpress.com/article/india/un-agencies-working-closely-with-india-as-country-launches-worlds-largest-covid-vaccination-drive-7154083/>, Curbing gender violence must find place in govts' larger Covid strategy, December 8 2020, <https://theprint.in/opinion/curbing-gender-violence-must-find-place-in-govts-larger-covid-strategy-unfpa-india-head/562346/> [Accessed: January 15, 2021]

⁴⁷ Shadow Pandemic: UN India responds to uptick in violence against women and girls during COVID-19, December 9 2020, <https://unsdg.un.org/latest/stories/shadow-pandemic-un-india-responds-uptick-violence-against-women-and-girls-during> [Accessed: March 9, 2021]

⁴⁸ ESCAP (2021) Policy Paper: The Covid-19 Pandemic and Violence Against Women in Asia and the Pacific, https://www.unescap.org/sites/default/d8files/knowledge-products/SDD_Policy_Paper_Covid-19-VAW.pdf

⁴⁹ Childline (2020) Uber to offer 30,000 free rides to CHILDLINE 1098 for helping children in distress across India, October 14 2020, <https://www.childlineindia.org/uploads/files/Press-Release-2020-10-14.pdf>

- Vodafone launched a new case reporting system for Childline frontline workers to ensure efficient response to the increasing number of calls during the COVID-19 pandemic.⁵⁰

1-2-4. Gaps in SGBV response

(1) Association between awareness-raising activities and prevention of SGBV is unclear

Awareness about SGBV was promoted through television and social media. NGOs and volunteers conducted awareness-raising activities in the villages, disseminating helpline numbers and other contact numbers for survivors to seek help. These activities succeeded in making the SGBV visible, which is a great step forward but unless social norms that justify gender inequality and subordination of women are eradicated, it will not lead to prevention.

Social norms and gender stereotypes that perpetuate SGBV should be addressed, and concrete actions toward transforming unequal power relations between men and women must be taken. Moreover, the implementation of laws to hold the abusers and perpetrators accountable is crucial in preventing SGBV.

(2) Protection system of survivors is weak

The government declared that the OSCs and helplines were essential services and continued their functions during lockdown.⁵¹ However, it was unclear if it was applied to NGOs; therefore, they could not rescue SGBV survivors who needed to escape from the abusers. It was also difficult for survivors to escape from violence because their movements were restricted. Even in cases where the survivors were rescued, they had to undertake quarantine measures to be protected and, in some cases, in-person counseling was restricted. Some who needed a safe place to stay were not admitted to the shelter because the number of people who could be accommodated had been reduced as per COVID-19 prevention measures.

Rehabilitation assistance, such as finding safe shelters, providing trauma treatment, counseling, employment, economic empowerment activities, and financial assistance are important dimensions for supporting SGBV survivors. However, since there was a steep rise in SGBV, the emergency response had to be prioritized during the COVID-19 pandemic. As a next step, long-term assistance must be put in place to provide survivors with training opportunities for economic empowerment, linking with other institutions and schemes.

(3) Need for better coordination between police and prosecutors on SGBV cases

Police must attend to SGBV cases providing survivor protection, investigating perpetrators, and coordinating with prosecutors to bring them justice. During the COVID-19 pandemic, the Supreme Court of India prescribed guidelines for the functioning of the courts through video conferencing in matters related to family law, and high courts across the country followed suit.⁵² The NLSA began providing online legal assistance services through a panel of female lawyers in each district who helped survivors of DV and child abuse.⁵³

⁵⁰ CSR: Vodafone Idea Foundation launches case reporting system for children 1098, <https://indiacr.in/csr-vodafone-idea-foundation-launches-case-reporting-system-for-childline-1098/> [Accessed: November 28, 2021]

⁵¹ No.WW-22011/27/2016-WW Government of India, Ministry of Women and Child Development, https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL1_0.pdf

⁵² World Bank (2021) Women, Business and the Law 2021. Washington, DC: World Bank. doi:10.1596/978-1-4648-1652-9. License: Creative Commons Attribution CC BY 3.0 IGO, <https://openknowledge.worldbank.org/bitstream/handle/10986/35094/9781464816529.pdf>

⁵³ *ibid.*

However, reports on “police apathy against women” that reached NCW increased from 40% to 70% from May to December 2020.⁵⁴ Moreover, delays in court cases regarding SGBV have been an issue since the pre-COVID-19 era. For example, reaching a verdict on cases of POCSO courts in 2019 took between one and ten years, although special courts were required to complete the trial within one year from the date of taking cognizance of the offense.⁵⁵ Therefore, it can be assumed that cases have been more delayed during the COVID-19 pandemic, and this was corroborated by the interviews conducted in this study.

Law enforcement is a continuous process from reporting the crime until the perpetrator is prosecuted and punished. This is a lengthy process involving various stages, such as investigation, prosecution, trial, and judicial decisions. The low conviction rate in SGBV cases can be attributed to the lack of coordination between the investigating officers and the public prosecutors. Moreover, survivors continue to face serious challenges in obtaining justice because of discriminatory attitudes and practices rooted in gender-based discrimination and gender inequality. Hence, appropriate training programs should be conducted for public prosecutors and police officers who investigate these cases.

(4) Actions should be taken based on evidence identified by research and studies conducted during the COVID-19 pandemic

Many studies on SGBV have been conducted and published online by development partners and NGOs during the COVID-19 pandemic. It is of utmost importance that appropriate measures are taken based on the evidence and results of the research and studies.

(5) Measures to address gender inequality is limited

Most factors and causes of SGBV are based on social norms that perpetuate violence against women and girls. The sharp rise in DV was attributed to the social norms that accept violence against women when their male counterparts feel that they are not taking good care of the family. There was an increase in child marriage to lessen the financial burden of the household, even though the girls had not reached the legal marriageable age. However, concrete measures to transform unequal gender social norms are limited.

Raising awareness using media has become crucial. During COVID-19, the media played a significant role in raising awareness about DV and disseminating information about helplines. It is also recommended that raising awareness about women’s rights and implementing laws related to SGBV would initiate behavioral change.

1-3. Health Services (Sexual Reproductive Health and Mental Health)

The maternal mortality ratio (MMR) in India declined to 122 per 100,000 live births in 2017.⁵⁶ However, it is yet to reach the target set by the UN’s Sustainable Development Goals (SDGs) which is 77 per 100,000 live births. The

⁵⁴ http://ncwapps.nic.in/firmComp_Stat_Overview.aspx [Accessed: January 15, 2021]

⁵⁵ What's Slowing Down India's Fast-Track Courts, December 11 2020, <https://www.indiaspend.com/police-judicial-reforms/whats-slowing-down-indias-fast-track-courts-700397>; Poor infra, staff shortages: Here's what is slowing down fast-track courts, December 11, 2020, https://www.business-standard.com/article/current-affairs/poor-infra-staff-shortages-here-s-what-is-slowing-down-fast-track-courts-120121100124_1.html; Gender-based violence plagues Odisha despite govt efforts, January 6 2021, <https://www.downtoearth.org.in/blog/governance/gender-based-violence-plagues-odisha-despite-govt-efforts-74921> [Accessed: December 15, 2020]

⁵⁶ NITI Aayog & UN (2020) SDG India Index&Dashboard 2019-2020, New Delhi p.45, <https://www.niti.gov.in/sites/default/files/2020-07/SDG-India-Index-2.0.pdf>

causes of maternal deaths are limited institutional deliveries in hospitals, limited antenatal care during pregnancy, untimely post-natal care, and high numbers of unsafe abortions. The factors mentioned are linked to socio-cultural dimensions such as child marriage, early pregnancy, son preference, female infanticide, and many other reasons.⁵⁷ India's National Health Policy (2017) prioritizes ensuring the availability of free comprehensive primary healthcare services for all aspects of reproductive, maternal, child, and adolescent health through optimum use of existing resources.⁵⁸ Some schemes provide incentives for pregnant and lactating women to visit healthcare institutions as well as provision of counseling services for young women regarding sexual reproductive health (SRH) issues, and for sanitary napkins at an affordable cost.⁵⁹

Mental health issues have gained great attention during the COVID-19 pandemic. For long, they were equated with psychotic disorders with symptoms such as disruptive behavior and hallucinations.⁶⁰ However, conversations about other mental health issues, such as depression and anxiety have been triggered because of COVID-19.⁶¹

1-3-1. SRH and Mental Health during the COVID-19 pandemic

(1) SRH during the COVID-19 pandemic

COVID-19 immensely impacted the disruption of the regular provision of SRH services such as maternal care, safe abortion services, contraception, prevention, and treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs). When the government-imposed lockdown started on March 25 2020, SRH was not among the essential services. It was after a group of doctors and activists appealed to the health ministry that the government added it to the list on April 14 2020.⁶²

During the lockdown, most public hospitals were converted into COVID-19 treatment centers and diverted their human resources to the pandemic response. Many private clinics had to shut down because of transport shortages and lack of protective equipment. With widespread restrictions imposed in India, women's access to health services has been severely limited.⁶³

⁵⁷ Still a distant dream, July 11 2017, <https://www.dandc.eu/en/article/despite-considerable-progress-indias-maternal-mortality-rate-remains-very-high>; Maternal health, <https://www.unicef.org/india/what-we-do/maternal-health>; Hamal, M., Dieleman, M., De Brouwere, V. et al. Social determinants of maternal health: a scoping review of factors influencing maternal mortality and maternal health service use in India. *Public Health Rev* 41, 13 (2020). <https://doi.org/10.1186/s40985-020-00125-6>

⁵⁸ Sexual Health, <https://www.who.int/india/health-topics/sexual-health>; National Health Policy 2017: What's in it for sexual and reproductive health?, April 6, 2017, <https://www.hidden-pockets.com/national-health-policy-2017-whats-in-it-for-sexual-and-reproductive-health/>

⁵⁹ Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) Pradhan Mantri Matru Vandana Yojana (PMMVY),

⁶⁰ COVID-19 has exacerbated India's hidden mental health pandemic, April 27 2021, <https://indiabioscience.org/columns/opinion/covid-19-has-exacerbated-indias-hidden-mental-health-pandemic>,

⁶¹ *ibid.*

⁶² Women always take the brunt: India sees surge in unsafe abortion, July 13 2020, <https://www.theguardian.com/global-development/2020/jul/13/women-always-take-the-brunt-india-sees-surge-in-unsafe-abortion> [Accessed: January 14, 2021]

⁶³ Hit by Covid: Delivery, immunisation, nutrition, June 8, 2020, <https://indianexpress.com/article/india/hit-by-covid-delivery-immunisation-nutrition-6447859/>; The coronavirus lockdown prevented 1.85 million Indian women from getting an abortion, June 6 2020, <https://scroll.in/article/966566/the-coronavirus-lockdown-prevented-1-85-million-indian-women-from-getting-an-abortion>; Women always take the brunt: India sees surge in unsafe abortion, July 13 2020, <https://www.theguardian.com/global-development/2020/jul/13/women-always-take-the-brunt-india-sees-surge-in-unsafe-abortion>, Cousins (2020) COVID-19 has "devastating" effect on women and girls, *www.thelancet.com* Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext) [Accessed: January 14, 2021]

The Foundation for Reproductive Health Services India (FRHS) estimated that the disruption could result in one million unsafe abortions, 650,000 unintended pregnancies, and 2,600 maternal deaths.⁶⁴ Shortage of condoms due to disruption of supply chains⁶⁵ also increased the risk of transmission of HIV and STDs.⁶⁶

1) Deliveries during the COVID-19 pandemic

There are concerns that the MMR and infant mortality rate (IMR) will rise due to increased challenges in accessing safe delivery services during the COVID-19 pandemic.⁶⁷ Due to strict restrictions, public transport was limited, and cases such as pregnant women being denied by ambulances and being turned away from the government hospitals increased. NCW's Chairperson wrote a letter to the Union Health Minister bringing attention to many cases where the non-availability of adequate ambulances for maternity services and denial of admission in hospitals led to a delay in reaching the health facility and some cases where it had resulted in the death of the mother and the newborn baby.⁶⁸

Although home deliveries are discouraged because they can lead to complications and fatality,⁶⁹ they are increasing while institutional deliveries are decreasing. According to data from the Brihanmumbai Municipal Corporation, institutional deliveries dropped by almost 18% between March and November 2020 compared to the same period in 2019. Almost one year after the COVID-19 outbreak, there have been more home deliveries. For example, there was a 20% increase in home deliveries from January to February 2021 compared to 2019 in three municipal corporations in Delhi.⁷⁰ After the second wave in March 2021, there were more cases of hospitals refusing admission of COVID-positive pregnant women, even in critical situations.⁷¹

2) Unwanted pregnancies and unsafe abortions during the COVID-19 pandemic

SRH was not among the essential services until three weeks after the declaration of lockdown. Access to abortion pills has become difficult due to the closure of pharmacies, disruption of the supply chain, and movement restrictions.⁷² On April 14, 2020, the government declared abortion as an essential service. However, travel restrictions and stigma around contraception and abortion led many women to not receive critical healthcare.

⁶⁴ From FRHS's presentation at Marie Stopes International's webinar held in August 2020, slide 25, <https://www.msichoices.org/media/3854/msi-briefing-impact-of-covid19-on-reproductive-health-and-access.pdf>

⁶⁵ World is running out of condoms due to coronavirus lockdown, March 28, 2020, <https://theprint.in/world/world-is-running-out-of-condoms-due-to-coronavirus-lockdown/390203/> [Accessed: March 9, 2021]

⁶⁶ Cousins (2020) COVID-19 has "devastating" effect on women and girls, *www.thelancet.com* Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

⁶⁷ The impact of COVID-19 on reproductive health services, July 25 2020, <https://idronline.org/the-impact-of-covid-19-on-reproductive-health-services/>; Amid COVID-19 pandemic, hospital births fall by 18% in numbers, January 13 2021, <https://www.hindustantimes.com/cities/mumbai-news/amid-covid-19-pandemic-hospital-births-fall-by-18-in-mumbai-101610541742884.html> [Accessed: February 5, 2021]

⁶⁸ NCW chief writes to health minister on plight of pregnant women during COVID-19 pandemic, June 9 2020, <https://indianexpress.com/article/india/ncw-health-minister-pregnant-women-coronavirus-6450374/> [Accessed: February 5, 2021]

⁶⁹ Amid COVID-19 pandemic, hospital births fall by 18% in numbers, January 13, 2021, <https://www.hindustantimes.com/cities/mumbai-news/amid-covid-19-pandemic-hospital-births-fall-by-18-in-mumbai-101610541742884.html> [Accessed: August 30, 2021]

⁷⁰ Center for reproductive rights (2021) Quarterly Newsletter April-June 2021, <https://reproductiverights.org/wp-content/uploads/2021/07/Quarterly-newsletter-April-June-FINAL.pdf>

⁷¹ Covid worries India's pregnant and unprotected mothers-to-be, June 2 2021, <https://www.bbc.com/news/world-asia-india-57169834>; She Was Pregnant. She Was Sick. And In India, She Had Nowhere To Go, May 18 2021, <https://www.npr.org/sections/goatsandsoda/2021/05/18/997469014/no-vaccines-supplies-or-hospital-beds-pregnant-with-covid-in-india>

⁷² Cousins (2020) COVID-19 has "devastating" effect on women and girls, *www.thelancet.com* Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext); 1.3 Million Women In India Lost Access To Contraceptives, Abortions During The COVID-19 Pandemic: Report, August 20 2020, <https://www.firstpost.com/health/1-3-million-women-in-india-lost-access-to-contraceptives-abortions-during-the-covid-19-pandemic-report-8732021.html> [Accessed: April 25, 2021]

According to the Lancet report, it was estimated that 15.6 million abortions occurred in India in 2015, and only 22% were obtained in health facilities.⁷³ Among the abortions, 73% were medication abortions done outside of health facilities, and 5% were done using methods other than medication abortion.⁷⁴ Unsafe abortion remains the third leading cause of maternal mortality in India,⁷⁵ and unsafe abortions are estimated to increase during the COVID-19 pandemic.

When the lockdown was eased, rural clinics reported an increase in the number of women who experienced complications from taking abortion pills without medical supervision or visiting unqualified doctors.⁷⁶ A clinic reported that 60% of the cases they received were related to post-abortion complications.⁷⁷ Moreover, doctors warned that an increase in the cost of abortion during the COVID-19 pandemic may result in women trying unsafe methods out of desperation.⁷⁸

3) Accessibility to sanitary napkins during the COVID-19 pandemic

On March 29, 2020, four days after lockdown, sanitary napkins were listed as an essential commodity.⁷⁹ However, as the factories were closed and with the disruption of the supply chain,⁸⁰ access became difficult, specifically, for rural girls who were receiving sanitary napkins at school.⁸¹

According to a survey conducted by the Center for Catalyzing Change in April and May 2020, only 1% of adolescent girls in Chhattisgarh and Jharkhand had access to sanitary napkins,⁸² and according to a survey conducted by the Population Foundation of India in May 2020, less than half had any access at all.⁸³ Barriers in accessing sanitary napkins also affected women in general, including those working in hospitals. Lack of sanitary napkins can lead to alarming consequences such as toxic shock syndrome, reproductive tract infections, and vaginal diseases by using old cloth repeatedly or any other unhygienic methods.⁸⁴

⁷³ Lancet Report (2018) The incidence of abortion and unintended pregnancy in India, <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2817%2930453-9> [Accessed: February 5, 2021]

⁷⁴ *ibid.*

⁷⁵ Guttmacher Institute (2018) Abortion and Unintended Pregnancy in Six Indian States: Findings and Implications for Policies and Programs, <https://www.guttmacher.org/report/abortion-unintended-pregnancy-six-states-india>; Cousins (2020) COVID-19 has “devastating” effect on women and girls, *www.thelancet.com* Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

⁷⁶ Sideline women’s reproductive rights, November 18, 2020, <https://adnasia.org/2020/11/18/sideline-womens-reproductive-rights/> [Accessed: January 5, 2021]

⁷⁷ *ibid.*

⁷⁸ *ibid.*

⁷⁹ COVID-19 Lockdown: Sanitary Pads Now Listed As Essential Commodity, March 30 2020, <https://www.shethepeople.tv/coronavirus/sanitary-napkins-essential-commodity-lockdown/>, The Impact of COVID-19 on Children and Adolescents: Early Evidence in India, March 4 2021, <https://www.orfonline.org/research/the-impact-of-covid-19-on-children-and-adolescents-early-evidence-in-india/> [Accessed: April 25, 2021]

⁸⁰ Sanitary Napkins – An Essential Commodity to Keep Women Clean and Safe During COVID-19 Lockdown, March 25 2020, <https://startupsuccessstories.in/sanitary-napkins-an-essential-commodity-to-keep-women-clean-and-safe-during-covid-19-lockdown/>; COVID-19 Lockdown: Sanitary Pads Now Listed As Essential Commodity, March 30 2020, <https://www.shethepeople.tv/coronavirus/sanitary-napkins-essential-commodity-lockdown/> [Accessed: September 17, 2021]

⁸¹ <https://www.dasra.org/news-and-events/latest-survey-reveals-closure-of-education-institutions-and-community-organizations-has-severely-degraded-the-supply-chain-of-menstrual-hygiene-products> [Accessed: February 5, 2021]

⁸² Center for Catalyzing Change (2020) Lived Realities: The impact of COVID 19 on the well-being of adolescent girls and women in India, https://pmmch.who.int/docs/librariesprovider9/meeting-reports/c3-lived-reality-report.pdf?sfvrsn=f5433c59_5

⁸³ Population Foundation of India (2020) Impact of COVID 19 on Young People, https://populationfoundation.in/wp-content/uploads/2020/08/Rapid-Assessment_Report_Youth_Survey_Covid.pdf

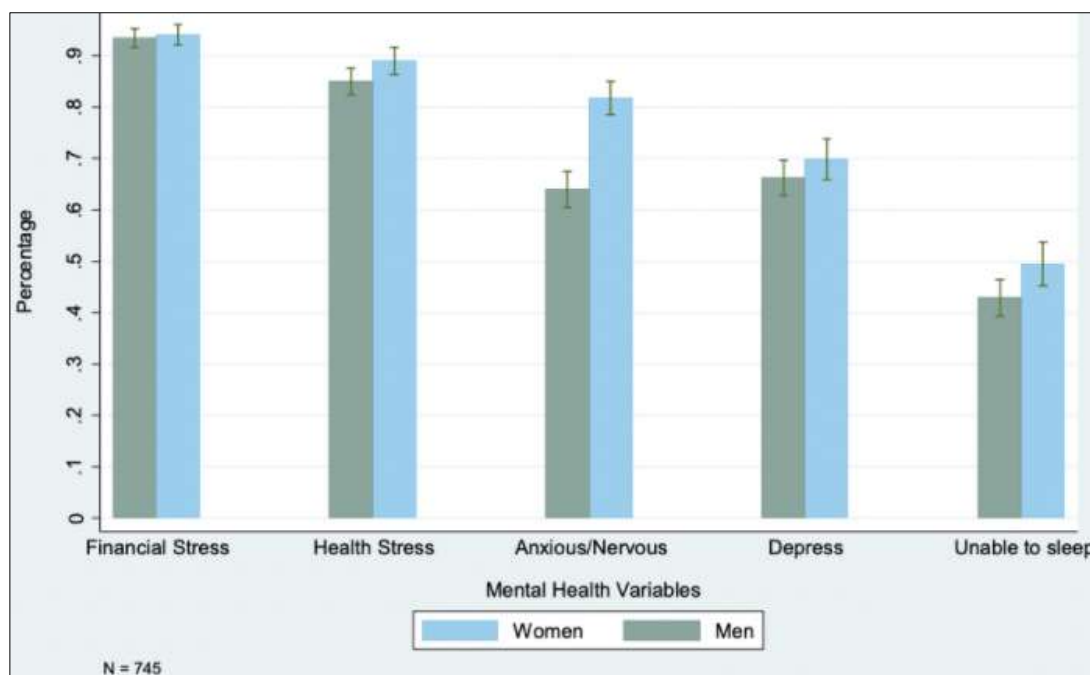
⁸⁴ India faces sanitary napkins shortage amid covid 19, May 27 2020, <https://www.aa.com.tr/en/asia-pacific/india-faces-sanitary-napkin-shortage-amid-covid-19/1855047>, Opinion: safeguarding menstrual health during a pandemic, May 28 2021, <https://swachhindia.ndtv.com/opinion-safeguarding-menstrual-health-during-a-pandemic-59632/>; India’s period poverty amidst the pandemic exposes state apathy toward women’s issues, April 20 2021, <https://www.kcl.ac.uk/indias-period-poverty-amidst-the-pandemic-exposes-state-apaty-towards-womens-issues> [Accessed: August 15, 2021]; Jahan (2020) Bleeding during the pandemic: the politics of menstruation, *Sexual and Reproductive Health Matters*, 28:1, DOI: 10.1080/26410397.2020.1801001

(2) Mental health during the COVID-19 pandemic

People infected with COVID-19 have suffered from depression, anxiety, trauma, insomnia, and other mental health disorders. Medical experts and healthcare workers suffer from these symptoms as well as stigma, burnout, and fear that they may infect their family members.

While the challenges faced by COVID-19 patients and healthcare workers were relatively more noticeable, the general population was also negatively impacted by lockdowns, loss of work and shelter, closure of educational institutions, and other disruptions.⁸⁵ It has been especially difficult for women whose housework has increased. There were more people in the household to take care of with less income. Moreover, many were stressed, which easily led to violence affecting their mental health.⁸⁶

Figure 1-3 shows the results of a study that asked 745 couples about their mental health during lockdown in April 2020. As shown in Figure 1-3, women reported greater mental stress compared to men. Interestingly, men and women worried more about their families' financial adequacy than their health.⁸⁷



Source: The pandemic's gendered impact on livelihoods and wellbeing: Evidence from India⁸⁸

Figure 1-3: Mental Health Variables between Women and Men

⁸⁵ COVID-19 has exacerbated India's hidden mental health pandemic, April 27 2021, <https://indiabioscience.org/columns/opinion/covid-19-has-exacerbated-indias-hidden-mental-health-pandemic>

⁸⁶ We Must Intervene Now to Check the COVID-19-Induced Mental Health Pandemic, May 16 2020, <https://science.thewire.in/health/we-must-intervene-now-to-check-the-covid-19-induced-mental-health-pandemic/> [Accessed: June 13, 2021]

⁸⁷ The pandemic's gendered impact on livelihoods and wellbeing: Evidence from India, 22 March 2021, <https://www.theigc.org/blog/the-pandemics-gendered-impact-on-livelihoods-and-wellbeing-evidence-from-india/> [Accessed: April 5, 2021]

⁸⁸ *ibid.*

Pregnant women, specifically those in rural areas where health institutions are far away from their residences, are stressed. Access to antenatal care (ANC) services, medical check-ups, and doctor counselling had become incredibly difficult. It has been estimated that many women may suffer from depression during pregnancy and postpartum.⁸⁹

Children and adolescents' vulnerability was also heightened as the pandemic disrupted their normal lives, depriving them of schooling, and consequently, opportunities for socialization and physical activities. These situations lead to anxiety, depression, sleep disturbance, and loss of appetite.⁹⁰

(3) Vulnerable segments of women and girls in SRH and Mental health

1) Pregnant women

Due to lockdown and fear of contracting infection, there was a reduction of 45.1% in institutional deliveries, a percentage point increase of 7.2 in high-risk pregnancies, and a 2.5-fold increase in admission to the intensive care unit during the pandemic. One-third of the women had inadequate antenatal visits.⁹¹ Along with the fear of contracting infection to themselves and their babies, loneliness from not being able to meet family and friends and eat nutritious food due to income loss have been affecting pregnant women's mental health.⁹²

2) Women with disabilities

Access to safe delivery and abortion, and sanitary napkins were challenges, specifically, for women of reproductive age during the lockdown. It was particularly difficult for impoverished women who lived in rural areas and those with disabilities. According to a report by SMRC,⁹³ women with disabilities could not lead a normal life because their communication tools and transportation were disrupted during the lockdown. All women who participated in the SMRC survey revealed that they could not get a pass from the police and therefore could not access medical institutions. There were cases such as a pregnant woman losing her child because of the inability to go to the hospital and a woman with cancer who could not get medicine due to lack of transportation. The same report also revealed that telemedicine, announced by the government, was not accessible.

3) Elderly women

Amid the restrictions on mobility during the lockdown, elderly women faced challenges such as impaired access to healthcare services, non-availability of attendants, and caregivers, and prolonged social isolation that affected their mental health. Elderly people who needed attendants or caregivers had a hard time since they were not defined as essential until three weeks after the lockdown.⁹⁴ Moreover, 59% of elderly women do not have an independent

⁸⁹ The coronavirus (COVID-19) pandemic's impact on maternal mental health and questionable healthcare services in rural India, 06 September 2020, <https://onlinelibrary.wiley.com/doi/10.1002/hpm.3050>, Jungari (2021) Maternal mental health in India during COVID-19, Public Health. 2020 Aug; 185: 97–98. Published online 2020 June 6, CYSD Monthly April issue [Accessed: June 5, 2021]

⁹⁰ The Impact of COVID-19 on Children and Adolescents: Early Evidence in India, March 4 2021, <https://www.orfonline.org/research/the-impact-of-covid-19-on-children-and-adolescents-early-evidence-in-india/>, Population Council (2020) Adolescent Health and Wellbeing During The Covid-19 Pandemic Training e-Course on Adolescent Sexual and Reproductive Health 2020, Geneva Foundation for Medical Education and Research

⁹¹ The effect of the COVID-19 pandemic on maternal health due to delay in seeking health care: Experience from a tertiary center, <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/ijgo.13457> [Accessed: June 5, 2021]

⁹² The coronavirus (COVID-19) pandemic's impact on maternal mental health and questionable healthcare services in rural India, 06 September 2020, <https://onlinelibrary.wiley.com/doi/10.1002/hpm.3050>, Jungari (2021) Maternal mental health in India during COVID-19, Public Health. 2020 Aug; 185: 97–98. Published online 2020 June 6 [Accessed: June 5, 2021]

⁹³ Women with Disabilities in India: Access to COVID-19 Vaccination, June 4, 2021, <https://medium.com/rewriting-the-narrative/women-with-disabilities-in-india-access-to-covid-19-vaccination-1164f24e4ab8> [Accessed: August 15, 2021]

⁹⁴ Covid-19: Caregivers for elderly, mobile recharges, food processing exempted from lockdown, says MHA, April 21, 2020, <https://scroll.in/latest/959866/covid-19-caregivers-for-elderly-mobile-recharges-food-processing-exempted-from-lockdown-says-mha>

stable source of income, 33% do not own assets, indicating they are highly dependent and vulnerable to gender-related discriminatory practices and abuse.⁹⁵ According to the Agewell Foundation's survey of 5,000 elderly people in April 2021, 63% reported developing symptoms of depression.⁹⁶

4) LGBTQ

Recently LGBTQ rights have been guaranteed under the law. In 2014, the Supreme Court recognized the right to choose gender and the Rights of Transgender Persons Bill 2014 was enacted.⁹⁷ In 2018, the Supreme Court overturned a 2013 judgment that upheld a colonial-era law, under which gay sex was categorized as an “unnatural offense.” In 2019, the government enacted the Transgender Persons (Protection of Rights) Act, 2019 which prohibits discrimination against transgender persons in terms of education, health, employment, and the ability to rent or buy property.⁹⁸

The incidence of depression and alcohol dependence is five-fold higher among lesbian, gay, bisexual, and transgender people compared to the general population.⁹⁹ As many have to stay at home during the pandemic, spending long hours with family members who do not accept their gender identity is affecting their mental health,¹⁰⁰ and those without families are also mentally affected by economic crises and are socially excluded.¹⁰¹

1-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic

(1) Factors that affected SRH services during the COVID-19 pandemic

During COVID-19, tertiary care hospitals were converted into care centers, and SRH took a back seat.

1) Barriers to accessing safe delivery

- Pregnant women delivered babies without access to ANC and health check-ups due to the fear of contracting COVID-19.¹⁰²
- Transportation was not readily available to access hospitals or medical institutions during the COVID-19 pandemic.
- As hospitals or medical institutions took COVID-19 preventive measures, such as not allowing family

⁹⁵ Health disparities among older women in India during the COVID-19 pandemic, April 29 2021, <https://www.emerald.com/insight/content/doi/10.1108/JHR-01-2021-0065/full/pdf?title=health-disparities-among-older-women-in-india-during-the-covid-19-pandemic> [Accessed: August 15, 2021]

⁹⁶ India's COVID crisis takes toll on mental health, May 19 2021, <https://www.dw.com/en/indias-covid-crisis-takes-toll-on-mental-health/a-57582565> [Accessed: August 15, 2021]

⁹⁷ India court recognises transgender people as third gender, April 2014, <https://www.bbc.com/news/world-asia-india-27031180> [Accessed: February 5, 2022]

⁹⁸ THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019 NO. 40 OF 2019, <https://socialjustice.nic.in/writereaddata/UploadFile/TG%20bill%20gazette.pdf>

⁹⁹ Newman PA, Chakrapani V, Williams C, Massaquoi N, Tejjan S, Rongprakhon S, Akkakanjanasupar P, Logie C, Rawat S (2021) An eHealth Intervention for Promoting COVID-19 Knowledge and Protective Behaviors and Reducing Pandemic Distress Among Sexual and Gender Minorities: Protocol for a Randomized Controlled Trial (#SafeHandsSafeHearts) JMIR Res Protoc 2021;10(12):e34381, <https://www.researchprotocols.org/2021/12/e34381>

¹⁰⁰ LGBTQ health: What should doctors keep in mind while treating lesbian and bisexual patients?, June 22 2021, <https://indianexpress.com/article/lifestyle/health/lgbtq-health-what-should-doctors-keep-in-mind-while-treating-lesbian-and-bisexual-patients-7361812/>; Covid-19 pandemic: There's a need to address health challenges faced by LGBTQ+ community, June 27 2021, <https://indianexpress.com/article/lifestyle/health/covid-19-pandemic-theres-a-need-to-address-health-challenges-faced-by-lgbtq-community-7378193/>; Covid-19 lockdown puts trans community in a spot, May 8 2020, <https://www.hindustantimes.com/india-news/covid-19-lockdown-puts-trans-community-in-a-spot/story-AUbABkMtn9NRMocYczGj0H.html>

¹⁰¹ Kashmir: LGBTQ demand health care access during COVID pandemic, October 6 2021, <https://www.dw.com/en/kashmir-lgbtq-demand-health-care-access-during-covid-pandemic/a-57842068> [Accessed: December 31, 2021]

¹⁰² National Health Mission Health Management Information System data reported in Rukmini S “How covid-19 response disrupted health services in rural India”, Live Mint. Published 27 April 2020 [Accessed: August 15, 2021]

members to attend to the pregnant women, some women preferred delivering at home.

2) Barriers accessing safe abortion

- It was not until April 14, 2020, three weeks after lockdown, that abortion services were defined as essential.
- During the pandemic, many women and couples had difficulty seeing doctors and other healthcare providers for their SRH. Hence, women failed to receive timely birth control, emergency health services, and abortions.
- Unwanted pregnancies increased due to lack of contraceptives, and women acquired abortion pills without the doctor's supervision.¹⁰³
- Many medical institutions were converted to COVID-19 care centers, and some women had to rely on persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both.¹⁰⁴
- Social norms that prevent discussions on sex lead to a lack of knowledge among women and girls about their SRH. There is a stigma around abortion that women should become mothers, and even some medical staff discriminate against women who seek an abortion.¹⁰⁵ Stigma is graver for single women who access SRH services, as it is associated with pre-marital sex, which is culturally not accepted. Therefore, the bias and stigma compel women and young girls to seek abortion from illegal providers, which may be provided under unsafe conditions.¹⁰⁶

3) Barriers acquiring sanitary napkins

The production and distribution of sanitary products was disrupted, and many women had no choice but to resort to unhygienic measures, such as using old cloths during menstruation. The following factors contributed to the shortage of sanitary products

- Sanitary napkins were not clearly defined as essential commodities until the Home Secretary issued a clarification to that effect after four days of lockdown.¹⁰⁷
- Policymakers could not consider women's needs regarding reproductive health.
- There are social norms and stigmas that menstruation is dirty and shameful. More than 80% of adolescent girls in rural India believed that menstrual blood contained harmful substances, and close to 60% believed it should not be talked about openly.¹⁰⁸ These norms prevent people from having proper knowledge about

¹⁰³ The coronavirus lockdown prevented 1.85 million Indian women from getting an abortion, June 6, 2020, <https://scroll.in/article/966566/the-coronavirus-lockdown-prevented-1-85-million-indian-women-from-getting-an-abortion>

¹⁰⁴ Abortion in a lockdown: India says 'yes' but women wonder how, April 17 2020, <https://www.reuters.com/article/us-health-coronavirus-india-abortion-trf/abortion-ina-lockdown-india-says-yes-but-women-wonder-howidUSKCN21Y2HO>

¹⁰⁵ Sidelining women's reproductive rights, November 18 2020, <https://adnasia.org/2020/11/18/sidelining-womens-reproductive-rights/>, How stigma and restricted access stop Indian women from seeking safe abortions, November 20 2018, <https://www.thenewsminute.com/article/how-stigma-and-restricted-access-stop-indian-women-seeking-safe-abortions-92505> [Accessed: February 5, 2021]

¹⁰⁶ Stigma and lack of awareness single women's access to safe abortion in India, September 12 2019, <https://www.hidden-pockets.com/stigma-and-lack-of-awareness-single-womens-access-to-safe-abortions-in-india/> [Accessed: February 5, 2021] Impact of Covid-19 on Abortions in India, October 4 2020, <https://www.probono-india.in/blog-detail.php?id=186> [Accessed: October 25, 2021]

¹⁰⁷ COVID-19 Lockdown: Sanitary napkins as essential commodity, March 30 2020, <https://www.shethepeople.tv/coronavirus/sanitary-napkins-essential-commodity-lockdown/>

¹⁰⁸ Menstrual health and hygiene empowers women and girls: How to ensure we get it right, May 28 2021, <https://blogs.worldbank.org/water/menstrual-health-and-hygiene-empowers-women-and-girls-how-ensure-we-get-it-right>; Breaking the silence and taboos and social stigma surrounding menstruation in rural India, July 8 2020, <http://gppreview.com/2020/07/08/breaking-the-silence-taboos-and-social-stigma-surrounding-menstruation-in-rural-india/>; Menstruation stigma in India, July 10 2020, <https://kreately.in/menstruation-stigma-in-india/> [Accessed: February 15, 2021]

menstruation and, thus caused the delay in listing that sanitary napkins were essential commodities.

(2) Factors that affected the mental health of women and girls during the COVID-19 pandemic

Fear of infection, loss of income, anxieties, and worries about the future affected the mental health status of women and girls. Specifically, women are suffering because they are expected to take care of the family, which is a heavy burden when the family members are at home for longer hours with less income. Greater suicide rates were seen among homemakers because they were financially dependent, less aware of the consequences of depression, and left to struggle alone with depression and anxiety.¹⁰⁹

1-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic

Since March 2020, health systems have been challenged by the overwhelming demands of COVID-19. Resources and staff were diverted to test and provide treatment for people with presumed or diagnosed COVID-19.

Under COVID-19, some healthcare services such as SRH were being compromised to meet the demands of caring for patients. Moreover, COVID-19 severely impacted mental health conditions. Government, development partners, and private companies have taken measures to respond to the challenges faced in the areas of SRH and mental health, as shown in Table 1-4.

Table 1-4: Response measures taken in the areas of SRH and mental health

| Area | Measure/activity | Agency |
|------------------------------|--|---|
| Delivery | <ul style="list-style-type: none"> - Development and dissemination guidelines on pregnant women and COVID-19 - Setting-up helpline for pregnant women - Transportation services for pregnant women from their homes to the hospital | Government, UN, NGOs |
| Abortion | <ul style="list-style-type: none"> - Advocacy to include abortion services as essential service - Promotion of telemedicine | NGOs |
| Menstrual hygiene management | <ul style="list-style-type: none"> - Delivery and distribution of sanitary napkins | Government, UN, NGOs, private companies |
| Mental health | <ul style="list-style-type: none"> - Increased and strengthened capacity of helplines - Strengthened the capacity of counselors | Government, universities, UN, NGOs, private companies |

(1) Measures taken by Government during the COVID-19 pandemic

1) SRH

a) Support for safe delivery

- The Ministry of Health and Family Welfare developed and disseminated guidelines on operationalization for maternal health services during the COVID-19 pandemic,¹¹⁰ and on counselling pregnant women for COVID-19 vaccination.¹¹¹

¹⁰⁹ Why are so many Indian housewives killing themselves?, December 20, 2021, <https://www.dw.com/en/why-are-so-many-indian-housewives-killing-themselves/a-60196154> [Accessed: December 28, 2021]

¹¹⁰ Ministry of Health and Family Welfare (2021) Guidelines on operationalization of maternal health services during Covid-19 pandemic, https://www.nhm.gov.in/New_Updates_2018/Guidelines_on_Operationalization_of_Maternal_Health_Services_during_the_Covid-19_Pandemic.pdf

¹¹¹ Ministry of Health and Family Welfare, Counselling Pregnant Women for COVID-19 Vaccination <https://www.mohfw.gov.in/pdf/CounsellingbookletforFLWsEnglish.pdf>

- NCW launched a WhatsApp helpline number in April 2021 to assist pregnant women with medical emergencies. The helpline provides teleconsultation services, delivery of medicines, and coordination of hospital admissions.¹¹²

b) Support for safe abortion

- The Ministry of Health and Family Welfare announced that SRH services are essential services on April 14, 2020, three weeks after the lockdown was declared.¹¹³

c) Support for menstrual hygiene management

- Sanitary napkins were included as an essential commodity four days after the initiation of lockdown. Within those four days, factories stopped their production, supply chains were disrupted, and there was a lack of sanitary napkins. The state of Jharkhand provided free sanitary napkins for female students in classes 6 to 12 in coordination with Block Education Officer, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA), and AWW at the health centers.¹¹⁴ For female students who did not have access to health centers, sanitary napkins were delivered, which continued for three months.¹¹⁵

2) Mental health

- Central mental health institutions such as the National Institute of Mental Health & Neurosciences (NIMHANS) and the¹¹⁶ Central Institute of Psychiatry (CIP)¹¹⁷ initiated a national helpline to provide support for mental health concerns caused by COVID-19.
- The Ministry of Education established helplines to provide support for mental health issues for students, parents, and teachers.
- Universities started hiring psychological counselors to respond to students' mental health concerns.

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) SRH

a) Support for safe delivery

- UNFPA supported the We Care Initiative, which provided transportation for pregnant women from home

¹¹² Women's Panel Received 648 Calls Of Help For Pregnant Women In Last 20 days, May 19 2021, <https://www.ndtv.com/india-news/covid-19-national-commission-for-women-received-648-calls-of-help-for-pregnant-women-in-last-20-days-2445137>; Rajasthan: NCW launches helpline for Covid positive pregnant women, <https://timesofindia.indiatimes.com/city/jaipur/ncw-launches-helpline-for-covid-ve-pregnant-women/articleshow/82334523.cms>; NCW Launches Helpline Number For Pregnant Women Who Need Assistance Amid COVID-19, <https://www.republicworld.com/india-news/general-news/ncw-launches-helpline-number-for-pregnant-women-who-need-assistance-amid-covid-19.html>; [Accessed: September 3, 2021], NCW Newsletter, June 2021, <http://www.ncw.nic.in/newsletters/jun-2021>

¹¹³ Pratigya Campaign (2020) Pratigya Campaign partners come together to provide safe abortion and family planning services amidst COVID-19, <https://pratigyacampaign.org/wp-content/uploads/2020/05/pratigya-campaign-partners-come-together-to-provide-safe-abortion-and-family-planning-services-amidst-covid-19.pdf>; Ministry of Health and Welfare (2020) Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note, <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf> [Accessed: February 15, 2021]

¹¹⁴ Latest survey reveals closure of education institutions and community organizations has severely degraded the supply of menstrual hygiene products, May 21 2020, <https://www.dasra.org/news-and-events/latest-survey-reveals-closure-of-education-institutions-and-community-organizations-has-severely-degraded-the-supply-chain-of-menstrual-hygiene-products> [Accessed: February 5, 2021]

¹¹⁵ *ibid.*

¹¹⁶ Helpline providing COVID-19 mental health counselling in 21 States: NIMHANS tells HC, April 29 2020, <https://www.thehindu.com/news/national/karnataka/helpline-providing-covid-19-mental-health-counselling-in-21-states-nimhans-tells-hc/article31466837.ece>

¹¹⁷ Admin, CIP begin helpline for mental health during Covid, May 12 2021, <https://www.dailypioneer.com/2021/state-editions/admin--cip-begin-helpline-for-mental-health-during-covid.html>

to hospital in the state of Bihar.¹¹⁸

- UNICEF supported their partner medical institutions regarding the provision of antenatal and postnatal care and treatment for people living with HIV/AIDS.¹¹⁹

b) Support for safe abortion

- Medical resources including human resources were diverted to COVID-19 response and because SRH services were not defined as essential when lockdown started, NGOs joined hands and advocated for it to be included as essential services. After three weeks of lockdown, it was defined as essential.
- Organizations such as the FRHS India,¹²⁰ Marie Stopes International,¹²¹ and FPAI¹²² warn that unwanted pregnancies and abortions could increase during the lockdown.
- FPAI provided abortion-related services, such as pre-abortion counseling followed by telemedicine for minor or partial complication cases. It was ensured through field workers and associated clinics that women received medical abortion pills by certified providers if they could not visit the FPAI clinic.¹²³ The FRHS India and private clinics advocate that abortion pills should be made available in pharmacies through telemedicine to avoid unsafe abortion for those who suffer from DV and rape.¹²⁴

c) Support for menstrual hygiene management

- UNFPA supported a factory that produced sanitary napkins in Madhya Pradesh. Under lockdown, the factory was shut down, but as many women and girls had difficulties accessing sanitary napkins, UNFPA requested the state for permission for movement and was able to distribute the stocks to women and girls.¹²⁵

2) Mental health

- UNICEF supported the strengthening capacity of NIMHANS helpline and trained community volunteers on mental health.¹²⁶

(3) Measures taken by private companies and trade unions during the COVID-19 pandemic

- Whisper partnered with UNESCO to conduct awareness activities on menstrual hygiene management.
- Johnson & Johnson partnered with UNICEF and provided mental health services to 200,000 community healthcare workers.¹²⁷

¹¹⁸ We care, April 27 2020, <https://india.unfpa.org/en/news/we-care> [Accessed: October 10, 2021]

¹¹⁹ UNICEF (2020) UNICEF India COVID-19 Monthly Situation Report July 2020, <https://www.unicef.org/india/media/4346/file/UNICEF%20India%20COVID-19%20Situation%20Report%204%20July%202020.pdf> [Accessed: February 5, 2021]

¹²⁰ Sidelining women's reproductive rights, November 18 2020, <https://adnasia.org/2020/11/18/sidelining-womens-reproductive-rights/> [Accessed: January 5, 2021]

¹²¹ Study says 1.3 million Indian women lost access to contraception, abortion services in pandemic. August 21 2020, <https://theprint.in/india/study-says-1-3-mn-indian-women-lost-access-to-contraception-abortion-services-in-pandemic/486307/>

¹²² According to the FPAI survey, 40% of the women who received SRH services were cases of unwanted pregnancy,

¹²³ From interview with FPAI

¹²⁴ Abortion during COVID-19, April 27 2020, <https://chennaiabortionclinic.in/abortion-during-covid19/>; The Worrying Disappearance of Medical Abortion Drugs in India, February 12 2021, <https://fit.thequint.com/her-health/medical-abortion-pills-drugs-disappearing-from-indian-retail-chemists#read-more>, <https://www.freedomgazette.in/2020/07/should-india-consider-telemedicine-abortion/> [Accessed: February 15, 2021]

¹²⁵ Putting menstrual hygiene first, May 27 2020, [Accessed: October 10, 2021]

¹²⁶ UNICEF India Office (2021) COVID-19 Pandemic Humanitarian Update, p.8, <https://www.unicef.org/media/104351/file/India-COVID19-SitRep-January-to-June-2021.pdf>

¹²⁷ Providing much needed mental health care to frontline healthcare workers in India, October 8 2020, <https://chwi.jnj.com/news-and-resources/providing-much-needed-mental-healthcare-to-frontline-healthcare-workers-in-india> [Accessed: January 15, 2021]

- Self Employed Women's Association (SEWA) is providing counseling services to elderly women, pregnant women, and children.¹²⁸
- The University of Mumbai provided online counseling and mental health facilities for mental health issues associated with COVID-19.¹²⁹

1-3-4. Gaps in Response to SRH and Mental Health

(1) Access to safe delivery was a challenge

The strain of the outbreak on healthcare systems greatly impacted health services, including maternal health and SRH. Lack of personal protective equipment (PPE) for healthcare workers and closure of private clinics disrupted the provision of SRH services.¹³⁰ There have been many reports on pregnant women being unable to reach the hospital due to lack of public transportation, denial by ambulances, and refusal of admission.¹³¹

(2) Need for reducing abortion stigma

The Ministry of Health and Family Welfare did not declare that SRH services were essential when the lockdown started, and it was assumed that unwanted pregnancies and unsafe abortions had increased. Abortion has long been a taboo in Indian society, and women and girls lack knowledge of SRH rights. Severe stigma is attached to premarital sex, and medical officers' discriminatory views may make these women undergo unsafe abortions.¹³² It is important that people have knowledge of SRH and understand that women and girls have rights. Provision of family planning services and access to abortion services must be ensured even during a pandemic.

(3) Service provision on mental health is limited

As more people face a strong negative impact of COVID-19 on mental health, government and development partners are responding by raising awareness about mental health and strengthening the capacities of helplines.

However, such mental health services remain inaccessible to a large population in India due to the uneven distribution of mental health services, economic inequality, and lack of trained mental health professionals.¹³³ Few women who suffer from depression and anxiety seek professional help. This is because despite the availability of services, the shame and stigma attached to mental health problems prevents women from availing them.¹³⁴

¹²⁸ SEWA (2020) COVID 19: A holistic response, <https://www.wiego.org/sites/default/files/resources/file/SEWA-Response-to-COVID-19-November-13-2020.pdf>

¹²⁹ Online Counseling and Mental Health Facility for Mental Health issues associated with COVID 19 at University of Mumbai, <https://mu.ac.in/online-counseling-for-covid-19-english>

¹³⁰ Hit by Covid: Delivery, immunisation, nutrition, June 8, 2020, <https://indianexpress.com/article/india/hit-by-covid-delivery-immunisation-nutrition-6447859/>; The coronavirus lockdown prevented 1.85 million Indian women from getting an abortion, June 6 2020, <https://scroll.in/article/966566/the-coronavirus-lockdown-prevented-1-85-million-indian-women-from-getting-an-abortion>; Women always take the brunt: India sees surge in unsafe abortion, July 13 2020, <https://www.theguardian.com/global-development/2020/jul/13/women-always-take-the-brunt>, Cousins (2020) COVID-19 has "devastating" effect on women and girls, www.thelancet.com Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext) [Accessed: January 14, 2021]

¹³¹ Investigating the Impact of COVID-19 on Maternal and Child Health Delivery in India, October 2 2020, <https://digitalmedic.stanford.edu/general/investigating-the-impact-of-covid-19-on-maternal-and-child-health-delivery-in-india/>

¹³² Stigma and lack of awareness single women's access to safe abortion in India, September 12 2019, <https://www.hidden-pockets.com/stigma-and-lack-of-awareness-single-womens-access-to-safe-abortions-in-india/> [Accessed: February 5, 2021] Impact of Covid-19 on Abortions in India, October 4 2020, <https://www.probono-india.in/blog-detail.php?id=186> [Accessed: October 20, 2021]

¹³³ COVID-19 has exacerbated India's hidden mental health pandemic, April 27, 2021, <https://indiabioscience.org/columns/opinion/covid-19-has-exacerbated-indias-hidden-mental-health-pandemic>

¹³⁴ We Must Intervene Now to Check the COVID-19-Induced Mental Health Pandemic, May 16, 2020, <https://science.thewire.in/health/we-must-intervene-now-to-check-the-covid-19-induced-mental-health-pandemic/> [Accessed: February 7, 2021]

¹³⁴ Why are so many Indian housewives killing themselves?, December 20, 2021, <https://www.dw.com/en/why-are-so-many-indian-housewives->

Therefore, along with strengthening mechanisms and capacities to respond to mental health, raising awareness to reduce stigma is crucial for people to seek help and avoid further complications.

1-4. Economic Activities and Livelihoods

The female labor force participation rate (FLFPR) in India was 22.8% in 2019–2020. Despite the economic growth, lower fertility rates, and higher educational attainment among Indian women in the last decade, the FLFPR dropped from 26% in 2005.¹³⁵ A decrease in the FLFPR is analyzed; as household income per capita increases, women start to leave the workforce given that family status is linked to women staying at home.¹³⁶ A 2016 survey in the Economic and Political Weekly finds that approximately 40–60% of women and men in rural and urban parts of India believe that married women whose husbands earn a good living should not work outside their home. In fact, women with low education display higher labor force participation rate and that of moderately educated women.¹³⁷

93% of women in the labor force are informal workers with little or no social protection earning less than the minimum daily wage. According to the Annual Report Periodic Labour Force Survey 2018–2019, differences exist in the types of work engaged between women who are living in urban and rural areas (Table 1-5).¹³⁸

Table 1-5: Sectors/industries that women are engaged in

| | Women living in urban areas | Women living in rural areas |
|---------------------------------------|-----------------------------|-----------------------------|
| Agriculture | - | 71.1% |
| Construction | - | 6.0% |
| Manufacturing | 24.5% | 9.0% |
| Trade, hotel, and restaurant industry | 13.8% | - |
| Other services | 45.6% | - |

Source: Annual Report Periodic Labour Force Survey 2018-19

A total of 13.8% of business establishments are owned by women,¹³⁹ and 97.5% of them are microenterprises.¹⁴⁰ The reason for this concentration in microenterprises is that women do not own assets, such as land. Therefore, they have limited access to the formal credit market, and only 5% took out bank loans.¹⁴¹

Gender gaps are observed in wages, ownership of assets, access to formal financial services, and training opportunities. These gaps impede women from gaining access to larger businesses that use innovative technologies.

killings-themselves/a-60196154, (Accessed 28 December 2021)

¹³⁵ Deshpande, Ashwini (2020). The Covid-19 Pandemic and Lockdown: First Order Effects on Gender Gaps in Employment and Domestic Time Use in India, GLO Discussion Paper, No. 607, Global Labor Organization (GLO), IMF (2018) IMF Working Paper: Closing gender gaps in India, wp18212.pdf

¹³⁶ ILO (2014) Why is female labour force participation declining so sharply in India? / Steven Kapsos, Evangelia Bourmpoula, Andrea Silberman, https://ilo.userservices.exlibrisgroup.com/discovery/delivery/41ILO_INST:41ILO_V2/1245308160002676

¹³⁷ National Statistical Office (2020) Annual Report Periodic Labour Force Survey 2018-19, p.52, http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

¹³⁸ National Statistical Office (2020) Annual Report Periodic Labour Force Survey 2018-19, p.iii, http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

¹³⁹ NITI Aayog & UN (2020) SDG India Index&Dashboard 2019-2020, New Delhi, p.71, https://niti.gov.in/sites/default/files/2020-08/Arthniti_Newsletterjuly2020.pdf?fbclid=IwAR2B0q5AIVj-3g91BndI6_w1shQTVXA4VoFVojRqaF4XMEoO1mGSZAddUo4

¹⁴⁰ IFC (2014) Improving Access to Finance for Women-owned Businesses in India, http://microsave.net/files/pdf/Improving_Access_to_Finance_for_Women_owned_Businesses_in_India_IFC.pdf

¹⁴¹ Women & Banking: India's financial inclusion suffers from a gender gap, <https://www.financialexpress.com/opinion/women-banking-indias-financial-inclusion-suffers-from-a-gender-gap/1173467/> [Accessed: June 23, 2021]

Additionally, social norms attributing women as homemakers are factors that impede women from gaining productive employment. In India, women spend many hours (more than 10 times those of men) performing unpaid care and domestic work.¹⁴²

Regarding “economic participation and opportunity,” India ranks 151 out of 156 countries worldwide, which is extremely low.¹⁴³ The government acknowledges the discrimination and barriers encountered by women and has taken several initiatives.¹⁴⁴ Schemes presented in Table 1-6 are some of the implemented initiatives to promote women’s economic participation through 1) Improvement of women’s employment, 2) Increasing the number of women entrepreneurs in rural areas and 3) In non-agricultural sectors, and 4) Financial inclusion and social protection.

Table 1-6: Schemes for economic empowerment with high rates of participation in women

| Area of support | Scheme | Objective | Status of women’s participation |
|---|---|--|--|
| Enhancement of women’s employment | Mahatma Gandhi National Rural Employment Guarantee Act (MGREGA) (Launched in 2005) | Enhance livelihood security to the households in rural areas by providing employment with minimum guarantee of one hundred days of wage employment to every household volunteer to do unskilled manual work. | MGNREGA has a quota of a minimum of 33% for women. Women’s participation was 56.8% in 2019-20. ¹⁴⁵ |
| Enhancement of women entrepreneurs in rural areas | Deen Dayal Antyodaya Yojana-National Livelihoods Mission (Launched in 2011) | Enable the rural poor to increase household income through sustainable livelihood enhancements and improved access to financial services. ¹⁴⁶ | 85.2% out of 10 million bank accounts linked to Self Help Groups (SHGs) are consisted of women. ¹⁴⁷ |
| Enhancement of women entrepreneurs in non-agricultural sector | Pradhan Mantri MUDRA Yojana: PMMY (Launched in 2015) | Develop women entrepreneurs through incentives, encouragement and enabling credit, ranging between INR 1 million and 10 million, | 78% of the beneficiaries are women. ¹⁴⁸ |
| Financial inclusion and social protection | Pradhan Mantri Jan Dhan Yojana (PMJDY) (Launched in 2014) | Bring the poor and vulnerable into the banking fold widely expanding access to bank accounts together with access to direct benefits under various welfare schemes, insurance services, and other savings instruments like term deposits among others. | Out of 377 million accounts opened under PMJDY, 53% were owned by women, as of November. ¹⁴⁹ |

Source: Compiled by survey team members from related documents

¹⁴² ILO (2019) The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys / Jacques Charnes; International Labour Office Geneva, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf

¹⁴³ World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

¹⁴⁴ Ministry of Finance (2021) Key Highlights of Economic Survey 2020-21, <https://pib.gov.in/PressReleasePage.aspx?PRID=1693231>

¹⁴⁵ NITI Aayog & UN (2020) SDG India Index Dashboard 2019-2020, New Delhi, https://niti.gov.in/sites/default/files/2020-08/Arthniti_Newsletterjuly2020.pdf?fbclid=IwAR2B0q5AIVj-3g91BndI6_w1shQTvXA4VoFVojRqaF4XMEoO1mGSZAddUo4

¹⁴⁶ Welcome to Deendayal Antyodaya Yojana, <https://aajeevika.gov.in/en/content/welcome-deendayal-antyodaya-yojana-nrIm>

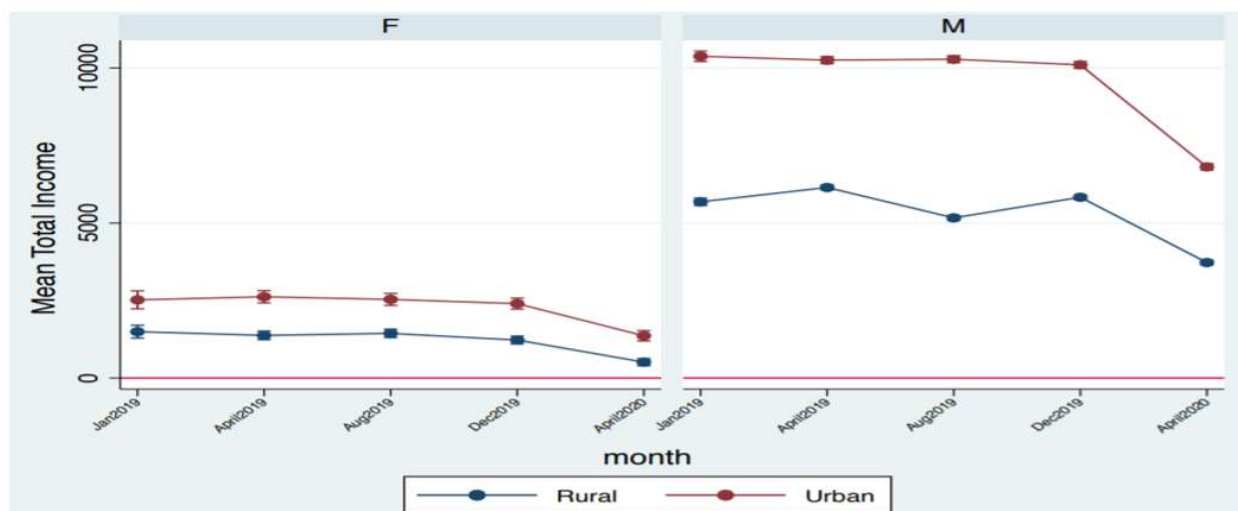
¹⁴⁷ NITI Aayog & UN (2020) SDG India Index&Dashboard 2019-2020, New Delhi, https://niti.gov.in/sites/default/files/2020-08/Arthniti_Newsletterjuly2020.pdf?fbclid=IwAR2B0q5AIVj-3g91BndI6_w1shQTvXA4VoFVojRqaF4XMEoO1mGSZAddUo4

¹⁴⁸ *ibid.*

¹⁴⁹ Pradhan Mantri Jan Dhan Yojana, <http://www.pmjdy.gov.in>

1-4-1. Economic Activities and Livelihood during the COVID-19 pandemic

Indian women have faced disadvantages and discrimination for a long time, especially in the economic field. Ninety three percent of the female labor force is informal workers who earn less, and own fewer assets compared with their male counterparts. Since the COVID-19 pandemic, women's employment rate, percentage of people experiencing income loss, and the rate of employment recovery for women are worse than those of men, with the gender gap further increasing.



Source: Ashwini Deshpande, 2020. "The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment and Domestic Work in India," Working Papers 30, figure 12, Ashoka University¹⁵⁰

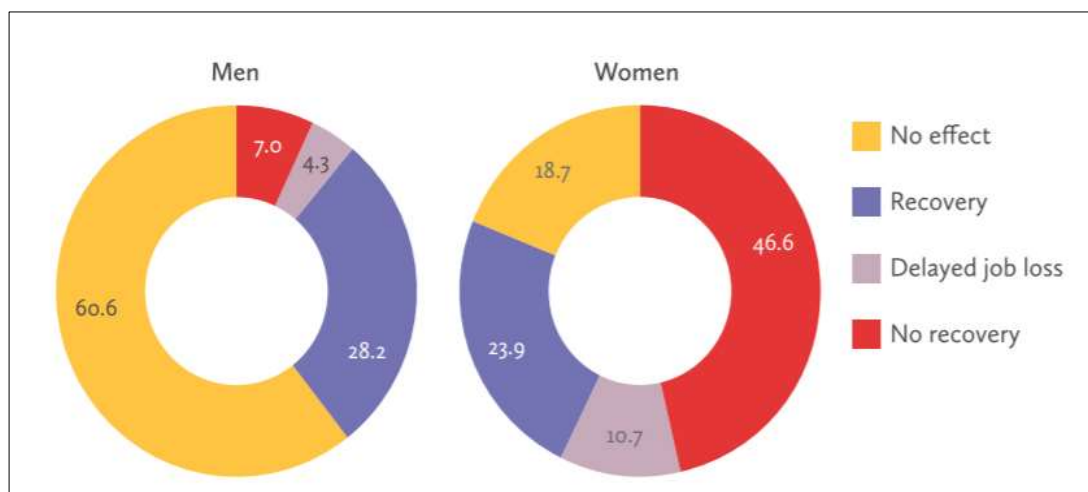
Figure 1-4: Change in Income by Gender and Month in India¹⁵⁰

Figure 1-4 shows the monthly income, gender, and type of residence in India.¹⁵⁰ A steep drop can be observed in April 2020, corresponding to the inception of the lockdown period. Further, the male-female income gap is clear, as is the rural urban gap for both sexes. For women, the income had reached less than a hundred rupees in April 2020, and it was close to no income for rural women. Therefore, women are assumed to be in a desperate situation.

According to Azim Premji University's State of Working India 2021,¹⁵¹ 60.6% of men remained in their jobs during the lockdown, and 28.2% recovered their jobs by December 2020. However, only 18.7% of women remained in their jobs during the lockdown, and 23.9% recovered their jobs by December 2020.

¹⁵⁰ Ashwini Deshpande, 2020. "The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment and Domestic Work in India," Working Papers 30, Ashoka University, Department of Economics

¹⁵¹ Azim Premji University (2021) State of Working India 2021: One year of Covid-19, Centre for Sustainable Employment, Azim Premji University, https://cse.azimpremjiversity.edu.in/wp-content/uploads/2021/05/SWI2021_May12.pdf



Source: Azim Premji University's "State of Working India 2021, p.21
Figure 1-5: Employment status of men and women in December 2020

(1) Women informal workers during COVID-19

93% of women in the labor force are informal workers, and they work under the following conditions:

- 1) Insecure and unstable wage or income
- 2) Dirty and unsafe working environment
- 3) Low productivity of work
- 4) Low bargaining power
- 5) Lack of access to formal financial services and training
- 6) Low coverage of social protection, and thus, vulnerable to injuries and sickness

During the COVID-19 pandemic, women informal workers were experiencing unemployment, loss of income, food shortages, and a lack of essential commodities.¹⁵² Although the government has implemented various social protection schemes, informal workers who did not have written contracts or those who were not members of unions found it difficult to benefit from these schemes. This was even more difficult for migrant workers.¹⁵³

1) Agricultural workers, construction workers, waste pickers, street vendors, home-based workers, and domestic workers

Daily wage workers in the agriculture and construction sectors, waste pickers, and domestic workers were negatively affected during the COVID-19 pandemic. Meanwhile, daily wage workers in the agriculture and construction sectors and home-based workers were negatively affected in rural areas.¹⁵⁴

The Institute of Social Studies Trust (ISST) conducted a study¹⁵⁵ on the situation of women who were construction

¹⁵² Combating the Second Covid Wave: Addressing Health Needs and Immediate Vulnerabilities, <https://www.mahilahousingtrust.org/our-work/covid-19/>; ActionAid (2020) COVID-19: A Gendered Dimension Impact on women's survival and safety <https://www.actionaidindia.org/wp-content/uploads/2021/02/COVID-19-A-Gendered-Dimension-1-eBook.pdf>

¹⁵³ National Human Rights Commission (2020) A Study on Social Security and Health Rights of Migrant Workers in India by John et al. https://nhrc.nic.in/sites/default/files/Approved_Health%20and%20social%20security%20ISMW_KDS-NHRC.pdf

¹⁵⁴ Dasgupta, J. & Mitra, S., 30 May 2020. A gender-responsive policy and fiscal response to the pandemic, *Economic & Political Weekly*, Vol. 5(22), Sapra I., 25 April 2020. Why don't we see the women? The untold story of Covid-19 migration, *Opinion, The Indian Express*

¹⁵⁵ ISST (2021) Women in the Indian Informal Economy, https://www.isstindia.org/publications/1615818165_pub_2_Women-in-the-Indian-Informal-

workers, waste pickers, street vendors, home-based workers, and domestic workers in April 2020 immediately after the lockdown. According to the results of the study, 83% experienced income loss, all who worked at construction sites lost their jobs, and 97% of the waste pickers had no income. Most of these women did not have any written contracts, and thus, were not eligible for any social protection.

Table 1-7 shows a comparison of the situation of agricultural workers, construction workers, waste pickers, street vendors, home-based workers, and domestic workers in the pre-COVID-19 era and during the pandemic.

Table 1-7: Situation of women informal workers before and during COVID-19 pandemic

| | Before COVID-19 pandemic | During COVID-19 pandemic |
|----------------------|--|---|
| Agricultural workers | <ul style="list-style-type: none"> - 75% of rural women workers are engaged in agriculture, but women's operational landholding is only 14% percent.¹⁵⁶ - According to the Agriculture Census, women perform labor-intensive tasks that generate a small amount of profit and are paid 20% less than the male counterparts. Women are more likely to be harassed by loan sharks and face risks of violence. | <ul style="list-style-type: none"> - Women were harassed by police when going to the markets to sell goods. - Women were not seen as agricultural workers. With no landholdings, many women were not registered as agricultural workers and were not eligible for social protection schemes for agricultural workers. |
| Construction workers | <ul style="list-style-type: none"> - Most women who work in construction sites perform simple tasks such as digging and carrying materials.¹⁵⁷ In many cases, they are not recognized as workers but accompanied to the male, so the payment is combined with the husband or male members of the family.¹⁵⁸ - It is stated in BOCW that there should be a day nursery if there are more than 50 women workers, but this provision is not enforced. | <ul style="list-style-type: none"> - There is the Building and Other Construction Workers Act 1996 (BOCW) fund for social protection, but women did not benefit because they were not registered, or their registration was out of date. |
| Waste pickers | <ul style="list-style-type: none"> - The proportion of women waste pickers varies depending on the state (90% of Pune's waste pickers are women). - Most of the waste pickers are illiterate, Dalits and the untouchables. - Women are pushed into picking waste that is not profitable compared with their male counterparts and their pay is lower than men despite they do the same work. | <ul style="list-style-type: none"> - Women waste pickers have been working without PPE. - Men are earning up to 70% of what they earned in the pre-COVID era, but the rate for women is 25%. |
| Street vendors | <ul style="list-style-type: none"> - There are about 300,000 to 500,000 street vendors in Delhi and 30% of them are women. Only 10-15% of street vendor belong to trade unions.¹⁵⁹ - Women street vendors have less access to loans compared with their male | <ul style="list-style-type: none"> - Violence and harassment by police asking for bribes increased during the lockdown. - Public transport decreased, and it was difficult to continue street vending. |

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¹⁵⁶ NITI Aayog (2020) India Voluntary National Review 2020,

https://sustainabledevelopment.un.org/content/documents/26281VNR_2020_India_Report.pdf

¹⁵⁷ Interview from a Union.

¹⁵⁸ Road map for developing a policy framework for the inclusion of internal migrant workers in India, ILO (2020)

https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_763352.pdf

¹⁵⁹ Hearle, C., S. Baden, and K. Kalsi (2019), Promoting economic empowerment for women in the informal economy - WOW Helpdesk Guidance No. 1, The Government of United Kingdom, p.46

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844320/Promoting-Economic-Empowerment-Women-Informal-Economy-Oct19.pdf

| | Before COVID-19 pandemic | During COVID-19 pandemic |
|--------------------|---|--|
| | counterparts. Thus, they tend to sell cheap products and face higher risks of theft and violence. | - Customers decreased because of the fear of contracting COVID-19. |
| Home-based workers | <ul style="list-style-type: none"> - Many perform piece-rate work from factories or middlepersons, and perform tasks such as stitching, embroidery, and assembling. - Most work without a contract so they are not eligible to the rights as laborers. | - 57% lost their income entirely and 33% experienced partial income loss. ¹⁶⁰ |
| Domestic workers | <ul style="list-style-type: none"> - It is estimated that there are 20 million to 90 million domestic workers in India,¹⁶¹ and most of them are women. - Domestic workers work inside buildings and houses. Thus, they are at high risk of being sexually harassed by not only their employers but the guards. - Many do not have a contract and therefore cannot benefit from social protection schemes. | <ul style="list-style-type: none"> - Work has increased due to more people spending time in the house but the wage remained the same. - Public transport decreased. Thus, they had to use other vehicles and the transportation cost became higher. - Some employers started using machines for cooking and washing from fear of contracting the virus. Therefore, both women workers' tasks and their wages decreased. |

Source: Compiled by survey team members from related document¹⁶²

2) Women Entrepreneurs

According to the Sixth Economic Census 2013–2014, among all entrepreneurs in India, women constitute 13.76% of the total entrepreneurs, and 83% have no employees except from themselves. A total of 34.3% were in agriculture, 17.8% in manufacturing, and 17.8% in retail.¹⁶³ Most of these female entrepreneurs have started up their enterprises not because of business aspirations, but because of the necessity to survive, and are concentrated in micro-level businesses.¹⁶⁴

One reason that women entrepreneurs are concentrated in micro-level businesses is because the social norm defines that the primary role of women is to be good mothers and wives; therefore, business is not prioritized. The challenges are more pronounced in terms of entrepreneurship as the degree of risk involved is higher. Women would need adequate access to finance, networking opportunities, technical skills, and support from the family to take over their expected roles as women in the household.¹⁶⁵

¹⁶⁰ ISST (2020) Emerging from the Lockdown: Insights from Women Home-Based Workers' Lives in Delhi, https://www.isstindia.org/publications/1610689985_pub_Final_Designed_Home-Based_Workers_Report.pdf

¹⁶¹ Sarkar and Agrawal (2021) Plight of domestic workers during COVID-19 pandemic, Mainstream, VOL LIX No 25, New Delhi, June 5, 2021, <https://mainstreamweekly.net/article10979.html> [Accessed: August 8, 2021]

¹⁶² FP Analytics (2021) Elevating Gender Equality in COVID-19 Economic Recovery, <https://genderequalitycovid19recovery.com/>; Three ways to contain COVID-19 impact on informal women workers, May 18 2020, <https://data.UNWomen.org/features/three-ways-contain-covid-19s-impact-informal-women-workers>; WIEGO (2020) Impact of public health measures on informal workers livelihoods and health, https://www.wiego.org/sites/default/files/resources/file/Impact_on_livelihoods_COVID-19_final_EN_0.pdf; Datta, A (2021) Emerging from the lockdown: Insights from women construction workers lives in Delhi, Institute of Social Studies Trust, https://www.isstindia.org/publications/1610689534_pub_Final_Designed_Construction_Workers_Report_compressed.pdf; Unni, J (2020)

Economic&Political Weekly, Vol. 55, Issue No. 51, 26 Dec, 2020, <https://www.epw.in/node/157757/pdf>; IWWAGE (2020) Mitigating the impacts of COVID-19 on India's women and girls through emergency cash transfers, https://iwwage.org/wp-content/uploads/2020/08/Policy_Note.pdf

¹⁶³ MOSPI (2016) Sixth Economic Census. 2013-14, <http://mospi.nic.in/all-india-report-sixth-economic-census> [Accessed: August 28, 2021]

¹⁶⁴ LEAD Krea University, IWWAGE (2021) Women Entrepreneurs as the powerhouse of recovery, https://www.indiaspend.com/uploads/2021/02/20/file_upload-417402.pdf; Women Run Fewer Than 13% Of India's Small Businesses. Here's Why, February 27 2021, <https://www.indiaspend.com/women-run-fewer-than-13-of-indias-small-businesses-heres-why-731610>, Women run fewer than 13% of India's MSMEs; inaccessibility of credit, govt schemes and now COVID are key hurdles, February 27 2021, <https://www.firstpost.com/india/women-run-fewer-than-13-of-indias-msmes-inaccessibility-of-credit-govt-schemes-and-now-covid-are-key-hurdles-9355541.html> [Accessed: June 23, 2021]; OECD (2015) Determinants of Female Entrepreneurship in India. Economics Department Working Papers. No 1191, ECO-WKP20159.pdf, GIZ (2019) An analysis of women entrepreneurship in India GIZ, http://private-sector-development.com/pdf/publication/20190729_An%20Analysis%20of%20Women%20entrepreneurship%20in%20India_full%20report.pdf

¹⁶⁵ Does the current entrepreneurial ecosystem in India allow women to thrive or simply survive?, August 27 2021, <https://www.businesstoday.in/opinion/columns/story/does-the-current-entrepreneurial-ecosystem-in-india-allow-women-to-thrive-or-simply-survive-305308-2021-08-27> [Accessed: October 10, 2021]

According to a study conducted in April, 33% of women entrepreneurs thought of closing their businesses, as opposed to only 18% of their male counterparts.¹⁶⁶ In another study conducted in May and June, 72% of women entrepreneurs did not have savings, while the percentage of male entrepreneurs was 19 points lower. Specifically, these studies reveal that COVID-19 has put women entrepreneurs in a difficult position.¹⁶⁷

(2) Women formal workers during COVID-19

Women in the labor force who are in formal employment are less than 10% and tend to be highly educated. According to the Annual Report Periodic Labour Force Survey 2018–2019, the worker population ratio (WPR) of all Indian women is 23.3%, whereas that of women who have completed “postgraduate and above” level of education is 35.5%, which is the highest of all categories. This implies that, although this cohort of women are small in numbers and the WPR remains low, the rate of women with high education, such as “postgraduate and above,” are participating more than the other types of women in the labor force.¹⁶⁸

Remote working is one of the changes brought about by COVID-19 in the work environment. Remote work made it possible to negotiate with clients online and has freed women from long hours of commuting and being sexually harassed. Moreover, some reports indicate that there is an increase in job opportunities for educated women in middle-to-senior positions in 2020.¹⁶⁹ Additionally, a survey conducted for 300 companies by JobsForHer found that women accounted for 43% of middle-to-senior management roles in 2020, an increase of more than 20 percentage points from the previous year. Ciel HR Services reported that the number of women actively looking for job opportunities for middle-to-senior positions has increased by 89% in 2021 when compared to 2020.¹⁷⁰

While positive signs are observed, some reports indicate that female professional workers were leaving their jobs due to an increase in household work caused by COVID-19.¹⁷¹ A survey conducted in November–December 2020 revealed that, among female professionals between the ages of 21 and 55 years working in IT, technology, banking, and finance sectors, 65% responded that their careers were negatively impacted by the pandemic, whereas 86% responded that their household responsibilities, such as unpaid care and domestic work, increased during the pandemic.¹⁷²

¹⁶⁶ The Aspen Network of Development Entrepreneurs (2020) COVID-19 Implications for Small and Growing Businesses: Emerging Evidence in India from the Entrepreneurial Ecosystem, https://cdn.ymaws.com/ande.site-ym.com/resource/resmgr/publications/ande_india_covid_brief_final.pdf; Women Informal Workers: Falling Through the Cracks in the Pandemic, February 14 2021, <https://thewire.in/women/women-informal-workers-covid-19-pandemic-employment> [Accessed: June 9, 2021]

¹⁶⁷ COVID-19: Assessing vulnerabilities faced by microenterprises, July 31 2020, <https://www.ideasforindia.in/topics/macro-economics/covid-19-assessing-vulnerabilities-faced-by-microenterprises.html> [Accessed: August 25, 2021]

¹⁶⁸ National Statistical Office (2020) Annual Report Periodic Labour Force Survey 2018-19, p.52, http://mospi.nic.in/sites/default/files/publication_reports/Annual_Report_PLFS_2018_19_HL.pdf

¹⁶⁹ It has taken a pandemic to crack the glass ceiling of India, July 20 2021, <https://edition.cnn.com/2021/07/19/economy/women-corporate-india-intl-hnk/index.html>; For Indian women jobseekers, COVID has been a mixed blessing, March 22 2021, <https://www.aljazeera.com/economy/2021/3/22/hold-for-indian-women-jobseekers-covid-has-been-a-mixed-blessing>; The Pandemic Is Creating an Opportunity to Bring More Women Into India's Workforce, August 11 2021, <https://time.com/6084354/remote-work-women-india-workforce/> [Accessed: September 1, 2021]

¹⁷⁰ It has taken a pandemic to crack the glass ceiling of India, July 19, 2021, <https://edition.cnn.com/2021/07/19/economy/women-corporate-india-intl-hnk/index.html> [Accessed: September 1, 2021]

¹⁷¹ How COVID-19 hit India's female professionals hardest, June 20 2021, <https://www.mid-day.com/sunday-mid-day/article/how-covid-19-pandemic-hit-indias-female-professionals-hardest-23179022> [Accessed: September 1, 2021]

¹⁷² 74 %professionals believe women were more negatively impacted by COVID-19: Survey, February 26 2021, <https://timesofindia.indiatimes.com/india/74-professionals-believe-women-were-more-negatively-impacted-by-covid-19-survey/articleshow/81232899.cms> [Accessed: September 1, 2021]

Studies show that women leave their jobs in both formal and informal sectors. As Indian women are often required to prioritize housework, particularly if they are married and have children, the process of women rejoining the economy is slow.¹⁷³

(3) Segments of women whose economic activities and livelihoods were negatively affected during the COVID-19 pandemic

1) Domestic migrant women

At the start of the lockdown, some migrants were not able to receive benefits from COVID-19 relief because their names were deleted from their place of origin and they were not registered in their new place and/or their identification was not linked with a bank account.¹⁷⁴ According to a study conducted by Azim Premji University, 31% of migrants could not benefit from food distribution because they did not have sufficient documents.¹⁷⁵ Meanwhile, migrants who were no longer able to pay rent had to walk long distances to return home to their original villages while being harassed by police and accused as a source of infection.¹⁷⁶

In particular, migrant women face a heightened risk and vulnerability. Most of them have migrated with their husbands and work in the informal sector as construction, domestic, and home-based workers and many belong to lower caste backgrounds.¹⁷⁷ Although many migrant women are working, they are invisible because they work at home as home-based workers or work as domestic workers in other people's households without a contract. Those who work in construction sites or farms also remain invisible. In agricultural and construction work, due to the jodi (couple) system wherein workers are hired as a couple (a man and a woman), only the man is recognized as a worker, and the woman is invisible.¹⁷⁸ In the jodi system, a woman worker is regarded as half of the men. Thus, she loses social protection and other benefits (e.g., insurance against accidents), and this has significant implications for women.¹⁷⁹

¹⁷³ Studies show women leaving jobs because of Covid challenges, November 8 2020, <https://timesofindia.indiatimes.com/home/sunday-times/studies-show-women-leaving-jobs-because-of-covid-challenges/articleshow/79102629.cms>, Why the pandemic recession hurts Indian women more, December 21 2020, <https://theprint.in/opinion/why-the-pandemic-recession-hurts-indian-women-more/570771> [Accessed: January 10, 2021] <https://www.financialexpress.com/opinion/where-are-women-in-indias-workforce-slipping-female-lfpr-is-worrying-trend/2208828/>; As India advances, women's work force participation plummets, May 15 2020, <https://www.strategy-business.com/blog/As-India-advances-womens-workforce-participation-plummets> [Accessed: August 25, 2021]

¹⁷⁴ Why millions cannot claim emergency food rations, 26 May 2020, <https://www.article-14.com/post/why-millions-of-indians-cannot-claim-emergency-food-rations> [Accessed: September 6, 2021], Irudaya Rajan, S., Sivakumar, P., & Srinivasan, A. (2020). The COVID-19 Pandemic and Internal Labour Migration in India: A 'Crisis of Mobility'. The Indian journal of labour economics: the quarterly journal of the Indian Society of Labour Economics, 1–19. Advance online publication. <https://doi.org/10.1007/s41027-020-00293-8>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7678601/> [Accessed: November 20, 2021]

¹⁷⁵ Azim Premji University (2021) State of Working India 2021: One year of Covid-19, Centre for Sustainable Employment, Azim Premji University, https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2021/05/SWI2021_May12.pdf, p.28

¹⁷⁶ Freedom United (2020) Exposing the hidden victims of COVID-19: demanding better protections for victims and communities vulnerable to modern slavery, May 2020, p. 12; Obokata (2020) Impact of the coronavirus disease pandemic on contemporary forms of slavery and slavery-like practices, Human Rights Council Forty-fifth session, <https://undocs.org/en/A/HRC/45/8>; ILO (2020) Road map for developing a policy framework for the inclusion of internal migrant workers in India, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_763352.pdf

¹⁷⁷ Arora, Majumder (2021) Where is my home?: Gendered precarity and the experience of COVID-19 among women migrant workers from Delhi and National Capital Region, India, Gender, Work and Organization, Volume28, IssueS2, Supplement: Feminist Frontiers, July 2021, pp.307-320, <https://onlinelibrary.wiley.com/doi/10.1111/gwao.12700>

¹⁷⁸ Srivastava, Roli (2020) India's 'Invisible' Women Hope for Recognition at Farmers Protests, Thomson Reuters Foundation, 16 December, <https://in.reuters.com/article/india-women-farmers/indias-invisible-women-hope-for-recognition-at-farmers-protests-idinl8n2iv4m5>; Jayaram, Nivedita, Priyanka Jain and Sangeeth Sujatha Sugathan (2019) No City for Migrant Women: Construction Workers' Experiences of Exclusion from Urban Governance and Discrimination in Labour Markets in Ahmedabad, Gender & Development, Vol 27, No 1, pp 85-104, <https://doi.org/10.1080/13552074.2019.1576308>

¹⁷⁹ https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_763352.pdf; ILO (2020) Road map for developing a policy framework for the inclusion of internal migrant workers in India, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_763352.pdf; Patel, V (2020) Gendered experiences of COVID-19: Women, Labour and Informal Sector, Economic&Political Weekly, Vol. 56, Issue No. 11, May 8, 2021, <https://www.epw.in/node/158091/pdf>

Regarding job losses due to COVID-19, construction workers are protected by the BOCW Fund. However, as most of women construction workers were not registered as construction workers, they were not able to benefit from the BOCW Fund.¹⁸⁰ As explained in the previous paragraph, the reason for them not being registered is because they are not recognized as a “worker.”¹⁸¹ Similarly, when the state of Maharashtra launched a cash transfer scheme for domestic workers in April 2021, many women could not benefit from the scheme because they were not registered and did not know about the scheme.¹⁸²

2) Elderly women

Most of the elderly who work are daily wage laborers and are negatively affected by COVID-19. The government had increased 11 Indian rupees per month to the 1,000 rupees monthly fund provided under the national social assistance program for the elderly, widows, and persons with disabilities. However, it only covers 20% of the entire elderly population.¹⁸³ Specifically, elderly women in poverty tend to be illiterate and have less access to information. As many of the social assistance scheme applications are conducted online, it has become more difficult for elderly women who are not digitally literate, and therefore, have to rely on others, making them prone to financial fraud.¹⁸⁴

1-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic

(1) Women workers are less recognized as “workers”

The FLFPR is quite low, and because many are concentrated in low-skill tasks, particularly women who are working as construction, agricultural, and home-based workers, domestic workers remain invisible. Given that they are not recognized as workers, they are not eligible for any types of social protection that a worker can benefit from. Additionally, as women are not regarded as breadwinners of a household, they are the first to be laid off.¹⁸⁵

Media also contributes to reinforcing the invisibility of female workers and gender stereotypes that impede women to be considered as workers. According to a study conducted by Population First that analyzes print news coverage between March and September 2020, only 4.8% of the 6,110 news stories are related to women and/or gender issues.¹⁸⁶ The study revealed that print publications often took up stories of male migrant workers and women were only featured as wives, although women migrants also work. The study also found that one area where the media consistently acknowledged women as professionals was healthcare and essential care workers. The study conducted by Population First¹⁸⁷ revealed that the media is reinforcing gender stereotypes and making other working women who are not working in the care sector invisible.

¹⁸⁰ Overcoming Precarity: How Informal Women Workers Coped During COVID-19, *Economic&Political Weekly*, Vol. 56, Issue No. 19, 08 May 2021, <https://www.epw.in/engage/article/overcoming-precarity-how-informal-women-workers>

¹⁸¹ ILO (2020) Road map for developing a policy framework for the inclusion of internal migrant workers in India, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_763352.pdf, Patel, V (2020) Gendered experiences of COVID-19: Women, Labour and Informal Sector, *Economic&Political Weekly*, Vol. 56, Issue No. 11, May 8, 2021, <https://www.epw.in/node/158091/pdf>

¹⁸² India’s gendered digital divide: How the absence of digital access is leaving women behind, August 22 2021, <https://www.orfonline.org/expert-speak/indias-gendered-digital-divide/>

¹⁸³ Caring for India’s elderly during COVID-19, May 19, 2020, <https://pursuit.unimelb.edu.au/articles/caring-for-india-s-elderly-during-covid-19> [Accessed: May 30, 2021]

¹⁸⁴ From interview with HelpAge India

¹⁸⁵ As India advances, women’s work force participation plummets, May 15 2020, <https://www.strategy-business.com/blog/As-India-advances-womens-workforce-participation-plummets> [Accessed: August 25, 2021]

¹⁸⁶ Population First and Network of Women in Media India (2021) An analysis of Print Media (March-September 2020) with support from UNFPA and the Royal Norwegian Embassy in India, http://populationfirst.org/wp-content/uploads/2021/06/NWMI-report-2020_Final.pdf

¹⁸⁷ Population First and Network of Women in Media India (2021) An analysis of Print Media (March-September 2020) with support from UNFPA

(2) Women cannot participate in economic activities due to an increase in unpaid care and domestic work

The pandemic brought more unpaid care and domestic work to women because more children and adults were spending longer hours at home due to school and workplace closures and job loss. According to a study conducted by ISST on women informal workers during COVID-19, 66% responded that the time spent on childcare increased, 59% responded that the time spent on cooking and cleaning increased, and 9% responded that the time for fetching water and collecting firewood increased. Forty percent responded that nobody helped them, while 35% replied that either their daughter or daughter-in-law helped them.¹⁸⁸

Moreover, the pandemic brought more gendered responsibilities to women, such as having to take care of COVID-19-affected family members and tending to their needs. They were expected to perform traditional gender roles and be a “good mother,” “good daughter,” or “good wife.”

The increase in unpaid care and domestic work impeded women, both formal and informal workers, to work outside and earn (Figure 1-5). The recovery of women who used to be in the labor market is slow.

(3) Decrease of safe public transport impedes women’s economic participation

Women’s mobility was restricted long before the COVID-19 outbreak due to social norms and the lack of safe transportation facilities. During the pandemic, the number of public transports has decreased, and accessing markets and workplaces became difficult for women. Moreover, less public transport increased the risk of sexual harassment and violence against women. Therefore, limited public transport impeded women’s economic participation.

(4) Many women are not registered as workers and, therefore, cannot benefit from social protection and financial services provided for workers

During the COVID-19 pandemic, cash transfers were provided for agricultural and construction workers. However, because women were not registered or/and were not members of trade unions or/and not possessing written contracts, many were not able to benefit from any of the social protection schemes.

Even before the pandemic, women did not have assets such as land; therefore, they have difficulty accessing formal financial services. During COVID-19, in addition to non-registration issues, they have had less access to information, and thus, did not know if there were schemes that they could benefit from. In fact, among 800 women entrepreneurs in the handloom and handicraft sectors in Rajasthan and Tamil Nadu, only 37.4% had their businesses registered.

and the Royal Norwegian Embassy in India, http://populationfirst.org/wp-content/uploads/2021/06/NWMI-report-2020_Final.pdf

¹⁸⁸ Chakravorty (2020) COVID-19 and Women Informal Sector Workers in India, Economic & Political Weekly EPW AUGUST 29, 2020 vol IV no 35 Women Informal Workers: Falling Through the Cracks in the Pandemic, February 14 2021, https://www.isstindia.org/pdf/1600241417_small_Com_ShineyChakraborty_29August2020_Pages_17-21.pdf; Women Informal Workers: Falling Through the Cracks in the Pandemic, February 14 2021, <https://thewire.in/women/women-informal-workers-covid-19-pandemic-employment> [Accessed: November 15, 2021]

(5) Digital illiteracy is hampering women's economic participation

Some women were not able to benefit from the social protection scheme due to low digital literacy, which coincides with low income. Many women in poverty do not own smartphones, and thus, have difficulty accessing market information. Moreover, they find it difficult to sell products online, which further impoverishes them.¹⁸⁹

(6) Deeply rooted social norms and gender stereotypes that enforce gender inequality

Social norms that define women's primary role as a "good mother," "good daughter," or "good wife" expect that women and girls are responsible to take care of their family members and manage the household. Additionally, family status is linked to women staying at home for some families.¹⁹⁰ This value also applies to highly educated women, thus, impeding women's economic participation.¹⁹¹

As social norms and gender stereotypes put men as breadwinners of the family, women are thought to be subsidiaries of men. Therefore, women receive lower wages although they perform the same work as men, and posts for formal employment are less than their male counterparts. Moreover, gender-friendly infrastructure (e.g., women toilets, safe means of transport, and creches) that can help women work is lacking. Women are not registered as workers in farms and construction sites, do not possess written contracts, are not members of trade unions, and are therefore, not eligible to receive social protection. Additionally, they had to shoulder most household work that increased due to COVID-19.

The government has enacted laws to establish creches, provide maternity leave, and prohibit sexual harassment in the workplace. However, if traditional social norms and gender stereotypes are not modified, women will continue working remaining invisible without recognition, unable to benefit from any protection, and shouldering unpaid care and domestic work at home.

1-4-3. Response Measures to Enhancing Economic activities during the COVID-19 pandemic

Governments, development partners, trade unions, and private companies have taken measures to respond to the impact of COVID-19, which has negatively influenced the economic activities of women. Table 1-8 summarizes the activities undertaken in the areas of social protection, employment, income generation, entrepreneurship, and financial inclusion.

Table 1-8: Response measures taken for enhancing economic activities for women

| Area | Measure/activity | Agency |
|-------------------|---|--|
| Social protection | - Cash and in-kind transfer programs - Dissemination of information on social protection programs and assisting the people in applying to those programs | Government UN, NGOs |
| Employment | - Promoting employment through MGNREGA | Government (Ministry of Rural Development) |

¹⁸⁹ Digital discrimination against women in India is real. Here's how it can be fixed, August 24, 2021, <https://www.news18.com/news/opinion/digital-discrimination-against-women-in-india-is-real-heres-how-it-can-be-fixed-4121957.html>

¹⁹⁰ ILO (2014) Why is female labour force participation declining so sharply in India? / Steven Kapsos, Evangelia Bourmpoula, Andrea Silberman, https://ilo.userservices.exlibrisgroup.com/discovery/delivery/41ILO_INST:41ILO_V2/1245308160002676

¹⁹¹ Where are women in India's workforce? Slipping female LFPR is worrying trend, March 9 2021, <https://www.financialexpress.com/opinion/where-are-women-in-indias-workforce-slipping-female-lfpr-is-worrying-trend/2208828/>; Where are India's working women?, October 14 2019, <https://timesofindia.indiatimes.com/blogs/irrational-economics/where-are-indias-working-women/>

| | | |
|--|---|---|
| Income generation and entrepreneurship | <ul style="list-style-type: none"> - Nurturing women entrepreneurs - Subcontracting SHGs for mask making, community kitchen, etc. - Assisting on transforming to online business | Government (Ministry of Rural Development), international organizations, UN, NGOs, trade union, private companies |
| Financial inclusion | <ul style="list-style-type: none"> - Low interest loans to SHGs and member of SHGs | Government, trade unions, international organizations |

(1) Measures taken by the government during COVID-19

1) Enhancing social protection

a) Cash-transfer programs

- For women in poverty

An amount of 500 Indian rupees were transferred for women who had PMJDY accounts for 3 months.¹⁹² The number of women holding PMJDY accounts were 250 million as of April 2020. However, there are 326 million women who are in poverty, indicating that almost one third of women in poverty were not covered.¹⁹³

- For the elderly, widow, and disabled

1,000 rupees were provided for 3 months for those under the National Social Assistance Program.¹⁹⁴

- For small and marginal farmers

Cash transfers were made for those who were registered under the PM-KISAN scheme, which was introduced to augment the source of income of small and marginal farmers by supplementing them financially in procuring various inputs to ensure proper crop health and appropriate yields. These women accounted for only 24% of those registered in the scheme.¹⁹⁵

- For construction workers

Transfers were made from the Building and Construction Workers Fund. However, it was reported that only 70% of 50 million construction workers were registered. In the case of Delhi, only 24% of workers received funds, so it could be assumed that most of women construction workers could not receive the fund.¹⁹⁶

b) In-kind transfer programs

- Food distribution

The government decreased the price of wheat and rice¹⁹⁷ and distributed food to ration card holders of the Public Distribution Scheme for three months. However, 700 million women in poverty could not receive food because they did not have ration cards.¹⁹⁸ In some states, unregistered migrants

¹⁹² Ministry of Finance: Key Highlights of Economic Survey 2020-21, <https://pib.gov.in/PressReleasePage.aspx?PRID=1693231> (30 May 2021)

¹⁹³ Pande R. et al (2020) A Majority of India's Poor Women May Miss COVID-19 PMJDY Cash Transfers, Yale, <https://egc.yale.edu/sites/default/files/COVID%20Brief.pdf>

¹⁹⁴ Ministry of Finance: Key Highlights of Economic Survey 2020-21, <https://pib.gov.in/PressReleasePage.aspx?PRID=1693231> (30 May 2021)

¹⁹⁵ PM-Kisan beneficiary data gives opportunity to examine the situation of farmers, November 30 2020, <http://www.rtfoundationofindia.com/pm-kisan-beneficiary-data-gives-opportunity-examin#.YYJnkmBBw2w> [Accessed: October 31, 2021]

¹⁹⁶ Gayatri Divecha and Pooja Lapasia (2020) Getting India's Construction Workers Their Entitlements, India Development Review, <https://idronline.org/getting-construction-workers-their-entitlements/>, from interview to labor unions

¹⁹⁷ India Launches the Biggest Food Ration Subsidy Scheme in the World Amid Coronavirus Lockdown, March 29, 2020, <https://www.grainmart.in/news/india-launches-the-biggest-food-ration-subsidy-scheme-in-the-world-amid-coronavirus-lockdown/> [Accessed: January 17, 2021]

¹⁹⁸ Many of India's Poor Women May Miss COVID-19 PMJDY Cash Transfers, May 12 2020, <https://medium.com/center-for-effective-global-action/many-of-indias-poor-women-may-miss-covid-19-pmjdy-cash-transfers-af83da03b7b3> [Accessed: January 17, 2021]

were not able to receive food rations.¹⁹⁹ In the cities of Ahmedabad and Delhi, migrants who had their ration cards registered in their hometowns were not able to access food relief.²⁰⁰ The government responded to this challenge by introducing the “One Nation One Ration” scheme, aiming to enable migrants to receive food rations regardless to their residential area. By March 2021, the scheme was implemented in 17 states.²⁰¹

- Provision of cooking gas cylinders

Cooking gas cylinders have been provided free of cost for 3 months for women who benefit from the Pradhan Mantri Ujjwala Yojana Scheme that distributes gas connections to women who belong to households under the poverty line.²⁰²

c) Other types of livelihood support

- Support to the elderly

The NCW constituted a taskforce to help the elderly or those in need during the lockdown. The NCW, in collaboration with the police and nongovernmental organizations (NGOs), opened an online account. They responded to 140 requests and procured and delivered food and medicine during the lockdown.²⁰³

- Support for domestic migrant women

The NCW issued an advisory in April 2020 to address the essential needs of domestic migrant women. The advisory proposed guidelines related to food, health, hygiene, shelter, and safety for migrant women during the lockdown.²⁰⁴ However, many relief camps for migrants were unhygienic, lacked food, and lacked separate toilets for women, and there was no privacy or protection available for women.²⁰⁵

2) Expanding employment opportunities

MGNREGA is a public work scheme that aims to enhance livelihood security by providing employment to households in rural areas. It has raised its daily wage from 182 rupees to 202 rupees during the COVID-19 pandemic.²⁰⁶

MGNREGA became a popular opportunity for migrant workers who returned home after losing their jobs in cities,²⁰⁷ and the number of beneficiaries increased by 43% compared to the pre-pandemic era. However,

¹⁹⁹ *ibid.*

²⁰⁰ WIEGO (2020) Informal Workers and the Social Protection Response to COVID-19: Who got relief? How? And did it make a difference?, <https://www.wiego.org/sites/default/files/publications/file/Alfers%20workers%20COVID19%20social%20protection%20policy%20insight%202%20Dec%202020.pdf>

²⁰¹ Ministry of Finance, 17 States implement One Nation One Ration Card System Get additional borrowing of Rs. 37,600 crore, March 11, 2021, <https://pib.gov.in/PressReleasePage.aspx?PRID=1704063> [Accessed: June 23, 2021]

²⁰² Ujjwala beneficiaries can get free domestic cooking gas cylinder till September, July 8 2020, <https://www.livemint.com/politics/policy/ujjwala-beneficiaries-can-get-free-domestic-cooking-gas-cylinder-till-september-11594208731651.html>; Pradhan Mantri Ujjwala Yojana (PMUY) , May 1 2016, <https://www.bankbazaar.com/gas-connection/pradhan-mantri-ujjwala-yojana-scheme.html> [Accessed: June 23, 2021]

²⁰³ National Commission for Women (2021) Accomplishment and initiatives of National Commission for Women 2017 – 21, p.94, <http://ncw.nic.in/sites/default/files/NWC20172021.pdf>

²⁰⁴ *ibid.*

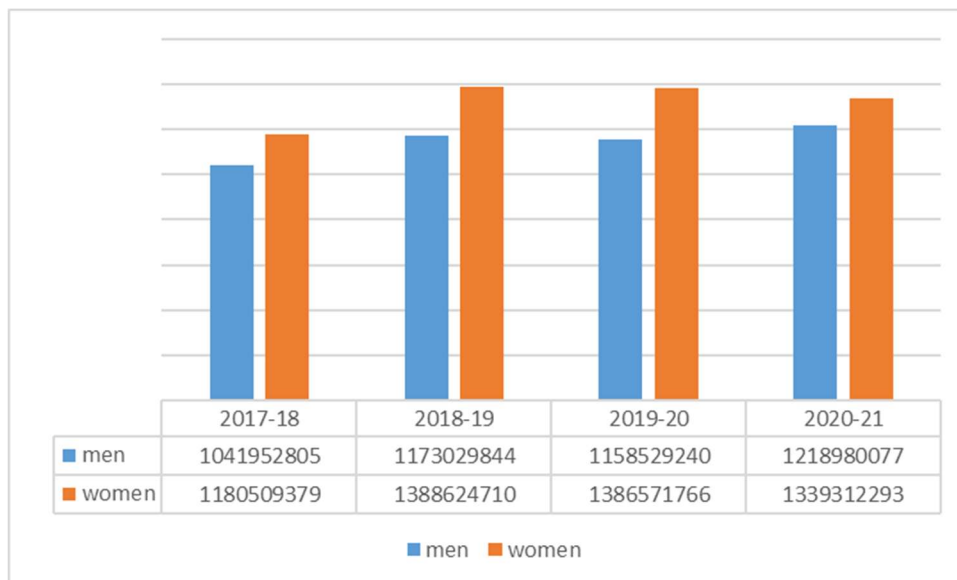
²⁰⁵ Jesline, J., Romate, J., Rajkumar, E. et al. (2021) The plight of migrants during COVID-19 and the impact of circular migration in India: a systematic review. *Humanit Soc Sci Commun* 8, 231, <https://doi.org/10.1057/s41599-021-00915-6>

²⁰⁶ Pradhan Mantri Garib Kalyan Yojana (PMGKY) 2021 Complete Details & FAQ's <https://sarkariyojana.com/pm-garib-kalyan-yojana/> [Accessed: December 5, 2021], Ministry of Finance: Key Highlights of Economic Survey 2020-21, 29 January 2021, <https://pib.gov.in/PressReleasePage.aspx?PRID=1693231> (30 May 2021)

²⁰⁷ After low-income women lose their jobs in the COVID-19 economy, what happens to them?,

<https://ww2.gatesfoundation.org/Ideas/Articles/coronavirus-economic-impact-women> [Accessed: January 17, 2021]

approximately 55% of people are demanding to join MNREGA, but are unable to participate 6 months after the lockdown.²⁰⁸ There used to be more women participating in the scheme before the outbreak of the pandemic. However, due to male migrants returning home, there was a 5% increase in male participants, and a 3% decrease in female participants when compared with years 2019–2020 and 2020–2021.²⁰⁹



Source: Women and Work: How India Fared 2020, p.6

Figure 1-6: Working days of women and men in MGNREGA from 2017 to 2021

3) Enhancing capacities for income generation and entrepreneurship

- NITI Aayog established the Women Entrepreneurship Platform (WEP) in 2018 to nurture women entrepreneurs. WEP supports startups, financing, access to financial services, mentoring, and networking to enhance the capabilities of women entrepreneurs.²¹⁰ During COVID-19, WEP linked companies that could provide materials to self-help groups (SHGs) to produce masks.²¹¹
- The Ministry of Rural Development set up “Saras Collection” on the Government e-Marketplace (GeM) in May 2020 so that SHGs can sell their products online. Thus far, handicrafts, handwoven cloth, office goods, food, beauty, and sanitary products have been sold online. It is expected that SHGs would be able to access government buyers without intermediaries in the supply chain, thus, ensuring better prices for SHGs and generating employment opportunities at the local level.²¹²
- The National Rural Livelihood Mission supported SHGs to produce and sell more than 100 million

²⁰⁸ Azim Premji University (2021) State of Working India 2021: One year of Covid-19, Centre for Sustainable Employment, Azim Premji University, p.28, https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2021/05/SWI2021_May12.pdf

²⁰⁹ <https://ww2.gatesfoundation.org/Ideas/Articles/coronavirus-economic-impact-women> [Accessed: December 5, 2021], Women participation in MGNREGA declines to five year low in 2020-21: Rural Development Ministry, March 23 2021, <https://economictimes.indiatimes.com/jobs/women-participation-in-mgnrega-declines-to-five-year-low-in-2020-21-rural-development-ministry/articleshow/81648633.cms?from=mdr> [Accessed: August 20, 2021], IWwAGE (2021) Women and Work: How India Fared 2020, p.6, <https://iwwage.org/wp-content/uploads/2021/01/Women-and-Work.pdf>

²¹⁰ The Women Entrepreneurship Platform, <https://wep.gov.in/>

²¹¹ NITI Aayog (2020) Atthniti Newsletter July 2020, https://niti.gov.in/sites/default/files/2020-08/Arthniti_Newsletterjuly2020.pdf?fbclid=IwAR2B0q5AIVj-3g91BndI6_w1shQTvXA4VoFVojRqaF4XMEoO1mGSZAddUo4

²¹² Coronavirus Lockdown: Rural self-help groups to list products on Govt e-Marketplace portal for government buyers, May 4 2020, <https://www.deccanherald.com/business/economy-business/coronavirus-lockdown-rural-self-help-groups-to-list-products-on-govt-e-marketplace-portal-for-government-buyers-833395.html>, Saras collection, May 5 2020, <https://www.drishtias.com/daily-updates/daily-news-analysis/saras-collection> [Accessed: January 25, 2021]

masks and PPE.²¹³

4) Promoting financial inclusion

- COVID SAHAYA Loan was launched to meet the emergent needs of SHG members due to the COVID-19 pandemic.²¹⁴ The loan was available for SHGs with satisfactory track records and for those who availed a minimum of two doses of credit.²¹⁵ The maximum amount of loan per SHG member is 5,000 rupees, and the maximum loan per group is 100,000 rupees.²¹⁶ Security deposit is not required to avail the loan, and SHGs can apply for COVID SHG SAHAYA Loan even if there is outstanding balance in the existing SHG loan and the repayment period is 3 years.²¹⁷ However, it has been reported that loans were not known to many, and few SHGs availed loans.²¹⁸
- Under the National Rural Livelihood Mission (NRLM), women SHGs will be able to avail collateral-free loans of up to 2 million rupees.²¹⁹

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) Enhancing social protection

- Development partners and NGOs distributed masks, disinfectants, food, essential goods, and provided information on social protection schemes and assisted in the registration process, including online registration.
- Organizations for women's rights, such as the Self-Employed Women's Association (SEWA), provided "stay at home kits" of dry rations and home essentials for daily wage earners, produced PPE for healthcare workers, and distributed fresh food for homeless people, migrant families, and those living in slums.

2) Enhancing capacities for income generation and entrepreneurship

- The German Federal Enterprise for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit: GIZ) and the Ministry of Skill Development and Entrepreneurship have been implementing a project to enhance women's entrepreneurship and support business startups since 2018.²²⁰ During COVID-19, GIZ set up helplines to provide mentorship to continue their businesses and provide counselling on mental health. It also provided financial support to entrepreneurs so that they could maintain their businesses.²²¹
- FPAI, SEWA, and other NGOs supported SHGs and home-based workers to produce masks to generate income.²²²

²¹³ Ministry of Rural Development (2020) COVID-19 Response by Women SHG Warriors, https://aajeevika.gov.in/sites/default/files/nrlp_repository/COVID-19%20Response%20by%20Women%20SHG%20Warriors.pdf

²¹⁴ Indian Bank (2020) FAQs for IND COVID SHG SAHAYA LOAN <https://indianbank.in/wp-content/uploads/2020/03/Click-here-for-FAQs-about-IND-COVID-SHG-SAHAYA-LOAN.pdf> [Accessed: September 5, 2021]

²¹⁵ *ibid.*

²¹⁶ *ibid.*

²¹⁷ *ibid.*

²¹⁸ FP Analytics (2021) Elevating Gender Equality in COVID 19 Economic Recovery, [Elevating-Gender-Equality-in-COVID-19-Economic-Recovery.pdf](#), p.17

²¹⁹ Enhancement of collateral free loans to Self Help Groups (SHGs) under DAY-NRLM from ₹10 lakh to ₹20 Lakh, August 9 2021, <https://www.rbi.org.in/Scripts/NotificationUser.aspx?Id=12143&Mode=0>

²²⁰ Empowering women to become entrepreneurs, March 2021, <https://www.giz.de/en/worldwide/75649.html> [Accessed: August 25, 2021], Incubation and Acceleration Programme for Women Entrepreneurs – Impact Report, Cohort 1 2019-2020, <https://www.giz.de/en/downloads/giz2021-incubation-and-acceleration.pdf>

²²¹ Interview with GIZ

²²² SEWA report and appeal, <https://www.sewa.org/reports-appeal/>, SEWA is working to alleviate devastating impact of COVID 19 on informal and

- SEWA Bharat supported women entrepreneurs to sell products online by training their members on how to use the Internet, negotiate with clients, and receive payments online. The positive aspect of online business was that there was no need for intermediaries, thus, enabling women to generate more profits. However, online business can only benefit those who can read English because most of the Internet content is in English, and formal documents need to be submitted when partnering with large online companies.²²³
- The Mann Deshi Foundation distributed smartphones for women who could not afford them and established an online platform where women could sell their products.²²⁴
- Digital Green established a digital platform where buyers can see what products are available on the website and contact the farmers directly. It aimed to support small-scale farmers who were not able to access the market during the lockdown. However, only a few women could benefit from this because many do not have access to the Internet.²²⁵

(3) Measures taken by trade union and private companies during COVID-19

1) Social protection

- All India Trade Union Congress, National Association of Street Vendors of India (NASVI), and SEWA explained the available social schemes to their members and supported them in the registration and application processes.²²⁶ Additionally, these unions and associations negotiated with the government to provide social protection to women who were construction workers, home-based workers, domestic workers, and street vendors.²²⁷ For example, the SEWA Cooperative Federation negotiated full salary payments for all workers in the Homecare (domestic worker) Cooperative for March 2020 and encouraged employers to continue payments for April 2020.²²⁸

2) Enhancing capacities for income generation and entrepreneurship

- The Indian Trade Union Congress established an online system allowing female members with cooking skills to procure ingredients, receive orders, and have their products delivered to help them generate income.²²⁹
- Flipkart, Amazon, and Indiamart partnered with trade unions and NGOs to train women SHGs and women entrepreneurs to enhance digital literacy and marketing skills to enable them to sell their products online and explore new business markets.²³⁰ NASVI has connected female street vendors to big online

migrant workers in India, April 14 2020, https://www.icmif.org/news_story/sewa-is-working-to-alleviate-devastating-impact-of-covid, SEWA & COVID 19: A HOLISTIC RESPONSE, <https://www.wiego.org/sites/default/files/resources/file/SEWA-Response-to-COVID-19-November-13-2020.pdf> [Accessed: March 9, 2021], from interview to FPAI; ISST (2020) Emerging from the Lockdown: Insights from Women Home-Based Workers' Lives in Delhi, https://www.isstindia.org/publications/1610689985_pub_Final_Designed_Home-Based_Workers_Report.pdf

²²³ Interview to SEWA Bharat

²²⁴ 'Lifeline' tech helps poor rural women get through India's COVID-19 crisis, June 22 2021, <https://jp.reuters.com/article/us-health-coronavirus-india-women/lifeline-tech-helps-poor-rural-women-get-through-indias-covid-19-crisis-idUSKCN2DY0U2>; Mandeshie Bazaar: Empowering Women. Transforming Lives, <http://mandeshiebazaar.com/> [Accessed: June 25, 2021]

²²⁵ Interview to Digital Green

²²⁶ SEWA International (2020) Corona Virus Response: Serving the needy and migrant workers, Coping with COVID-19: SEWA's Domestic Workers on the Pandemic and Beyond, <https://www.wiego.org/blog/coping-covid-19-sewas-domestic-workers-pandemic-and-beyond> [Accessed: December 15, 2021] interview to AITU

²²⁷ *ibid.*

²²⁸ SEWA & COVID 19: A HOLISTIC RESPONSE, <https://www.wiego.org/sites/default/files/resources/file/SEWA-Response-to-COVID-19-November-13-2020.pdf>

²²⁹ Interview to All India Trade Union Congress

²³⁰ IWWAGE (2020) Women Entrepreneurs as the Powerhouse of Recovery, https://www.indiaspend.com/uploads/2021/02/20/file_upload-417402.pdf, Mahila Vitta Evam Vikas Nigam, Interview to NASVI

enterprises to enable female street vendors to sell their products online. Amazon established a website together with Maharashtra's Rural Livelihood Mission so that women SHGs can sell masks online.

- Gujarat's Human Development and Research Centre rented smartphones to women and conducted skill development training sessions online so these women could generate income.²³¹
- Mastercard partnered with USAID to increase revenue streams and expand financial inclusion and digital payment adoption of small shops owned or operated by women.²³²
- SEWA has conducted training sessions to their members on digital technology, so women do not get left behind.

3) Promoting financial inclusion

- SEWA bank supported women by providing loan payment plans, which included taking new loans and training on the use of online financial services.²³³
- NASVI conducted training on loans and encouraged their members to take low-interest loans, trained them on how to apply online, and negotiated with banks so that street vendors can access loans.²³⁴

1-4-4. Gaps in Response to Economic Activities and Livelihoods

(1) Women are not fully benefitting from social protection schemes

The government launched various schemes for women to further alleviate poverty. However, many women could not benefit from these schemes as their IDs were not linked with their mobile phone numbers and bank accounts. However, many women were unable to benefit despite being eligible due to lack of access to information, knowledge, and digital literacy. Moreover, many women were unable to benefit from social protection schemes for workers as they were not registered as workers. This happens as women are not recognized as workers and remain invisible although they are working.

The media also reinforces the invisibility of female workers and gender stereotypes impeding women perceived as workers. A study conducted by Population First revealed that only 4.8% of the 6,110 news stories during the COVID-19 pandemic had anything of significance regarding women and/or gender issues. Moreover, only healthcare and essential care workers were depicted as female professionals,²³⁵ reproducing gender stereotypes. Therefore, the various gender imbalances and gaps in the media must be addressed, and the media must be transformed to promote gender equality.

(2) Labor laws protecting workers are suspended

Women in India have been facing disadvantages and discrimination in all spheres of life, which is the same for economic activities. Additionally, the pandemic has widened the gender gap, particularly in terms of economic

²³¹ India's gendered digital divide: How the absence of digital access is leaving women behind, August 22, 2021, <https://www.orfonline.org/expert-speak/indias-gendered-digital-divide/>

²³² Mastercard and USAID partner to launch Project Kirana, November 19 2020, <https://www.mastercard.com/news/ap/en/newsroom/press-releases/en/2020/november/mastercard-and-usaid-partner-to-launch-project-kirana/> [Accessed: October 21, 2021]

²³³ SEWA reports and appeal, <https://www.sewa.org/reports-appeal/>; SEWA is working to alleviate devastating impact of COVID 19 on informal and migrant workers in India, April 14 2020, https://www.icmif.org/news_story/sewa-is-working-to-alleviate-devastating-impact-of-covid [Accessed: March 9, 2021]

²³⁴ From interview.

²³⁵ Population First and Network of Women in Media India (2021) An analysis of Print Media (March-September 2020) with support from UNFPA and the Royal Norwegian Embassy in India, http://populationfirst.org/wp-content/uploads/2021/06/NWMI-report-2020_Final.pdf

participation. Women's proportion of unemployment and recovery rate are worse than those of men.

Prolonged economic stagnation is seeing changes in labor, which could disproportionately harm women. For example, Uttar Pradesh suspended laws such as the Minimum Wages Act, Maternity Benefit Act, and Equal Remuneration Act.²³⁶ The suspension of labor laws protecting women could push even more women out of the workforce as employers may extend work hours, pay women less, and reduce women's mobility by removing safety measures.²³⁷ Moreover, those without written contracts were not able to exercise their legal rights and entitlements under labor laws related to wages, social security, and leaves. Among the population, 71% of women are informal workers living in urban areas, and 58% are informal workers living in rural areas with no written contract²³⁸; therefore, further repercussions may exist for female workers.

(3) Accelerating access to digital technology and enhancing digital literacy skills are needed

Women's economic empowerment is important for women to improve their health, have a voice in decision-making, and gain security free from violence. The following is what is needed for women to participate in economic activities:

- 1) Knowledge and skills
- 2) Access to information, markets, and financial services
- 3) Environment free from harassment and violence
- 4) Alleviation from a heavy load of unpaid care and domestic work

While the abovementioned aspects were needed even before the pandemic, both 1) and 2) are now driven by digital technology. Basically, without digital literacy and access to digital technology, obtaining knowledge, skills, information, access to markets, and financial services is impossible.

The government and other organizations have taken measures in this regard, but support on digital technology has only benefitted a small portion of women. More support is needed to facilitate access to digital technologies and enhance women's digital literacy.

(4) Investments in gender-friendly infrastructure to secure women's safety and mitigate women's burden on unpaid care and domestic work are extremely limited

Under the COVID-19 pandemic, violence and sexual harassment have increased owing to a decrease in public transport. Moreover, increase in unpaid care and domestic work has fallen on women's shoulders and impedes women's economic participation. However, measures investing in a gender-friendly infrastructure for addressing these challenges are extremely limited.

²³⁶ Women Left Behind: India's Falling Female Labor Participation, July 31, 2020, <https://thediplotmat.com/2020/07/women-left-behind-indias-falling-female-labor-participation/> [Accessed: July 8, 2021]

²³⁷ *ibid.*

²³⁸ IWWAGE, LEAD Krea University (2020) Women and Work: How India fared in 2020, <https://iwwage.org/wp-content/uploads/2021/01/Women-and-Work.pdf>

1-5. Education

India launched Sarva Shiksha Abhiyan (SSA) in 2000 to implement universal elementary education and amended the constitution in 2002 stating that the states shall provide free and compulsory education to all children of the age of 6 to 14 years. After 10 years of enactment of the Right of Children to Free and Compulsory Education (RTE) Act in 2009, gross enrolment ratio (GER) reached 91.6% and dropout rate fell to 2.7%.²³⁹

As shown in Table 1-9, enrolment in all levels of education is higher for girls than boys but, the completion rate for boys are higher than girls for secondary and tertiary education.

Table 1-9 : Enrolment and completion rate of boys and girls on level of education

| Education level | girls | boys |
|--|------------|------------|
| Primary education enrolment rate/completion rate | 93.0%/ 91% | 91.6%/ 92% |
| Secondary education enrolment rate/completion rate | 62.4%/ 79% | 60.9%/ 82% |
| Tertiary education enrolment rate/completion rate | 29.1%/ 40% | 27.2%/ 46% |

Source : World Economic Forum (2021) Global Gender Gap Report 2021 (enrolment rate)
Global Education Monitoring Report and UNESCO Institute for Statistics (completion rate)²⁴⁰

While the enrolment rate for girls in all levels of education is higher than boys, sex ratio at birth (SRB) is 899 girls to 1,000 boys.²⁴¹ The reason for the skewed SRB is that there is a strong son preference. Sons are raised to continue the family line and protect the family while girls will leave the natal family when they get married. Moreover, the natal family must prepare dowry which brings financial burden. Therefore, it is most likely that sons are treated better in the house in terms of nutrition, access to health services and education.

To tackle the issue of declining SRB of girls and discrimination of the girl child, the government launched a campaign “Beti Bachao Beti Padhao (Save the girl child, educate the girl child)” in 2015.²⁴² In the same year, Sukanya Samriddhi Yojana scheme was launched which is a savings scheme offered to parents or legal guardians to create a fund for the future education and marriage expenses for the girl child.²⁴³ At the school level, Swachh Vidyalaya campaign was launched in 2014 to increase separate toilets for girls in order to increase girls’ enrolment. There were only 87.2% of schools that had separate toilets in 2013/14 but it has jumped to 98.4% in 2017/18.²⁴⁴

1-5-1. Access to Education during the COVID-19 pandemic

The government of India announced the closure of all educational institutions including schools, colleges, and universities on 16 March 2020 to control the spread of coronavirus infection.²⁴⁵ The government came up with various alternative modes– online, TV, mobile, radio, textbooks– so that the students can continue their learnings. However, these alternative modes did not ensure equitable quality learning for all students especially for those who

²³⁹ NITI Aayog (2020) India National Voluntary Report, p.51, https://www.niti.gov.in/sites/default/files/2020-07/26281VNR_2020_India_Report.pdf

²⁴⁰ Global Education Monitoring Report and UNESCO Institute for Statistics, <https://www.education-inequalities.org/countries/india> [Accessed: December 27, 2021]

²⁴¹ Sample Registration System (SRS) Report 2018, https://censusindia.gov.in/vital_statistics/SRS_Report_2018/4.Executive_Summary_2018.pdf

²⁴² The Gendered Impact of COVID-19 on School Education, December 1 2020, <https://www.cbgaindia.org/blog/gendered-impact-covid-19-school-education/>

²⁴³ *ibid.*

²⁴⁴ NITI Aayog (2020) India National Voluntary Report, p.52, https://www.niti.gov.in/sites/default/files/2020-07/26281VNR_2020_India_Report.pdf

²⁴⁵ The Impact of COVID-19 on Children and Adolescents: Early Evidence in India, March 4 2021, <https://www.orfonline.org/research/the-impact-of-covid-19-on-children-and-adolescents-early-evidence-in-india/>

came from impoverished households that could not afford their children to access online learning, or those who had to work to help the family, or those who were married off. There is a concern that many students would be dropping-out when schools reopen after more than one year and a half.

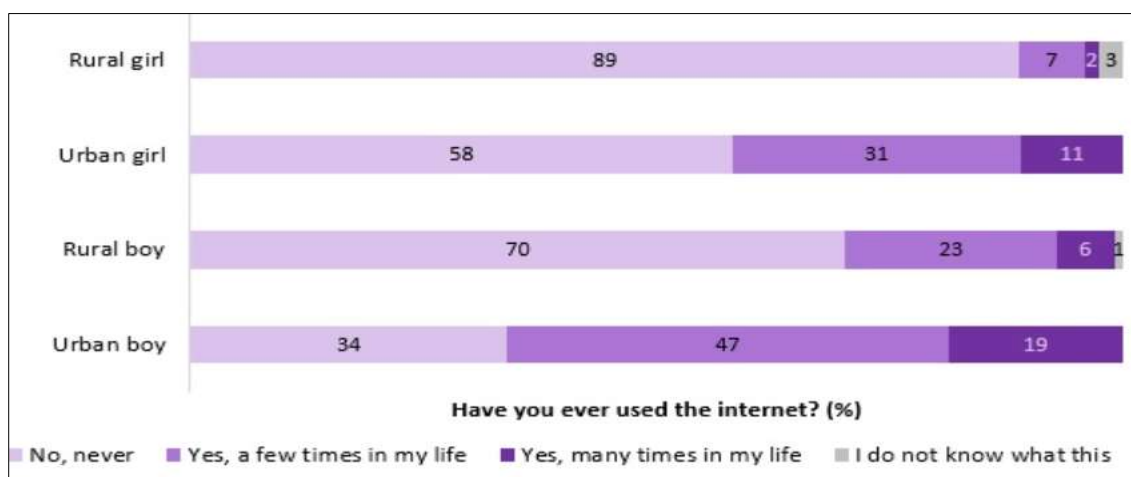
The following describes the situation of girls, particularly those in grades 1 to 7, from four perspectives such as access to remote learning, adverse consequences of school closure other than loss of learning opportunities, risk factors of dropout, and mental health.

(1) Situation of girls accessing remote learning during the COVID-19 pandemic

1) Online learning

When the school closure started on the 16 March 2020, the government moved to online learning as an emergency measure.²⁴⁶ The government trained the teachers on how to teach utilizing digital technology and established online platforms such as Digital Infrastructure for Knowledge Sharing (DIKSHA). Teachers used online tools such as WhatsApp, Zoom, Google Meet, Facebook, YouTube, and Skype to provide education to their students.²⁴⁷

However, a survey of 23 states among school children (grades 1 to 12) conducted in April 2020 found that only 43.9% of them have access to smartphone.²⁴⁸ A survey conducted by Young People in the state of Andhra Pradesh and Telangana²⁴⁹ revealed that rural girls who have never used internet is 89% and that of boys was 70%, and the same for urban girls was 58% and for urban boys were 34%. As shown in Figure 1-7, there is a wide gap between girls and boys and a wide gap between rural and urban.



Source : Younglives “Access to digital learning during the pandemic COVID-19 closures: compounding educational inequality?”

Figure 1-7 : Access rate to internet (girl/boy, rural/urban)

The study conducted by Center for Catalyzing Change also reveal that girls have less access to online learning as

²⁴⁶ *ibid.*

²⁴⁷ UNICEF (2021) Rapid Assessment of Learning During School Closures in the Context of COVID-19, New Delhi, India, <https://www.unicef.org/india/media/6121/file/Report%20on%20rapid%20assessment%20of%20learning%20during%20school%20closures%20in%20context%20of%20COVID-19.pdf>, etc.

²⁴⁸ About 56 of children have no access to smartphones for e learning study, June 13 2020, <https://timesofindia.indiatimes.com/home/education/news/about-56-of-children-have-no-access-to-smartphones-for-e-learning-study/articleshow/76355350.cms> [Accessed: July 7, 2021]

²⁴⁹ Access to digital learning during COVID-19 closures: compounding educational inequality?, April 2 2020, <https://www.younglives.org.uk/content/access-digital-learning-during-covid-19-closures-compounding-educational-inequality> [Accessed: December 5, 2021]

shown in Table 1-10.

Table 1-10 : Access to Online learning

| | boys | girls |
|--|------|-------|
| Have received messages via mobile phone and smart phones from teachers | 55% | 44% |
| Have access to online learning | 58% | 39% |
| Feel that COVID-19 will impact their future plans to study | 43% | 46% |

Source : Center for Catalyzing Change の “Lived Realities: The impact of COVID 19 on the wellbeing of adolescent girls and women in India”²⁵⁰

Various organizations reported as girls have roles to take care of household chores while they are at home, opportunities for online learning are less than that of boys.²⁵¹

2) Remote learning other than online learning during the COVID-19 pandemic

The government had developed learning materials so that children can continue their studies through television, radio, and textbooks. According to UNICEF, among those who are continuing their learnings during the COVID-19 pandemic, the mode that was mostly used was WhatsApp and the next was textbooks which 46% of children between the age of 5 to 13 used.²⁵² However, 21% of the parents were asking for textbooks meaning that one in five have not yet received textbooks. A study conducted by ASER in September 2020 which corresponds to six months after the school closure, children who had received textbooks vary from state to state, 2% in Bihar and 80 percent in Kerala. In rural areas, two-thirds of the children have not received textbooks and there are disparities between rural areas and urban areas. A study conducted by Save the Children India revealed that there was a gender gap regarding receipt of textbooks. 38% of girls had not received textbooks while that of boys was 29%.²⁵³

(2) Adverse consequences of school closure other than loss of learning opportunities

1) Loss of mid-day-meal and adverse effect to nutritional status

Mid-day-meals (MDM) are provided for 120 million children in 1 million 26 thousand schools and has served as an incentive for parents to send their children to school.²⁵⁴ Especially, the nutritional status of children who belong to Scheduled Caste and Scheduled Tribe depend on MDM. In March 2020, the supreme court ordered to continue MDM even during school closures.²⁵⁵ However, studies conducted by OXFAM revealed that there was only 65% of children receiving food.²⁵⁶ The nutritional status of children who relied their food on MDM is worsening and particularly girls who are at the lowest position in the family is assumed to be most negatively affected.

²⁵⁰ Center for Catalyzing Change (2020) Lived Realities: The impact of COVID 19 on the well being of adolescent girls and women in India, https://pmnch.who.int/docs/librariesprovider9/meeting-reports/c3-lived-reality-report.pdf?sfvrsn=f5433c59_5, p.18

²⁵¹ How digital initiatives can help narrow the gender gap during COVID-19, March 31 2021, <https://indianexpress.com/article/technology/tech-news-technology/digital-initiatives-to-narrow-the-gender-gap-during-covid-19-7251474/> [Accessed: September 20, 2021], interview to NASVI and CYS

²⁵² UNICEF (2021) Rapid Assessment of Learning During School Closures in the Context of COVID-19, New Delhi, India, <https://www.unicef.org/india/media/6121/file/Report%20on%20rapid%20assessment%20of%20learning%20during%20school%20closures%20in%20context%20of%20COVID-19.pdf>

²⁵³ Save the Children (2020) A generation at stake, https://www.savethechildren.in/pdfs/A%20GENERATION%20AT%20STAKE_REPORT_FINAL_3.pdf, p.26

²⁵⁴ Ministry of Education. “Mid-Day Meal Scheme”, Government of India, http://mdm.nic.in/mdm_website/ [Accessed: December 3, 2021], Has COVID-19 taken the wind out of the sails of India’s school feeding programme, January 25 2021, https://www.downtoearth.org.in/news/health/has-covid-19-taken-the-wind-out-of-the-sails-of-india-s-school-feeding-programme-75202, http://mdm.nic.in/mdm_website/ [Accessed: July 14, 2021]

²⁵⁵ COVID-19: With schools shut and mid-day meals unavailable to children, SC issues notice to states, UTs, May 18 2020, <http://www.deccanherald.com/national/covid-19-with-schools-shut-and-mid-day-meals-unavailable-to-children-sc-issues-notice-to-states-uts-814955.html> [Accessed: July 20, 2021]

²⁵⁶ OXFAM India (2021) The Inequality Virus, p.5, https://d1ns4ht6ytuzzo.cloudfront.net/oxfamdata/oxfamdatapublic/2021-01/The%20Inequality%20Virus%20-%20India%20Supplement%20%28Designed%29.pdf?RrFsF8iTfT.g_Pt0H7HLpMvSTrb.M__

2) Loss of safe place for girls

School is not just a place for learning especially for girls in rural areas who come from poor households. These girls can receive psychosocial support, information on reproductive health and receive sanitary products including sanitary napkins at schools. The girls also can interact with friends of the same generation and talk about sexual and reproductive rights and menstruation which are thought to be taboo issues. Schools also becomes a safe place for abused girls to escape from violence at home.²⁵⁷

(3) Risk factors of dropout of girls

A study conducted by Oxfam India from May to June 2020 assumes that 30% of the school going children would dropout.²⁵⁸ Especially girls have higher risk of dropping-out because girls are spending more hours performing unpaid care and domestic work and higher chances to be pushed into marriage and become victims of SGBV.

1) Higher risks of dropout due to increase of child marriage

Childline, a helpline run by Ministry of Women and Child Development, received 270,000 calls on child marriage between March and August 2020. The staff intervened to 192,000 interventions within those 8 months which increased by 13% compared with the previous year.²⁵⁹

2) Higher risks of dropout due to increase of unpaid care and domestic work

The survey conducted of 4,000 boys and girls of 10 to 19 years old in four states of India found out that more girls spend time than boys in cleaning, cooking, washing clothes and dishes, taking care of their siblings. Boys spend more time than girls in watching TV, internet surfing, chatting with friends and relatives, and looking after the animals.²⁶⁰ When asked about the activity that took maximum time, close to 30% of adolescents said they spent maximum time in studying. Boys (31%) spent more time studying than girls (27%).²⁶¹ A study conducted of 3,000 households in five states revealed that more girls (71%) were performing unpaid care and domestic work than boys (38%), and more boys (56%) had time to study than girls (46%).²⁶² Both studies indicate that it is not easy for girls to continue learning while schools are closed, and due to increased unpaid care and domestic work, risk of dropout is higher than boys.

²⁵⁷ Gender Dimensions of School Closures in India During Covid-19: Lessons from Ebola, May 25 2020, <https://www.news18.com/news/india/gender-dimensions-of-school-closures-in-india-during-covid-19-lessons-from-ebola-2636201.html>, Coronavirus Fallout: Impact of School Closures on Girls in India, April 14 2020, <https://msmagazine.com/2020/04/14/coronavirus-fallout-impact-of-school-closures-on-girls-in-india/>; PwC (2020) Driving the development paradigm in the post COVID-19 world, p.9, [Driving-the-development-paradigm-in-the-post-COVID-19-world.pdf](https://www.pwc.com/india/assets/pdf/Driving-the-development-paradigm-in-the-post-COVID-19-world.pdf); Child Marriage & Teenage Pregnancy: the Worrisome COVID-19 Connect, May 27 2020, <https://www.hidden-pockets.com/child-marriage-teenage-pregnancy-covid-19> [Accessed: December 5, 2021]

²⁵⁸ OXFAM India (2020) Status Report- Government and private schools during COVID-19; <https://d1ns4ht6ytuzzo.cloudfront.net/oxfamdata/oxfamdatapublic/2020-09/Status%20report%20Government%20and%20private%20schools%20during%20COVID%20-%2019%20V3.1.pdf> [Accessed: December 5, 2021]

²⁵⁹ Untold story of lockdown: sharp surge in child trafficking, January 31 2021, <https://indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/>

²⁶⁰ Center for Catalyzing Change (2020) Assessment of Issues Faced by Adolescents Girls and Boys During Covid 19, [https://www.c3india.org/uploads/news/Youth_survey_\(low_Res\).pdf](https://www.c3india.org/uploads/news/Youth_survey_(low_Res).pdf), p.9

²⁶¹ *ibid.*

²⁶² Neha Ghatak, Achala S Yareseeme and Jyotsna Jha, (2020). "Life in the time of Covid-19: Mapping the impact of Covid-19 on the lives of school-going children especially girls in India", Centre for Budget and Policy Studies and India Champions for Girls' Education, <https://cbps.in/wp-content/uploads/Report-Final-1.pdf>

(4) Worsening of Mental Health Status

School closure that continued for one year and a half had negatively affected the mental health of the children. Children could not go out with friends to play and could not exercise. The restriction measures taken to contain the spread of the virus had made children angry, worried, and frustrated. Sitting long hours in front of the computer or using smartphones also affected children's mental health.²⁶³

1) Mental health status of girls

According to a survey of children conducted by UNICEF after six months of the inception of lockdown (August to September 2020) revealed that around a third of elementary students (as perceived by their parents) and nearly half of secondary students feel that their mental and socio-emotional health had been poor or very poor since May 2020.²⁶⁴ Another survey conducted by Protsahan India Foundation in six states interviewing 400 girls between the age of 11 to 18 years found that 41% were worried about exams, their future, and worried if they would be able to continue schooling after the reopening of schools.²⁶⁵ Girls have lower access to online learning compared with boys, have increased their time spending in unpaid care and domestic work, and have higher risk of being abused which all contribute to deterioration of girls' mental health.

Many Indian children do not have a proper understanding about mental health and there is stigma thinking that those with mental health problems are weak people.²⁶⁶ According to the study conducted by UNICEF targeting youth between the age of 15 to 24, only 41% of Indian youth responded that sharing experiences with others and seeking support is the best way to address mental health issues.²⁶⁷ This attitude that puts mental health issue as taboo heightens the risk of not being able to seek professional help at the early stages that may lead to serious consequences.

2) Mothers who have school-going children

Not only children but mothers of school going children were also stressed on how to provide online learning to their children.²⁶⁸ Many children from poor households do not have smartphones or tablets and moreover, and when money for food is scarce, having cash to pay for internet becomes a challenge. Women skipped meals to ensure that their children's education did not suffer.²⁶⁹

Mothers who have children with disabilities were also stressed because their children need more specialized care

²⁶³ Anant Kumar, K. Rajasekharan Nayar, Lekha D. Bhat (2020) Debate: COVID-19 and children in India, *Child Adolesc Mental Health*. 2020 Jun 29, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361601/#camh12398-bib-0008> [Accessed: October 31, 2021]

²⁶⁴ UNICEF (2021) Rapid Assessment of Learning During School Closures in the Context of COVID-19, New Delhi, India, p.1, <https://www.unicef.org/india/media/6121/file/Report%20on%20rapid%20assessment%20of%20learning%20during%20school%20closures%20in%20context%20of%20COVID-19.pdf>

²⁶⁵ Protsahan India Foundation (2020) Adolescent Girls and Ambitions in Covid-19: Dreams Amid Disease and Dystopia <https://www.indiaspend.com/uploads/2021/06/10/Adolescent-Girls-Final-Documents.pdf>

²⁶⁶ Venkataraman, Surendran, Rajkumar Patil and Sivaprakash Balasundaram, 'Stigma Toward Mental Illness Among Higher Secondary School Teachers in Puducherry, South India', *Journal of Family Medicine and Primary Care*, vol. 8, no. 4, 2019, pp. 1401–1407 cited in United Nations Children's Fund, *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*, UNICEF, New York, October 2021, p.42, <https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf>

²⁶⁷ UNICEF reports spotlights mental health impact, October 5 2020, <https://www.unicef.org/india/press-releases/unicef-report-spotlights-mental-health-impact-covid-19-children-and-young-people> [Accessed: October 31, 2021]

²⁶⁸ ISST (2020) Emerging from the Lockdown: Insights from Women Home-Based Workers' Lives in Delhi, https://www.isstindia.org/publications/1610689985_pub_Final_Designed_Home-Based_Workers_Report.pdf

²⁶⁹ Chatterjee, M (2021) Safeguarding the mental health of women of India in times of COVID 19: Challenges and ways forward, *Indian J Soc Psychiatry* 2021;37:3-6. Received: 11-12-2020, Revit https://www.indjps.org/temp/IndianJSocPsychiatry3713-451508_123230.pdf

and the school closure have impacted negatively to their mental health.²⁷⁰

(5) Segments that were more vulnerable in accessing education during the COVID-19 pandemic

1) Girls who belong to Scheduled Caste and Scheduled Tribe living in rural areas

The caste system has always been a factor that deters school education for children coming from marginalized communities and the female enrolment ratio for scheduled castes has always been low.²⁷¹ According to a survey conducted of 1,400 children living in impoverished area in 2021 revealed that only 15% of the rural children were studying online regularly and that of Scheduled Caste and Scheduled Tribe was only 4%.²⁷² As girls are generally discriminated in the household, it is assumed that most of the girls have no access to online learning.

2) Girls with disabilities

For children with disabilities and their parents, adapting to the closure of schools, social distancing and/or confinement to home, proved to be extremely challenging. For disabled children who need care givers make it impossible to maintain social distance and many families lacked the economic means to support online learning. Even with those who have economic means, children who have vision impairment, psychological disorder or any other disabilities could not benefit from online learning.²⁷³ Moreover, many of the disabled children require routine, continuous rehabilitation, and emotional support. During the lockdown, less outdoor engagement, boredom, and a lack of structured routine have caused of behavioral changes/difficulties for the children with disabilities.²⁷⁴

According to a survey conducted by the Swabhiman reports that about 56 % children with disabilities were attending classes, although not regularly.²⁷⁵ As only 25% of disabled children go to school,²⁷⁶ and considering that girls are discriminated in general, it can be said that most of the girls with disabilities are not learning while school closure period.

1-5-2. Factors that Girls are Losing Opportunities to Learn

(1) Barriers for girls accessing online learning

One of the reasons that boys have more access to online learning is because in societies that have strong patriarchal values such as in India, girls will move to the husband's family after marriage and therefore there is less attention to girls' education. The girl child tends to be at the lowest position in the family and thus the last to access online.

²⁷⁰ Inclusive education for children with disabilities during COVID-19, April 27 2021, <https://idronline.org/inclusive-education-for-children-with-disabilities-during-covid-19/>

²⁷¹ COVID-19 rolls back progress on female education in India, July 31 2021, <https://www.eastasiaforum.org/2021/07/31/covid-19-rolls-back-progress-on-female-education-in-india/>

²⁷² Road Scholarz (2021) Locked out: emergency report on school education, <https://roadscholarz.net/wp-content/uploads/2021/09/English.pdf>, p.19

²⁷³ COVID-19: School closure takes a toll on differently abled kids, say experts, August 4 2021, <https://www.downtoearth.org.in/news/young/covid-19-school-closure-takes-a-toll-on-differently-abled-kids-say-experts-78270>; Education of Children with Disabilities during Covid-19 pandemic, July 30 2021, <https://www.dailyexcelsior.com/education-of-children-with-disabilities-during-covid-19-pandemic/>; COVID-19 and exclusion of children with disabilities in education, December 21 2020, <https://vidhilegalpolicy.in/research/covid-19-and-exclusion-of-children-with-disabilities-in-education/>

²⁷⁴ Krishna&Rajaraman (2020) Impact of COVID -19 on Inclusive Education in India, <https://www.pacta.in/Inclusive%20Education%20and%20CWD%20-%20Study%20Report%2015.01.21.pdf>

²⁷⁵ Swabhiman (2020) COVID 19 Response Report, https://57e7b526-0150-4fbc-b3e5-0f9fa1536427.filesusr.com/ugd/50c137_22cf48729fb0413b858bf7aec73934b0.pdf

²⁷⁶ UNESCO (2019) N for Nose: State of the Education Report for India 2019 : Children with disabilities, <https://unesdoc.unesco.org/ark:/48223/pf0000368780?posInSet=1&queryId=61d8f754-79af-400a-ae81-8b3700e24397>

Moreover, in some regions of the country, mobile phones are seen as not appropriate for women.²⁷⁷ Mobile phones in some regions are viewed as a risk to women's reputation before marriage, and is viewed as an interruption to caregiving responsibilities when they are married.²⁷⁸

(2) Increase of child marriage

In India, boys are expected to protect their family and continue the family lineage while daughters are married off to the husband's family and since the daughter's family has to prepare dowry for the groom's family, girls tend to be seen as burden. Boys are expected to be educated and gain good employment and girls are expected to help the mother in household chores and taking care of the siblings. As young women are perceived as more valuable and thus less dowry is required, many parents think it is better to marry off their daughters while young if they are not going to schools. In addition, incidents of SGBV and elopements are also additional worries that accelerates marrying off their daughters during the COVID-19 pandemic.²⁷⁹

(3) Increase of unpaid care and domestic work

Increase in spending longer hours in unpaid care and domestic work are heightening the risk of dropout of girls from school.²⁸⁰ This happens because there is a social norm that women's primary role is to take care of the family which justifies confining girls at home to take care of their younger siblings and to help their mothers cook and clean

McKinsey & Company's "The Power of Parity Report"²⁸¹ mentions that the major reason of girls dropping out from secondary education is that girls spend long hours in unpaid care and domestic work. According to a survey by Centre for Budget and Policy Studies conducted on boy and girls who live in poor rural households in five states, 71% of girls were performing unpaid care and domestic work while that of boys was 38%.²⁸²

1-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic

In India, schools were closed for about one year and a half from March 2020. The government promoted remote learning and it was particularly difficult for children from poor household to access online learning. Moreover, prolonged school closure heightened the risk of abuse and violence against girls because as long as girls were going to school, they could get away from child marriage and domestic responsibilities.

²⁷⁷ Intel and Dalberg (2012), Women and the Web. Bridging the Internet and Creating New Global Opportunities in Low and Middle Income Countries, Intel Corporation and Dalberg Global Development Advisors, P.12, <https://www.intel.la/content/dam/www/public/us/en/documents/pdf/women-and-the-web.pdf>

²⁷⁸ Barbonie, Field, et al (2018) A Tough Call: Understanding barriers to and impacts of women's mobile phone adoption in India, Harvard Kennedy School, MA, USA, https://epod.cid.harvard.edu/sites/default/files/2018-10/A_Tough_Call.pdf; Uttar Pradesh village bans women from using mobile phones, May 3 2017, <https://www.livemint.com/Politics/mIGCfffa0FywkkCJ2XHNSN/Uttar-Pradesh-village-bans-women-from-using-mobile-phones.html> [Accessed: October 20, 2021]

²⁷⁹ COVID-19 has undone years of progress for adolescent girls, June 10 2021, <https://timesofindia.indiatimes.com/blogs/developing-contemporary-india/covid-19-has-undone-years-of-progress-for-adolescent-girls/>

²⁸⁰ How COVID-19 pandemic could severely hurt education of girls in India, November 25 2020, <https://www.eastmojo.com/assam/2020/11/25/how-covid-19-pandemic-could-severely-hurt-education-of-girls-in-india/>; Neha Ghatak, Achala S Yareseeme and Jyotsna Jha, (2020). "Life in the time of Covid-19: Mapping the impact of Covid-19 on the lives of school-going children especially girls in India", Centre for Budget and Policy Studies and India Champions for Girls' Education, <https://cbps.in/wp-content/uploads/Report-Final-1.pdf>; CYSD report on April 2021

²⁸¹ McKinsey Global Institute (2018) THE POWER OF PARITY: ADVANCING WOMEN'S EQUALITY IN ASIA PACIFIC; <https://www.mckinsey.com/~/media/McKinsey/Featured%20Insights/Gender%20Equality/The%20power%20of%20parity%20Advancing%20women%20equality%20in%20India%202018/India%20power%20of%20parity%20report.ashx> [Accessed: December 5, 2020]

²⁸² Neha Ghatak, Achala S Yareseeme and Jyotsna Jha, (2020). "Life in the time of Covid-19: Mapping the impact of Covid-19 on the lives of school-going children especially girls in India", Centre for Budget and Policy Studies and India Champions for Girls' Education, <https://cbps.in/wp-content/uploads/Report-Final-1.pdf>

During the COVID-19 pandemic, the government, development partners, and private companies supported children to continue their learnings while school closure. As shown in Table 1-11, most of the organization supported from three areas as the following: promotion of remote learning, prevention of dropout, and mental health.

Table 1-11 : Response measures taken for continuous education

| Area | Measure/activities | Agencies |
|------------------------------|--|---|
| Promotion of remote learning | <ul style="list-style-type: none"> - Online portal site - Television - Raido - Textbooks | Government (Ministry of Education) , UN, NGOs |
| Prevention of dropout | <ul style="list-style-type: none"> - Food distribution was implemented replacing MDM - Awareness raising on prevention from child marriage and human trafficking - Relaxation of payment of monthly deposits of fund for the girl child | Government, UN, NGOs |
| Mental health | <ul style="list-style-type: none"> - Increasing and strengthening helpline - Increasing and strengthening counseling services | Government, Universities, NGOs |

(1) Measures taken by Government during the COVID-19 pandemic

1) Promotion of remote learning

The government established an online portal site, education channel TV, radio program, textbooks, and worksheet so that the children could continue their learnings.

2) Prevention of dropout

a) Measures for prevention on violence against girls

Due to prolonged school closure, girls are either being tricked directly by a trafficking agent, or their families are being conned into selling them into a marriage that doesn't exist.²⁸³ In July 2020, the Union Home Ministry issued an appeal that "Children and youth are more likely to be persuaded or tricked by criminals who take advantage of their emotional instability and missing support system. Once trafficked, the victims fall prey to many forms of unfair treatment such as forced prostitution, forced labor, forced begging, forced marriages"²⁸⁴, and staff of Childline is intervening in serious cases of violence against children including child marriage.

b) Relaxation of deposit, extension, and account opening rules of fund for the girl child

The government relaxed the monthly deposit payment, extension and account opening rules for Sukanya Samriddhi Yojana, which is a savings fund for the future education and marriage expenses for the girl child.²⁸⁵

c) Continuation of Mid-Day-Meals (MDM) in the forms of food distribution

MDM is a scheme under the National Programme of Nutritional Support for Primary Education which aims to improve the nutritional status, enrolment and attendance rate of children that has greatly contributed to

²⁸³ Why Covid-19 has increased trafficking of children in parts of rural India, November 17 2020, <https://www.itv.com/news/2020-11-16/why-covid-19-has-increased-trafficking-of-children-in-parts-of-rural-india> [Accessed: October 21, 2021]

²⁸⁴ Untold story of lockdown: sharp surge in child trafficking, October 12 2020, [indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/](https://www.indianexpress.com/article/express-exclusive/covid-abuse-child-trafficking-6721333/) [Accessed: November 25, 2021]

²⁸⁵ PF deposit, Sukanya Samriddhi account opening relaxations end this month, July 24 2020, <https://www.timesnownews.com/business-economy/personal-finance/article/ppf-deposit-sukanya-samriddhi-account-opening-relaxations-end-this-month/625047> [Accessed: December 5, 2021]

improvement of girls' enrolment rate.²⁸⁶ The supreme court directed to continue providing food to the students during school closure period.

3) Mental health

Ministry of Education established helplines and developed materials regarding children's mental health to respond to the increased stress and anxiety that children were experiencing during the school closure period.²⁸⁷

(2) Measures taken by Development Partners and NGOs during the COVID-19 pandemic

1) Promotion of remote learning

- UNICEF provided technical assistance to the states training community volunteers and developed worksheets so that 15 million children in 17 states could continue their learning during school closure period.
- ASER and Oxfam India conducted surveys of children during school closure and are supporting children in need. They are also advocating for support for children who do not have access to internet.

2) Prevention of dropout

- UNICEF, Action Aid, Centre Direct are raising awareness on heightened risks of child marriage and human trafficking during school closure.²⁸⁸

3) Mental health

- UNICEF provided psychosocial support for children and their parents, assisted training sessions for counselors, and developed guidelines for reopening of schools.²⁸⁹
- UNICEF is in partnership with National Institute of Mental Health and Neurosciences, and Childline to respond to mental health issues.²⁹⁰

1-5-4. Gaps in Response to Continuous Learning

(1) Measures to promote access to digital technology for girls are limited

If the household has one smartphone, the father is usually who owns and uses it. In case the father allows the children to use it for online learning, the priority would be given to the son. Therefore, there is few chances that a girl child can access to online learning. As shown in Figure 1-7 and 1-10, girls who live in rural areas had less access to online learning. Moreover, in some regions, it was not culturally acceptable for women to use mobile phones.²⁹¹

There is an enormous gender divide in access to digital technology. Women and girls who are not able to access and use digital technology will be left behind from education, employment, health services and all other important

²⁸⁶ Borkowski, Artur; Ortiz Correa, Javier Santiago; Bundy, Donald A. P.; Burbano, Carmen; Hayashi, Chika; Lloyd-Evans, Edward; Neitzel, Jutta; Reuge, Nicolas (2021). The impact of school closures on children's nutrition, Innocenti Working Papers no. 2021-01, UNICEF Office of Research - Innocenti, Florence, p.5 [Accessed: December 5, 2021]

²⁸⁷ Ministry of Education: MANODARPAN -Psychosocial Support for Mental Health & Well Being of Student during the COVID Outbreak and Beyond, <https://manodarpan.education.gov.in/> [Accessed: December 4, 2021]

²⁸⁸ India's Covid-19 lockdown threatens efforts to stop spikes in child marriage: Reuters, August 12 2020, <https://timesofindia.indiatimes.com/blogs/foreign-media/indias-covid-19-lockdown-threatens-efforts-to-stop-spikes-in-child-marriage-reuters/>, India's COVID crisis sees rise in child marriage and trafficking, September 18 2020, <https://www.bbc.com/news/world-asia-india-54186709>, <https://www.globalcitizen.org/en/content/covid-19-impact-india-girls-education/> [Accessed: March 9, 2021]

²⁸⁹ UNICEF India Country Office Annual Report of 2020, <https://www.unicef.org/media/100301/file/India-2020-COAR.pdf>

²⁹⁰ *ibid.*

²⁹¹ India's internet has a massive gender problem and its holding girls back, December 13 2017, <https://qz.com/india/1153841/indias-internet-has-a-massive-gender-problem-and-its-holding-girls-back/> [Accessed: October 15, 2021]

opportunities in life. However, measures to promote access and improve skills to utilize digital technology for girls are limited.

(2) Concrete measures to prevent girls from child marriage and other SGBV are limited

The government and development partners are raising awareness on increased risks of child marriage and human trafficking from the onset of the lockdown. Childline is intervening in serious cases of violence against children however, they are not able to tackle the root causes and therefore difficult to prevent violence against children especially during the COVID-19 pandemic.

(3) Measures mitigating unpaid care and domestic work are limited

Girls perform housework such as cooking, cleaning, taking care of their siblings, fetching water, and collecting firewood. These unpaid care and domestic work had been one of the causes of dropout from school education.²⁹² During the COVID-19 pandemic, as more family members are spending long hours at home, girls are spending more time in unpaid care and domestic work refraining them from studying. However, measures mitigating unpaid care and domestic work are limited.

(4) Mental health support is limited

Ministry of Education and development partners have developed manuals to raise awareness on mental health and established helplines. However, there is stigma attached to mental health and a study of 566 secondary school teachers in South India found that nearly 70% believed that depression was weakness and not sickness.²⁹³ Stigma, such as “depression is weakness”, impedes children to share their feelings and seek help. The stigma that enforces people not to speak about worries, anxieties, and feeling depressed, makes it difficult to detect mental health problems at the early stage which may lead to serious consequences.

Suicide is one of the major reasons for death in the age group of 13 to 19,²⁹⁴ and it is likely to increase during the COVID-19 pandemic as the pandemic is seriously affecting people’s mental health. Particularly girls are worried about their future experiencing further poverty at home, not being able to access online learning, and not having time to study due to increased unpaid care and domestic work. In addition, for some girls there are heightened risk of abuse and child marriage, which further increases worry and anxiety that affects their mental health.

1-6. Digital Technology

The national level e-governance program called National e-Governance Plan (NeGP) was initiated in 2006, and in 2015, the Indian government launched a flagship program “Digital India” with a vision to transform India into a digitally empowered society and knowledge economy.²⁹⁵ The Digital India program’s vision centers around three

²⁹² The Gendered Impact of COVID-19 on School Education, December 1, 2020, <https://www.cbgaindia.org/blog/gendered-impact-covid-19-school-education/>

²⁹³ Venkataraman, Surendran, Rajkumar Patil and Sivaprakash Balasundaram, ‘Stigma Toward Mental Illness Among Higher Secondary School Teachers in Puducherry, South India’, *Journal of Family Medicine and Primary Care*, vol. 8, no. 4, 2019, pp. 1401–1407 cited in United Nations Children’s Fund, *The State of the World’s Children 2021: On My Mind – Promoting, protecting and caring for children’s mental health*, UNICEF, New York, October 2021, p.42, <https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf>

²⁹⁴ Online classes, no contact with friends: How Covid pandemic impacted mental health of children, October 10, 2021, <https://www.newindianexpress.com/lifestyle/health/2021/oct/10/online-classes-no-contact-with-friends-how-covid-pandemic-impacted-mental-health-of-children-2369945.html>

²⁹⁵ About Digital India, <https://digitalindia.gov.in/> [Accessed: January 25, 2021]

key areas, which are as follows: provision of digital infrastructure to every citizen, governance and services on demand, and digital empowerment of citizens.²⁹⁶ In particular, the identification (ID) system called AADHAAR is expected to transform people’s lives. AADHAAR is a 12-digit random number issued to each citizen, linked to demographic and biometric information, phone numbers, bank account numbers, and other information. Technically, it allows access to financial services with biometric data registered in the AADHAAR.²⁹⁷

AADHAAR has the potential to reduce administrative costs and facilitate improvement in poverty alleviation schemes.²⁹⁸ For example, the PMJDY accounts can be linked to AADHAAR and, therefore, receive cash transfers directly. This allows account holders to access formal financial services, so that they do not have to rely on informal loans with high interest rates. Moreover, it decreases the opportunity cost of accessing financial services and transaction costs for migrants to send money to their homes.²⁹⁹

Although the Indian government is trying to improve the citizens’ lives by using digital technology, not all are able to access it. 21% of men and 33% of women do not own mobile phones, and 59% of men and seventy-five percent of women do not own smartphones.³⁰⁰ The 75th Round of the National Sample Survey (NSS; 2017-18) on “Household Social Consumption on Education in India”³⁰¹ revealed the following:

- Internet facilities are accessible by only 15% of rural households and 42.0% of urban households.
- Among people in the age range of 5 years and above, only 14.9% of women and 25% of men have access to the Internet.
- Only 10.7% of households have a computer.
- Among people in the age range of 5 years and above, 12.8% of women and 20% of men are able to operate a computer.

The fifth National Family Health Survey (2019-2020) surveyed the status of Internet usage and revealed that there is a wide urban-rural and gender divide (Tables 1-12).

Table 1-12: Men and women who have ever used the internet (age 15-49 years)

| | Urban | Rural | Total |
|-------|--------|-------|-------|
| Men | 72.5 % | 48.7% | 57.1% |
| Women | 51.8 % | 24.6% | 33.3% |

Source: 5th National Family Health Survey

²⁹⁶ *ibid.*

²⁹⁷ What is Aadhaar, <https://uidai.gov.in/what-is-aadhaar.html> Uses and benefits of Aadhaar cards, <https://www.bankbazaar.com/aadhaar-card/benefits-of-aadhaar-card-govt.html> [Accessed: January 29, 2022]

²⁹⁸ Aadhaar could help India meet its poverty alleviation target, says World Bank, October 9 2014, <https://economictimes.indiatimes.com/news/economy/policy/aadhaar-could-help-india-meet-its-poverty-alleviation-target-says-world-bank/articleshow/44732852.cms>; Building on digital ID for inclusive services: lessons from India, September 13 2019, Building on Digital ID for Inclusive Services: Lessons from India, September 13 2019, <https://www.cgdev.org/publication/building-digital-id-inclusive-services-lessons-india> [Accessed: January 15, 2021]

²⁹⁹ Pradhan Mantri Jan-Dhan Yojana (PMJDY) - National Mission for Financial Inclusion, completes six years of successful implementation, August 28 2020, <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1649091> [Accessed: October 30, 2021]

³⁰⁰ GSMA (2021) The Gender Mobile Gap Report 2021, p.15, p.25, <https://www.gsma.com/r/wp-content/uploads/2021/07/The-Mobile-Gender-Gap-Report-2021.pdf>

³⁰¹ NSS 75th Round (2017-18)-Household Social Consumption on Education in India http://mospi.nic.in/sites/default/files/publication_reports/Report_585_75th_round_Education_final_1507_0.pdf

1-6-1. Digital Technology and Its Impact on Women and Girls during the COVID-19 pandemic

The advancement of digital technology has brought enormous benefits to those who are able to utilize the online services. However, those who do not own mobile phones or smartphones, particularly women and girls are further marginalized. The following describes how digital technology has impacted women and girls in areas pertaining to access to education, health services, and economic activities and livelihoods.

(1) Digital Technology and Health Services

1) Positive impacts

In countries such as India, where women's mobility is restricted, expansion of telemedicine is beneficial because women can receive health services without going to the hospital. In times such as the COVID-19 pandemic, the telemedicine facility is beneficial as it helps women to avoid contracting the virus.³⁰² Those who have access to telemedicine are free from the problems/challenges that they are likely to encounter during commute and can save time and money, which lessens the mental and physical stress.

During the second wave of COVID-19, there was a dire need for hospital beds, oxygen cylinders, and medicines, and people exchanged information about the availability of these commodities via Facebook and WhatsApp. People also registered online for vaccination.³⁰³

2) Negative impacts

People who did not have access to the Internet and those who lacked digital literacy had limited access to health services, during the COVID-19 pandemic, due to financial difficulties and lack of means of transportation.

In July 2021, the gender gap in vaccination became a major issue in India. There were more men than women who were vaccinated. This could be attributed to many factors; for example, women usually face discrimination in many aspects of life. Anushree Jairath of Oxfam India explained that one of the factors behind the wide gender gap was that women do not have smartphones or access to Internet. She explains as vaccination registration had to be done online, women had to rely on intermediaries such as cybercafé owners, some of whom charged for their services, and in households with limited resources, women and girls were the first ones to fall off the radar.³⁰⁴

(2) Digital Technology, Economic Activities, and Livelihoods

1) Positive impacts

Before the COVID-19 pandemic, women needed to go to the market and negotiate with the middlepersons. However, digital platforms for businesses were set up during the COVID-19 pandemic, which made it possible for them to directly negotiate with their clients from home.

³⁰² How digital initiatives can help narrow the gender gap during COVID-19, March 31 2021, <https://indianexpress.com/article/technology/tech-news-technology/digital-initiatives-to-narrow-the-gender-gap-during-covid-19-7251474/> [Accessed: September 20, 2021]

³⁰³ Why the digital divide has overwhelmingly worsened women's health, May 19 2021, <https://www.thenewsminute.com/article/why-digital-divide-has-overwhelmingly-worsened-women-s-health-149133> [Accessed: October 30, 2021]

³⁰⁴ *ibid.*

Moreover, before the outbreak of COVID-19, small farmers could receive support from NGOs only when their communities were selected as sites for implementation of projects. However, during the COVID-19 pandemic, training sessions on new technology or information on accessing markets began to be conducted via the online mode, which has opened learning opportunities for all farmers.³⁰⁵ People could also apply for social protection via the online mode which was economical in terms of time and transportation costs, as it did not require commutation to government offices.

2) Negative impacts

Digital technology has made online access to financial services possible. However, only 67% of women own mobile phones, and hence suffer from constraints in accessing online financial services. A survey conducted by MicroSave Consulting found that only 32.8% of women accessed social media to obtain information, as compared to 41.3% men, and only 6.8% women used digital platforms for transactions as compared to 14.8% men.³⁰⁶

For example, in 2014, the state of Rajasthan decided to register accounts under the name of women as household heads to receive social protection funds, so that all family cash transfers would be delivered to their AADHAAR-linked bank account.³⁰⁷ However, due to constraints like transport difficulties or illiteracy, most of the women were unable to carry out transactions independently and hence were accompanied by their male family members.³⁰⁸ It was also found that 80 percent of the female heads of households could not read or write text messages or even make a call using mobile phones.³⁰⁹

These cases reveal that until the digital literacy of women is improved, controlling finances will always be a challenge for them, and hence they will be reliant on men; this will not only impede their independence, but will also reinforce their subordinate position.

(3) Digital Technology and Access to Education

1) Positive impacts

Online platforms have been enhanced and provide opportunity to distance learners to expand their knowledge, children are able to access the Internet and use the digital devices, especially those who are willing to learn.

2) Negative impacts

Girls in households that have only one smartphone have fewer opportunities to learn via online mode. Hence, it is most likely that the more online classes will be conducted, the more will be the gap between the learning of boys and girls and also between children from urban and rural areas.

³⁰⁵ Why India needs more women on the internet, March 29 2021, <https://www.dtnext.in/Lifestyle/Wellbeing/2021/03/29212939/1283961/Why-India-needs-more-women-on-the-Internet.vpf> [September 20, 2021]

³⁰⁶ MSC (2020) The need for immediate gender-focused initiatives to promote digital financial services for women amid COVID-19 Insights from India, <https://www.microsave.net/wp-content/uploads/2020/10/The-need-for-immediate-gender-focused-initiatives-to-promote-digital-financial-services-for-women-amid-COVID-19-insights-from-India.pdf>

³⁰⁷ Building on Digital ID for Inclusive Services: Lessons from India, September 13 2019, <https://www.cgdev.org/publication/building-digital-id-inclusive-services-lessons-india> [Accessed: January 25, 2021]

³⁰⁸ *ibid.*

³⁰⁹ *ibid.*

(4) Segments that were Negatively Affected by Digital Technology during the COVID-19 pandemic

1) Girls from impoverished households with no access to digital technology

Education can help the girls to overcome challenges such as child marriage, early pregnancy, abuse, and poverty. However, most girls from impoverished families do not own smartphones and thus cannot benefit from online learning and are at risk of dropping out.³¹⁰

2) Elderly women

According to India Voluntary National Report 2020 literacy rates among elderly women and men were 28.5% and 59%, respectively.³¹¹ As digital technology penetrated all aspects of life during the COVID-19 pandemic, the elderly struggled with registration for cash transfers and payment when they were required to use the digital system. In fact, the NGOs were assisting the elderly so that they could apply for and receive cash transfers online. Information was accessed and essential goods were procured via online mode; therefore, elderly people who did not have family members to take care of them or those who did not have someone nearby to help, had a hard time, especially during the lockdown period. Moreover, a study by HelpAge International reported that many elderly people relied on neighbors and relatives to help them with online registration and payment services, which in some cases opened opportunities for theft.³¹²

1-6-2. Factors that Obstruct Digital Inclusion of Women and Girls

(1) Lack of mobility and basic literacy impedes effective use of digital technology

During the COVID-19 pandemic, women who have PMJDY accounts were able to receive cash transfers from the government relief scheme based on their information linked to ADHAAR. In addition, many women have lower literacy level as compared to men, leading to men usually withdrawing money.³¹³ Therefore, if a woman has a bank account, it does not necessarily mean that she has control over the money in that account. Moreover, women cannot benefit from the services which are available online, if they are illiterate, have restricted mobility, do not have access to technology, do not know how to use it, and do not have control over their account. Digitalization without considering these aspects creates greater dependence of women on men and hampers their access to digital technology, thereby making the benefits unavailable to them.

(2) Social norms that frequently restrict women's online access

The level of women's access depends not only on the household's financial status, but also on the social norms. Social norms in India vary from region to region, across classes, and over various other domains. However, studies have shown that the Internet is often perceived as a risk to the traditional social order or perceived as unsafe for women and girls.³¹⁴

³¹⁰ COVID-19, India, and Girls' Education, September 7 2021, <https://harvardpolitics.com/covid-19-girls/> [Accessed: October 21, 2021]

³¹¹ NITI Aayog (2020) India Voluntary National Report 2020, p.150, https://www.niti.gov.in/sites/default/files/2020-07/26281VNR_2020_India_Report.pdf

³¹² HelpAge International (2020) COVID-19 and older people in Asia Pacific c: 2020 in review, <https://www.helpage.org/silo/files/covid19-and-older-people-in-asia-pacific-2020-in-review.pdf>

³¹³ Building on Digital ID for Inclusive Services: Lessons from India, September 13 2019, <https://www.cgdev.org/publication/building-digital-id-inclusive-services-lessons-india> [Accessed: January 25, 2021]

³¹⁴ USAID (2020) The gender digital divide primer, P.4, https://www.usaid.gov/sites/default/files/documents/DAI-1089_GDD_Primer-web_rev1_9.6.21.pdf

According to a report by Intel and Dalberg, 20% of women in India believed that the Internet was not “appropriate.”³¹⁵ There are regions in India in which unmarried women are not allowed to access the Internet because it is believed that women will get acquainted with men via online platforms and hence there will be an increased risk of elopement, which may bring disgrace to the family.³¹⁶ There are also regions in which the belief prevails that the Internet will distract married women from household work.³¹⁷ Even if women own mobile phones, its usage is controlled by men.³¹⁸

During the COVID-19 pandemic, digitalization has expanded at a rapid pace, in all dimensions of life, such as schooling, work opportunities, access to social security benefits, and even booking slots for COVID-19 vaccination. Women who do not have access to digital technology have become largely dependent on men, which has led to further loss of control over their lives.

1-6-3. Response Measures to Improve Women’s Lives through Digital Technology during the COVID-19 pandemic

The COVID-19 pandemic has led to an inevitable surge in the use of digital technologies due to social distancing norms and nationwide lockdowns. This situation has widened the gap in various life opportunities between those who have access to digital technology and those who do not.

The government, development partners, and private companies have adopted measures in response to the situation, to support those who have faced further marginalization during the COVID-19 pandemic with respect to use of digital technology, so that the social protection schemes are implemented in a better manner, and also by enhancing income generating opportunities. Table 1-13 summarizes the measures taken by various organizations that support women and girls in use of digital technology.

Table 1-13: Measures taken for women and girls using digital technology

| Area | Measure/activity | Agency |
|---|---|---|
| Support the vulnerable through digital technology | <ul style="list-style-type: none"> - Link AADHAAR (identification) information to social protection scheme - Digitalizing provision and receipt of social protection programs to improve efficiency and transparency - Online Reporting regarding SGBV incidents - Support for accessing telemedicine | Government, UN, NGOs, trade unions, private companies |

³¹⁵ Intel and Dalberg (2012), Women and the Web. Bridging the Internet and Creating New Global Opportunities in Low and Middle Income Countries, Intel Corporation and Dalberg Global Development Advisors, p.12, <https://www.intel.la/content/dam/www/public/us/en/documents/pdf/women-and-the-web.pdf>

³¹⁶ Barbonie, Field, et al (2018) A Tough Call: Understanding barriers to and impacts of women’s mobile phone adoption in India, Harvard Kennedy School, MA, USA, https://epod.cid.harvard.edu/sites/default/files/2018-10/A_Tough_Call.pdf; Uttar Pradesh village bans women from using mobile phones, May 3 2017, <https://www.livemint.com/Politics/mIGCfffa0FywkCJ2XHNSN/Uttar-Pradesh-village-bans-women-from-using-mobile-phones.html> [Accessed: October 20, 2021]

³¹⁷ *ibid.*

³¹⁸ Digital discrimination against women in India is real. Here's how it can be fixed, August 24 2021, <https://www.news18.com/news/opinion/digital-discrimination-against-women-in-india-is-real-heres-how-it-can-be-fixed-4121957.html>; India’s gendered digital divide: How the absence of digital access is leaving women behind, August 22 2021, <https://www.orfonline.org/expert-speak/indias-gendered-digital-divide/> [Accessed: September 6, 2021] ; UNICEF (2021) What we know about the gender digital divide for girls, New York, <https://www.unicef.org/eap/media/8311/file/What%20we%20know%20about%20the%20gender%20digital%20divide%20for%20girls:%20A%20literature%20review.pdf>

| | | |
|--|---|---|
| | - Advocacy for affordable internet access for the poor | |
| Enhancement of income generating opportunities | - Promotion of online business - Expansion of market by using digital technology | Government, UN, NGOs, trade unions, private companies |

(1) Measures by Government during the COVID-19 pandemic

1) Provision and receipt of social protection programs through digitalization and AADHAAR

Those who had a PMJDY bank account and mobile phone number linked to AADHAAR were able to receive cash transfers rapidly.³¹⁹

2) Online reporting regarding SGBV incidents

NCW started receiving reports related to SGBV via WhatsApp so that abused women could contact NCW discreetly. Moreover, the NCW held webinars and workshops targeting women and girls regarding online safety and aimed to improve their digital literacy to protect them from online sexual exploitation and cyber-crimes.³²⁰

3) Opportunity for expanding markets

Please see 1-3-3. (1) 3 “Enhancing capacities for income generation and entrepreneurship”.

(2) Measures by Development Partners and NGOs during the COVID-19 pandemic

1) Support to improve the delivery of social protection schemes using digital technology

The World Bank supported the Indian government’s response to COVID-19 with respect to social protection and toward a more comprehensive delivery platform based on the existing architecture of safety nets, including digital and banking infrastructure, and AADHAAR, in the country.³²¹

2) Online reporting regarding SGBV incidents

In many SGBV cases, the perpetrators were either husbands, partners, or their relatives. During the COVID-19 pandemic, the perpetrators stayed in the same house; therefore, some NGOs established a system in which the incidences of abuse could be reported via online platforms or the abused women could contact the NGOs discreetly using applications such as WhatsApp.³²²

3) Support for accessing telemedicine

SEWA Baharat provided training to their members on use of online meeting platforms such as Zoom, and also trained the women leaders in the use of digital technology. These women leaders provided health counseling, and

³¹⁹ COVID-19: Digital payment infra helps cash transfer to over 30 crore poor under PMGKY, April 22 2020, <https://www.thehindubusinessline.com/economy/policy/covid-19-digital-payment-infra-helps-cash-transfer-to-over-30-crore-poor-under-pmgky/article31324033.ece>, Under Pradhan Mantri Jan Dhan Yojana, Women Account Holders to Receive Rs 500 Per Month from Today, April 3 2020, <https://www.news18.com/news/business/under-pradhan-mantri-jan-dhan-yojana-women-account-holders-to-receive-rs-500-per-month-from-today-covid-19-2562507.html> [Accessed: January 25, 2021]

³²⁰ NCW, News letter May 2021, <http://www.ncw.nic.in/newsletters/may-2021>

³²¹ \$1 billion from World Bank to protect India’s poorest from COVID-19, May 14 2020, <https://www.worldbank.org/en/news/press-release/2020/05/13/world-bank-covid-coronavirus-india-protect-poor> [Accessed: February 5, 2021]

³²² From interview with Centre for Social Research

in case anyone needed professional medical advice, the leaders connected them to medical experts via telemedicine.³²³

4) Opportunity for expanding markets

Please see 1-4-3. (2) 2) “Enhancing capacities for income generation and entrepreneurship.”

(3) Measures by Private Companies and Trade Unions during the COVID-19 Pandemic

1) Support for women to improve their digital literacy

Since 2015, Google and Tata Trust have been training women in the use of digital technology in 300,000 villages and are nurturing women leaders to teach the use of digital technology to other women. During the COVID-19 pandemic, Google and Tata Trust expanded their intervention so that more villages and women could benefit from their training sessions.³²⁴

2) Opportunity for expanding markets

Activities implemented to support the expanding opportunities for new markets are described in 1-4-3. (3) 2) “Enhancing capacities for income generation and entrepreneurship”.

3) Advocacy for less expensive internet access for the poor

Trade unions have attempted to bridge the digital divide between women and girls. The constraints pertaining to low income get multiplied due to the high cost which one has to pay for using technology (mobile cost, electricity charges, call charges, etc.), and this further widens the digital divide. Trade unions are engaging in discussions with women’s collectives and also with government officials on possible ways to reduce the growing digital gap.³²⁵

1-6-4. Gaps in Measures to Enhance Women’s and Girls’ Access to Digital Technology

The following summarizes the gaps in the response measures taken for facilitating access to digital technology for women and girls.

(1) Support for women and girls who have no access to digital technology is limited

Many studies show that women and girls do not have access to digital devices and are unable to afford Internet cost. Additionally, there is a lack of adequate support for addressing these issues.

(2) Support for changing social norms that prevent women from accessing digital technology is limited

There are many factors that contribute to the widening of the gender gap with respect to access of digital technology. Social norms are one of the major factors restricting women’s ownership of digital devices and the use of the Internet.³²⁶

³²³ From interview with SEWA Bharat

³²⁴ Women’s Day: Google’s ‘Internet Saathi’ to now lend helping hand to rural women entrepreneurs, March 8 2021, <https://indianexpress.com/article/technology/tech-news-technology/womens-day-google-internet-saathi-to-now-lend-helping-hand-to-rural-women-entrepreneurs-7219536/>

³²⁵ From interview with All India Trade Union Congress

³²⁶ MSC (2020) The need for immediate gender-focused initiatives to promote digital financial services for women amid COVID-19 Insights from India, <https://www.microsave.net/wp-content/uploads/2020/10/The-need-for-immediate-gender-focused-initiatives-to-promote-digital-financial-services-for-women-amid-COVID-19-insights-from-India.pdf>, Barbonie, Field, et al (2018) A Tough Call: Understanding barriers to and impacts of

The Internet is either perceived as a risk to the traditional social order or is perceived as unsafe for women and girls.³²⁷ Limiting women's freedom to use the Internet decreases the possibility of their growth. However, measures that have been undertaken to address these issues are extremely limited.

(3) The number of women working in the field of Science, Technology, Engineering, Mathematics (STEM) after graduation from STEM programs at the tertiary level is small

Females account for 42.7% graduates of STEM programs, at the tertiary level, in India, which is quite high as compared to other countries in the world.³²⁸ However, in terms of employment of women in STEM, the proportion is comparatively low. The proportion of female employees in Internet businesses was 39%, followed by the IT sector at 38%.³²⁹ Only 14% of the total scientists, engineers, and technologists at research development institutions were women.³³⁰ This implies that, although women have graduated with STEM degrees, they tend not to be employed in institutions associated with STEM programs or training. As discussed in 1-4, "Economic activities and livelihoods," women workers face challenges such as restricted mobility, risk of being sexually harassed in the workplace and while commuting, and in meeting gender expectations such as raising children and performing unpaid care and domestic work. STEM female graduates face similar challenges.³³¹

As digital technology industries are growing industries, it is important that governments and other organizations provide the necessary support for facilitating employment of women in digital technology industries and help the marginalized females gain benefits from these technologies.

1-7. Roles and Contributions of Women and Girls

The COVID-19 pandemic has exposed structural gender inequalities, and women and girls who were already in difficult circumstances have been further marginalized. As described in the previous sections of this study, although most women and girls in India had been negatively affected by the COVID-19 pandemic, certain segments were more vulnerable.

The following section of this chapter will examine the roles and contributions of girls and women during the COVID-19 pandemic. The key stakeholders shown in Table 1-14 are the major contributors from the five areas analyzed in this study. This section will also describe the issue of unpaid care and domestic work, as it came up frequently in the previous sections as a factor obstructing women's and girls' empowerment.

women's mobile phone adoption in India, Harvard Kennedy School, MA, USA, https://epod.cid.harvard.edu/sites/default/files/2018-10/A_Tough_Call.pdf; Uttar Pradesh village bans women from using mobile phones, May 3 2017, <https://www.livemint.com/Politics/mIGCfffa0FywkkCJ2XHNSN/Uttar-Pradesh-village-bans-women-from-using-mobile-phones.html>; Digital discrimination against women in India is real. Here's how it can be fixed, August 24 2021, <https://www.news18.com/news/opinion/digital-discrimination-against-women-in-india-is-real-heres-how-it-can-be-fixed-4121957.html>; India's gendered digital divide: How the absence of digital access is leaving women behind, August 22 2021, <https://www.orfonline.org/expert-speak/indias-gendered-digital-divide/>; UNICEF (2021) What we know about the gender digital divide for girls, New York, <https://www.unicef.org/eap/media/8311/file/What%20we%20know%20about%20the%20gender%20digital%20divide%20for%20girls:%20A%20literature%20review.pdf>

³²⁷ USAID (2020) The gender digital divide primer, P.4, https://www.usaid.gov/sites/default/files/documents/DAI-1089_GDD_Primer-web_rev1_9.6.21.pdf

³²⁸ Data Bank-Gender Statistics, <https://databank.worldbank.org/reports.aspx?source=283&series=SE.TER.GRAD.FE.SI.ZS> [Accessed: July 25 2021]

³²⁹ Wheebox (2021) Skills Report 2021, <https://indiaeducationforum.org/pdf/ISR-2021.pdf>

³³⁰ STEM and the digital economy for women, September 11 2020, <https://www.orfonline.org/expert-speak/stem-and-the-digital-economy-for-women>

³³¹ UNESCO (2020) STEM education for girls and women: breaking barriers in exploring gender inequality in Asia, <https://www.gcedclearinghouse.org/sites/default/files/resources/210028eng.pdf>, STEM Gender Bias Cripples Asia-Pacific Region, February 14 2020, <https://thediplomat.com/2020/02/stem-gender-bias-cripples-asia-pacific-region/> [Accessed: July 25, 2021]

Table 1-14: Key women stakeholders playing major contributing role

| Area | Key Women Stakeholders |
|-------------------------------------|----------------------------------|
| SGBV | Social workers, Police officers |
| Health Services | Nurses |
| Economic activities and Livelihoods | SHGs, Female Bank Correspondents |
| Education | Teachers |
| Digital Technology | Not applicable |
| Unpaid care and domestic work | Women and girls |

1-7-1. SGBV

As the government defined SGBV-related operations as essential during lockdown, staff members working for SGBV response continued their work during lockdown while taking COVID-19 preventive measures. Women social workers and women police officers were the major contributors to the SGBV response in protecting SGBV survivors.

(1) Social Workers

Most of the social workers responding to the needs of SGBV survivors were women, and the social workers interviewed in this survey were all women. During the lockdown, helplines were increased and strengthened, and consequently reports of SGBV increased. Social workers had a hard time managing the increased workload while taking preventive COVID-19 measures.³³² In addition to their professional work, these social workers had to take care of their own children and the elderly while in lockdown. As schools were closed and since no one could care for their children at home, some organizations allowed their staff to bring their children to the office, and some organizations made telemedicine available for the staff.

(2) Police Officers

Women only make up approximately 12% of the Indian police force. The state with the highest share of women police officers is Bihar (28%), and that with the lowest is Jammu and Kashmir (3.3%).³³³ The share of female police officers in high-ranking posts is 8.7%.³³⁴ During the COVID-19 pandemic, women police officers, especially those who work in all-women police stations and those who oversee women's help desks provided counseling services for SGBV survivors. In emergency cases, police officers coordinated with hospitals and shelters to protect SGBV survivors.

1-7-2. Health Services

All the people who work for hospitals were seriously affected by the COVID-19 pandemic and have contributed enormously to saving lives. The following will discuss the situation of female nurses, Accredited Social Health Activists (ASHAs), and Anganwadi workers (AWWs),³³⁵ who contributed as frontline health workers.

(1) Nurses

Eighty percent of all nurses in India are women,³³⁶ and many of these nurses looked after COVID-19-infected

³³² Based on interviews with social workers that support SGBV survivors.

³³³ Data: Women make up only 12% of India's police force, August 20 2021, <https://www.thehindu.com/data/women-make-up-only-12-of-indias-police-force/article36152911.ece> [Accessed: October 26. 2021]

³³⁴ *ibid.*

³³⁵ The roles of ASHAs and AWW are summarized in Table 1-15.

³³⁶ PwC (2020) Driving the development paradigm in the post COVID-19 world, p.9, Driving-the-development-paradigm-in-the-post-COVID-19-world.pdf [Accessed: January 5. 2021]Karan, A., Negandhi, H., Hussain, S. et al. Size, composition and distribution of health workforce in India:

people at the frontline during the pandemic. These nurses were at a high risk of infection and could not see their families for long periods. Similarly, male nurses were not able to see their families. However, socially, women are expected to perform care-giving roles within the families, and therefore, female nurses, particularly those with children, have struggled to manage both professional work and unpaid care and domestic work.³³⁷ Moreover, in rural areas where doctors are scarce, female nurses were sent to attend to patients where there were no clean toilets for women and/or that had security problems, which affected not only their productivity to perform their duties but also their mental health.³³⁸

The nurses were praised for their work in taking care of the sick during the COVID-19 pandemic, but this issue has again drawn attention to their low status and low remuneration, which had been an existing issue long before the COVID-19 outbreak.³³⁹

(2) Frontline Community Health Workers Who Are Honorarium Workers

Auxiliary nurse midwives (ANMs), ASHAs, and AWWs were frontline health workers who contributed to providing health services in the communities. They were praised as major contributors to saving the lives of the infected people during the COVID-19 pandemic. While ANMs are government employees, ASHAs and AWWs are honorarium workers. The following will focus on ASHAs and AWWs, of whom 100% are women, many of whom performed additional duties during the COVID-19 pandemic.

1) ASHAs

The ASHA program was launched in 2005 under the National Rural Health Mission (NRHM) to improve the health and sanitation situation in rural areas. ASHAs are posted in every village, and they are all women who reside in the village of which they are in charge.³⁴⁰ ASHAs provide information to the community on determinants of maternal and child health, nutrition, immunization, family planning, and the provision of medicines and condoms.³⁴¹ ASHAs look after 1,000 to 2,000 villagers and report to the ANM. The honorarium differs from state to state and is paid based on performance indices such as the number of immunizations delivered and number of house visits conducted.

During the COVID-19 pandemic, ASHAs, in addition to their routine jobs, had to disseminate information on COVID-19 and its preventive measures, monitor the situation of the COVID-infected villagers and their close contact people, and deliver food and medicine to those who needed them. These additional tasks resulted in two to three times more working hours than the pre-COVID period.³⁴²

why, and where to invest?. *Hum Resource Health* 19, 39 (2021), figure 4, <https://doi.org/10.1186/s12960-021-00575-2> [Accessed: November 25, 2024]

³³⁷ Women on the front lines of India's battle with Covid-19, May 14 2020, <https://www.icwa.org/indian-women-battle-covid-19/> [Accessed: October 30, 2021]

³³⁸ Nurses in Indian villages struggle to cope with pandemic-related pressures, August 6 2021, <https://www.dw.com/en/india-covid-nurses-under-pressure/a-57813736>

³³⁹ How empty promises led to the pitiable condition of Indian nurses, May 12 2021, <https://thewire.in/labour/how-empty-promises-led-to-the-pitiable-condition-of-indian-nurses> [Accessed: November 25, 2021]; Sharma SK, Thakur K, Peter PP. Status of nurses in India: Current situation analysis and strategies to improve. *J Med Evid* 2020;1:147-52, [Situationanlaysia-NursesStatusinIndia.pdf](https://www.researchgate.net/publication/351111111_Situationanlaysia-NursesStatusinIndia.pdf)

³⁴⁰ National Health Mission, <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226> [Accessed: February 10, 2021]

³⁴¹ *ibid.*

³⁴² Covid-19 and the heroic role of women health workers, August 21 2020, <https://www.hindustantimes.com/columns/covid-19-and-the-heroic-role-of-women-health-workers/story-mmMJ0qr6lS5qKA3zz6inZN.html>; India's female health workers on rural front line get COVID shot, January 22 2021, <https://www.aljazeera.com/news/2021/1/22/tables-turn-as-indias-female-health-workers-get-covid-vaccine>; COVID-19, India: Poorly Paid, Unprotected Health Workers Battling COVID-19 In India, July 17 2020, <https://eurasianimes.com/covid-19-india-poorly-paid-unprotected-health-workers-battling-covid-19-in-india/>, Behind India's coronavirus vaccine plan is an army of poorly paid female health workers, January 15 2021,

2) AWWs

The AWW program was launched in 1975 to improve the health of children under six years old and their mothers. The program was initiated under Integrated Child Development Services (ICDS), and childcare centers were established in every village. The AWWs are responsible for managing the childcare center, where they provide not only pre-schooling for children but also provide services such as health check-ups, distribution of supplementary nutrition products, and dissemination of all kinds of information related to health.

At the onset of the outbreak of COVID-19, the Ministry of Women and Child Development trained AWWs on how to promote correct information about the virus, how to prevent infection, and how the pandemic can negatively impact people's mental health.³⁴³

AWWs worked together with ANMs and ASHAs to monitor the infection situation of their villages, provide information related to COVID-19, conduct awareness-raising programs to eradicate stigma and discrimination against people affected by COVID-19, and establish a community support system to respond to the COVID-19 crisis.³⁴⁴

During the COVID-19 pandemic, childcare centers were closed and supplementary nutrition programs, health education training sessions, and health checkups were suspended. Therefore, in some states, AWW had to deliver food to households with children under 6 years old, malnourished children from 3 to 6 years old, and pregnant women.³⁴⁵ In addition to these tasks, they had to check and monitor the health situation of the migrants who have recently returned home and had to prepare to restart the services that had been suspended during lockdown, such as SRH and maternal health services.³⁴⁶

Table 1-15: Roles and Functions of ASHA and AWW

| | ASHA | AWW |
|------------------------------|--|--|
| Scheme/Ministry | National Health Mission, Ministry of Health and Family Welfare | Integrated Children Development Scheme, Ministry of Women and Child Development |
| Year of inception | 2005 | 1975 |
| Purpose and service provided | <ul style="list-style-type: none"> - ASHA provides services related to maternal child health, nutrition, immunization, family planning, sanitation, awareness raising on health issues to decrease the infant mortality ratio and the maternal mortality ratio (MMR). | <ul style="list-style-type: none"> - Provide supplementary nutrition and non-formal pre-school education for children under 6 years old. - Provide supplementary nutrition, health check-ups to pregnant women. - Provide information regarding health, nutrition, and sanitation to pregnant |

<https://qz.com/india/1957664/asha-workers-midwives-key-for-indias-coronavirus-vaccine-plan/> [Accessed: February 10, 2021]

³⁴³ Anganwadi workers get online sessions on COVID-19 steps, April 5 2020,

<https://www.thehindu.com/news/national/anganwadi-workers-get-online-sessions-on-covid> [Accessed: January 15, 2022]

³⁴⁴ High risk without recognition: challenges faced by female frontline workers, May 8 2021, <https://www.epw.in/engage/article/high-risk-without-recognition-challenges-faced>, [Accessed: January 15, 2022]; Sreerekha Sathi (2021) How do we pay back? Women health workers and the COVID-19 pandemic in India, Globalizations, DOI: 10.1080/14747731.2021.2009308

³⁴⁵ India: The Dual Battle Against Undernutrition and COVID-19 (Coronavirus), April 27 2020,

<https://www.worldbank.org/en/news/feature/2020/04/27/covid19-coronavirus-india-response-health-undernutrition-anganwadi-workers-healthcare> [Accessed: February 10, 2021]

³⁴⁶ ASHA Workers on Covid-19 duty demand safety gear, healthcare, insurance and better wages, June 26 2020, <https://sabrangindia.in/article/asha-workers-covid-19-duty-demand-safety-gear-healthcare-insurance-and-better-wages>; ASHA Workers Played Critical Role In COVID-19 Management In Uttar Pradesh, Tracked 30.43 Lakh Migrant Returnees, July 1 2020, <https://swachhindia.ndtv.com/asha-workers-played-critical-role-in-covid-19-management-in-up-tracked-30-43-lakh-migrant-returnees-46495/> [Accessed: February 10, 2021]

| | ASHA | AWW |
|---|---|---|
| | - Provision of medicine and condoms | women. |
| Activities performed during the COVID-19 pandemic | <ul style="list-style-type: none"> - Disseminate information about the virus and prevention measures. - Monitor infection situation of the residents of the area in charge. - Distribution of food and medicine for those in quarantine. | <ul style="list-style-type: none"> - Food delivery for pregnant women, family with children under 6 years old and for families that have malnourished children aged between 3 and 6. - Monitor and report on the infection status of the villagers. - Monitor the health situation of the migrants who have recently returned home - Respond to SGBV cases. |
| Remuneration | Performance-based incentives for activities such as immunization, home visits, and other types of health services. The amount of payment varies from state to state. | Monthly honorarium (below minimum wage) |

Source: compiled by the survey team based on relevant materials

On March 26, 2020, the government announced accidental insurance coverage for loss of life due to COVID-19 or accidents on account of COVID-19-related duty for 2.2 million healthcare workers, including the ASHAs.³⁴⁷ When vaccination was initiated in January 2021, ASHAs and AWWs were prioritized.³⁴⁸

The government also announced that it would increase the honorarium of ASHAs by 1,000 rupees and ordered them to ensure the provision of masks and sanitizers.³⁴⁹ Despite the announcement, there were delays in payments to ASHAs.³⁵⁰ In September 2021, several million ASHAs and AWWs went on strike, demanding insurance, employment security, and minimum wage.³⁵¹

1-7-3. Economic Activities and Livelihoods

Female members of SHGs and female bank correspondents played a major role in helping the impoverished residents of their communities.

(1) SHG

SHGs contributed to holistically addressing the economic and social needs that emerged at the community level. SHG members created awareness about the virus and promoted social distancing and the use of masks during the COVID-19 pandemic.³⁵²

³⁴⁷ FM announces Rs 50 lakh insurance cover for Covid-19 frontline warriors, March 26 2020, <https://bfsi.economicstimes.indiatimes.com/news/insurance/fm-announces-rs-50-lakh-insurance-cover-for-covid-19-frontline-warriors/74831023>; Pradhan Mantri Garib Kalyan Yojana (PMGKY) 2021 Complete Details & FAQ's, August 9 2020, <https://sarkariyojana.com/pm-garib-kalyan-yojana/> [Accessed: December 15, 2020]

³⁴⁸ Anganwadi Centres, Digital Tracking in India's Blueprint for COVID-19 Vaccine Drive, June 11 2020, <https://science.thewire.in/health/anganwadi-centres-digital-tracking-in-indias-blueprint-for-covid-19-vaccination-drive/>; Anganwadi workers among first 'beneficiaries' in Delhi's dry run, January 3 2021, <https://www.thehindu.com/news/national/other-states/anganwadi-workers-among-first-beneficiaries-in-delhis-dry-run/article33483901.ece> [Accessed: February 10, 2021]

³⁴⁹ Increase In Salaries Of Anganwadi Workers, September 17 2020, <https://indiaeducationdiary.in/increase-in-salaries-of-anganwadi-workers/> [Accessed: October 15, 2020]

³⁵⁰ Reports of glaring vacancies of ASHA workers in Covid-19 hotspots, no pay emerge, June 24 2020, <https://sabrangindia.in/article/reports-glaring-vacancies-asha-workers-covid-19-hotspots-no-pay-emerge> [Accessed: October 15, 2020]

³⁵¹ Nearly 10 million anganwadi, ASHA and mid-day meal workers will observe one day nationwide strike on Friday, September 23 2021, <https://economicstimes.indiatimes.com/news/india/nearly-10-million-anganwadi-asha-and-mid-day-meal-workers-will-observe-one-day-nationwide-strike-on-friday/articleshow/86456765.cms> [Accessed: October 15, 2021]

³⁵² Devi, B. (2021) Impact of COVID 19 Pandemic on the Self Help Groups, Sambodhi Journal, vol 46 No.2, March 2021 https://www.researchgate.net/publication/348383248_Impact_of_COVID_19_Pandemic_on_the_Self_Help_Groups

Since the 1990s, India has been promoting women's formation of SHGs so that women can access to financial services. Under the SHG-Bank Linkage Program, SHGs were able to gain access to micro financing services and run small businesses in their communities. In 2020, there are more than 6.9 million SHGs and 70 million SHG members.³⁵³

During the COVID-19 pandemic, SHG members were able to generate income by producing facemasks, running community kitchens, and delivering essential food supplies to households within the village.³⁵⁴ It was reported that by April 2020, 20,000 SHGs in 27 states had engaged in producing masks and sanitizer, much of which was used by health workers.³⁵⁵ There were more than 10,000 community kitchens managed by SHGs that provided meals to those severely affected by the pandemic, and that served as places to provide information on the COVID-19 virus and education on preventive measures.³⁵⁶

(2) Female Bank Correspondents

Another group of women who were especially helpful during the pandemic was the Female Bank Correspondents (FBCs). FBCs are women who visit the homes of villagers to provide banking services. FBCs carry smartphones, tablets, laptops, and fingerprint scanners to facilitate banking services for those who live in remote areas that have difficulties accessing banks. These FBCs were trained under the National Rural Livelihoods Mission (NRLM) in 2016.³⁵⁷

Banking services in the villages were defined as essential services during lockdown; therefore, FBCs continued their work and supported villagers so that they could access financial services and receive cash transfers.³⁵⁸ FBCs provided financial services from their own homes and disseminated information about COVID-19, which increased their working hours compared to the pre-pandemic era.³⁵⁹ It has been reported that rural women who live in hard-to-reach villages without FBCs are unable to receive cash transfers.³⁶⁰

1-7-4. Education

(1) Teachers

According to the National Statistical Office, the number of female teachers per 100 male teachers and the proportion of female teachers in 2018–19 is as shown in Table 1-16. The proportion of female teachers decreased while the levels of education increased.

³⁵³ In India, women's self-help groups combat the COVID-19 (coronavirus) pandemic, April 11 2020, <https://www.worldbank.org/en/news/feature/2020/04/11/women-self-help-groups-combat-covid19-coronavirus-pandemic-india> [Accessed: February 10, 2021], Devi, B. (2021) Impact of COVID 19 Pandemic on the Self Help Groups, Sambodhi Journal, vol 46 No.2, March 2021, https://www.researchgate.net/publication/348383248_Impact_of_COVID_19_Pandemic_on_the_Self_Help_Groups

³⁵⁴ *ibid.*

³⁵⁵ *ibid.*

³⁵⁶ *ibid.*; Gender responsive governance in the times of COVID-19, <https://in.one.un.org/gender-responsive-governance-in-the-times-of-covid-19/> [Accessed: February 10, 2021]

³⁵⁷ World Bank (2021) World Bank in India, Vol.22 No.4, March 2021, <https://documents1.worldbank.org/curated/en/603971620317965590/pdf/The-World-Bank-in-India-Newsletter-Vol-22-No-4.pdf> ; [The-World-Bank-in-India-Newsletter-Vol-22-No-4.pdf](https://documents1.worldbank.org/curated/en/603971620317965590/pdf/The-World-Bank-in-India-Newsletter-Vol-22-No-4.pdf)

³⁵⁸ *ibid.*; Covid lockdown: In rural India, banking correspondents bring cash. Emotional support to the doorstep, April 30 2020, <https://scroll.in/article/960599/covid-lockdown-in-rural-india-banking-correspondents-bring-cash-emotional-support-to-the-doorstep> [Accessed: October 18, 2021]

³⁵⁹ Gender gap narrowing "bank sakhis" take crucial G2P support the last mile during COVID-19, June 4 2020, <https://www.centerforfinancialinclusion.org/gender-gap-narrowing-bank-sakhis-take-crucial-g2p-support-the-last-mile-during-covid-19>

³⁶⁰ *ibid.*

Table 1-16: Share of female teachers (2018-19)

| Level of education | Number of female teachers per 100 male teachers | Proportion of female teachers |
|-------------------------------|---|-------------------------------|
| Primary (grades 1 to 5) | 120 | 55% |
| Upper Primary (grades 6 to 8) | 93 | 48% |
| Secondary (grades 9 to 10) | 77 | 44% |

Source: National Statistical Office (2020) Women and Men in India

After the government announced to close all educational institutions in March 2020, the teachers had to provide classes online. However, according to a survey conducted by Learning Spiral, 84% of the teachers were struggling to teach online, more than 50% of teachers were spending more money to prepare classes, and 40% did not have the tools to teach online.³⁶¹ A survey conducted by UNICEF during the same period also found similar results. 81% of teachers had to spend more time and money preparing and holding classes.³⁶² Another survey that was conducted with 100 female teachers revealed that female teachers between the ages of 31 and 50 years were suffering from serious stress trying to acquire new technology to teach and perform unpaid care and domestic work.³⁶³

1-7-5. Digital Technology

During the COVID-19 pandemic, digital technology was used to acquire essential goods, learn, receive financial services, report complaints related to SGBV, receive counseling services, and perform telemedicine and many other activities. The more digital technology advances, the more conveniently managing daily chores becomes for people who have digital skills and devices. However, in India, only a small portion of the population is able to benefit fully from digital technology. In addition, it was identified in this study that most impoverished rural women and the elderly do not have both skills and devices.

Women who have graduated in the fields of science, technology, engineering, and mathematics (STEM), which is connected to digital technology, account for 42.7% of the graduates of STEM programs at the tertiary level.³⁶⁴ Although the number of women who have graduated from STEM programs is somewhat higher than in other countries in the world, employment of women in STEM areas is low, as described in 1-6-4 (3): “The number of women working in the field of Science, Technology, Engineering, Mathematics after graduation from STEM programs at the tertiary level is small,” as women have limited mobility due to social norms and safety issues and are often unable to go to business trips, work until late at night, or build networks with other experts in the field they are working.³⁶⁵ In addition, there are strong gender stereotypes whereby women are expected to take care of the household rather than prioritizing professional jobs. For example, it has been reported that female academics

³⁶¹ 84% of teachers facing challenges during online class: survey, March 18 2021, <https://www.educationworld.in/84-of-teachers-facing-challenges-during-online-classes-survey/> [Accessed: October 18, 2021]

³⁶² UNICEF (2021) Rapid Assessment of Learning During School Closures in the Context of COVID-19, New Delhi, India, <https://www.unicef.org/india/media/6121/file/Report%20on%20rapid%20assessment%20of%20learning%20during%20school%20closures%20in%20context%20of%20COVID-19.pdf>

³⁶³ Datta & Rey (2020) Anxiety, depression and stress among women in teaching profession during lockdown due to COVID-19, *International Journal of Indian Psychology*, 8 (4), 872-878. DIP:18.01.107/20200804, DOI:10.25215/0804.107, <https://ijip.in/pdf-viewer/?id=30431>

³⁶⁴ World Bank Databank: gender statistics, <https://databank.worldbank.org/reports.aspx?source=283&series=SE.TER.GRAD.FE.SI.ZS> [Accessed: February 14, 2020]

³⁶⁵ UNESCO (2020) STEM education for girls and women: breaking barriers in exploring gender inequality in Asia, <https://www.gcedclearinghouse.org/sites/default/files/resources/210028eng.pdf>; STEM Gender Bias Cripples Asia-Pacific Region, February 14 2020, <https://thediplomat.com/2020/02/stem-gender-bias-cripples-asia-pacific-region/> [Accessed: July 25, 2021]

who remain in the field are often disproportionately burdened with family duties, lack of resources on campus, and gender stereotyping by their male peers.³⁶⁶

As digital technology penetrates all spheres of life, it is important to accelerate the access of women and girls to digital technology. At the same time, policies and programs to address social norms obstructing women from fully engaging and contributing to the policymaking and development of digital technology must take place.

1-7-6. Paid Care Work, and Unpaid Care and Domestic Work during the COVID-19 pandemic

(1) Situation of paid care work during the COVID-19 pandemic

As described in the section from 1-7-1 “SGBV” to 1-7-5 “Digital Technology,” women have made enormous contributions especially in the field of health, SGBV survivor protection, and education, including pre-school. However, although these contributions were widely recognized during the COVID-19 pandemic, the remuneration of these women remains low. This was particularly true for ASHAs and AWWs, who had to work around the clock monitoring the COVID-19 situation in their respective village with remuneration below the minimum wage.

(2) Challenges faced by honorarium workers performing care work in communities

As described in 1-7-2 (2) “Frontline Community Health Workers who are Honorarium Workers,” ASHAs and AWWs are engaged in care work in communities. They are categorized as honorarium workers who are volunteers working on honorariums and incentive-based pay. ASHAs and AWWs are women because one of the aims of setting up ASHAs and AWWs was to promote women’s participation in the workforce.³⁶⁷ As there is a social norm that expects women to perform care roles for the family, the work of ASHAs and AWWs is seen as an extension of what they do for free in the household.³⁶⁸

During the COVID-19 pandemic, ASHAs and AWWs shouldered enormous responsibilities as described in 1-7-2 (2) “Frontline Community Health Workers who are Honorarium Workers”. The people recognized their contribution and thought of their services as crucial for the community. However, it was still thought that the tasks they perform do not require high skills or expertise; therefore, their status is low and they are paid less than the minimum wage.³⁶⁹

At the outset of the outbreak of the pandemic, ASHAs and AWWs were made to work without masks, gloves, or sanitizer.³⁷⁰ Payments were delayed, although the government healthcare workers were paid wages without delay.³⁷¹ To make matters worse, ASHAs and AWWs were stigmatized and discriminated against as a source of virus since they were making house visits to COVID-19-infected people and their families, and in some of the worst cases, ASHAs and AWWs had to move out of their communities.³⁷²

³⁶⁶ STEM Gender Bias Cripples Asia-Pacific Region, February 14 2020, <https://thediplomat.com/2020/02/stem-gender-bias-cripples-asia-pacific-region/> <https://thediplomat.com/2020/02/stem-gender-bias-cripples-asia-pacific-region/> [Accessed: July 25, 2021]

³⁶⁷ COVID-19 Adds to the Woes of India's Underpaid and Overworked Care Workers, December 9 2020, <https://thewire.in/labour/covid-19-adds-woes-india-underpaid-overworked-care-workers> [Accessed: February 10, 2021]

³⁶⁸ *ibid.*

³⁶⁹ *ibid.*

³⁷⁰ Travails of ASHA Workers During COVID-19 Call for Renewed Focus on Public Health, January 12 2021, <https://thewire.in/health/covid-19-frontline-workers-public-health> [Accessed: February 10, 2021]

³⁷¹ *ibid.*

³⁷² *ibid.*

In terms of incentives, the government has only provided accidental insurance coverage and prioritized them to receive vaccinations. Based on this situation, it can be concluded that there are strong social norms and a social structure that confine women to underpaid care work and provide them minimal incentives and protection. The policies and measures regarding ASHAs and AWWs reinforce gender stereotypes that impede women and girls' empowerment.

(3) Challenges regarding care work and domestic work

As identified in the section from 1-7-1 “SGBV” to 1-7-5 “Digital Technology,” regardless of their type of profession, all women perform unpaid care and domestic work. During the COVID-19 pandemic, the increased burden of household work has affected women both mentally and physically.

According to ILO, women living in urban areas spend 312 minutes per day on unpaid care work, while their male counterparts spend only 29 minutes. Women living in rural areas spend 291 minutes on unpaid care work, while their male counterparts spend 32 minutes.³⁷³ Women living in urban areas spend more than 9 times as much time on unpaid care work as do men. During the COVID-19 pandemic, more family members stayed home due to the closure of schools, care centers, and workplaces, and women thus had to take care of their children and elderly. In addition, family members who migrated had come back home. As more family members stayed and spent more time in the house, girls and women spent more time on domestic work such as cooking, cleaning, fetching water, and managing household expenses. Care work for children and elderly individuals is also shared by girls and women. According to research conducted by Dalberg, 47% of women reported that the time spent on domestic work increased, and 41% of women reported that unpaid care work increased. The respective figures for men were 43% and 37%, respectively.³⁷⁴

The COVID-19 pandemic clearly revealed that women are overrepresented in both paid and unpaid care work. It was also revealed that among “paid care workers,” their contributions were not rewarded economically or socially. Paid care work was seen as an extension of their roles as women. At home, women were overburdened as their household tasks increased because of the pandemic, but not many men took their place. Until gender stereotypes and social norms that see women's primary role as homemakers and caretakers are transformed, women will not be able to participate fully either socially or economically.

³⁷³ ILO (2019) The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys / Jacques Charmes; International Labour Office Geneva, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_732791.pdf

³⁷⁴ Dalberg (2021) Impact of Covid-19 on women in low-income households in India, https://impactsofcovid.in/assets/front_assets/download/Impact-of-Covid-19-29052021.pdf

Chapter 2: Challenges Faced in Gender Equality and Women Empowerment during the COVID-19 pandemic in Thailand

The first case of COVID-19 in Thailand was reported on January 13, 2020. On March 26, 2020, the Prime Minister issued a national emergency decree that authorized government agencies to effect or enforce specific actions necessary to reduce the transmission of COVID-19 and bring the epidemic under control. The public was requested to remain inside their homes and strictly limit all social contact. This situation continued until July 31, 2020. Later, the virus was under control until the end of March 2021, when clusters in Bangkok began to spread rapidly, leading to further movement restrictions in Bangkok and the high-risk provinces from July 2021. In December 2021, the restriction measures varied according to the status of the provinces.

This chapter will study the impact of COVID-19 on women and girls in Thailand using five areas of analysis from March 2020 to October 2021.

The study was based on a literature review and interviews conducted by the researchers for the organizations mentioned in Tables 1–3 of Part 1.

2-1. Gender Gaps in Thailand

Thailand has made substantial social and economic development during the past 30 years reducing the poverty rate from 65.2% in 1988 to 9.85% in 2018.³⁷⁵ Subsequently, women's poverty rate has decreased from 41% in 2000 to 7% in 2015.³⁷⁶

According to the Global Gender Gap Index (GGGI) 2021,³⁷⁷ Thailand ranks 79 out of 156 countries. Among the four ranking fields, it is 22nd in “economic participation and opportunity,” and the proportion of “professional and technical workers” is higher than that of men. Thailand ranks 74 in “educational attainment” and 41 in “health and survival.” However, it is 134th in “political empowerment,” which is dragging down its ranking in GGGI.

As described at the beginning of this section, Thailand has made substantial development since the late 1980s and has significantly reduced its poverty rate. However, disparities in income and consumption vary among provinces, and inequalities are observed between rural and urban areas. The poverty rate is high in the southern provinces that border Malaysia and in provinces that border Myanmar, where many ethnic minorities reside.³⁷⁸ The poverty rate for women living in rural areas was 9%, while that of urban areas was 5%.³⁷⁹ Moreover, it is assumed that poverty rates are higher for women and girls who belong to ethnic minorities, the stateless, foreign migrants, those with disabilities, older adults, and the LGBTQ community.

Thailand has enacted the Gender Equality Act, B.E. 2558 (2015) and the Section 27 of the Constitution of the

³⁷⁵ Yang, Judy; Wang, Shiyao; Dewina, Reno (2020) Taking the Pulse of Poverty and Inequality in Thailand (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/614661586924075867/Taking-the-Pulse-of-Poverty-and-Inequality-in-Thailand>

³⁷⁶ OECD (2020) Thailand: Gender Budgeting Action Plan, p.11, <https://www.oecd.org/gov/budgeting/gender-budgeting-action-plan-thailand.pdf>

³⁷⁷ World Economic Forum (2021) Global Gender Gap Report 2021

³⁷⁸ Yang, Judy; Wang, Shiyao; Dewina, Reno (2020) Taking the Pulse of Poverty and Inequality in Thailand (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/614661586924075867/Taking-the-Pulse-of-Poverty-and-Inequality-in-Thailandf>

³⁷⁹ OECD (2020) Thailand: Gender Budgeting Action Plan, <https://www.oecd.org/gov/budgeting/gender-budgeting-action-plan-thailand.pdf>

Kingdom of Thailand 2017, states that men and women shall enjoy equal rights.

The Gender Budget Action Plan 2020 states that gender-disaggregated data are important to understand gender needs to be reflected in policy development, but there are gaps in some sectors where the data are outdated or inaccessible. It also states that government departments will have to increase or change the way administrative data are collected to be able to measure the gender impact of policies and programs, and progress toward gender objectives.³⁸⁰

Table 2-1: Country score card of Global Gender Gap Index (2021)

| | Rank | Score | Avg | Female | Male | F/M |
|--|------|-------|-------|--------|-------|------|
| Global Gender Gap Index (GGGI) | 79 | | | | | |
| Economic Participation and Opportunity | 22 | 0.787 | 0.583 | | | |
| Labor force participation rate (%) | 79 | 0.816 | 0.655 | 66.8 | 81.8 | 0.82 |
| Wage equality for similar work, 1-7 (best) | 14 | 0.782 | 0.628 | - | - | 5.47 |
| Estimated earned income, int'l \$ 1,000 | 12 | 0.814 | 0.494 | 16.6 | 20.4 | 0.81 |
| Legislators, senior officials and managers (%) | 64 | 0.541 | 0.349 | 35.1 | 64.9 | 0.54 |
| Professional and technical workers (%) | 1 | 1.000 | 0.755 | 56.4 | 43.6 | 1.29 |
| Educational Attainment | 74 | 0.992 | 0.95 | | | |
| Literacy rate (%) | 90 | 0.971 | 0.897 | 92.4 | 95.2 | 0.97 |
| Enrolment in primary education (%) | 101 | 0.995 | 0.755 | 97.9 | 98.3 | 1.00 |
| Enrolment in secondary education (%) | 1 | 1.000 | 0.950 | 77.5 | 77.0 | 1.01 |
| Enrolment in tertiary education (%) | 1 | 1.000 | 0.927 | 57.8 | 41.1 | 1.41 |
| Health and survival | 41 | 0.978 | 0.957 | | | |
| Sex ratio at birth (%) | 127 | 0.942 | 0.925 | - | - | 0.94 |
| Healthy life expectancy (years) | 1 | 1.060 | 1.029 | 70.6 | 65.9 | 1.07 |
| Political empowerment | 134 | 0.084 | 0.218 | | | |
| Women in parliament (%) | 118 | 0.188 | 0.312 | 15.8 | 84.2 | 0.19 |
| Women in ministerial positions (%) | 148 | 0.000 | 0.235 | 0.0 | 100.0 | 0.00 |
| Years with female/male head of state (last 50) | 45 | 0.058 | 0.144 | 2.8 | 47.2 | 0.06 |

Source: World Economic Forum, Global Gender Gap Report 2021

2-2. SGBV

DV, human trafficking, rape, and sexual harassment are the major SGBV that occurred in the country long before the outbreak of the pandemic. The government of Thailand enacted laws related to SGBV, as shown in Table 2-2.

³⁸⁰ *ibid.*

Table 2-2: Acts related to SGBV

| Year | Name of the Act |
|------|---|
| 2003 | Child Protection Act, B.E. 2546 |
| 2007 | Domestic Violence Victims Protection Act B.E. 2550 |
| 2008 | Prevention and Suppression of Human Trafficking Act B.E. 2551 |
| 2015 | Gender Equality Act B.E. 2558 |

Source: prepared by the survey team

Under the Domestic Violence Victims Protection Act B.E. 2550, shelters for Children and Families (provincial shelters) were established in every province, and “Hotline 1300,” a 24-hour operating hotline, was set up to receive reports on abuse, SGBV, unwanted pregnancy and other distresses, which were managed by the Ministry of Human Development and Social Security (MSDHS).³⁸¹ The Ministry of Public Health established one-stop crisis centers (OSCC) in 750 public hospitals to respond to women who have been abused and violated.³⁸²

Although the response system for SGBV survivors is in place, not many women who are abused or violated seek help due to the expected gender norms, such as women have to take care of their husbands and manage their families. According to a study conducted by Ramathibodi Hospital and the Thai Health Promotion Foundation, 82.6% of domestic violence victims were afraid to seek help from related agencies or third parties because of shame or lack of trust in the procedures of the supporting agencies.³⁸³ The women believed that even though they sought help, they would be blamed for not obeying the husband and would be sent back home.³⁸⁴ In addition, women think that DV is a private matter and, therefore, is not something to seek help despite the existence of the Domestic Violence Victims Protection Act.³⁸⁵ In fact, some rape victims are blamed for being raped, and the chances of prosecuting perpetrators are low. Moreover, many women do not seek help.³⁸⁶

Thailand’s sex industry, one of the sources that contributes to the country’s tourism sector, is a hotbed of SGBV. Prostitution in Thailand is illegal, but it is estimated that there are approximately 300,000 sex workers in the country, and a certain portion consists of LGBTQ, foreigners, and stateless people.³⁸⁷

Many foreign women who are identified as victims of trafficking (VOTs) are those who entered Thailand as migrant workers. It is estimated that there are approximately 2 million female migrant workers in Thailand, and many do not have legal status, which brings them at high risk of being trafficked—a vulnerable position.

³⁸¹ The Government of Thailand (2014) The Government of Thailand’s National Review on the implementation of the Beijing Declaration, <https://www.scribd.com/document/441999753/13208Thailand-review-Beijing20-1>

³⁸² *ibid.*

³⁸³ Personal Stories of Abuse Underline Need For Tough Domestic Violence Act: Experts, August 7, 2019, <https://www.nationthailand.com/news/30374382>

³⁸⁴ Making you safe at home?, July 15 2019, <https://www.bangkokpost.com/life/social-and-lifestyle/1712676/making-you-safe-at-home>; Thailand’s Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access: November 15, 2020]

³⁸⁵ OECD (2019) Thailand Gender Budgeting Action Plan, Women’s Network for the Advancement and Peace, Thailand (2017) Alternative Report to CEDAW, Thailand’s Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access: November 15, 2020], <https://thediplomat.com/2020/10/thailand-has-a-gender-violence-problem>

https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/THA/INT_CEDAW_NGO_THA_27688_E.pdf, Chuemchit, M., Chernkwanma, S., Rugkua, R. et al. Prevalence of Intimate Partner Violence in Thailand. *J Fam Viol* 33, 315–323 (2018). <https://doi.org/10.1007/s10896-018-9960-9>

³⁸⁶ Skinnider, Garrett (2017) THE TRIAL OF RAPE: Understanding the criminal justice system response to sexual violence in Thailand and Viet Nam, UN Women, UNDP and UNODC, https://asiapacific.UN Women.org/-/media/field%20office%20eseasia/docs/publications/2019/08/ap-trial-of-rape_26aug2019_lowres-compressed.pdf?la=en&vs=1916

³⁸⁷ UN Thailand (2016) Thailand Common Country Assessment Report, TH-CCA-2016%20(1).pdf

2-2-1. SGBV during the COVID-19 pandemic

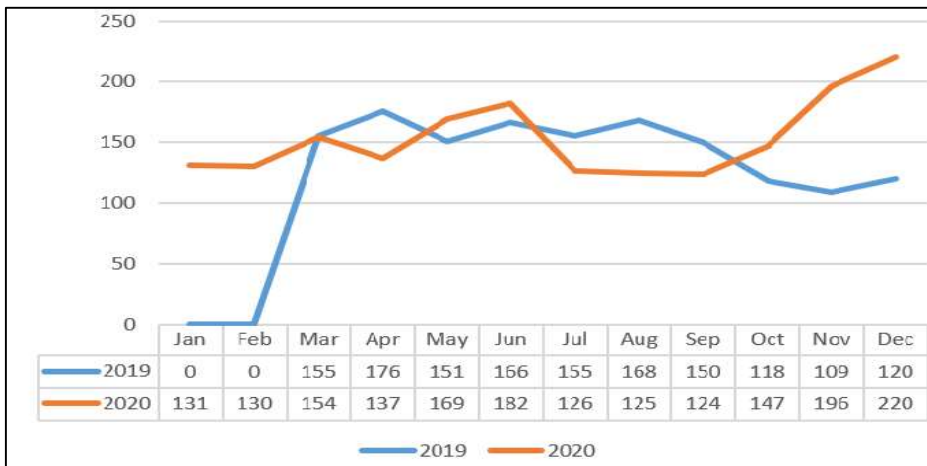
The following sections describe the situation of DV, online sexual exploitation, and human trafficking, which are SGBV cases frequently mentioned in academic reports and the reports of NGOs, as well as newspaper articles during the COVID-19 pandemic.

(5) DV during the COVID-19 pandemic

Various NGOs interviewed in this study reported that cases of wife beating have increased. Unemployment, income loss, and worries about the future brought stress to the family, which led to frequent arguments, and some escalated to violence.

As shown in Figure 2-1, the number of reports on DV that reached “Hotline 1300” of the MSDHS did not increase from March to July 2020, which corresponds to the lockdown period, compared with the same months of the previous year.³⁸⁸ The number of DV reports started to increase from October 2020, when the pandemic started to

be under control, and in December, it increased by more than 67% compared with the same month of the previous year. Therefore, it can be said that although DV increased during the COVID-19 pandemic, as the perpetrators stayed in the house during lockdown, it may have been difficult for the women to seek help.



Source: Hotline 1300 website (the data of January and February 2010 were not loaded)
Figure 2-1: Number of reports on DV that reached “Hotline 1300”

Data from the provincial DV prevention center under the supervision of the Department of Women’s Affairs and Family Development (DWF) show that there was an increase in the number of DV cases compared with the pre-COVID-19 pandemic years (2018–2019) and during the pandemic years (2020–2021), as shown in Figure 2-2. The number of DV cases is increasing every year, and the monthly average number of cases has increased by 17% since 2020, the year of the outbreak of the pandemic, compared to 2021. The rate of increase varies by province, and it was reported from a province in the north that DV cases increased by 78% in 2020 (41 cases) compared to 2019 (23 cases).³⁸⁹

As there is a social norm to keep family problems within the family, cases that are being reported are just the tip of an iceberg, and it does not show the whole picture. As shown in Figure 2-1, reports of DV cases only increased after October. This can be explained by the fact that women could not seek help because the perpetrators were at home. Some NGO staff members explained during the interview that usually it is friends or neighbors who report DV

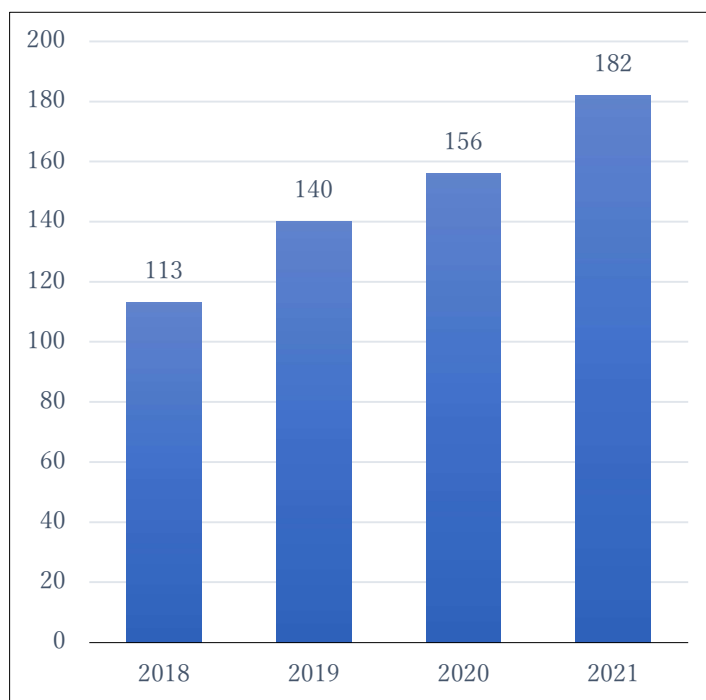
³⁸⁸ สถิติสายด่วน, 1300, <https://1300thailand.m-society.go.th/statmonthly> [Access: January 9, 2022]

³⁸⁹ From document acquired from the DV prevention center in a Northern province.

cases, but under lockdown, it was difficult to know what was happening in other peoples' homes.

It was a positive move that more women started to seek help, but as the government offices had to take COVID-19 preventive measures, it was difficult for the officers to visit houses and hold meetings in person to check what was happening. Quarantine measures also had to be implemented before entering the shelter; therefore, the protection of abused women and girls became more difficult than in the pre-pandemic era.³⁹⁰

The COVID-19 pandemic not only affected the protection of SGBV survivors, but also the prosecution of the perpetrators. Several NGOs reported that as many police officers were deployed to control the movement of traffic due to lockdown, SGBV cases were sidelined. In addition, many police officers were infected with the virus due to the nature of their work; therefore, prosecution processes were delayed. Courts were closed because they had to take preventive measures.³⁹¹



Sources: DWF, MSDHS

Figure: 2-2 Number of monthly averages of DV cases collected by DWF from 2018-2021

(6) Online sexual exploitation during the COVID-19 pandemic

As entertainment zones closed during the lockdown, the sex industry shifted online. The Thai Internet Crimes Against Children Task Force (TICAC) received over 260,000 tips from a U.S.-based NGO on potential cases of child sexual exploitation, which was more than twice the number of tips compared with 2019.³⁹²

Moreover, according to police and child protection organizations, sexual abuse against children and child pornography on the Internet increased by 40% in 2020 compared with the previous year.³⁹³ It is explained that because children spend longer hours in front of the Internet owing to the school closure together with the economic crisis in the households, they become easy targets for sexual and labor exploitation.³⁹⁴

According to social workers working in shelters, online sexual exploitation was rampant during the pandemic, but it was difficult to grasp the whole picture and thus difficult to take effective measures, and it had become an immense challenge

³⁹⁰ From interviews with various organizations.

³⁹¹ From interviews with various organizations

³⁹² US State Department (2022) TIP Report 2022, <https://www.state.gov/reports/2021-trafficking-in-persons-report/thailand/>

³⁹³ Sexual abuses rises in Thailand during pandemic, March 23 2021, <https://www.thetimes.co.uk/article/sexual-abuse-rises-in-thailand-during-pandemic-vqpwmx3vq> [Access: April 25, 2021]

³⁹⁴ Trafficking warning in Asia as corona virus pummels economies, May 5 2020, <https://www.aljazeera.com/news/2020/05/trafficking-warning-asia-coronavirus-pummels-economies-200505062503845.html>; Online child sex abuse nears record high with corona virus, June 19 2020, <https://www.bangkokpost.com/thailand/general/1937644/online-child-sex-abuse-nears-record-high-with-coronavirus> [Access: August 15, 2021]

to protect the children from it.³⁹⁵

(7) Human trafficking during the COVID-19 pandemic

Thailand is a key destination country for human trafficking. The United Nations Office on Drugs and Crime (UNODC) and other international organizations are warning that human trafficking risks heighten in times of economic crisis and when the already poor are marginalized further.³⁹⁶ However, from the 2020 data, the number of VOTs identified by the government has significantly decreased.

According to the government, there were 131 human trafficking cases in 2020, and 117 sexual exploitation cases (89%). Compared to the 2019 pre-pandemic era, there was a 55% decrease in human trafficking cases and a 64% decrease in sexual exploitation cases.³⁹⁷ Moreover, the proportion of foreign VOTs among all VOTs was 86% in 2019 and 30% in 2020. In numbers, it was 1,570 VOTs in 2019 and 69 VOTs in 2020.³⁹⁸

The government explained that border closures reduced the number of foreigners entering Thailand, and the closure of the entertainment zone reduced the number of trafficking cases related to sexual exploitation.³⁹⁹ However, some UN organizations and NGOs explained that one of the reasons for the small number of VOTs was that police officers and labor inspectors could not intervene due to COVID-19 preventive measures. NGOs also reported that they could not reach out to VOTs when they sought help, owing to movement restrictions. In addition, not being able to meet in person was difficult, especially when the VOTs were foreigners and needed interpreters. In cases where the VOTs resided in highly infected areas, staff members had to undertake quarantine measures for 14 days, which resulted in a limited number of staff members who could operate.

The number of prosecutions in 2020 decreased by 66% compared with that in 2019. One reason was that the court was taking COVID-19 preventive measures and had been closed for a certain period, not only because the number of human trafficking cases was low.

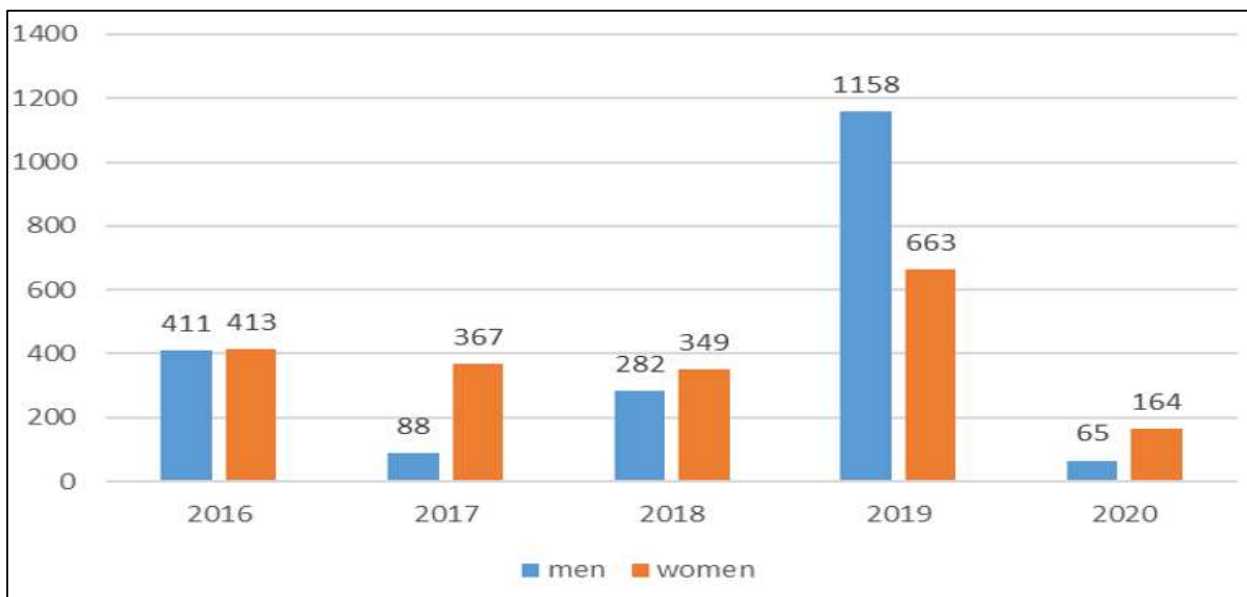
³⁹⁵ From interviews with various organizations.

³⁹⁶ COVID-19 impact exposes millions to the risk of trafficking, UN agency says, February 2 2021, <https://news.un.org/en/story/2021/02/1083542>

³⁹⁷ Royal Thai Government (2021) Royal Thai Government's Country Report on Anti-Trafficking Efforts 1 January- 31 December 2020, Bangkok, p.7, <https://www.reuters.com/article/us-thailand-trafficking-idUSKBN29Q00R>,

³⁹⁸ *ibid.*

³⁹⁹ *ibid.*



Source: Royal Thai Government's Country Report on Anti-Trafficking Efforts January 1-December 31, 2020

Figure 2-3: VOT identified by the government (2016-2020)

Several organizations interviewed for this study revealed that some women who had lost their income started to prostitute, which heightened their risk of being trafficked. There are also other new risk factors for human trafficking, such as for those who went back to their home countries trying to re-enter Thailand through trafficking agents as crossing borders became more difficult than during the pre-pandemic era. Children who have lost their parents or guardians are another risk group of being trafficked.⁴⁰⁰

(8) Segments that were more vulnerable to SGBV during the COVID-19 pandemic

1) Foreign migrant women workers

NGOs revealed that many foreign migrants from neighboring countries who lost their jobs were stressed and were at home. The children were also at home because of school closures. As many people spent longer hours at home in a small space, DV increased.⁴⁰¹ Furthermore, many foreign migrant women were already living in communities where violence was rampant, and the women tended to accept being beaten when their husbands thought that their performance in taking care of the household was not good. Moreover, as these women do not speak fluent Thai, they are not able to seek help from outside institutions and fear backlash from the community.⁴⁰² Worst of all, they do not have any place to escape, because many foreign migrant women stay in Thailand without official permission, so there is also a fear of being arrested.⁴⁰³ Stricter control in border areas due to the pandemic is making it more difficult for these women to travel home.

2) Women with disabilities

A global study from UNFPA revealed that girls and young women with disabilities face up to 10 times

⁴⁰⁰ From interviews in the study

⁴⁰¹ Thailand's Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access: November 15, 2020]

⁴⁰² *ibid.*

⁴⁰³ From interviews with organizations

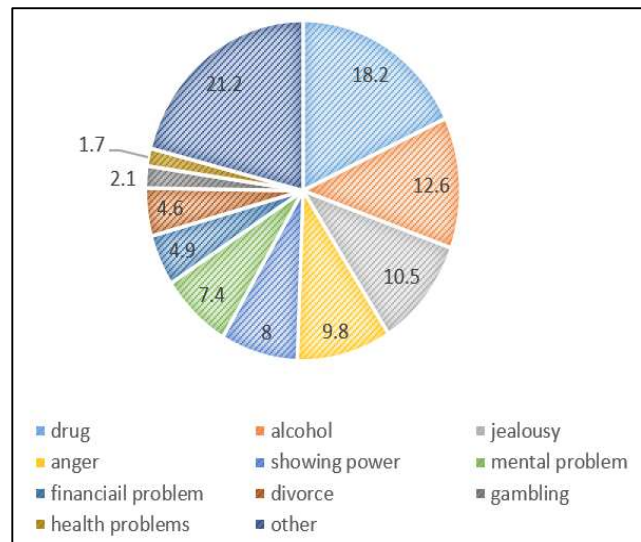
more SGBV than those without disabilities.⁴⁰⁴ Even so, they face social and economic barriers in accessing justice and redress.⁴⁰⁵ As movement for women with disabilities was further restricted during the pandemic, the risks of abuse and violence heightened. There is only “Hotline 1300” where they can report SGBV incidences, and it is difficult for women who have speaking and hearing disabilities to seek help through “Hotline 1300.” There are no specialized public services for women and girls with disabilities regarding SGBV; therefore, women must rely on NGOs.⁴⁰⁶

2-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic

(1) Factors that exacerbated DV

1) Stress caused by COVID is triggering DV

Figure 2-4 shows the causes of DV collected by DWF between October 2020 and May 2021.⁴⁰⁷ The Director General of DWF explained that the reason for DV was that as people could not go out and release their stress, the consumption of drugs (18.2%) and alcohol (12.6%) increased and triggered violence.⁴⁰⁸



Source: MSDHS

Figure: 2-4 Causes of DV collected by DWF

2) Acceptance of violence against wives and intimate partners

Men who abuse and/or beat women tend to want to control them.⁴⁰⁹ There is a gender stereotype such as “men are the leader of the family, and women should be good wives taking care of the family and the house.”

DV is seen as a family problem, and men tend to accept it.⁴¹⁰ Women also feel that “women have to perform unpaid care and domestic work and be a good wife.”

Therefore, the woman would not seek help even though she is abused because she fears being labelled as a “bad woman.” As shown in Figure 2-4, anger, jealousy, and showing power account for approximately 30% of all DV causes. Moreover, as men are not punished for their violent behavior, DV increases when stress increases.

⁴⁰⁴ Five things you didn’t know about disability and sexual violence, October 30, 2018, <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence> [Accessed: September 5, 2021]

;WE decide (2016) Pamphlet, https://www.msh.org/sites/msh.org/files/we_decide_infographic.pdf,

⁴⁰⁵ Committee on the Rights of Persons with Disabilities examines report of Thailand, March 31, 2016,

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=18547&LangID=E> [Access: September 5, 2021]

⁴⁰⁶ From Interview with a leader working with people with disabilities

⁴⁰⁷ วิถีชีวิตโควิดปัจจัยเสี่ยงความรุนแรงในครอบครัว ทำสถิติปี 64 พุ่งกว่า 1.4 พันราย, June 24, 2021, <https://www.isranews.org/article/isranews-scoop/99838-isranews-v.html?fbclid=IwAR26HLNrrCdzs3I9mATcMSPnmN06Zmg1en-fwhX45n9etjoKaf7WYXE20uk>

⁴⁰⁸ *ibid.*; Thailand sees surge in domestic violence during pandemic, November 24, 2020, <https://www.ucanews.com/news/thailand-sees-surge-in-domestic-violence-during-pandemic/90421#> [Access: October 10, 2021]

⁴⁰⁹ Chuemchit M, Chermkwanma S, Somrngthong R, Spitzer DL (2018) Thai women’s experiences of and responses to domestic violence. *Int J Women’s Health*. 2018;10:557-565

<https://doi.org/10.2147/IJWH.S172870>

⁴¹⁰ <https://news.cgtn.com/news/3545444d334d4464776c6d636a4e6e62684a4856/index.html>, วิถีชีวิตโควิดปัจจัยเสี่ยงความรุนแรงในครอบครัว ทำสถิติปี 64 พุ่งกว่า 1.4 พันราย, June 24, 2021, <https://www.isranews.org/article/isranews-scoop/99838-isranews-v.html?fbclid=IwAR26HLNrrCdzs3I9mATcMSPnmN06Zmg1en-fwhX45n9etjoKaf7WYXE20uk> [Access: October 10, 2021]

Ditsayabut (2019) THAILAND’S EFFORT TO END VIOLENCE AGAINST WOMEN WHICH IS ONE FORM OF CRIME MOTIVATED BY GENDER DISCRIMINATION https://www.unafei.or.jp/activities/pdf/Public_Lecture/Public_Lecture2019_Ms.Ditsayabut_Paper.pdf; Abuse against women still prevalent, November 25 2020, <https://www.bangkokpost.com/opinion/opinion/2025087/abuse-against-women-still-prevalent>, Thailand’s Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access: November 15, 2020]

(2) Factors that exacerbated online sexual exploitation

During the COVID-19 pandemic, illegal sex businesses shifted online. Prostitution and production of porn were conducted via the Internet.

As described in 2-2-1 (2) “Online Sexual Exploitation during the COVID-19 pandemic,” there is an increase in the number of children being sexually exploited online. Children spend more time using computers and smartphones due to school closures. Children meet adults who are sexually interested in them, which are people these children would not have met in their real lives. In addition, since many children feel lonely and unable to meet their friends or worry about their family’s financial status, they become easy targets and are exploited. There are many children who have sent sexual pictures of themselves and are blackmailed and threatened,⁴¹¹ and this is becoming a big challenge for child protection organizations.

2-2-3. Response Measures to SGBV during the COVID-19 pandemic

Governments, development partners, and private companies have taken measures to respond to the increase in SGBV during the COVID-19 pandemic. Table 2-3 shows the activities undertaken in the areas of prevention, protection, rehabilitation, economic empowerment, and prosecution.

Table 2-3: Response measures taken in the four areas of SGBV

| Area | Measure/activity | Agency |
|---|--|---|
| Prevention | <ul style="list-style-type: none"> - Awareness raising activities on SGBV issues - Setting up and strengthening of hotlines (in multi-language services) - Disseminating information on hotlines (in multi-language services) | Government (MSDHS), international organizations, NGOs |
| Protection | <ul style="list-style-type: none"> - Strengthening the human resource and the capacity of shelters | Government (MSDHS), international organizations, NGOs |
| Rehabilitation and economic empowerment | <ul style="list-style-type: none"> - Strengthening human resource and capacity of counseling (in multiple languages) - Promotion of employment and skills training | Government (MSDHS), international organizations, NGOs |
| Prosecution | <ul style="list-style-type: none"> - Responding to the increased online sexual exploitation | Government (police), international organizations |

(1) Measures taken by the government during the COVID-19 pandemic

1) Prevention

- MSDHS

- The number of lines of “Hotline 1300” increased from 15 to 60.⁴¹² “Hotline 1300” used to receive reports on DV, human trafficking, teenage pregnancy, but during the COVID-19 pandemic, it started receiving reports on issues of children, elderly people, homeless people, and other vulnerable groups.⁴¹³
- Trained the counselors who worked for “Hotline 1300” to categorize the reports into three groups:

⁴¹¹ From interview with organizations supporting children

⁴¹² COVID-19 Global Gender Response Tracker, <https://data.undp.org/gendertracker/> [Access: April 25, 2020]

⁴¹³ *ibid.*

those that needed basic counseling, urgent cases such as suicides that needed to be connected with experts, and cases to link with the officers at provincial levels.⁴¹⁴ However, as the hotline expanded their services to receive reports on issues of children, elderly people, homeless people, and other vulnerable groups, people started calling questions about COVID-19 and social protection programs, which may have jeopardized reports from SGBV survivors.⁴¹⁵

- The DV prevention center of DWF provided face-to-face counseling and telephone counseling, and collaborated with NGOs to refer SGBV survivors to shelters and police officers. Data on DV cases were collected from the center.⁴¹⁶

2) Protection

- The Ministry of Public Health questioned women who came for the COVID-19 test if they were experiencing SGBV. If there were such women, they would refer them to OSCC for protection.⁴¹⁷ However, there have been reports that OSCC nurses were shifted to COVID-19 related tasks.⁴¹⁸
- MSDHS
 - The Shelter for Family and Children (provincial shelters) continued to operate during lockdown but had to limit the number of people to take in, had to suspend reach-out activities, and social workers who visited houses of infected people had to take quarantine measures, significantly affecting the working environment.⁴¹⁹ Moreover, some social workers reported that since they could not do house visits and/or could not communicate face-to-face with the abused, trust-building became extremely difficult.⁴²⁰

3) Rehabilitation and economic empowerment

- MSDHS
 - Protection and occupational development centers and long-term shelters allowed shelter residents to communicate online with their family members more frequently than during the pre-pandemic era, so that they could relieve their stress and anxiety.⁴²¹

4) Prosecution

It has been reported by various organizations interviewed for this study that as police officers were shifted to control traffic and border checkpoints during lockdown, processing reports on SGBV cases was delayed. In addition, as police officers were working on the frontlines of the pandemic, many were infected or had been in contact with the infected, and therefore, many were undertaking quarantine measures.⁴²² Court cases were also delayed because the

⁴¹⁴ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, <https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf> UNICEF 2020

⁴¹⁵ *ibid.*, p.138; Thailand's Silent Pandemic: Domestic Violence during COVID-19, July 1, 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access November 15, 2020]

⁴¹⁶ Information provided from Chiangrai Office, Ministry of Social Development and Human Security

⁴¹⁷ UNDP/UN Women (2020) COVID-19 Global Gender Response Tracker Fact Sheet Version 1, 28 Sep 2020

⁴¹⁸ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London

<https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁴¹⁹ Teachers and social workers must be prioritized vaccination against COVID-19, May 20, 2021, <https://www.unicef.org/thailand/stories/teachers-and-social-workers-must-be-prioritized-vaccination-against-covid-19> [Access: July 25, 2021]

⁴²⁰ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London,

<https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁴²¹ From interview with shelter staff members.

⁴²² From interviews with various organizations.

courts had to take COVID-19 preventive measures.⁴²³

It was also reported that police officers were busy investigating increased online sexual exploitation cases.

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) Prevention

- UN organizations such as UN Women, ILO, UNODC, and European Union (EU) supported the “Hotline 1300” to provide services in multiple languages, and also supported the enhancing capacities of counselors.⁴²⁴ Through NGOs, UN Women disseminated information on COVID-19 prevention measures and SGBV to women in conflict-affected areas bordering Malaysia.⁴²⁵ It has also supported the construction of peer-support networks, together with social workers who can speak the languages the foreign migrants speak.⁴²⁶
- The International Telecommunication Union (ITU) has been raising awareness of Internet crimes and safety.
- The HUG Project, an NGO that aims to eradicate child trafficking, has been conducting activities to prevent children from engaging in online sexual exploitation since the pre-pandemic era. During the COVID-19 pandemic, it continued to raise awareness targeting the teachers on online sexual exploitation and installed filter applications on school computers so that the children could not access risky sites.⁴²⁷

2) Protection

- The Thai Health Promotion Foundation and ActionAid Thailand monitored the Internet. If they saw comments regarding SGBV or other kinds of abuse, they tried to get in touch with them and referred them to supporting agencies.⁴²⁸

3) Rehabilitation and economic empowerment

- UN Women, ILO and NGOs provided counseling and art therapy sessions in long-term shelters. For foreign VOTs, these organizations provided interpretation services so that foreign VOTs could communicate with counselors in their own language.⁴²⁹
- Alliance Anti Traffic (AAT), an NGO that supports sexually exploited VOTs, provides shelter, employment opportunities, and occupational training sessions to sex workers who have lost their jobs and income because of the COVID-19 pandemic.

⁴²³ From interviews with organizations supporting women.

⁴²⁴ <https://news.un.org/en/story/2020/11/1078772>

⁴²⁵ UN Thailand (2021) 2020 UN Thailand Results Report, <https://thailand.un.org/sites/default/files/2021-05/20210325-2020AnnualReport%20-draft%20on%20back%20cover.pdf>; How women migrants in Thailand are stopping trafficking and gender based violence in their communities, July 29 2021, <https://www.UN Women.org/en/news/stories/2021/7/feature-women-migrants-in-thailand-are-stopping-trafficking-and-gender-based-violence> [Access: August 8, 2021]

⁴²⁶ *ibid.*

⁴²⁷ Trafficking warning in Asia as corona virus pummels economies, May 5 2020, <https://www.aljazeera.com/news/2020/05/trafficking-warning-asia-coronavirus-pummels-economies-200505062503845.html>, Online child sex abuse in Thailand nears record high with corona virus, June 19 2020, <https://www.straitstimes.com/asia/se-asia/online-child-sex-abuse-in-thailand-nears-record-high-with-coronavirus>, From interview with HUG Project

⁴²⁸ COVID-19 Global Gender Response Tracker, <https://data.undp.org/gendertracker/>; Stamping out domestic abuse, March 8 2021, <https://www.bangkokpost.com/life/social-and-lifestyle/2079983/stamping-out-domestic-abuse> [Access: April 25, 2020]

⁴²⁹ EU&UN (2020) Key Results in Thailand, https://thailand.un.org/sites/default/files/2020-10/Thailand_Result%20Brief%20003%20%281%29.pdf

4) Prosecution

- ASEAN–Australia Counter Trafficking (ASEAN-ACT), a project that aims to enhance ASEAN member states' justice systems, has continued its planned workshops and training sessions online.⁴³⁰

(3) Measures taken by private companies during the COVID-19 pandemic

- The Banlue Group, a Thai publishing company, developed a comic book that provides not only information on COVID-19, but also about SGBV, in partnership with the MSDHS, Ministry of Public Health, and World Health Organization (WHO). The comic book has been published in various languages, such as Thai, Lao, Cambodian, Myanmar, and English.⁴³¹

2-2-4. Gaps in SGBV Response

(1) Prevention: Assistance is concentrated on awareness raising and capacity building of reporting system such as hotline

The SGBV response during the COVID-19 pandemic was concentrated on prevention activities such as raising awareness of SGBV and strengthening the capacity of hotlines and their human resources. However, response measures in the areas of protection and prosecution became difficult owing to officers and facilities taking COVID-19 preventive measures.

(2) Protection: There is hardly any community protection mechanism for SGBV survivors

The Provincial Social Development and Human Security Office and provincial shelters continued to respond to SGBV incidents during the lockdown period. However, most of the residents within the province lived far from these facilities and was difficult to access during the lockdown period. In addition, the officers in those facilities had to take COVID-19 preventive measures. Therefore, it was difficult to hold face-to-face consultations. When the survivors had to enter the shelter, they had to undergo COVID-19 tests. Sometimes shelters could not receive new residents to contain the spread of the virus.

Consequently, it was difficult for officers to reach out to the SGBV survivors or conduct house visits, as some areas were highly infected zones where entry was restricted. It was also difficult for most SGBV survivors to receive protection services because these services were concentrated at the provincial level, and there were no such services at the community level. This meant that when there was an urgent case in which women and girls had to be moved away from the perpetrators, there was no mechanism to protect them. Therefore, it is of utmost importance to establish a protection mechanism within a community where women can stay safe while waiting to be admitted to the provincial protection system. As Thailand has community health volunteers in every village taking care of the villagers and referring to medical institutions as necessary, similar measures could be taken in the field of SGBV.

⁴³⁰ From interview with ASEAN-ACT

⁴³¹ COVID-19 Global Gender Response Tracker, <https://data.undp.org/gendertacker/>; Know COVID special edition comic book helps to protect everyone from COVID-19, April 11 2021, <https://www.who.int/thailand/news/detail/11-04-2021-knowcovid-special-edition-comic-book-helps-to-protect-everyone-from-covid-19>; https://cdn.who.int/media/docs/default-source/searo/thailand/khai-hua-ror-covid_5-languages-ebook_resize.pdf?sfvrsn=3329a207_13 [Access: April 25, 2020]

(3) Prosecution: SGBV response became limited owing to police force being shifted to COVID-19 control measures, and courts taking COVID-19 preventive measures

It was reported from several organizations that during the lockdown period, the police force concentrated on COVID-19-related tasks such as controlling the movement. It was also reported that court cases were delayed because of the closure of the courts, or that the courts could handle a limited number of cases due to COVID-19 preventive measures. These circumstances have delayed the prosecution of SGBV cases.

Although police officers continued to respond to SGBV cases during the lockdown, their capacity decreased. However, it was clear during the lockdown period that homes were not necessarily safe places for women and girls. Therefore, guidelines and mechanisms to maintain SGBV response measures in prosecution during emergencies such as the COVID-19 pandemic must be put in place.

(4) Prosecution: There is a lack of recognition that DV is not a private or family matter but a crime

Many women who are abused or violated do not report because, most of the time, the perpetrators are either their husbands or intimate partners. Society, in general, perceives DV as a private matter, and third parties should not intervene. In addition, gender stereotypes that expect women “to obey the husband and take care of the family,” make it difficult for women to seek help from outside because it means that the woman herself was not capable of performing her duties, and could be blamed.⁴³²

Thailand has enacted the “Domestic Violence Victims Protection Act B.E. 2550” to protect the victims of DV. However, strong gender stereotypes and social norms make it difficult to punish perpetrators but blame the abused. Therefore, the woman believes that even if she sought help, she would be criticized by officers only to be sent back home.⁴³³

As long as gender stereotypes and social norms that allow men to use violence to put women under the control of men go unquestioned, it is unlikely that the perpetrator will be punished according to the Domestic Violence Victims Protection Act B.E. 2550. The severity of DV has been clearly demonstrated during the COVID-19 pandemic. Perpetuating social norms and gender stereotypes that reinforce gender inequality are the root causes of SGBV, and therefore it is necessary to promote the transformation of unequal gender stereotypes and social norms. Simultaneously, awareness should be raised that SGBV is a crime.

(5) Monitoring system of how the media portrays SGBV is not sufficient

Media is a powerful tool for creating people’s perceptions. In 2018, the National Press Council of Thailand (NPCT) issued a code of ethics and practical guidelines for news reports regarding women’s dignity and gender equality. In 2020, the National Broadcasting and Telecommunications Commission (NBTC) issued a set of television broadcasting guidelines based on Human Rights and Dignity of Women for broadcasters of news and television

⁴³² Abuse against women still prevalent, November 25 2020, <https://www.bangkokpost.com/opinion/opinion/2025087/abuse-against-women-still-prevalent>, Thailand’s Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access November 15, 2020]

⁴³³ Making you safe at home?, July 15 2019, <https://www.bangkokpost.com/life/social-and-lifestyle/1712676/making-you-safe-at-home>, Thailand’s Silent Pandemic: Domestic Violence during COVID-19, July 1 2020, <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence> [Access November 15, 2020], UN Thailand (2016) Thailand Common Country Assessment Report, TH-CCA-2016%20(1).pdf

programs.⁴³⁴ There have been cases in which SGBV survivors experienced secondary victimization owing to the way media broadcast them. Confidentiality and privacy must be protected. In addition, there were accusations on how television soap operas depict rape, and the government is taking measures to monitor inappropriate depictions that could reinforce gender inequality.⁴³⁵

The media plays a significant role in disseminating vital information about preventive measures of SGBV and where and what kind of service provision exists. However, it can also contribute to reinforcing unequal gender stereotypes and social norms that impede gender equality. Therefore, there needs to be a system that monitors whether the guidelines issued by the NPCT and NBTC are followed.

(6) Gender disaggregated data in segments are insufficient

In the field of human trafficking, various disaggregated data exist, such as gender, age, nationality, and types of exploitation, which are readily accessible on the Internet. These types of data, including the category of LGBTQ and disabilities, are needed in the field of DV, online sexual exploitation, and other types of SGBV. If these data are available, government and development partners can implement appropriate interventions. In addition, when collecting data, invisibility must be taken into consideration because migrants, stateless, and ethnic minorities can be left out of the data collection system because they are not formally registered.

2-3. Health Services (Sexual Reproductive Health and Mental Health)

Thailand has been promoting Universal Health Coverage since 2001, achieving a 99.87% coverage in 2017.⁴³⁶ The government has also worked on preventive medicine. As a result, maternal and neonatal mortality rates have already achieved the global targets. The Ministry of Public Health (MPH) is taking innovative approaches by promoting digital health system through the eHealth strategy, which was developed in 2017.⁴³⁷

One of Thailand's goals is to lower the rate of adolescent (15–19 years of age) pregnancy. The adolescent pregnancy rate in Thailand was 40.9 to 1,000 adolescent girls in 2017, whereas the average adolescent pregnancy rate of countries with similar economic levels as Thailand was approximately 30.7%.⁴³⁸ The adolescent pregnancy rate declined to 23.0 in 2019, but that of non-Thai and poor was as high as 47.0–49.0.⁴³⁹ There is a strong stigma associated with unwanted pregnancy.⁴⁴⁰

During the COVID-19 pandemic, mental health has become a serious health challenge. Thailand's suicide rate was the highest among the ASEAN countries even before the pandemic,⁴⁴¹ and according to the MPH data, the rate of

⁴³⁴ The Big Conversation: Handbook to Address Violence against Women in and through the Media, November 25, 2021, <https://bangkok.unesco.org/content/big-conversation-handbook-address-violence-against-women-and-through-media> [Access: January 4, 2022]

⁴³⁵ *ibid.*

⁴³⁶ Royal Thai Government (2017) Thailand's Voluntary National Review on the Implementation of the 2030 Agenda for Sustainable Development

⁴³⁷ Ministry of Public Health (2017) eHealth Strategy 2017-2026, https://ict.moph.go.th/upload_file/files/eHealth_Strategy_ENG_141117.pdf

⁴³⁸ W Panichkriangkrai et al. (2020) Universal access to sexual and reproductive health services in Thailand: achievements and challenges, *Sexual and Reproductive Health Matters* 2020;28(2):34–39

⁴³⁹ National Statistical Office of Thailand (2020) Thailand Multiple Indicator Cluster Survey 2019, Survey Findings Report. Bangkok, Thailand: National Statistical Office of Thailand, <https://www.unicef.org/thailand/media/5146/file/Multiple%20Indicator%20Cluster%20Survey%202019.pdf>

⁴⁴⁰ UN Thailand (2016) Thailand Common Country Assessment Report, p.54, TH-CCA-2016%20(1).pdf

⁴⁴¹ Suicide: Thailand's Epidemic In A Pandemic, March 18 2021, <https://theaseanpost.com/article/suicide-thailands-epidemic-pandemic>; With Southeast Asia's highest suicide rate, Thailand grapples with mental health challenge amid pandemic, March 18 2021,

<https://www.channelnewsasia.com/news/cnainsider/high-suicide-rate-region-thailand-grapples-mental-health-covid-14430142> [Access: May 2, 2021]

suicide among men was 12.3 to 100,000 men and that of women was 2.7 in 2020.⁴⁴² Compared with the 2019 data, the suicide rate increased 1.17 points for men and 0.33 points for women.⁴⁴³ The suicide rate of men is more than five times that of women.

Suicides in Thailand increased between 1997 and 2000, corresponding to the period of the Asian financial crisis. At that time, the number of unemployed people who committed suicide was twice that of employed people, and many were young men.⁴⁴⁴ As more men commit suicide than women do, further analysis is required during the COVID-19 pandemic.

2-3-1. SRH and Mental Health during the COVID-19 pandemic

On January 13, 2020, the first case of COVID-19 detected in Thailand was a resident of Wuhan, China, who had traveled to Bangkok. Since then, the government has implemented control measures to contain the spread of the virus. At the community level, community health volunteers (CHVs) actively disseminated information on the virus and its preventive measures. CHVs monitored households that had suspected cases of infection and made follow-ups under the supervision of health centers.⁴⁴⁵ For those who had an uncomplicated chronic illness, the health facilities prescribed drugs for 4 to 5 months instead of 2 to 3 months.⁴⁴⁶ Patients with serious cases of diabetes or hypertension were given permission to travel to the hospitals, and medicines were made available at their nearest health centers or delivered to them by the CHVs.⁴⁴⁷ In addition, health officers and CHVs made home visits and telemedicine was made available.⁴⁴⁸

Although Thailand struggled to contain the third wave of the COVID-19 outbreak after March 2021, it was praised by WHO in December 2020 as one of the most successful countries to contain the spread of the virus. It has been explained that the success was due to the implementation of rapid lockdown, efficiency in setting up COVID-19 testing places, rapid procurement of masks and related medical goods, high sanitation levels of the people, capacity to provide quality primary health care, high coverage of health care, and the high capacity of CHVs.⁴⁴⁹ SRH services were also acknowledged, as they were maintained even during the lockdown, while many countries were not able to do so.⁴⁵⁰

The following sections describe the situation of the provision of SRH services and mental health during the COVID-19 pandemic based on NGOs, academic reports, newspaper articles, and interviews conducted with relevant organizations stated in Table 1-3 of Part 1.

⁴⁴² Department of Mental Health, suicide statistics, https://www.dmh.go.th/report/suicide/stat_sex.asp [Access: January 2, 2021]

⁴⁴³ *ibid.*

⁴⁴⁴ Lotrakul, L (2006) Suicide in Thailand during the period 1998–2003, *Psychiatry and Clinical Neurosciences*, 60, 90–95, <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1440-1819.2006.01465.x>

⁴⁴⁵ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, <https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>; <https://www.reuters.com/article/us-health-coronavirus-thailand-volunteer-idUSKBN23B044>

⁴⁴⁶ UN Thailand (2020) Socio-Economic Impact Assessment of Covid-19 in Thailand, <https://www.unicef.org/thailand/media/5666/file/SocioEconomic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁴⁴⁷ *ibid.*

⁴⁴⁸ *ibid.*

⁴⁴⁹ *ibid.*, p. 151

⁴⁵⁰ Burkina Faso and Thailand achieving UHC for Sexual and Reproductive Health, December 11 2020, <https://www.who.int/news-room/feature-stories/detail/burkina-faso-and-thailand-achieving-uhc-for-sexual-and-reproductive-health> [Access: December 30, 2020]

(1) SRH during the COVID-19 pandemic

1) Unwanted pregnancies and unsafe abortions during the COVID-19 pandemic

During the lockdown period, access to family planning and antenatal care was disrupted.⁴⁵¹ According to the Tamtang Group, a civil society organization that provides abortion consultation services and a “Hotline for unwanted pregnancy 1663,” abortion services were severely disrupted and consultation regarding abortion increased. The referral system for safe abortion (RSA),⁴⁵² a network that provides information to women and girls who are suffering from unwanted pregnancy, revealed that 142 hospitals in 42 provinces provided abortion services before the lockdown period, but after May 2020, only 71 hospitals in 39 provinces provided abortion services.⁴⁵³ In May 2020, Choices Network Thailand, Tamtang, and other Thai NGOs went to the MPH to submit an open letter to the Director General of the Department of Health to ensure that women could access safe abortion services during the COVID-19 pandemic.⁴⁵⁴

By July 2020, the levels of abortion service provision had recovered to the pre-pandemic level. However, in May 2021, during the third wave of the COVID-19 outbreak, the “Hotline for unwanted pregnancy 1663” received 4,462 calls, which was a 44% increase compared with the number of calls received in October 2020.⁴⁵⁵

2) Disruption of HIV and sexually transmitted disease testing

A survey conducted by the Service Workers in Groups (SWING)⁴⁵⁶ revealed that, between March and April 2020, 50% of sex workers had trouble in accessing sexually transmitted disease (STD) tests, and 40% of sex workers experienced difficulties accessing condoms.⁴⁵⁷ In fact, those who accessed HIV and STD centers for testing for HIV/AIDS and STDs decreased by 25% to 50% during the lockdown.⁴⁵⁸ Lack of transport under lockdown, lack of personal protective equipment, and fear of contracting infection were the reasons for this decrease. Based on the results of the survey, SWING collaborated with hospitals that provided COVID-19 testing and offered counseling services to sex workers who came for COVID-19 testing and provided HIV testing if necessary.⁴⁵⁹

According to a survey conducted by the UN, 39% of LGBTQ people said that they could not access SRH services, such as STD testing and counseling.⁴⁶⁰ There was also a report stating that sex workers living with HIV/AIDS had difficulty accessing medicine.⁴⁶¹

⁴⁵¹ UN Thailand (2020) Socio-Economic Impact Assessment of Covid-19 in Thailand,

<https://www.unicef.org/thailand/media/5666/file/SocioEconomic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁴⁵² RSA Thai: Project Information, <https://www.rsathai.org/project> [Access: November 30, 2020]

⁴⁵³ CSO network petitions Dept. of Health to ensure access to safe abortion during Covid-19 pandemic, May 19 2020,

<https://prachatai.com/english/node/8530> [April 20, 2021]

⁴⁵⁴ *ibid.*

⁴⁵⁵ โคริดท่าพิช! หญิงไทยท้องไม่พร้อมพึ่งบริการสายด่วน1663 เดือนเดียวกว่า4พันราย, <https://mgronline.com/politics/detail/9640000062038> [Access: June 25, 2021]

⁴⁵⁶ An NGO that promotes and protect human rights of male, transgender and female sex workers, men who have sex with men. www.apnse.info

⁴⁵⁷ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, p.61,

<https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁴⁵⁸ Pre-exposure prophylaxis services in Thailand during COVID-19, November 26 2020, <https://www.who.int/news/item/26-11-2020-pre-exposure-prophylaxis-services-in-thailand-during-covid-19> [Access: July 25, 2021]

⁴⁵⁹ “We cannot provide only HIV services while sex workers are hungry”: Thai community organization steps in, June 1 2020,

https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200601_thailand [Access: July 25, 2021]

⁴⁶⁰ Vulnerable youth in Thailand falling behind in all key social and economic dimensions due to COVID-19, September 22 2020,

<https://thailand.un.org/en/91960-vulnerable-youth-thailand-falling-behind-all-key-social-and-economic-dimensions-due-covid-19> [Access: June 25, 2021]

⁴⁶¹ Surang Janyam, Dusita Phuengsamran, Jamrong Pangnongyang, Wutikan Saripra, Ladda Jitwattanapataya, et al. (2020). Protecting sex workers in Thailand during the COVID-19 pandemic: opportunities to build back better. WHO South-East Asia Journal of Public Health, 9 (2), 100 - 103. World Health Organization. Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/334191>

3) Heightened risk of adolescent pregnancy

One of the major challenges of SRH in Thailand is the high pregnancy rate in adolescents. It is of great concern that adolescent pregnancy will increase due to the disruption of abortion services during the COVID-19 pandemic.

Twenty percent of consultations reaching the Planned Parenthood Association Thailand (PPAT) and “Hotline for unwanted pregnancy 1663” were from women under the age of 20 years,⁴⁶² and a survey conducted by the UNFPA found that 20% of teenage mothers between the ages of 15 and 19 years reported that access to abortion has become difficult.⁴⁶³ Therefore, it can be estimated that unwanted pregnancy among adolescent girls will increase.

4) Menstruation poverty

The topic of periods is not discussed openly in Thailand; however, after the spokesperson of a political party discussed the high price of tampons on social media in 2019, women became more aware of how these products were taxed.⁴⁶⁴ During the COVID-19 pandemic, sanitary napkins became difficult to purchase for women experiencing financial difficulties. Consequently, movements demanding exemption from taxes for tampons and sanitary napkins were initiated.⁴⁶⁵

Many organizations distributed food and essential goods to the vulnerable population during the COVID-19 pandemic and these organizations underscored the importance of including sanitary napkins in essential goods.

(2) SRH during the COVID-19 pandemic

Anxieties piled up owing to loss of income, unemployment, and worries about the future due to lifestyle changes caused by lockdown measures and social distancing. A survey conducted by UN Women in April 2020 revealed that 84% of women and 79% of men felt that their mental health had been negatively affected by the pandemic, as shown in Figure 2-5. The proportion of mentally affected men and women in Thailand was higher than that in other countries.⁴⁶⁶

The MPH had anticipated that people’s mental health would be affected during the COVID-19 pandemic and therefore increased the number of lines dedicated to “Mental Health Hotline 1323” from 10 to 20 lines.⁴⁶⁷ The number of calls that reached the hotline between January and February 2020 was 20 to 40.⁴⁶⁸ In March 2020, 600

⁴⁶² Covid is poisonous! Pregnant Thai woman, not ready to rely on hotline service 1663 One month, more than 4,000, June 27 2021, <https://mgronline.com/politics/detail/9640000062038> [Access: June 25, 2021]; From interview with Planned Parenthood Association Thailand.

⁴⁶³ https://thailand.unfpa.org/sites/default/files/pub-pdf/youth_and_covid-19_-_teen_mom_v2_0.pdf

⁴⁶⁴ How Young Women Are Leading Thailand's Protests Against the Patriarchy, <https://www.globalcitizen.org/de/content/thailand-democracy-protests-gender-equality/> [Access: August 15, 2021]

⁴⁶⁵ More government support needed to meet women’s specific Covid challenges, activists tell PM, July 27 2021,

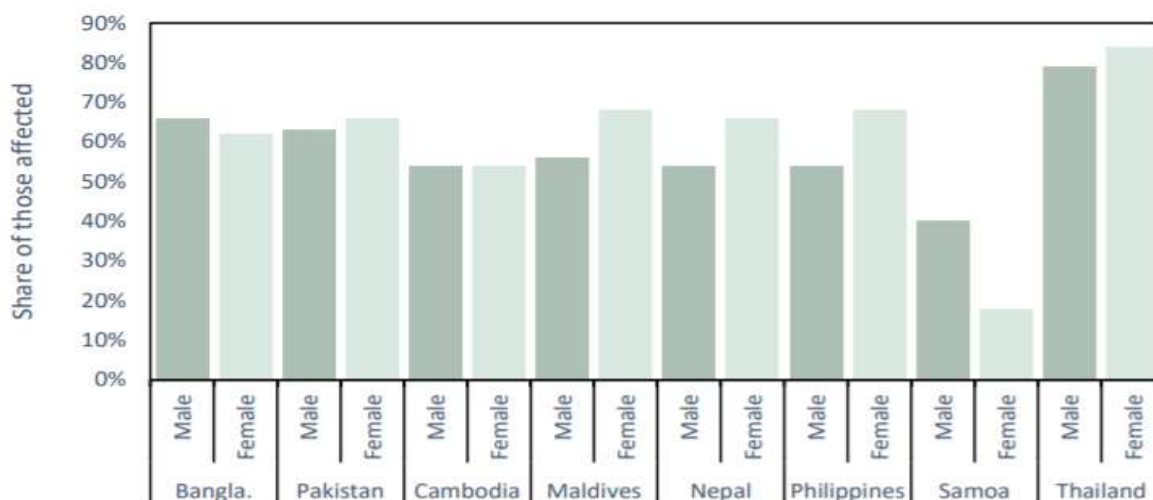
<https://www.thaienquirer.com/23631/more-government-support-to-meet-womens-specific-covid-challenges-activists-tell-pm/>; Opinion: the tampon tax is why we need more women representation in parliament, July 27 2021, <https://www.thaienquirer.com/30428/opinion-the-tampon-tax-is-why-we-need-more-women-representation-in-parliament/> [Access: July 19, 2021]

⁴⁶⁶ UN Women Rapid Assessment Survey on the socio-economic consequences of COVID-19 on women’s and men’s economic empowerment, April 29 2020, <https://data.UNWomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific> (23 April 2021) [Access: April 19, 2021]

⁴⁶⁷ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, <https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>; With Southeast Asia's highest suicide rate, Thailand grapples with mental health challenge amid pandemic, March 18 2021, <https://www.channelnewsasia.com/news/cnainsider/high-suicide-rate-region-thailand-grapples-mental-health-covid-14430142> [Access: April 20, 2021]

⁴⁶⁸ คนไทรปรึกษาสายด่วนสุขภาพจิตช่วง COVID ทะลุ 600 สาย, April 22 2020, <https://news.thaipbs.or.th/content/291508> [Access: March 20, 2021]

calls reached the hotline, and 55% were women.⁴⁶⁹ A survey conducted in May 2020 revealed that the stress levels of medical officers increased from 4.8% to 7.9% and that of the general public increased from 2.7% to 4.2%.⁴⁷⁰



Source: World Bank's Policy Research Working Paper 9709 "Gender and COVID 19"

Figure 2-5: People whose mental health was affected during the COVID-19 pandemic (%)

The number of suicides increased threefold between March 20 and April 25, 2020, compared to the same period in 2019.⁴⁷¹ The suicide rate in the first half of 2020 increased by 22 points compared to the same period in 2019, and the number of suicides increased by 12% from 5,870 in 2019 to 6,597 in 2020.⁴⁷²

According to the advisor of the Department of Mental Health, stress increased due to the fear of family members contracting COVID-19, including oneself, and worries about losing one's job. When asked if there were any gender differences, her reply was that women tended to worry more, and men were more successful in committing suicide than women were.⁴⁷³

(3) Vulnerable segments of women and girls in SRH and mental health

1) SRH

a) Sex workers

It can be said that all women of reproductive age were affected by the disruption of SRH services; however, sex workers were particularly vulnerable because condoms were scarce and difficulties in accessing HIV/AIDS and STD testing made them unable to continue their work.

⁴⁶⁹ *ibid.*

⁴⁷⁰ Overall Increase in People's Stress Levels, Survey Shows, June 18 2020, <https://www.nationthailand.com/news/30389842> [Access: April 20, 2021]

⁴⁷¹ Thailand's COVID19 suicide crisis shows the cost of inequality, May 11 2020, <https://www.aseantoday.com/2020/05/thailands-covid-19-suicide-crisis-shows-the-cost-of-inequality/>

⁴⁷² We need to talk about it, says Thailand mental health chief as suicide increase during COVID-19, October 17 2021, <https://www.channelnewsasia.com/asia/thailand-suicide-covid-19-mental-health-department-director-general-2247011> [Access: October 27, 2021]

⁴⁷³ From an interview

b) Adolescent girls

Adolescent pregnancy, abortion, and menstruations are issues that have not been openly discussed due to social norms. There are problems related to SRH that are not talked about especially by unmarried women and girls. Consequently, simple cases cause damage to the health of girls and women because they are unable to take preventive measures at earlier stages.

c) LGBTQ

Thailand has a 10-fold higher HIV prevalence among men who have sex with men than among the general population.⁴⁷⁴ As NGOs and civil society organizations that support people living with HIV/AIDS had to limit their activities during the lockdown, access to treatment services became difficult for those needing treatment. Although public hospitals were operating during the lockdown period, LGBTQ people hesitated to access public hospitals because they were scared that medical officers may be prejudiced against them.⁴⁷⁵

2) Mental health

a) Girls

Children's mental health status has deteriorated during the COVID-19 pandemic because of stress from online learning, loneliness, fear of contracting infection, and worries about an uncertain future.⁴⁷⁶ The Childline Thailand Foundation, an NGO that provides counselling services to children, received 30,946 calls in 2020. The number was four times higher than that in 2019, and the most frequent topic of the calls was mental health. The calls increased during March 2020 and continued to increase until July 2020, corresponding to the timing of school closure. Seventy-five percent of the calls were made by girls.⁴⁷⁷

b) Elderly women

In Thailand, many elderly people suffer from poor health, with almost 40% reporting some limitations in functional ability and 16% self-reporting poor or very poor health.⁴⁷⁸ Elderly people who were over 70 years of age were recommended to stay at home. As the "stay at home" period had been prolonged, serious impact not only on physical and cognitive functions but also on mental health was seen.⁴⁷⁹ It was found that the mental health of elderly people living alone was the most affected.⁴⁸⁰ As most of the elderly people who live alone in Thailand are women, there is a high possibility that their mental health is affected by the lack of support they require.⁴⁸¹

⁴⁷⁴ Newman PA, Chakrapani V, Williams C, Massaquoi N, Tepjan S, Rongprakhon S, Akkakanjanasupar P, Logie C, Rawat S (2021) An eHealth Intervention for Promoting COVID-19 Knowledge and Protective Behaviors and Reducing Pandemic Distress Among Sexual and Gender Minorities: Protocol for a Randomized Controlled Trial (#SafeHandsSafeHearts) JMIR Res Protoc 2021;10(12):e34381, <https://www.researchprotocols.org/2021/12/e34381>

⁴⁷⁵ International Commission of Justice (2021) The Impact of COVID-19 on the Economic, Social and Cultural Rights of the Marginalized in Thailand, <https://www.icj.org/wp-content/uploads/2021/08/Thailand-COVID-19-ESC-Rights-Briefing-Paper-2021-ENG.pdf>

⁴⁷⁶ World Mental Health Day 2020, October 10 2020, <https://www.unicef.org/thailand/stories/world-mental-health-day-2020> [Access: September 20, 2021]

⁴⁷⁷ From an interview with Childline Thailand Foundation.

⁴⁷⁸ ADB (2020) COVID-19 Active Response and Expenditure Support Program: Report and Recommendation of the President, p.2, <https://www.adb.org/sites/default/files/linked-documents/54177-001-sd-10.pdf>

⁴⁷⁹ *ibid.*

⁴⁸⁰ ADB (2020) COVID-19 Active Response and Expenditure Support Program: Report and Recommendation of the President, <https://www.adb.org/sites/default/files/linked-documents/54177-001-sd-10.pdf>, Pothisiri (2020) Psychological distress during COVID-19 pandemic in low-income and middle-income countries: a cross-sectional study in Thailand, <https://bmjopen.bmj.com/content/11/4/e047650>[July 1, 2021]

⁴⁸¹ *ibid.*

2-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic

(1) Abortion services were disrupted because of the prejudice that they were not essential

Even before the COVID-19 pandemic, abortion services were not provided in all provinces.⁴⁸² During the spread of COVID-19, medical resources shifted to COVID response, consequently decreasing the number of facilities used to provide abortion services by half.⁴⁸³ One of the reasons for the reduction in abortion services is that many perceive that abortion should not occur. For instance, there was a case where a woman had to travel outside her province to receive an abortion service; however, she did not disclose the real reason to obtain travel permission.⁴⁸⁴ She feared that she would not be granted permission if she said that her reason for travel was to receive abortion services.⁴⁸⁵ As the example shows, abortion is a taboo.

Access to safe abortion for adolescent girls is difficult because comprehensive sexuality education is not sufficiently provided at schools and most girls do not have sufficient knowledge about SRH. Social norms that stigmatize unmarried women make it more difficult for adolescent girls to access information on SRH and contraceptives. Moreover, the fear of being prejudiced by medical officers makes girls hesitant to seek advice on SRH issues, and thus increasing unwanted pregnancy and unsafe abortion.⁴⁸⁶

(2) Disruption of STD and HIV/AIDS testing owing to stigma towards sex workers

Sex workers have reported that accessing STD and HIV/AIDS testing became difficult during the COVID-19 pandemic. As sex work is not legalized in Thailand, sex workers were left out not only from SRH services but also from other social protection programs.⁴⁸⁷

(3) Many do not seek help because stigma is attached to mental health issues

Thailand has the highest suicide rates among ASEAN countries. The number of suicides rose during the Asian financial crisis in 1997, when people were affected economically and were worried about the uncertainty of their futures.⁴⁸⁸ It can, therefore, be assumed that suicides will increase during the pandemic.

Stigma and prejudice are attached to people who have mental health problems and people do not openly discuss anxiety or depression. These attitudes, together with incorrect perceptions of mental health, hamper the early

⁴⁸² CSO network petitions Dept. of Health to ensure access to safe abortion during Covid-19 pandemic, May 19 2020, <https://prachatai.com/english/node/8530> [April 20, 2021]

⁴⁸³ *ibid.*

⁴⁸⁴ From interviews with NGOs

⁴⁸⁵ From interviews with NGOs

⁴⁸⁶ Thailand struggles to curb high teen pregnancy rate, March 8 2013, <https://www.reuters.com/article/thailand-pregnancy-idUSL4N0BZ1EM20130308>; UNICEF (2015) Situation Analysis of Adolescent Pregnancy in Thailand, Bangkok, <https://www.bangkokpost.com/thailand/general/1982775/govt-seeks-to-slash-teen-pregnancy-rate> [Access: October 15, 2020]

⁴⁸⁷ UN Thailand (2020) Socio-Economic Impact Assessment of Covid-19 in Thailand, <https://www.unicef.org/thailand/media/5666/file/SocioEconomic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>, "We cannot provide only HIV services while sex workers are hungry": Thai community organization steps in, June 1 2020, https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200601_thailand [Access: July 25, 2021]; Vulnerable youth in Thailand falling behind in all key social and economic dimensions due to COVID-19, September 22 2020, <https://thailand.un.org/en/91960-vulnerable-youth-thailand-falling-behind-all-key-social-and-economic-dimensions-due-covid-19>, [Access: June 14, 2021]; Surang Janyam, Dusita Phuengsamran, Jamrong Pangnongyang, Wutikan Saripra, Ladda Jitwattanapataya. et al. (2020). Protecting sex workers in Thailand during the COVID-19 pandemic: opportunities to build back better. WHO South-East Asia Journal of Public Health, 9 (2), 100 - 103. World Health Organization. Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/334191>

⁴⁸⁸ Lotrakul (2006) Suicide in Thailand during the period 1998–2003, Psychiatry and Clinical Neurosciences 2006, 60, 90–95 <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1440-1819.2006.01465.x> [Access: March 20, 2021]

detection of symptoms and lead to the further deterioration of mental health status.⁴⁸⁹

2-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic

As described in 2-3-1 “SRH and Mental Health during the COVID-19 pandemic,” Thailand was praised by WHO in December 2020 as a country that efficiently contained the virus⁴⁹⁰ and has been recognized as a country that was able to maintain SRH service during the COVID-19 pandemic.⁴⁹¹

Table 2-4 summarizes the measures taken by the government, development partners, and private companies to respond to the challenges faced in SRH and mental health.

Table 2-4: Response measures taken in the areas of SRH and mental health

| Area | Measure/activity | Agency |
|------------------------------|--|---|
| Adolescent pregnancy | <ul style="list-style-type: none"> - Provided free contraceptive implants at government hospitals nationwide to avoid unwanted pregnancies. - Developed a LINE application “Teens Club” to provide information about services on adolescent pregnancy. | Government (MPH), UN, NGOs |
| Safe abortion | <ul style="list-style-type: none"> - Advocacy to the government for continuation of abortion services. - Consideration on integrating telemedicine for abortion into health services for the safety of both women and providers. | NGOs |
| Menstrual hygiene management | <ul style="list-style-type: none"> - Distribution of sanitary napkins | Government, UN, NGOs, private companies |
| Mental health | <ul style="list-style-type: none"> - Increasing lines of hotlines - Enhancement of counseling services | Government, universities, NGOs, private companies |

(1) Measures taken by government during the COVID-19 pandemic

1) SRH

a) Support for preventing adolescent pregnancy

In September 2020, the Department of Reproductive Health of MPH encouraged girls aged 10–19 years to obtain free contraceptive implants at government hospitals to avoid unwanted pregnancies.⁴⁹² The department also developed a LINE application called “Teen Club” that provides information on SRH, family planning, and services for adolescent pregnancy.⁴⁹³

b) Amending the law regarding abortion

In February 2021, the criminal code was amended and women were given full abortion rights for the first 12 weeks of their pregnancy. Prior to this amendment, women could get a legal abortion only if the pregnancy resulted from rape, if giving birth posed a physical or mental health risk to the mother, or the fetus was impaired

⁴⁸⁹ World Mental Health Day 2020, <https://www.unicef.org/thailand/stories/world-mental-health-day-2020> [Access: September 20, 2021]

⁴⁹⁰ WHO Praises Thailand for tackling bug, December 18 2020, <https://www.bangkokpost.com/thailand/general/2037147/who-praises-thailand-for-tackling-bug> [Access: December 30, 2020]; Ministry of Public Health and WHO (2020) Joint Intra-Action Review of the Public Health Response to COVID-19 in Thailand https://cdn.who.int/media/docs/default-source/health-security-preparedness/cer/iar/iar-response-to-covid19-thailand-july.2020.pdf?sfvrsn=e6f43d34_3&download=true

⁴⁹¹ Burkina Faso and Thailand achieving UHC for Sexual and Reproductive Health, December 11 2020, <https://www.who.int/news-room/feature-stories/detail/burkina-faso-and-thailand-achieving-uhc-for-sexual-and-reproductive-health> [Access: December 30, 2020]

⁴⁹² Govt sees to slash teen pregnancy rate, September 10 2020, <https://www.bangkokpost.com/thailand/general/1982775/govt-seeks-to-slash-teen-pregnancy-rate> [Access: March 20, 2021]

⁴⁹³ *ibid.*

and only at the discretion of a licensed health care provider.

2) Mental Health

a) Strengthening the capacity of consultation services

- The Department of Mental Health of MPH increased the number of lines for “Mental Health Hotline 1323” from 10 lines to 20 lines.⁴⁹⁴
- The MPH developed an application that enables self-checking of one’s mental health status.
- The Department of Mental Health of MPH trained the CHVs to report to social workers, nurses, and psychiatrists when they detected villagers who were stressed and had suicidal thoughts.⁴⁹⁵

(4) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) SRH

a) Support for preventing adolescent pregnancy

Since June 2020, UNICEF has been supporting the Adolescent Pregnancy Program run by PPAT to educate youth on family planning and prevention of unwanted pregnancy in two districts of Chiangmai province, which have high adolescent pregnancy rates. The program trains peer educators and volunteers to promote information on SRH and encourages pregnant women to undergo health check-ups.⁴⁹⁶

b) Support for safe abortion

- In May 2020, Choices Network Thailand, together with various NGOs, advocated to ensure that women can access safe abortion services during the COVID-19 pandemic and submitted a letter to the MPH.⁴⁹⁷
- PPAT continued their services except for the clinic in Phuket province during the lockdown period.
- Trade unions such as the Women Workers Unity Group and the National Commission of Human Rights requested the government to secure access to safe abortion services during the COVID-19 pandemic because abortion services tend to be left out due to the stigma attached to women who want abortion.⁴⁹⁸

c) Distribution of sanitary napkins

UN Women and ILO provided packages of essential goods that included sanitary napkins and a list of contacts of SGBV support organizations to foreign migrant workers while they were undertaking quarantine measures when the cluster of COVID-19 was identified among them.⁴⁹⁹

⁴⁹⁴ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, <https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>; With Southeast Asia's highest suicide rate, March 18 2021, Thailand grapples with mental health challenge amid pandemic, <https://www.channelnewsasia.com/news/cnainsider/high-suicide-rate-region-thailand-grapples-mental-health-covid-14430142> [April 20, 2021]

⁴⁹⁵The dark side of Thailand’s corona virus success, June 16 2020, <https://www.npr.org/sections/goatsandsoda/2020/06/16/874198026/the-cost-of-thailands-coronavirus-success-despair-and-suicide>

⁴⁹⁶ Helping young families help themselves during COVID-19, August 24 2021, <https://www.unicef.org/thailand/stories/helping-young-families-help-themselves-during-covid-19>

⁴⁹⁷ THAILAND: Petition to the Department of Health to ensure that women can access safe abortion services during the COVID-19 pandemic, May 7 2020, <https://www.safeabortionwomensright.org/news/thailand-petition-to-the-department-of-health-to-ensure-that-women-can-access-safe-abortion-services-during-the-covid-19-pandemic/>

⁴⁹⁸ More government support needed to meet women’s specific Covid challenges, activists tell PM, February 1 2021, <https://www.thaienquirer.com/23631/more-government-support-to-meet-womens-specific-covid-challenges-activists-tell-pm/> ; National; National Commission of Human Rights Annual Report 2020, <http://www.nhr.or.th/getattachment/265c4a19-f322-4c30-8146-67497158985b/Executive-Summary-2020.aspx> [Access: July 19, 2020]

⁴⁹⁹ From interviews with ILO and UN Women

d) Surveys on SRH

The UNFPA, in partnership with NGOs, conducted surveys on SRH to 2,200 youth with disabilities, youth who belong to ethnic minority groups, and youth who live in the southern provinces that border Malaysia. It was found from the surveys that the youth wanted to receive comprehensive sexuality education, and youth with disabilities needed better access to SRH services.⁵⁰⁰

2) Mental health

Most of the support provided on mental health was for children and is therefore described in 2-5-3 (2) 3 “Mental health” of this chapter.

2-3-4. Gaps in Response to SRH and Mental Health

(1) SRH: Abortion services were the most affected

SRH services that became difficult to access during the COVID-19 pandemic were those related to abortion, STDs, and HIV/AIDS. These three issues are stigmatized and prejudiced. Therefore, it is important that the youth obtains correct knowledge on those issues. In addition, information on how to access contraception and how to prevent pregnancy should be more accessible to the youth.

(2) Mental health: more detailed data on mental health are needed

The mental health status of the general population is affected by fear of contracting infection and economic stagnation. The number of suicides is rising. The government and NGOs are strengthening capacities to provide mental health care. However, to undertake more efficient and effective measures, disaggregated data by gender, age, occupation, financial status, and ethnicity regarding mental health should be collected and analyzed.

2-4. Economic Activities and Livelihoods

According to the Global Gender Gap Report 2021, the FLFPR is 66.8%, which is 15 points lower than that of men. 35.1% of legislators, senior officials, and managers are women, and although their participation has not reached parity, it is high compared to other countries in the world.⁵⁰¹ 68% of civil servants are women,⁵⁰² whose jobs are more secure with better social benefits than most of the working population. The government is improving the working conditions for women, extended its maternal leave from 90 days to 98 days in 2019, and is planning to increase child benefits.⁵⁰³

However, 65.2% of women in the labor force are informal workers⁵⁰⁴ who are not eligible for maternity leave or any other type of social protection. Most women informal workers are daily wage laborers, working in family businesses, or are self-employed.⁵⁰⁵ In particular, women informal workers living in rural areas hold insecure jobs,

⁵⁰⁰ UNFPA (2021) Asia and the Pacific Region COVID Situation Report January-May 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/apro_covid-19_regional_sitrep_jan_-_may_2021.pdf

⁵⁰¹ World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

⁵⁰² Department of International Organizations Ministry of Foreign Affairs of Thailand (2021) Thailand's Voluntary National Review, https://sustainabledevelopment.un.org/content/documents/279482021_VNR_Report_Thailand.pdf, p.29

⁵⁰³ World Bank (2021) Aging and the Labor Market in Thailand : Labor Markets and Social Policy in a Rapidly Transforming and Aging Thailand (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/428491622713258312/Aging-and-the-Labor-Market-in-Thailand-Labor-Markets-and-Social-Policy-in-a-Rapidly-Transforming-and-Aging-Thailand>

⁵⁰⁴ World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

⁵⁰⁵ Bertelsmann Stiftung (2020) BTI 2020 Country Report-Thailand. Gütersloh: Bertelsmann Stiftung, <https://www.bti->

and only 13.67% have accessed loans from banks.⁵⁰⁶ Gaining formal employment is only possible for the highly educated, and as only 5% of households in poverty have members in universities, the chances are extremely low for impoverished rural women to obtain formal employment.⁵⁰⁷ There is a wide gap in terms of job security and income between informal and formal workers and between residents in rural and urban areas.

Women entrepreneurs are concentrated in small-scale businesses in the retail sector and in services that do not require high skills.⁵⁰⁸ Most of these women become entrepreneurs because they do not have other options, and the main reasons they quit are that 1) they could not generate profit, 2) they could not access loans, and 3) they could not work due to an increase in unpaid care work.⁵⁰⁹

2-4-1. Economic Activities and Livelihoods during the COVID-19 pandemic

Most people have been economically affected by the spread of COVID-19. The gross domestic product (GDP) decreased by 6.7% in 2020, which was the second-largest decrease since the 1997 Asian financial crisis.⁵¹⁰ According to the Office of the National Economic and Social Development Council, the most affected industries in the first quarter of 2020 were accommodation and food services, manufacturing, agriculture, transportation, and storage, all of which had a high proportion of informal workers.⁵¹¹ As shown in Table 2-5, accommodation and food services, manufacturing, wholesale and retail, and agriculture had a high number of women.

Table 2-5: Numbers and percentages of women in formal and informal employment by industry

| Industry | Labor force | Proportion of informal workers (%) | Proportion of women within the informal workers ⁵¹² (%) |
|---------------------------------|-------------|------------------------------------|--|
| Agriculture | 11,800,000 | 92% | 42% |
| Wholesale and retail | 6,200,000 | 56.5% | 53% |
| Manufacturing | 6,100,000 | 22% | 57% |
| Accommodation and food services | 2,800,000 | 65.1% | 66% |
| construction | 2,200,000 | 49.3% | 15% |
| Transportation storage | 1,500,000 | 40.2% | — |

Source: UN Thailand (2020) Socio-Economic Impact Assessment of COVID-19 in Thailand, ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program, ASEAN (2020) ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN

project.org/content/en/downloads/reports/country_report_2020_THA.pdf, p.22, ILO 2020 ; ILO Brief (2020) COVID-19 employment and labour market impact in Thailand, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_747944.pdf

⁵⁰⁶ Thailand, https://asiapacific.unwomen.org/en/countries/thailand#_ftn7 [Access: February 4, 2021]

⁵⁰⁷ UNICEF, Youth Colab, UNDP, Citi Group (2020) Addressing Gender Barriers to Entrepreneurship and Leadership among Girls and Women in Southeast Asia,

<https://www.unicef.org/thailand/media/6001/file/Addressing%20Gender%20Barriers%20to%20Entrepreneurship%20and%20Leadership%20Among%20Girls%20and%20Young%20Women%20in%20South-East%20Asia.pdf>; Department of International Organizations Ministry of Foreign Affairs of Thailand (2021) Thailand's Voluntary National Review,

https://sustainabledevelopment.un.org/content/documents/279482021_VNR_Report_Thailand.pdf, p.27

⁵⁰⁸ ILO (2018) The importance of perceptions in promoting women's entrepreneurship in Thailand, Research by Ulrike Guelich, Ph.D., Asst. Prof. Bangkok University School of Entrepreneurship and Management (BUSEM), Thailand https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_616212.pdf, Rebuilding Better : Fostering Business Resilience Post-COVID-19, [Access: June 13, 2021]

⁵⁰⁹ UNDP, UNICEF, Youth Co: Lab (2021) Addressing gender barriers to entrepreneurship and leadership among girls and young women in Southeast Asia, <https://www.unicef.org/thailand/media/6001/file/Addressing%20Gender%20Barriers%20to%20Entrepreneurship%20and%20Leadership%20Among%20Girls%20and%20Young%20Women%20in%20South-East%20Asia.pdf>

⁵¹⁰ Five things to know about Thailand's economy and Covid-19, June 23 2021, <https://www.imf.org/en/News/Articles/2021/06/21/na062121-5-things-to-know-about-thailands-economy-and-covid-19>

⁵¹¹ National Economic and Social Development Council (2020) NESDC Economic Report-Thai Economic Performance in Q1 and Outlook for 2020, https://www.nesdc.go.th/nesdb_en/article_attach/article_file_20200525140723.pdf

⁵¹² National Statistical Office of Thailand (2020) The informal employment survey 2020, P.43, http://www.nso.go.th/sites/2014en/Survey/social/labour/informalEmployment/2020/Full_Report_2020.pdf

(1) Women informal workers during COVID-19

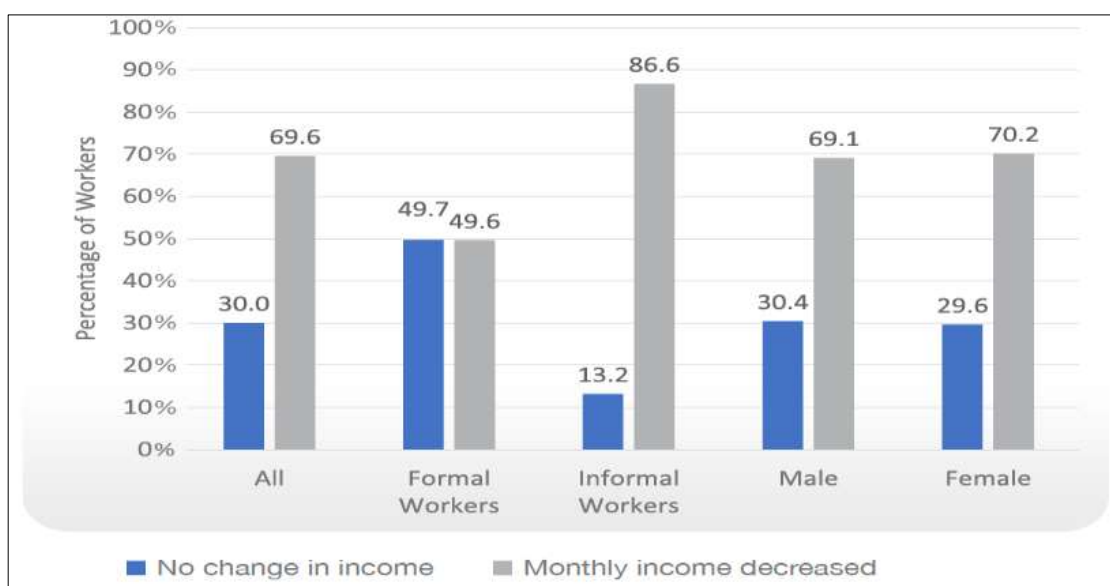
In the female labor force, 65.2% were informal workers who were not covered by social security.⁵¹³ Table 2-6 shows how the COVID-19 pandemic affected the incomes of men, women, and formal and informal workers. The average change in income of women was -49.27%, showing that women are 4.12 percentage points more negatively affected than men. The average change in income of informal workers was -63.30%, which is 35 points more negative than that of formal workers.

Table 2-6: Average decline in individual income

| | Average change in income (%) |
|------------------|------------------------------|
| Men | -45.15 |
| Women | -49.27 |
| Formal workers | -27.86 |
| Informal workers | -63.30 |

Source: Asia Foundation (2020) Enduring the Pandemic: Surveys of the Impact of Covid-19 on Thai Small Businesses

Figure 2-6 shows changes in income during the COVID-19 pandemic. As shown in the figure, there is almost no difference in the percentage of women and men regarding income decrease. However, there is a stark difference between formal and informal workers, where there is a 37-point difference in terms of workers who experienced an income decrease. It is clear from both Table 2-6 and Figure 2-6 that informal workers have been negatively affected by the COVID-19 pandemic.



Source: Asia Foundation (2020) Enduring the Pandemic: Surveys of the Impact of Covid-19 on Thai Small Businesses, p.28

Figure 2-6: Impact on individual income

According to a joint study conducted by Chulalongkorn University and Thammasat University of 400 informal workers (65.8% women), 95% of respondents faced economic insecurity, 39% experienced financial difficulty purchasing food and necessities, 33% withdrew their savings, more than 25% received personal loans from families and friends, and 11% obtained money from loan sharks. The respondents were more worried about hunger and

⁵¹³ World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

becoming homeless than about contracting infection.⁵¹⁴

The following section describes the situation of 3.2 million women informal workers that are registered with the Federation of Informal Workers of Thailand (FIT), and the agricultural workers and sex workers that are surveyed in UN reports. The major occupations of the women informal workers registered with the FIT are home-based workers, street vendors, and domestic workers.⁵¹⁵

1) Home-based workers

Home-based workers were hit hard because they were usually subcontracted by factories or shops, whose orders have decreased and who have also cut the pay of home-based workers. A survey conducted by Women in Informal Employment: Globalizing and Organizing (WIEGO) revealed that between June and July 2020, the daily average earnings of home-based workers had recovered by only 46% of what they used to earn before the pandemic.⁵¹⁶

2) Street vendors

Street vendors who sold food were defined as essential workers and were therefore allowed to work during the lockdown period.⁵¹⁷ From June to July 2020, their daily average earnings recovered by 81% compared to pre-pandemic figures,⁵¹⁸ and that of street vendors who were not selling food had only recovered by 39%.⁵¹⁹ As the income of street vendors selling food recovered faster, people in other businesses shifted to selling food and competition increased.⁵²⁰

3) Domestic workers

Most domestic workers in Thailand are foreign migrants from neighboring countries.⁵²¹ According to a survey by WIEGO, the daily average earnings of domestic workers between June and July 2020 were 97% of what they earned in 2019.⁵²² As the income of domestic workers was hardly affected, 14% of the informal workers who were in other businesses became domestic workers, and competition increased.⁵²³

4) Agricultural workers

Agricultural workers who sold their products to hotels or for exports lost their income because tourism was devastated by the COVID-19 pandemic. Agricultural workers who produced for the domestic market were also hit hard between March and May 2020, because shopping malls and restaurants were closed.⁵²⁴

⁵¹⁴ W. Komin et al (2020) Covid-19 and its impact on informal sector workers: a case study of Thailand, *Asia Pacific Journal of Social Work and Development* Volume 31, 2021, <https://www.tandfonline.com/doi/full/10.1080/02185385.2020.1832564>

⁵¹⁵ WIEGO (2019) *Informal Workers in Urban Thailand: A Statistical Snapshot*. 2 table 2, https://www.wiego.org/sites/default/files/publications/file/Informal%20Workers%20in%20Urban%20Thailand%20WIEGO%20SB%2020_1.pdf

⁵¹⁶ Women in Informal Employment: Globalizing and Organizing (2021) *COVID-19 Crisis and the Informal Economy: Informal Workers in Bangkok, Thailand*, https://www.wiego.org/sites/default/files/publications/file/WIEGO_FactSheet_Bangkok_Final_web.pdf

⁵¹⁷ *ibid.*

⁵¹⁸ *ibid.*

⁵¹⁹ *ibid.*

⁵²⁰ *ibid.*

⁵²¹ Tips for Employers of Domestic Workers during the COVID-19 Pandemic, <https://mwgthailand.org/en/news/1585898826>

⁵²² Women in Informal Employment: Globalizing and Organizing (2021) *COVID-19 Crisis and the Informal Economy: Informal Workers in Bangkok, Thailand*, https://www.wiego.org/sites/default/files/publications/file/WIEGO_FactSheet_Bangkok_Final_web.pdf

⁵²³ *ibid.*

⁵²⁴ Sreenonchai, S.; Arunrat, N. Understanding Food Security Behaviors during the COVID-19 Pandemic in Thailand: A Review. *Agronomy* 2021, 11, 497. <https://doi.org/10.3390/agronomy11030497>; Poapongsakorn, Urairat Jantarasiri (2020) The impact of COVID-19 on agriculture in Thailand, Material from Webinar, <https://www.canr.msu.edu/prci/Webinars/economic-and-social-impact-of>

Small-scale agricultural workers were also affected because they could not go to the market to sell their produce under the movement restrictions. In addition, most small-scale agricultural workers rely on the remittances sent by migrant family members. As their remittances were reduced due to the economic stagnation caused by the COVID-19 pandemic, small-scale agricultural workers had difficulties making ends meet.

5) Sex workers

Revenue from tourism in 2020 is estimated to decrease by 70% owing to a decrease in tourists and the closure of entertainment zones.⁵²⁵ Many sex workers, estimated to number about 300,000 workers, are losing their earnings.⁵²⁶

According to a survey of 255 sex workers, 91% of the respondents lost their jobs, 75% did not have enough money to pay their daily expenses, 66% could no longer cover the cost of food, and 18% had problems finding a place to live.⁵²⁷ The survey also revealed that 72% of the respondents thought that they were not eligible to receive government assistance because sex work is not legal, and 40% felt that they could not ask their employer to vouch for them as employees so that they could access cash transfers for informal workers.

In particular, it was difficult for foreign sex workers who had smaller networks in Thailand and had to rely on NGOs and donations.⁵²⁸ Foreign sex workers and stateless sex workers were extremely vulnerable because they were engaged in illegal work with no formal ID or residence permits.⁵²⁹ Therefore, they were at a high risk of arrest, and there were agents that prey on their vulnerable status.

(2) Segments of women whose economic activities and livelihoods were negatively affected during the COVID-19 pandemic

1) Foreign women migrant workers

There are 4.9 million foreign migrant workers in Thailand, but only 2.8 million are registered as workers (57%).⁵³⁰ It is estimated that the work done by foreign migrant workers contributes 4.3% to 6.6% of the GDP. Most foreign migrant workers come from Myanmar, Lao PDR, and Cambodia, and more than half are women.⁵³¹ A study conducted by the ILO in 2016 revealed that 90% of foreign women domestic workers and 65% of foreign women

⁵²⁵ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, <https://www.unicef.org/thailand/media/5071/file/Social%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>; ASEAN leaders urged: Provide gender-based measures amid COVID-19 emergency, April 22 2020, <https://globalnation.inquirer.net/187065/asean-leaders-urged-provide-gender-based-measures-amid-covid-19-emergency> [Access: April 15, 2021]

⁵²⁶ *ibid.*

⁵²⁷ Surang Janyam, Dusita Phuengsamran, Jamrong Pangnongyang, Wutikan Saripra, Ladda Jitwattanapataya. et al. (2020). Protecting sex workers in Thailand during the COVID-19 pandemic: opportunities to build back better. WHO South-East Asia Journal of Public Health, 9 (2), 100 - 103. World Health Organization. Regional Office for South-East Asia. <https://apps.who.int/iris/bitstream/handle/10665/334191/seajph2020v9n2p100-eng.pdf?sequence=1&isAllowed=y>

⁵²⁸ Thailand's migrant sex workers fear for the future post-coronavirus: 'We have been made invisible', June 1 2020, <https://www.independent.co.uk/news/world/asia/thailand-migrant-sex-workers-coronavirus-a9595356.html>, Southeast Asia's sex workers in corona virus limbo, July 22 2020, <https://news.cgtn.com/news/2020-07-22/South-East-Asia-s-sex-workers-in-coronavirus-limbo-SkGGG2kWU8/index.html> [Access: March 31, 2021], Economic Hardship, corona virus push Thailand's single mothers make tough choices, February 17 2021, <https://www.voanews.com/economy-business/economic-hardship-coronavirus-push-thailands-single-mothers-make-tough-choices> [Access: April 19, 2021]

⁵²⁹ Surang Janyam, Dusita Phuengsamran, Jamrong Pangnongyang, Wutikan Saripra, Ladda Jitwattanapataya. et al. (2020). Protecting sex workers in Thailand during the COVID-19 pandemic: opportunities to build back better. WHO South-East Asia Journal of Public Health, 9 (2), 100 - 103. World Health Organization. Regional Office for South-East Asia. <https://apps.who.int/iris/bitstream/handle/10665/334191>

⁵³⁰ Data of December 2019 is 2,788,316 people, UNICEF, UN Women, CARE (2020) Rapid Gender Analysis during COVID-19 pandemic, <https://www.unicef.org/eap/media/6871/file/Rapid%20Gender%20Analysis%20during%20COVID-19%20Pandemic.pdf> [Access: April 15, 2021]

⁵³¹ UNICEF, UN Women, CARE (2020) Rapid Gender Analysis during COVID-19 pandemic <https://www.unicef.org/eap/media/6871/file/Rapid%20Gender%20Analysis%20during%20COVID-19%20Pandemic.pdf> [April 15, 2021]

construction workers were paid below the minimum wage and work long hours.⁵³²

The International Organization for Migration (IOM) conducted a rapid assessment in April 2020 of migrant workers from Myanmar, Lao PDR, Cambodia, and stateless people. According to the assessment, 57% of the respondents were experiencing economic difficulties.⁵³³ Those who worked in sectors such as construction, domestic work, and retail were hit hard, and those who continued to maintain their jobs worked without PPEs, risking infection.⁵³⁴ In particular, foreign migrant workers live in densely populated areas where safe water and health services are hardly accessible.⁵³⁵ The spread of COVID-19 has worsened their circumstances due to unemployment and income loss.⁵³⁶

Those who go back to their home countries are also at risk of being exploited because there are no jobs at home, and if they want to return to Thailand, they have to rely on agents, which heightens the risk of being trafficked. There have been reports of foreign migrants re-entering Thailand by paying an enormous amount of money to agents and/or corrupt police officers.⁵³⁷

2) Elderly women

In Thailand, 20% of the population is over 60 years old, and more than half are women.⁵³⁸ 25% of women over 60 years old generate income, but 27% do not have any savings and many rely on remittances from their family members.⁵³⁹

NGOs reported that even though most of the elderly who were working were informal workers, they could not benefit from the cash transfer program targeting informal workers because they did not know about the program and/or were not able to apply online owing to their poor digital literacy.⁵⁴⁰

During the COVID-19 pandemic, elderly women suffered from decreased remittances due to economic stagnation, inability to access cash transfer programs without assistance from others, and deteriorating health conditions, which pushed them into a vulnerable position.⁵⁴¹

3) Women with disabilities

Women with disabilities account for 53% of officially registered people with disabilities. Of the women with

⁵³² ILO (2016) Overworked and undervalued: New ILO studies find discrimination against women migrant workers in construction and domestic work in Thailand, https://www.ilo.org/asia/media-centre/news/WCMS_537451/lang--en/index.htm

⁵³³ IOM (2020) Rapid Assessment: COVID-19 related vulnerabilities and perceptions of Non-Thai populations in Thailand, <https://thailand.iom.int/sites/default/files/document/publications/COVID-19%20Rapid%20Assessment%20Thailand.pdf>

⁵³⁴ ILO (2020) COVID-19: Impact on migrant workers and country response in Thailand https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/briefingnote/wcms_741920.pdf

⁵³⁵ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program

⁵³⁶ *ibid.*

⁵³⁷ From interviews with international organizations and NGOs

⁵³⁸ Khiewrord (2020) Thailand needs to do more to support older people from the impact of the COVID-19 pandemic <https://reliefweb.int/report/thailand/thailand-needs-do-more-support-older-people-impact-covid-19-pandemic>

⁵³⁹ ADB (2020) COVID-19 Active Response and Expenditure Support Program: Report and Recommendation of the President, <https://www.adb.org/sites/default/files/linked-documents/54177-001-sd-10.pdf>

⁵⁴⁰ Thailand needs to do more to support older people from the impact of the COVID-19 pandemic, July 8 2020, <https://reliefweb.int/report/thailand/thailand-needs-do-more-support-older-people-impact-covid-19-pandemic>; ADB (2020) COVID-19 Active Response and Expenditure Support Program: Report and Recommendation of the President, <https://www.adb.org/sites/default/files/linked-documents/54177-001-sd-10.pdf> [April 19, 2021]; More government support needed to meet women's specific Covid challenges, activists tell PM, February 1 2021, <https://www.thaienquirer.com/23631/more-government-support-to-meet-womens-specific-covid-challenges-activists-tell-pm/> [Access: July 19, 2021]

⁵⁴¹ *ibid.*

disabilities, 36.3% were employed, while the rate for men is 42.6%.⁵⁴²

People with disabilities receive 800 baht per month from the government. During the COVID-19 pandemic, those who possessed a “disability card” received 1,000 baht per month for a period of 3 months. However, 1,000 baht does not cover monthly expenses, and many people with disabilities were not able to receive the money because they could not move without caretakers. Most people with disabilities who are working are employed under the Empowerment of Persons with Disabilities Act 2007⁵⁴³ and are not covered by social security. However, it was not clear whether they were able to apply for the cash transfer program that targeted informal workers.⁵⁴⁴

4) Single mothers

Single mothers used to work while their children were in childcare centers and schools. During the lockdown period, childcare centers and schools were closed; therefore, single mothers with young children had to look after their children, which made it difficult for them to work.⁵⁴⁵ By July 2020, single mothers had a hard time buying milk and diapers, paying rent, and paying loans for their cars.⁵⁴⁶ 60% of the mothers who have school-going children in the Klongtoey slum, the largest slum in Bangkok, are single mothers and have lost their jobs during the COVID-19 pandemic.⁵⁴⁷ 40% of the sex workers are also single mothers, and as entertainment zones were shut during the lockdown, most of the sex workers lost their jobs.⁵⁴⁸

2-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic

(1) Sectors where women workers’ share was high were hit hard

It is estimated that the unemployment rate would be 7.6% and that of women would be 11.7% during the COVID-19 pandemic.⁵⁴⁹ In the first quarter of 2020, which corresponded to the onset of the COVID-19 outbreak, the industries that were most affected were accommodation and food services, manufacturing, and agriculture.⁵⁵⁰ As shown in Figure 2-7, the share of informal workers in the above-mentioned industries is high; therefore, it constitutes one of the reasons that women’s unemployment rate is higher than that of men.

⁵⁴² ESCAP (2015) Disability at a Glance 2015: Strengthening Employment Prospects for Persons with Disabilities in Asia and the Pacific, p.134-135, https://www.unescap.org/sites/default/d8files/knowledge-products/SDD%20Disability%20Glance%202015_Final_1.pdf

⁵⁴³ Law that determined the company to employ at least one person with disabilities to 100 employees.

⁵⁴⁴ Thailand COVID 19: Reality is twice as harsher now for disabled women defending women, April 21 2020, <https://protectioninternational.org/en/news/thailand-covid19-reality-twice-harsh-now-disabled-women-defending-human-rights> [April 20, 2021]

⁵⁴⁵ More government support to meet women’s specific covid challenges, activists tell pm, February 1 2021, <https://www.thaienquirer.com/23631/more-government-support-to-meet-womens-specific-covid-challenges-activists-tell-pm/> [Access: August 8, 2021]

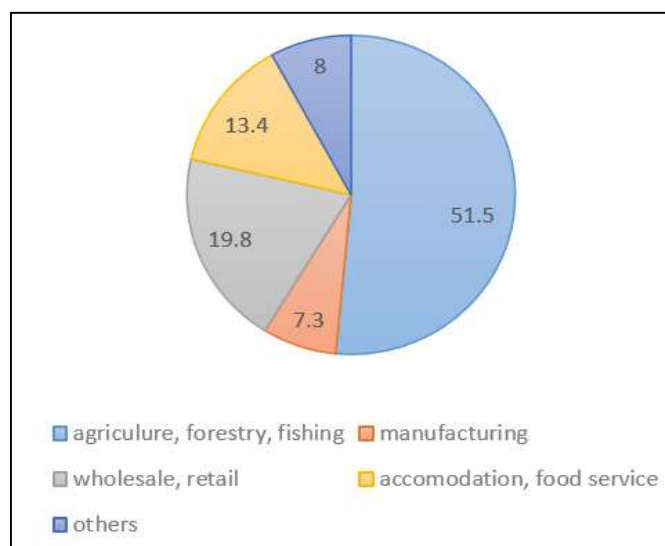
⁵⁴⁶ ผู้หญิง-แม่และเด็ก ความอดอยาก-ความรุนแรงในช่วงโควิดระบาด, July 20 2020, <https://www.hfocus.org/content/2020/07/19808>

⁵⁴⁷ From interviews with NGOs

⁵⁴⁸ Economic Hardship, corona virus push Thailand’s single mothers make tough choices, February 17 2021, <https://www.voanews.com/economy-business/economic-hardship-coronavirus-push-thailands-single-mothers-make-tough-choices> [Access: August 8, 2021]

⁵⁴⁹ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>

⁵⁵⁰ National Economic and Social Development Council (2020) NESDC Economic Report-Thai Economic Performance in Q1 and Outlook for 2020, https://www.nesdc.go.th/nesdb_en/article_attach/article_file_20200525140723.pdf



Source: The Informal Employment Survey 2020 (Table 3.8)
 Figure 2-7: Share of women informal workers by industry

(2) Increase in unpaid care and domestic work

During the COVID-19 pandemic, it was clear that women limited their work for their families in times of emergency. According to the World Bank’s “Thailand Economic Monitor, January 2021,” the FLFPR dropped between the first and second quarters.⁵⁵¹ The period of the drop corresponded to the school closure period, and it was assumed that women had to leave work because they had to take care of their children.

In fact, many of the female interviewees in this study mentioned that it was the mothers who took care of their children, and their stress piled up because they also had to work professionally. There were cases in which offices allowed them to bring their children to work.

Moreover, women are responsible for taking care not only of their children but also the elderly. A study of the elderly revealed that 50% of respondents had received care from their daughters and only 12% were taken care of by their sons.⁵⁵² This unpaid care work has been impeding women’s economic participation since the pre-pandemic era, and the time spent on such work increased during the lockdown period. In addition to school closures and other facilities being closed, helpers were also not available because of movement restrictions.

2-4-3. Response Measures to Enhance Economic Activities during the COVID-19 pandemic

Governments, development partners, and private companies have taken measures to respond to the impact of the COVID-19 pandemic, which has negatively influenced women’s economic activities and livelihoods. Table 2-7 summarizes the activities undertaken in the areas of social protection, employment, income generation, entrepreneurship, and financial inclusion.

⁵⁵¹ World Bank (2021) Thailand Economic Monitor January 2021, <http://documents1.worldbank.org/curated/en/236271611069996851/pdf/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs.pdf>, p.43

⁵⁵² World Bank (2021) Aging and the labor market in Thailand, <https://documents1.worldbank.org/curated/en/428491622713258312/pdf/Aging-and-the-Labor-Market-in-Thailand-Labor-Markets-and-Social-Policy-in-a-Rapidly-Transforming-and-Aging-Thailand.pdf>

Table 2-7: Response measures taken for enhancing economic activities for women

| Area | Measure/activity | Agency |
|--|---|--|
| Social protection | - Cash transfer programs to informal workers, agricultural workers, elderlies, people with disabilities, welfare recipients, and foreign migrant workers. | Government |
| | - Distribution of food and essential goods to families in poverty. | Government, UN, NGOs |
| | - Dissemination of information on social protection programs and assisting the application process. | |
| Employment | - Provision of occupational skills training linking to employment. | Government (MSDHS) |
| Income generation and entrepreneurship | - Nurturing of women entrepreneurs | Government, bilateral aid organizations, UN, NGOs, private companies |
| | - Assisting in developing new products for women's group | |
| | - Promotion of digitization of businesses | |
| Financial inclusion | - Provision of small-scale loans to women's group | NGOs |

(1) Measures taken by government during the COVID-19 pandemic

1) Enhancing social protection

- In April 2020, the government implemented cash transfer programs for informal workers and agricultural workers, providing 5,000 baht for 3 months (a total of 15,000 baht). Workers under the social security system receive unemployment compensation of up to 70% of their salary for up to 200 days.⁵⁵³ Welfare recipients (57% women), people with disability cards, and elderly people were able to receive 3,000 baht.⁵⁵⁴
- In January 2021, the government launched a cash transfer program for informal and agricultural workers who did not have social security to mitigate the impact of the second wave of COVID-19. The government also transferred cash to poor families with children under the age of 6 years.⁵⁵⁵
- For foreign migrant workers, residence permits were extended and those who were registered in the social security system for more than 6 months could receive unemployment benefits, and those who worked for more than 4 months were eligible to receive severance pay.⁵⁵⁶ Regardless of their legal status, migrants were eligible for free COVID-19 testing and treatment.⁵⁵⁷
- The MSDHS trained social development volunteers to identify impoverished households to provide essential goods and disseminated information on social protection programs.⁵⁵⁸

2) Enhancing employment, income generation, and entrepreneurship

- The DWF of the MSDHS provides occupational training courses (1–6 months) for women with economic difficulties. The training offers accommodation, food, and childcare so that single mothers can also participate.⁵⁵⁹ Courses such as cooking, beauty care, handicrafts, and computer skills are also available.

⁵⁵³ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program pp.7-8, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>

⁵⁵⁴ *ibid.*

⁵⁵⁵ <https://www.apo-tokyo.org/publications/wp-content/uploads/sites/5/Productivity-Analysis-series-Thailand.pdf>

⁵⁵⁶ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>; ASEAN (2020) ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN, https://asiafoundation.org/wp-content/uploads/2020/12/ASEAN-Rapid-Assessment_The-Impact-of-COVID-19-on-Livelihoods-across-ASEAN.pdf

⁵⁵⁷ *ibid.*

⁵⁵⁸ From interview with officer from Department of Social Welfare, MSDHS

⁵⁵⁹ พม.ช่วยครอบครัวเลี้ยงเดี่ยวครบวงจร ‘ฝึกอาชีพ-สอนทำธุรกิจ-จัดทุนสตาร์ทอัพ,

Face-to-face training sessions were planned to start in November 2021, and those who complete the courses will be assisted in obtaining employment.⁵⁶⁰

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) Enhancing social protection

- UNICEF, IOM, ILO, and UN Women advocated for the government to top up the amount of cash transfer already in place for the elderly, people with disabilities, and households in poverty.⁵⁶¹
- The ILO, Migrant Worker Resource Centres, and NGOs provided assistance to foreign migrant workers such as distribution of food, PPE, and sanitary products, disseminated information on their rights, risk of human trafficking, and provided legal support for exploitation cases.
- The IOM established a multilingual website where foreign migrant workers could access information on COVID-19 and on how to extend visas and residency in their own language.⁵⁶²
- UNDP and NGOs distributed food, water, and PPE to 2,000 sex workers.⁵⁶³
- The Australian Embassy provided food, medical supplies, and sanitary products to SWING, an NGO that supports sex workers.⁵⁶⁴
- NGOs that focus on poverty reduction collaborated with the government to disseminate information on social protection programs, their conditionality, and the application process.⁵⁶⁵ It has been reported by various organizations that assistance was required for online applications, as many were not digitally literate.

2) Enhancing employment, income generation, and entrepreneurship

- NGOs received support from international organizations and provided small-scale loans and skill training to women's groups so that they could add value to their products.

(3) Measures taken by trade unions and private companies during COVID-19

1) Enhancing social protection

- FIT disseminated information to informal workers on social protection programs and assisted them in online applications. 78% of the informal workers who are members of FIT benefited from the program.

2) Enhancing employment, income generation, entrepreneurship

- The JP Morgan Chase Foundation and ILO started a program to support women entrepreneurs to gain

<https://www.fwthailand.net/tag/%E0%B8%84%E0%B8%A3%E0%B8%AD%E0%B8%9A%E0%B8%84%E0%B8%A3%E0%B8%B1%E0%B8%A7%E0%B9%80%E0%B8%A5%E0%B8%B5%E0%B9%89%E0%B8%A2%E0%B8%87%E0%B9%80%E0%B8%94%E0%B8%B5%E0%B9%88%E0%B8%A2%E0%B8%A7/>

⁵⁶⁰ World Bank (2021) Towards social protection 4.0: An assessment of Thailand's social protection and labor market systems, <https://documents1.worldbank.org/curated/en/637711622718440573/pdf/Towards-Social-Protection-4-0-An-Assessment-of-Thailand-s-Social-Protection-and-Labor-Market-Systems.pdf>

⁵⁶¹ UNICEF Annual Report 2020

⁵⁶² UN Thailand (2021) 2020 UN Thailand Results Report, <https://thailand.un.org/sites/default/files/2021-05/20210325-2020AnnualReport%20-draft%20on%20back%20cover.pdf>

⁵⁶³ <https://www.th.undp.org/content/thailand/en/home/presscenter/pressreleases/2020/UNDP-collaborates-with-community-organizations-to-support-sex-workers-during-covid19.html>

⁵⁶⁴ Sex workers have long been disapproved of in Thailand. Now they are calling for their billion-dollar industry to be recognized, November 12 2021, <https://www.abc.net.au/news/2021-11-12/why-thailand-s-sex-workers-want-the-industry-legalised/100556522>

⁵⁶⁵ W. Komin et al (2020) Covid-19 and its impact on informal sector workers: a case study of Thailand, *Asia Pacific Journal of Social Work and Development* Volume 31, 2021, <https://www.tandfonline.com/doi/full/10.1080/02185385.2020.1832564> [Access: April 20, 2021]

better access to financial services and market information and to digitize their businesses.⁵⁶⁶

2-4-4. Gaps in Response to Economic Activities and Livelihoods

(1) Social protection: Gaps in digital literacy, language barriers, and aggravated poverty

1) Gaps in digital literacy

The government implemented cash transfer programs for informal and agricultural workers for 3 months, totaling 15,000 baht, and provided unemployment compensation of up to 70% of their salary for up to 200 days.⁵⁶⁷ The government also provided 3,000 baht for those registered as people with disabilities, the elderly, and welfare recipients (57% are women).⁵⁶⁸

However, according to a report by the Asia Foundation, 54% of informal workers did not receive government cash transfers, and it was noted that the online application process made it difficult for informal workers to access cash transfers.⁵⁶⁹ In fact, various NGOs have reported the same constraints, and noted that those who did not have family members or NGOs to support them had difficulties with online applications, constituting a difficulty for those who need it most.

2) Language barriers

Foreign migrant workers registered in the social security system for more than 6 months could receive unemployment benefits, and those who worked for more than 4 months were eligible to receive severance pay.⁵⁷⁰ Although these benefits were available, the application processes were all in Thai language. Therefore, those who were not fluent in Thai and had no assistance could not benefit from it.⁵⁷¹

3) Aggravated poverty

Provincial SDHS offices tried to figure out how the existing programs could meet the demands of the people, since there were many who fell into poverty due to economic stagnation caused by the COVID-19 pandemic. Government offices and international organizations reported that there were people who needed food and essential goods that rarely reached them before the outbreak of the pandemic. The level of poverty is aggravated by the prolonged pandemic, and the expansion of social protection programs is required.

⁵⁶⁶ Rebuilding Better: Fostering Business Resilience Post-COVID-19, https://www.ilo.org/asia/projects/WCMS_767653/lang--en/index.htm [June 13, 2021]

⁵⁶⁷ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program pp.7-8, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>

⁵⁶⁸ *ibid.*

⁵⁶⁹ Asia Foundation (2020) Enduring the Pandemic: Surveys of the Impact of Covid-19 on Thai Small Businesses p.47 <https://asiafoundation.org/publication/enduring-the-pandemic-surveys-of-the-impact-of-covid-19-on-thai-small-businesses/>, W. Komin et al (2020) Covid-19 and its impact on informal sector workers: a case study of Thailand, *Asia Pacific Journal of Social Work and Development* Volume 31, 2021, <https://www.tandfonline.com/doi/full/10.1080/02185385.2020.1832564> [Access: April 20, 2021]

⁵⁷⁰ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>; ASEAN (2020) ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN, https://asiafoundation.org/wp-content/uploads/2020/12/ASEAN-Rapid-Assessment_The-Impact-of-COVID-19-on-Livelihoods-across-ASEAN.pdf

⁵⁷¹ From interview with ILO, UN Women

(2) Gaps in assisting micro and small enterprises, promotion of employment and use of digital technology

1) Challenges to women joining occupational training

The DWF provided 1–6-month occupation training courses so that women could generate income, and offered accommodation, food, childcare services, and medical support for those who needed them. However, these courses shifted online when COVID-19 spread rapidly.⁵⁷² Some organizations reported that only a few women could participate in online training courses because their unpaid care and domestic work increased and they did not have time. Moreover, few own computers or have access to the Internet.

2) Challenges in using digital technology

Currently, digital literacy and computer skills are essential to generate income, and the need is even stronger during the COVID-19 pandemic. The founder and president of “IT Maeaban,” a company started by three women to support the digitalization of businesses, stated that there is no gender gap in learning ability, but most of the female clients of IT Maeaban only knew how to use smartphones and not computers. As computer skills are needed to design webpages and conduct online marketing, IT Maeaban provides training sessions on computer skills.⁵⁷³ Therefore, it is important to incorporate computer skills sessions into all occupational skills training courses provided by the government, such as cooking, beauty care, or handicrafts.

(3) Investments in gender-friendly infrastructure and intervention to mitigate women’s burden on unpaid care and domestic work are extremely limited

According to the World Bank’s “Thailand Economic Monitor January 2021,” the FLFPR dropped between the first and second quarters.⁵⁷⁴ The period of drop corresponds to the school closure period, which can be attributed to the fact that women had to leave work because they had to take care of their children. One of the main reasons why women entrepreneurs quit their jobs is the increase in unpaid care work and domestic work even before the pandemic; the fact that unpaid care and domestic work is impeding women’s economic participation is nothing new. However, during the COVID-19 pandemic, schools and health care institutions were closed and helpers were unable to travel; therefore, the burden that women shouldered was greater than normal. Although it is obvious that women are overburdened with unpaid care and domestic work, gender-friendly infrastructure and interventions addressing these challenges are extremely limited.

2-5. Education

The lifetime earnings of women with a university education are 2.5 times higher than those of women with only secondary education in Thailand.⁵⁷⁵ Therefore, education and academic qualifications are important for women’s empowerment.

As shown in Table 2-8, there is no gender gap in either enrollment or completion rates in primary and secondary

⁵⁷² From an interview with government official.

⁵⁷³ From an interview with the president of IT Maeaban.

⁵⁷⁴ World Bank (2021) Thailand Economic Monitor January 2021, <http://documents1.worldbank.org/curated/en/236271611069996851/pdf/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs.pdf>, p.43

⁵⁷⁵ World Bank (2021) Aging and the labor market in Thailand, <https://documents1.worldbank.org/curated/en/428491622713258312/pdf/Aging-and-the-Labor-Market-in-Thailand-Labor-Markets-and-Social-Policy-in-a-Rapidly-Transforming-and-Aging-Thailand.pdf>

education. In tertiary education, girls have higher enrollment and completion rates than boys.⁵⁷⁶

Table 2-8: Enrolment and completion rate of boys and girls by education level

| Education level | Girls | Boys |
|--|-------------|-------------|
| Primary education enrolment rate/completion rate | 97.9%/98.8% | 98.3%/98.5% |
| Secondary education enrolment rate/completion rate | 77.5%/91.9% | 77.0%/87.1% |
| Tertiary education enrolment rate/completion rate | 57.8%/71.7% | 41.1%/59.4% |

Source: World Economic Forum (2021) Global Gender Gap Report 2021 (enrolment rate)
National Statistical Office of Thailand (2020) Thailand Multiple Indicator Cluster Survey 2019 (completion rate)

According to the Multiple Indicator Cluster Survey (MICS) 2019, the percentage of out-of-school children is higher among boys than girls with lower and upper secondary education, as shown in Table 2-9. In addition, this trend is consistent across regions, nationalities, and the economic status of households.⁵⁷⁷

Table 2-9: Percentage of out-of-school children

| | Primary school | Lower secondary school | Upper secondary school |
|-------|----------------|------------------------|------------------------|
| Boys | 0.9% | 5.1% | 24.6% |
| Girls | 1.1% | 1.6% | 11.0% |

Source: Thailand Multiple Indicator Cluster Survey 2019⁵⁷⁸

As shown in Tables 2-8 and 2-9, girls' enrollment and completion rates are higher than those of boys. However, Thailand's adolescent pregnancy rate was high, 47.9 to 1,000 girls in 2014,⁵⁷⁹ which is one of the factors of schoolgirls dropping out of school. As adolescent pregnancy causes serious damage to girls' physical and mental health and hinders them from leading a productive life, the government enacted the "Act for Prevention and Solution of the Adolescent Pregnancy Problem" in 2016, which allows girls to continue their studies during pregnancy and after delivery. The government set the goal of lowering the adolescent pregnancy rate to 25 by 2026,⁵⁸⁰ but this was already achieved in 2019, with a rate of 23.⁵⁸¹

2-5-1. Access to Education during the COVID-19 pandemic

The school term in Thailand starts in mid-May, but as schools were closed due to the spread of COVID-19, schools started in July 2020, and in 2021, the starting date varied from province to province depending on the provincial infection status.

During school closures, education was provided online, via television, and through the distribution of textbooks and worksheets. Teachers were encouraged to provide education by combining the aforementioned forms. As this situation was new, teachers spent their time preparing remote learning materials from April 7 to May 17, 2020, which is usually their summer holiday season.⁵⁸²

⁵⁷⁶ Royal Thai Government (2017) Thailand's Voluntary National Review on the Implementation of the 2030 Agenda for Sustainable Development

⁵⁷⁷ National Statistical Office of Thailand (2020) Thailand Multiple Indicator Cluster Survey 2019, Survey Findings Report. Bangkok, Thailand:

National Statistical Office of Thailand, <https://www.unicef.org/thailand/media/5146/file/Multiple%20Indicator%20Cluster%20Survey%202019.pdf>

⁵⁷⁸ *ibid.*

⁵⁷⁹ Royal Thai Government (2017) Thailand's Voluntary National Review on the Implementation of the 2030 Agenda for Sustainable Development, p.15

⁵⁸⁰ Ministry aims to cut teenage pregnancy, September 16 2019, <https://www.bangkokpost.com/thailand/general/1750809/ministry-aims-to-cut-teen-pregnancy-rate> [Access: July 25, 2021]

⁵⁸¹ National Statistical Office of Thailand (2020) Thailand Multiple Indicator Cluster Survey 2019, Survey Findings Report. Bangkok, Thailand: National Statistical Office of Thailand, <https://www.unicef.org/thailand/media/5146/file/Multiple%20Indicator%20Cluster%20Survey%202019.pdf>

⁵⁸² Asian Productivity Organization (2021) Socioeconomic Disparities: Mitigating Impacts of the COVID-19 Pandemic in Thailand, <https://www.apo-tokyo.org/publications/wp-content/uploads/sites/5/Productivity-Analysis-series-Thailand.pdf>

While the teachers were trying to adapt to new approaches under the direction of the Ministry of Education, many students were affected by the income loss of their families, which heightened the risk of dropout.

(1) Higher risks of dropout due to financial difficulties

The Equitable Education Fund (EEF) was established in 2018 under the Equitable Education Act 2018, to reduce education inequality through systematic research, teacher development, and financial support for children and youth.⁵⁸³

According to the EEF, there was a 15.3% increase in the number of students who applied for scholarships in 2020 compared with 2019.⁵⁸⁴ Students who can apply for a scholarship are those whose household income is less than 3,000 baht annually per person. Prior to the COVID-19 pandemic, about 20% of the applicants' annual income per person was less than 1,337 baht, but in 2020 it was 33%.⁵⁸⁵ As the pandemic is still having a negative economic impact, there are concerns that there may be an increase in the number of children who will dropout of school. In particular, girls from households in extreme poverty and/or girls of foreign migrant workers are at risk of dropping out of school because they may start working to help their families.⁵⁸⁶

(2) Education divide between those who have access to online learning and those who do not

The challenges that children faced to continue their learning were the availability of digital devices and access to the Internet. In Thailand, only 21% of households have computers and 68% have Internet access at home.⁵⁸⁷ The level of computer ownership varies by region. 42% of the households in Bangkok have computers, but the rate in the south is 17% and that in the northeast is 14%.⁵⁸⁸ Prior to the outbreak of COVID-19, those who did not own a computer would go to Internet cafés or schools to access computers. However, as these facilities were closed during the pandemic, it became difficult for these children to access computers.⁵⁸⁹

The Children and Youth Council of Thailand, UNICEF, UNDP, and UNFPA conducted a telephone survey of 6,771 youth (aged 15 to 19 years) between the end of March and the beginning of April 2020 and found that there was no gender gap regarding access to the Internet.⁵⁹⁰ Another survey conducted by the EEF of 270,000 children from poor households revealed that 88% of the respondents reported that they faced difficulties accessing online learning.⁵⁹¹ In Thailand, gender gaps were not seen in accessing the Internet, but the financial status of households affected the levels of access to online learning.

⁵⁸³ Equitable Education Fund, <https://en.eef.or.th/> [Access: February 17, 2022].

⁵⁸⁴ Thailand's Economic, Educational Gap Widens Due to Covid-19 Crisis, August 19, 2020, <https://www.nationthailand.com/news/30393201>[Access: March 12, 2021]

⁵⁸⁵ *ibid.*

⁵⁸⁶ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program [Access: May 10, 2021]

⁵⁸⁷ Covid-19 emphasizes the need to bridge the digital divide and reduce online educational disparity, May 6 2020, <https://tdri.or.th/en/2020/05/covid-19-emphasizes-the-need-to-bridge-the-digital-divide-and-reduce-online-educational-inequality/> [Access: July 25, 2021]

⁵⁸⁸ *ibid.*

⁵⁸⁹ *ibid.*

⁵⁹⁰ UNICEF (2020) Preliminary Report A Survey on Impacts of COVID-19 Pandemic on Children and Young People and Their Needs <https://www.unicef.org/thailand/media/4031/file>

⁵⁹¹ Online learning falls short in Covid era, September 13 2021, <https://www.bangkokpost.com/opinion/opinion/2180675/online-learning-falls-short-in-covid-era> [Access: October 25, 2021]

(3) Poor mental health status

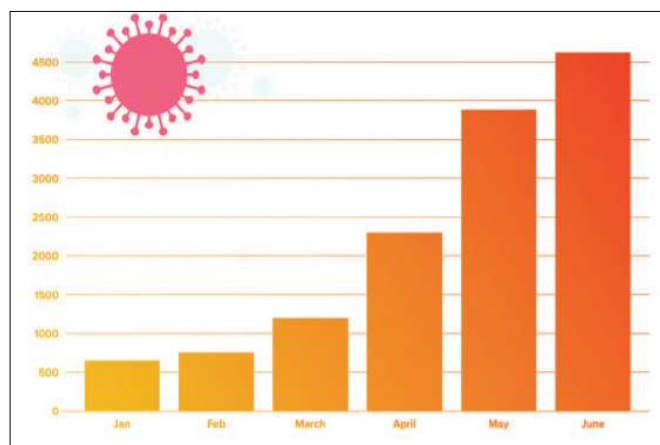
According to the Children and Youth Council of Thailand, UNICEF, UNDP, and UNFPA’s surveys mentioned above, many children were affected by the COVID-19 pandemic. Table 2-10 shows the responses when asked about the aspects of the impacts that they thought the COVID-19 pandemic had had on children and young people.⁵⁹²

Table 2-10: Aspects in which COVID-19 affected children and young people

| | Financial status of families as their parents, guardians or young people themselves may not be able to work normally | Mental health issues such as stress, boredom, lack of motivation and frustration caused by the lockdown | Disruption to normal education of children and young people leading to impact on educational efficiencies | Employment opportunities and future planning |
|-------|--|---|---|--|
| Boys | 79.93% | 69.01% | 61.92% | 48.89% |
| Girls | 86.56% | 76.52% | 67.26% | 52.83% |

Source: UNICEF (2020) Preliminary Report A Survey on Impacts of COVID-19 Pandemic on Children and Young People and Their Needs

Childline Thailand Foundation is an NGO that provides online and telephone counseling services to children. According to the Foundation, the number of consultations increased from the end of March to June 2020. As shown in Figure 2-8, the number of consultations in June increased nine-fold. The leading topic of consultations was mental health issues, followed by family issues and friends. Most of the children (75%) who contacted the foundation were in the age range of 12–18 years, and the trend is the same as that of the pre-COVID 19 era.⁵⁹³



Source: Childline Thailand Foundation 2021

Figure 2-8: Calls made to Childline Thailand Foundation from January to June 2020

An assessment conducted by the Department of Mental Health of MPH of 184,000 adolescents revealed that 28% of adolescents experienced elevated levels of stress, 32% were at risk of depression, and 22% were at risk of committing suicide during the COVID-19 pandemic.⁵⁹⁴

(4) Segments that faced more difficulties in accessing education during the COVID-19 pandemic

In Thailand, as described in the previous sections, boys’ dropout rates were higher than those of girls at all levels of education, and there was no gender gap in terms of access to the Internet. However, there was little gender-disaggregated data on the categories described in the following groups. Therefore, the following section describes the situation for both boys and girls.

⁵⁹² UNICEF (2020) Preliminary Report A Survey on Impacts of COVID-19 Pandemic on Children and Young People and Their Needs <https://www.unicef.org/thailand/media/4031/file> [Access: March 9, 2021]

⁵⁹³ From interview with Childline Foundation Thailand.

⁵⁹⁴ COVID-19 pandemic continues to drive poor mental health among children and young people, October 8, 2021, <https://www.unicef.org/thailand/press-releases/covid-19-pandemic-continues-drive-poor-mental-health-among-children-and-young-people>

1) Foreign migrant children

In Thailand, every child is entitled to 15 years of free education regardless of their legal status or nationality.⁵⁹⁵ However, as most children of foreign migrants do not speak Thai, many do not attend school; therefore, they comprise the majority of out-of-school children.⁵⁹⁶ During the COVID-19 pandemic, 500,000 children of foreign migrant workers were missing learning opportunities because migrant learning centers were closed and the children had to work to help their families.⁵⁹⁷ It has been reported that work such as processing fish that was done in factories prior to the pandemic has shifted to the home, and children were also joining in this work.⁵⁹⁸

There is no infrastructure to support remote learning in the communities of foreign migrant workers, and there are also children who have no access to the Internet. In addition, as foreign migrants are discriminated against under the prejudice that they were sources of COVID-19, education support did not reach them and, therefore their risk of dropout is heightened.⁵⁹⁹

2) Stateless children

Many stateless children who belong to ethnic minorities and children living in refugee camps study at migrant learning centers. However, migrant learning centers have been closed for more than a year since May 2020, whereas Thai schools have been open since July 2020. It has been reported that the Maesot District of Tak Province, a province with a high number of stateless children, was particularly facing challenges. There were family members who crossed the border with Myanmar and could not return to Thailand, and cases where teachers were not able to get into the district to teach owing to the strict movement restrictions. In fact, many children who had lost access to education started to work.⁶⁰⁰

3) Children with disabilities

Special Education Centers under the Ministry of Education were closed since April 2021 and had to provide classes online. However, online learning does not necessarily fit all children with disabilities because many cannot join online classes without caretakers. Children whose parents were working outside the home were left at home without being able to receive any education. Consequently, the burden on the parents increased. NGOs that support children with disabilities usually visit houses and monitor the children's development, but their outreach activities were suspended during the lockdown period. Many of the children with disabilities not only missed out on online classes, but as rehabilitation centers were also closed, their physical functionalities were also hampered.⁶⁰¹

⁵⁹⁵ Removing barriers to migrant children's education in Thailand, December 19 2019, <https://www.unicef.org/thailand/press-releases/removing-barriers-migrant-childrens-education-thailand>

⁵⁹⁶ IOM (2019) Thailand Migration Report 2019, https://thailand.iom.int/sites/thailand/files/document/publications/Thailand%20Report%202019_22012019_HiRes.pdf, p.190; Migrant School Closures Fuel Child Labor in Thai Seafood Industry, October 19 2020, <https://www.kcet.org/coronavirus-worldwide/migrant-school-closures-fuel-child-labor-in-thai-seafood-industry> [Access: July 25, 2021]

⁵⁹⁷ Coordinated action needed for migrant students amid pandemic, July 2 2020, <https://bangkok.unesco.org/index.php/content/coordinated-action-needed-migrant-students-amid-pandemic> [Access: July 25, 2021]

⁵⁹⁸ Migrant School Closures Fuel Child Labor in Thai Seafood Industry, October 19 2020, <https://www.kcet.org/coronavirus-worldwide/migrant-school-closures-fuel-child-labor-in-thai-seafood-industry> [Access: July 25, 2021]

⁵⁹⁹ Coordinated action needed for migrant students amid pandemic, July 2 2020, <https://bangkok.unesco.org/index.php/content/coordinated-action-needed-migrant-students-amid-pandemic> [Access: July 25, 2021]

⁶⁰⁰ From interviews with NGOs

⁶⁰¹ From interviews with organizations

4) Children who lost their parent(s) or guardians to COVID-19

By August 2021, there were approximately 5,000 children who had lost their parent(s) or guardian(s) to COVID-19,⁶⁰² and their numbers will increase until the pandemic ends. These children are vulnerable in many respects and should be protected and continuation of their education guaranteed.

2-5-2. Factors that Girls are losing opportunities to Learn

As shown in Table 2-8, there was no gender gap in the enrollment and completion rates for primary and secondary education, and these rates were higher for girls than boys at the tertiary education level. Consequently, there were more out-of-school children who were boys, as shown in Table 2-9. In addition, based on the UN survey, there was no gender gap in access to the Internet.⁶⁰³

Until October 2021, there was no reports of increases of dropouts of school-going children. However, as described in 2-5-1 (4) “Segments that were more vulnerable in accessing education during the COVID-19 pandemic,” those segments have to be monitored closely with a gender perspective.

2-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic

In 2020, schools were closed for 1.5 months, and the government promoted education through online means, video clips, television, radio, and the distribution of learning materials. The government also conducted surveys to identify impoverished households due to the economic impact of the COVID-19 pandemic.

During the COVID-19 pandemic, the government, development partners, and private companies supported children in continuing their learning during school closures. As shown in Table 2-11, most organizations support the following three areas: promotion of remote learning, prevention of dropout, and mental health.

Table 2-11: Response measures taken for continuous education

| Area | Measure/activity | Agency |
|------------------------------|--|---|
| Promotion of remote learning | <ul style="list-style-type: none"> - Established online portal platform (in multi-languages) - Television - Distribution of textbooks and worksheets (in multi-languages) - Promotion of online education and digitization of schools - Capacity building of teachers on using digital technology to teach - Provision of subsidy for mobile or home internet to promote access to online learning - Provision of digital devices | Government (Ministry of Education) UN, NGOs, private companies |
| Prevention of dropout | <ul style="list-style-type: none"> - Increased the amount of money and the number of scholarship - Program to decrease adolescent pregnancy - Distribution of essential goods households in poverty | Government, UN, NGOs |
| Mental health | <ul style="list-style-type: none"> - Strengthened awareness raising on mental health issues | Government, UN, NGOs |

⁶⁰² Thailand seeing children rights crisis due to COVID-19: UNICEF Official, September 12 2021, <https://www.straitstimes.com/asia/se-asia/thailand-seeing-childrens-rights-crisis-due-to-covid-19-unicef-official>, Efforts mount to help children affected by pandemic, August 8 2021, <https://www.bangkokpost.com/thailand/general/2161671/efforts-mount-to-help-children-affected-by-pandemic>[Access:October 26, 2021]

⁶⁰³ UNICEF (2020) Preliminary Report A Survey on Impacts of COVID-19 Pandemic on Children and Young People and Their Needs <https://www.unicef.org/thailand/media/4031/file> [Access: March 9, 2021]

| | | |
|--|---|--|
| | (strengthened hotlines, developed applications, etc.) - Strengthened counseling services | |
|--|---|--|

(1) Measures taken by government during the COVID-19 pandemic

1) Promotion of remote learning

- The Ministry of Education and the Ministry of Digital Economy and Society collaborated with ITU, UNICEF, and other organizations to identify schools that were not connected to the Internet, and then made the Internet available to all schools throughout the country.⁶⁰⁴ Teachers were also trained to provide online classes to the children.⁶⁰⁵
- The Ministry of Education and the Ministry of Digital Economy and Society provided subsidies to promote access to online learning for 3.6 million students who attended government schools.⁶⁰⁶ An amount of 79 baht per month was provided to their parents for their mobile or home Internet for two months from August to October 2021, responding to the negative impact of the third wave of the COVID-19 outbreak.⁶⁰⁷

2) Prevention of dropout

- The EEF is concerned that children from poor households would further suffer from prolonged economic stagnation due to the pandemic and provided 3,000 baht for those who belong to poor households.⁶⁰⁸ The EEF also plans to provide cash for children in primary schools and kindergartens so that they can continue their education.⁶⁰⁹
- To prevent adolescent pregnancy, the Department of Reproductive Health of MPH developed a LINE application called Teen Club to provide information on sexuality, menstruation, contraception, and service provisions regarding contraception.⁶¹⁰
- The Department of Children and Youth of MSDHS, the EEF, and Child and Adolescent Mental Health Rajanagarindra Institute (CAMRI) developed an application to efficiently collect information regarding children who have contracted infection, children who are at risk of contracting infection, children whose parent(s) have contracted infection, and children who have lost their parent(s) or guardian(s) to COVID-19.⁶¹¹

3) Mental health

- The CAMRI has conducted a survey of children who have lost their parent(s) to COVID-19.⁶¹²

⁶⁰⁴ UN Thailand (2021) 2020 UN Thailand Results Report, <https://thailand.un.org/sites/default/files/2021-05/20210325-2020AnnualReport%20-draft%20on%20back%20cover.pdf>; From interview with teachers

⁶⁰⁵ *ibid.*

⁶⁰⁶ Thailand to implement measures to alleviate educational burden during COVID-19, August 18 2021, http://www.asean thai.net/english/ewt_news.php?nid=4148&filename=index [Access: October 11, 2021]

⁶⁰⁷ *ibid.*

⁶⁰⁸ The COVID-19 virus crisis and Thai education, May 14 2020, <https://research.eef.or.th/the-covid-19-virus-crisis-and-thai-education/> [Access: October 11, 2021]

⁶⁰⁹ Education Fund Approves Bt2 Billion To Help Poor Students, May 2, 2020, <https://www.nationthailand.com/in-focus/30387169> [Access: May 10, 2021]

⁶¹⁰ Govt seeks to slash teen pregnancy rate, September 10, 2020, <https://www.bangkokpost.com/thailand/general/1982775/govt-seeks-to-slash-teen-pregnancy-rate> [Access: October 15, 2020]

⁶¹¹ Four Organizations in Thailand Launch Scheme to Help Children Affected by COVID-19 Crisis, August 7 2021, <https://thainews.prd.go.th/en/news/detail/TCATG210807121047617>

⁶¹² Thailand seeing children rights crisis due to COVID-19: UNICEF Official, September 12 2021, <https://www.straitstimes.com/asia/se-asia/thailand-seeing-childrens-rights-crisis-due-to-covid-19-unicef-official>, Efforts mount to help children affected by pandemic, August 8 2021, <https://www.bangkokpost.com/thailand/general/2161671/efforts-mount-to-help-children-affected-by-pandemic> [Access: October 26, 2021]

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) Promotion of remote learning

- UNESCO strengthened the online platform “LearnBig,” which had been established before the outbreak of the COVID-19 pandemic. Textbooks and worksheets in various languages were uploaded so that foreign migrant children, children from ethnic minorities, and children from the southern provinces could study in their own languages. It has been reported that teachers downloaded educational materials from “LearnBig” and distributed them to children who did not have access to the Internet. By August 2021, 400,000 people were utilizing this platform.⁶¹³
- UNICEF built a network among teachers in charge of digital technology in the conflict zones in the deep south so that teachers could provide online education effectively during the COVID-19 pandemic.

2) Prevention of dropout

- UNICEF supported the Ministry of Education in developing guidelines for school management to protect children from contracting infections. Furthermore, UNICEF collaborated with the United States Agency for International Development (USAID) and Unilever and provided soap, sanitizers, electronic thermometers, and multi-language booklets about health, sanitation, and remaining mentally and physically healthy during lockdown to schools, kindergartens, and migrant learning centers.⁶¹⁴
- UNESCO worked with private companies and developed an application called LearningCoin, where money is sent to the parent’s account according to the achievements of children studying using the application. The program started before the COVID-19 pandemic, but the EEF also joined hands during the pandemic, and 500 children of ethnic minorities, stateless children, and children from poor households in the south benefitted from the program.⁶¹⁵

3) Mental health

- The government, WHO, UNICEF, and other UN organizations have raised awareness through manuals on what measures should be taken to protect children from contracting COVID-19 infections. The manual also explained how to respond to children’s mental health issues.
- Childline Thailand Foundation is providing 24-hour consultation services for children by telephone and online.

(3) Measures taken by private companies during the COVID-19 pandemic

1) Promotion of remote learning

- DTAC, a telecommunications company, partnered with the EEF to support Internet fees for 2,000 children so that they can access online learning.⁶¹⁶
- Lenovo provided 50 tablets to children from poor households so that they could access online learning.⁶¹⁷

⁶¹³ From interview with UNESCO.

⁶¹⁴ 2020 Year in review, December 21 2020, <https://www.unicef.org/thailand/stories/2020-year-review> [Access: July 15, 2021]

⁶¹⁵ Bridging Educational Divide, April 15 2021, <https://bangkok.unesco.org/content/bridging-educational-divide> [Access: July 15, 2021]

⁶¹⁶ DTAC partners with EEF to connect 2,000 disadvantaged schoolchildren, August 11 2021, <https://dtacblog.co/en/dtac-partners-with-eef-2/> [Access: November 15, 2020]

⁶¹⁷ UNESCO Bangkok delivers tablets to marginalized students, September 7 2021, <https://thailand.un.org/en/143349-unesco-bangkok-delivers-tablets-marginalized-students> [Access: November 15, 2020]

2-5-4. Gaps in Response to Continuous Learning

It was identified by various surveys that there was no gender gap in accessing the Internet, more girls than boys utilized consultation services sharing their worries with professionals, and more girls than boys tended to worry. The following sections describe the gaps identified in the support of children's education.

(1) Remote learning: children from poor households have difficulties in accessing online learning

The financial status of children's households affected their levels of access to online learning. The disparities between the rich and the poor became factors of the widening gap of the levels of education that children can obtain. The government tried to diminish the gap by providing subsidies for Internet fees, but the amount was not sufficient to cover the expenses needed to access online learning regularly. In addition, only 21% of households owned computers, and families that had more than one child were unable to provide devices so that all their children could access online learning.

Various surveys have shown no gender gap in access to education. However, data on access to remote learning should also be collected not only by gender, but also by region, age, and other relevant categories for effective intervention.

(2) Remote learning: support to foreign migrant children, stateless children, and children with disabilities is limited

In Thailand, every child is entitled to 15 years of free education regardless of their legal status or nationality.⁶¹⁸ However, foreign migrant children and stateless children who do not speak Thai do not attend Thai schools but go to migrant learning centers. During the COVID-19 pandemic, although Thai schools were closed from May to July 2020, migrant learning centers were closed for more than a year since May 2020. In addition, these children do not have access to the Internet at home or to smartphones, and some have started working to help their families.⁶¹⁹

Regarding children with disabilities, most missed the opportunity to learn during the lockdown because special education centers and rehabilitation facilities were closed. Moreover, depending on the type of disability, not all children can benefit from online learning.

(3) Mental health: disaggregated data by gender, age, occupation, financial status, and ethnicity regarding mental health of children should be collected and analyzed

Children are stressed because they face challenges in accessing online learning, worry about the deteriorating economic situation of their households, worry if they can continue their education, and anxiety about their futures. In addition, owing to school closure, children's routines were disrupted and they lacked exercise, and experienced loneliness from not being able to meet friends, which adversely affected their mental health.

⁶¹⁸ Removing barriers to migrant children's education in Thailand, December 19 2019, <https://www.unicef.org/thailand/press-releases/removing-barriers-migrant-childrens-education-thailand>

⁶¹⁹ From interview with NGOs

Special attention should be given to the children described in 2-5-1 (4) “Segments that were more vulnerable in accessing education during the COVID-19 pandemic.” As gender-disaggregated data of these segments were not available, it was difficult to grasp their situation. More detailed data on mental health are needed for children belonging to vulnerable segments for better planning and intervention.

2-6. Digital Technology

In 2016, the Ministry of Digital Economy and Society (MDES) was established to enhance Thailand’s competitiveness in the global arena by harnessing innovation in production and services under the “Digital Thailand” policy. This policy aims for Thailand to become a country that can create and take full advantage of digital technology and all its potential to harness infrastructure, innovation, data, human capital, and other resources to drive socio-economic development.⁶²⁰

In Thailand, 79% of men and 77% of women use the Internet,⁶²¹ 80.8% of men and 80.7% of women own mobile phones,⁶²² and there is no gender gap. However, women occupy only 30.1% of the working population in STEM-related industries,⁶²³ which have the potential to grow in the future. The ILO estimates that 44% of employment would be automatized in Thailand, and consequently many women would lose their jobs.⁶²⁴ Therefore, it is crucial for women to improve their access to digital technology in order to participate in the field of digital technology.

2-6-1. Digital Technology and Its Impact on Women and Girls during the COVID-19 pandemic

Digital technology has been penetrating the lives of people for a long time, but COVID-19 has made access to digital technology essential in the fields of business, education, health, consumption, entertainment, and many other aspects of life. The advancement of digital technology has brought enormous benefits to those who can utilize online services. Children can also benefit from online learning, not only from their teachers, but also from other subjects or topics they want to learn from the Internet. However, those who are not digitally literate or who do not have access to digital technologies are left out.

The following section describes how digital technology has impacted SGBV, health services, economic activities, livelihoods, and education.

(5) Digital technology and SGBV

1) Positive impacts

Owing to digital technology, people can easily obtain information from the Internet on how and where to report when they encounter SGBV. Positive remarks on the use of digital technology are reported by NGOs that children find it easier to report and consult about sexual exploitation online rather than in-person.

⁶²⁰ Ministry of Digital Economy and Society (2016) Thailand Digital Economy and Society Development Plan, <https://www.onde.go.th/assets/portals/1/files/DE-EN%20BOOK%20FINAL.pdf>

⁶²¹ Individuals using the internet: Gender ICT statistics, <https://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx> [Access: September 20, 2021]

⁶²² <https://data.UNWomen.org/resources/covid-19-and-gender-monitor> [Access: February 4, 2021]

⁶²³ Data Bank of World Bank, <https://databank.worldbank.org/reports.aspx?source=283&series=SE.TER.GRAD.FE.SI.ZS> [Access: July 25, 2021]

⁶²⁴ ILO (2019) Women in STEM workforce readiness and development programme in Thailand, https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_673419.pdf

It was also reported that previous to the COVID-19 pandemic, staff members had to travel to hold case management meetings among experts, which took up time not only for traveling but for coordinating meetings. However, due to the pandemic, people prefer online meetings, which has resulted in better time management.⁶²⁵

2) Negative impacts

According to reports from police and NGOs, as entertainment zones closed during the lockdown period, people spent more time on the Internet and the sex businesses shifted online. Subsequently, online sexual exploitation increased.

There are also concerns that as a result of promoting support to SGBV survivors using digital technology, those who do not have access to digital technology and/or those who have low digital literacy would not be able to access support and therefore would be left out.

(6) Digital technology and health services

1) Positive impacts

Many SRH issues are not discussed openly; therefore, digital technology has contributed to facilitating access to SRH-related information. The government has developed applications to provide information on SRH services.⁶²⁶ The use of digital technology is particularly important for young unmarried girls to obtain information on contraception and abortion, which are issues that is difficult to hold consultations in person because of the stigma attached to unmarried young girls having sex.

Mental health applications have also been developed for children whose mental health has been affected by not being able to interact with their friends and who are worried about an uncertain future. Moreover, counseling using applications is more accessible to some children than face-to-face counseling is. If children can access these facilities more frequently, early detection of symptoms to prevent further deterioration of their mental health is possible.

2) Negative impacts

Women and girls who did not have access to the Internet were excluded from benefiting from information and services.

(7) Digital technology, economic activities, and livelihoods

1) Positive impacts

Digital technology was utilized in cash transfer programs during the COVID-19 pandemic. As identification cards were digitalized, cash could reach recipients in a speedy manner.⁶²⁷

⁶²⁵ From an interview with The Center for the Protection of Children's Rights Foundation

⁶²⁶ Govt seeks to slash teen pregnancy rate, September 10 2020, <https://www.bangkokpost.com/thailand/general/1982775/govt-seeks-to-slash-teen-pregnancy-rate> [Access: June 1, 2021]

⁶²⁷ Responding to crisis with digital payments for social protection: Short-term measures with long-term benefits, March 31 2020 <https://blogs.worldbank.org/voices/responding-crisis-digital-payments-social-protection-short-term-measures-long-term-benefits>

Small shops that were not permitted to open during the lockdown period started using applications, such as Facebook and LINE, to sell their products online.⁶²⁸ IT Maeban, a company that trains business owners to shift to online businesses, reported no gender difference in the ability to acquire digital skills.

2) Negative impacts

It was identified that the elderly and poor who did not have access to digital technology and/or were not digitally literate could not access cash transfer programs without the help of a third party.⁶²⁹ Moreover, if one does not have access to digital technology and/or is not digitally literate, it becomes almost impossible to conduct marketing and increase clients. Therefore, those without access to digital technology and those who do not have digital literacy were excluded.

(8) Digital technology and education

1) Positive impacts

As described in 2-5-1 “Access to Education during the COVID-19 Pandemic,” the Ministry of Education has urged teachers to provide education to children by combining various forms of instruction such as via online, television, and textbooks. It is beneficial for children to be able to learn through various forms of instruction, and the Internet in particular can be effective for children who want to learn more.

2) Negative impacts

Internet connections, computers, or smartphones are necessary to benefit from online learning, but this situation is not available for children who come from impoverished households. The more education shifts online, the more children from poor households will lose opportunities to learn. In Thailand, there is no gender gap regarding access to the Internet, but the level of wealth affects opportunities to access education.⁶³⁰

In addition, it was revealed that 97% of youth between the ages of 16 and 19 are accessing SNS, but only 17% use the Internet for their studies.⁶³¹ Therefore, it is important for people to learn how to utilize the Internet and digital technology to improve their studies and businesses.

(9) Segments that were negatively affected by digital technology during the COVID-19 pandemic

1) Girls who are not aware of the risks of digital technology

As described in 2-2-2 (2) “Factors that exacerbated online sexual exploitation,” children spent more time using the Internet because they could not meet friends due to movement restrictions and social distancing. In particular, girls met online adults who were sexually interested in them, who were online predators that girls would not have met in their usual lives. Girls who were lonely or worried about their families’ financial problems were easily groomed and sent sexual photos. The deception tactic is that after the girls have sent their sexual photos, the predators start exploiting the girls by threatening them, and if they do not meet the demands of the predators, the photos would be

⁶²⁸ Asia Foundation (2020) Enduring the Pandemic: Surveys of the Impact of Covid-19 on Thai Small Businesses, <https://asiafoundation.org/publication/enduring-the-pandemic-surveys-of-the-impact-of-covid-19-on-thai-small-businesses/>

⁶²⁹ <https://tdri.or.th/en/2020/10/bureaucratic-reform-the-way-forward/> [Access: April 10, 2021]

⁶³⁰ Bigger Bandwidth: Girls in ICT make way for digital equity in Thailand, October 12 2021, <https://unsdg.un.org/latest/blog/bigger-bandwidth-girls-ict-make-way-digital-equity-thailand> [Access: October 20, 2021]

⁶³¹ *ibid.*

spread all over the Internet.⁶³²

2) Elderly women

As described in 2-4 “Economic Activities and Livelihoods,” most of the elderly who were working were informal workers. However, NGOs have reported that there were many elderly people who were not able to benefit from the cash transfer program because they had low digital literacy and thus could not apply online.⁶³³

3) Women migrant workers, women who belong to ethnic minorities and stateless women who are not fluent in Thai

Women migrant workers, women who belong to ethnic minorities, and stateless women face language barriers in accessing social protection programs because the information was made available only in Thai. Information on the websites was not available in multiple languages; therefore, it was difficult for women who were not fluent in Thai to obtain information. Moreover, because there were movement restrictions, it was difficult to connect with support systems to seek help.⁶³⁴

2-6-2. Factors that Obstruct Digital Inclusion of Women and Girls

There is no gender gap in the ownership of mobile phones or access to the Internet. It was not identified in this study that women benefitted less from digital technology than did men. However, there is a gender gap in people working in the field of STEM, which is closely related to digital technology.⁶³⁵

According to the Programme for International Student Assessment (PISA) of 2018, Thai girls perform better than boys in both science and mathematics.⁶³⁶ However, when the high-performing students in mathematics or science were asked what they will be doing when they are at the age of 30 years, 20% of boys but only 14% of girls responded that they expect to work as an engineer or science professional.⁶³⁷

Statistics from 2018 revealed that women comprise only 30% of the workforce in STEM-related industries,⁶³⁸ and if this trend continues, there is a risk that gender gaps will widen. Therefore, it is necessary to identify factors that hamper girls and women from majoring in STEM programs and to obtain employment in STEM related industries and remove obstacles.

2-6-3. Response Measures to Improve Women’s Lives through Digital Technology during the COVID-19 pandemic

The government aims to create and take full advantage of digital technology for the socio-economic development

⁶³² From interviews with organizations that support children.

⁶³³ Thailand needs to do more to support older people from the impact of the COVID-19 pandemic, July 8 2020, <https://reliefweb.int/report/thailand/thailand-needs-do-more-support-older-people-impact-covid-19-pandemic>; ADB (2020) COVID-19 Active Response and Expenditure Support Program: Report and Recommendation of the President, p.3, <https://www.adb.org/sites/default/files/linked-documents/54177-001-sd-10.pdf> [Access: April 19, 2021], More government support needed to meet women’s specific Covid challenges, activists tell PM, February 1 2021, <https://www.thaienquirer.com/23631/more-government-support-to-meet-womens-specific-covid-challenges-activists-tell-pm/> [Access: July 19, 2021]

⁶³⁴ From interviews with ILO, UN Women

⁶³⁵ Bigger Bandwidth: Girls in ICT make way for digital equity in Thailand, October 12 2021, <https://unsdg.un.org/latest/blog/bigger-bandwidth-girls-ict-make-way-digital-equity-thailand> [Access: October 20, 2021]

⁶³⁶ World Bank (2020) PISA 2018 Thailand Country Report, Washington DC

⁶³⁷ OECD (2018) Programme for International Student Assessment from PISA 2018,

https://www.oecd.org/pisa/publications/PISA2018_CN_THA.pdf; World Bank (2020) PISA 2018 Thailand Country Report, Washington DC

⁶³⁸ National Science Technology and Innovation Policy Office, Ministry of Higher Education Science Research and Innovation

of the nation. During the COVID-19 pandemic, various support measures were taken using digital technology to mitigate its negative impacts caused by the pandemic.

Table 2-12 summarizes the measures taken by the government, development partners, and private companies to support women and girls in using digital technology.

Table 2-12: Measures taken for women and girls using digital technology

| Area | Measure/activity | Agency |
|---|---|--|
| Enhancement of digital skills for teachers and trainers for occupational skills courses | - Built capacity for school teachers and trainers for occupational skill courses so that they can provide classes and courses effectively using digital technology. | Government, international organizations, private companies |
| Enhancement of income generating opportunities | - Promoted to enhance digital skills in order to obtain better employment opportunities. - Facilitated women entrepreneurs to access market information and financial services, and promoted digitization of their businesses. | Government, UN, NGOs, private companies |
| Support women and girls to study and work in the STEM related industries | - Promoted events on digital technology and artificial intelligence to female students and teachers. - Built capacities of girls and women who will be working in STEM related industries. | Government, UN, private companies |

(1) Measures taken by government during the COVID-19 pandemic

- The government and universities in partnership with ITU, UNESCO, and the Economic and Social Commission for Asia and the Pacific (ESCAP) held events such as webinars and workshops on digital technology and artificial intelligence targeting female students and teachers.⁶³⁹
- The Ministry of Education and UNICEF are planning to enhance the capacity of girls and women so that they can participate and work actively in STEM-related industries.

(2) Measures taken by government and private companies

- The Ministry of Labor partnered with Microsoft to upskill four million Thai workforce nationwide to increase their potential to obtain employment opportunities. Microsoft also trained the trainers of the Ministry's skill training courses on how to use digital technology to manage courses online.⁶⁴⁰

(3) Measures taken by development partners and private companies

- The Embassy of the United States of America partnered with Facebook Thailand to conduct workshops to 400 university students on digital literacy, online safety, healthy use of the Internet, and critical thinking.⁶⁴¹

⁶³⁹ Girls in ICT Day Thailand - Webinars on Artificial Intelligence (AI), September 17 2020, <https://events.unesco.org/event?id=1221714180&lang=1033>; Girls in ICT Thailand, <https://girlsinct-asiapacific.org/thailand/2021/05/04/reflections-on-girls-in-ict-day-2021-opening-ceremony/> [Access: October 10, 2021]

⁶⁴⁰ Ministry of Labor Announces Partnership with Microsoft Thailand to Upskill 4 Million Thais to become Digital Citizens, March 24 2021, <https://news.microsoft.com/th-th/2021/03/24/mol-digitalskills-en/> [Access: October 28, 2021]

⁶⁴¹ United States Promotes Digital Literacy in Thailand, February 9 2021, <https://th.usembassy.gov/united-states-promotes-digital-literacy-in-thailand/> [Access: October 28 2021]

- The JP Morgan Chase Foundation and ILO started a program to support women entrepreneurs to have better access to financial services and market information and to digitalize their businesses.⁶⁴²

2-6-4. Gaps in Measures to Enhance Women’s and Girls’ Access to Digital Technology

(1) Support for the population who have less access to digital technology is limited

It was clearly shown during the COVID-19 pandemic that those without access to digital technology and/or those who are not digitally literate will be left out of many spheres of life. The level of access to technology depends on the availability of Internet connections and digital devices, and therefore depends on the financial levels of the individual and the household. As poverty is increasing due to the economic stagnation caused by the pandemic, more people are pushed into poverty and will have difficulty accessing digital technology, and those who do not have access will be further impoverished.

(2) The number of women working in the field of Science, Technology, Engineering, and Mathematics (STEM) is small

Although there was no gender gap regarding access to the Internet, the statistics of 2018 revealed that women comprise only 30% of the workforce in STEM-related industries.⁶⁴³ Therefore, it is crucial to identify the factors that prevent women from majoring in STEM programs and obtaining employment in STEM-related industries so that they are not left behind by digital technology. Moreover, it is necessary for women to participate equally in the development and utilization of digital technology.

As digital technology plays an increasingly vital role in society, the participation of women and girls in this field is essential. It is also expected that digital technology will contribute to the betterment of the lives of women and girls.

2-7. Roles and Contributions of Women and Girls

The COVID-19 pandemic has exposed structural gender inequalities, and as described in the previous sections of this study, although many women and girls have been negatively affected by the COVID-19 pandemic, certain segments were more vulnerable.

The following section examines the roles and contributions of girls and women during the COVID-19 pandemic. The key stakeholders listed in Table 2-13 are the major contributors to the five areas analyzed in this study. This section also describes the issue of unpaid care and domestic work, as this is a major factor obstructing women’s and girls’ empowerment.

Table 2-13: Key women stakeholders playing major contributing roles

| Area | Key Women Stakeholders |
|-------------------------|---|
| SGBV | Government social workers dealing with SGBV cases NGO social workers dealing with SGBV cases |
| Health Services | Nurses CHVs |
| Economic activities and | Social Development Volunteers |

⁶⁴² Rebuilding Better : Fostering Business Resilience Post-COVID-19, https://www.ilo.org/asia/projects/WCMS_767653/lang--en/index.htm [June 13, 2021]

⁶⁴³ National Science Technology and Innovation Policy Office, Ministry of Higher Education Science Research and Innovation

| | |
|-------------------------------|---|
| Livelihoods | |
| Education | Teachers Teachers for children with disabilities |
| Digital Technology | - |
| Unpaid care and domestic work | Households and communities |

2-7-1. SGBV

(1) Social workers (Government)

Women account for 76% of all social workers in Thailand⁶⁴⁴; however, the proportion of female social workers in charge of SGBV cases is greater than 76%.

During the COVID-19 pandemic, although more SGBV cases were reported, social workers had to take COVID-19 preventive measures such as limiting face-to-face consultations and reducing half of the staff members to operate in their respective workplaces. As only 50% of staff members were allowed to operate in the workplace, work per person increased more than twofold, and social workers were exhausted. In particular, female social workers who have small children could not come to work during the lockdown because they had to take care of their children at home due to school closures. In some shelters, staff members with small children were allowed to bring their children at the workplace so that they did not have to use their paid leaves.⁶⁴⁵

In the case of an emergency, social workers conducted house visits, risking infection, and had to buy their own PPE.⁶⁴⁶

(2) Social workers (NGO)

As government officers had to take strict COVID-19 preventive measures, such as undertaking quarantine measures and social distancing, the protection process for SGBV survivors was slower than before the outbreak of the pandemic. Therefore, NGOs were constantly busy searching for places where abused women and girls could safely stay away from the perpetrators. NGOs also provided food and essential goods to abused women and girls. NGOs and international organizations reported that rescue and prosecution processes were also delayed because many police officers were shifted to COVID-19 response work, such as controlling traffic or being deployed to border checkpoints. Therefore, NGOs had to intervene in the rescue process, and social workers' work burden increased during the lockdown period.

In addition to increasing work dealing with managing SGBV cases, NGOs that relied on company donations had to struggle to look for other funds because many companies had to reduce the amount of donations due to the economic stagnation caused by the pandemic.

2-7-2. Health Services

(1) Nurses

Of the nurses in Thailand, 95% are female.⁶⁴⁷ According to a nurse from the southern province, the stress level of

⁶⁴⁴ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program, <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>

⁶⁴⁵ From interviews with officers

⁶⁴⁶ From interviews with officers

⁶⁴⁷ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support

nurses in charge of COVID-19 patients was high, and the demand for antidepressants increased.⁶⁴⁸ Moreover, female nurses with small children were highly stressed because they had to leave their children at home and could not care for them.⁶⁴⁹ Female nurses who had small children and elderly staying in their houses had a hard time finding someone to take care of them during nightshifts. It was also reported that as male nurses do not have to shoulder the responsibilities of care work at home, their level of fatigue is less than that of female nurses.⁶⁵⁰

(2) Community Health Volunteers (CHVs)

CHVs were highly praised by the government as they performed their role as frontline health workers to contain the spread of COVID-19 and protect the people in the community from contracting the infection.

In Thailand, there are more than 1 million CHVs in the country, and there are 15,000 CHVs in Bangkok,⁶⁵¹ most of whom are women. CHV was introduced by the MPH in 1978 to monitor the health conditions of the residents in the community looking after communicable diseases and pregnant women, and raising awareness of health issues. CHVs receive 1,000 baht per month as an honorarium.⁶⁵²

During the COVID-19 pandemic, CHVs disseminated information on COVID-19 and its preventive measures, and monitored the movement of people in their respective communities. When there were suspected cases, they visited the houses, measured the body temperatures of the suspect, and reported to the nearby health centers.⁶⁵³ As the work of CHVs increased during the pandemic, 500 baht was topped up to their monthly honorarium from May 2020 and they were prioritized for vaccination.⁶⁵⁴ Interviews with two CHVs were conducted for this study, and both were proud of their achievements and did not complain about the increased work burden or the risk they had to face.

2-7-3. Economic Activities and Livelihoods

Through interviews conducted with the officers in charge of welfare and social workers, it was revealed that it was mainly women who were making calls to government offices asking for assistance. When asked “why not men?” the officers and social workers replied that it was because women managed household finances. In Thailand, women are expected to earn and to perform unpaid care and domestic work.

(1) Social development volunteers

In addition to the CHVs, there is a mechanism under the MSDHS where 130,000 social development volunteers are working to improve the welfare of the residents in their respective community, and 70% of the social development

Program

⁶⁴⁸ From interview with nurses

⁶⁴⁹ From interview with nurses

⁶⁵⁰ From interview with nurses

⁶⁵¹ How Thailand contained COVID-19, June 3 2020, <https://fpif.org/how-thailand-contained-covid-19/>

⁶⁵² Tejavivaddhana, P., Suriyawongpaisal, W., Kasemsup, V., & Suksaroj, T. (2020). The Roles of Village Health Volunteers: COVID-19 Prevention and Control in Thailand. *Asia Pacific Journal of Health Management*, 15(3), 18-22. <https://doi.org/10.24083/apjhm.v15i3.477>, Miyoshi (2019) タイにおける変わりゆく家族の形と高齢者ケア、社会福祉学 第60巻第2号 110-123 2019 https://www.jstage.jst.go.jp/article/jssw/60/2/60_110/_pdf

⁶⁵³ Thailand's one million health volunteers hailed as coronavirus heroes, June 4 2020, <https://www.reuters.com/article/us-health-coronavirus-thailand-volunteer-idUSKBN23B044>; Volunteers on the frontline [Access: April 20, 2020]

<https://www.bangkokpost.com/thailand/special-reports/1903330/volunteers-on-the-frontline>; Issac A, Radhakrishnan RV, Vijay VR, Stephen S, Krishnan N, Jacob J, Jose S, Azhar SM, Nair AS. An examination of Thailand's health care system and strategies during the management of the COVID-19 pandemic. *J Glob Health* 2021;11:03002, <http://www.jogh.org/documents/2021/jogh-11-03002.pdf>

⁶⁵⁴ From interview with community health workers

volunteers are women.⁶⁵⁵

During the COVID-19 pandemic, social development volunteers identified the households that were pushed into poverty due to the pandemic and delivered essential goods to those families under the instruction from MSDHS. The volunteers also provided information on the social protection programs so that impoverished households could apply accordingly. In Bangkok, social development volunteers delivered food and sanitizers to people undertaking quarantine measures.

2-7-4. Education

In Thailand, there are more female teachers than male teachers, and female teachers make up 72% of all primary school teachers,⁶⁵⁶ 70% of secondary school teachers,⁶⁵⁷ and 57% of tertiary education teachers.⁶⁵⁸

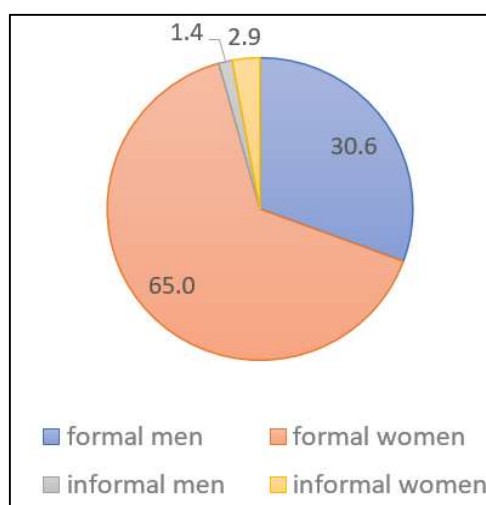
(1) Teachers⁶⁵⁹

According to the teachers who taught at government schools in a province in the northeast region, the teachers did not provide online classes during school closures because poor households did not have computers. Instead, they developed worksheets for major subjects and distributed them to children.

In addition, teachers were required to identify households that were affected by the pandemic to select students who needed scholarships and check the number of students who wanted to be vaccinated.

The teachers reported that the workload increased during school closures, especially that of female teachers who had small children or elderly people. The teachers mentioned that most of the male teachers were not responsible for unpaid care and domestic work; therefore, female teachers were more exhausted than male teachers.

The teachers also mentioned that although the government was providing workshops on how to use digital technology to provide online classes, many female teachers could not join the workshops due to increased unpaid care and domestic work.



Source: The Informal Employment Survey
Figure 2-9: Employment status of women and men in the education sector

⁶⁵⁵ Department of Social Development and Welfare Ministry of Social Development and Human Security, <http://www.csv.dsdw.go.th/statistics.aspx> [Access: November 29, 2020]

⁶⁵⁶ World Bank, Primary education, teachers (% female), <https://data.worldbank.org/indicator/SE.PRM.TCHR.FE.ZS?end=2019&locations=IN-TH&start=1971&view=chart> [Access: September 30, 2021]

⁶⁵⁷ World Bank, Secondary education, teachers (% female), <https://data.worldbank.org/indicator/SE.SEC.TCHR.FE.ZS>, [Access: September 5, 2021]

⁶⁵⁸ World Bank, Tertiary education, academic staff (% female), <https://data.worldbank.org/indicator/SE.TER.TCHR.FE.ZS> [Access: October 14, 2021]

⁶⁵⁹ This section is written based on the interview with 2 female teachers mentioned in Table 1-3 of Part 1.

(2) Teachers for children with disabilities⁶⁶⁰

During school closures, special education centers for children with disabilities were closed and the Ministry of Education issued instructions to promote online learning. However, online learning is not always appropriate for disabled children. In addition, rehabilitation centers were also closed, so children were not able to receive physical therapy, which hampered their physical functionalities.

Parents of children with disabilities were overburdened, and teachers had difficulty responding to their complaints. As children with disabilities require more care than those without disabilities, it is difficult for households alone to provide sufficient care. Teachers at special education centers and NGO staff members were concerned about both the physical and mental health status of the children during the school closure period.

2-7-5. Digital Technology

In Thailand, there is no gender gap in mobile phone ownership and access to the Internet. However, there is a gender gap in girls majoring in STEM programs and women working in STEM-related fields. The share of girls among all students majoring in STEM is only 30.1%,⁶⁶¹ and women working in STEM-related industries make up 30% of the STEM-related workforce.⁶⁶²

Although Thai girls performed better than boys in math and science in 2018,⁶⁶³ there was a gender bias and prejudice that women are not good in STEM subjects and that employment in STEM-related fields is difficult for girls.

2-7-6. Unpaid Care and Domestic Work during the COVID-19 pandemic

As described in the section from 2-7-1 “SGBV” to 2-7-5 “Digital Technology,” women have made enormous contributions, especially in the field of health, SGBV survivor protection, and education.

It was identified that women are in charge of unpaid care and domestic work regardless of their profession and that women perform unpaid care work for their communities. It was also reported from the interviewees in this study that many men did not share the burden of unpaid care and domestic work during the pandemic, and it was the women who usually took their children to their workplace or took care of the elderly at home.

(1) Unpaid care and domestic work at home

In general, domestic work such as cooking, washing, cleaning, and care work for children and the elderly are perceived as women’s work. Therefore, there are more women than men who live with children, the elderly, and people with disabilities.⁶⁶⁴ Women spend 3 hours per day in unpaid care work, which is 3.7 times greater than that of men.⁶⁶⁵

⁶⁶⁰ This section is written based on the interview with 2 teachers and 1 social worker that work with disabled children mentioned in Table 1-3 of Part 1.

⁶⁶¹ World Bank Databank, <https://databank.worldbank.org/reports.aspx?source=283&series=SE.TER.GRAD.FE.SI.ZS>, [Access: July 25, 2021]

⁶⁶² National Science Technology and Innovation Policy Office, Ministry of Higher Education Science Research and Innovation 2018

⁶⁶³ World Bank (2020) PISA 2018 Thailand Country Report, Washington DC

⁶⁶⁴ Against the odds: Stories from women in Thailand, June 26 2020, <https://asiapacific.UN Women.org/en/news-and-events/stories/2020/06/against-the-odds-stories-from-women-in-thailand-during-covid19> [Access: November 30, 2020]

⁶⁶⁵ World Economic Forum (2020) Global Gender Gap Report 2020, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

During the COVID-19 pandemic, it was revealed by the rapid assessment conducted by UN Women that 26% of the female respondents but only 16% of the male respondents reported that the time they spent taking care of the elderly increased.⁶⁶⁶ Prior to the outbreak of the pandemic, 40.6% of the elderly were taken care by their daughters, versus 12.7% by their sons. In terms of childcare, 41% of the female respondents versus 28% of the male respondents reported that the time they spent on childcare increased.⁶⁶⁷ During the school closure period, at least one adult member had to be at home with the children; therefore, the time spent in washing, cleaning, and cooking increased by 30%. It has also been reported that the labor participation rate decreased during school closures.⁶⁶⁸

(2) Unpaid care work in the community

Women not only perform unpaid care work in the household but also in communities, serving as volunteers for the betterment of health and well-being of the people in their communities. During the COVID-19 pandemic, CHVs contributed to disseminating information on COVID-19 and its preventive measures, and social development volunteers identified households that were hit hard by the pandemic, delivered essential goods, and provided information on social protection programs.

(3) Measures to mitigate the burden of unpaid care and domestic work

The government has established early childcare centers, promoted paternity leave for men, and expanded maternity leave with pay for women.⁶⁶⁹ However, measures to decrease the burden of unpaid care and domestic work on women were extremely limited during the COVID-19 pandemic.

⁶⁶⁶ *ibid.*

⁶⁶⁷ Against the odds: Stories from women in Thailand, June 26 2020, <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/against-the-odds-stories-from-women-in-thailand-during-covid19> [Access: November 30, 2020]

⁶⁶⁸ World Bank Group (2021) Thailand Economic Monitor: Restoring Incomes; Recovering Jobs. World Bank, Bangkok, <https://documents1.worldbank.org/curated/en/236271611069996851/pdf/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs.pdf>

⁶⁶⁹ Department of International Organizations Ministry of Foreign Affairs of Thailand (2021) Thailand's Voluntary National Review, p.30, https://sustainabledevelopment.un.org/content/documents/279482021_VNR_Report_Thailand.pdf

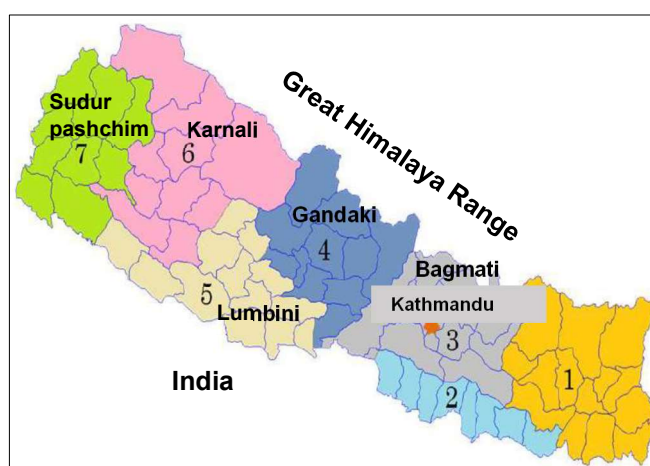
Chapter 3. Challenges Faced in Gender Equality and Empowerment of Women during the COVID-19 pandemic in Nepal

In the Federal Democratic Republic of Nepal (Nepal), the first case of COVID-19 was reported on January 23, 2020, when a Nepalese national returned from Wuhan, Hubei Province, China. According to a WHO report, as of December 3, 2021, the cumulative number of people infected with COVID-19 in Nepal was approximately 820,000, and the cumulative number of deaths was 11,523. The infection rate was high in the economically active age group of 15–54 years for both men and women.⁶⁷⁰

The first wave of COVID-19 infection in Nepal started around June 2020, and the country's cities were locked down, but the number of infected people was not as high as in neighboring countries. However, the Delta variant spread from March 2021, and many people were infected in the second wave. One of the characteristics of the COVID-19 infection trend in Nepal is that it is highly similar to that in India, since about one-third of Nepalese migrant workers are from India. In addition, the COVID-19 vaccination rate remained at 33.5% as of December 3, 2021.⁶⁷¹

3-1. Gender Gaps in Nepal

Nepal is a federal democratic republic with a population of approximately 29 million and consists of seven provinces (Figure 3-1). There are large regional differences between the wealthy hill regions, including the capital Kathmandu, the Tarai region in the south, and the high mountain regions of the Great Himalayas range. Provinces No. 4 (Gandaki) and 5 (Lumbini), bordering India, have a high percentage of female-headed households due to the large number of migrants to India. In addition, Provinces No. 6 (Karnali) and 7 (Sudurpashchim) are lagging behind in terms of development, and infrastructure and medical services are not yet widely available.



Source: JICA survey team

Figure 3-1: Seven provinces under the federal system of Nepal

Nepal is a multi-ethnic country with more than 60 ethnic groups, where ethnicity and caste are intertwined, from the so-called high castes of Brahmins and Chhetris to the often-oppressed hill tribes (Janajatis) and Dalits.⁶⁷² The official language is Nepali, but the languages of various ethnic groups are also spoken. Hinduism is the mainstream religion, but a small number of Muslims and Buddhists also live in the country. Thus, the country is rich in the diversity of its regions, ethnic groups, and religions.

Nepal ratified the Convention on the Elimination of Discrimination against Women in 1991, and the Ministry of Women, Children, and Senior Citizens has taken the lead in working toward the elimination of all forms of gender discrimination faced by women in Nepal. The new Constitution, enacted in 2015, guarantees basic human rights and fundamental freedoms to all citizens regardless of gender and emphasizes that women's rights are essential for the overall development of the country. In recent years, the SDGs have been adopted,

⁶⁷⁰ WHO Country office for Nepal, Situation Update #85- COVID-19, https://cdn.who.int/media/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/-85_weekly-who-nepal-situation-updates.pdf?sfvrsn=7684087b_11

⁶⁷¹ *ibid.*

⁶⁷² This refers to the so-called lower caste.

and efforts are being made at the national level to achieve them in 16 areas⁶⁷³ from the perspective of gender equality and social inclusion.

The Global Gender Gap Index for Nepal is presented in Table 3-1. In Nepal, the Constitution provides for a quota system, ensuring 33% of women’s representation in federal and provincial parliaments and 40% in local government. It also stipulates that the president or vice president, the speaker or vice-speaker of parliament, and the head or deputy head of local government should be female.

As a result, Nepal’s ranking for “Political Empowerment” is relatively high, but the rankings under “Educational Attainment” and “Economic Participation and Opportunity,” including the female-to-male ratios of “Legislators, senior officials and managers” and “Professional and technical workers,” are relatively low due to the low employment of women and girls and the high rate of child marriage. Although “estimated earned income” places Nepal relatively high, at 25th, the gender gap is still large, with women’s annual income at 75% of men’s.

In March 2021, the Government of Nepal formulated the National Gender Equality Policy to ensure gender budgeting and promote gender-responsive governance at all three levels of government: federal, provincial, and local.⁶⁷⁴

Table 3-1: Country Score Card of Global Gender Gap Index (2021)

| | Rank | Score | Avg | Female | Male | F/M |
|---|------|-------|-------|--------|------|------|
| Global Gender Gap Index (GGI) | 106 | | | | | |
| Economic Participation and Opportunity | 107 | 0.630 | 0.583 | | | |
| Labour force participation rate, % | 5 | 0.991 | 0.655 | 85.3 | 86.1 | 0.99 |
| Wage equality for similar work, 1-7 (best) | 89 | 0.627 | 0.628 | - | - | 4.39 |
| Estimated earned income, int'l \$ 1,000 | 25 | 0.741 | 0.494 | 2.7 | 3.6 | 0.75 |
| Legislators, senior officials and managers, % | 142 | 0.152 | 0.349 | 13.2 | 86.8 | 0.15 |
| Professional and technical workers, % | 134 | 0.429 | 0.755 | 30.0 | 70.0 | 0.43 |
| Educational Attainment | 134 | 0.895 | 0.95 | | | |
| Literacy rate, % | 133 | 0.760 | 0.897 | 59.7 | 78.6 | 0.76 |
| Enrolment in primary education, % | 142 | 0.870 | 0.755 | 74.8 | 86.0 | 0.87 |
| Enrolment in secondary education, % | 1 | 1.000 | 0.950 | 58.6 | 56.5 | 1.04 |
| Enrolment in tertiary education, % | 1 | 1.000 | 0.927 | 12.8 | 12.0 | 1.07 |
| Health and Survival | 113 | 0.965 | 0.957 | | | |
| Sex ratio at birth, % | 136 | 0.939 | 0.925 | - | - | 0.94 |
| Healthy life expectancy, years | 100 | 1.025 | 1.029 | 62.1 | 60.6 | 1.02 |
| Political Empowerment | 61 | 0.241 | 0.218 | | | |
| Women in parliament, % | 40 | 0.486 | 0.312 | 32.7 | 67.3 | 0.49 |

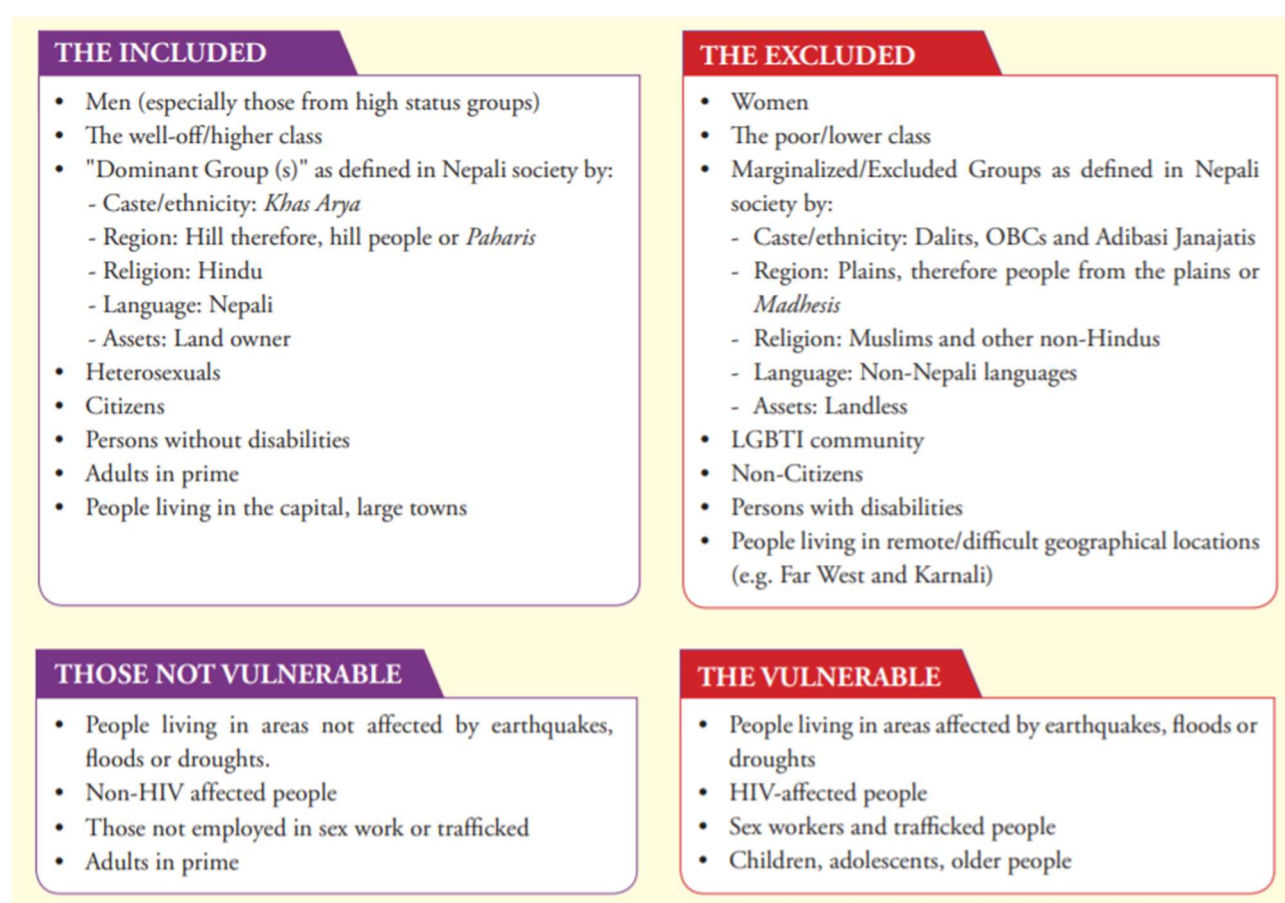
⁶⁷³ Nepal is a landlocked country, so Goal 14, Life below water (the oceans, seas and marine resources), is not applicable.

⁶⁷⁴ New gender equality policy to end discrimination, Mar 11, 2021 <https://thehimalayantimes.com/nepal/new-gender-equality-policy-to-end-discrimination> [Access: May 1, 2021]

| | Rank | Score | Avg | Female | Male | F/M |
|--|------|-------|-------|--------|------|------|
| Women in ministerial positions, % | 110 | 0.157 | 0.235 | 13.6 | 86.4 | 0.16 |
| Years with female/male head of state (last 50) | 29 | 0.117 | 0.144 | 5.2 | 44.8 | 0.12 |

Source: World Economic Forum "Global Gender Gap Report 2021"

The situation of women and girls during the COVID-19 pandemic depends on the segment to which they belong. Figure 3-2 below is a summary by UN Women Nepal of the segments that are included or excluded in Nepal. Gender discrimination is based on caste, religion, language, disability, marital status, gender identity, age, and region of residence, meaning that women are excluded and mistreated and making it difficult for them to receive equal access to government services and various opportunities. This means that women belonging to more than one of these categories are more vulnerable to multiple forms of discrimination (multiple/intersectional forms of discrimination).



Source: Gender Equality and Social Inclusion Working Group "A Common Framework for Gender Equality & Social Inclusion" (2017)

Figure 3-2: Segments that are included or excluded in Nepal

3-2. Sexual and Gender-based Violence

3-2-1. SGBV during the COVID-19 pandemic

In Nepal, SGBV is not a new phenomenon that started after the COVID-19 outbreak. Prior to the pandemic, 25% of women aged 15-49 years had experienced physical or sexual violence by a spouse or intimate partner in a year.⁶⁷⁵

⁶⁷⁵ UN Women, Global Database on Violence against Women, <https://evaw-global-database.unwomen.org/en/countries/asia/nepal> [Access: May 1, 2021]

The most prevalent forms of SGBV in Nepal are domestic violence (DV) by spouses or intimate partners, parents-in-law, stepparents, rape, polygamy, child marriage, human trafficking, dowry-related violence, and harmful practices (isolation or taboo during menstruation,⁶⁷⁶ persecution of women due to superstition⁶⁷⁷).

The Nepal Police released the type of crimes against women, children, and senior citizens. Table 3-2 shows a comparison of average monthly crime cases in fiscal years 2018-2019 (July 2018-July 2019), 2019-20 (July 2019-July 2020) when COVID-19 began to spread, and 2020-2021 (July 2020-May 2021). The data reveal a slight increase in rape and persecution of women due to superstition, and sexual abuse of children, but no significant change is observed in other crimes.⁶⁷⁸

Table 3-2: Comparison of types of crimes against women, children, and senior citizen before and after lockdown⁶⁷⁹

| | Type of Crime | 2018/ 2019 | Monthly Average | 2019/ 2020 | Monthly Average | 2020/2021 (Up to Middle of May) | Monthly Average |
|---|---------------------------|---------------|--------------------|---------------|--------------------|---------------------------------------|--------------------|
| 1 | Rape | 2,230 | 186 | 2,144 | 179 | 2,120 | 212 |
| 2 | Attempt to Rape | 786 | 66 | 687 | 57 | 611 | 61 |
| 3 | Polygamy | 1,001 | 83 | 734 | 61 | 749 | 75 |
| 4 | Child Marriage | 86 | 7 | 64 | 5 | 72 | 7 |
| 5 | Witchcraft ⁶⁸⁰ | 46 | 4 | 34 | 3 | 57 | 6 |
| 6 | Abortion | 27 | 2 | 29 | 2 | 25 | 3 |
| 7 | Untouchability | 43 | 4 | 30 | 3 | 33 | 3 |
| 8 | DV | 14,774 | 1,231 | 11,738 | 978 | 11,324 | 1,132 |
| 9 | Child Sexual Abuse | 211 | 18 | 232 | 19 | 229 | 23 |

Source: prepared by the survey team based on Nepal Police, Together with Citizens in Fighting All Forms of Gender Based Violence, and hearings

However, data from organizations working in the field of SGBV are different from those of the Nepal Police:

- According to the National Women's Commission (NWC), the number of consultations and calls to the NWC's Women and Violence Helpline has almost doubled compared to the period before the COVID-19 pandemic and after the lockdown.⁶⁸¹
- The Women's Rehabilitation Center (WOREC), an organization working for the protection of SGBV survivors conducted "An assessment on risk and preventive measures of Gender-Based Violence during the lock-down period of COVID-19" in May 2020, covering 334 people (76% women, 23.7% men, and 0.3% others) nationwide. The survey found that 78% of the respondents live with some kind of GBV risk, including "There is a high chance of occurring GBV" (56%) and "There are very high chances of occurring GBV" (22%) in the

⁶⁷⁶ Isolation or contraindication during menstruation, called Chhaupadi

⁶⁷⁷ Whenever there is a calamity, the shaman (prayer warrior) identifies a particular woman as a Boksi (witches) and violates her in public. Mainly found in some parts of the Tarai region.

⁶⁷⁸ Nepal Police, Together with Citizens in fighting all forms of Gender Based Violence, <https://cid.nepalpolice.gov.np/cid-wings/women-children-and-senior-citizen-service-directorate/> [Access: January 10, 2022]

⁶⁷⁹ Nepal's fiscal year at the time of the survey is July 16, 2020, to July 15, 2021.

⁶⁸⁰ Based on the original text.

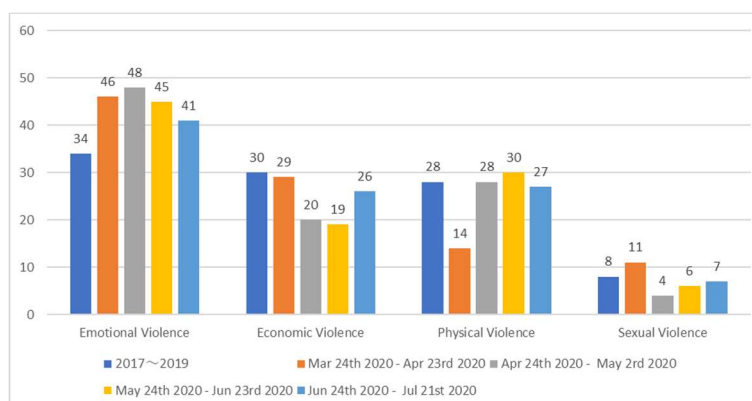
⁶⁸¹ Integrated Platform for Gender-Based Violence Prevention and Response (SAMBODHAN) (2021) National Women Commission's initiatives in responding to and reducing gender-based violence during lockdown

lockdown period.⁶⁸²

- A study using big data⁶⁸³ conducted by UN Women, UNFPA, and Quilt.AI analyzed the frequency of searches of SGBV-related keywords such as "domestic violence," "hotline," "sexual violence," "lawyer," "rape," and "counseling." There was a 47% increase in the number of searches from 360 to 530 before and during the COVID-19 pandemic, respectively.⁶⁸⁴

These results indicate that, while the number of crimes identified by the police has not changed, the actual number of SGBV victims has increased.

The NWC recorded the typology of calls during the lockdown (March 24 to July 21, 2020), as shown in Figure 3-3. The percentage of cases by typology of violence did not change significantly from prior to the COVID-19 pandemic, but as the lockdown period lengthened, the percentage of emotional violence increased to 41-48%,⁶⁸⁵ which is higher than prior to the COVID-19 pandemic period (2017-2019) of 34%.⁶⁸⁶ Furthermore, there is an increase in the tendency of a combination of violence, such as the occurrence of physical and emotional violence in a single case.



Source: Prepared by the survey team based on Sambodhan

Figure 3-3: Typology of violence recorded in the lockdown period and before the COVID-19 pandemic

According to the One Stop Crisis Management Centers (OCMCs) of the Ministry of Health and Population (MoHP), which provide free hospital-based medical services (e.g., treatment of survivors, psychosocial counseling, and medical treatment, etc.) to survivors of SGBV, the following changes were observed from prior to and under the COVID-19 pandemic.⁶⁸⁷

- Increased SGBV but a decline in clients at OCMCs: Movement restrictions made it difficult for survivors to reach OCMC on their own, and in most cases, a police vehicle or hospital ambulance was dispatched to transport the victim.
- Increase in the number of cases of child abuse and rape: The number of cases of rape and trafficking of girls under 18 years and abuse of children under 10 years increased.
- Increase in the number of attempted suicides: A rising number of women are mentally stressed due to social and economic pressures, family disputes, and unemployment.

⁶⁸² WOREC (2020) An assessment on risk and preventive measures of Gender-Based Violence during lock-down period of COVID 19

⁶⁸³ Content posted to Facebook, Twitter, YouTube and ShareChat, Internet search

⁶⁸⁴ UN Women and UNFPA (2021) COVID-19 and violence against women: The evidence behind the talk - Insights from big data analysis in Asian countries

⁶⁸⁵ SAMBODHAN (2020) National Women Commission's Initiatives in Responding to and Reducing Gender-Based Violence During Lockdown

⁶⁸⁶ SAMBODHAN, FAQ GBV Helpline, http://nwc.gov.np/Publication_file/5dd4f3910f867_Helpline.pdf

⁶⁸⁷ Ministry of Health and Population (2020) Access to OCMC Multisectoral Services during COVID-19 Lockdown: A Case Study (Nepal Health Sector Support Programme III)

In response to the growing number of cases in shelters, there were additional challenges related to the capacities of shelters. Even prior to the COVID-19 pandemic, there was a shortage of shelter facilities, but now they had to implement infection control measures by social distancing, which meant that they had to limit the number of people accepted, even as they received more requests. In addition, when new women were accepted, women already residing in the shelter were worried that they might be infected by COVID-19, which made the operation of shelters more difficult. Moreover, shelter management organizations did not have their own vehicles, which limited their mobility and accordingly, the ability to respond to DV cases.⁶⁸⁸

As for the police, in June 2020, three months after the beginning of the lockdown, the government ordered all police officers to respond to SGBV cases appropriately especially under the COVID-19 pandemic as it was a state of emergency to respond to an increase in SGBV cases and related NGOs' protests. Among them were the promotion of online (hotlines, helplines, social media) reporting of SGBV, increase in the frequency of patrolling by police officers, and close collaboration with SGBV related organizations, based on a "survivor-centered approach" relaxing the standard procedures by not requiring the presence of the accused in the process of investigation.⁶⁸⁹ However, police officers had to deal with many COVID-19 related matters also, such as security control at the quarantine facility and traffic control, which limited their response to SGBV cases.⁶⁹⁰

The following sections describe the situation of domestic violence (DV), which has been the most frequently reported crime during the COVID-19 pandemic, and child marriage and human trafficking, which are SGBV cases that are particularly risky for girls and young women in Nepal.

(1) DV during the COVID-19 pandemic

During the 2020 lockdown, NWC received 1,267 domestic violence calls. As shown in Figure 3-4, the number of calls tripled from 119 in the first month to 345 in the second month, and it has increased since then.⁶⁹¹ The reason for the rise in reported cases is that the survivors became mentally unstable and sought assistance, the media began to report the situation as a "shadow pandemic," and the NWC's "Helpline 1145" became widely known to the public, thus resulting in a surge in the number of consultations. Figure 3-5 shows the forms of DV victims during the lockdown; the most common was psychological torture (1,105 cases), followed by physical assault (819 cases) and economic torture (358 cases).⁶⁹²

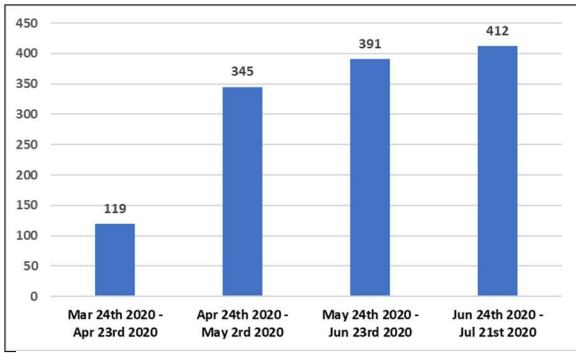
⁶⁸⁸ From an interview with Saathi and WOREC

⁶⁸⁹ FCDO (2021) Integrated Programme for Strengthening Security and Justice, Annual Review, April 2021

⁶⁹⁰ From an interview with WOREC and NWC

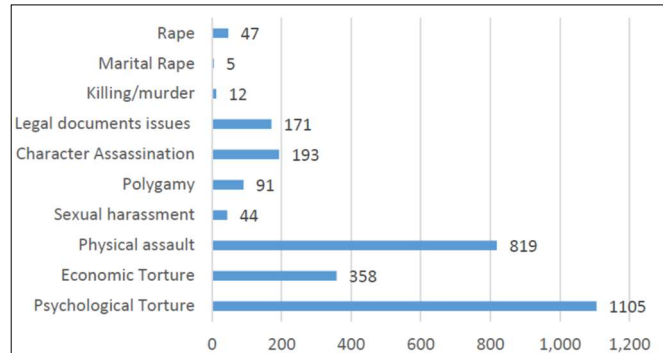
⁶⁹¹ SAMBODHAN(2020) National Women Commission's Initiatives in Responding to and Reducing Gender-Based Violence During Lockdown

⁶⁹² *ibid.*



Source: Prepared by the survey team based on Sambodhan

Figure 3-4: Number of DV calls by month during lockdown



Source: Sambodhan

Figure 3-5: Forms of DV during lockdown

The reasons for psychological assault were similar to those prior to the COVID-19 pandemic, including insufficient amount of dowry, not giving birth to a boy child, and inability to get pregnant, and cases of increased anxiety and stress about the future due to the lockdown, which led to violence against family members. Economic torture, such as not feeding women, not giving them money for living expenses, and kicking them out of their homes had become more serious as the COVID-19 pandemic became prolonged.

Although detailed data on the demographics of the survivors of domestic violence are not available, the age of the survivors who reported to the NWC was 26-40 years old (47%), 16-25 years old (33%), 41-60 years old (12%), under 16 years (7%), and over 60 years (1%), with the working-age group of 26-40 years old being the most affected. Furthermore, many survivors are women with low levels of education, with 44% having a primary education or less and 19% having completed secondary education.⁶⁹³

Furthermore, as shown in Figure 3-6, the relationship between the perpetrator of violence and the survivor was as follows: an intimate partner or spouse (71%), family member other than the primary caregiver (11%), and family friend/neighbor (9%).⁶⁹⁴ The percentage of respondents whose intimate partner or spouse was the perpetrator was the highest even before the COVID-19 pandemic, but it was five points higher

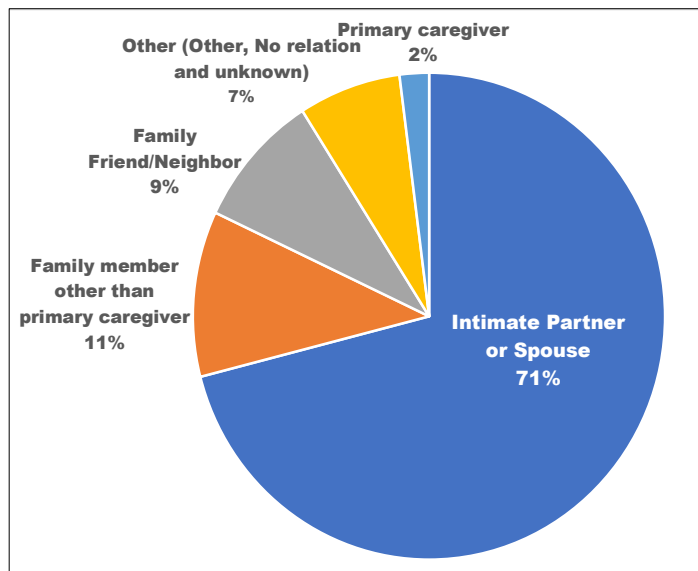


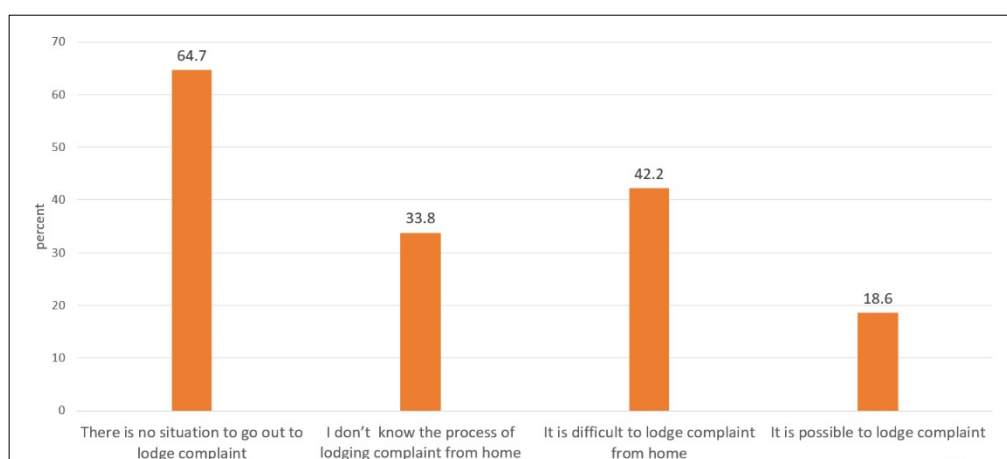
Figure 3-6: Relationship between the perpetrator and the survivor

⁶⁹³ *ibid.*

⁶⁹⁴ *ibid.*

than before the COVID-19 pandemic.⁶⁹⁵ More precisely, it can be argued that the violence had been normalized and become worse because women had to spend longer hours with their intimate partners or because people staying at home were stressed about income loss and unemployment, which led to new forms of violence.

One of the challenges during the pandemic is that the affected women and girls are unable to report the incident even if they want to. The Women's Rehabilitation Centre (WOREC), working in the field of SGBV, conducted a survey on domestic violence during the lockdown. The survey asked how comfortable it is for a person affected by violence to lodge complaints of violence against them. As shown in Figure 3-7 below, 64.7% of the respondents answered, "There is no situation to go out to lodge a complaint," 42.2% answered "It is difficult to lodge a complaint from home," 33.8% answered, "I don't know the process of lodging a complaint from home," and only 18.6% answered, "It is possible to lodge a complaint."⁶⁹⁶ It shows that women encounter a higher risk for reporting because compared to normal times, they live with the perpetrators 24/7 in the same house; thus, women fear that they may be subjected to more violence if the perpetrator finds out that she had reported the abuse.⁶⁹⁷



Source: WOREC (2020) Risk and preventive measures of GBV during lockdown, June 2020.

Figure 3-7: Ease of lodging complaints by survivors during lockdown

The reasons for not lodging a complaint are the cultural aspects (stigma) that people are ashamed to let others know about the DV, that family problems should not be talked about in public, and that the honor of the family should be preserved because the perpetrator is often the spouse or intimate partner. In addition, there is a strong distrust of the police. Some of these problems arise from the attitude of police officers, such as the fear of police officers being bribed by the perpetrator or harassment by police officers during the investigation.

(2) Child marriage during the COVID-19 pandemic

In Nepal, child marriage has been illegal since 1963, but the government took a new step in 2016 by endorsing a National Strategy to End Child Marriage in Nepal by 2030. However, it still has the third-highest rate of child marriage in Asia, after Bangladesh and India. According to the UNFPA/UNICEF data, 39.5% of girls are married

⁶⁹⁵ *ibid.*

⁶⁹⁶ WOREC (2020) An assessment on risk and preventive measures of Gender-Based Violence during lock-down period of COVID 19

⁶⁹⁷ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

before the age of 18 and 7% before the age of 15,⁶⁹⁸ with a total of 5 million girls.⁶⁹⁹

A survey of child marriage during COVID-19 has not yet been conducted in Nepal. However, UNICEF conducts "Child and Family Tracker" surveys periodically with households with children, which investigates a tendency of child marriages. While 25% of child marriages were reported as "heard of or noticed child marriage" in December 2020⁷⁰⁰, this figure increased to 31% in November 2021,⁷⁰¹ thus indicating that child marriages are on the rise as the COVID-19 pandemic continues.

Another noteworthy aspect of child marriage in Nepal is the change in the form of child marriage over the past decade. In the 2012 survey on child marriage, 71.8% of the respondents were in forced marriages and 22.7% in self-initiated marriages.⁷⁰² However, in a survey conducted in 2019, the figures were almost reversed, with 62% self-initiated marriages and 38% forced marriages.⁷⁰³ The reasons for self-initiated marriages are to escape from economic hardship or knowing that it is difficult to get parents' permission to get married, especially if the partner is of a lower caste.

A study on marital age and spousal or partner domestic violence among girls found that the younger the age at marriage, the more likely they were to be victims of domestic violence. Compared to couples who married at the legal age of marriage in Nepal (20 years old) or above, those who married before 15 years old, 15-17 years old, and 18-19 years old are 2.3 times, 1.68 times, and 1.64 times more likely to be victims of DV, respectively.⁷⁰⁴ Similar trends have been reported in India, Bangladesh, Pakistan, and other countries, which establish that because men hold the power at home, women with less power, especially those who are younger, are at greater risk of abuse and violence.⁷⁰⁵ Self-initiated marriage, unlike forced marriage, does not involve parents' decisions in the process of arranging the marriage; thus, daughters who elope are less likely to receive help from their parents or relatives, which makes them vulnerable to SGBV.⁷⁰⁶ According to UNFPA, the increased use of social media has led to a spurt in self-initiated marriages, as people are able to meet the opposite sex and contact them through SNSs without their parents knowing about it. The closure of schools following the outbreak amplified the time that girls were connected to social media, which, in turn, increased the chances of couples meeting and eloping together.⁷⁰⁷

(3) Human trafficking during the COVID-19 pandemic

The open border between Nepal and India, where people can travel without a passport, has long been a serious problem for Nepalese victims of human trafficking to India. According to Maiti Nepal, an organization working in the field of human trafficking, the number of women and girls rescued at the border in 2014 was 2,900; however, after the earthquake in Nepal in 2015, the number increased by 1.97 times to 5,700.⁷⁰⁸ Human trafficking tends to

⁶⁹⁸ UNICEF global databases (2021)

⁶⁹⁹ UNFPA-UNICEF (2020) Global Programme to End Child Marriage: Nepal Country Profile

⁷⁰⁰ UNICEF (2020) COVID-19 child and family tracker: Finding, December 2020

⁷⁰¹ UNICEF (2021) COVID-19 child and family tracker: Finding, November 2021

⁷⁰² Save the Children and World Vision International Nepal (2012) Child Marriage in Nepal: Research Report

⁷⁰³ National Child Rights Council (2019) State of Children in Nepal

⁷⁰⁴ Ramesh Adhikari(2018) Child Marriage and Physical Violence: Results from a Nationally Representative Study in Nepal, Journal of Health Promotion, Vol.6, June 2018.

⁷⁰⁵ *ibid.*

⁷⁰⁶ UNFPA APRO, UNICEF ROSA (2020) Child Marriage in Humanitarian Setting in South Asia: Study Results from Bangladesh and Nepal

⁷⁰⁷ *ibid.*

⁷⁰⁸ Nimisha Jaiswal, Preying on disaster: How human trafficking has spiked in quake-shattered Nepal. April 26, 2017,

rise during times of social turmoil such as political instability, conflict, and disasters.

During the COVID-19 pandemic, the border with India was closed for 19 months, from March 2020 to September 2021, allowing no traffic except for vehicles carrying basic necessities. Maiti Nepal protected 157 people at the Trinagar checkpoint in 2019, compared to 109 in 2020 and 28 in 2021 (as of September), thus indicating that the number of victims is declining.⁷⁰⁹ However, the Alliance Against Trafficking in Women and Children in Nepal (AATWIN), a network of 41 organizations working to end human trafficking, states that human traffickers and brokers have become active because it is easy to tempt people who are economically deprived and traffic them. Thus, even during lockdowns with strict movement restrictions, there have been reports of traffickers using riskier means such as misusing ambulances, food and water delivery vehicles, and other vehicles that are allowed.⁷¹⁰

(4) Segments that were more vulnerable to SGBV during the COVID-19 pandemic

1) Women with disabilities

According to a survey conducted by the Nepal Disabled Women Association (NDWA) during the pandemic, out of 160 women and girls with disabilities, 56.1% experienced some form of violence during the lockdown, including mental distress (28.0%), neglect (14.6%), verbal violence (10.1%), and physical violence (3.3%). The perpetrators were neighbors (42.2%), family members (28.8%),⁷¹¹ and others close to them. Women and girls with disabilities are more likely to be on the receiving end of abuse than people without disabilities because they are less able to run away or lodge a complaint. Furthermore, they are also more likely to be victims of SGBV at home because they are often considered a burden on their families.⁷¹²

2) Dalit women

Discrimination against Dalits is even more severe, with 80 cases of caste-based discrimination reported in 2020 alone, a 50 percent increase from the previous year. According to a survey conducted by the Feminist Dalit Organization (FEDO), during the COVID-19 pandemic, 48% of Dalit women reported caste-based discrimination and 30% reported domestic violence.⁷¹³

3) Migrant women workers

Nepal receives a high percentage of remittances from overseas migrants, at 30% of its GDP value. Owing to the lack of employment opportunities within the country, approximately 4.8 million people have applied for work permits abroad in 2019-2020, of which approximately 240,000 (5%) are women, and the number is increasing every year. Consequent to the spread of COVID-19, women who had been working abroad lost their jobs and were forced to return to their home countries. In addition, there were many cases of harassment by local residents who feared that COVID-19 had been brought from abroad.⁷¹⁴

<https://www.thenewhumanitarian.org/feature/2017/04/26/preying-disaster-how-human-trafficking-has-spiked-quake-shattered-nepal> [Access: June 14, 2021]

⁷⁰⁹ Human trafficking cases increasing amid coronavirus pandemic in Sudurpaschim, September 22, 2021,

<https://thehimalayantimes.com/nepal/human-trafficking-cases-increasing-amid-coronavirus-pandemic-in-sudurpaschim> [Access: January 2, 2022]

⁷¹⁰ Nepal's poor have turned more vulnerable to human trafficking amid Covid-19. April 7, 2021, <https://english.onlinekhabar.com/nepals-poor-have-turned-more-vulnerable-to-human-trafficking-amid-covid-19.html> [Access: June 14, 2021]

⁷¹¹ Nepal Disabled Women Association (2021) Summary report of Rapid Assessment Survey on Impact of COVID-19 on Women with Disabilities

⁷¹² Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁷¹³ Discrimination cases got worse during pandemic, Dalit rights advocates say, June 5, 2021, <https://tkpo.st/34RDqkW> [Access: July 9, 2021]

⁷¹⁴ The Asia Foundation COVID-19 & The new Normal for Women in the Economy in Nepal (2021)

During the 14 days of isolation in the quarantine facility after returning from abroad, both men and women were quarantined in the same facility, many of them in unsanitary conditions, with no separate toilets for men and women. For example, there were no sanitary napkins or hygiene products for women, and the facility managers and security guards were mostly men; therefore, the needs of women were not met.⁷¹⁵

The government's "Coronavirus Quarantines Operation and Management Guideline" states that those who need special care should be provided with separate rooms; however, there was a shortage of rooms and no personnel or budget to operate the quarantine facility according to the guidelines.⁷¹⁶ In addition, there was an incident where a female resident was raped by a male volunteer at a quarantine facility in the Kailali District.⁷¹⁷

4) LGBTQ

Many LGBTQ people find their sexual orientation unacceptable and abhorrent to their families and are often subjected to physical and psychological violence.⁷¹⁸ An LGBTQ organization surveyed 172 LGBTQ people during the COVID-19 pandemic, 29.7% of whom had experienced some form of violence.⁷¹⁹ LGBTQ people often work in the entertainment industry (sex industry). Furthermore, because they are estranged from their families, even if they lose their jobs during the pandemic, it is difficult for them to seek financial support. They are also subjected to psychological and physical violence for being LGBTQ, such as being harassed or denied food distribution because they do not hold a citizen's card or due to their appearance being different from the gender written on their card. Sometimes they are asked to have sex in return.⁷²⁰

3-2-2. Factors that exacerbated SGBV during the COVID-19 pandemic

The direct causes of the increase in SGBV during COVID-19 are (1) an increase in DV by family members spending longer hours in the same house (2) acceptance of violence against women when women are perceived as not taking good care of the family and (3) a social structure that perpetuates women's subordination, which is described in the following section.

(1) Increase in DV caused by family members spending longer hours in the same house

The reason behind the increase in DV is the return of family members from migrant destinations. Simultaneously, there was an increase in the number of cases of violence at home due to economic deprivation caused by reduced income and unemployment, the growing anxiety about the future, and not having a place to release the stress.

⁷¹⁵ UN Women (2020) In Nepal, a woman-managed quarantine center tends to women's unique needs and recovery, <https://www.unwomen.org/en/news/stories/2020/7/feature-nepal-woman-managed-quarantine-centre> [Access: June 14, 2021]

⁷¹⁶ The Asia Foundation COVID-19 & The new Normal for Women in the Economy in Nepal (2021)

⁷¹⁷ Three allegedly raped a woman in Kailali quarantine, investigation underway, June 14, 2020, <https://thehimalayantimes.com/nepal/three-accused-of-attempt-to-gang-rape-in-kailali-quarantine> [Access: June 14, 2021]

⁷¹⁸ From an interview with Federation of Sexual and Gender Minority Nepal and Blue Diamond Society

⁷¹⁹ People from LGBT community suffering from stress, December 23, 2020, <https://thehimalayantimes.com/nepal/people-from-lgbt-community-suffering-from-stress> [Access: December 31, 2021]

⁷²⁰ From an interview with Federation of Sexual and Gender Minority Nepal and Blue Diamond Society

(2) Acceptance of violence against women when women are perceived as not taking good care of the family

In Nepal, many people tend to agree that wife beating is justified. For example, according to the 2016 Nepal Demographic and Health Survey, 23% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. In addition, 66% of female survivors never sought help or told anyone about the violence because women are considered subordinates of men among the family members; thus, the situation makes women more likely to become victims of SGBV.⁷²¹

(3) Social structure that perpetuated women's subordination

In Nepal's patriarchal society, the status of women is low, and in some areas, there is a practice of dowry and abortion of female fetuses. Furthermore, in rural areas, there is still a strong belief that from the day girls are born, they are considered a burden on the family.

Women's economic dependency on men is another factor that weakens their status. The employment rate of women is only 17%, 90.5% of which are in the informal sector, and only 9.5% of women work full-time.⁷²² In addition, according to a World Bank survey, 23% of men lost their jobs due to the COVID-19 pandemic, whereas for women, it was 30%, thereby indicating that the unemployment rate became higher for women, which drive them further into poverty. In such a situation, they have no option other than to depend on men during tough times. This social structure makes it difficult for women and girls to consult others, even when they are subjected to violence.

3-2-3. Response Measures to SGBV during the COVID-19 pandemic

During the pandemic, governments, development partners, and private companies have taken measures to respond to the increase in SGBV. Table 3-3 shows the activities undertaken in the areas of prevention, protection, and prosecution.

Table 3-3: Response measures taken in the area of prevention, protection, and prosecution of SGBV

| Area | Measure/activity | Agency |
|------------------|--|--|
| Overall response | - Coordinate as Protection Cluster to prepare for COVID-19 and follow the response plan | Government, UN, NGOs |
| Prevention | - Data collection and survey of the status during the COVID-19 pandemic - Awareness-raising activities on SGBV, strengthening police patrols - Maintenance and reinforcement of the Help Line - Awareness-raising activities for the helpline - Crime prevention application for women | Government (National Women's Commission, Ministry of Women, Children and Senior Citizens, Police) UN, World Bank, NGOs, Private companies, etc. |

⁷²¹ Ministry of Health (2016) Nepal Demographic and Health Survey

⁷²² Central Bureau of Statistics Nepal (2019) Nepal Labour Force Survey 2017-18

| | | |
|-------------|---|--|
| Protection | <ul style="list-style-type: none"> - Provision of GBV funds - Preparation of guidelines for shelters and OSMC during the COVID-19 pandemic - Provision of medical services at OCMC - Maintain and strengthen shelters - Maintain and strengthening of help desks - List of registered people in SGBV support groups (reference mapping) | Government (Ministry of Women, Children and Senior Citizens, Police, Ministry of Health and Population) UN, NGO, etc. |
| Prosecution | - Legal support for SGBV | UN Women/NGO |

(1) Cluster approach for SGBV during the COVID-19 pandemic

In response to the COVID-19 outbreak, the government utilized the cluster approach in humanitarian settings to ensure coherent and effective responses through the mobilization of all key partners in Nepal to be more accountable to crisis-affected people. The SGBV response was led by the Ministry of Women, Children, and Senior Citizens (MOWCSC) in the Protection Cluster and co-led by UNICEF and UNFPA. Under the umbrella of the protection cluster, there are five sub-clusters: 1) child protection, 2) GBV, 3) psychosocial support, 4) migrants/points of entry, and, 5) persons of concern-refugees. In total, 41 organizations (UN agencies, government bodies, NGOs, international NGOs, community-based organizations, and Red Cross movements) collaborated to provide support.

In particular, based on the experience of the 2015 Nepal earthquake, the Protection Cluster advocated for a Gender Equality and Social Inclusion (GESI) response to the humanitarian country team set up immediately after the spread of COVID-19. Consequently, Nepal's "COVID-19 Preparedness and Response Plan" clearly stated to respond to SGBV, which led to the increased efficacy of assistance.

(2) Measures taken by the government during the COVID-19 pandemic

1) Ministry of Women, Children and Senior Citizens (MOWCSC)

MOWCSC, in collaboration with UN Women, Save the Children, and Care Nepal, conducted the "Rapid Gender Analysis Report on COVID-19 Nepal 2020," which included the SGBV sector, starting in May 2020. Among the challenges of SGBV, it reported that violence against women and girls is increasing. Especially socially disadvantaged women, LGBTQ, and young women were affected because SGBV response mechanisms did not function. As a response, it was suggested that a comprehensive support package (health, legal, safe shelter, psychosocial counseling, referral, and empowerment) is provided to survivors of SGBV and that SGBV cases must be dealt with urgency to ensure the rights of SGBV survivors to be protected from violence. Therefore, priority should be given to SGBV cases to end the impunity against violence.⁷²³

【Protection】 Provision of GBV funds

The MOWCSC has a GBV fund for which SGBV survivors can apply, but in the process of transitioning to a federal system, the responsibilities of the fund and its operation were not clearly defined, and it was not operating properly. However, because of the urgent need to support survivors of COVID-19, in February 2020, the MOWCSC took the lead in allocating NPR 10,000 (JPY 9,350) as a GBV fund to 753 local governments.⁷²⁴

⁷²³ CARE Nepal, Save the Children and MOWCSC (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁷²⁴ Nearly Ministry to establish gender-based violence elimination fund at 753 local levels, February 24, 2020, <https://myrepublica.nagariknetwork.com/news/ministry-to-establish-gender-based-violence-elimination-fund-at-753-local-levels-1/> [Access: June 14, 2021]

2) National Women's Commission (NWC)

【Prevention】 Setting up and strengthening of helplines.

NWC has implemented the "Integrated Platform for Gender-Based Violence Prevention and Response (commonly known as Sambodhan)" with support from the World Bank since 2017 and has been running a helpline for SGBV survivors called "Call Us (Khabar garau)" (dial 1145). During the COVID-19 pandemic, approximately 20 staff members have been available 24/7 to provide case management in collaboration with the judiciary, psychological counseling, shelters, police, medical services, and child protection facilities.⁷²⁵

【Prevention】 Raising awareness

From February to July 2020, public service announcements (PSAs) targeting women, including child marriage, polygamy, SGBV, and sexual harassment, were repeatedly broadcast on the radio in three languages (Nepali, Maithili, and Bhojpuri). Many survivors who contacted the helpline said that they learned about dial 1145 from the radio broadcast, thus indicating that the program was effective in raising awareness. In addition, in cooperation with Counter Culture Nepal, they created awareness-raising posters in six languages (Doteli, Nepalbhasa, Maithili, Bhojpuri, Nepali, and English) and displayed them through their partner organizations. After undeniable increases in SGBV were reported worldwide, the media began to actively cover the issue of SGBV during the COVID-19 pandemic. NWC also cooperated with the media to raise awareness.

【Protection】 Preparation of Protocol for Shelter Management during the COVID-19 pandemic

Based on discussions with shelter operators, a "Protocol on Shelter Management during COVID-19" was developed and approved by the MOWCSC. Currently, they are working with the MoHP to develop a "Protocol on Shelter Management during COVID-19 (draft)" to protect SGBV survivors during lockdowns and the pandemic, which is in the process of endorsement by the MoHP.

【Protection】 GBV service mapping directory.

A list of registered supporters of SGBV across the country was prepared and can be easily downloaded from the NWC website⁷²⁶ so that related organizations can respond to SGBV promptly.

3) One Stop Crisis Management Centres (OCMC), Ministry of Health and Population

【Protection】 Service provision at the OCMC

Based on the National Action Plan on Gender-Based Violence (2010), the MoHP has been gradually establishing OCMCs since 2011 to provide free hospital-based medical services (e.g., treatment for survivors, psychosocial counseling, and medical treatment) to survivors of SGBV, coordinate with shelters, and provide referrals to the police. Currently, 66 centers are operating nationwide.⁷²⁷ During the COVID-19 pandemic, OCMC has continued to provide services as usual but also offered telephone counseling to patients who could not come to the hospital due to the lockdown and lack of transportation.⁷²⁸

⁷²⁵ UNDP COVID-19 Global Gender Response Tracker, <https://data.undp.org/gendertracker/> [Access: January 20, 2021]

⁷²⁶ Available for download from the NWC website <https://nwchelpine.gov.np/?lang=en# covid-19-confirmation>

⁷²⁷ *ibid.*

⁷²⁸ The Ministry of Health and Population and Nepal Health Sector Support Programme III (2020) Access to OCMC Multisectoral Service during

4) Nepal Police

【Prevention】 SGBV data collection

SGBV officers are assigned to police offices at federal, provincial, and local levels, and are responsible for consultation, registration of SGBV cases based on a survivor-centered approach, collaboration with the judiciary, investigating cases, and arresting perpetrators. With the support of UNICEF, SGBV data are uploaded to the police website annually. During the 2020 lockdown, SGBV crime data against women, children, and senior citizens during the 2020 lockdown were uploaded.⁷²⁹

(3) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) UN Women

【Prosecution】 Legal support for SGBVs

In collaboration with the Forum for Women, Law, and Development, they are implementing a project on the "Provision of Emergency Legal Assistance to Survivors of Gender-Based Violence in the COVID-19 Context." SGBV survivors can receive free services, such as legal consultation, assistance in filing cases with the police, and representing survivors in court. Legal services are available via phone, Facebook messenger, email, and Google Forms.

2) United Nations Children's Fund (UNICEF)

【Prevention】 Raise awareness among women's groups and establish a grievance mechanism in schools

UNICEF's Child and Family Tracker shows a gradual increase in the percentage of respondents who have witnessed violence against women and children, from 0.89% to 1.81%, between August 2020 and January 2021.⁷³⁰

In light of these findings, UNICEF took seriously the fact that the lockdown and economic impact on households led to violence against women and children. As victims of SGBV are more likely to consult women and friends in the community than to report to the police, UNICEF together with Nepal Police distributed booklets on SGBV, so that the people understand their roles.⁷³¹

They have also strengthened their support for gender equality and child protection by encouraging schools to utilize a "complaint response mechanism" (schools to help students report instances of violence through suggestion boxes and a selected committee to open and deal with the issues), which was introduced in all public schools in 2016.

3) United Nations Population Fund (UNFPA)

【Prevention and Response】 SGBV Prevention and Response Project

UNFPA, in collaboration with MOWCSC, MoHP, and the Swiss Agency for Development, has launched the "Gender-Based Violence Prevention and Response Project II" at Province No. 1 and Sudurpaschim Province from

COVID-19 Lockdown: A Case Study

⁷²⁹ Nepal Police Crime data against Women, Children and Senior Citizen of Lockdown Period <https://cid.nepalpolice.gov.np/cid-wings/women-children-and-senior-citizen-service-directorate/> [Access: June 14, 2021]

⁷³⁰ UNICEF, Child and Family Tracker (2021) Tracking the Socio-Economic Impact of COVID-19 on Children and Families in Nepal, January 2021

⁷³¹ UNDP, COVID-19 Global Gender Response Tracker, <https://data.undp.org/gendertracker/> [Access: January 20, 2021]

2020 to 2024 with an aim to reduce GBV by empowering women and girls and strengthening response services. The project will reach GBV survivors (women and girls), adolescent boys and girls, families including newlywed couples, and local communities in collaboration with police, health workers, female community health volunteers (FCHVs), teachers, judicial committees, mediation committees, hospital/OCMCs, and community psychosocial workers (CPSWs).⁷³²

4) Foreign, Commonwealth & Development Office (FCDO)⁷³³

【Prevention】 Strengthen police surveillance groups

The "Integrated Programme for Strengthening Security and Justice" was launched in 2014 with the goal of achieving better security and access to justice for at least 1.85 million people, including over one million women and girls. It was scheduled to end in 2020 but was extended to 2021 due to COVID-19. Under the project, 58 police stations were constructed, and women and children support centers were established at the stations. A total of 11,800 police officers (including 1,050 women), or approximately 15% of the total police force, were trained in gender-responsive investigations, counseling, crime prevention, citizen-friendly policing, human rights, and local accountability to improve their capacity to respond to SGBV. In response to the spread of COVID-19, some of the activities have been reorganized since 2020, and masks and sanitizers have been provided to over 50,000 police officers so that they can safely continue their duties. Meanwhile, keeping in mind that SGBV survivors are unlikely to report the incident due to movement restrictions, GBV Watch Groups and other community groups approached women in their communities who were survivors or at risk of violence.⁷³⁴

【Prevention】 SGBV Awareness Activities

"HAMRO SAMMAN: Partnerships to Combat Human Trafficking in Nepal" was a project that targeted foreign employment and the domestic entertainment industry. These are the sectors that have been hit the hardest by the pandemic. Consequently, many lost jobs and struggle to make ends meet. Following the COVID-19 pandemic, the private sector also became home-based and was unable to provide face-to-face vocational training to returning migrant workers. The project provided food supplies and hygiene kits to approximately 300 girls from the adult entertainment sector. Among the 450 trafficking survivors, some obtained referral services, including short-term shelter, psychosocial support, and legal services. The project also created public service announcement videos (for social media, radio, and television) on human trafficking, SGBV, unemployment, and human rights, to raise awareness.⁷³⁵

5) Women's Rehabilitation Centre (WOREC)

WOREC is a non-governmental organization established in 1991 that operates shelters, disseminates information, and runs a counseling hotline during normal times.

【Prevention】 Disclosure of SGBV case and research data

WOREC started to regularly publish data on the status of SGBV during COVID-19 based on its hotline and

⁷³² UNFPA (2020) Gender-Based Violence Prevention and Response Project II

⁷³³ Former Department for International Development (DFID)

⁷³⁴ FCDO (2021) Integrated Programme for Strengthening Security and Justice, Annual Review

⁷³⁵ FCDO (2020) HAMRO SAMMAN: Partnerships to Combat Human Trafficking in Nepal, Annual Review

counseling.⁷³⁶ Nepal Police and NWC have also published data under COVID-19, however, WOREC's data are frequently updated, which allows them to advocate based on the latest evidence. WOREC also conducted surveys such as "An Assessment on Risk and Preventive Measures of Gender-Based Violence during Lock-Down Period of COVID 19 the following are the impacts," "Online Survey on Women's Workload during COVID 19 Lockdown," and "Survey on the Socio-economic Impact of COVID-19 on Returnee Migrant Women Workers in Nepal," which were open to the public. The results were reported by the media, which enabled highlighting challenges such as increasing SGBV, the burden of domestic work of women, issues of returned migrant women under the COVID-19 pandemic, and seeking and considering necessary support measures.

【Protection】 Shelter management and counseling

WOREC has been operating six shelters in Kathmandu and around but has established two new shelters after the outbreak of COVID-19 to protect the survivors. At shelters, they provide counseling, medical care, and judicial services. On account of the pandemic, medical and judicial services are stagnant and are not operating as they used to be. Especially for medical services, resources are focused on responding to COVID-19 patients. Staff working in shelters are at risk of infection while managing the shelter, thus making it more difficult to provide necessary services.⁷³⁷ During the three months of lockdown in 2020, WOREC provided counseling to 745 SGBV survivors and 621 of their family members who were mentally stressed. As people's livelihoods have worsened during the pandemic, it was evident that more people have been under mental stress than in normal times.

Based on the SGBV data and results of research studies, WOREC has submitted recommendations to the government about responding measures of SGBV and is continuously advocating to improve the situation. It has strong cooperation with the government, provides support for the development of the "Protocol on Shelter Management during COVID-19," and has conducted monitoring to ensure that the quarantine facilities are operated with due consideration to women and girls, persons with disabilities, senior citizens, and single people. They also participated in several cluster meetings related to the pandemic, which were set up by the government (e.g., protection, GBV sub-cluster, education, psychosocial sub-cluster, migration) and provided advice on how to respond to SGBV in their respective activities.

6) Women for Human Rights (WHR)

【Protection】 Management of shelters for women

Women for Human Rights (WHR), a national women's rights organization, in collaboration with the government of Nepal, opened women-managed quarantine facilities for returnee women migrants in their 21 office spaces. It was because women faced SGBV in government-managed quarantine centers, and it was difficult for them to receive the necessary support. All quarantine facilities are operated and managed by women, including security guards, so that women feel safe and secure. The program has been recognized as a good practice because it provides attentive support, such as distributing dignity kits in response to women's needs and facilitating access to WHR shelters for those who are unable to return home.⁷³⁸

⁷³⁶ WOREC, Press Release, <https://www.worecnepal.org/press-release.php> [Access: June 27, 2021]

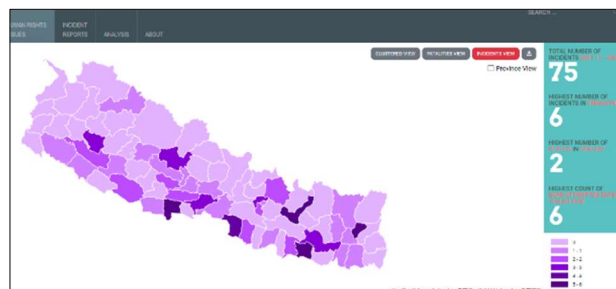
⁷³⁷ WOREC, COVID-19 Response, <https://worecnepal.org/camp/18> [Access: June 27, 2021]

⁷³⁸ UN Women, In Nepal, a woman-managed quarantine center tends to women's unique needs and recovery, <https://www.unwomen.org/en/news/stories/2020/7/feature-nepal-woman-managed-quarantine-centre> [Access: July 10, 2021]

7) Nepal's Collective Campaign for Peace (COCAP)

【Protection】 Collecting information on the status of SGBV cases based on newspaper reports of SGBV

Nepal's Collective Campaign for Peace (COCAP) used to operate an online platform to monitor GBV cases during Nepal's Civil War. They have re-established the platform during the COVID-19 pandemic, recording and analyzing newspaper articles on violence and sharing them on a dashboard called Nepal Monitor.⁷³⁹ It provides timely information on SGBV cases (Figure 3-8).



Source: Nepal Monitor
Figure 3-8: SGBV cases by district as shown in Nepal Monitor

(4) Measures taken by private companies

【Protection】 Crime prevention application "NiDARR (fearless) "

NiDARR is an app developed by a female entrepreneur to watch over women, which allows them to track their location via GPS, register contact information for family and friends, and automatically send a notification to the registered person if they go out and do not return home after a certain period. The app also has functions for reporting and counseling and a security buzzer in case users are victimized. During the COVID-19 pandemic, the company has been providing YouTube videos on how to use the app and educational animations about GBV so that young people can consult and report the incident through the app. The number of users of the app is increasing.⁷⁴⁰

3-2-4. Gaps in SGBV response

The following sections describe the challenges/gaps in support during the COVID-19 pandemic.

(1) Prevention of SGBV: Association between awareness-raising activities and prevention of SGBV is unclear

SGBV increased during the pandemic, especially during the lockdown. In response to this situation, the government and NGOs have been raising awareness about SGBV through media such as TV, radio, and posters in multiple languages. This move has helped spread awareness about the current situation of SGBV and the helpline numbers, and resulted in a tripling of the number of calls during the lockdown. However, 64.7% of women and girls are unable to report because they fear that they may be subjected to more violence if the perpetrators find out that they have reported the crime. As the COVID-19 pandemic extends, life becomes even more difficult. For women to survive, they must depend economically on men, which makes it harder to seek help.

The entire community, including the community leaders, men, and boys, needs to know that "SGBV is a crime" and is prohibited by law. Prevention and protection approaches should be promoted by raising awareness of people about harmful practices in the area, trends of violence that occur, and ways to report SGBV when they see or notice it.

(2) Protection of survivors: Protection system of survivors in provinces and local is weak

SGBV service providers provide services based on a survivor-centered approach. However, some local governments

⁷³⁹ Nepal Monitor, <https://nepalmonitor.org/dashboard/gender-based-violence>

⁷⁴⁰ NiDARR, Using ICT to end Gender Based Violence, <http://www.ujyalofoundation.org/nidarr/> [Access: July 10, 2021]

instructed that SGBV cases could be postponed until the lockdown was eased, thus indicating that survivors were not protected and perpetrators were left unattended.⁷⁴¹ It can be argued that provincial and local government administrators and legislators did not understand the importance and urgency of SGBV due to their lack of knowledge about SGBV and the law. In addition, because gender-responsive plans and budgets were not formulated by the local government, it was difficult to respond to the diverse needs of people in quarantine facilities and shelters.

To tackle these situations, women's organizations, such as WOREC, Saathi, and WHR, responded quickly to protect SGBV survivors and operate quarantine facilities for women by utilizing their networks with local women's groups. The interviews with NGOs revealed that for SGBV survivors, it is not easy to approach the police and help desks for consultation; rather, they prefer to consult with women's groups close to them. In particular, under a state of emergency, networks of local women's groups and their quick responses were very useful. However, with federalization, the connection between women's groups and provincial and local governments has become weak, which is another issue that has prevented the government from properly handling SGBV issues.

(3) Protection of survivors: No effective referral system in place

The NWC played a major role within the Sambodhan project by establishing a referral and coordination mechanism, with approximately 20 staff members providing service 24/7 during the COVID-19 pandemic. However, as support from the World Bank is scheduled to end, financial sustainability remains an issue.⁷⁴² In addition, the current referral system is Kathmandu-based, and because of language issues, it takes time to identify and coordinate appropriate referrals in the caller's region. Therefore, effective service delivery remains a challenge. Nepal has different languages and religions, and geographical and infrastructure conditions also hamper easy movements. Therefore, it would be ideal to establish a referral system under the provincial and local governments in the future.

(4) Protection of survivors: SGBV officials do not have an environment in which they can continue their activities in an emergency

In the early stages of the COVID-19 pandemic, there were issues such as insufficient personal protective equipment (PPE) and infection protection equipment for shelter staff, lack of vehicles to take SGBV survivors to medical institutions, and an insufficient ICT environment to support online services. PPE, sanitizers, and gloves need to be provided on a priority basis to responders of SGBV, both government and NGOs, so that they can offer their services with confidence even under emergency settings. In addition, during the lockdown, NGO staff wanted to provide online services, but most of them did not have an Internet connection at home, which hampered the operation. There is a need to create an environment where service providers can receive ICT support, such as Internet connection (hotspot Wi-Fi), data packages, computers and smart phones, and vehicles for protection and transportation, so that survivors can receive their support timely.

(5) Prosecution: Low capacity of police and judicial officials to deal with SGBV survivors

It is critical that perpetrators are prosecuted for survivors' rehabilitation and life without violence. However, in Nepal, SGBV perpetrators are rarely prosecuted, even in normal times, and there is mistrust toward the police and

⁷⁴¹ From an interview with WOREC

⁷⁴² From an interview with NWC

judicial system.

Under the lockdown, some police stations were transformed to quarantine facilities, and police officers were too busy and could not handle SGBV cases; thus, even reported cases were not attended to properly. In addition, because some courts were closed, DV survivors were not protected, as stipulated in the DV law, and perpetrators were not arrested.

In September 2020, the Supreme Court ordered the police and courts to register SGBV cases online; however, according to NGO officials, it has not been practiced.⁷⁴³ Considering the pandemic and the post-COVID-19 era, police officials need to strengthen their understanding of the survivor-centered approach and develop their capacity to respond to these cases. Judicial officials will need to strengthen their capacity to protect and support survivors, and to go online for case registration and public hearings for faster law enforcement.

(6) Rehabilitation and economic empowerment: Support is not provided during the COVID-19 pandemic

Counseling and financial support are essential to women's rehabilitation and economic empowerment. Counseling needs to be provided at provincial and local governments by training various personnel in their local language and settings. In particular, it is crucial to train medical personnel, case managers, community social workers, and grassroots women's groups so that their ability to respond to emergencies increases. In addition, there is a need to establish a system to provide support through various channels such as telephone and SNS, and face-to-face interaction, so that people can consult more easily.

Financial independence helps survivors to recover mentally, increase their sense of self-esteem, and rehabilitate and empower themselves. Even in normal times, it is difficult for women to become financially independent in Nepal, and NGOs provide small-scale vocational training to promote employment and rehabilitation. However, since it requires face-to-face training, only limited programs have been conducted under the pandemic and they have to be strengthened further.

(7) Crosscutting issue: Maintenance of data on SGBV by gender, age, disability, etc.

Currently, data on SGBV by gender are being collected by the Nepal police. However, as shown in Table 3-2, the published data include only the total number of cases, whereas information on age, disability, and region is not published and is only updated once a year. In contrast, NWC and WOREC regularly published data on their websites during the COVID-19 pandemic and publicized the situation of SGBV periodically. They also disseminated the seriousness of the issue through press releases and seminars, which were reported by the media and led to the 24-hour helpline being widely known.

There is a need to develop a comprehensive database system of SGBV by gender, age, disability, region, and caste regularly, such as quarterly, and not merely during pandemic/emergency situations, so that the government and

⁷⁴³ Improving Nepal's response to gender-based violence, December 8, 2020, <https://blogs.worldbank.org/endpovertyinsouthasia/improving-nepals-response-gender-based-violence> [Access: 31 December 2021]

development partners can design their programs based on the evidence.

3-3. Health Services (Sexual Reproductive Health and Mental Health)

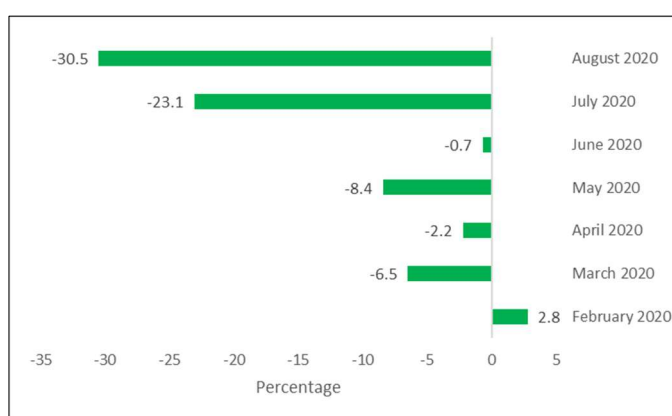
In Nepal, health and medical services (including SRH) remained available even during the lockdown under the COVID-19 pandemic. However, in some cases, services could not be provided owing to supply delays of PPE and SRH-related drugs and consumables, especially immediately after the spread of COVID-19 and in rural and remote areas.

The COVID-19 pandemic has caused not only physical harm owing to infection with COVID-19 but also psychological harm owing to restrictions on movement and reduced communication, aimed to prevent the spread of infection. Moreover, the pressure on household budgets from economic hardship and increased SGBV, such as domestic violence, have been reported to cause psychological harm. Consequently, secondary negative effects, such as deterioration of mental health and an increase in suicide rates, have also been observed.

3-3-1. SRH and Mental Health during the COVID-19 pandemic

(1) Difficulty in accessing safe delivery services

According to Nepal's 2016 Demographic Survey, the maternal mortality rate is very high, at 239 in 100,000 cases—higher than that in neighboring countries, such as Pakistan (178), Bangladesh (176), India (174), and Bhutan (148). Nevertheless, the rate declined sharply from 543 in 100,000 in 1996 to 239 in 100,000 in 2016. This decline has been attributed to the Safe Motherhood Program (SMP), which has been promoted by the government since 2009. Those who deliver at a public health facility receive a certain amount of money for transportation to four antenatal checkups, free delivery expenses, and sick childcare. The institutional delivery rate increased to 59%, and the maternal health examination rate increased to 80% before the COVID-19 pandemic.⁷⁴⁴ Although maternal health services were supposed to be continued even during the COVID-19 pandemic, the difficulty of providing services increased compared with normal times because a large number of medical personnel and supplies were allocated for COVID-19 control, and COVID-19 infection prevention measures had to be taken. As indicated in Figure 3-9, which shows the percentage of institutional deliveries in February 2020, the first wave of COVID-19 coincided with a sharp decrease in institutional deliveries from March to -30% of the previous year.⁷⁴⁵ In the first eight months after the start of the COVID-19 pandemic, the maternal mortality rate during prepartum and delivery increased by 50%, whereas the postpartum maternal mortality rate increased by 9% compared with the same period in the previous year.⁷⁴⁶



Source: Ministry of Health and Population
Figure 3-9: Decrease in institutional deliveries since COVID-19 outbreak (Year-on-year comparison)

⁷⁴⁴ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

⁷⁴⁵ Ministry of Health and Population (2021) Assess impact of COVID-19 pandemic in selected health services with estimation of 'excess maternal deaths

⁷⁴⁶ UNFPA (2020) Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal [Access: 31 December 2021]

(2) Increased risk of unwanted pregnancies

The risk of unwanted pregnancies increased during the COVID-19 pandemic, as movement restrictions meant that people spent more time with their spouses or partners.⁷⁴⁷ Figure 3-10 shows the consumption of contraceptives by age in the same month in 2019 and during the COVID-19 pandemic in 2020. Use of hormonal injections (Depo), intrauterine contraceptive devices (IUCD), subcutaneous implant contraceptive methods (implant), contraceptive pills, and condoms all decreased by 24% to 75% compared with 2019. Unwanted pregnancies are estimated to increase owing to lack of access to family planning services, itself owing to movement restrictions, and economic hardship.⁷⁴⁸

| Period | Depo <20 years | Depo ≥ 20 years | IUCD <20 years | IUCD ≥ 20 years | Implant <20 years | Implant ≥ 20 years | Pills <20 years | Pills ≥ 20 years | Condom pieces |
|-------------------------------------|----------------------|-----------------------|----------------------|-----------------------|-------------------------|--------------------------|-----------------------|------------------------|------------------|
| Jan-May 2020 | 4836 | 58605 | 94 | 3060 | 893 | 22292 | 2561 | 31169 | 5920105 |
| Jan-May 2019 | 6953 | 84535 | 380 | 5982 | 1631 | 33964 | 3436 | 41295 | 8840489 |
| % Reduction in Contraceptive use | 30.4% | 30.7% | 75.3% | 48.8% | 45.2% | 34.4% | 25.5% | 24.5% | 33% |

Source: Family Welfare Division, under the Department of Health Services

Figure 3-10: Comparison of contraceptive consumption by age in the same month in 2019 and 2020

The Ministry of Health and Population (MoHP), in its Interim Guidance for Reproductive, Maternal, Newborn, and Child Health Services in the COVID-19 Pandemic, instructed that abortion services should continue in the COVID-19 pandemic, but the UNFPA's September 2020 survey showed that only 34% of all facilities were providing abortion services.⁷⁴⁹ Amid the increased risk of unsafe abortion practices owing to the unavailability of abortion services, the Family Planning Association Nepal (FPAN), in collaboration with other organizations, requested the government of Nepal to allow the use of an oral abortion pill. It has been successfully approved, and women now have a new abortion option. The safety of abortion has thus been ensured even without hospital visits in the COVID-19 pandemic, along with the decision of Nepalese women on whether to have a child.

(3) Deterioration in mental health and increase in suicide

According to UN Women data, 67% of Nepalese men reported that their mental health has been affected by the COVID-19 pandemic, compared with 78% of women—women were 11 percentage points more likely to be worse off. In the survey asking women who were stressed by the COVID-19 pandemic why, the most common reason was unemployment and loss of income, at 80.5%, followed by economic reasons, such as not being able to pay rent (38.7%), not being able to repay loans (38.2%), not being able to buy food (33.2%), and not being able to pay for children's education (28.4%).⁷⁵⁰

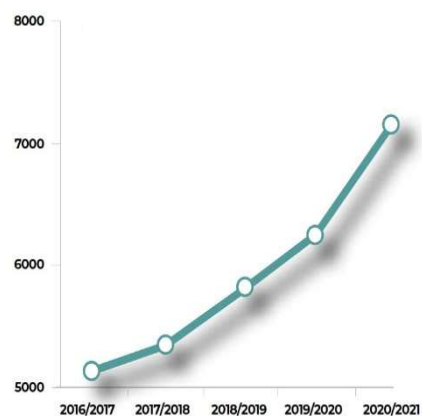
⁷⁴⁷ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁷⁴⁸ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

⁷⁴⁹ UNFPA (2020) Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal

⁷⁵⁰ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

Deteriorating mental health leads to suicide in the worst-case scenario. According to data from the Nepal Police, the number of suicides among Nepalese in 2020 exceeded 7,000 (about 3,000 women and 4,000 men), as shown in Figure 3-11.⁷⁵¹ Previously, Nepal's suicide rate had been increasing by 8.5% per year, but in the first four months of the lockdown alone, the rate increased significantly to 19.4%. Comparing the number of suicides one month prior to the lockdown and one month after the lockdown, the data show a 6% increase in the number of suicides among women from 127 to 134, a 19% increase in the number of suicides among men from 242 to 289, a 41% increase in the number of suicides among girls from 32 to 45, and a 46% increase in the number of suicides among boys from 13 to 19. In terms of the rate of increase, males are more likely to commit suicide for both adults and children, but in a comparison between boys and girls, the number of suicides among girls is approximately three times higher.⁷⁵² The reason is that they are more likely to suffer from mental illness, namely, loneliness-related anxiety as a result of increased unpaid care work and inability to socialize with friends owing to school closures.



Source: Nepal Police
Figure 3-11: Number of suicides in the past five years

During the COVID-19 pandemic, health care workers have also complained of worsening mental health owing to being slandered by neighbors and others for supposedly spreading COVID-19. In a PLOS ONE survey, as shown in Table 3-4, more women complained of worsening mental health than men, a result that was statistically significant.

Table 3-4: Mental health status of healthcare workers by gender

| | No distress (n) | Mild – moderate distress (N) | Severe distress (N) | p-value |
|-------|-----------------|------------------------------|---------------------|---------|
| Women | 46 | 69 | 11 | .004 |
| Man | 73 | 49 | 6 | |

Source: PLOS ONE (2021) Psychological distress among health service providers during COVID-19 pandemic in Nepal (February 10, 2021)

(4) SRH and mental health of vulnerable segments of women and girls

The main situations and issues related to SRH and mental health during the COVID-19 pandemic are described in the previous section, and the segments that have been particularly affected by SRH and mental health are identified below.

1) Pregnant women

In the two months of the 2020 lockdown alone, 56 pregnant women died, 60,000 women lost access to antenatal care,⁷⁵³ and the number of births in health facilities declined by 30.2% compared with the period before the COVID-

⁷⁵¹ Nepal sees spike in suicides during pandemic, August 7, 2021, <https://www.nepalitimes.com/banner/nepal-sees-spike-in-suicides-during-pandemic/> [Access: January 10, 2022]

⁷⁵² Nepal Police, Women, Children and Senior Citizen Service Directorate, <https://cid.nepalpolice.gov.np/index.php/cid-wings/women-children-service-directorate> [Access: January 20, 2021]

⁷⁵³ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

19 pandemic, attributed to restricted movement and fear of infection. As a result, in the first 8 months of the COVID-19 outbreak, prenatal and delivery maternal mortality increased by 50% and postpartum maternal mortality increased by 9% compared to the same period in 2019.⁷⁵⁴

2) Women and girls of reproductive age

As Nepal relies on imports from India for sanitary napkins, the COVID-19 pandemic has caused a logistical bottleneck, resulting in a shortage of sanitary napkins. According to a VSO survey, 77% of girls had difficulty obtaining sanitary napkins, forcing girls to reduce the frequency of replacement and reuse old cloths, resulting in unhygienic conditions.⁷⁵⁵ In response to this situation, the government of Nepal decided to distribute 16 sanitary napkins per month to girls in grades 7–12 in approximately 29,000 public schools to ensure SRH and continuation of girls' schooling.⁷⁵⁶

3) Elderly women

According to Age Nepal, an organization that provides support to older adults, elderly women⁷⁵⁷ have faced the following challenges in the COVID-19 pandemic: 1) lack of access to health services and treatment, 2) lockdown-related lack of emergency transportation when they become sick, 3) vulnerability to abuse as elderly women, and 4) lack of daily support supplies that contain items needed by older adults.⁷⁵⁸ In addition, Elderly women who live alone and have no one to talk to because their families are away for work have tended to experience loneliness.

4) LGBTQ

An LGBTQ organization surveyed 172 LGBTQ people during the COVID-19 pandemic and found that 27.1% were highly stressed, 21.6% were short-tempered, and 13.4% were depressed. In addition, 12.2% of the 172 respondents said they had attempted suicide, indicating that they were unemployed owing to the COVID-19 pandemic and had no one to turn to for help, and that their mental health was in danger.⁷⁵⁹

3-3-2. Factors that affected SRH Services and Mental Health during the COVID-19 pandemic

(1) Barriers to accessing safe delivery

In Nepal, SRH services were provided even during the COVID-19 pandemic. However, pregnant and nursing mothers had difficulty accessing services for safe delivery, according to a study conducted by the UNFPA.⁷⁶⁰

- 72.6% of pregnant and nursing mothers and their families decreased their use of antenatal care owing to fear of COVID-19 infection.
- 58.9% of pregnant and nursing mothers were not able to give birth in health care facilities because of infection control measures imposed by health care providers.
- 33.7% of pregnant and nursing mothers were afraid of COVID-19 infection transmission from health care

⁷⁵⁴ UNFPA (2020) Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal [Access: 31 December, 2021]

⁷⁵⁵ VSO (2020) Sisters for Sisters' Education in Nepal Project

⁷⁵⁶ 1.3 million girls in Nepal to receive free menstrual supplies, September 3, 2020, <https://reliefweb.int/report/nepal/13-million-girls-nepal-receive-free-menstrual-supplies> [Access: 10 July 2021]

⁷⁵⁷ In Nepal, the elderly are defined as those over 60 years old.

⁷⁵⁸ COVID-19 Initiatives by Gender in Humanitarian Task Team Members (2020), Gender Equality Update 24

⁷⁵⁹ Federation of Sexual and Gender Minority Nepal and Blue Diamond Society へのインタビューより

⁷⁶⁰ UNFPA (2020) Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal

workers.

- 30.3% of pregnant and nursing mothers did not have transportation to medical facilities, even if they wanted to have antenatal checkups or give birth at medical facilities.

(2) Factors that increase the risk of unwanted pregnancy

The COVID-19 pandemic also made access to safe abortions difficult, forcing women to either give birth to unwanted children or choose unsafe methods of abortion. The following are some of the factors that increased the risk of unwanted pregnancy.

- Nepal relies on imports from India for many goods, and the stagnation of distribution owing to the spread of COVID-19 in India has affected the supply of contraceptives in Nepal, resulting in an increase in unwanted pregnancies.
- Many users of SRH services are unaware that abortion services continue to be available during the COVID-19 pandemic.⁷⁶¹

Meanwhile, as mentioned above, the government has approved the use of oral abortion pills, which has expanded the options for abortion. It is significant that Nepalese women can now decide whether to have children.

(3) Factors that affected the mental health of women and girls during the COVID-19 pandemic

According to a study on the deterioration of women's mental health during the COVID-19 pandemic, gender inequality and GBV are to blame.⁷⁶² 50% of Nepalese women reported that it was difficult to multitask work and household chores during the lockdown.⁷⁶³ During the COVID-19 pandemic, women have been forced to take on more responsibilities, such as managing the household budget, doing more domestic work, and taking care of children based on fixed gender roles. Their lower status in the household also makes them more vulnerable to violence, which leads to mental stress and mental health deterioration.

3-3-3. Response Measures to SRH and Mental Health during the COVID-19 pandemic

The government of Nepal has been implementing policies and laws related to health care (including SRH) since before the COVID-19 pandemic, including the National Health Sector Strategy 2016-2021, Safe Motherhood and Reproductive Health Act 2018, Nepal Safe Motherhood and Newborn Health Programme Roadmap 2030. Other policies and laws related to health care (including SRH) have been initiated as well.

The health sector response to the COVID-19 pandemic is being carried out by the Reproductive Health sub-cluster, led by the MoHP, with the UNFPA providing support. "The Interim Guidance for Reproductive, Maternal, Newborn, and Child Health Services in the COVID-19 Pandemic (May 2020)" was developed for the continuation of SRH in the COVID-19 pandemic, and the guidelines were followed by partner organizations in their response to SRH.

In addition, the government of Nepal has instructed the MoHP to continue to provide health and SRH services during the COVID-19 pandemic in response to lobbying by the Reproductive Health and Rights Working Group

⁷⁶¹ *ibid.*

⁷⁶² Lalita Kumari Sah, Prabhu Sah, Manoj Kumar Yadav, Surya B. Parajuli, Rinku shah (2020) Risk of Gender-Based Violence and Poor Mental Health among Nepalese Women during COVID-19 Pandemic: A Review

⁷⁶³ *ibid.*

(RHRWG), which consists of the Forum for Women, Law and Development (FWLD), Center for Reproductive Rights, Family Planning Association Nepal (FPAN), and other private companies and NGOs. This group has called attention to the stagnation in institutional delivery and abortion services in major public hospitals owing to increased referrals.

Table 3-5 summarizes the measures taken in the field of SRH, which was adversely affected by the focus of health care on COVID-19, and in the field of mental health, whose importance was recognized during the COVID-19 pandemic.

Table 3-5: Response measures taken in the areas of SRH and mental health

| Area | Measure/activity | Agency |
|---------------|--|---|
| Delivery | <ul style="list-style-type: none"> - Development and dissemination guidelines on pregnant women and COVID-19 - Distribution of Dignity Kit to pregnant and lactating women - Assistance with transportation costs to hospitals - SRH helpline - Provision of maternal health counseling services and application - Transportation services for pregnant women and elderly women from their homes to the hospital | Government (Ministry of Health and Population, Ministry of Women, Children and Senior Citizens) UN, NGOs |
| Abortion | <ul style="list-style-type: none"> - Advocacy for Approval of Oral Abortion Pill | NGOs |
| Mental health | <ul style="list-style-type: none"> - Mental health training for teachers - Trial of online counseling service | Development Partners, NGOs |

The following sections describe how the government, development partners, and the private sector have supported SRH and mental health.

(1) Measures taken by government during the COVID-19 pandemic

1) Ministry of Health and Population

In May 2020, the MoHP’s Family Welfare Division under the Department of Health Services issued “Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in COVID-19 Pandemic” to provide guidance on maternal and child health and SRH for health facilities in the country. The guidance provided specific methods for prenatal and postnatal care and delivery, the process of telephone prenatal and postnatal care, specific questions to ask, continuation of prenatal checkups at all hospital facilities, handling of expectant mothers with COVID-19 symptoms, continuation of immunization for children, and contraceptives to be provided for family planning during the COVID-19 pandemic.

2) Ministry of Women, Children and Senior Citizens

【Delivery】

As part of the support of the Ministry of Women, Children and Senior Citizens to the health care sector, dignity kits (sanitary napkins, towels, baby wipes, baby bottles, sanitizer, masks, gloves, etc.) were provided to expectant and nursing mothers. In addition, as part of the President Women Upliftment Program promoted by the Prime Minister’s Office of Nepal, subsidized transportation and free helicopter transportation facilities worth NPR 20,000 (about JPY 18,700) were provided to pregnant and nursing mothers who live in remote areas and have limited mobility.

(2) Measures taken by development partners and NGOs during the COVID-19 pandemic

1) UNFPA

【Delivery】

UNFPA, in collaboration with the government of Nepal, DFID, and NGOs in Nepal, provided contraceptive and family planning counseling at the COVID-19 quarantine center in rural areas where contraceptive coverage is low.⁷⁶⁴

In addition, the UNFPA distributed PPE, family planning supplies, safe abortion equipment, sanitary napkins, and other resources to health facilities providing SRH services,⁷⁶⁵ and provided PPE to the government of Nepal through South–South cooperation between the UNFPA and the Chinese government.

According to interviews with UNFPA, in addition to the provision of supplies, online training was provided to health facility staff on the prevention of COVID-19 infection, safe institutional deliveries, and acceptance of women and girls at fever centers. Training was also provided to young women on the impact of SRH and the spread of COVID-19 infections and the prevention of infections.

2) UNICEF

【Mental health】

UNICEF provided mental health training for Teach for Nepal officials, as a mental health measure, resulting in support for 40,000 children.⁷⁶⁶

3) UN Women

【Delivery】

UN Women provided dignity kits (including personal hygiene products and sanitary napkins) to marginalized communities and returning female migrant workers.

【Mental health】

UN Women in collaboration with the NGO KOSHISH and Youth Thinkers Society, conducted a study on family counseling to improve the mental health of women and vulnerable groups. Pilot activities included online counseling through podcasts and social media, as well as psychological support interventions that primarily targeted people with disabilities.⁷⁶⁷

4) Beyond Beijing Committee (BBC)

The BBC is a human rights feminist network organization working on gender equality and women's rights.

- The hotline set up a toll-free maternal health consultation service in collaboration with the Paropakar Maternity and Women's Hospital, Midwifery Society of Nepal, and Nepal Society of Obstetricians and Gynecologists.

⁷⁶⁴ UNFPA (2020) Meeting family planning needs in Nepal's quarantine centres, <https://nepal.unfpa.org/en/news/meeting-family-planning-needs-nepals-quarantine-centres-0>

⁷⁶⁵ UNFPA (2020) Meeting family planning needs in Nepal's quarantine centres, <https://nepal.unfpa.org/en/news/celebrating-midwives-unsung-heroes-front-lines-covid-19-crisis-3>

⁷⁶⁶ UNICEF(2020) Navigating the mental health toll of COVID-19, <https://www.unicef.org/nepal/stories/navigating-mental-health-toll-covid-19>

⁷⁶⁷ UN Women (2020) COVID-19 Response Strategy

- Advocacy included supporting disadvantaged communities, young people, and LGBTQ who are not being reached in the COVID-19 pandemic and working with other SRH-related organizations to urge the government of Nepal to maintain access to, supply, and adequate pricing of sanitary napkins during the COVID-19 pandemic.

(3) Support from private companies and organizations during the COVID-19 pandemic

1) Family Planning Association Nepal (FPAN)

【Delivery】

FPAN is an organization working on family planning in Nepal and operates the SRH helpline (Figure 3-12) on behalf of the government of Nepal. The helpline is open from 9:00 a.m. to 5:00 p.m. on weekdays and provides consultations on SRH, HIV and AIDS, sexually transmitted diseases, prenatal care, perinatal care, postnatal care, referral services, etc. During the COVID-19 pandemic, support has been provided in 37 out of 77 districts and 301 out of 753 local governments in Nepal, reaching 10 million people out of a population of 29 million.

【Abortion】

The use of oral abortion pills was prohibited by Nepal's reproductive health guidelines. FPAN, in collaboration with other organizations, advocated for the approval of oral abortion medicines, and the approval was granted.⁷⁶⁸

2) Application “Aamakomaya (Mother’s Love)”

【Delivery】

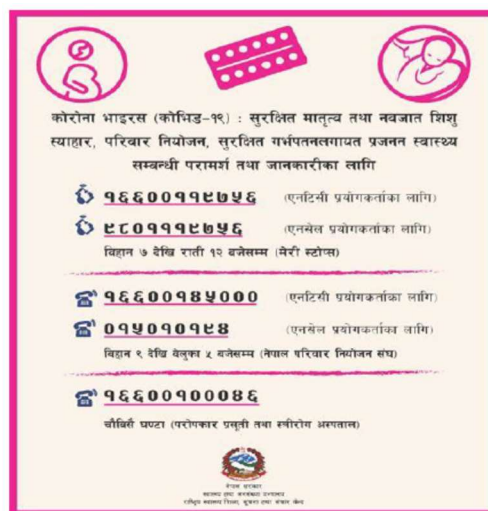
Only 58% of pregnant and nursing mothers in Nepal receive antenatal check-ups. Pregnant women have difficulty accessing distant health posts, especially in rural areas. The Aamakomaya (Mother’s Love) app allows female community health volunteers (FCHVs) to register information about pregnant and nursing mothers; the app checks their physical condition and provides care information according to their pregnancy progress (in weeks).⁷⁶⁹ There is also a system of cooperation between health posts and hospitals based in urban areas. When something unusual happens, they can respond quickly based on the information in the app used during the COVID-19 pandemic.

3-3-4. Gaps in Response to SRH and Mental Health

This chapter presents challenges/support gaps for health care (including SRH) support during the COVID-19 pandemic.

(1) SRH services are not maintained

The Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in COVID-19 Pandemic



Source: FPAN

Figure 3-12: SRH Helpline awareness poster of the Government of Nepal

⁷⁶⁸ International Planned Parenthood Federation, “Safe abortion services amid COVID-19-Agile, adaptive & innovative responses from South Asia” (2020)

⁷⁶⁹ Aamakomaya, <http://www.amakomaya.com/en> [Access: January 20, 2021]

stated that SRH services would continue during the COVID-19 pandemic. However, the Safe Motherhood Program was not implemented amid fears of infection among pregnant and nursing mothers and the lack of advice from health care providers, resulting in an increase in maternal mortality. The lockdown also stalled the supply chain for contraceptives, particularly in health posts in rural and remote areas. Abortion services also stagnated, leading to an increase in unwanted pregnancies.⁷⁷⁰ Family planning services, such as contraception and SRH services related to abortion, need to be maintained during emergencies and widely publicized as essential services.

(2) Need for expansion of telemedicine

Most of Nepal's land area is hilly and mountainous, and roads are poorly developed, making access to health services poor in normal times, particularly in rural and remote areas. During the COVID-19 pandemic, people had to give up SRH services to avoid the risk of infection. However, if telemedicine systems, such as the aforementioned Aamakomaya app, which connects expectant mothers, health posts, and hospitals, are expanded, they could be used to provide access to health care services even after movement restrictions are improved in the post-COVID-19 era.

(3) Service provision on mental health is limited

An increasing number of people are complaining of deteriorating mental health amid the economic hardships, movement restrictions, assembly restrictions, school closures, spread of fake news and rumors on COVID-19, and heavy use of social media. Women and girls, in particular, experience different stresses compared with men owing to the increase in unpaid care work and SGBV at home. In accordance with the changes in the living environment unique to the COVID-19 pandemic and the degree of restrictions, such as on movement, the government should publicize hotlines and consultation services, hold small-scale meetings, and create community spaces. When implementing these support measures, the government should consider not only gender but also region, age, language, disability, and other target segments in detail and provide support in a way that meets the needs of each segment.

3-4. Economic Activities and Livelihoods

According to the 2021 Global Gender Gap Report, the female labor force participation rate in Nepal is 85.3%, which is almost the same as that of men and higher than that in other South Asian countries. However, the wage gap between men and women is large, with women earning about 60% of that of men.⁷⁷¹ The percentage of female managers is 13.2%, and the percentage of women in professional and technical positions is only 30%, so there are few women in positions with decision-making power. To increase the ratio of professional and technical positions, the government is expanding opportunities for women's participation in public administration by taking affirmative action targeting 33% of civil servants to be women officers.⁷⁷²

In Nepal, 90.5% of women engaged in economic activities are in the informal sector and are not protected by minimum wages or social security. Table 3-6 shows the status of employment and work by gender, compiled from the 2017-18 Nepal Labour Force Survey. Looking at the labor force participation rate by sector, in terms of employment rate by industry, women participating in economic activities are in agriculture, forestry, and fisheries

⁷⁷⁰ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁷⁷¹ Central Bureau of Statistics Nepal (2019) Nepal Labour Force Survey 2017-18

⁷⁷² Samjhana Wagle (2019) Women's Representation in Bureaucracy: Reservation Policy in Nepali Civil Service, Journal of Education and Research

(33%), wholesale and retail trade (20.6%), manufacturing (13.4%), and education (9.6%).

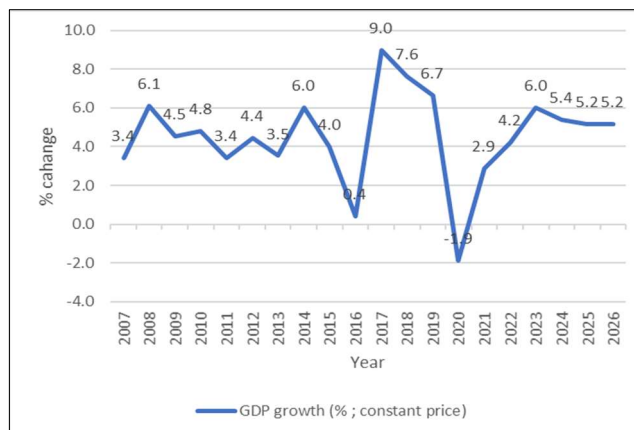
Table 3-6: Employment and work status by gender

| | | Female(A) | Male(B) | Total | % of women to men (A/B) |
|---|--|------------------|------------|------------|-------------------------|
| Overview | Population (N) | 15,513,000 | 13,509,000 | 29,022,000 | 1.15 |
| | Employed (N) | 2,640,000 | 4,446,000 | 7,086,000 | 0.59 |
| | Employment ratio (%) | 17.0 | 32.9 | 24.4 | 0.52 |
| | Unemployment ratio (%) | 2.6 | 3.8 | 3.1 | 0.68 |
| | Labor force (N) | 3,036,000 | 4,958,000 | 7,994,000 | 0.61 |
| | Working-age population (N) | 11,537,000 | 9,208,000 | 20,745,000 | 1.25 |
| Formal and informal employment ratio by sector | Formal employment ratio (%) | 9.5 | 18.9 | 15.4 | 0.50 |
| | Informal employment ratio (%) | 90.5 | 81.1 | 84.6 | 1.12 |
| Employment ratio by industry (* Main Industries only) | Total (N) | 2,640,000 | 4,446,000 | 7,086,000 | 0.59 |
| | Agriculture, forestry and fishing (%) | 33.0 | 14.7 | 21.5 | 2.24 |
| | Wholesale & retail trade, repair of motor vehicles & motorcycles (%) | 20.6 | 15.6 | 17.5 | 1.32 |
| | Manufacturing (%) | 13.4 | 16.2 | 15.1 | 0.83 |
| | Education (%) | 9.6 | 6.8 | 7.9 | 1.41 |
| | Accommodation and food service activities (%) | 6.3 | 4.6 | 5.2 | 1.37 |
| | Construction (%) | 4.2 | 19.5 | 13.8 | 0.22 |
| | Financial and insurance activities (%) | 2.1 | 1.4 | 1.7 | 1.50 |
| | Private households (%) | 1.8 | 0.6 | 1.0 | 3.00 |
| | Public administration and defense; compulsory social security (%) | 1.1 | 2.4 | 1.9 | 0.46 |
| | Information and communication (%) | 0.5 | 1.1 | 0.9 | 0.45 |
| | Arts, entertainment and recreation (%) | 0.1 | 0.7 | 0.5 | 0.14 |

Source: prepared by the survey team based on Central Bureau of Statistics Nepal (2019) Nepal Labour Force Survey 2017-18

3-4-1. Economic Activities and Livelihoods during the COVID-19 pandemic

Nepal experienced stable economic growth before the COVID-19 pandemic began. According to the World Economic Outlook released by the International Monetary Fund, Nepal's real GDP growth rate plummeted from 6.7% in 2019 to -1.9% in 2020, as shown in Figure 3-13. The 2015 earthquake in Nepal also reduced GDP growth to 0.4%. The COVID-19 pandemic has had an even more serious impact.



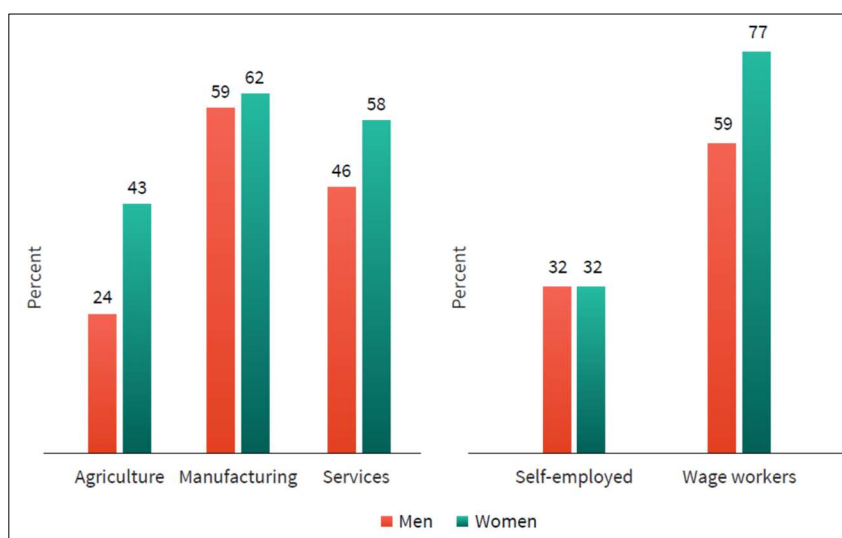
Source: IMF (2021) World Economic Outlook database (April 2021)

Figure 3-13: GDP growth in Nepal 2007-2026

According to the World Bank, 44% of effective employment in 2020 was lost or furloughed owing to the COVID-19 pandemic, with 30% of female workers permanently losing jobs, compared with 23% of male workers.⁷⁷³ Even when they did not lose their jobs, 46% of workers lost income, with women being more severely affected (51%) compared with men (44%).⁷⁷⁴

(1) Employment and work of women during the COVID-19 pandemic

Almost all sectors were adversely affected. Figure 3-14 shows the percentage of job losses in effective employment (as a percentage of the economically active population) by gender for major sectors and occupations. The data showed no difference in self-employed workers, but a higher percentage of women lost their jobs than men in sectors such as agriculture, manufacturing, services, and wage work, indicating the extent of the impact.⁷⁷⁵



Source: World Bank (2021) Implications of COVID-19 for Welfare and Vulnerability in Nepal

Figure 3-14: Losses in effective employment by people economically active in 2020, by gender, sector, and job type

⁷⁷³ World Bank (2021) Implications of COVID-19 for Welfare and Vulnerability in Nepal

⁷⁷⁴ *ibid.*

⁷⁷⁵ *ibid.*

3) Women farmers

The largest number of women (33%) in Nepal are employed in the agriculture, forestry, and fishing industries. These sectors reported significant losses owing to the inability to sell crops during the COVID-19 pandemic. Women farmers used to carry their crops on their backs and sell them to small stores and restaurants, but these customers stopped buying, resulting in falling incomes for farmers. In addition, farmers could not purchase agricultural materials and equipment, such as seeds, fertilizers, and pesticides, on time. Delayed planting has resulted in lost revenue.⁷⁷⁶ The Ministry of Agriculture and Livestock Development provided subsidies to farmers (small-scale vegetable, poultry, and livestock farmers) affected by the COVID-19 pandemic, but the amount of subsidy was determined by land ownership and land area (NPR 750 per kattha⁷⁷⁷).⁷⁷⁸ In Nepal, 25% of households are female-headed, but only 19% of women have fixed assets, such as land, and many women farmers do not have any assets even if they are the head of the household.⁷⁷⁹ Therefore, this subsidy program lacked gender-responsiveness and failed to consider that women are landless, small-scale farmers, peasants, and daily wage agricultural laborers, resulting in the exclusion of many women from benefiting from the program.

4) Home-based workers

There are approximately 1.4 million home-based workers in Nepal, and almost all are women.⁷⁸⁰ Many of them have low education and are vulnerable women for whom home-based work is the only source of income. These women produce handicrafts and food products for domestic consumption and export. The SAARC Business Association of Home-Based Workers surveyed the reasons for not being able to work during lockdown and found that the most common were movement restrictions (62%), cancelled or no work orders (47%), market closure (34%), concern about becoming infected (22%), and lack of public transportation (21%).⁷⁸¹ Compared with the pre-COVID-19 period, income decreased severely by 85.9% during lockdown, and even after the lockdown was lifted, it only recovered by 46.8% of that of the pre-COVID period.⁷⁸²

5) Domestic workers

Nepal has approximately 250,000 domestic workers, mostly women.⁷⁸³ Some women live in the homes of their employers, and others commute, often without employment contracts. In particular, live-in workers are sometimes not paid the minimum wage of NPR 13,450 (approx. JPY 12,973) per month⁷⁸⁴ set by the government of Nepal, with the reason being that they are provided with food and accommodation. In addition, because there is no employment contract, they are not covered by social security, and some women have been unable to receive benefits during the COVID-19 pandemic. In addition, because they work in their employer's house, a space that is difficult to see from outside, they are isolated from society and are at a greater risk of violence. During the COVID-19 pandemic, some women were laid off, were ineligible for relief distribution, and were kicked out from their

⁷⁷⁶ South Asia Institute of Advanced Studies, "COVID-19, gender and small-scale farming in Nepal", <https://www.sias-southasia.org/blog/covid-19-gender-and-small-scale-farming-in-nepal/> [Access: January 20, 2021]

⁷⁷⁷ 1 kattha = 338 m²

⁷⁷⁸ South Asia Institute of Advanced Studies, "COVID-19, gender and small-scale farming in Nepal", <https://www.sias-southasia.org/blog/covid-19-gender-and-small-scale-farming-in-nepal/> [Access: January 20, 2021]

⁷⁷⁹ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁷⁸⁰ ILO (2020) COVID-19 labour market impact in Nepal

⁷⁸¹ Network of Homebased workers in South Asia and International Development Research Center (2020) Impact of COVID-19 on Women Home-Based Workers in South Asia

⁷⁸² *ibid.*

⁷⁸³ WEIGO (2020) Domestic Workers, Risk and Social Protection in Nepal

⁷⁸⁴ It will be increased to NPR15,000 (JPY 14,470) from the beginning of 2021/22

employers' homes. Even if they did not lose their jobs, they faced challenges such as increased workload because the family members of the employer were staying home, the risk of getting infected with COVID-19 became high, and public transportation was reduced so that other routes had to be taken, resulting in increased transportation costs and time to commute.⁷⁸⁵

6) Women entrepreneurs

According to the Nepal Economic Census, approximately 30% (approximately 250,000) of micro, small, and medium enterprises are run by women.⁷⁸⁶ According to the Federation of Women Entrepreneurs Association of Nepal (FWEAN), 15% of the enterprises run by women entrepreneurs have gone bankrupt during the COVID-19 pandemic, and the rest are almost closed.⁷⁸⁷ Table 3-7 summarizes the challenges faced by women entrepreneurs, including those before the COVID-19 pandemic. During the COVID-19 pandemic, new challenges have resulted in deteriorating business performance and bankruptcy: limited working capital, inability to repay loans, procurement of raw materials, review of working hours and environment by the COVID-19 pandemic, payment of wages to employees, and office rent.⁷⁸⁸

Table 3-7: Challenges faced by women entrepreneurs in Nepal
(Underlined parts are new issues under the COVID-19 pandemic)

| Factor | Challenge |
|--------------------------|--|
| (1) Policies and systems | Limited government initiatives for women's entrepreneurship and business |
| (2) Finance | Limited access to loans and financial services. Need for collateral. High interest rates. Difficulty in financing large scale projects. <u>Lack of working capital and inability to repay loans due to the COVID-19 pandemic. Inability to pay employees' salaries. Inability to pay rent.</u> |
| (3) Support | There is no one-stop support center for women entrepreneurs (recently established). Limited training opportunities for women entrepreneurs to learn new skills. Business development services (management skills) are not available. |
| (4) Market | Lack of understanding of marketing techniques. Low market value of products and lack of profit. Fragile business environment (unfair competition, price volatility, bribes). <u>Impacts of the COVID-19 (transportation delays, difficulty in procuring raw materials), reduced productivity (social distances, lockdown, etc.).</u> |
| (5) Human Resources | Limited access to primary and secondary education (working-age women in rural areas). Weak entrepreneurial spirit (fear of risk). Absence of mentors. <u>Review of working hours and social distancing under COVID-19. Deterioration in mental health.</u> |
| (6) Cultural practices | Prejudice and family opposition to women doing business. Social norms that do not allow women to go out alone. <u>Increased unpaid care and domestic work for women under the COVID-19 pandemic.</u> |
| (7) Digital technology | <u>Limited access to digital technology. Low digital literacy. Lack of funds to install new machines.</u> |
| (8) Network | Limited networking opportunities. Inactive networks. Lack of access to network information. <u>No face-to-face meetings.</u> |

Source: JICA study team developed from Isenberg, D (2011) The Entrepreneurship Ecosystem Strategy as a New Paradigm for Economic Policy: Principles for Cultivating Entrepreneurship, CUTS International (2021) Impact of COVID-19 on Women Entrepreneurs in the BBIN Sub-region, The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

⁷⁸⁵ ILO (2020) Socio-economic impact of COVID-19 and beyond on women domestic workers in Nepal

⁷⁸⁶ Central Bureau of Statistics (2018) Nepal Economic Census 2018

⁷⁸⁷ From an interview with FWEAN

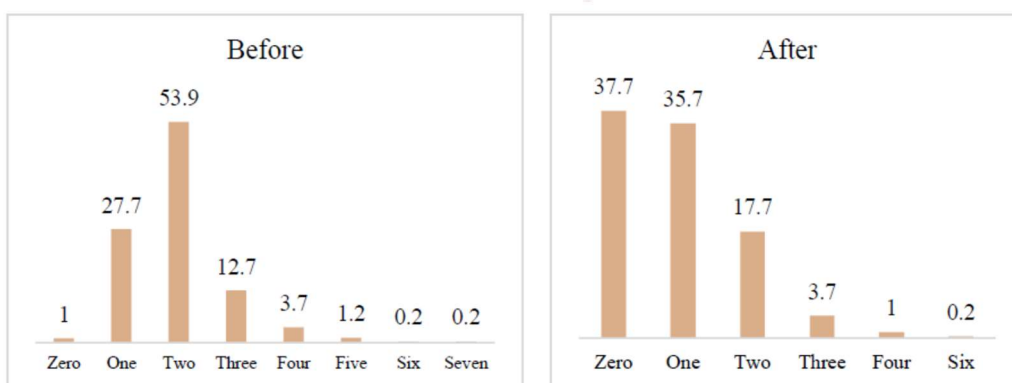
⁷⁸⁸ Women entrepreneurs struggle to recover from Covid-19 downturn, March 7, 2021, <https://kathmandupost.com/money/2021/03/07/women-entrepreneurs-struggle-to-recover-from-covid-19-downturn> [Access: June 22, 2021]

The government has rolled out a program that allows women entrepreneurs to take out loans of up to NPR 1.5 million (about JPY 1.4 million), unsecured, at interest rates of 2-4%, to help them cope with difficult situations. The total amount that financial institutions had lent to women entrepreneurs as of mid-July 2020 was NPR 4 billion (about JPY 3.9 billion). By the end of 2020, it had increased more than fivefold to NPR 27 billion (about JPY 26.3 billion), showing the high need for access to capital for women.⁷⁸⁹ One challenge that emerged was that men took loans in the name of women and used them for their own businesses. Another was that 63.5% of entrepreneurs were not aware of the government’s support programs for entrepreneurs during the COVID-19 pandemic.⁷⁹⁰

Movement restrictions and social distancing measures during the COVID-19 pandemic have also expanded the use of digital technology in Nepal, accelerating online business and smart phone payments. Some women entrepreneurs have expanded their business by starting e-commerce,⁷⁹¹ collecting market information on the internet, and networking with other women entrepreneurs to gain new business opportunities during the COVID-19 pandemic. In the future, the ability to use digital technology will be an essential skill for starting and running a business.

(2) Household livelihood during the COVID-19 pandemic

The situation of employment and work has been discussed, but when the economy falls, it naturally affects household livelihoods. The Asia Foundation has conducted a survey of household finances⁷⁹² in during the COVID-19 pandemic; their results show that households are under pressure owing to the COVID-19 pandemic. Figure 3-15 compares the number of income earners per household before the COVID-19 pandemic and during the lockdown. In the pre-COVID-19 pandemic period, 53.9% of households had two workers, followed by 27.7% with one worker. During the COVID-19 pandemic, the number of households with two workers dropped to 17.7%, whereas the number of households with one worker increased to 35.7%. The largest increase was observed in households with no one working, at 37.7%.



Source: The Asia Foundation

Figure 3-15: Number of income earners in respondents’ family before and after (during) lockdown

According to the same survey, 45.1% households had depleted savings, 42.1% borrowed money from an informal

⁷⁸⁹ CUTS International, “Impact of COVID-19 on Women Entrepreneurs in the BBIN Sub-region”(2021)

⁷⁹⁰ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

⁷⁹¹ A business model in which products and services are bought and sold over the Internet.

⁷⁹² The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

lender, 33.7% borrowed money for food, 25.7% defaulted on loans, 19% reduced the number of meals per day, 16.5% discontinued their children's education, 16.2% took loans from banks, 10% sold agriculture products, 5.7% sold animals, and 5.2% sold household assets/goods, indicating that households struggled to make ends meet.⁷⁹³

(3) Segments of women's livelihood and economic activities that were negatively affected during the COVID-19 pandemic

1) Migrant women workers

About 4.8 million people in Nepal applied for work permits abroad in 2019–2020, of whom about 240,000 (5%) were women, partly because of the few job opportunities in the country. India is the most common destination for migrants, followed by the United Arab Emirates (34%), Qatar (18%), Malaysia (10%), and Jordan (9%).⁷⁹⁴ As COVID-19 spread worldwide, approximately 460,000 men and women⁷⁹⁵ returned to Nepal from migrant work as of 2021.⁷⁹⁶ The WOREC implemented a survey of returned overseas migrant women workers, and the findings showed that many of them returned to Nepal with little or no savings, as they had been regularly sending money back to their families in Nepal, and their biggest concern was how they would be able to make ends meet. About 76% of the women were unaware of the government's employment program (Prime Minister Employment Program) or subsidies to support entrepreneurship. Providing returning migrant women with updated information and supporting them in reintegrating into Nepalese society will be a challenge.⁷⁹⁷

2) Women with disabilities

According to Nepal's demographic statistics, about 2% of the population, or about 510,000 people (45% of whom are women), have some form of disability. Persons with disabilities are said to be economically deprived even in normal times. A study conducted in 2015 comparing households with and without persons with disabilities found that 60.5% of households with persons with disabilities were in poverty (earning NPR 0–4,999/month), compared with 44.2% of households without persons with disabilities.⁷⁹⁸ These data show that households with disabled people are in a difficult economic situation, even during normal times. During the COVID-19 pandemic, the poverty situation worsened: 76% of respondents indicated that their family income was negatively affected, 49% had their personal income affected, and 40% were under food insecurity, with many borrowing money to buy food, buying cheaper food, and eating less.⁷⁹⁹ They also faced an interruption in medical and care services: 40% were short of sanitary and hygiene materials, 32% mentioned that services provided by caregivers had to stop, and 27% experienced an interruption in medical and assistive devices.⁸⁰⁰

The government provides a disability allowance of NPR 600–2,000 (JPY 578–1,927) per month,⁸⁰¹ depending on the level of disability, but it is too little to live on.⁸⁰² According to a survey of a group of women with disabilities,

⁷⁹³ *ibid.*

⁷⁹⁴ UN Women (2021) Gender Equality Update no.27 – The Future of Women Migrant Workers (April 2021)

⁷⁹⁵ Data by gender was not available.

⁷⁹⁶ The Second COVID-19 Wave in Nepal and Nepali Migrants, July 6, 2021, <https://blogs.eui.eu/migrationpolicycentre/the-second-covid-19-wave-in-nepal-and-nepali-migrants/> [Access: 31 December 2021]

⁷⁹⁷ WOREC and Global Alliance Against Traffic in Women (2020) Survey on the Socio-economic Impact of COVID-19 on Returnee Migrant Women Workers in Nepal

⁷⁹⁸ Inclusive Futures and IDS (2020) Disability Inclusive Development Nepal Situational Analysis.

⁷⁹⁹ *ibid.*

⁸⁰⁰ *ibid.*

⁸⁰¹ It is expected to increase from NPR 600 to NPR 1,600 for partially disabled and NPR 2,000 to NPR 3,000 for fully disabled.

⁸⁰² ILO (2021) Social Protection Responses to COVID-19 in Nepal

60.7% are unemployed and living in poverty owing to the COVID-19 pandemic. More than half (55.4%) of women with disabilities were able to receive relief goods from the government, whereas 41.4% were not informed that relief goods were being distributed, and 30.5% were not able to go to the distribution points even if they knew.⁸⁰³ There is a need to develop a responsive social protection scheme so that marginalized people can receive the necessary support for their wellbeing.

3-4-2. Factors affecting Women’s Economic Activities and Livelihood during the COVID-19 pandemic

(1) Government’s social security not reaching women

The government of Nepal has established social security measures for workers and businesses affected by the COVID-19 pandemic. In the FY 2021 budget, the government has decided to implement support measures in the areas of 1) work for relief program, 2) concessional loans, 3) discount on electricity fee, 4) refinancing facility, 5) extension of insurance policy, 6) support for migrant workers, 7) waiver of social security contribution, and 8) discount for domestic airfare, as shown in Table 3-8. Other support measures have also been implemented by provincial governments.

Table 3-8: Support measures for individuals and firms affected by the COVID-19 pandemic

| Policy | Description |
|---|---|
| 1) Work for relief program | Provide relief support for workers in the informal sector affected by COVID-19. <ul style="list-style-type: none"> - Provide wages to workers who are willing to participate in construction works initiated by the federal, provincial, and local governments - Provide non-workers with food relief equivalent to 25% of daily wages paid to workers who participate in construction works - Provide cash transfer to participating in infrastructure construction projects and providing cash transfers (60% of youth support is for women) |
| 2) Concessional loans | <ul style="list-style-type: none"> - Provide financial support to small- and medium-sized industries and the COVID-19-affected tourism sector - Create a fund of NPR 50 billion to provide loans at a 5% interest rate for the purpose of operation of business and payment of salaries |
| 3) Discount on electricity fee | Reduce electricity fees for individuals and industries |
| 4) Refinancing facility | Provide refinancing facility through Nepal Rastra Bank for COVID-19-affected industries <ul style="list-style-type: none"> - Provide up to NPR 100 billion in refinancing at a 5% interest rate - Businesses affected by COVID-19 in the agriculture, cottage, small and medium-sized enterprise, hotel, and tourism sectors are eligible |
| 5) Extension of insurance policy | Provide extension of insurance policies for COVID-19-affected industries and transportation until the end of the lockdown |
| 6) Support for migrant workers | Provide support for bringing back Nepalese migrant workers overseas who have lost jobs, whose visas have expired, or who have health risks |
| 7) Waiver of social security contribution | Waive social security contribution of workers and firms during the lockdown period <ul style="list-style-type: none"> - The government shall make contributions on behalf of workers to the Social Security Fund during the lockdown period |
| 8) Discount for domestic airlines | Provide discounts on parking fees, airline licensing renewal fees, flight qualification certification charge, and infrastructure tax on aviation fuel |

Source: World Bank (2021) Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures
The original information was from the Ministry of Finance's Budget Speech (May 28, 2020).

⁸⁰³ NIDWAN (2021) Interim impact Assessment of COVID-19 to Underrepresented Peoples with Disabilities in Nepal

However, these social security measures have not reached women. The reasons are as follows: 1) the relief program for youth employment and low-interest loans for women entrepreneurs are not known to many people; 2) even though there was a support system for farmers, the support system itself excluded women owing to the land ownership and land size conditions for support; and 3) distribution methods were not accommodating to women, older adults, and persons with disabilities.

(2) Large number of informal workers and wage inequality

Of economically active women, 90.5% worked in the informal sector.⁸⁰⁴ Wages in the informal sector are lower than those in the formal sector, because informal sector jobs do not require the same level of education or advanced skills. The wage gap between men and women in Nepal is large, with women earning 60% of men's wages.⁸⁰⁵ It is difficult for women to develop their careers and become economically empowered because their employment status is unstable, with low skills and wages, which results in a decline in women's status both at work and at home.

(3) Women cannot participate in economic activities because of an increase in unpaid care and domestic work

There is a large gender gap in the burden of unpaid care and domestic work. Women in Nepal spend some 4.5 hours a day on unpaid care and domestic work, whereas men spend only about one hour. Domestic work is also a burden for girls, with 47.5% of girls engaged in domestic work compared with 19.2% of boys.⁸⁰⁶ In Nepal, a pervasive gender norm is that women are responsible for unpaid care and domestic work, and even if the workload increases owing to the COVID-19 pandemic, these burdens are still placed on women. As the economic situation worsens, managing unpaid care and domestic work has increased the physical burden of women as well as impacted their mental health negatively.

(4) Digital illiteracy is hampering women's economic participation

Digitally literate women entrepreneurs were able to enter e-commerce, access market information online, and network with other women entrepreneurs, which led to the creation of new business opportunities and expanded sales channels, even during the COVID-19 pandemic. However, those with low digital literacy were unable to benefit, further impoverishing them.

3-4-3. Response Measures to Enhance Economic Activities during the COVID-19 pandemic

(1) Measures taken by the government during the COVID-19 pandemic

After the start of the COVID-19 pandemic, the government, development partners, and private companies took measures to respond to issues in women's economic activities and livelihoods from four perspectives: 1) strengthening social security to cope with the loss of income owing to stagnant economic activities, 2) employment and employment opportunities, 3) supporting micro and small entrepreneurs, and 4) financial inclusion. Table 3-9 summarizes those measures.

⁸⁰⁴ Government of Nepal (2019) Nepal Labour Force Survey 2017-18

⁸⁰⁵ ILO (2015) Analysis of Labour Market and Migration Trends in Nepal

⁸⁰⁶ Government of Nepal, (2019) Submission for the Twenty-fifth Anniversary of the Fourth World Conference on Women and Adoption of Beijing Declaration and Platform for Action (1995)

Table 3-9: Response measures taken for enhancing economic activities for women

| Area | Measure/activity | Agency |
|-------------------------------|--|--|
| Social protection | - Provision of food and daily necessities - In-kind and cash assistance for some needy women | Government, UN, NGOs |
| Employment | - Stimulation of agribusiness, support for adoption of small-scale irrigation, support for cultivation of cash crops (vegetables and fruits), support for cultivation of traditional vegetables - Employment Program (Prime Minister Employment Program) - Employment Program for Youth (Youth Employment Transformation Initiative) | Government (Ministry of Labour, Employment and Social Security, Ministry of Agriculture and Livestock Development), World Bank |
| Micro and small entrepreneurs | - Women Entrepreneurship Facilitation Centre - Training in hygiene product manufacturing - Support for improving digital literacy - Promotion of online marketing - Entrepreneurial community formation and information exchange | Government (Ministry of Women, Children and Senior Citizens) UN NGOs, private companies |
| Financial inclusion | - Providing unsecured, low-interest loans to women | Nepal Rastra Bank |

3) Ministry of Women, Children and Senior Citizens

【Supporting micro and small entrepreneurs】

According to the Ministry of Women, Children, and Senior Citizens, the Women’s Entrepreneurship Facilitation Center, which has been established in 70 local governments, has started to provide one-stop support to women entrepreneurs affected by the COVID-19 pandemic and returning women migrant workers in terms of training, information, business environment development, and market access. It has also promoted the participation of women in the financial sector and fostered the development of financial institutions that are actively supporting women entrepreneurs.⁸⁰⁷

4) Ministry of Agriculture and Livestock Development

【Expanding employment opportunities】

According to the Ministry of Agriculture and Livestock Development, support has been provided according to five pillars: (1) subsidies for agricultural investment, (2) low-interest loans, (3) expansion of technical training, (4) promotion of agricultural insurance (crops and livestock), and (5) guarantee of minimum income for smallholder farmers. Moreover, support for agribusiness revitalization, adoption of small-scale irrigation, cultivation of cash crops (vegetables and fruits), and cultivation of traditional vegetables have been provided to target groups (residents of vulnerable communities, single-parent women, students graduating from agricultural departments, and persons with disabilities).

5) Ministry of Labour, Employment and Social Security

【Expanding employment opportunities】

The Ministry of Labour, Employment and Social Security has expanded the Prime Minister Employment Program as an emergency measure for the COVID-19 pandemic, providing at least 100 days of employment opportunities to 200,000 unemployed and migrant workers aged 18–51 years in FY 2020. Their main job is to maintain public infrastructure, such as public roads, small-scale irrigation, and drinking water, and they are paid NPR 517 (JPY 505)

⁸⁰⁷ From an interview with MOWCSC

per day, with equal wages for men and women. About 750,000 people (including 42% women) registered for the 200,000 slots, indicating that there are many unemployed people in rural areas. It is not disclosed how many employment opportunities were finally provided to women, but according to the media, employment is being created for women who suffered economic difficulties owing to the COVID-19 pandemic.⁸⁰⁸

Likewise, a similar youth employment program (Youth Employment Transformation Initiative) will be launched in collaboration with the World Bank; 60% of 100,000 beneficiaries are reserved for women.⁸⁰⁹

6) Nepal Rastra Bank

【Financial inclusion】

Nepal Rastra Bank has introduced subsidized loans to women entrepreneurs, under which they can receive loans up to NPR 1,500,000 (approximately JPY 1,400,000) in unsecured loans at interest rates of 2–4%.⁸¹⁰ As of June 2021, approximately 50,000 women have used this scheme.⁸¹¹

(2) Measures taken by development partners and NGO during the COVID-19 pandemic

3) UN Women

【Enhancing social protection】

UN Women, in collaboration with WFP, provided emergency assistance and cash support for rebuilding livelihoods of female-headed households.⁸¹² UN Women also provided in-kind support to excluded groups, including food supplies, hygiene products, PPE, prepaid mobile phone and data cards, seeds and fertilizers, poultry feed, cooking stoves and cooking gas, and information materials for COVID-19 response.⁸¹³ In addition, in collaboration with NGOs, such as Women for Human Rights and Maiti Nepal, UN Women conducted a Community Kitchen Program, where meals were distributed to vulnerable groups.

【Expanding employment opportunities】

UN Women, in collaboration with the UNDP, provided technical training to home-based workers and micro, small, and medium enterprises (MSMEs) in the production of hygiene products, such as soap, sanitizer, and masks, to meet the increased demand in schools and hospitals and to secure sales for MSMEs.⁸¹⁴

(3) Measures taken by private companies and organizations during the COVID-19 pandemic

1) Federation of Women Entrepreneurs Association of Nepal (FWEAN)

【Supporting micro and small entrepreneurs】

The FWEAN is the largest association of women entrepreneurs in Nepal and provides advocacy, networking, and

⁸⁰⁸ PM Employment Programme Promotes Women Participation In Development, April 20, 2021, <https://risingnepaldaily.com/nation/pm-employment-programme-promotes-women-participation-in-development> [Access: December 31, 2021]

⁸⁰⁹ The World Bank, Government of Nepal and the World Bank Launch Youth Employment and Transformation Initiative Project, July 20, 2020, <https://www.worldbank.org/en/news/press-release/2020/07/20/government-of-nepal-and-the-world-bank-launch-youth-employment-and-transformation-initiative-project#:~:text=KATHMANDU%2C%20July%2020%2C%202020%20%E2%80%93,Faris%20Hadad%2DZervos> [Access: December 31, 2021]

⁸¹⁰ Women entrepreneurs struggle to recover from Covid-19 downturn, March 7, 2021, <https://kathmandupost.com/money/2021/03/07/women-entrepreneurs-struggle-to-recover-from-covid-19-downturn> [Access: June 22, 2021]

⁸¹¹ Asia & Pacific, Feature: Nepali businesswomen benefit from government credit scheme, July 29, 2021, http://www.xinhuanet.com/english/asiapacific/2021-07/19/c_1310070254.htm [Access: December 31, 2021]

⁸¹² UN Women (2020) COVID-19 Response Strategy

⁸¹³ *ibid.*

⁸¹⁴ *ibid.*

marketing support for women’s economic empowerment. FWEAN conducted online training to improve the digital literacy (on the “e-Sewa” and “Khalti” electronic payment systems) of women micro, small, and medium entrepreneurs; held online business meetings; disseminated government policies, measures, and laws related to women entrepreneurs’ business; provided marketing training; conducted training on appropriate pricing; offered technical guidance on packaging and labeling; and held training on workplace hygiene. FWEAN also collaborated with EMERGE, a management consulting firm in Nepal, and Thulo.com, an online mall, to help women entrepreneurs promote online marketing and sales.

2) Federation of Handicraft Association Nepal (FHAN)

【Supporting micro and small entrepreneurs】

FHAN, along with other industry associations, requested the government for the early resumption of business, budgetary allocations for small, medium and micro enterprises, and financial support measures during the COVID-19 pandemic. FHAN, along with other industry associations, requested the government for early resumption of business, budgetary allocations for MSMEs, and financial support measures. In addition, FHAN encouraged handicrafts workers who had lost orders during the COVID-19 pandemic to manufacture masks and sold the masks to make up for the small amount of sales. The group helped alleviate the anxiety of handicrafts workers by linking their skills to the demands of the COVID-19 pandemic. In addition, they formed an online community through social media with registered organizations to exchange information on innovations during the COVID-19 pandemic, alleviate loneliness and stress through peer support, and hold online seminars on mental health.

3-4-4. Gaps in Response to Economic Activities and Livelihoods

Women’s involvement in economic activities is very low worldwide, and many issues need to be addressed even in normal times. However, the following three points are issues and gaps that have become even more apparent during the COVID-19 pandemic.

(1) Need to examine the gender-responsive system and how to disseminate it

From the economic activities and livelihood of women, discussed in 3-4-1, many households lost jobs, which made it harder for them to secure sufficient money to pay for what they need, thus exacerbating poverty. The government of Nepal provided a social security program during the COVID-19 pandemic, but as mentioned in 3-4-2, 1) the support system was not widely known even though it was a scheme for women, 2) the system itself excluded women because land ownership and land size were conditions for receiving benefits, and 3) the distributions were not made in a way that put women, older women, and women with disabilities in a position to receive benefits—they could not receive benefits even though they were economically disadvantaged. The system has not been designed to account for gender perspectives, and this aspect needs to be improved.

Meanwhile, these programs took the form of bank transfers. As such, it is very important from the perspective of women’s economic empowerment for women to have an account in their own name and maintain their income and assets.

(2) More support for women entrepreneurs is needed

During the COVID-19 pandemic, women have been hit harder economically compared with men and left out of the government’s social security system. As life becomes more difficult, women’s dependence on men becomes stronger,

which may widen the gender gap. The government of Nepal is opening Woman Entrepreneurship Facilitation Centers with the aim of fostering new businesses. This initiative will benefit women amid the difficult economic and business conditions during the COVID-19 pandemic. When women start businesses on their own, instead of relying on men, they can have more say in their families. In addition, businesses launched by women entrepreneurs contribute to solving social and gender issues, and have secondary impacts, such as increasing employment opportunities for women. Thus, increasing the number of women entrepreneurs has a high social significance.

(3) It is necessary to expand access to digital technology and enhance digital literacy skills

The use of digital technology has expanded amid the pandemic, and as described in 3-6, Nepal is moving toward promoting governance through the use of digital technology. For example, applications to the government will be made online. Improvements in digital literacy are essential for economic activities. During the COVID-19 pandemic, NGOs and other organizations have helped improve women's access to digital technology. In the future, all initiatives implemented by the government, development partners, and NGOs must support the improvement of digital literacy. The promotion of digitalization will widen the gender-digital divide, which may become an impediment to economic activities.

3-5. Education

Nepal has been facing challenges in terms of access to education for girls, partly because of the geography of the highlands and hills of the Himalayas and mountainous regions. Barriers include the risk of gender-based violence, such as sexual exploitation and assault on the way to school, owing to the distance of the school, lack of sanitation facilities, such as safe water and separate toilets for boys and girls in school facilities, and lack of a safe learning environment for girls.

The government of Nepal has made the education sector a top priority for national development, and through the School Sector Reform Plan, has been working to promote girls' education by providing scholarships to girls for eight years of compulsory education, promoting the placement of female teachers in basic education, and building gender-responsive school facilities. According to the latest education statistics, access to basic education has improved. As shown in Table 3-10, the net enrolment rate of girls in basic education (1–8 years) is 93.4%, the basic education completion rate is 73.1%, and the gender equality index for the net enrolment rate in basic education is 0.98, eliminating the gap between girls and boys.⁸¹⁵ In secondary education (9–12 years), the net enrollment rate for girls drops to 50.8%. However, the gender equality index for the net enrollment rate in secondary education is 1.01, indicating that more girls who are able to enter secondary education are enrolled compared with boys. The completion rate is 24.6%. The total completion rate is 24.0%, which is not high even if both males and females go on to secondary education—it is an issue that points to the need for the expansion of secondary education.⁸¹⁶

⁸¹⁵ For 2018/2019, the gender equality index was 1.03.

⁸¹⁶ MOEST (2021) Flash Report 2019/2020

Table 3-10: Enrolment and completion rate of boys and girls by education level

| Education level | Girls | Boys | Gender Equality Index |
|--|----------------------------|---------------------|-----------------------|
| Primary education enrolment rate/completion rate | 93.4% ¹⁾ /73.1% | 94.0% ¹⁾ | 0.98 ¹⁾ |
| Secondary education enrolment rate/completion rate | 50.8% ¹⁾ /24.6% | 49.2% ¹⁾ | 1.01 ¹⁾ |
| Tertiary education enrolment rate/completion rate | 12.8% ²⁾ | 12.0% ²⁾ | |

Source: ¹⁾ MOEST(2021) Flash Report 2019/2020²⁾ World Economic Forum (2021) Global Gender Gap Report 2021

Although the gender equality index does not show a gap between girls and boys in terms of school attendance, girls and boys face different barriers to continuing education. According to USAID, girls face the following challenges in continuing their education: 1) unpaid care work (49%), 2) early marriage owing to forced marriage (39%) and self-initiated marriage (20%), 3) inability to pay for education owing to family financial difficulties (37%), 4) menstruation (33%), and 5) parents' lack of education (27%) and lack of understanding of girls' access to education (24%). For boys, the following issues have been identified: 1) working to help the family (34%), 2) drug and alcohol abuse (30%), 3) inability to pay for education owing to family financial difficulties (25%), 4) working as migrant labor abroad (18%), and 5) conflicts with teachers and friends (16%).⁸¹⁷ The stereotypical view of gender roles shows that boys are expected to work during hard times to protect the family. Girls, on the contrary, are forced to do unpaid care work or marry for less money, making it difficult for them to continue their education. In Nepal, during the 2015 earthquake, there was also an increase in the number of dropouts owing to the inability to continue education because of child marriage and trafficking of girls and employment of boys in the affected areas.⁸¹⁸ As in other humanitarian crises, such as conflicts and natural disasters, there are concerns that in the COVID-19 pandemic, children will face increased barriers to continuing their education and increased risk of dropout.

3-5-1. Access to Education during the COVID-19 pandemic

Schools across Nepal have been closed since March 24, 2020, to avoid the spread of the COVID-19 infection. According to the Ministry of Education, Science and Technology (MOEST), all 35,000 schools in primary (grades 1–8) and secondary (grades 9–12) education have been closed, depriving 8.13 million children of the opportunity to learn. MOEST developed the COVID-19 Contingency Plan in July 2020 and projected that 2.15 million people would dropout if schools were closed for most of the 2020–2021 period. In areas with low rates of the COVID-19 infection, some schools reopened after about five months, but were closed again owing to the impact of the second wave of the COVID-19 pandemic, prolonging the period of school closure. MOEST has not announced the official number of dropouts, but it is expected that the results will show girls being set back in their education. The following is an overview of the challenges during the COVID-19 pandemic for girls: 1) challenges for girls and their families, 2) challenges for schools, and 3) challenges for the remote programs created in response to the COVID-19 pandemic.

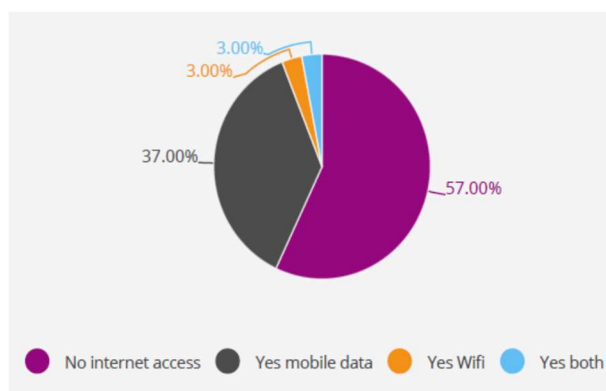
⁸¹⁷ USAID (2017) Nepal Adolescent Girls' Empowerment Assessment

⁸¹⁸ UNFPA APRO, UNICEF ROSA (2020) Child Marriage in Humanitarian Setting in South Asia: Study Results from Bangladesh and Nepal, Nepal child marriages spike during pandemic, December 20,2020, <https://www.nepalimes.com/latest/nepal-child-marriages-spike-during-pandemic/> [Access: February 2, 2022]

(1) Challenges for girls - 1: Lack of access to online learning

The use of the internet to continue education is accelerating worldwide in an effort to continue learning during the COVID-19 pandemic. However, because of Nepal's hilly and mountainous geography, internet and radio reception are difficult to obtain in some areas. Moreover, the ownership of digital devices is not high. According to MOEST, only 12.7% of school-aged children at the primary level and 13.0% at the secondary level have access to the internet; 29.2% and 28.7% at the primary and secondary levels have no access to digital devices, respectively. One-third of the children had no means to take online classes.⁸¹⁹

Internet access for women is detailed in section 3-6, Digital Technologies. According to an NGO that studied the situation of remote education for girls during the pandemic, 57% of the girls had no internet access, 37% had only mobile device access, and only 6% had internet access or both internet and mobile device access, as shown in Figure 3-16. Access to the internet was found to be a challenge in taking online learning.⁸²⁰ In addition, there are challenges in accessing the devices. For example, when the mobile device belongs to a family member, the girl cannot use it freely, needing to obtain permission from the family when she wants to use it; the father, brother, or husband has priority in using the device.⁸²¹ Another challenge is that parents are reluctant to pay for data charges for girls to take online classes because of the high cost of data charges for using mobile devices to access online learning.⁸²²



Source: VSO

Figure 3-16: Internet and mobile access rates among girls

(2) Challenges for girls - 2: Higher risks of dropout due to girls' inability to continue their education during the COVID-19 pandemic

In its COVID-19 Contingency Plan in July 2020, MOEST predicted that 2.15 million students would dropout if schools were closed for most of 2020–2021. Although online classes were implemented in some urban schools during this period, 71.0% of the children in public schools were only able to study on their own with textbooks.⁸²³

Although there are no official data as of November 2021, according to UNICEF's regular socioeconomic status survey on children and families affected by the COVID-19 pandemic, as of November 2021, 2% of the children surveyed had dropped out.⁸²⁴

⁸¹⁹ Nepal Education Cluster (2020) COVID-19 Education Cluster Contingency Plan

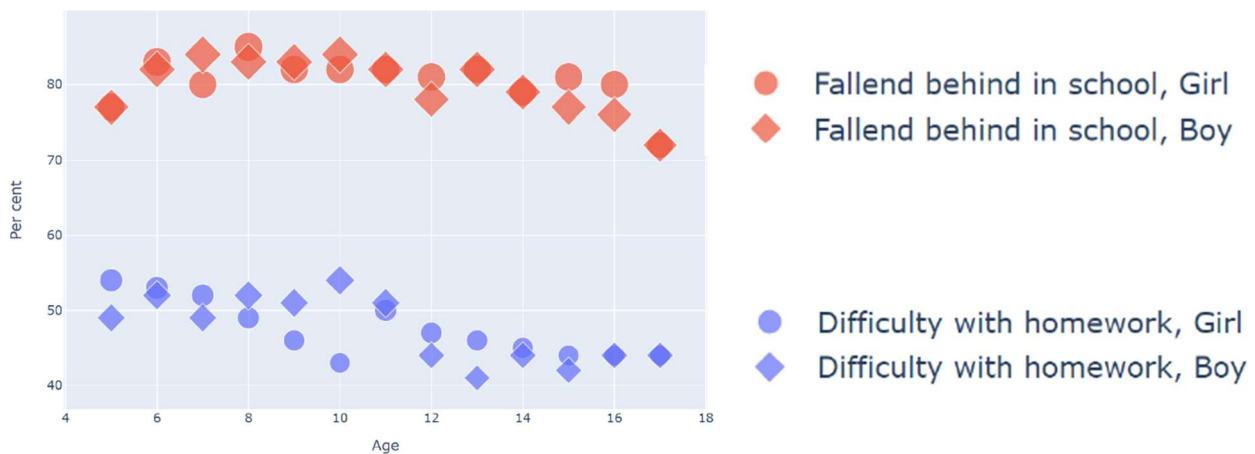
⁸²⁰ VSO (2020) Sisters for Sisters' Education in Nepal Project

⁸²¹ DFID (2017) Nepal Girl Landscaping Report

⁸²² VSO (2020) Sisters for Sisters' Education in Nepal Project

⁸²³ UNICEF (2021) COVID-19 child and family tracker: Findings, July 2021

⁸²⁴ UNICEF (2021) COVID-19 child and family tracker: Findings, November 2021



Source: UNICEF

Figure 3-17: Challenges in learning by age and gender

As for children’s learning status, as shown in Figure 3-17, the number of girls who felt that “difficulty with homework” began to surpass that of boys around the time of the eighth grade (age 12), the final year of primary education, and 80% of those of the same age felt “fallen behind at school.”⁸²⁵ Thus, girls had more difficulty keeping up with their schoolwork than boys as they advanced through the grades. The large number of children in Nepal who give up when they go from primary to secondary education means that without additional learning support, they are at a higher risk of repeating a year and/or dropping out.

(3) Challenges for girls - 3: Loss of safety net for children and mental health issues

School is not only a place for girls to learn but also a safety net for them to learn social skills, chat and share experiences, receive the nutrition they need through school meals, receive sanitary napkins, and talk to their friends and teachers about SGBV. However, as schools have been closed during the pandemic, these services and interactions with friends have decreased, and the lack of access to SRH services, such as sanitary napkins and a place to stay outside of the home, has left girls with no one to turn to for advice, increasing their psychological stress.⁸²⁶ According to an interview conducted by Mercy Corps Nepal with girls in the project target group, 56% said that their mental health was deteriorating. The reasons given were anxiety about the future, fear of being infected with COVID-19, and the lack of opportunities to interact as in normal times.⁸²⁷ Such a loss of safety nets also threatens to exacerbate SGBV victimization, early and child marriage, and child labor.

(4) Challenges in schools - 1: Inability to provide learning

In Nepal, only 18% of public schools have Internet access,⁸²⁸ and online classes are available only in private schools in urban areas. In addition, 92.5% of the teachers responded that they did not know how to conduct online classes,⁸²⁹ making it impossible for them to teach online. During the first wave of COVID-19, some public schools were used as quarantine facilities. MOEST promoted the use of integrated learning portals, but they had to be connected online, which was not convenient for teachers in rural areas. According to a UNICEF survey, 69% of parents said that the

⁸²⁵ *ibid.*

⁸²⁶ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal

⁸²⁷ Mercy Corps Nepal (2020) A Series of Assessments to Monitor the Wellbeing of Adolescent Girls

⁸²⁸ UNICEF (2021), COVID-19 child and family tracker: Findings, January 2021

⁸²⁹ Mercy Corps Nepal (2020) A Series of Assessments to Monitor the Wellbeing of Adolescent Girls

school did not nothing to help students continue learning, indicating that it was difficult to provide learning during the COVID-19 pandemic.⁸³⁰ Some female teachers said that even if they wanted to visit students individually or provide face-to-face instruction, it was difficult to maintain a good work–life balance because their families did not feel comfortable with the increased risk of infection and the increased burden of housework.⁸³¹

(5) Challenges in schools - 2: Inability to manage schools safely in response to the COVID-19 pandemic

Schools are required to follow the guidelines for reopening schools during the COVID-19 pandemic and implement safety measures, such as wearing masks, taking body temperature on arrival at school, installing hand-washing stations and sanitizers on school premises, reducing class sizes by introducing shift systems, regularly disinfecting classrooms, and setting up medical, isolation, and counseling facilities. However, of the more than 35,000 schools in Nepal, only 55% have girls' toilets with running water, and 81% have facilities for hand washing with soap. There are large regional differences, with only about 50% of schools having hand-washing stations in some provinces; there is a lack of budget and human resources to run safe schools.⁸³² There has also been a lack of progress in vaccinating school personnel, including teachers, administrators, and janitors, which poses a challenge for safe school operations.⁸³³

(6) Challenges in schools - 3: Inability to teach from the perspective of gender and social inclusion

The School Sector Development Plan 2016-2020 states that to address SGBV in schools, a GESI focal teacher should be assigned in each school, and gender education should be provided to children to protect them from bullying, corporal punishment, and sexual violence. However, school administrators and teachers have expressed a lack of understanding. For example, of the 60 pilot schools where REED implemented the project, only 48⁸³⁴ or 80% had a GESI focal teacher in charge of gender.⁸³⁵ Another issue is the lack of a gender perspective in teaching methods in the classroom and in school management. For example, when distributing sanitary napkins at school, some girls find it difficult to receive them if a male teacher is in charge of distribution, and some teachers teach the stereotype that boys are good at science and mathematics.⁸³⁶

During the COVID-19 pandemic, the family environment for girls has changed, and with increasing challenges, such as early marriage, pregnancy, child labor, risk of dropout, and mental health issues, teachers are unable to reach out to care for and protect each student.

⁸³⁰ *ibid.*

⁸³¹ From an interview with UNESCO

⁸³² UNESCO and UNICEF (2021) Nepal Case Study: Situation Analysis on the Effects of and Responses to COVID-19 on the Education Sector in Asia

⁸³³ World Health Program Nepal (2021) Focused COVID-19 Media Monitoring Nepal, <https://reliefweb.int/report/nepal/focused-covid-19-media-monitoring-nepal-september-17-2021> [Access: September 17, 2021]

⁸³⁴ The pilot schools selected by REED were gender-sensitive schools, so the figures may be higher than the national figures.

⁸³⁵ REED (2021) Final Report

⁸³⁶ From an interview with REED

(7) Challenges of remote learning programs: Remote programs do not contribute to children's learning

To mitigate the widening education gap attributed to the digital divide caused by school closures, the government, development partners, and NGOs have provided a variety of remote learning programs through television and radio to help children continue their studies. However, 65% (66% of girls and 64% of boys) did not participate in remote learning programs, even though they knew the programs were available, indicating that effective remote learning programs were not being implemented.⁸³⁷ Some of the reasons for this are as follows: 1) the program is not well known to the target audience, 2) the program is broadcast without providing an environment where children can learn easily (distribution of equipment and request for cooperation from parents), and 3) the program content is not suitable for remote learning programs and is difficult to understand.⁸³⁸ In addition, the lack of an audit from a gender perspective on the use of expressions that do not promote stereotypical gender roles or sexism in the creation of educational materials was cited as an issue.⁸³⁹ Issues on the content side, such as structuring the curriculum to match the age of the target audience of the remote education program and developing teaching methods and supplementary materials from a gender perspective, as well as issues on the implementation side of the program, such as monitoring of learning, implementation of re-runs, and evaluation methods, must be addressed, with consideration for the increase in unpaid care and domestic work for girls during the COVID-19 pandemic.

(8) Segments that faced more difficulties in accessing education during the COVID-19 pandemic

1) Women and girls learning through informal education

In areas where the literacy rate is low, community learning centers (CLCs) and other literacy classes run by development partners and others have been implemented for dropouts from school, adults, and children who could not learn in formal education. However, it has become difficult to operate the classes because the low literacy rate in the first place makes it difficult to convert to online classes.

2) Girls with disabilities

In terms of inclusive education, Nepal has faced challenges in enrolling children with disabilities the pre-pandemic times. According to a survey by Eide et al., 59.5% of children with disabilities aged 5 years and above⁸⁴⁰ reported that they had never attended school, which means that they were unable to attend school because of their disability. During the COVID-19 pandemic, only 14% of children with disabilities had access to any kind of education because of the increased risk of infection from going to school and the increased burden on their families to care for them. Girls with disabilities were also expected to take on unpaid care work, which further increased their barriers to schooling opportunities compared with boys with disabilities.⁸⁴¹

3) Girls who want to continue their learning in STEM fields

Although girls' access to education is now guaranteed, the rate of girls entering STEM fields in higher education remains low, partly because of gender-based prejudice that STEM is for boys. Partly, parents and teachers do not encourage girls to enter STEM fields, and partly, girls themselves often do not want to do so because they do not

⁸³⁷ UNESCO (2020) Mapping and Assessment of Distance Learning Resource Materials in Nepal

⁸³⁸ Good Neighbors International Nepal (2020) A Study on Alternative/Distance Learning

⁸³⁹ UNESCO (2020) Mapping and Assessment of Distance Learning Resource Materials in Nepal

⁸⁴⁰ Eide, A.H., Lamichhane, K., & Neupane, S. (2019) Gaps in access and school attainments among people with and without disabilities: a case from Nepal

⁸⁴¹ UNESCO and UNICEF (2021) Nepal Case Study: Situation Analysis on the Effects of and Responses to COVID-19 on the Education Sector in Asia

have role models. As the COVID-19 pandemic reaffirms the importance of digitalization and science, technical skills and knowledge in STEM fields will be required in the future. Job opportunities in these fields will expand. However, the number of girls and women majoring in STEM fields is low; women comprise only 7.8% of employees in these fields. Gender equality in STEM education is even more important during the COVID-19 pandemic.⁸⁴²

3-5-2. Factors that Girls are Losing Opportunities to learn

During the COVID-19 pandemic, girls are not only deprived of educational opportunities owing to the lack of access to online and remote learning—they are also at an increased risk of dropping out owing to the loss of the safety net of school. The influencing factors are as follows:

(1) Challenge for girls: Hesitation to go to school because of fear of COVID-19 infection

At the time of the spread of COVID-19, accurate information on COVID-19 infections was not sufficiently available. Especially in rural areas, masks and sanitizer solutions for infection prevention were also not available. Therefore, adequate infection control measures could not be taken. Although MOEST issued the report, “In the context of COVID-19 Framework of School Reopening 2020,” 48% of parents were worried about sending their children to school,⁸⁴³ and some girls were hesitant to go to school out of fear and anxiety over infection.⁸⁴⁴

(2) Discriminatory values against girls

Boys are expected to protect the family and continue the lineage by inheriting the family name and property, whereas girls are considered a burden to the family because their parents are responsible for them until they are married, and in some ethnic groups, the parents have to pay a dowry for the bride-to-be. Because of these social norms, boys are expected to go to school and get better jobs, whereas girls are expected to stay at home and take on roles in care and domestic work. Thus, even within the same family, the motives of parents in educating boys and girls are different. Indeed, 53.0% of children attending public schools are girls, whereas the number of girls attending private schools is 10 points lower, at 42.2%.⁸⁴⁵ This reflects the expectation of parents who want their sons to attend private schools and receive better education.⁸⁴⁶ During the pandemic, 43.5% of private schools offered online classes, whereas only 18% of public schools did, creating an educational gap depending on the school attended.⁸⁴⁷

(3) Deterioration in the economic situation of parents

According to a World Bank study, one-third of Nepal’s population is stuck in poverty or at an increased risk of being newly displaced because of the COVID-19 pandemic.⁸⁴⁸ Rural Nepal is particularly dependent on foreign remittances for their livelihoods, but as overseas migrant workers return to Nepal, the decrease in remittances has further worsened the economic situation of their families. Some parents are unable to send their girls to school even if they wanted to because of the high opportunity costs (school fees and subsidized labor), or are forced to choose to have their girls work in farms or help out at home to balance the family budget as much as possible.

⁸⁴² The Asian Foundation, “We Need More Women in Data!”, <https://asiafoundation.org/2021/04/14/we-need-more-women-in-data/> [Access: December 2, 2021]

⁸⁴³ UNICEF Nepal (2020) COVID-19 child and family tracker: Findings, October 2020

⁸⁴⁴ From an interview with MOEST

⁸⁴⁵ MOEST (2021) Flash I Report 2076 (2019-2020).

⁸⁴⁶ *ibid.*

⁸⁴⁷ UNICEF (2021) COVID-19 child and family tracker: Findings, January 2021

⁸⁴⁸ World Bank (2020) Macro-economic and public finance analysis

(4) Increase in unpaid care and domestic work

According to a survey by UN Women and others, gender role consciousness is strong in Nepal, and women had been performing unpaid domestic work and care work, such as nursing and caring for the sick, for about five hours a day even before the COVID-19 pandemic.⁸⁴⁹ During the COVID-19 pandemic, mental and physical stress on adult women increased as more people spend more time at home, forcing younger women and girls to shoulder the burden. According to a survey by an NGO, 30% of girls said that they spent more time on household chores now compared with before the COVID-19 pandemic,⁸⁵⁰ and they could not find enough time to study.

(5) Digital gender divide in access to remote learning

There is a low sense of value in investing in girls' education in Nepal. As mentioned in (2) above, the value of investment in girls' education is lower than that of boys, which makes it difficult for girls, who are in an inferior position in the family, to access digital devices, such as internet-connected devices for distance education and the television and radio for remote learning. Even if they have digital devices, it is difficult for them to access and use them when their parents or siblings are using them, or if they cannot use them without their parents' permission. Girls' digital literacy is also low to begin with, and they need assistance.⁸⁵¹

3-5-3. Response Measures to Continuous Learning during the COVID-19 pandemic

The education sector's response to the COVID-19 pandemic is led by the Education Cluster, with the MOEST taking the lead, and co-led by UNICEF and Save the Children. Based on the "Education Cluster Contingency Plan 2020: COVID-19 (March 2020)", new support was initiated through additional funding, and the needs of girls during the COVID-19 pandemic were addressed through existing projects. In particular, the support focused on 1) the promotion of remote learning and 2) prevention of dropout (Table 3-11).

Table 3-11: Response measures taken for continuous education

| Area | Measure/activities | Agencies |
|------------------------------|---|--|
| Promotion of remote learning | <ul style="list-style-type: none"> - Creation of various guidelines related to education during the COVID-19 pandemic - Distribution of educational materials, radio and TV broadcasts, YouTube distribution - Development of integrated learning portal site - SIM card distribution - Teacher training | Government, development partners, NGOs private sectors |
| Prevention of dropout | <ul style="list-style-type: none"> - Continuation of scholarships for girls - Distributing food to replace school lunches - Distribution of sanitary napkins. - Additional support within the ongoing girls' education program | Government, UN, NGOs |

(1) Measures taken by government during the COVID-19 pandemic

1) Ministry of Education, Science and Technology (MOEST)

In response to the spread of COVID-19, the MOEST is working with provincial and local governments to ensure

⁸⁴⁹ Ministry of Women, Children and Senior Citizen, CARE Nepal and Save the Children (2020), A Rapid Gender Analysis on COVID-19 Nepal 2020

⁸⁵⁰ Mercy Corps Nepal (2020) A Series of Assessments to Monitor the Wellbeing of Adolescent Girls

⁸⁵¹ UNICEF (2021) What we know about the gender digital divide for girls: A literature review

that children can continue to learn during school closures and have a safe learning environment when schools reopen, based on the following plans and guidelines.

- Contingency Action Plan: 28 July 2020
- Alternative Learning Facilitation Guidelines: 16 June 2020
- Emergency Action Plan for School Education: 22 September 2020
- School Health Safety and Sanitation Guidelines: 27 August 2020
- School Reopening Framework: 19 November 2020

In light of the digital divide that is a feature of Nepal’s policy direction, the Emergency Action Plan for School Education categorized students into the following five groups according to the devices available for alternative education and provided support.

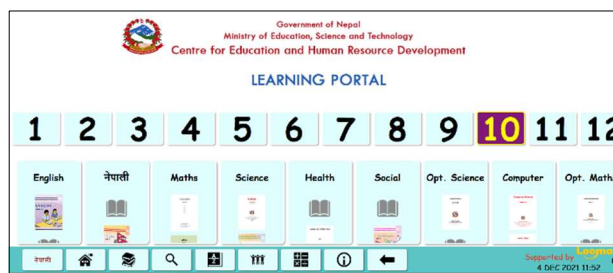
1. Children with access to any device for learning
2. Children with access to FM radio
3. Children with access to TV
4. Children who have access to a PC without Internet connection
5. Children with devices with Internet connection

Centre for Education and Human Resource Development (CEHRD) under MOEST

【Promotion of remote learning】

For each of the five categories, the following actions were taken to support the continuation of learning.

- Prepare and distribute materials for home study for the approximately 210,000 people who do not have any devices
- Provide radio and television programming for children who have access to a radio and television
- Develop the integrated learning portal site “Sikai Chautari” for children and teachers who have access to the internet (Figure 3-23)
- Implement classes on YouTube, by the National Center for Educational Development
- Distribute SIM cards to 3.4 million students in grades 4 to 12 nationwide in collaboration with Nepal Telecom Corporation⁸⁵²



Source: CEHRD, Learning Portal

Figure 3-18: Integrated Learning Portal Site

【Prevention of dropout】

- Continue to provide scholarships of NPR 500 per year to school-going girls during school closure
- In collaboration with WFP, provide school lunches (Mid-day meal programme), which play a significant role in children’s nutritional intake. In response to concerns about malnutrition among children owing to the closure of schools, food such as rice, beans, and oil should be distributed to poor families.
- Distribute sanitary napkins to girls attending public schools in grades 7–12

⁸⁵² Nepal Education Cluster <https://sites.google.com/view/educationclusternepal/data-reports?authuser=0>

(2) Measures taken by Development Partners and NGOs during the COVID-19 pandemic

1) UNESCO

【Promotion of remote learning】

① Broadcast a radio program for 9th and 10th grades

As part of the COVID-19 response, MOEST and the Association of Community Radio Broadcasters Nepal (ACORAB) collaborated to provide radio educational programs for 9th- and 10th-grade students throughout Nepal who did not have access to the internet or television. ACORAB has 200 community radios, which made broadcasting over a large area possible. However, the results of the end-line survey indicated that for children from ethnic groups for whom Nepali is not the mother tongue, the talking speed was too fast for them to understand.⁸⁵³

② Mapping and Assessment of Distance Learning Resource Materials in Nepal

With the growing importance of remote learning during the COVID-19 pandemic, existing remote learning resources and training materials for grades 1–10 were mapped, and the content was examined in terms of curriculum alignment, sex, and disability. The following issues were identified:

- The curriculum does not cover all the subjects listed in Nepal’s educational guidelines, and a limited number of curricula are offered in skipped segments.
- Many teaching materials require access to the internet and those that can be used offline are limited.
- Radio programs can provide education to a larger number of children compared with digital materials, but it is difficult for younger students to listen to a class without video for a long time.
- Online materials that are simply recordings of regular classes do not lead to learning. The content needs to be suitable for online materials.
- Gender-responsive materials are limited and need to be examined in terms of word usage and the representation of women and persons with disabilities.
- No existing teaching materials are available for children with visual, hearing, or other disabilities.⁸⁵⁴

③ Training for teachers on teaching methods for online remote learning

As part of the ongoing Capacity Development for Education Programme, the CEHRD and Confederation of Nepali Teachers and Women Teachers Association⁸⁵⁵ conducted training to improve the ICT skills of teachers; many teachers had no experience in remote instruction.

④ Prevention of dropout

The program “Empowering Adolescent Girls and Young Women through the Provision of Comprehensive Sexuality Education and a Safe Learning Environment in Nepal” was implemented in five districts through the collaboration of UNFPA and UN Women, with the support of KOICA, to respond to the increased risk of girls’ dropout, early marriage and pregnancy, and SGBV during the COVID-19 pandemic. The project strengthened the capacity of local government, provided livelihood support to impoverished girls and young women, and conducted counseling services for girls and young women and awareness activities on dropout prevention in the community.

⁸⁵³ From an interview with UNESCO

⁸⁵⁴ UNESCO (2020) Mapping and Assessment of Distance Learning Resource Materials in Nepal

⁸⁵⁵ UNESCO (2020) COVID-19 Response: Learning moves from the classroom to radio in Nepal, <https://en.unesco.org/news/covid-19-response-learning-moves-classroom-radio-nepal> [Access: January 20, 2021]

2) UNICEF

In provinces where girls' school enrollment is low and the percentage of child marriage is high, the reserve system for girls' education and marriage funding, "Beti Bachau-Beti Padhau: Save Girls - Educate Girls" and "Bank Khata Chhoriko Suraksha Jivan Variko: Provincial Girls Insurance/Girl Baby Bond schemes," was continued to discourage dropouts and to raise awareness in the community, especially fathers, about the importance of treating girls like boys.

3) Voluntary Service Overseas (VSO)

VSO had been conducting activities to promote inclusive education since before the COVID-19 pandemic. It conducted a survey on the current living and learning conditions of girls during the COVID-19 pandemic in the target area of the ongoing Sisters for Sisters' Education project, which aims to continue the education of girls through the support of older girls to younger girls. In terms of education, the following situations were identified.

- 81% of girls are studying independently without any supervision, reducing their motivation to learn
- 89% of girls are doing more unpaid work, such as house chores and farm work, which is affecting their schoolwork
- Adults and older girls have access to smartphones and other devices, whereas younger children do not
- Radio is the most widely used medium, but other educational materials should also be provided
- The number of children who are isolated and under mental stress is increasing

Based on the results of the survey, VSO is trying to strengthen support for each other and prevent mental health problems and dropouts by providing mobile phone recharging support. This way, the girls in the program can encourage and help each other over the phone. Mentoring support is also provided to girls with disabilities by volunteers with similar disabilities.

(3) Measures taken by private companies and organizations during the COVID-19 pandemic

1) Nepal Telecom Corporation (NTC)

Amid the rapid growth of online classes delivered by using computers, tablets, and smartphones, the NTC has launched a low-cost package for educational institutions and students to address the high cost of telecommunications.

2) Open Learning Exchange Nepal (OLE Nepal)

Since its establishment in 2007, OLE Nepal has been providing on-demand E-Paath in line with Nepal's educational guidelines, E-Pustakalaya (an online library for children), teacher education, and school IT services, with the aim of improving the quality and accessibility of education through ICT. Based on the request from the CEHRD, some online materials were provided free of charge during the school closure period.⁸⁵⁶

3-5-4. Gaps in Response to Continuous Learning

Girls are more likely to dropout if support is not provided from a gender perspective. Measures are required to address the following four points.

(1) Low capacity of local governments and schools to develop and implement gender-responsive

⁸⁵⁶ OLE Nepal, <https://www.olenepal.org/>

education plans

Considering the situation of the digital divide, the federal government considered measures to support learning in the “Emergency Action Plan for School Education” by classifying children into five categories according to the devices they can use to receive alternative education. In the case of radio and TV remote learning, the issues include a lack of awareness of the program content, lack of an environment conducive to learning, and difficulty in understanding the content, as well as implementation issues, such as the fact that the integrated learning portal can only be accessed online. Only about half of the students continued to study independently without any support, and most of them were girls. This gap needs to be bridged going forward. However, even before the COVID-19 pandemic, Nepal’s educational situation differed across regions and ethnic groups. There has been a need for educational services that take local characteristics into account. Decentralization has allowed schools and local governments to create education plans with more originality. As such, local governments and school officials (principals and school management committees) are required to strengthen their capacity to formulate gender-responsive plans and to build a monitoring and evaluation system.

To develop a gender-sensitive plan, authorities should collect up-to-date gender disaggregated data on the current status of education during the COVID-19 pandemic. The government manages the data through the Education Management Information System, but data on the following will also enable gender-responsive planning and lead to appropriate budgeting: class attendance (especially for girls and vulnerable groups, including children participating remotely), teacher work status by sex, disability status, WASH facility status, and ICT status.

(2) Strengthening measures to deter girls from dropping out for COVID-19-related reasons

The MOEST, in its “Education Cluster Contingency Plan 2020: COVID-19 (March 2020)”, predicted 2.15 million new dropouts during the COVID-19 pandemic. Although the government and development partners see dropouts as a problem, measures to deter dropouts have been mainly implemented by development partners and NGOs in their respective project areas. No drastic measures have been taken. Before the COVID-19 pandemic, the most common reasons for dropping out were poor academic performance (26.4%), helping family (22%), marriage (17%), parents not letting them go (7%), and inability to pay for education (7%).⁸⁵⁷ UNICEF’s survey in November 2021 showed that although approximately 80% of children of both sexes find it difficult to keep up with schoolwork, girls outnumbered boys around the age of 12 years when they start to move from primary to secondary education. Parents’ lack of interest in their girls’ education can lead these girls to dropout and give up on further education. In Nepal, the percentage of out-of-school children was as high as 6.2% even before the COVID-19 pandemic.⁸⁵⁸ There is a need for measures to prevent dropouts so that these out-of-school children and those at risk of dropping out during the COVID-19 pandemic can continue their studies. However, the support has been limited to projects implemented by development partners and NGOs. No nationwide effort has been initiated. The following support can be considered to prevent dropping out.

- Easing the financial burden by providing emergency scholarships and other support for girls and children from poor families
- Offering support for catch-up education and other programs

⁸⁵⁷ MOEST (2021) Flash Report (2019/2020)

⁸⁵⁸ *ibid.*

- Enhancing the integrated learning portal site established by CEHRD
- Offering flexible learning approaches, including not only commuting to school but also remote learning at home through the integrated learning portal site, and community schools
- Implementing hybrid education that combines home remote learning and commuting to school
- Establishing and supporting local monitoring committees for the prevention of early marriage and child labor

(3) Limited response to the digital divide and the digital gender divide

During the COVID-19 pandemic, when trying to introduce online and remote learning, the authorities identified digital divides, such as the lack of internet access, computer, smart phone, TV, and radio in schools and homes. A digital gender divide was also confirmed, which made it even harder for girls to access digital technology. The adoption of remote learning is expected to accelerate in the future. With the promotion of the government’s digital framework, digital skills will be essential for livelihoods. However, during the COVID-19 pandemic, efforts to reach girls who do not have access to the internet have been limited.

(4) Inadequate systems for safety and protection of girls

According to a report by UNICEF and the police, suicides among young women have increased by approximately 40% during the pandemic.⁸⁵⁹ Girls have lost their place in school, and more girls have been affected by health and mental health problems owing to the stress caused by worsening family economic conditions, poor academic performance owing to lack of access to remote learning, and increased care and domestic work. In addition, the number of young women who became victims of online sexual exploitation increased. These situations increased the challenges that girls have faced during the COVID-19 pandemic and the uncertainty for girls to go to school. Teachers need to understand these issues and take appropriate measures to ensure the safety and protection of girls. Importantly, the authorities must promote gender education among school personnel and GESI teachers, strengthen the system, and collaborate with NGOs and medical institutions that provide counseling.

3-6. Digital Technology

As of 2021, Nepal has a mobile phone penetration rate of 139% and about 13 million social media users - approximately 30% of the population - with an increase of 3 million users from 2020 to 2021 alone.⁸⁶⁰ Nonetheless, the Internet penetration rate remains as low as 36.7%, and there is high demand for wider Internet availability.⁸⁶¹ To graduate from its status as a least developed country (LDC) by 2022 and become a middle-income country by 2030, the government of Nepal adopted the Digital Nepal Framework in 2019, which sets out a plan to leverage digital technologies for the promotion of economic growth. The Digital Nepal Framework envisions the digitization of



Source: Digital Nepal Framework
Figure 3-19: Digital Nepal Framework

⁸⁵⁹ From an interview with UNICEF

⁸⁶⁰ Datareportal, Digital 2021: Nepal, <https://datareportal.com/reports/digital-2021-nepal> [Access: November 28, 2021]

⁸⁶¹ *ibid.*

eight sectors (digital foundation, agriculture, health, education, energy, tourism, finance, urban infrastructure), as shown in Figure 3-19.⁸⁶²

With the number of cellphones in use exceeding the country’s population, people resort to using multiple providers simultaneously as a result of poor connectivity. The divide is even more severe when broken down by economic status, with a large gap between the rich and the poor for both men and women, in addition to the already present gender gap.

Table 3-12: Ratio of mobile phone ownership and PC and Internet usage, by gender, region, and economic status

| | Mobile phone ownership | | PC usage | | Internet usage | |
|---------|------------------------|------|----------|------|----------------|------|
| | Female | Male | Female | Male | Female | Male |
| Overall | 79.3 | 91.4 | 16.0 | 31.5 | 43.0 | 63.7 |
| Urban | 81.8 | 93.0 | 19.8 | 37.6 | 50.6 | 70.6 |
| Rural | 73.6 | 87.5 | 7.2 | 16.4 | 25.7 | 46.9 |
| Poor | 67.8 | 82.4 | 3.7 | 7.9 | 13.3 | 32.2 |
| Middle | 74.1 | 89.8 | 10.1 | 18.2 | 34.1 | 57.9 |
| Rich | 94.8 | 97.6 | 37.5 | 64.1 | 81.9 | 91.3 |

Source: prepared by the survey team based on National Planning Commission and UNICEF, “Multiple Indicator Cluster Survey 2019: Survey Findings Report November 2020”

3-6-1. Digital Technology and Its Impact on Woman and Girls during the COVID-19 pandemic

Due to the travel restrictions imposed by the COVID-19 pandemic, digital technology has become increasingly prevalent in all aspects of life, including remote work, online learning, telemedicine, and online shopping. In countries like Nepal, where access to digital technology may be limited by education level, region, gender, ethnicity, or disability, there are concerns that the growing dependence on technology may increase existing economic and social disparities, including the digital gender divide. The following sections describe how digital technology has impacted women and girls in areas pertaining to education, health services, and economic activities and livelihoods.

(1) Digital technology and SGBV

1) Positive impacts

In response to the shadow pandemic that has accompanied the outbreak of COVID-19, the government and its development partners have widely disseminated messages to prevent sexual and gender-based violence (SGBV) through awareness-raising posters, media, social networking services (SNS), and other means. These messages provide survivors and witnesses of SGBV with relevant helpline numbers and consultation services.

Because the use of SNS is widespread among the youth, video clips that feature young people raising their collective voice against GBV have helped galvanize young adults to support ending SGBV.⁸⁶³ Furthermore, when female foresters experienced sexual exploitation during an online seminar, FFN members have raised awareness on SNS with hashtags such as #solidaritywithFFN, #IsupportFFN, and #GenderWAVES. With the support of domestic and

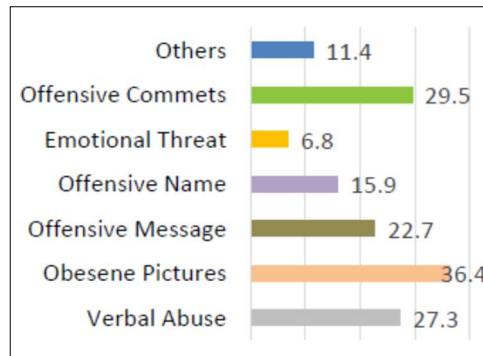
⁸⁶² Ministry of Communication and Information Technology (2019) Digital Nepal Framework

⁸⁶³ Gender in Humanitarian Action Task Team Nepal (2021) GESI Mainstreaming in COVID-19 Response: Building upon lessons learning and good practices in 2020

international celebrities, politicians, and activists of both genders, the movement snowballed to reach out to more than 64,000 people, leading to widespread social awareness of the fact that online sexual exploitation is a crime and must be punished.⁸⁶⁴

2) Negative impacts

According to the Cyber Bureau of the Nepal Police, 55% of the victims of online sexual exploitation in 2020-2021 were women, 39% were men, and 6% were others.⁸⁶⁵ A similar survey conducted by Action Aid Nepal during the pandemic found that 34.5% of young women and girls have experienced online sexual exploitation,⁸⁶⁶ and 59% know someone who has experienced online sexual exploitation.⁸⁶⁷



Source: Action Aid Nepal
Figure 3-20: Content of digital sexual violence

As shown in Figure 3-20, women and girls were most commonly victimized by obscene pictures (36.4%), followed by offensive comments (29.5%), verbal abuse (27.3%), and offensive messages (22.7%).⁸⁶⁸ Victims are characterized as adolescent girls (78%), married women (14%), unmarried women (4%), children (2%), and single women (2%), with adolescent girls being particularly vulnerable.⁸⁶⁹ The most common perpetrators were strangers (75%), familiar persons (25%), and friends (18%). As a result of online sexual exploitation, women face mental stress (68.2%), anger (50%), anxiety (34.1%), fear (31.8%), and physical stress (2.3%).⁸⁷⁰ To avoid online sexual exploitation, women have taken steps to block the offending account(s) (68.2%), temporarily disconnect from the Internet (13.6%), and change their profile (11.4%). However, only 9.1% of the women in the survey have reported the incidents of sexual exploitation to the police, and only 15.9% consulted women's organizations.⁸⁷¹

In addition to the growing problem of online sexual exploitation, there has been an increase in online hate, abuse, and threats against female activists and influencers⁸⁷² who raise their voices against gender equality.⁸⁷³ Furthermore, there have been incidents of online slander against the LGBTQ community, with several people having been arrested as a result.⁸⁷⁴

⁸⁶⁴ Woes of Women Foresters, August 7, 2020, <https://risingnepaldaily.com/detour/woes-of-women-foresters> [Access: December 12, 2021]

⁸⁶⁵ Online harassment rife but largely ignored as system fails to recognise it. December 6, 2021, <https://kathmandupost.com/national/2021/12/06/online-harassment-rife-but-largely-ignored-as-system-fails-to-recognise-it> [Access: December 12, 2021]

⁸⁶⁶ Stalking, cyberbullying, harassment, defamation, hate speech, exploitation, abuse, and any other annoying behavior using the Internet, including social networking sites.

⁸⁶⁷ Action Aid Nepal, Online Violence: an Alarming Call, <https://nepal.actionaid.org/sites/nepal/files/publications/Online%20Survey%20-%20Alarming%20Call%20Aug%202020.pdf>

⁸⁶⁸ *ibid.*

⁸⁶⁹ *ibid.*

⁸⁷⁰ *ibid.*

⁸⁷¹ *ibid.*

⁸⁷² People who have a significant impact on society mainly by disseminating information through SNS.

⁸⁷³ Growing number of Nepali activists face online abuse for protesting sexual violence, March 1, 2021, <https://www.southasiamonitor.org/nepal/growing-number-nepali-activists-face-online-abuse-protesting-sexual-violence>

⁸⁷⁴ Three held on charge of harassing transgender Nikisha Shrestha, November 20, 2020, <https://myrepublica.nagariknetwork.com/news/three-held-on-charge-of-harassing-transgender-nikisha-shrestha/> [Access: December 2, 2021]

(2) Digital technology and health services

1) Positive impacts

Due to the harsh geographical conditions of Nepal, it has always been difficult for women to travel alone to receive medical care, and distance to hospitals remains an obstacle for women who require access to health services. However, as the mobile phone penetration rate in Nepal is over 100%, and 94% of the population has cellphone access even in rural areas, hospitals, private companies (start-ups), and local governments have introduced telemedicine services, which facilitate women's access to healthcare during the COVID-19 pandemic. Among these services, the tele-nurse project has become very popular because it enables patients to receive health services from community nurses who understand the patients' local language and culture.⁸⁷⁵

For pregnant women who do not have access to hospitals, information on pregnancy and prenatal care is provided through the Aamakomaya (Mother's Love) app.⁸⁷⁶ This information is provided in local languages, and medical staff in both urban and rural areas work together to provide support.

2) Negative impacts

During the COVID-19 pandemic, 70% of the users of telemedicine and free telephone consultation services were residents from Bagmati Province, where the capital Kathmandu is located. This indicates that health information is concentrated in urban areas, widening the disparity between rural and urban life.⁸⁷⁷ In particular, women who do not have access to mobile phones or the Internet, and whose digital literacy is low, are finding it even more difficult to access health care services as the situation changes rapidly.

The digital divide has also led to disparities in access to vaccinations. MoHP has made it mandatory for those wishing to be vaccinated to register online at a designated website in order to facilitate the smooth operation of vaccination. However, this requires women with low digital literacy or without Internet access to rely on their husbands or other family members to register, which may lead to lower vaccination rates.⁸⁷⁸

(3) Digital technology, economic activities, and livelihoods

1) Positive impacts

Online shopping has rapidly expanded in Kathmandu and several other major cities over the course of the COVID-19 pandemic. Thus, female entrepreneurs already doing e-commerce⁸⁷⁹ were able to expand their businesses rapidly. For example, Thulo.com, Nepal's largest online supermarket, has seen its sales jump threefold from 2019 to 2020.⁸⁸⁰ Similarly, Sabji Land, which sells fresh organic fruits and vegetables online, has seen a 60% increase in sales.

Collaboration among female entrepreneurs has also begun, as Thulo.com now works with small and mid-level

⁸⁷⁵ Telenursing: Has Covid-19 inspired remote healthcare in Nepal?, July 5, 2021, <https://english.onlinekhabar.com/telenursing-has-covid-19-inspired-remote-healthcare-in-nepal.html> [Access: December 2, 2021]

⁸⁷⁶ Aamakomaya, <http://www.amakomaya.com/en>

⁸⁷⁷ Paropakar Maternity and Women's Hospital, MIDSON Nepal, NESOG, Aamakomaya, and Beyond Beijing Committee (BBC) Nepal, Data of 24 hr toll-free services provided as a response to COVID-19 to support women of reproductive age group.

⁸⁷⁸ Digital divide could widen Nepal's vaccine divide, August 5, 2021, <https://kathmandupost.com/health/2021/08/05/digital-divide-could-widen-nepal-s-vaccine-divide> [Access: December 2, 2021]

⁸⁷⁹ A business model in which products and services are bought and sold over the Internet.

⁸⁸⁰ UNCTAD, Businesses in Nepal tap e-commerce opportunities amid pandemic, July 28, 2021, <https://unctad.org/es/node/34161> [Access: November 28, 2021]

female entrepreneurs who find it difficult to sell their products in stores to develop an online store selling women's products. Furthermore, the digital marketing app Mero Pasal (my store) allows home-based workers to sell their products directly to customers.

Mobile banking is also rapidly being used during the COVID-19 pandemic, with approximately 8 million users as of 2021.⁸⁸¹ The ability to make payments using smartphones has benefited women to manage their time more efficiently, as they no longer need to travel long distances to pay utility bills or receive money from their migrant families.

2) Negative impacts

Online shopping requires access to a credit card, which only 0.4% of women and 1.0% of men in Nepal possess. Consequently, the percentages of women and men with online shopping experience are still limited to 0.9% and 3.9%, respectively.⁸⁸² Furthermore, the gender divide in financial literacy means that women often have to rely on men for financial help, which limits their independence and introduces further risks of exploitation.

(4) Digital technology and access to education

1) Positive impacts

Although the Ministry of Education, Science, and Technology (MOEST) had aimed to "introduce the use of ICT [information and communication technology] in education" in its School Sector Development Plan for 2016-23, it has not yet been able to reach that goal on a national scale due to insufficient ICT infrastructure. Therefore, the Nepal government aims to deliver online learning to rural areas and vulnerable groups. Under the COVID-19 pandemic, the MOEST has developed a learning portal called Sikai Chautari (Place of Learning), which is the first initiative to utilize ICT in education. Even before COVID-19, girls have faced challenges in regularly attending school due to travel distance, unpaid care and domestic work, and harmful practices. With the prolonged closure of schools due to the pandemic, there are concerns that the number of dropouts will increase due to falling behind in their studies and worsening economic conditions of their families. To address this issue, online learning has the potential to provide diverse learning options for students who have difficulties accessing traditional education.

2) Negative impacts

As mentioned in Section 3-5-1, there are concerns regarding potential further decreases in the number of girls and vulnerable groups attending school due to the widening gap in educational opportunities during the remote learning period.

(5) Segments that were negatively affected by digital technology during the COVID-19 pandemic

As discussed earlier, young women are more likely to be victims of online sexual exploitation, while girls and other vulnerable groups are more likely to be deprived of educational opportunities due to the lack of access to online learning. The lack of mobile or Internet access and low digital literacy makes it difficult for women to obtain information regarding healthcare and social security services during the COVID-19 pandemic. Furthermore, the

⁸⁸¹ Nepal doubles the number of e-wallet companies in 8 months, but most of them face sustainability challenge, May 20, 2021, <https://english.onlinekhabar.com/nepal-doubles-the-number-of-e-wallet-companies-in-8-months-but-most-of-them-face-sustainability-challenge.html> [Access: November 28, 2021]

⁸⁸² Datareportal, Digital 2021: Nepal, <https://datareportal.com/reports/digital-2021-nepal> [Access: November 28, 2021]

following segments of the population are particularly vulnerable in the digital technology sector.

1) Elderly women

While the literacy rate in Nepal is 92.4% for those aged 15-24, the literacy rate for those aged 65 and over is only 23.6%, and the literacy rate for women in that age bracket is much lower at 8.7%.⁸⁸³ Because literacy is necessary to use digital technology, the hurdle is especially high for elderly women.

Despite this situation, the MoHP has required people to register online for vaccination. Many argue that this is incompatible with the government's policy of giving priority to those who are at a higher risk of severe symptoms, such as the elderly and those with chronic diseases. Elderly women who have no family or relatives to register online are likely to be left behind.

2) Women from ethnic groups whose mother tongue is not Nepali

Despite being the country's official language, Nepali is spoken by only 44.6% of the population. Furthermore, approximately 22%⁸⁸⁴ of the population cannot read or write Nepali, which presents another obstacle in the operation and use of digital devices.

3-6-2. Factors that Obstruct Digital Inclusion of Women and Girls

(1) Low status of women in the family

Although there are multiple reasons for the gender divide in the access to digital technology, one major cause is the high price of digital devices and high cost of communication services. Due to the gender wage gap and low status in the household, women tend to choose cheaper models, SIMs, and data packages, thereby limiting their use of the Internet.⁸⁸⁵ Furthermore, due to the strong patriarchal system, economic decisions within the family are typically made by men, including those pertaining to the use of digital technology such as online banking or shopping.⁸⁸⁶ Thus, the low decision-making power and status of women within the family are obstacles in the access and use of digital technology.

(2) Low digital literacy among women

During the COVID-19 pandemic, digital technologies and services have become important aspects of everyday life in Nepal. While 87% of the population in developed countries is familiar with these technologies, only 20% of the population is familiar with them in Nepal.⁸⁸⁷ One reason why it may be difficult for women to improve digital literacy is that they are likely to use simple communication functions such as phone calls, and remain reluctant to use other digital services. This may be caused by a lack of comfort in using digital technology (technophobia), language barriers, or the complicated nature of digital services.⁸⁸⁸

⁸⁸³ UNESCO, Nepal <http://uis.unesco.org/en/country/np> [Access: December 2, 2021]

⁸⁸⁴ The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

⁸⁸⁵ UNICEF (2021) What we know about the gender digital divide for girls: A literature review

⁸⁸⁶ Khalti, Our Initiatives to Empower Women in Nepal, <https://blog.khalti.com/stories/womens-day-2020/> [Access: December 2, 2021]

⁸⁸⁷ Closing the Digital Divide in Nepal, June 26, 2020, <https://www.internetsociety.org/blog/2020/06/closing-the-digital-divide-in-nepal/>, [Access: December 5, 2021]

⁸⁸⁸ Alliance For Affordable Internet (2021) The Costs of Exclusion: Economic Consequences of the Digital Gender Gap

(3) Fewer women in STEM fields due to gender norms that STEM fields are for men

According to Nepal's 2017-2018 Labor Force Survey, 81% of women aged 15 and above were engaged in economic activities, but only 0.5% of women worked in ICT,⁸⁸⁹ and 11% worked in STEM fields.⁸⁹⁰ Furthermore, only 18% of the successful candidates in engineering at Tribhuvan University were women.⁸⁹¹ This is caused by the gender norm that professions in STEM fields are men's work, which makes it difficult for women to seek careers in male-dominated STEM fields.

3-6-3. Response Measures to Improve Women's Lives through Digital Technology during the COVID-19 pandemic

As the COVID-19 pandemic has led to an inevitable surge in the use of digital technologies, women and girls with low digital literacy have a higher risk of losing access to important services such as health care, economic activities, and education. Therefore, the government, development partners, and private sector have provided 1) promotion of digitalization, 2) support for the digitally vulnerable, 3) education and training, and 4) support for the creation of income opportunities.

As a characteristic of digital technologies, private companies play an important role, and many collaborations have been observed between the government, development partners, and private companies. Table 3-13 summarizes the measures taken by various organizations that support women and girls in the use of digital technology.

Table 3-13: Measures taken for women and girls using digital technology

| Area | Measure/activity | Agency |
|--|--|---|
| Promotion of digitalization | <ul style="list-style-type: none"> - Promotion of digitalization based on Digital Nepal Framework - Promotion of e-commerce and cashless payments | Government |
| Support through digital technology | <ul style="list-style-type: none"> - Subsidizing internet communication charges - Reporting and counseling of SGBV victims through apps and SNS - Support for improving digital literacy - Support through apps for monitoring, perinatal care, etc. - Provision of up-to-date information on the COVID-19-related issues through radio | Government (Police, NWC), UN, NGOs, private sectors |
| Education and training | <ul style="list-style-type: none"> - Learning support through portal sites - Strengthening the digital literacy of teachers - FCHV training using mobile phones - Teaching safe use of digital technologies to girls, adolescents, and entrepreneurs - Providing STEM training programs for girls | Government, UN, NGOs, private sectors (social business) |
| Enhancement of income generating opportunities | <ul style="list-style-type: none"> - Supporting women domestic workers and women entrepreneurs to expand sales channels for their products through online platforms | Government, private companies, NGOs |

⁸⁸⁹ The Asia Foundation (2021) We Need More Women in Data!, <https://asiafoundation.org/2021/04/14/we-need-more-women-in-data/>, [Access: December 5, 2021]

⁸⁹⁰ Kanti Shrestha (2019) Gender Barriers in STEM-Nepal Academy of Science and Technology, presented in International Conference on Women in STEM

⁸⁹¹ Driven by Purpose or Passion: What Do Nepalese Women Have to Say About Their STEM Careers?, July 1, 2021, <https://techsathi.com/women-in-stem-nepal>, [Access: December 5, 2021]

(1) Measures by government during the COVID-19 pandemic

1) Development of information and communication infrastructure and support for access to the Internet

- To ensure access to digital technology, the necessary information and communication infrastructure must be in place. In accordance with the Digital Nepal Framework, the Ministry of Communications and Information Technology is urgently working on laying fiber optic cables to accelerate the development of information and communication infrastructure throughout Nepal.
- In order to promote wider use of the Internet, the government has asked major Internet providers to offer a 20% discount on their usual charges during the COVID-19 pandemic.
- In collaboration with the NTC, an educational SIM (Pathshala CUG SIM) was distributed to all students in grades 1-12, with a low-cost telecommunication package of NPR99 per month. Low-cost telecom packages for educational institutions are also being offered to facilitate the implementation of online classes.

2) Online consultation and reporting of SGBV cases

- Due to the large number of mobile phone owners, the Nepal Police has developed a smartphone application for crime prevention and reporting,⁸⁹² and has started receiving reports of SGBV. The Cyber Bureau has also made it possible to report SGBV incidents online.
- The NWC has also begun to provide consultations through SNS in addition to home visits and telephone consultations.

3) Promoting online learning and strengthening teachers' digital literacy

- MOEST provides learning support through an integrated learning portal site, which also reinforces digital literacy in educators, as described in 3-5-3.

4) E-commerce strategy and promotion of mobile banking

- The Minister of Industry, Commerce and Supplies has formulated an e-commerce strategy to improve business environments in and out of Nepal, including the prevention of gender discrimination. During the lockdown period, the government has requested major supermarkets such as Bhatbhateni and Big Market to provide online delivery services, while numerous companies have shifted to e-commerce.⁸⁹³
- The promotion of e-commerce requires a widespread use of cashless payments. However, Nepal has a deep-rooted culture of haggling, where prices are fixed through negotiations, which inhibits the shift from cash to cashless. However, the number of people using cashless payments has rapidly increased during the COVID-19 pandemic, as online shopping allows people to make purchases easily without the risk of infection. Financial institutions are also considering the opportunity to further accelerate online banking by offering new services that increase convenience for users, such as touchless settlements using QR codes.

⁸⁹² Nepal Police urges public to use mobile app for info on incidents” <https://myrepublica.nagariknetwork.com/news/nepal-police-urges-public-to-use-mobile-app-for-info-on-incidents/>[Access: December 2, 2021]

⁸⁹³ Covid-19: An opportunity to kick-start Nepal’s digital economy, April 4,2020, <http://aidiaasia.org/news/covid-19-an-opportunity-to-kick-start-nepal-s-digital-economy>, [Access: October 14, 2021]

(2) Measures by development partners and NGOs during the COVID-19 pandemic

1) Teaching safe use of digital technology to girls, adolescents, and entrepreneurs

- We for Change, SABAH Nepal, REED Nepal, and many other NGOs provide guidance to vulnerable groups including girls, adolescents, and entrepreneurs, on the usage and risks of digital technology.
- The Feminist Dalit Organization (FEDO) has introduced and taught the use of smartphone applications to Dalit women who cannot read or write Nepali.

2) Training on how to prevent COVID-19 infection for FCHV using mobile phones

- Viamo is a global social enterprise dedicated to improving lives via mobile technology. In collaboration with UNICEF, Viamo has developed a training module for FCHVs that provide response to COVID-19 in rural areas. Because it is difficult to provide face-to-face training under the pandemic, Viamo has developed mobile training modules on symptom identification, prevention, isolation of patients, equipment procedures, diagnosis procedures, and safety measures when dealing with COVID-19 patients. A 97% learning effect was observed upon completion of training, which enhances the capability of FCHVs who serve as first responders in COVID-19 cases.⁸⁹⁴

3) Expanding sales channels for women's products through online platforms

- SABAH Nepal has developed an app to help home-based workers who lost their sales channels during the COVID-19 pandemic sell their products on the online platform "Mero Pasal (my store)". They also introduced food delivery services to women who grow vegetables on the outskirts of Kathmandu. The lockdown period has increased the demand for fresh vegetable delivery, which opened new business opportunities for women.⁸⁹⁵
- In cooperation with UNDP, UN Women has trained home-based workers to produce hygiene products including soap, sanitizer, and masks, which are in high demand due to the COVID-19 pandemic. Women are able to earn a steady income selling those products in Mero Pasal.⁸⁹⁶

4) Conducting remote learning programs and awareness programs using the radio

- During the COVID-19 pandemic, the UN and NGOs have provided radio-based remote learning programs for students in areas without Internet access, in addition to broadcasting awareness programs on SGBV and gender equality.

(3) Measures by private companies during the COVID-19 pandemic

1) Dissemination of the latest information on the COVID-19 pandemic

- Viamo has worked with the NTC to develop a 3-2-1 service known as Suchana ko Sansaar (News of the World) which aims to bridge the information gap among communities in rural Nepal. This service allows

⁸⁹⁴ UNICEF, Information is power: Improving access to critical information to help improve lives, <https://www.np.undp.org/content/nepal/en/home/development-advocate/digital-transformation/information-is-power-improving-access-to-critical-information-to-help-improve-lives.html>

⁸⁹⁵ ICIMOD, Coping with crisis: Home-based workers adapt during the lockdown, <https://www.icimod.org/article/coping-with-crisis-home-based-workers-adapt-during-the-lockdown/>

⁸⁹⁶ UN Women Nepal (2020) COVID-19 Response Strategy

users to dial "32100" on their NTC SIM to receive free daily life information via voice message.⁸⁹⁷ The educational contents cover COVID-19 prevention tips, health, GESI, WASH, child protection, agriculture, weather forecasts, news, entertainment, and disaster risk prevention. Almost 200,000 people access the service every month, making it the most far-reaching service for people with basic literacy and simple mobile service to access the latest information⁸⁹⁸.

2) Providing online services that address the challenges faced by women and girls

- In response to the challenges women are facing throughout the COVID-19 pandemic, online services have been expanded to include an app to stay in contact with the user's social circle when they are out of the house (NiDARR), a social networking service to disseminate messages on infection prevention measures and SGBV (Viamo), information on pregnancy and antenatal care (Aamakomaya), online learning materials (OLE Nepal), online payment services to strengthen women's financial literacy (Kalthi), and a women's online shopping site (Mero Pasal).

3) Strengthening women's financial literacy

- Kalthi, a provider of online payment services, has developed the Smart Chori (Smart Daughter) app to ensure financial literacy for women and girls to become financially independent. With this app, users can enjoy learning financial information relating to topics such as opening a bank account, managing money, and online security, through videos, quizzes, and games, and receive a certificate at the end.⁸⁹⁹

4) Women entrepreneurs' activities in e-commerce and support for entrepreneurs

- Women doing business through e-commerce services such as Sabji Land, Kathmandu Organic (an online vegetable shop), Tulo.com (Nepal's largest online supermarket), and UG Bazaar (a commission-free online retail platform for female entrepreneurs) have seen their sales surge during the COVID-19 pandemic. Consequently, Sabji Land contracted more farmers, whereas Tulo.com now sells women's products, leading to higher incomes for women.
- In collaboration with the Federation of Woman Entrepreneurs' Associations of Nepal (FWEAN) and the USAID, Tulo.com has conducted "Ma-Udhyami (Women Entrepreneurs), " an online training program for female entrepreneurs seeking to enter e-commerce. In this program, women learn the necessary skills to expand their business, market their products online, and prepare themselves as female entrepreneurs. Upon completion of the program, women can expand their sales channels on the Tulo.com website⁹⁰⁰.

5) Initiatives to encourage girls' interest and learning in STEM fields

- Social businesses such as Smart Cheli and Women in STEAM are offering programming, web design, and robotics programs for girls in schools and universities. Furthermore, role models who are active in STEM

⁸⁹⁷ UNDP Nepal, Information is power: Improving access to critical information to help improve lives.

<https://www.np.undp.org/content/nepal/en/home/development-advocate/digital-transformation/information-is-power-improving-access-to-critical-information-to-help-improve-lives.html>, [Access: December 14, 2021]

⁸⁹⁸ SNV, Parts of Nepal go digital in their WASH response to COVID-19, <https://snv.org/update/parts-nepal-go-digital-their-wash-response-covid-19>, [Access: December 14, 2021]

⁸⁹⁹ Kalthi, <https://kalthi.com/smart-chhori/>

⁹⁰⁰ FEWAN, MA-Udhyami Campaign for Digitalizing Women's Business amidst Covid-19 Pandemic, July 22, 2020, <https://fwean.org.np/news-and-events/supporting-women-entrepreneurs-to-digitalize-their-businesses/detail/> [Access: December 14, 2021]

fields mentor girls to reduce their anxiety about learning and building careers in STEM fields, and help them build networks. With the increasing prevalence of digital technology, the program is also getting popular.⁹⁰¹

- Kathmandu Post and British Council Nepal are running features focusing on women in STEM fields.⁹⁰² ⁹⁰³ Through the introduction of role models such as a cyber security company owner, an engineer who develops reading software for the visually impaired, and a prenatal care app developer, these organizations are disseminating the appeal of learning and working in STEM fields.

3-6-4. Gaps in Measures to Enhance Women’s and Girl’s Access to Digital Technology

Current findings indicate that amidst the increasing dependence on digital technology in all aspects of life during the COVID-19 pandemic, women and girls enjoy limited access to the benefits of digital technology, such as access to health care services, opportunities for income generation and empowerment, and continued education. The study in question has also found that the increase in time spent at home and opportunities to connect with people online has had negative impacts, such as increased online sexual exploitation.

(1) Support for women and girls who have no access to digital technologies is limited

Under the COVID-19 pandemic, the prevalence of digital technology has widened the socioeconomic gap in education. As Nepal transitions into a digital nation, the digital divide is likely to leave behind women and girls, the elderly, the disabled, and ethnic groups who do not speak Nepali. Although there is a need to support vulnerable groups who do not have access to digital devices or are unable to afford Internet connections, efforts should also be given to promote digital literacy of women and girls through projects and programs implemented by the government, development partners, and NGOs.

For countries like Nepal that exhibit a significant gender divide in access to digital technology, accelerating digitalization has a risk of leaving women and girls behind. Therefore, it is important to continue disseminating information through radio, television, and other traditional forms of media that are still used by many people in conjunction with digital technology. During the COVID-19 pandemic, important medical and public service information, as well as SGBV awareness, has been broadcast on the radio. It is also important to provide support to media toward producing gender-responsive programs and refraining from promoting biased and false gender stereotypes.

(2) Measures against online sexual exploitation are not in place

With regard to online sexual exploitation, there is limited guidance on the dangers of using digital technologies. Therefore, there is a need to strengthen prevention efforts, including response to victims of online sexual exploitation.⁹⁰⁴ In addition, the capacity of those involved needs to be strengthened, as Nepal’s laws do not address incidents that occur in cyberspace,⁹⁰⁵ and judicial and police officials neglect cases of online sexual exploitation

⁹⁰¹ Smart Cheri, <https://www.smartcheli.org/>

⁹⁰² The women who are changing the face of tech in Nepal, January 3, 2021, <https://kathmandupost.com/science-technology/2021/01/03/the-women-who-are-changing-the-face-of-tech-in-nepa> [Access: October 14, 2021]

⁹⁰³ Women in STEM featured by British Council Nepal at WOW Week 202, <https://www.facebook.com/watch/?v=702613190435960>

⁹⁰⁴ From an interview with Quick Impact Project of REED, WOFOWON and others

⁹⁰⁵ It has to be proven within 35 days, but online harassment is difficult to deal with within the deadline because it requires cooperation from companies and others.

because there is no physical harm.⁹⁰⁶ There is a need to collaborate with Internet companies to protect victims, remove posts and articles containing online sexual exploitation, and ensure privacy.

(3) Efforts to promote the advancement of women in STEM fields are limited

The demand for digital technology is increasing rapidly worldwide. Currently, Nepal’s e-commerce value is about \$25 million (approximately JPY 2.75 billion) and is expected to grow at an annual rate of 300%,⁹⁰⁷ which may further widen the economic gender gap due to the lack of women in STEM fields. As mentioned in Section 3-6-2, existing gender norms treat STEM as a field for men, and women are consequently discouraged from pursuing higher education in STEM fields. There is growing concern that the lack of women in STEM industries may lead to the development of services and technologies that are centered on the male perspective. By analyzing the factors that hinder women's advancement in STEM fields, necessary action needs to be taken.

During the COVID-19 pandemic, the importance of digital technology has widely been recognized by the public. Media sources and private companies run articles and features focusing on women working in STEM fields, and use role models to appeal to women studying and working in STEM fields. Furthermore, networks of women in STEM fields (Professional Network of Women Scientists and Engineers in STEM: WISENEPAL) and social businesses (Smart Cheli and Women in STEAM) that aim to close the gender gap need to be strengthened further. Therefore we recommend coordinated response procedures among the government, academia, and industry to promote the advancement of women in STEM fields.

3-7. Roles and Contributions of Women and Girls

During the COVID-19 pandemic, gender issues that had existed in normal times became more evident, and women and girls faced a range of problems. Simultaneously, women and girls played a vital role in responding to the various challenges posed by the COVID-19 pandemic. The key stakeholders listed in Table 3-14 are the major contributors from the five areas analyzed in this study. This section also describes the issue of unpaid care and domestic work, which came up frequently in the previous sections as a factor obstructing women’s and girls’ empowerment.

Table 3-14: Key women stakeholders playing major contributing roles

| Area | Key Women Stakeholders |
|-------------------------------|---|
| SGBV | Social workers who provide support to SGBV survivors, Young women activists |
| Health care | Medical personnel (doctors, nurses, Auxiliary Nurse Midwives (ANMs) etc.), Female Community Health Volunteer (FCHV) |
| Economic activities | Mayor or Deputy Mayor, Women entrepreneurs leading the e-commerce industry |
| Education | Peer supporters, GESI focal teacher, Parents (mother) |
| Digital technologies | People supporting online connection, Women entrepreneurs running social businesses in STEM fields |
| Unpaid care and domestic work | Women and girls |

3-7-1. SGBV

(1) Social workers who provide support for SGBV survivors

⁹⁰⁶ For Nepali women, rampant objectification and sexualisation on the internet, May 7, 2020, <https://tkpo.st/3fu3Zka> [Access: November 15, 2021]

⁹⁰⁷ UNCDF, Local context shapes platform economies and super platform opportunities-Emerging insights from Nepal, May 6, 2019, <https://www.uncdf.org/article/4524/local-context-shapes-platform-economies-and-superplatform-opportunities-emerging-insights-from-nepal>, [Access: November 15, 2021]

Most NCW social workers and the staff of NGOs working to protect SGBV survivors are women. Due to the COVID-19 pandemic, the helpline has been strengthened and the number of SGBV calls and consultations has increased, but the social workers themselves are exhausted because they have to deal with SGBV cases while taking infection control measures with a limited number of staff⁹⁰⁸. In particular, shelter services cannot be shifted to online operation, so it is important to provide the necessary COVID-19 infection prevention measures along with mental health care to the social workers on the frontline.

(2) Young women activists

As in the case of Ms. Greta Thunberg, an environmental activist in Sweden, social movements through SNS are expanding in Nepal via the younger generation. As mentioned in 3-6-1 (1), in the case of online sexual exploitation, when female foresters experienced online sexual exploitation during an online seminar, the young generation actively shared what had happened through SNSs, which snowballed to reach out to more than 64,000 people. It was then taken up by the media and has shed light on the persistent discrimination and harassment faced by women and girls around the world. Similarly, in the government's response to COVID-19, #EnoughIsEnough⁹⁰⁹ was used to highlight several issues, including that of migrant workers who were returning to their home countries and being treated unfairly in quarantine facilities; the fact that no legal action has been taken against those who have made hate speeches during the COVID-19 pandemic; that there is insufficient support for medical personnel on the front lines of the COVID-19 response; and that vulnerable groups, including women, do not receive adequate relief supplies. Through the use of SNSs, young people have lobbied on these gender issues, helping to create some social impact.

3-7-2. Health Services

(1) Medical personnel such as nurses and Auxiliary Nurse Midwives (ANMs)

According to the Nepal Nursing Council, of 13,465 registered nurses, only 125 (0.9%)⁹¹⁰ are men. In addition, all auxiliary nurse midwives (ANMs), who work with nurses in maternal and child health and SRH services in Nepal, are women.

The UNFPA conducted a survey on the conditions in services at health facilities in Nepal during the COVID-19 pandemic and confirmed that standard maternal and child health and SRH services such as health checkups for pregnant women and hospital deliveries were in operation even during COVID-19, confirming the contribution of women frontline workers.⁹¹¹ However, with low wages and low social status, nurses and ANMs are forced to work in an environment in which masks, personal protective equipment, and hygiene products are in short supply and the risk of infection is high. In addition, an increasing number of women have faced difficulties in continuing work due to harassment of health-care workers and their families, and in balancing their work with unpaid care and domestic work. The concern is that if they have to deal with COVID-19 for a long time, the turnover of female health-care workers will increase.⁹¹²

⁹⁰⁸ National Women Commission (2017) National Women Commission (NWC) HELPLINE-1145 - FACTSHEET

⁹⁰⁹ Social Movement Through Social Media, June 15, 2020, <https://www.nepalitimes.com/latest/social-movement-through-social-media/>

⁹¹⁰ Despite quotas, gender stereotypes are still preventing men from becoming nurses, March 16, 2020,

<https://kathmandupost.com/national/2020/03/16/despite-quotas-gender-stereotypes-are-still-preventing-men-from-becoming-nurses> [Access: July 7, 2021]

⁹¹¹ UNFPA (2020) Assessment of the Impact of COVID-19 Pandemic on Functionality and Utilization of RMNCAH Services by Clients in Public Sector Health Facilities of Nepal

⁹¹² For health workers on the front lines, no training and no protective gear, March 20, 2020, <https://kathmandupost.com/health/2020/03/20/for->

In addition, while many women health-care workers play vital roles at the community level, there are limited women leaders in decision-making positions in the health sector at the national level. Were the voices of women at the frontline of the COVID-19 response to reach the decision-making level, the urgent needs of community health management under the COVID-19 pandemic, health system monitoring, identification of problems, and prevention mechanisms would be more gender-responsive.⁹¹³

(2) Female Community Health Volunteer (FCHV)

FCHVs are frontline health-care workers who provide maternal and child health and SRH care at the community level. Normally, FCHVs provide care to pregnant and lactating women and infants and advice on maternal and child health, encouraging immunization, distributing contraceptives, and teaching the correct use of contraceptives. They also contact pregnant and lactating mothers and share information through monthly meetings, such as those of the Community Health Mother Group. These activities have continued even during the COVID-19 pandemic, but during the lockdown, it was difficult to conduct face-to-face activities, so they shifted their services to telephone consultation. Even during lockdown, when pregnant and lactating women visited health-care facilities, FCHVs provided face-to-face services such as treatment and prescription of medicines, preparation of checkup schedules for pregnant women, distribution of contraceptives, and recommendations for vaccinations. In particular, they encouraged pregnant and lactating women to undergo the necessary checkups and vaccinations at the appropriate times, even during the COVID-19 pandemic and lockdown.

In addition to the services provided by FCHVs in normal times, they went to inform pregnant and lactating women about the government's support measures during the COVID-19 pandemic. According to an interview with one FCHV, in order to encourage women to deliver at hospitals during COVID-19, the government provided subsidies to pregnant women. The FCHV also noted that some vulnerable people did not know about programs for the distribution of food (rice, oil, salt, soap, masks, etc.), so they went around and informed them of these supporting measures and took them to the sites if necessary. Thus, under COVID-19, despite being at risk of infection with COVID-19, FCHVs have continued to contact pregnant and lactating women and have provided the necessary support.

FCHVs also reported facing the challenge of community members not consulting them about their health conditions, such as coughs and fevers, because of rumors spreading in the community that the FCHVs were infected with COVID-19. This prevented the provision of appropriate treatment. This was due to prejudice and discrimination against people infected with COVID-19 and those in close contact with them. Indeed, the FCHVs worried that they would be exposed to prejudice and discrimination if they continued to work. Although the situation calmed down to a certain extent when vaccinations were supplied to medical personnel, FCHVs have continued to work under stressful conditions. In addition, although FCHVs play an important role in the provision of maternal, newborn, and child health and SRH services during the COVID-19 pandemic, they do not play any role in decision making⁹¹⁴. To reflect the needs of maternal and child health and SRH that FCHVs have gathered from women and girls at the community level, there should be a mechanism to reflect their voices in formulating policies and programs.

health-workers-on-the-front-lines-no-training-and-no-protective-gear [Access: July 7, 2021]

⁹¹³ UN Women (2021) Key Advocacy Messages on Gender Equality and Social Inclusion in COVID-19 Emergency Response

⁹¹⁴ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal, 2020

3-7-3. Economic Activities and Livelihoods

(1) Mayor or deputy mayor

In Nepal, the Constitution provides for a quota system, ensuring 33% of women's representation in federal and provincial parliaments and 40% in local government. It also stipulates that the president or vice president, the speaker or vice-speaker of parliament, and the head or deputy head of local government should be female.

During the COVID-19 pandemic, the local government independently distributed emergency supplies of food and daily necessities to economically disadvantaged people. Normally, mayors or high-ranking officials had the right to decide on the items to be distributed and the location, time, and method of distribution, and since most of them were men, the needs of women were not taken into account. To address these issues, women mayors/deputy mayors worked to revise items, adding sanitary napkins, for example, and re-examine the distribution method, among other things, in response to requests from women. In addition, on the basis of petitions from economically disadvantaged women and girls, they tried to coordinate with organizations so that people in need could receive necessary support.

(2) Women entrepreneurs leading the e-commerce industry

In Nepal, lockdown has been imposed owing to frequent waves of COVID-19 and outbreaks of variants. Some industries, especially non-essential businesses, were ordered by the government to cease operations during and after the lockdown; therefore, for such businesses to run, it was necessary to move online. Consumers have also shifted to cashless payments because they cannot go to the bank to withdraw money. With the expansion of e-commerce, women entrepreneurs have made recommendations to the government to strengthen market access for women entrepreneurs through e-commerce, improve access to finance for women entrepreneurs, and incorporate gender perspectives in financial institutions and investors.⁹¹⁵ Women entrepreneurs already in e-commerce assisted other women entrepreneurs running micro, small, and medium-sized enterprises to shift to e-commerce when they were suffering from sales losses due to the COVID-19 pandemic.

3-7-4. Education

(2) Peer supporters

In Nepal, schools were closed during the lockdown. Students took textbooks and homework home and had to self-study. It was difficult for the teachers to provide individual guidance. Therefore, NGOs specializing in the education sector, such as REED Nepal, which implemented the Quick Impact Project for this study, and Volunteer Service Overseas Nepal, introduced a peer-support program, either among their classmates or with older girls supporting younger girls. Girls gathered in small groups and listened to radio lessons together, taught each other, and consulted on their problems, which contributed toward the continuation of their studies.

(3) GESI focal teacher

The MOEST is trying to appoint GESI focal teachers in charge of gender equality and social inclusion in all schools. GESI focal teachers should consult with students, parents, and staff on gender-related discrimination and harassment, and should conduct GESI-related activities in schools. Since there are many cases of girls dropping out due to child marriage, GESI focal teachers have the job of ensuring students' education from a gender perspective by intervening with parents to prevent child marriage and dropping out, and by mediating with the parents of pregnant girls and

⁹¹⁵ United Nations ESCAP (2020) Empowering Women to join Global Value Chains through E-commerce: Experiences in South Asia in COVID-19 Context

the boys' parents, so that girls can continue their education. In fact, in the Quick Impact Project conducted by REED, GESI focal teachers played an active role in dealing with SGBV cases and in reviewing the method of sanitary napkin distribution. The role of GESI focal teachers is becoming more important during the COVID-19 pandemic because girls are facing more challenges.

(4) Parents (mothers)

With the closure of schools, the amount of time parents spent on their children's education also increased. For students whose schools offered online classes, parents had to establish an environment for online classes; for students who had to self-study, parents had to teach and guide them to study regularly.

3-7-5. Digital Technology

(1) Organization supporting to develop digital skills

During the COVID-19 pandemic, the use of digital technology has advanced rapidly, and people with low digital literacy were left behind in terms of obtaining updated information or making online registrations for COVID-19 vaccines. On the other hand, women who could use digital technology were able to reduce the burden by shopping online, accessing financial services, and so on. Consequently, many organizations, such as FEDO (a Dalit women's organization), SABAH (an NGO working for women's financial inclusion), and REED Nepal have taken initiatives to develop the digital skills of women and girls so that they can access digital technology.

(2) Women entrepreneurs running social businesses in STEM fields

Women entrepreneurs managing social businesses such as Smart Cheri and Women in STEAM are becoming role models in the STEM field. Through the STEM programs they offer in schools and universities, they are teaching young girls that it is fun to work in the STEM field and how STEM technologies can bring new values to society, especially in the post-COVID-19 era.

3-7-6. Unpaid Care and Domestic Work during the COVID-19 pandemic

As described in the text from Sections 3-7-1 to 3-7-5, women have made enormous contributions, especially in the fields of health, SGBV survivor protection, and education. In addition, the women interviewed in this study said that their burden of unpaid care and domestic work during COVID-19 has increased, since men's contribution is limited. The following section describes the significant contribution of unpaid care and domestic work by women in households.

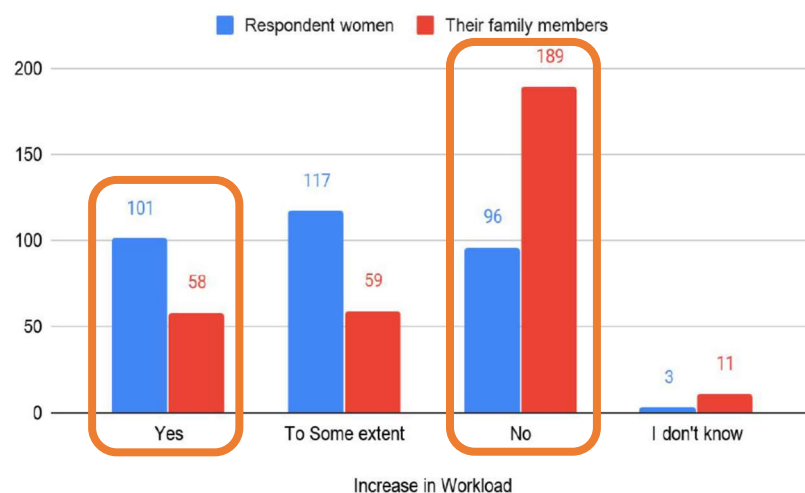
(1) Situation of women's unpaid care and domestic work

During the COVID-19 pandemic, especially during the lockdown, the burden of unpaid care and domestic work that women had to bear at home increased significantly. According to a 2014 survey,⁹¹⁶ women in Nepal spend approximately four and a half hours a day on unpaid care and domestic work, while men spend only one hour, indicating a large gender gap in unpaid care and domestic work. During the COVID-19 pandemic, families who were usually out at work or school had to stay at home, which increased the frequency of cooking, laundry, and cleaning. In addition, the closure of schools meant that women had to look after children's studies, and because

⁹¹⁶ Institute of Development Studies, Unpaid Care Work Programme: Nepal Progress Report (2012–13), February 2014, <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/3527/ER54.pdf?sequence=1>

health facilities had to devote more human resources to respond to COVID-19 patients, girls and women also shared care work with elderly and sick individuals. Women also had to manage their livelihoods when income was reduced due to the COVID-19 pandemic and economic stagnation. Especially for families with migrant workers returning from urban areas, India, Gulf countries, and so on,, income loss has affected the household economy because it is difficult to find alternative work in Nepal. Women’s workload also increased because they had to go to receive emergency relief supplies, purchase cheaper food and daily necessities, and grow vegetables for home consumption in homestead gardens to make ends meet. The mental health care of family members was another challenge because, compared to normal times, family members are under stress from income loss or unemployment, and children are unable to play with friends. Women had to take on these burdens because gender stereotypes and social norms see women’s primary roles as homemakers and caretakers.

WOREC conducted an online survey on women’s workload during the COVID-19 lockdown,⁹¹⁷ and according to their findings, 45.7% of the women responded that their unpaid care work had increased due to the COVID-19 pandemic, followed by similar (36.0%), not applicable (10.4%), and easier (7.9%). Furthermore, in terms of changes in the burden of unpaid care work between women and their family members (see Figure 3-21), 101 women and 58 family members said that the burden had increased, while 96 women and 189 family members said that the burden had decreased, highlighting that women have taken responsibility for the increased unpaid care work.

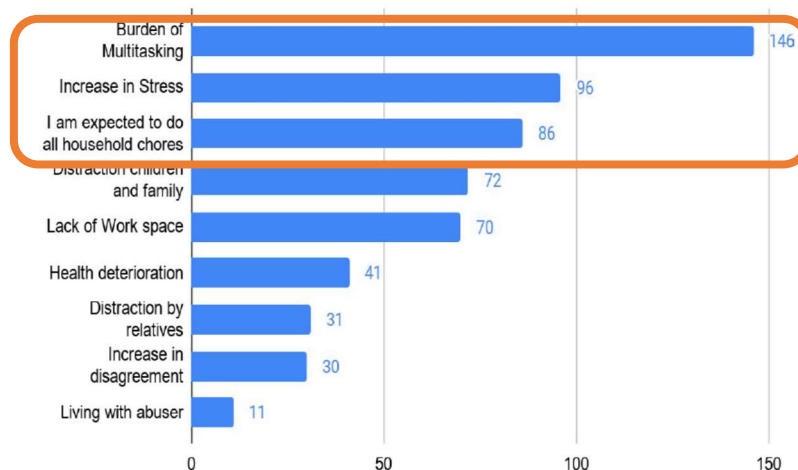


Source: WOREC, Research findings dissemination program of online survey on women’s workload during COVID 19 lockdown (June 15, 2020)

Figure 3-21: Changes in the burden of unpaid care work of women and their family members in the COVID-19 pandemic

As for the challenges faced by women during the COVID-19 pandemic, the main responses identified the burden of multitasking (146 women), an increase in stress (96 women), and the expectation of doing all household chores (86 women), many of which were caused by the increase in unpaid care and domestic work.

⁹¹⁷ WOREC (2020), Research findings dissemination program of online survey on women’s workload during COVID 19 Lockdown



Source: WOREC, Research findings dissemination program of online survey on women’s workload during COVID 19 lockdown (June 15, 2020)

Figure 3-22: Challenges faced by women under COVID-19 pandemic

(2) Factors that increase the burden of unpaid care and domestic work on women

According to a study conducted by Care Nepal during the COVID-19 pandemic,⁹¹⁸ owing to a persistent patriarchal mindset and gender stereotypes, the idea that “unpaid care and domestic work is the role of women” is deeply rooted in the family and in society, so men tend not to help women even if other family members are at home. As described thus far, it can be said that although women have made a significant contribution to unpaid care and domestic work during the COVID-19 pandemic, their contribution is not valued within the family and society, and this has hindered the empowerment of women and girls in all spheres.

⁹¹⁸ Care Nepal (2020) Rapid Gender Analysis Report on COVID-19 Nepal, 2020

Part 3: Results of the Quick Impact Project in India, Nepal, and Review of Pilot Projects Implemented by JICA Overseas Offices

Chapter 1. Results of the Quick Impact Project in India

1-1. Background of the Quick Impact Project

As described in Chapter 1 of Part 2, sexual and gender-based violence (SGBV) in India has increased amid the COVID-19 pandemic, severely affecting the lives of women and girls.

The Quick Impact Project (QIP) was implemented in India to respond to the rise of SGBV triggered by COVID-19. In particular, it was implemented to mitigate SGBV in communities by addressing challenges such as women not being able to report incidents, a lack of capacity for effective survivor protection, norms that accept violence against women and children, abusers not being punished, and structural gender inequality that perpetuates SGBV.

The QIP had set the following hypotheses to evaluate the outcomes of its implementation.

1. By establishing an SGBV response system in targeted villages, more women suffering from SGBV will seek assistance.
2. By training male SGBV response volunteers, SGBV warriors—both men and boys—will take action to combat SGBV and promote gender equality.

Table 1-1 summarizes the findings from the study described in Chapter 1 of Part 2, which details the key components of the QIP in India.

Table 1-3: Situation during the COVID-19 pandemic and challenges met by the QIP

| | | |
|---|--|--|
| Situation during COVID-19 | ●SGBV such as DV and Child Marriage are increasing | |
| Challenges identified through the Study | SGBV survivors | SGBV abusers/perpetrators |
| | <ul style="list-style-type: none"> ① SGBV survivors do not seek help even though they are severely abused. ② SGBV survivors have no one to seek help in the community ③ SGBV survivors do not know any support mechanism that they can seek help. ④ The abuser and perpetrators of SGBV are rarely held accountable even the cases are reported to police. | <ul style="list-style-type: none"> ① Husbands are frustrated with their income loss and consume alcohol and abuse their wives. ② Though Child Marriage is prohibited, some parents marry off their daughters even they are below 18 years old. ③ There are laws such as Protection of Women from Domestic Violence Act 2005 and Prohibition of Child Marriage Act 2006 but the abusers are rarely held accountable. |
| Challenges responded by the QIP | ①②③ | ①② |
| | DV and Child Marriage are socially accepted to a certain degree. | |

1-2. Design of the Quick Impact Project

1-2-1. Overview of the Quick Impact Project

Name of the Quick Impact Project:

Mitigating Sexual Gender-Based Violence (SGBV) through Community Awareness and Support Systems

Duration: March 2021 to November 2021

The QIP was initially planned to last until September but was extended due to the implementation of the COVID-19 restrictions.

Implementing Agency: Centre for Youth and Social Development (CYSD)

The CYSD is a non-profit development organization that was established in 1982 to improve the quality of life of the tribal and rural poor of Odisha. The CYSD has organized numerous projects to promote the rights of girls and lift them out of poverty, such as the “Because I am a Girl” campaign, which was launched in partnership with Plan International. The CYSD has also facilitated multi-stakeholder dialogues on gender equality and gender-based violence by involving civil society organizations, academia, the corporate sector, media, and the government.

Target Areas: 90 Villages in 3 Districts (Koraput, Mayurbhanj, and Keonjhar) of Odisha

Before launching the QIP, secondary information was reviewed to select the project locations. Mayurbhanj, Keonjhar, and Koraput districts were identified as having exhibited low performance in connection with human development indicators related to education, health, and nutrition, as compared with other districts of Odisha. These three districts have a wide gender gap in sex ratio at birth, low literacy rate, and high prevalence of child marriage.

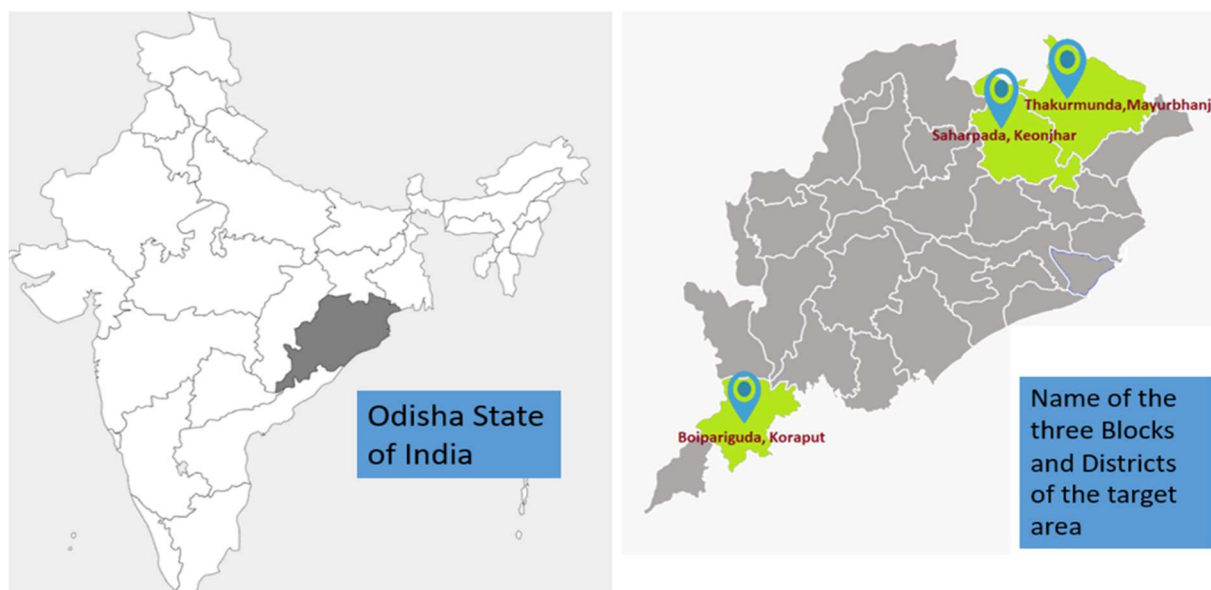


Figure 2-1: Odisha state, three target districts, and three target blocks

● Situation of SGBV in Odisha State

According to the 4th National Family Health Survey 2015–2016,⁹¹⁹ 35% of the surveyed women in Odisha have experienced physical or sexual violence. Among those who have experienced physical violence since the age of 15, the most common perpetrator for ever-married women was the husband. Fifty-nine percent of women believed that it was justifiable for a husband to beat his wife under some circumstances and were most likely to believe that wife-

⁹¹⁹ International Institute for Population Sciences (IIPS) and ICF. (2017) National Family Health Survey (NFHS-4) India, 2015-16: Odisha. Mumbai: IIPS, <http://rchiips.org/NFHS/NFHS-4Reports/Odisha.pdf>

beating is justified if a woman shows disrespect for her in-laws (52%). Forty-one percent of men stated that wife-beating was justifiable in some circumstances, especially if the wife shows disrespect for in-laws (34%) or if she argues with her husband (21%).

Only 13% of women who have ever experienced physical or sexual violence by anyone have sought help, and only 3% of all women sought help from the police.

SGBV has been on the rise amid the pandemic. The total number of complaints reaching the National Commission for Women’s (NCW) helpline in 2020 from Odisha increased 2.5 times, and complaints regarding DV increased by 50% compared with 2019.

● **Situation of SGBV in the target area**

The three districts of Mayurbhanj, Keonjhar, and Koraput were selected as the target districts of the QIP as these are tribal-dominated and have lagged in key human development indicators related to health and nutrition compared with other districts of Odisha. Further, these three districts also have a wide gap in sex ratio at birth, low literacy rate, and high prevalence of child marriage.

The three districts were also selected as the CYSD had a strong field presence in the area, which meant less time would be needed to “build trust” among the beneficiaries, which was considered foundational for rolling out this QIP’s type of intervention in a limited period.

Table 1-2: Basic Information on the women in the target districts

| | Sex ratio at birth for children born in the last five years (female per 1,000 male) | Literacy rate (%) | Women aged 20-24 years married before age 18 years (%) |
|------------|--|--------------------------|---|
| India | 919 | 68.4 | 26.8 |
| Odisha | 932 | 67.4 | 21.3 |
| Mayurbhanj | 974 | 58.3 | 35.0 |
| Koraput | 872 | 39.7 | 34.7 |
| Keonjhar | 843 | 66.3 | 27.6 |

Source: CYSD

Table 1-3: Percentage of ever-married women aged 15-49 who have ever experienced physical or sexual violence committed by their husband, according to background characteristics

| | |
|----------------------|-------|
| Scheduled Caste | 37.0% |
| Scheduled Tribes | 40.0% |
| Other Backward Class | 33.8% |
| Other | 29.8% |

Source: 4th National Family Health Survey 2015-2016

● **Direct Beneficiaries:**

360 SGBV warriors⁹²⁰: 90 men and 90 women from each selected village for the project, 90 accredited social health activists (ASHAs), and 90 anganwadi workers (AWWs) from 90 villages.

The SGBV warriors were village volunteers engaged in the prevention and protection of SGBV. Detailed information is provided in Section 1-3-1(1).

● **Indirect Beneficiaries:**

Women and girls of 90 villages in the Odisha districts of Koraput, Mayurbhanj, and Keonjhar where help desks had been established

1-2-2. Outline of the Quick Impact Project

The QIP aimed to mitigate SGBV in the targeted villages through effective community intervention. The basic components of the QIP were based on the results of the study described in Chapter 1 of Part 2, which are summarized in Table 1-4.

Table 1-5 illustrates the project design matrix of the QIP, which has four components to achieve the project's objectives.

Table 1-4: Challenges and support provided by the QIP

| Challenges responded by the QIP | Support provided by the QIP |
|---|---|
| 1. SGBV survivors do not seek help even though they are severely abused. | <ul style="list-style-type: none"> • Awareness raising activities on SGBV for village council members, community leaders, SHG members, Youth Club members. • Disseminate information about roles and functions of SGBV warriors and Help Desks. |
| 2. SGBV survivors have no one to seek help in the community | <ul style="list-style-type: none"> • Train 4 village volunteers to become SGBV warriors to respond to SGBV cases in the village (4 SGBV warriors x 90 villages= 360 SGBV warriors) • Set-up Help Desks for 90 villages • SGBV warriors visit houses and intervene when the survivors asked for support. • Establish referral systems from village to formal institutions such as police, One Stop Centers, etc. • Handholding support such as accompanying the survivors to receive services from formal institutions from the village |
| 3. SGBV survivors do not know any support mechanism that they can seek help. | <ul style="list-style-type: none"> • Develop and disseminate list of contact numbers of existing support mechanism and schemes related to SGBV |
| 4. Husbands are frustrated with their income loss and consume alcohol and abuse their wives. | <ul style="list-style-type: none"> • Provide counselling to SGBV survivors • Based on consent of the SGBV survivors, SGBV warriors conducts house visits and discussion with abusers are held. Depending on cases, community leaders, SHG and Youth Club members join the discussion. • Serious cases are referred to police or other district level institutions |
| 5. Though Child Marriage is prohibited, some parents marry of their daughters even they are below 18 years old. | |

⁹²⁰ Information on SGBV warriors is provided in 1-3-1 (1) Roles and composition of SGBV warriors in the village.

Table 1-5: Project Design Matrix

| | Content of the QIP | Indicators |
|--------------------------|--|---|
| Project Objective | SGBV is mitigated through effective community intervention. | <ul style="list-style-type: none"> - Reports on SGBV cases reach the SGBV warriors/ helpdesks every month - More than 80% of the reported SGBV cases are responded by the SGBV warriors. - Men in the villages are participating in SGBV prevention activities. |
| Outputs | 1. A band of SGBV Warriors are trained to mobilize the community on the impact/ consequences of Sexual Gender Based Violence (SGBV) especially during crisis like COVID pandemic and how to respond to it | <ul style="list-style-type: none"> - Ninety men, ninety women, 90 ASHA & 90 AWWs are oriented on SGBV, related guidelines/ SOPs, the structure and regulation of the government response system on SGBV; and their roles and responsibilities related to the project. - All 360 SGBV Warriors are provided with a handbook to discharge their responsibilities effectively. - Bi-monthly group sessions organized for the SGBV Warriors with experts to discuss and resolve their issues. |
| | 2. Help Desks are functioning in the target villages | <ul style="list-style-type: none"> - 90 Help Desks are established in targeted villages (one in each village). - IEC materials/ information related to SGBV are available at all the Help Desks established - Complain Box is set up in 90 operational villages |
| | 3. The residents in the village, especially women and girls are sensitized on SGBV, register their grievances related to SGBV through Help Desks, and open up to share their concerns and ask for support through appropriate platform | <ul style="list-style-type: none"> - Three WhatsApp groups of the SGBV Warriors (one per district) are established - Women and girls in 90 operational villages are sensitized on SGBV - 80% of the villagers (above 15 years) are aware of the Help Desk and Government Helpline Numbers - At least 80% of the grievances registered at the Help Desk are related to SGBV. - Fifty percent of the SGBV related complaints received are referred to appropriate Government organizations, police, hospital, shelter, lawyer, etc. by the Help Desk/ citizen support center |
| | 4. The activities and expected outputs planned under the project are periodically monitored and necessary correctives measures are taken up towards realization of desired results. | <ul style="list-style-type: none"> - Baseline and end line Report - Monitoring Framework/ Format developed and used in the project. - Weekly Activity Report submitted by the SGBV Warriors. - Proceedings of the monthly meetings with the project staff and the SGBV warriors. - Knowledge products including best practices/ reports developed and disseminated |
| Activities | <p>1.1 Selection of 180 SGBV warriors for 90 targeted villages (one men and women from each village).</p> <p>1.2 Training/ orientation to 360 SGBV warriors.</p> <p>1.3 Providing comprehensive Handbook (resource material in local language) to all the 360 SGBV Warriors to discharge their responsibilities effectively.</p> | |

| | Content of the QIP | Indicators |
|--|---|-------------------|
| | 1.4 Organization of small group sessions for the SGBV warriors with experts to discuss and resolve their issues. | |
| | 2.1 Consolidation/development of SGBV related IEC materials/ information in Odia language | |
| | 2.2 Setting up of Help Desks in each village involving the SGBV Warriors and the villagers concerned. | |
| | 3.1 Organization of awareness programs on SGBV at the village/community level by the SGBV Warriors involving local Community Based Organizations including WSHGs, Adolescent Girls' Groups, village committee members and other community level institutions. | |
| | 3.2 Sensitizing secondary school students (young girls and boys of Class – 8.9. 10 in 2 schools each of the proposed districts) on SGBV who can sensitize their peers at the community | |
| | 3.3 Formation of a network of the SGBV Warriors and Adolescent Girls through creation of WhatsApp Groups and help them develop plan their strategy, activities, and outreach. | |
| | 3.4 Establishing linkage of the Help Desks with government agencies/institutions (One Stop Centre, Child Welfare Committee, Protection Officer, District Legal Service Authority) at appropriate level; and the toll-free virtual Citizen Support Centre established by CYSD towards redressal of the issues. | |
| | 3.5 Providing psychosocial support to the depressed/ persons in need by the professional counselor through the Citizen Support Centre. | |
| | 3.6 Facilitation and handholding support to the Help Desks to make them user friendly and effective. | |
| | <u>Monitoring and Evaluation at the village level</u> | |
| | 4.1 Orientation to the SGBV Warriors on the Monitoring Framework/ mechanism. | |
| | 4.2 Develop a framework along with formats for monitoring the interventions and results planned under the project. | |
| | 4.3 Preparation and submission of weekly activity report by the SGBV Warriors. The activity report will include their daily activity, rapport with the community, challenges and lessons learnt and activity plan for the next 2 weeks. | |
| | 4.4 Monthly meeting with the SGBV Warriors together with the staff-in-charge of their respective districts | |
| | <u>Monitoring and Evaluation by CYSD Management Team:</u> | |
| | 4.5 Baseline and End-line Survey of the proposed intervention. | |
| | 4.6 Quarterly meeting with the field team (District Coordinators and SGBV warriors) to review the progress, identify gaps and taking necessary course correction. | |
| | 4.6 Facilitate collective reflection and sharing of experiences & learning of the SGBV Warriors and other staff involved in the project with other SGBV experts through organization of “Exchange Forums” at various levels. | |
| | 4.7 Documentation and dissemination of knowledge products including best practices/ case stories | |

1-2-3. Implementation Structure

The QIP was implemented as shown in Figure 1-2.

(1) Management Team

- Consisted of four staff members stationed at the CYSD office in Bhubaneswar, the state capital of Odisha.
- Organized the baseline and end-line studies
- Developed a training curriculum and handbook for strengthening the capacity of SGBV warriors
- Developed IEC materials
- Provided support to the project coordinator
- Organized a state-level symposium to share the outcomes of the QIP in India

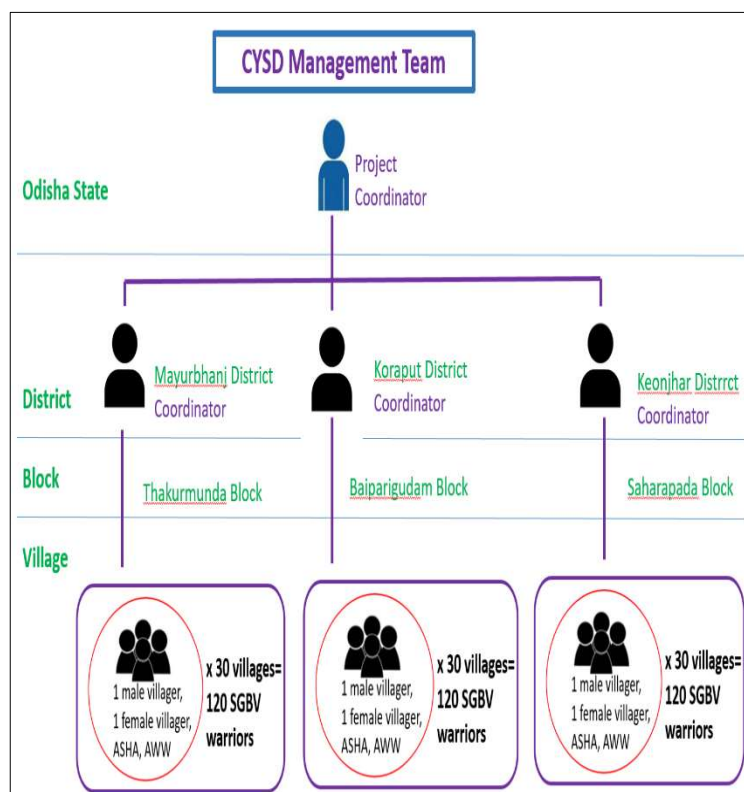


Figure 1-3: Implementation Structure

(2) Project Coordinator (CYSD Office)

- Supervised and provided guidance to district coordinators regarding content and methodology of the training
- Monitored the progress of the activities
- Promoted the IEC materials through project activities
- Built structures linking the district, block, and village

(3) District Coordinator

- Implemented training sessions targeting the SGBV warriors
- Monitored the progress of the activities conducted by SGBV warriors and provided advice and mentorship

(4) SGBV Warriors

- Four volunteers were selected in each village to function as SGBV warriors and work on issues regarding SGBV in their respective villages. The four SGBV warriors comprised one female villager, one male villager, one AWW, and one ASHA. Female and male SGBV warriors were selected based on consultation with the CYSD and village leaders.

1-3. Achievements of QIP in India and its Implementation Process

1-3-1. Output 1: A band of SGBV Warriors are trained to mobilize the community on the Impact/Consequences of Sexual Gender Based Violence (SGBV) especially during crisis like COVID-19 pandemic and how to respond to it

The indicators and achievements of Output 1 are shown in Table 1-6.

Table 1-6: Achievements of Output 1

| Indicators | Achievements |
|---|---|
| <p>1-1 Ninety men SGBV warriors are oriented on SGBV, related guidelines/ SOPs, the structure and regulation of the government response system on SGBV; and their roles and responsibilities related to the project.</p> <p>1-2 Ninety women SGBV warriors are oriented on SGBV, related guidelines/ SOPs, the structure and regulation of the government response system on SGBV; and their roles and responsibilities related to the project.</p> | <p>1-1 and 1-2 180 SGBV warriors selected from their respective village have participated in the below training and understood their role and responsibilities.</p> <ol style="list-style-type: none"> 1) Project induction workshop <ul style="list-style-type: none"> - Objective and activities of the Project - Roles and responsibilities of SGBV warriors 2) Gender training <ul style="list-style-type: none"> - What is Gender? - Gender roles and social norms - Patriarchy, power relations and structural social violence 3) Training on understanding SGBV <ul style="list-style-type: none"> - What is SGBV - Cause and consequences of SGBV - Prevention and protection of SGBV survivors - Laws, official support system for survivors, 4) Training on how to respond to SGBV survivors <ul style="list-style-type: none"> - Pointers on how to identify female survivors of gender-based violence - Mental health - DOs and DO NOTs - Support system & mechanism for women - Case Management and referral |
| <p>1-3 90 ASHAs are oriented on SGBV, related guidelines/ SOPs, the structure and regulation of the government response system on SGBV; and their roles and responsibilities related to the project.</p> <p>1-4 90 AWWs are oriented on SGBV, related guidelines/ SOPs, the structure and regulation of the government response system on SGBV; and their roles and responsibilities related to the project.</p> | <p>1-3 and 1-4 SGBV warriors (90 ASHAs and 90 AWWs) from their respective villages have participated in the below training and understood their role and responsibilities.</p> <ul style="list-style-type: none"> - Objective and activities of the Project - Roles and responsibilities of SGBV warriors - Official support system for survivors: One Stop Centre, Mahila a Shishu Desk, Protection Officer, Programme Officer Department of Social Welfare, Local Complaint Committee, Child Marriage Prohibition officer, Helplines - Referral pathway from village-block-district-state |
| <p>1-5 All 360 SGBV Warriors are provided with a handbook to discharge their responsibilities effectively.</p> | <p>All 360 SGBV Warriors received and utilizing the handbook to perform their responsibilities effectively.</p> |

| | |
|--|--|
| <p>1-6 Bi-monthly group sessions organized for the SGBV Warriors with experts to discuss and resolve their issues.</p> | <p>SGBV warriors have participated in the training and have shared their working status with the project coordinator and district coordinators. The SGBV survivors shared information on COVID-19 infection situation, impact of COVID-19 on women and girls in the villages with a special focus on SGBV and discussed on how to respond.</p> |
|--|--|

(1) Roles and composition of SGBV warriors in the village (four SGBV warriors per village)

To respond to the increase in SGBV in the villages, it was decided to select volunteers who would work on SGBV-related issues in the village. These volunteers, who were later called SGBV warriors, were expected to raise awareness of SGBV, protect SGBV survivors, and manage a help desk, which was planned to be set up as a contact point for receiving reports.

Four volunteers from each village were select candidates for selection as SGBV warriors. First, ASHAs and AWWs were initially identified as potential SGBV warriors because of their roles in the village. ASHAs are women who work to support and boost healthcare services in the village, and they are usually the first point of contact when people have health problems. AWWs are functionaries who manage the village childcare center, and their main function is to provide supplementary nutrition and non-formal pre-school education.

As ASHAs and AWWs are expected to be familiar with the situation of women and girls in their respective villages, they were thought to be the best candidates to be trained to become SGBV warriors. Therefore, the CYSD held discussions with them prior to the implementation of the QIP. Although the ASHAs and AWWs agreed to perform their roles as SGBV warriors, they were busy playing a crucial role in vaccination campaigns while continuing to support their routine scheduled activities and responsibilities around maternal and child healthcare duties.

In addition to ASHAs and AWWs, one male and one female volunteer were selected as SGBV warriors. The criteria for selection were as follows: more than 10 years of formal education, age between 18 to 35 years old, and active participation in community development activities. Candidates were identified by community key stakeholders such as community leaders, ASHAs, and AWWs.

Two villages faced challenges in volunteer selection. The main reason was that the community leaders were not aware of the seriousness of SGBV in the villages and, therefore, were unable to select volunteers. To address this issue, the CYSD held discussions with the community leaders, ASHAs, and AWWs. With the assistance of both ASHAs and AWWs emphasizing the importance of eradicating SGBV in the village, the community leaders were convinced to implement the QIP, and volunteers were selected. After the selection, there were no problems in the implementation phase of the project in the two villages.

Most of the selected males were active members of youth clubs, and most of the selected females were active members of self-help groups (SHGs). The ages of both males and females were between 25 and 30 years old.

(2) Gender training for SGBV warriors

The CYSD developed a training module in collaboration with the Martha Farrell Foundation-India⁹²¹ for volunteers to become SGBV warriors. The module was developed so that the SGBV warriors could perform their roles and duties while understanding the concepts of gender, patriarchy, social norms that perpetuate gender inequality and SGBV. Special attention was given to ensuring that the content of the module was relevant to the situation of the targeted villages.

The training sessions were conducted online during the lockdown period and in the field after. Training sessions were held monthly to ensure that the volunteers were trained while performing their tasks. This approach proved to be useful because the volunteers could bring up their real experiences and receive consultations as they faced challenges in the field.

The training sessions helped the SGBV warriors perform their roles better, and the district coordinators provided mentorship and intervened when necessary. The training content is shown in Table 1-7.

Table 1-7: Training sessions conducted for SGBV Warriors

| |
|---|
| Target: 180 SGBV warriors (90 male and 90 female) selected from their respective villages |
| 1) Project induction workshop <ul style="list-style-type: none">- Objective and activities of the Project- Roles and responsibilities of SGBV warriors |
| 2) Gender training <ul style="list-style-type: none">- What is Gender?- Gender roles and social norms- Patriarchy, power relations and structural social violence |
| 3) Training on understanding SGBV <ul style="list-style-type: none">- What is SGBV- Cause and consequences of SGBV- Prevention and protection of SGBV survivors- Laws, official support system for survivors, |
| 4) Training on how to respond to SGBV survivors <ul style="list-style-type: none">- Pointers on how to identify female survivors of gender-based violence- Mental health- DOs and DO NOTs- Support system & mechanism for women- Case Management and referral |

(3) Understanding of DV and child marriage by the SGBV warriors

Figure 1-3 summarizes how the SGBV warriors perceived the causes of DV and child marriage, which are the two main forms of SGBV commonly detected in the villages. The causal analysis was conducted in small groups as an exercise during the training session.

⁹²¹ The Martha Farrell Foundation is an NGO that supports practical interventions committed to achieving a gender-just society and promoting lifelong learning.

As for domestic violence (DV), SGBV warriors identified bigamy and excessive alcohol consumption as direct causes. SGBV warriors explained that bigamy happens when the husband is not satisfied with the wife's behavior or if the wife does not bear sons. The direct cause of alcohol consumption is frustration due to having a low income. SGBV warriors commented that the root causes of DV are poverty and social norms that put women in subordinate positions. SGBV warriors also opined that unequal gender social norms and poverty are the root causes of child marriage, and the direct cause is lack of education, not knowing the consequences that will affect the lives of girls when they marry at a very young age.

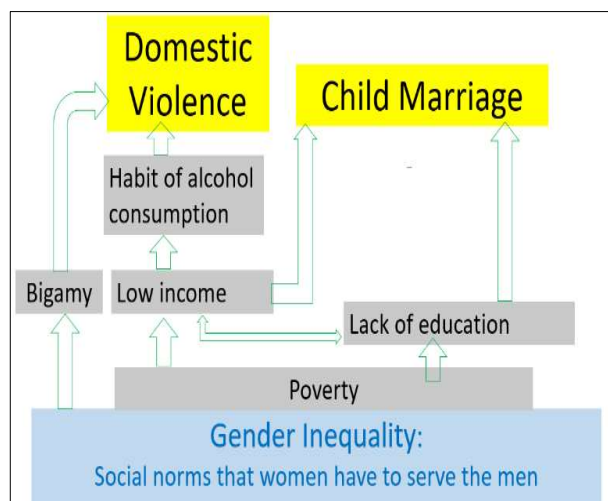


Figure 1-3: SGBV Warriors' causal analysis on DV and child marriage

The exercise was useful for SGBV warriors to understand why SGBV was happening but also useful for field officers to understand how the villagers perceived SGBV.

(4) Development of Handbook for the SGBV Warriors

The CYSD developed a handbook in the Odia language and provided all 360 SGBV warriors with copies so that they could perform their tasks effectively and efficiently.

| Contents in the Handbook | |
|-----------------------------------|--|
| Gender and SGBV | Gender roles and social norms, patriarchy, power relations and structural social violence Cause and consequences of SGBV Prevention and protection of SGBV survivors Mental health DOs and DO NOTs |
| Laws and regulations | Laws, official support system for survivors, Case Management and referral |
| Support mechanisms of SGBV | State Odisha State Commission for Women Commission for Protection of Child rights District One Stop Centre (Sakhi) Mahila a Shishu Desk Protection Officer , Programme Officer DSW Local Complaint Committee Block Child Marriage Prohibition officer (CDPO), CMPO Helplines Child line 1098 Women's Help line 181/112 Mahila Commission WhatsApp :7205006039 |

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Figure 1-4: Cover and contents of the handbook

1-3-2. Output 2: Help Desks are functioning in the target villages

Help desks functioned as contact points where survivors or witnesses could report SGBV cases. The help desks were established in the village childcare centers so that women and girls could access them easily.

The indicators and achievements for Output 2 are presented in Table 1-8. All indicators except for the set-up of the complaint box were achieved. The reason for not setting up the complaint box is explained in Table 1-8 and in the latter part of this section.

Table 1-8: Achievements of Output 2

| Indicators | Achievements |
|---|---|
| 2-1 90 Help Desks are established in targeted villages (one in each village). | Help Desks were to be established in April 2021. However, owing to the spread of COVID-19, they were established in July 2021. |
| 2-2 IEC materials/ information related to SGBV are available at all the Help Desks established | All Help Desks have IEC materials/ information related to SGBV. Posters developed by the QIP are attached to the walls of the childcare centers. |
| 2-3 Complaint Box is set up in 90 operational villages | At the onset of the QIP, it was thought that the complaint box would serve well for the SGBV survivors who wanted to report but did not want to be seen by other people. However, as the Help Desks could not be established as planned due to COVID-19 restriction, phone numbers of the SGBV warriors were promoted rapidly. SGBV warriors were already receiving reports through their phones before the establishment of the Help Desks. As phone calls already served the purpose of being able to contact the SGBV warriors without being seen from others, it was decided that there was no need for setting up the complaint box. |

(1) Establishment of help desks in village childcare centers where the AWW are stationed

Before the implementation of the QIP, there was no protection system in the villages through which SGBV survivors could seek assistance. Therefore, it was decided to establish a help desk in each village as a contact point to report SGBV cases.

In consultation with the community leaders and concerned villagers, it was decided to establish the help desks at the village childcare centers. The reason for establishing the help desks in the childcare centers was because these were accessible places for women and girls. The village childcare center is where women and children (girls especially) come for pre-school activities and receive supplementary nutrition and food.

By July 2021, 90 help desks in 90 villages were established at childcare centers and started their functions as contact points to receive SGBV cases and provide information on existing services such as helplines, one stop centers (OSCs), and the



number of concerned agencies that the villagers could request for help. The phone numbers of SGBV warriors were also made available at the help desks.

(2) Respecting confidentiality

At the inception stage of the QIP, it was thought that a complaint box would be the best way to protect the privacy of the person reporting an SGBV case. However, the establishment of help desks was delayed for three months due to the closure of the childcare centers as a result of COVID-19 restrictions. During the lockdown period, SGBV warriors started to join small meetings of SHGs, youth clubs, and the Health and Sanitation Committee, and were informed about the role of SGBV warriors and help desks.

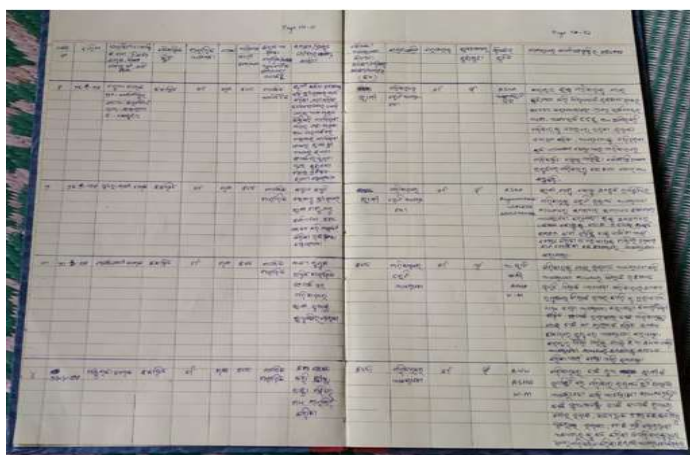


Photo 1-1: Registry book of identified SGBV cases

SGBV warriors also participated in routine visits

of ASHAs and AWWs to raise awareness about the QIP to villagers. Through these activities, the phone numbers of SGBV warriors spread quickly, and survivors or those who had witnessed SGBV started contacting the SGBV warriors. As the SGBV warriors had already been receiving reports in person, it was decided that there was no need for a complaint box.

The reports from survivors and witnesses of SGBV have been recorded in a registry book by SGBV warriors and are kept with utmost confidentiality based on the standard operating procedure oriented to the SGBV warriors during their training.

A total of 273 SGBV cases were recorded from June to October 2021. Seventy-two cases out of 273 cases were cases in which SGBV survivors requested assistance and SGBV warriors made interventions.

1-3-3. Output 3: The residents in the village, especially women and girls, are sensitized to SGBV, register their grievances related to SGBV through Help Desks, and open up to share their concerns and ask for support through appropriate platforms.

Awareness of SGBV and the roles and functions of help desks were the main activities for Output 3. The indicators and achievements of the activities are shown in Table 1-9.

Table 1-9: Achievements of Output 3

| Indicators | Achievements |
|---|--|
| 3-1 Three WhatsApp groups of the SGBV Warriors (one per district) are established | A network of SGBV Warriors including adolescent girls was established in each operation district by creating a WhatsApp Group for sharing the following: <ul style="list-style-type: none"> - educative/awareness messages, new developments in policies, guidelines regarding SGBV |

| | |
|---|--|
| | <ul style="list-style-type: none"> - District Coordinators reviewed and monitored the SGBV Warriors' activities on a regular basis - providing advance notice of small group meetings in the WhatsApp Group. |
| <p>3-2 Women and girls in 90 operational villages are sensitized on SGBV</p> | <p>SGBV Warriors organized awareness raising activities involving active members of women SHGs, Village Health & Sanitation Committee, Ward members, Youth leaders and adolescent girls on SGBV.</p> <p><u>Adolescent girls</u></p> <ul style="list-style-type: none"> - SGBV warriors joined monthly meetings held for adolescent girls and raised awareness on SGBV and discussed about the cause and consequences of SGBV. - SGBV warriors joined events on child protection and adolescent health and raised awareness about child marriage, rape, abuse, and disseminated information about the Help Desk and Helplines. <p><u>Youth Club, boys</u></p> <ul style="list-style-type: none"> - SGBV warriors held a small group meeting with the Youth Club members discussing issues on SGBV such as child marriage. <p><u>Women SHGs</u></p> <ul style="list-style-type: none"> - Many of the female SGBV Warriors were member of the SHGs and therefore, issues on SGBV were discussed in their regular meeting. The SGBV warriors were well supported by the SHG members throughout the project. - Training sessions on SGBV were provided for SHG members. <p><u>Village leaders</u></p> <ul style="list-style-type: none"> - Village leaders such as Village Council members, ward members, Child Protection Committee members have been involved since the inception of the project and has been oriented on why it is important to implement the project in their village. - Training sessions on SGBV were provided for village leaders. <p><u>Villagers</u></p> <ul style="list-style-type: none"> - SGBV warriors accompanied their fellow ASHAs and AWWs to their COVID-19 prevention activities. SGBV warriors raised awareness about SGBV and Help Desks through visiting houses, vaccination centers and food distribution points. |
| <p>3-3 80% of the villagers (above 15 years) are aware of the Help Desk and Government Helpline Numbers</p> <ul style="list-style-type: none"> - At least 80% of the grievances registered at the Help Desk are related to SGBV. | <ul style="list-style-type: none"> - SGBV warriors always informed their phone numbers while conducting activities described in section 3-2 of Table 1-9. - Telephone numbers of SGBV warriors were widely disseminated and posters that include numbers of Helplines and related agencies were included in the posters that were displayed in important places in the village. |
| <p>3-4 At least 80% of the grievances registered at the Help Desk are related to SGBV.</p> | <ul style="list-style-type: none"> - 100% of the reports that the Help Desk received were related to SGBV. |
| <p>3-5 50% of the SGBV related complaints received are referred to appropriate Government organizations, police, hospital, shelter, lawyer, etc. by the Help Desk/ CYSD's citizen support center.</p> | <ul style="list-style-type: none"> - All reports that reached the Help Desk were assessed by the SGBV warriors. After receiving the report, SGBV warriors contacted the identified survivor, listened to her story and asked if the survivor wanted the SGBV warriors' support. Upon their request and consent, the SGBV warriors held discussions with the concerned persons. SGBV warriors intervened in 72 cases that intervention was requested from the survivors which is 265 of the whole reported cases. The survivors who did not request help said that they fear of escalation of violence since the survivors would not be able to make a living by themselves if the husbands did not allow the wife to stay in the house. - There were 11 cases out of 72 cases that were referred to the police and OSC. The rest was managed within the village. |

(3) Promoting cooperation among key stakeholders within villages on SGBV

1) Women SHGs

Most of the selected female SGBV warriors were members of the SHGs; therefore, it was easy to obtain cooperation from the SHG members. SHG members were extremely interested in the prevention and protection of SGBV since they had frequently witnessed SGBV in their neighborhoods. Of the 273 SGBV cases that reached the help desks, 230 cases (84%) were reported by villagers, and among the 230 cases, 147 cases (54%) were reported by SHG members.

The project coordinator and the district coordinators provided training sessions for SHG members, which included the following topics:

- SGBV and gender inequality
- SGBV seen in the village and how to respond
- Roles and functions of the help desk and other available mechanisms to protect SGBV survivors

SGBV issues were frequently raised in the SHG meetings, and there were several incidents in which SHG members destroyed illegal alcohol distillation hubs in the locality with the support of the police. These attempts helped reduce the consumption of alcohol by male members, and consequently, alcohol-induced domestic violence reduced in the village.

Case 1: Mitigating SGBV by reducing alcohol consumption with the help of the police

Bina (name changed), an active SHG member, was concerned about the abuse of women in her neighborhood. She was also worried that alcohol consumption was associated with violence. Bina contacted SGBV warriors and discussed the matter and identified an illegal alcohol distillation hub. Bina, SHG members, and SGBV warriors secured support from the police, and succeeded in closing the hub.

2) Adolescent girls

Adolescent girls attended monthly meetings to discuss their reproductive and menstrual health. SGBV warriors joined the meetings and addressed issues of SGBV, such as DV and child marriage. The warriors also explained the roles and functions of the help desk.

3) Youth Club

Raising awareness targeting youth clubs was important to involve boys and men to prevent SGBV and protect SGBV survivors. SGBV warriors joined meetings with youth club members to discuss issues connected with SGBV, such as DV and child marriage.

In addition, the SGBV warriors joined events such as Children's Day and Health and Nutrition Day so that they could raise awareness of SGBV to children as well.



Photo 1-3: Awareness raising on Children's Day



Photo 1-4: Awareness raising with adolescent girls

Case 2: Supporting DV survivors with the cooperation of Youth Club and SHG members

An SGBV warrior came to know that Sumita (name changed) was constantly beaten by her husband. When the SGBV warrior approached Sumita, she said that the husband beats her when he was drunk. The SGBV warrior, with a member of Youth Club and SHG, went to the liquor shop where the husband bought alcohol. They explained Sumita's situation to the shop owner and negotiated not to sell alcohol to Sumita's husband. The SGBV warriors also advised Sumita to file a complaint to the police but Sumita did not want to because she was scared that the violence would escalate if she reported to the police.

The SGBV warriors again teamed up with the members of Youth Club and SHG and held a meeting with Sumita's husband. The SGBV warriors explained that DV is defined as a crime and warned him that the warriors will be constantly monitoring him. Since then, the violence stopped.

4) Village Council members and other community leaders

Most village council members and community leaders were male, and it was important that these community leaders cooperated in the implementation of the QIP. The district coordinators mobilized the support of the sarpanches (elected heads of village councils) in the project districts, explaining the objective of the QIP.



Photo 1-5: Village development meeting



Photo 1-6: SGBV training for community

It was also important that these leaders were involved in the SGBV warrior selection process so that they could be part of the QIP since its inception. The CYSD team and SGBV warriors managed to conduct SGBV training sessions for community leaders. SGBV warriors succeeded in putting SGBV issues on the agenda of the Gram Sabha Village Development Meeting.

5) Villagers

Owing to the spread of COVID-19, mass gatherings were restricted. Therefore, SGBV warriors accompanied the ASHAs and AWWs in their vaccination activities, engaging in house-to-house visits. While the ASHAs and AWWs raised awareness about the prevention and protection from the virus, SGBV warriors informed about SGBV and the role of the help desks.



Photo 1-7: SGBV warriors at a vaccination center



Photo 1-8: Home visit



Photo 1-9: Food distribution point

【Protection of SGBV survivors with the support from the neighbors】

Case 3: DV survivor

Manju (name changed) was repeatedly beaten by her drunk husband. One of their neighbors contacted a SGBV warrior when the husband destroyed the house. The SGBV warrior contacted the community leader and visited their destroyed house. The warrior found a place where the family can stay and Manju received counseling services. The husband was quiet for some period after the incident but started to beat Manju again. The SGBV warrior reported to the police and the husband was arrested. After a few days, the husband came home. As the husband knew that he was monitored by the neighbors, violence against Manju stopped.

Case 4: Child marriage

A case was reported to the help desk by a neighbor of Bandita (name changed) that Bandita was still 15 but she was going to get married. A SGBV warrior went to Bandita's house and talked with her parents. Then, the SGBV warrior visited the groom's family, explained the Prohibition of Child Marriage Act and the consequences of child marriage. Later, the marriage was cancelled and the parents of Bandita signed a document stating that they would not have their daughters marry until they reach the age of 18. The case was also reported to the Child Marriage Prohibition Officer.

(4) Community Response System for SGBV Survivors

1) Awareness raising to Village Council Members

SGBV warriors held regular meetings with village council members and requested their assistance accordingly. SGBV issues were included in the agenda of village development meetings. The strengthening of child protection committees was also discussed to serve as a platform to deal with SGBV issues after the end of the QIP.

2) Referral Mechanism

SGBV warriors and help desks functioned as the first contact points to provide protection to SGBV survivors. However, if a case could not be managed within the village system, the case was referred to the police or OSC. Cases were also reported to the District Social Welfare Board (DSWO), Juvenile Justice Board (JJ Board), Child Welfare Committee (CWC), and District Child Protection Officer (DCPO), depending on the situation.

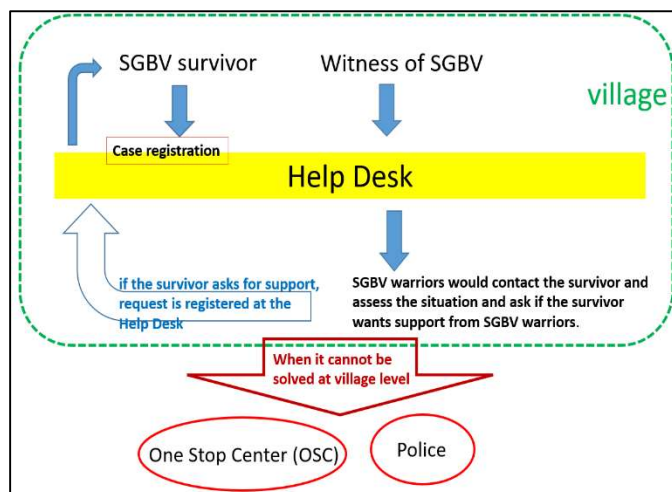


Figure 1-5: Referral mechanism

A letter was sent by the CYSD at the early stage of the project’s implementation to the principal secretary of the Women & Child Development Department of the Government of Odisha regarding the setting-up of help desks and the extension of support to SGBV survivors.

Case 5: SGBV warrior’s intervention supported by community leaders and police

Mudra’s husband (Name changed) had a drinking habit but he started to drink excessively after he lost his job owing to the pandemic. He started beating Mudra and took away her meager savings. Later, she recalled the Help Desk that she heard during a SHG meeting and decided to get in touch with a SGBV warrior. With the consent of Mudra, the SGBV warrior talked to Mudra’s husband together with a ward member who is a community leader. The SGBV warrior and the ward member discussed the situation and instructed him to stop the beating. However, his violence did not stop. Thus, the SGBV warrior informed the village council member and decided to report it to the police. The police arrested the husband and after he came home, and the SGBV warrior held a meeting with the couple. Since then, the beating stopped.

Case 6: SGBV’s intervention for a women who got pregnant before marriage and had no place to stay (Referral case to OSC)

Ranjita (name changed) was six months pregnant and was not married. When Ranjita’s family came to know about her pregnancy, the family forced Ranjita to leave home for bringing disgrace upon her family. Having no place to stay, Ranjita contacted the Help Desk and was taken to OSC to stay.



Photo 1-10: Project Coordinator training SHG members



Photo 1-11: SHG members joining the SGBV training

1-3-4. Output 4: The activities and expected outputs planned under the Project are periodically monitored and necessary corrective measures are taken up towards realization of desired results.

The QIP was extended for two months due to the spread of COVID-19. However, necessary measures were taken to achieve the desired results, as the progress of activities was closely monitored. The indicators and achievements of the activities of Output 4 are shown in Table 1-10.

Table 1-10: Achievements of Output 4

| Indicator | Achievement |
|---|---|
| 4-1 Baseline and end-line Study are submitted | The baseline study was to be conducted during April and May but due to COVID-19 restrictions, interviews and focus group discussions could not be conducted. Therefore, the situational analysis was submitted in September. The end-line survey was submitted in November. |
| 4-2 Monitoring Framework/ Format developed and used in the project. | CYSO developed a monitoring framework to assess the progress of the project. The District Coordinators closely monitored the activities of the SGBV warriors. Issues and challenges faced by the warriors were identified and followed-up. |
| 4-3 Weekly Activity Report submitted by the SGBV Warriors. | The SGBV warriors submitted weekly activity reports in a prescribed format including their daily activity, challenges as well as their activity plan for the following week. The submission rate was 100%. |
| 4-4 Proceedings of the monthly meetings with the project staff and the SGBV warriors. | The District Coordinators organized monthly meetings with the SGBV Warriors online and in the villages. |
| 4-5 Knowledge products including best practices/ reports developed and disseminated. | <p>A state-level forum was organized to share the experience and the learnings from the project. The forum was organized in collaboration with the Department of Gender Studies at Rama Devi Women’s University and was attended by more than one hundred people including government officials, academicians, representatives of Civil Society Organizations, media, and SGBV warriors.</p> <p>A report on “State Intervention Measure: Critical Gaps and the Ways Forward” was shared in the forum.</p> <p>Other materials developed in the project are as follows:</p> <ol style="list-style-type: none"> 1. Case studies 2. Handbook for SGBV Warriors 3. SGBV training Module 4. Posters |

1-4. Achievement of Project Objective and Analysis of the Hypotheses

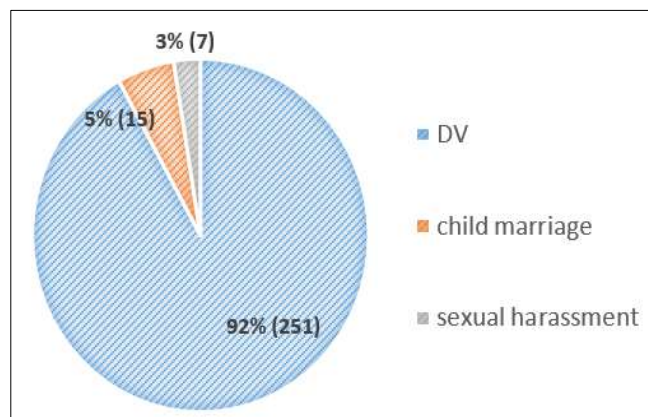
1-4-1. Achievement of Project Objective

The objective of the QIP was “to mitigate SGBV through effective community intervention.” All the QIP targeted districts received reports on SGBV cases at the help desks every month, and SGBV warriors assessed all cases. Upon request and consent from SGBV survivors, SGBV warriors took concrete actions to receive support from the community. The achievements of the project objective indicators are shown in Table 1-11.

Table 1-11: Achievements of Project Objective

| Indicator | Achievement |
|--|---|
| More than 80% of the reported SGBV cases are responded by the SGBV warriors. | All SGBV Warriors/Help Desks in three districts received reports on SGBV cases every month and the SGBV warriors assessed all cases and listened to the survivors' stories. After listening to the case, if the survivor requested help, the warriors intervened together with the key stakeholders of the community. Cases that could not be managed at the village level were referred to other institutions such as police and OSC. |
| Men in the villages are participating in SGBV prevention activities. | All villages had one male SGBV warriors. Male community leaders and leaders of Youth Clubs participated in SGBV workshops held by the project. In addition, community leaders and Youth Club members cooperated with the SGBV warriors while communicating with the abuser, who were mostly the husbands of the survivors. SGBV was also included in the agenda for the Village Development Meetings where all the villagers participate. |

The total number of SGBV cases that reached SGBV warriors and help desks was 273. Out of these 273 cases, 251 were related to DV (92%), 15 were related to child marriage (5%), and seven (3%) were related to sexual harassment, as shown in Figure 1-7.



Source: CYSD

Figure 1-6 Types of SGBV reported during the Project period

Men in leadership positions, such as village council members, ward members, and youth club members, joined the activities of the QIP. They supported in intervening in SGBV cases, especially when the SGBV warriors had to discuss the issue with the abuser, which was often the victim's husband. As

seen in Case 3-5, the "neighbors' eyes" were effective in mitigating violence. There were many cases in which violence stopped when the SGBV warriors intervened and when the abusers knew that the neighbors were watching.

Committees that will continue working on SGBV cases after the end of the QIP have been established at block levels that consist of both males and females.

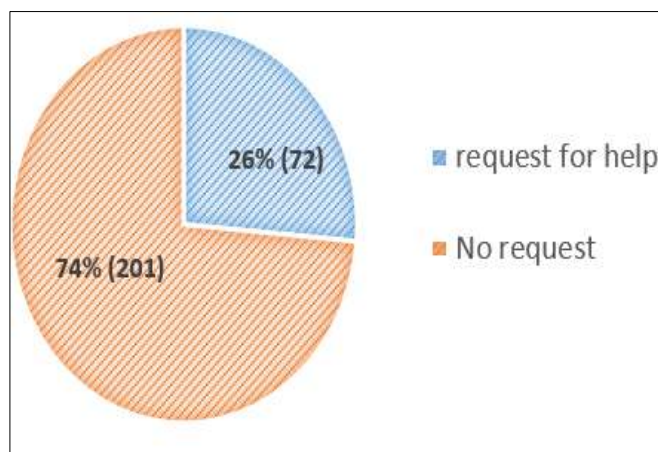
1-4-2. Analysis of the Hypotheses

(1) Hypothesis 1: By establishing an SGBV response system in the villages, more women suffering from SGBV will seek assistance.

The QIP aimed to set up an SGBV response system in the targeted villages to take measures responding to the increase in SGBV amid the pandemic. Prior to the implementation of the QIP, out of the 123 SGBV survivors identified in the target villages, 91% relayed that there was no community system through which they could seek help.

Four villagers, including ASHAs and AWWs, were trained to become SGBV warriors to deal with SGBV cases within their respective villages. Help desks were established at the village childcare centers as the contact points where villagers could report SGBV cases and receive information related to SGBV.

SGBV warriors started to receive SGBV cases in June 2021, two months after the commencement of the QIP, and received 273 SGBV cases by the end of October 2021. Out of 273 cases, only four were reported by the survivor, and the rest came from those who witnessed the incident. Therefore, the SGBV warriors contacted the survivors directly after receiving the cases from the villagers, assessed the situation, and asked the survivors if they desired SGBV warriors for support. As shown in Figure 1-8, 72 survivors (26%) consented to receive help from the SGBV warriors. After the survivor’s consent, the SGBV warriors held meetings with the survivor and the abuser to stop the violence. Among the 72 cases in which the SGBV warriors intervened, 11 (15%) were referred to other institutions, such as the police and OSC. Survivors who did not seek help were scared that violence from the abuser would escalate.



Source: CYSD

Figure 1-7: Number of reports and proportion of request for SGBV warriors’ help

With regard to the study hypotheses, it could be concluded that more women suffering from SGBV sought help after the setting-up of a community system, such as SGBV warriors and help desks. According to the NFHS of 2015–2016, only 13% of SGBV survivors have sought help within Odisha state, while in this study, 26% of SGBV survivors sought help in the project target area. In addition, the end-line survey found that among 12 SGBV survivor respondents who did not seek help, five responded that the help desks were useful. Therefore, it could be said that even though these respondents did not seek help, it was important that mechanisms to seek help were available so that they could seek help when the situation deteriorated.

Another finding related to the hypotheses was that raising awareness of SGBV was particularly important. A total of 230 cases out of the 273 cases that reached SGBV warriors and help desks came from the villagers. This means that with raising awareness, villagers understand that SGBV is not something to be hidden but solved. In addition, as presented in Case 3-5, it has been identified that by warning the abusers that the neighbors are watching, they tend to stop the abuse. Therefore, establishing an SGBV response system in villages is an effective approach to mitigate SGBV.

(2) By training male SGBV response volunteers SGBV warriors—both men and boys— will take action to combat SGBV and promote gender equality.

Four villagers from each village were provided with capacity-building training sessions to become SGBV warriors. The four warriors of each village consisted of an ASHA, an AWW, and one male and one female selected from the targeted village. It was important to have a male SGBV warrior in each village to mobilize men in the project activities because the SGBV issue is not a woman’s issue, but a social issue deeply entrenched in social norms that reproduces gender subordination. SGBV warriors were trained to understand that the root causes of SGBV were

gender inequality and unequal power relations between men and women.

The male SGBV warriors constantly engaged community leaders, influential persons, and youth leaders in the project activities so that they understood the seriousness of SGBV. The project organized a series of awareness-raising meetings with men, discussing topics such as gender inequality and SGBV, the role and function of the help desk, agencies at the district and state level that deal with SGBV, and laws related to SGBV. As a result, community leaders such as village council and ward members gradually showed interest in supporting the initiative of creating a protective environment for women and girls. These community leaders were also involved when SGBV warriors had to talk with the abuser. The engagement of the community leaders was especially important because it facilitated linking with the police, child protection officers, and institutions such as OSCs. Moreover, the engagement of the community leaders in the SGBV cases made the villagers understand that the village did not tolerate SGBV.

As for the response to the hypotheses, it could be concluded that by training male SGBV warriors, men and boys took action to combat SGBV. Community leaders and youth club members actively joined in the QIP activities and cooperated when the warriors needed their support. The villagers also reported to the help desks when they witnessed SGBV in their locality. However, it is not yet possible to assess whether men and boys started to take action to promote gender equality. Although Mahesh (Case 8) has started to do some household chores that were thought to be women's jobs, there was not enough evidence to verify if there were more cases of men taking action to promote gender equality.

Case 7: Male SGBV warrior determined to fight against social justice SGBV

Kamala, age 22, was a college student and a member of Youth Club. Kamala knew that men and women were not treated equally in the community. However, Kamala thought that there was nothing he could do to fix the situation. Kamala was selected as an SGBV warrior and joined gender training sessions provided by CYSD. He learned the concept of gender and how patriarchy and gender stereotypes justified gender inequality. While working as an SGBV warrior in the community, he listened to the situation of SGBV survivors. He would discuss how to intervene with his co-SGBV warriors for cases that SGBV survivors sought help. He was able to solve many cases by communicating and counselling survivors and their families and acting against the abuser. He gained trust from the members of the community, and women were able to report cases to him without any hesitation. Kamala says he learned how to fight against injustice through the QIP and that he would want to be a person who can contribute to the betterment of the society after he graduates from college.

Case 8: A community leader who is determined to continue his role as an SGBV warrior even after the QIP is finished

Mahesh, age 23, was a community youth leader in disaster management, healthcare, and education when he was selected to become an SGBV warrior for his village. Being born into a family of seven sisters, he was observant of the patriarchal mindset of the society around him. He had seen many women and girls suffer from violence but did not know what to do. Although Mahesh had received training sessions on gender from other organizations prior to the implementation of QIP, the training provided by CYSD was an eye opener as he learned about the extensive violence and injustice women faced in their daily life. His work as an SGBV warrior boosted his self-esteem, and he was able to take timely action in dealing with five SGBV cases which he monitored regularly. He conducted training sessions and awareness campaigns and encouraged other youths of the village to join him. Before becoming an SGBV warrior, he thought SGBV, gender discrimination, gender stereotypes as women's issues, but now he sees them as societal issues. Mahesh received his diploma this year, but he is willing to continue his work as an SGBV warrior and strive for the empowerment and dignity of women in his village. His involvement in the QIP has changed his perception and helped him broaden his horizons and imagine a brighter future for his village. He also stated that he started doing household chores that was perceived as women's work based on social norms.

1-5. Lessons Learned from Quick Impact Project

As stated in Section 1-1, the QIP was implemented in India to respond to the rise of SGBV triggered by COVID-19. The following are aspects that may be useful for implementing similar types of projects given in a short time frame in emergency situations.

(1) Engagement of community leaders is essential to conduct activities regarding SGBV

For the QIP, three districts in Odisha that had a wide gender gap in sex ratio at birth, low literacy rate, and high prevalence of child marriage were selected for examination. Thirty villages were selected from each district where the CYSD had a strong field presence.

It was particularly important that the CYSD selected villages that they had already worked with because working on SGBV can be difficult in societies where patriarchal values are strong. Combatting SGBV means transforming social norms that justify gender inequality, which may cause strong resistance from those who are in power and therefore can jeopardize the safety of SGBV warriors.

The CYSD held consultations on the QIP with community leaders and key stakeholders before its implementation and engaged them in the planning process, such as in the selection of the SGBV warriors and the selection of the help desk locations. After implementation, the CYSD and SGBV warriors regularly reported on the progress of the activities and consulted with the community leaders. Community leaders were also provided with training sessions on gender, SGBV, and related laws and mechanisms. These processes were important for them to understand the seriousness of SGBV, its cause, and its consequences. Although some SGBV warriors faced challenges such as

being threatened or gossiped about their work, they always had their backs covered by community leaders and the CYSD.

It was also important that the community leaders were trained to understand the laws and government mechanisms related to SGBV so that they knew that SGBV is a crime that must be eradicated. As a result, SGBV warriors were able to present information about the help desks and their activities at the village development meetings, which were one of the most important meetings in the villages.

Showing the villagers that the community leaders were engaged in combatting SGBV was also an effective way to send a clear message that SGBV would not be tolerated in the village.

(2) Involvement of community groups are crucial for villagers to act

In addition to the engagement of community leaders, the involvement of key stakeholders such as members of SHGs, youth clubs, and other committees were also important.

SGBV warriors joined the meetings of SHGs, adolescent women's groups, youth clubs, and the Nutrition and Sanitation Committee, among others, to raise awareness on combatting SGBV and inform about the role of SGBV warriors and the function of the help desks. Through these meetings, other villagers learned about the project.

Effective raising of awareness leads to action from villagers. By raising awareness through various groups in the village, villagers also started to report SGBV cases that they had witnessed. Eighty-four percent of the reports that reached SGBV warriors and help desks were from the villagers, including members of the SHG groups.

Surveillance by neighbors was found to be an effective way to mitigate DV. As described in Case 3-5, it has been proved that abusive husbands who were told that their neighbors would be watching their behavior stopped beating their wives. Therefore, if people were conscious about SGBV and believed that it should be eliminated, awareness would lead to action.

(3) Regular awareness raising sessions through small groups are effective to identify SGBV cases

At the planning stage of the QIP, large campaigns in the villages were scheduled to raise awareness of combatting SGBV. However, due to COVID-19 restrictions, mass gatherings were prohibited. Therefore, as described in the previous sections, SGBV warriors joined meetings held by SHGs, adolescent girls' groups, youth clubs, the Nutrition and Sanitation Committee, and others. Unlike campaigns, raising awareness via these small meetings allowed SGBV warriors and group members to exchange opinions. While campaigns are a one-way communication style, raising awareness within small groups allows two-way communication in which sharing information in an intimate atmosphere facilitates exchanging ideas, asking questions, and building trust and networks.

As most of the villagers belonged to some type of group, the phone numbers of SGBV warriors spread rapidly. In

addition, SGBV warriors joined house visits and vaccination campaigns together with ASHAs and AWWs, which made their presence very visible.

Occasions such as small meetings and house visits made SGBV warriors communicate closely with villagers, which facilitated trust-building. Trust was very important because there would not be anyone who would discuss SGBV with a person who could not be trusted. Villagers who reported cases told SGBV warriors that it was easy for them to report the cases since they already knew the SGBV warriors in person. Therefore, it can be said that although large campaigns are effective in raising awareness for large populations, face-to-face interactions are also important for people to access services provided by SGBV warriors and help desks.

(4) Economic empowerment for women is important to prevent DV

Women need to be protected from violence, but even though women are protected in a safe environment for a certain period, this does not address the problem because sooner or later, most women have to return to their husbands' houses.

Many abused women tolerate DV because they have no means of earning and have a low status within the family. As the CYSD was running agricultural projects in the study area, 80 women, including six abused women, were able to join the training sessions held by the CYSD, which focused on producing mushrooms and vegetables. It was hoped that by earning some cash through mushrooms and vegetables, the abused women could gain respect from their family members.

Support in economic aspects becomes more crucial in situations such as the COVID-19 pandemic, when the economic situation of the family starts to worsen. Moreover, it is particularly important that survivors join economic activities with peers where they can spend some time outside their families.

(5) Project management using social media and online tools

It was anticipated that the activities under the QIP would be managed by taking COVID-19 preventive measures such as avoiding large gatherings and using online tools.

However, the second wave of COVID-19 that started in March 2021 was worse than expected. The baseline study and the setup of the help desks were delayed due to the restriction of movement that was imposed from April to June. The surveyors for the baseline study had already been trained, but their services could not be used. Residents within the target districts were chosen to conduct interviews because movement within districts was easier. Some interviews were conducted online.

The establishment of help desks was delayed for three months due to the closure of childcare centers. However, training sessions were conducted online between the CYSD and SGBV warriors. SGBV warriors started their work by joining community group meetings within their communities, where they could move around freely. Reports on SGBV cases started reaching SGBV warriors prior to the establishment of the help desks; hence, there was not much delay in activities responding to SGBV cases in the villages.

Meetings among project coordinators, district coordinators, and SGBV warriors were held online using Zoom and WhatsApp. After restrictions were lifted, field visits and face-to-face meetings were conducted, but dissemination of information and sharing of ideas continued online. The number of field visits was lower than planned, but close communication was possible online through effective use of the mentioned tools, and this is expected to continue even after the pandemic is over.

Chapter 2. Results of the Quick Impact Project in Nepal

2-1. Background of the Quick Impact Project

Nepal has seen a significant improvement in the gross enrolment rate of girls from primary to higher education, as described in Chapter 3-5 on education in Part 2. However, the Ministry of Education, Science and Technology (MOEST) has warned that the closure of schools due to COVID-19 will result in approximately 2.15 million children dropping out of school, further widening the education gap between urban and rural areas, as well as increasing gender, ethnicity, disability, and economic disparities, and adding the digital divide as a new factor. In addition, there is a serious concern that children will lose their safety net as they lose their place (i.e., school), and issues such as sexual and gender-based violence (SGBV), early and child marriage, and human trafficking will become more severe. In addition, an increasing number of children are suffering from mental health deterioration due to anxiety about their future, fear of being infected with COVID-19, and a lack of opportunities to interact with their friends. Table 2-1 summarizes the situation during COVID-19 and the challenges addressed by the Quick Impact Project (QIP).

Table 2-1: Situation during the COVID-19 pandemic and challenges met by the QIP

| | | | |
|---|--|--|--|
| Situation during COVID-19 | <ul style="list-style-type: none"> ● Increased risk of dropout ● Increased educational gaps between students who has access to distance education and those without access ● Loss of safety net and deterioration in mental health among children | | |
| Challenges identified through the Study | Demand side | Supply side | |
| | Girls and families | Schools | Distance learning program |
| | <ul style="list-style-type: none"> ① Fear of being infected with COVID-19 ② Digital divide ③ Worsening economic situation of parents ④ Increased burden of unpaid work ⑤ Harmful practices that hinder girls' education | <ul style="list-style-type: none"> ① Unable to introduce online and distance education ② Unable to maintain schools in a safe manner in response to COVID-19 ③ limited capacity to teach/support students from gender and social inclusion perspectives | <ul style="list-style-type: none"> ① Program not known to the public ② Do not have access to device ③ Insufficient content of distance learning program |
| Challenges responded by the QIP | Motivation to study is declining among girls due to ①~⑤ | ① and ③ | Difficulties in effectively implementing newly developed distance learning program due to ①~③ |
| | (Common) Lack an understanding of the challenges faced by women and girls under COVID-19 | | |

In response, the QIP aims to address the following five challenges identified in this study:

- 1) The motivation to study is declining among girls.
- 2) Schools, particularly those in rural areas, are not able to introduce online and distance education
- 3) Schools have limited capacity to teach/support students from gender and social inclusion perspectives.
- 4) Families and schools lack an understanding of the challenges faced by women and girls under COVID-19.
- 5) There are difficulties in effectively implementing newly developed distance learning programs under COVID-19.

The objective of the QIP was, “Through gender-responsive radio educational programs, educational opportunities are provided to girls during school closure and girls attain life skills⁹²² that can help raise their motivation toward

⁹²² Life skills education is designed to develop students' self-awareness and problem-solving skills, as well as their ability to maintain interpersonal relationships, exercise leadership, make decisions, communicate effectively, and cope with difficult situations.

the continuation of their studies.” Two hypotheses were verified through the implementation of the QIP.

Hypothesis 1: Through the provision of learning opportunities through radio programs on academic and life skills and the activities of monitoring groups, girls’ motivation toward their studies is maintained and the number of dropouts is reduced.

Hypothesis 2: An understanding of the challenges facing girls during the COVID-19 pandemic by the stakeholders (parents, teachers, local government, classmates) surrounding the girls will enable the girls to continue their education.

2-2. Design of the Quick Impact Project

2-2-1. Overview of the Quick Impact Project

Name of the Quick Impact Project: My Radio School, My Future

Duration: November 16, 2020, to July 31, 2021 (8.5 months)

Initially planned for seven months until June 15, 2021, the project period was extended by 1.5 months following a lockdown in Nepal on April 29 due to the second wave of COVID-19.

Implementing Agency: Rural Education and Environment Development Center (REED Nepal)

REED is an NGO with extensive experience in supporting the education sector in rural and remote areas and is a member of the Curriculum Committee of MOEST. It has been providing educational programs via radio since the initial stages of the COVID-19 epidemic and has expertise in the production of programs and the implementation of distance learning.

Target Areas: Six districts (Bajhang, Rupandehi, Sindhli, Okhaldhunga, Taplejung, and Khotang) in the four provinces shown in Figure 2-1 were selected as target areas for the QIP, where REED has experience in providing support and where there are challenges in accessing education under COVID-19.



Figure 2-1: Target areas

Beneficiaries: Sixty public schools were selected. In each school, ten members (nine girls and one boy) were

selected as a monitoring group from Grades 6 to 10 (ages 10–14). Grades 6 to 10 were selected because students in these grades are more likely to dropout of school during school closure. In selecting the students, grade, ethnicity, disability, and students’ personal interest were taken into consideration. One boy was added with the aim of using his network to encourage other boys and socially disadvantaged boys to participate in the project.

The total number of direct beneficiaries was 600 (540 girls and 60 boys), and the total number of indirect beneficiaries was 8,400.

2-2-2. Outline of the Quick Impact Project

The objective of the QIP was, “Through gender-responsive radio educational programs, educational opportunities are provided to girls during school closure and girls attain life skills that can help raise their motivation toward the continuation of their studies,” with the following three outputs (see Table 2-3 for details).

Output 1: Through gender-responsive academic radio education program, girls’ motivation towards continuation of their studies are maintained

Output 2: Through gender-responsive life skills radio education program, girls and boys in the monitoring group understand the issues faced by girls under COVID-19

Output 3: Through participating in an essay contest on "My dream, my future" (Mero Sapana: Mero Bhabisya), student’s motivation toward their studies is promoted

Table 2-2 summarizes the challenges and the support provided by the QIP.

Table 2-2: Challenges and the support provided by the QIP

| Challenges responded by the QIP | Support provided by the QIP |
|---|---|
| 1. Motivation to study is declining among girls | <ul style="list-style-type: none"> • Distribute WASH materials • Support field officers’ follow up activities • Support monitoring group activities • Implement Essay Competition |
| 2. Digital divide Inability to introduce online and distance education | <ul style="list-style-type: none"> • Broadcast gender responsive academic radio education program |
| 3. limited capacity to teach/support students from gender and social inclusion perspectives | <ul style="list-style-type: none"> • Develop "GESI Responsive School Education Guideline/Facilitation Handbook" • Conduct training on GESI to teachers |
| 4. Lack of understanding about challenges faced by women and girls under COVID-19 | <ul style="list-style-type: none"> • Conduct coordination and consultation meeting with parents and line agencies/Local Governments • Provide information on the issues faced by women and girls under COVID-19 through life skills radio education program and public service announcements • Support monitoring group activities |
| 5. Difficulties in effectively implement distance learning programs | <ul style="list-style-type: none"> • Distribute radios to allow access to distance programs • Distribute worksheets and conduct quizzes • Support field officers’ follow up activities • Develop “GESI Responsive Radio Program Production Guideline” and conduct training |

Under COVID-19, the government and development partners are also implementing distance education via radio, but the following are some of the unique characteristics of this QIP.

1. As the radio program was broadcast, worksheets corresponding to the program were distributed, and Field Officers (FOs) and school teachers provided periodic monitoring.
2. In addition to academic programs, life skill programs were also broadcast.
3. Based on the learning from the radio program, monitoring groups planned and implemented their own activities to disseminate important gender-related messages to other students.
4. Orientation and gender training was provided to parents, teachers, local government, and radio stations, working in close collaboration.
5. At the end of the project, an essay contest on “My dream, my future” was organized to help students internalize lessons learned from the radio program and provide a chance to declare their dreams for the future through the essay.

When the QIP started, all the schools were closed. Schools started to re-open from December 2020 to March 2021, during which face-to-face activities were conducted. From April 2021 onward, all the activities were shifted online as schools were closed again due to the second wave of COVID-19.

Table 2-3: Project Design Matrix

| | Narrative Summary | Indicators |
|--------------------------|---|--|
| Project Objective | Through gender-responsive radio educational programs, educational opportunities are provided to girls during school closure and girls attain life skills that can help raise their motivation toward the continuation of their studies | <ul style="list-style-type: none"> - 80% of girls in monitoring group re-enroll in schools - 60% of girls in monitoring group pass proficiency test - 80% of girls in monitoring group attain life skills. |
| Outputs | <p>1. Through gender-responsive academic radio education program, girls’ motivation towards continuation of their studies are maintained</p> <p>2. Through gender-responsive life skills radio education program, girls and boys in the monitoring group understand the issues faced by girls under COVID-19</p> <p>3. Through participating in an essay contest on "My dream, my future" (Mero Sapana: Mero Bhabisya), student’s motivation toward their studies is promoted</p> | <p>1-1 Updated gender-responsive guideline.</p> <p>1-2 72 episodes of academic radio lessons broadcasted.</p> <p>1-3 70% of monitoring group members obtained more than 50% of scores based on radio lesson in post-test. (Math-Science-Technology: MST)</p> <p>2-1 72 episodes on life skill education broadcasted through 8 FM stations.</p> <p>2-2. 80% of girls in monitoring group attain life skills.</p> <p>2-3 75% of monitoring group members passed the life skilled education in post-test.</p> <p>2-4 Evaluation/feedbacks/ review by monitoring groups/listeners are conducted 14 times.</p> <p>3-1 500 applicants in essay contest</p> <p>3-2 Contents of awarded essays</p> |
| Activities | <p>1-1 Coordination and consultation meeting with line agencies/Local Governments at local level</p> <p>1-2 Gender-responsive School Education Guideline Preparation</p> <p>1-3 Preparation and conduction of Pre-test and Post-test to Monitoring Groups</p> <p>1-4 Selection and Formation of Monitoring Groups (90 girls, 10 boys)</p> <p>1-5 Orientation and facilitation to Monitoring Groups</p> <p>1-6 Gender-responsive Remedial/Academic/MST Learning Material Production</p> <p>1-7 Worksheets Preparation and Distribution</p> <p>1-8 Volunteer/Local Teachers' Mobilization and Orientation</p> <p>1-9 Broadcasting GESI responsive MST radio lessons</p> | |

| | Narrative Summary | Indicators |
|--|--|------------|
| | 1-10 Conduct monitoring and Talent hunt 2-1 Develop contents/episodes of GESI responsive life skill radio education program 2-2 One day Onsite Training on GESI to focal teachers/volunteers 2-3 Gender-responsive Life Skills Radio Lesson Broadcasting 2-4 One Day Orientation/Parental Education (Onsite/Online) 2-5 Conduct monitoring group discussion/review on the themes 2-6 Distribution of radios, WASH and stationeries to Monitoring Groups 2-7 Pre-test and Post-test of Life Skill radio education 3-1 Develop the evaluation criteria for the “Mero Sapana: My Future” Essay Competition 3-2 Call for Application from radios (Advertisement/Jingle) 3-3 Formation and Mobilization of Evaluation Committee 3-4 Award to Winners | |

2-2-3. Implementation Structure

As shown in the implementation structure of the QIP in Figure 2-2, REED staff who have expertise in radio-based distance learning took the lead in managing the entire project, producing radio programs, and coordinating with 10 radio stations. The female FOs, one for each of the six districts, provided guidance to the monitoring groups and coordinated together with other stakeholders, including gender equity and social inclusion (GESI) focal teachers, school teachers, local government officials, police, and health volunteers. The main roles of the monitoring group were to listen to a 30-minute radio program (144 episodes in total) six days a week, to encourage their friends to listen to the radio program, and to plan and implement the monitoring group activities and events from the lessons they had learned from the radio program.

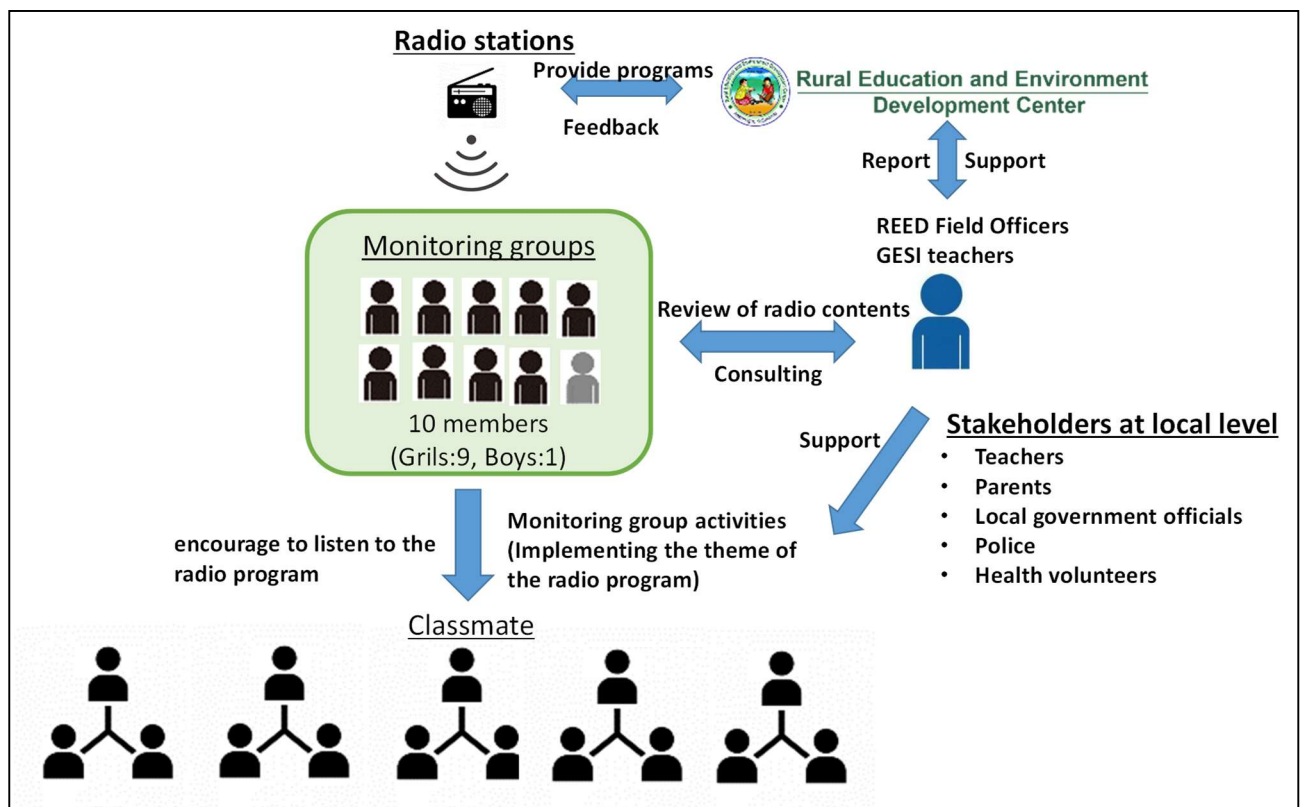


Figure 2-2: Implementation system

2-3. Achievements of QIP in Nepal and its Implementation Process

2-3-1. Output 1: Through gender-responsive academic radio education program, girls' motivation towards continuation of their studies are maintained

Output 1 was achieved as shown in Table 2-4.

Table 2-4: Achievements of Output 1

| Indicators | Achievements |
|---|--|
| 1-1 Updated gender-responsive guideline. | <ul style="list-style-type: none"> • “GESI Responsive Radio Program Production Guideline” was prepared at the beginning of the project to guide all the radio program/lessons' producers and lessons prepared as per the same. • "GESI Responsive School Education Guideline/Facilitation Handbook” was developed and distributed to 200 schools, including non-target schools. |
| 1-2 72 episodes of academic radio lessons broadcasted. | <ul style="list-style-type: none"> • The episodes for the academic lessons were, math (35 episodes) and science (37 episodes), which girls tend to have difficulties in catching up. • The programs were designed to attract students' attention by relating daily life to the themes of math and science. • In order for students to concentrate for 30 minutes, drama (in the form of dialogue) and music were incorporated, and a simple quiz on the theme was given at the end of the program so that students could learn while having fun by posting it on SNS. |
| 1-3 70% of monitoring group members obtained more than 50% of scores based on radio lesson in post-test. (Math-Science-Technology: MST) | Proficiency test/post-test was conducted with all 600 children and all of them have passed. The average score of the test was 98. |

In the process of implementing Output 1, the following are the changes that were observed and points that were taken with due consideration from a gender perspective.

(1) Establishing an environment for learning

Only 10% of the target schools have an ICT facility, and only 30% of the 600 monitoring group members have a smartphone or other devices that connect to the Internet.⁹²³ Although radio is available in most households, it is shared with other family members, making it difficult for students to use it when they need it. For the students to listen to the program and engage in activities for seven months, it was necessary to secure radios that the students could use freely. Thus, radios were distributed along with WASH materials to provide a safe environment for students to study.



Photo 2-1: Distribution of radios to monitoring group

⁹²³ REED Nepal (2020) Baseline Survey Report

Many of the target schools were unable to provide distance learning during school closures, forcing students to self-study. Therefore, the expectations for the QIP were high, and there were many requests to expand the project to over 100–150 girls in each target grade/school, rather than focusing on nine monitoring girls and distributing radios to them. Some schools, such as in Rupandehi District, decided to purchase and distribute radios from their budget for the remaining students because they believed that the QIP would bring positive learning to the students.



Photo 2-2: Monitoring group studying

When the radio program started to broadcast, the students in the monitoring group gathered at home or at the Chautara (a resting place for people under the outdoor Bodhi tree) in the village to listen to the program.

However, 30% of the girls reported that the amount of time spent doing unpaid care and domestic work has increased compared to the time before the COVID-19, making it difficult for some girls to find the time to study⁹²⁴. Therefore, an orientation for parents was conducted to explain the purpose of the QIP, the contents of the radio programs, and the schedule of the program and to ask for their cooperation. With the understanding that there is an existing digital gender gap in distance learning, radios were distributed, students were taught how to use them, and parents were requested to support and create a space where girls could study during the program.

(2) Change to gender-responsive teaching

The “GESI Responsive Radio Program Production Guideline” was developed to guide radio program producers to develop GESI responsive programs. The guidelines include using gender-sensitive and inclusive terminologies, not using examples that reinforce gender stereotyping roles, respecting the opinions of women and girls, and consciously selecting women experts when seeking experts’ opinions. After the program was produced, it was audited by a gender auditor before broadcasting.

Gender-sensitive teaching practices are also important in schools. However, in the baseline survey, 36.7% of the pilot school principals responded that they did not know about gender-sensitive teaching⁹²⁵, which implies that it is not a common teaching practice in most schools. Therefore, the QIP organized training for GESI formal teachers and substitute teachers using the “GESI Responsive School Education Guideline/Facilitation Handbook,” which was developed by an official of the MOEST for this QIP. The training was highly appreciated, and the local government requested more copies to distribute to other schools in the district, and the project responded by printing 200 copies.

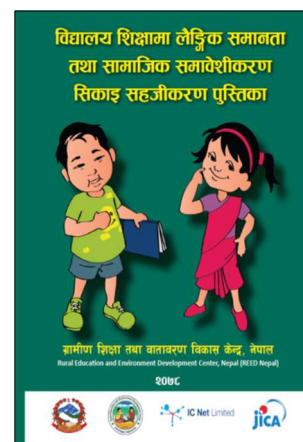


Photo 2-3: GESI Responsive School Education Guideline/Facilitation Handbook

The GESI focal teacher, together with the FOs, monitored the group members to check their learning status and the

⁹²⁴ *ibid.*

⁹²⁵ *ibid.*

situation of girls during school closures, and they began to think more about how the school should respond to the specific needs of adolescent girls than prior to receiving the training. For example, as shown in Case 1, the school established a complaint handling mechanism where students can complain anonymously to the school by setting up a suggestion box and, as shown in Case 2, the school reviewed the method of distributing sanitary napkins, which shows that schools become more gender-responsive.

(3) Connecting the subject to everyday life to make it interesting

Radio, unlike video, can only convey information through audio. Unlike online classes, it is impossible to conduct multiple lessons for different grades at the same time. Therefore, content that could cover multiple grades was selected. As the number of episodes to be broadcast during the seven-month pilot period was limited to 72 episodes, REED decided to broadcast science and math-focused programs in line with the government's policy of encouraging girls to study science and mathematics⁹²⁶. REED knew from its past experience that many girls tend to think that science and mathematics are difficult and that they are not good at them. Therefore, REED focused on connecting how science and mathematics are used in their everyday lives to make the subjects interesting to girls. For example, in mathematics, they explained why calculation is required by using profit and loss, interest, currency exchange, discounts, electricity bills, and telephone bills. In explaining how to find the area of a triangle and the three-square theorem, an example was given to calculate the amount of material needed to build a roof of a house. In science, the theme of plants and animals was connected to the theme of ecosystems and natural disasters. By explaining metals, plastics, and recycled waste, students learned about waste disposal. Through these episodes, students could easily connect science to their local environment, which is being destroyed. As a result, students voluntarily planted saplings brought from their homes in the school garden and flower beds and started sorting garbage at school.

Case 1: Establishing a complaint handling mechanism

After exchanging opinions with the monitoring group, teachers realized the importance of establishing a complaint handling mechanism where students can make suggestions to the school. Thus, they set up a suggestion box in the school where students can freely post their opinions. One day, a student posted, "The inside of the girls' restroom is too dark, making the restroom dirty and difficult to use," which was immediately reported to the principal and action was taken to remedy it.

Case 2: Improving the distribution method of sanitary napkins

Sanitary napkins are distributed to girls at public schools, but few students come to receive them. When a monitoring group was discussing menstrual hygiene under the COVID-19 pandemic (not having access to sanitary napkins) and harmful social practices such as Chhaupadi, some students mentioned that it is uncomfortable to receive sanitary napkins from male teachers. Thus, the distributing method was reviewed.

(4) Ways to motivate students to learn

The MOEST and its development partners provide radio and on-demand lessons during school closures, but since the lessons are only taught through broadcasting, schools, parents, and students are not fully informed about the

⁹²⁶ Education Review Office (2018) National Assessment of Student Achievement, 2017

content of the lessons. In addition, most of the programs did not provide supplementary materials. It was therefore difficult to assess the extent to which the radio programs contributed to students' learning. To address this, the QIP took the following measures:

- Created supplementary materials (worksheets) aligned with the radio program so that FOs could check students' learning progress.
- At the end of the radio program, a simple three-question quiz related to the lesson (e.g., Who first discovered the laws of motion?) was provided to motivate the students. Students would reply to the quiz via social networking service (SNS), and one of the students who answered correctly received a mobile phone recharge card.
- FOs, GESI focal teachers, and science and math teachers regularly visited the monitoring group to check if students were listening and to follow up on their studies.
- The radio station regularly interviewed the students and incorporated their opinions into the program.
- To summarize the learnings from the radio program, an essay contest was organized.

Through these measures, students were motivated to actively answer quizzes and look forward to hearing their own voices on radio. In addition, during regular monitoring, they could ask questions on the points they did not understand, which deepened their learning.

Case 3: Improving ICT skills

Even in rural areas in Nepal, mobile phone ownership is high. Students learned how to use SNS by replying to quizzes via it. Students' improved ICT skills brought about positive outcomes. For instance, a girl, who had problems during the school closure, consulted teachers via SNS. In addition, several girls taught their mothers and other family members how to use mobile phones and smartphones.

(5) Not missing out a chance to learn: allowing girls to learn at a time when they can easily listen

Radio programs were broadcast six times a week, except Saturdays, twice a day, with each episode lasting 30 minutes. There were 144 episodes on academic and life skills. The programs were broadcast at 7:00 a.m. and 7:00 p.m. to 8:00 p.m. when girls could easily find the time to study. In addition, the broadcast radio programs were uploaded at the REED's YouTube site⁹²⁷ so that they could listen repeatedly if they had access to the Internet. Through these efforts, 97% of the students responded that they were able to listen to the radio programs and continue their studies⁹²⁸.



Photo 2-4: Listening to the radio lessons under the light of an oil lamp (Taplejung District)

The strength of online education is that, unlike regular school classes, as long as students have an environment to study, they can study at convenient times and repeatedly listen to the episode until they understand. Although online education is still at the trial stage in Nepal, it has a high potential to help overcome the obstacles that girls face in accessing education, such as the inability to attend school because of distance or not being able to arrive at school

⁹²⁷ Radio episodes REED produced are uploaded in <https://www.youtube.com/channel/UCh7Z7fIJESNJozWeD1W6Hjg/videos>

⁹²⁸ REED Nepal (2021) End-line Survey Report

on time due to unpaid care and domestic work.

Case 4: Adjusting the broadcasting time of the radio programs to the target listeners

Prior to fixing the time of broadcasting, the project checked the convenient time for girls to listen to the radio. Similarly, three-minute short public service announcements (Jingle) on such matters as domestic violence, human trafficking, dowry, early marriage, child labor, online harassment, harmful social practices, women's empowerment, caste, and bullying were created and broadcast just before news programs.

2-3-2. Output 2: Through gender-responsive life skills radio education program, girls and boys in the monitoring group understand the issues faced by girls under COVID-19 pandemic

Output 2 aimed to raise the awareness of the girls and boys in the monitoring group to understand the issues faced by girls under COVID-19 by broadcasting life skills radio programs related to gender issues. As shown in Table 2-5, 72 episodes were produced and broadcast. Through the program, monitoring groups “learn” about gender issues, “think” about the subject, and “put them into action” by disseminating the message to a wider audience in the school/community and monitoring group activities. According to the end-line survey, 95% of the girls and 92% of the boys replied that the life skills programs were very good and would like to have continuous programs in the future⁹²⁹.

In the process of implementing Output 2, the following are the changes that were observed and points that were taken with due consideration from a gender perspective.

Table 2-5: Achievements of Output 2

| Indicators | Achievements |
|---|--|
| 2-1 72 episodes on life skill education broadcasted through 8 FM stations. | 72 life skills episodes were broadcast, focusing on gender issues in five areas of analytical issues (SGBV, SRHR, education, economic activities, and ICT) and including career counseling. |
| 2-2 80% of girls in monitoring group attain life skills. | Based on the entries in the worksheet, it was confirmed that all the monitoring group members (600 people) regularly listened to the radio program, which facilitated their understanding of the theme. |
| 2-3 75% of monitoring group members passed the life skilled education in post-test. | 98% were able to answer correctly in post-test exams. |
| 2-4 Evaluation/feedbacks/ review by monitoring groups/listeners are conducted 14 times. | <ul style="list-style-type: none"> • A total of 14 review sessions were held twice a month in the monitoring groups in all 60 schools. Through the review sessions, the monitoring groups examined how they could disseminate their learning to students outside the group, and about 250 monitoring group activities were planned and implemented. • Several activities were implemented in collaborate with other students, parents, police, and local government. |

(1) "Learn" about gender issues through life skills programs

Life skills aim to foster students’ ability to cope with gender-related challenges. In the QIP, 72 episodes were produced on issues faced by girls, focusing on the five areas of analysis (SGBV, health services, economic activities, education, and digital technologies) addressed in this survey. The main contents covered in the life skills programs

⁹²⁹ ibid.

are as follows:

Table 2-6: Contents covered in the life skills programs

| Five main areas of analytical issues | Contents |
|--------------------------------------|--|
| SGBV | Gender discrimination and violence in our daily lives (domestic violence, early marriage, forced marriage, child abuse, child labor) |
| Health services | COVID-19, Water, Sanitation and Hygiene (WASH) activities, body and mind, stress management, and nutrition in adolescent girls |
| Economic activities and livelihood | Savings, #Me Too movement, career counseling |
| Education | Right to education, communication, decision making and problem solving |
| Digital technologies | ICT tools, how to use them, risks of online tools |

It was found that the students’ understanding of gender issues deepened through life skills programs. For example, when asked, “Have you faced SGBV or do you know someone experiencing SGBV?” in both the baseline and end-line surveys, the response increased from 5.9% in the baseline survey to 13.4% in the end-line survey, which was more than double⁹³⁰. The reason for this increase was not that SGBV was increasing per se, but it indicated that students understood what SGBV was and that what they had experienced or observed were SGBV cases. Similarly, the percentage of girls skipping school during menstruation decreased from 12% to 9.4%⁹³¹. Thus, it can be said that girls who previously had little knowledge about gender issues acquired the right knowledge.

Furthermore, since the program was broadcast when other family members were also present, they listened to the program. When the parents were asked if they had listened to the radio program, 98.6% of the respondent mothers and 98.2% of the respondent fathers replied that they had listened to the radio program several times. In addition, 22% of the respondent mothers and 14% of the respondent fathers replied that they listened to the radio program with their children regularly.⁹³² This shows that the program was able to deliver its messages on gender not only to girls but also to a wider audience, including parents and teachers.

(2) "Think" about gender issues

The monitoring groups met regularly to receive study advice from FOs and GESI focal teachers, as well as to exchange ideas among the members on topics that were broadcast in the life skills programs. For example, when discussing the reasons for not going to school during menstruation and harmful practices such as Chhaupadi, there were comments such as, “I was not given nutritious food during menstruation, so it was very difficult,”⁹³³ “I don’t want to go to school during menstruation because the toilets at school are dirty,” and “I am ashamed to be teased by boys.” It was an opportunity for everyone to think about the obstacles that made it difficult for girls to go to school.



Photo 2-5: Review of the monitoring group

⁹³⁰ REED Nepal (2021) Final Report

⁹³¹ *ibid.*

⁹³² REED Nepal (2021) End-line Survey Report

⁹³³ REED Nepal (2021) Final Report

(3) "Put into action"

The monitoring group also energetically organized activities that involved other students (student-to-student approach). Since it was the time when school re-opened, more than 250 activities were implemented in all the target schools, which also led more students to listen to the radio program.

The most common monitoring-group activities were contests for drawings, speeches, poems, songs, and quizzes on gender equality. In the past, schools conducted similar activities under extracurricular activities, but few cases focused on gender and social inclusion issues.



Photo 2-6: A painting contest on gender issues



Photo 2-7: A play on child marriage



Photo 2-8: A speech contest on gender issues

Below are some of the good practices that the monitoring groups carried out in the five areas of analysis, which shows that they have collaborated with the police department, health volunteers, and other organizations and tried to disseminate important gender issues to students.

Case 5: [SGBV] SGBV victims can consult police

The monitoring groups organized a child safety class for all students in collaboration with the police station, where they learned about human trafficking and violence against children. A police officer explained SGBV and demonstrated simple self-defense techniques. The students who participated in the class said that they were afraid of police officers, but now they understand that police officers are on their side when they face any kind of SGBV. They also said that they now understand that SGBV comprises various types of violence.

Case 6: [Health Service] Acquiring correct knowledge on reproductive health

The baseline survey showed that 53.2% of the girls had missed school during menstruation and 9.4% of the girls were still skipping school during menstruation⁹³⁴. Thinking about what could be done to overcome the situation so that girls can go to school during menstruation, the monitoring groups, in collaboration with GESI focal teachers and local health volunteers, organized training on reproductive health and the use of sanitary napkins. In Nepal, there are few opportunities to learn about reproductive health issues; therefore, boys also participated in the training. One girl who participated said, "I understood that there is no need to feel ashamed," and one boy said, "I felt that I should not tease girls anymore."

⁹³⁴ REED Nepal (2020) Baseline Survey Report

As mentioned above, the teachers also began to think about reproductive health issues, and they have improved their method of distributing sanitary napkins and the hygiene of the restrooms.

Case 7: [Health Service] Students take the lead in controlling COVID-19 infection in schools

REED prepared and distributed its original “School Reopening Facilitation Handbook” in accordance with government policy. Many public school facilities in rural areas, including the target schools, have small classrooms, making it difficult to secure social distance, and many do not have Water, Sanitation, and Hygiene (WASH) facilities. In fact, 14 of the 60 target schools (23.3%) did not have separate toilets for boys and girls,⁹³⁵ and some schools did not have water supply systems, making it difficult to implement infection control measures. At the request of the schools, REED prepared COVID-19-related educational materials (the three Cs⁹³⁶, wearing masks, etc.) and educational materials on SGBV under COVID-19 (see Photo 2-9), and took measures such as printing posters at the expense of each school and displaying them at schools. However, infection control is difficult to achieve without behavioral changes to all the stakeholders in the school. Therefore, the monitoring group took the initiative to improve the school environment to tackle COVID-19 infection prevention measures by filling buckets with water for students to wash their hands, installing trash cans, and promoting WASH activities in the schools so that students can use toilets in a hygienic manner.



Photo 2-9: Educational materials on SGBV



Photo 2-10: Portable hand-washing facility



Photo 2-11: Promoting WASH activities

Case 8: [Education] Change to mixed seating arrangement

In an effort to address gender-related challenges in our daily lives, the monitoring group proposed that the school change from a free seating system to mixed seating arrangements in the classroom. By using a mixed seating arrangement, boys and girls were more likely to exchange opinions in group work, and teachers were more likely to ask both boys and girls to express their opinions.



Photo 2-12: From a free seating system to mixed seating arrangements

⁹³⁵ REED Nepal (2021) Final Report

⁹³⁶ The three Cs are closed spaces, crowded places, and close-contact settings

Case 9: [Economic activities and Livelihood] Developing the habit of saving

After learning about profit and loss in a math course on a radio program, the monitoring group encouraged students to save money because more families are facing financial difficulties due to COVID-19. They researched on mobile banking, informed parents about its advantages and disadvantages, and helped those who were interested to open accounts.



Photo 2-13: Promoting savings

Case 10: [Digital Technologies] Proper use of SNS

Smartphones are rapidly becoming popular in Nepal, but many people are unable to use functions other than making calls. Therefore, the monitoring group taught each other how to search for information and how to send messages. The girls also taught their families, which helped to develop their digital skills. The teachers said that they were now receiving more SNS messages from the students' parents.

In addition, among the entries for the essay contest, there were essays such as, "Before learning about the precautions in using the smartphones, I casually talked to a man whom I did not know; it was a dangerous act" and "I now understand the importance of strong passwords." This shows that the program has enhanced students' understanding of the dangers of social media and how to use it properly.

(4) Behavioral change through "learn," "think," and "put into action"

As mentioned above, by learning about gender issues through radio programs, girls acquired knowledge. They then discussed the issues with their peers in the monitoring group and internalized the learning on their own. Finally, they involved other students and people in the community in the monitoring group activities, where girls became "change agents" to influence other people.

First, when asked how they had changed, many girls commented that their sense of self-esteem had improved. During the focus group discussion, many principals and GESI focal teachers commented that they were surprised to see girls who used to be very shy giving speeches in front of other students. Similarly, radio station staff commented that the girls had been running away from the microphone in the beginning, but now they were able to express their own thoughts. When the girls were asked about the changes in themselves, they responded that they were able to think about gender and social issues in their own way, listened seriously to the opinions of others, and began to think about doing something on their own using the monitoring group activities. These results indicate that the QIP enhanced the girls' non-cognitive abilities⁹³⁷, such as problem-solving, cooperation, communication, and leadership skills.

The activities of the monitoring group were not limited to simply planning various events, but in some groups, the girls acted as an advocacy group to deepen the understanding of gender issues among school teachers, other students (boys and girls), parents, and the community at large. Photo 2-14 shows the efforts of a monitoring group in Rupandehi District. They prepared a placard with the words, "Stop trafficking in girls!" "Stop forced marriage!"

⁹³⁷ Ability to express one's feelings, listen to the opinions of others, and challenge things, etc. An ability related to self-assertion, self-restraint, cooperation, and curiosity. (Ministry of Education, Culture, Sports, Science and Technology of Japan)

“Stop Dowry!” “Listen to the radio and learn!” “Give Girls and Boys Equal Opportunities!” They presented the placards at the school assembly. In addition, as shown in Photo 2-15, girls’ involvement in WASH activities led school teachers to review the importance of separate toilets for girls and boys, the improvement of the toilet environment, and the method of distributing sanitary napkins. Similarly, as shown in Photo 2-16, they met with the mayors and deputy mayors of the local governments and exchanged opinions on what they had learned through the radio programs and monitoring activities. The students also requested a budget allocation focusing on girls’ education and the continuation of the radio programs, which received positive responses from several local government officials, including those from the Talkot Rural Municipality and Kamalamai Municipality. In this way, the understanding of gender among school teachers and government officials was enhanced by the initiatives of the monitoring group.



Photo 2-14: Life skills messages on play cards activities



Photo 2-15: Girls in WASH



Photo 2-16: Monitoring group discussing with local government officials

Finally, as shown in Case 11, some girls started to send out messages on social media about topics in which they were interested, not as activities of the monitoring group, but as individual advocates. When a girl of a similar age group sent the messages, it made it easy for young girls to ask questions, sympathize, and seek help. It is a huge progress that girls are beginning to speak out on their own. The voice of the youth is precious, and we welcome her initiatives and look forward to her future activities.

Case 11: “Stop child marriage!” disseminated through social media

Asmita, who lives in Rupandehi District, learned about child marriage through a radio program. Owing to the COVID-19 pandemic, many children are connecting with strangers through social media, and an increasing number of girls are eloping (self-initiated marriage) or getting married. Asmita has been telling her friends that they should study now and that they should not get married at their age. Her activities are widely featured in a local newspaper.

(5) Knowing role models

In the life skills program, interviews with role models were conducted to help the girls understand that women can also be active in various fields. Nurses in charge of COVID-19 patients, midwives, entrepreneurs, athletes, journalists, NGO representatives, politicians, etc. participated and sent messages to the girls. One deputy mayor (a woman) said that it is very rewarding and worthwhile for a woman to become a politician because it allows her to make decisions from a different perspective than men, which helps to bring change in society. She advised girls to get rid of the stereotype that women are not suitable for leadership and actively participate in school events in addition to their studies to acquire planning and problem-solving skills in responsible positions. The interview

episodes with role models were popular among the girls, and the response was so high that it became one of the most memorable episodes.

In addition to the radio programs, for girls, female FOs were role models that many girls looked up to. For example, the FO of Okhaldhunga District was selected as one of the 100 most influential youth by the 2020 Opportunities Hub for her dedicated social work in community activities as a leader of Janajati (ethnic caste) youth in a remote rural area. Since there are few young female leaders in rural areas, the girls were able to consult with an adolescent woman whom they admired, which made it easier for them to work together in the QIP.

2-3-3. Output 3: Through participating in an essay contest on "My Dream, My Future" (Mero Sapana: Mero Bhabisya), student's motivation toward their studies is promoted

For Output 3, an essay contest was held on the theme "My Dream, My Future," connecting the learnings from the radio program with their own future dreams. The indicators and achievements of the activities of Output 3 are shown in Table 2-7.

Table 2-7: Achievements of Output 3

| Indicators | Achievements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|------------------|------------------|---------------------|-----------|---------|-------------|-----|-----------|---|------------------|-----|-----------|------------|---|--------|-------------|---|---------------|-----|-------------|----------------|----|--------|----------|---|-----------------|-----|----------|---------------------|----|--------|----------|---|----------------|-----|-------------|----------------|---|------|-------|---|---------------|-----|----------|-------------------|---|--------|----------|---|------------------|-----|-----------|------------------|---|--------|--------|
| 3-1 500 applicants in essay contest | <p>At the start of the project, the target was 500 applicants, but a total of 1,420 applicants (994 girls and 426 boys) applied, and six winners from first to sixth place were awarded.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Award</th> <th style="text-align: center;">Name of Students</th> <th style="text-align: center;">Obtained Score %</th> <th style="text-align: center;">Districts</th> <th style="text-align: center;">Schools</th> <th style="text-align: center;">Class</th> <th style="text-align: center;">Sex</th> <th style="text-align: center;">Ethnicity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Mamata Chaudhary</td> <td style="text-align: center;">75%</td> <td>Rupandehi</td> <td>Janahit SS</td> <td style="text-align: center;">9</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">Indigineous</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Muna Shrestha</td> <td style="text-align: center;">74%</td> <td>Okhaldhunga</td> <td>Narmadeshor SS</td> <td style="text-align: center;">10</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">Janajati</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Kabita Shrestha</td> <td style="text-align: center;">73%</td> <td>Sindhuli</td> <td>Kamala Janajyoti SS</td> <td style="text-align: center;">10</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">Janajati</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Piyush Sunuwar</td> <td style="text-align: center;">72%</td> <td>Okhaldhunga</td> <td>Narmadeshor SS</td> <td style="text-align: center;">9</td> <td style="text-align: center;">Male</td> <td style="text-align: center;">Dalit</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Sita Shrestha</td> <td style="text-align: center;">71%</td> <td>Sindhuli</td> <td>Shree SS, Gadauli</td> <td style="text-align: center;">8</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">Janajati</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Samiksha Gyawali</td> <td style="text-align: center;">69%</td> <td>Rupandehi</td> <td>Shanti Namuna SS</td> <td style="text-align: center;">8</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">Others</td> </tr> </tbody> </table> <p>Of the six students who won prizes, one was a boy (4th place), and the ethnic diversity and regions were selected without bias. In addition, the fourth- and sixth-place winners were students outside of the monitoring group, indicating that non-target students were also listening to and learning from the radio program.</p> | Award | Name of Students | Obtained Score % | Districts | Schools | Class | Sex | Ethnicity | 1 | Mamata Chaudhary | 75% | Rupandehi | Janahit SS | 9 | Female | Indigineous | 2 | Muna Shrestha | 74% | Okhaldhunga | Narmadeshor SS | 10 | Female | Janajati | 3 | Kabita Shrestha | 73% | Sindhuli | Kamala Janajyoti SS | 10 | Female | Janajati | 4 | Piyush Sunuwar | 72% | Okhaldhunga | Narmadeshor SS | 9 | Male | Dalit | 5 | Sita Shrestha | 71% | Sindhuli | Shree SS, Gadauli | 8 | Female | Janajati | 6 | Samiksha Gyawali | 69% | Rupandehi | Shanti Namuna SS | 8 | Female | Others |
| Award | Name of Students | Obtained Score % | Districts | Schools | Class | Sex | Ethnicity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Mamata Chaudhary | 75% | Rupandehi | Janahit SS | 9 | Female | Indigineous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Muna Shrestha | 74% | Okhaldhunga | Narmadeshor SS | 10 | Female | Janajati | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Kabita Shrestha | 73% | Sindhuli | Kamala Janajyoti SS | 10 | Female | Janajati | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Piyush Sunuwar | 72% | Okhaldhunga | Narmadeshor SS | 9 | Male | Dalit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Sita Shrestha | 71% | Sindhuli | Shree SS, Gadauli | 8 | Female | Janajati | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Samiksha Gyawali | 69% | Rupandehi | Shanti Namuna SS | 8 | Female | Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-2 Contents of awarded essays | <p>In evaluating the essays, selection criteria was: style (15%), sentence and organization (15%), subject centric focused writing-relevance of the theme regarding the radio program and gender (30%), and originality and creativity of students (40%).</p> <p>Mr. Amar Bahadur Singh, an education and essay specialist, who reviewed all the essays, commented that many of the essays linked the gender and social inclusion issues that they experienced during the COVID-19 with what they learned from the radio program, and accurately captured what they can do to solve social issues. He appreciated the fact that the QIP provided an opportunity for the students to continue learning to achieve their dreams.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

In the process of implementing Output 3, the following are changes observed and points that were taken with due consideration from a gender perspective.

(1) Motivation to learn through setting their own goals

The essay contest was initially estimated for 500 students, but it received a large number of entries: 1,420 (994 girls and 426 boys). This means that not only the members of the monitoring group listened to the radio, but many other students also listened, which indicates that the “Student to Student approach” was effective in disseminating the message to other students.

According to the FOs and school teachers, one of the reasons for the large number of entries was that it was well known that the essay contest was open not only for the monitoring group but also for other students. This motivated students outside the monitoring group to take up the challenge and actively listen to the radio program.

(2) Increasing understanding and awareness of gender and social issues

In the essay contest, relevance to the content of the radio program and accuracy regarding gender issues were some of the evaluation criteria. The chairperson of the evaluation committee commented that many of the essays received were written in a way that drew gender issues and social issues to their own attention, confirming that the participants’ understanding and awareness of gender issues were enhanced. The awarded essays were selected for their deep insights into the causes of harmful social practices and how the promotion of positive action can contribute to the promotion of gender equality. The award ceremony was held on Zoom, and in their speeches, many of the awarded participants made powerful statements such as, “The radio program was one of the things I looked forward to while staying at home” and “I want to contribute to the development of my village.” This indicated that the radio program and essay contest gave the participants an opportunity to deepen their learning and make their own commitments.

2-4. Achievement of Project Objective and Analysis of the Hypothesis

2-4-1. Achievement of Project Objective

The QIP was conducted for the following purpose: “Through gender-responsive radio educational programs, educational opportunities are provided to girls during school closure and girls attain life skills that can help raise their motivation toward the continuation of their studies” As indicated in the achievement of the QIP purpose in Table 2-8, all the target students in the monitoring group (600 students) were planning to return to school⁹³⁸, and according to the school data, no student dropped out. In addition, the monitoring group played a key role in conducting various activities related to gender and social inclusion in their schools, which created an environment that enabled girls to continue their studies. These facts indicate that the objective of the QIP was achieved.

Table 2-8: Achievements of Project Objective

| Indicators | Achievements |
|--|---|
| 80% of girls in monitoring group re-enroll in schools | Based on the results of the end-line survey, the monitoring group of 60 schools (9 girls and 1 boy), all 600 students in total, have the intention to return to school, and there are no dropouts in the school data. |
| 60% of girls in monitoring group pass proficiency test | 98% of girls/boys from monitoring group passed the proficiency test. |
| 80% of girls in monitoring group attain | From the record of the worksheets used by the monitoring group |

⁹³⁸ REED Nepal (2021) Final Report

| | |
|-------------|---|
| life skills | members, it confirmed that all of them listen to the radio programs regularly. In addition, all the members of the monitoring group eagerly participated in planning and managing the gender related activities, and also took part in the essay contest. These facts indicates that they have acquired knowledge about gender and have attained life skills. |
|-------------|---|

The following section describes the results of the analysis of the hypothesis set for the QIP.

2-4-2. Analysis of the Hypotheses

(1) Hypothesis 1: Through the provision of learning opportunities through radio programs on academic and life skills and the activities of monitoring groups, girls’ motivation toward their studies is maintained and the number of dropouts is reduced

After analyzing information from the monitoring group activities, end-line surveys, and focus group discussions with stakeholders, it was identified that conducting various activities to build agency (an individual’s aspirations, knowledge, skills, and abilities) of girls through the QIP, helps to maintain girls’ motivation to study. The reasons for this are as follows.

1) Establishing girls’ studying habits

With the closure of the school, students were self-studying, but it was difficult for them to maintain their motivation. However, after the commencement of the QIP, 97% of the students reported that they began to study when the radio program started broadcasting, and the same percentage of their parents also reported the same⁹³⁹. This indicates that listening to the radio program re-established the habit of studying.

In addition, the school principal and the GESI focal teachers appreciated the radio program because radio is a device that rural students can use, providing learning opportunities for girls from poor families in rural areas who have been left out of online education under COVID-19. They also highly appreciated that students’ learning was enhanced by a learning system that involved not only listening to the radio programs but also reflecting on their learning through worksheets and periodic monitoring. Similarly, many teachers commented that the performance of the monitoring group members was higher than that of the non-monitoring group members because they had higher motivation, indicating that the radio program contributed to maintaining girls’ motivation to study.

2) Promoting understanding of gender issues

In the life skills program, episodes related to the challenges faced by women and girls under the COVID-19 pandemic were broadcast, which helped listeners to deepen their understanding of gender issues. For example, as stated in 2-3-2 (1), as a result of having a correct understanding of SGBV, the number of students who answered the question “have you faced SGBV or do you know someone experiencing SGBV?” increased from 5.9% to 13.4%, respectively. It was also observed that one girl who listened to the SGBV episode realized that the behavior she was receiving from the son of the family for whom she was working as a domestic helper was SGBV, and she discussed it with the GESI focal teacher, which helped her to receive proper support. This shows that acquiring the correct

⁹³⁹ REED Nepal (2021) End-line Survey Report

knowledge helps to prevent girls from becoming victims of SGBV and removes the obstacles that girls face in accessing education.

3) Improving girls' self-esteem through participation in monitoring groups

According to the principal, many girls were too shy to speak up or tended to give up easily, thinking that they could not do it anyway. In the end-line survey, 68% of the girls in the monitoring groups said that they had developed confidence in speaking⁹⁴⁰. This indicates that their self-esteem increased through a series of small successes brought about by exchanging opinions among the monitoring group members and organizing various events. For example, through essay, poem, and speech contests, girls had more opportunities to express their feelings in front of others, and girls also improved their problem-solving skills through the activities of the monitoring group. As a result, they strengthened their self-esteem, which motivated them to work harder in their regular studies and gradually improved their motivation to study.

4) Improving girls' non-cognitive skills through monitoring group activities

As mentioned in 2-3-2 (4), through the life skills program, girls began to see gender issues as their own challenges and take action to solve them through the process of “learn,” “think,” and “put into action.” For example, for the challenge of “girls not going to school during menstruation,” many efforts were made as shown below.

- Awareness-raising activities through discussions, essay and poem contests, etc.
- Workshops by health volunteers on reproductive health, including boys
- Improving the method of distributing sanitary napkins in schools
- Improving the toilet environment (no separate toilets for boys and girls, dirty toilets, difficulty, no place to dispose of sanitary napkins)

Through these activities, the attitudes of school teachers, boys, and girls changed, and the percentage of girls who said that they would skip school during menstruation dropped from 12% to 9.4%, which means that the obstacles for girls to continue studying had decreased to some extent. In addition, apart from this case, girls actively worked to improve their disadvantaged situation by submitting a request to the local government to secure the GESI budget so that they could initiate gender equality activities. They also introduced mixed seating arrangements in classrooms, indicating that gender equality starts at school. These processes enhanced their non-cognitive skills, such as problem-solving, cooperation, and communication skills. It is said that higher non-cognitive skills are associated with higher school attendance and even impact students' later education and employment status⁹⁴¹. Therefore, the QIP contributed to maintaining and improving the girls' motivation to study.

The examples of girls' studying habits, promotion of understanding of gender issues, and improvement in self-esteem and non-cognitive skills confirm that “through the provision of learning opportunities through radio programs on academic and life skills and the activities of monitoring groups, girls' motivation toward their studies is maintained and the number of dropping out of schools is reduced.”

⁹⁴⁰ *ibid.*

⁹⁴¹ Toda, Tsuru, and Kume (2014) Impact of childhood family environment and non-cognitive abilities on educational background, employment status and wages (Japanese Title translated into English by the Survey team), RIETI Discussion Paper Series 14-J-019

(2) Hypothesis 2: An understanding of the challenges facing girls during the COVID-19 pandemic by the stakeholders (parents, teachers, local government, classmates) surrounding the girls will enable the girls to continue their education

The QIP tried to transform the gender awareness and behavior change of various stakeholders by implementing activities to change and balance power relationships among families, boys, school teachers, local communities, and the media. In particular, since the monitoring groups actively worked with various stakeholders, this challenges us to change the existing structure and system. For example, school teachers and local government officials reviewed the school management system from a gender perspective, and local government officials understood the importance of allocating a budget for girls' education. This has improved the environment for girls to continue their studies. The reasons are described in the following five points.

1) Promote parents' understanding on the importance of continuing girls' education

Whether girls can continue their education is greatly influenced by their parents' awareness of education. According to the end-line survey, almost 90% of the parents interviewed replied that they assisted their child by calling them at the time of the broadcast, not asking them to do household chores during the radio program, and assisting in the maintenance of the radio, such as changing batteries and tuning the radio. This shows that the parents helped the girls continue their learning during the radio program.

In addition, 98.6% of the respondent mothers and 98.2% of the respondent fathers replied that they had listened to the radio program several times. 22% of the respondent mothers and 14% of the respondent fathers said they listened to the radio program with their children regularly. This indicates that because the program was broadcast at a time when the family members were together, they talked about gender issues, such as the increase in violence and online harassment under COVID-19. In addition, there were other factors that led to changing parents' attitudes and mindsets. For example, one of the GESI focal teachers shared a story of a mother whose husband did not care about his daughter, saying that she was a burden on the family, but after listening to the radio programs and learning that many women were actively working in society, he stopped discouraging the girl from going to school. The principal also shared that parents who had never shown interest in school events suddenly started participating. When the parents were asked why, they said that they listened to the radio program with their children and realized that it was important for their daughters to get an education. While there are still many parents in rural areas who do not see the importance of education, it can be said that the QIP helped to increase parents' understanding regarding the importance of the continuation of girls' education.

2) Changes in gender awareness of boys

Of the ten students in the monitoring group, one was to be a boy. At first, some boys felt uncomfortable being the only boy in the group, but through the activities of the monitoring group, they came to understand that gender issues are not only for girls, but both boys and girls need to think about together. Since the monitoring group was able to obtain full cooperation from the school, various activities were organized. Boys also participated in all the events, including the seminar on reproductive health, which gradually increased their gender awareness.

The boys in the monitoring group commented that they had never thought about the differences between boys and

girls, but now they realized that there were gaps in their own lives; for example, teachers tended to favor boys and leave girls behind, and girls were more likely to dropout of school. The fact that as many as 426 boys participated in the essay contest held at the end of the QIP indicates that the QIP provided an opportunity for boys to think about gender challenges.

According to the principal and the teachers, adolescent boys sometimes tease girls about their physical appearance, which makes them feel uncomfortable, causing them to stop coming to school. However, some teachers said that the QIP has reduced such conflicts and changed the relationship among the students by allowing them to work together regardless of gender, ethnicity, or disability.

3) Changes in gender awareness among school teachers

When the principals of the target schools were asked about their knowledge of gender-responsive teaching and school management, 36.7% (i.e., about one-third of the principals), answered that they had never been particularly aware of it, indicating that gender-responsive teaching and efforts were limited before the QIP. The “GESI Responsive School Education Guideline/Facilitation Handbook” was developed for the QIP, and training was conducted. The GESI focal teachers and other teachers were actively involved in supporting the monitoring groups. As a result, some teachers from the target schools commented that they initially thought that this project was for students, but later realized that it was for the teachers themselves because it made them aware of the risks faced by vulnerable students under COVID-19 and provided them with many useful references such as a gender-responsive teaching method. In fact, when the students were asked if the teachers’ teaching methods had changed, 97.4% of the students gave feedback that the teachers were now more proactive in seeking the opinions of the girls and treating them equally⁹⁴².

To promote gender-responsive school management both in terms of teaching methods and in terms of institutions, efforts have been promoted, such as allocating GESI focal teachers, putting a suggestion box in schools for students to make suggestions to teachers regarding SGBV-related issues and problems, and developing a complaint handling mechanism to appropriately respond to these suggestions.

4) Local government putting priority on girls' education under the COVID-19 pandemic

In implementing the QIP, the local government was involved from the initial stage of selecting the target schools to promote an understanding of the challenges girls face under the COVID-19 pandemic and the importance of girls’ education. To build good relationships, FOs regularly reported on their activities, local government officials observed the monitoring group’s activities, and female deputy mayors were interviewed for career counseling during the radio program. As a result, in a focus group discussion with government officials, there were positive comments such as, “The life skills program not only led to the empowerment of girls but also helped boys and their families understand gender issues, thus creating a positive chain effect. At a time when society is facing difficulties, this radio program was highly significant because it highlighted the challenges and risks girls are facing in an easy-to-understand manner to a wider audience.” Some municipalities made institutionalized decisions by promising to

⁹⁴² REED Nepal (2021) End-line Survey Report

secure a budget to promote girls' education in the next fiscal year.

5) Changes in the media

The radio programs were broadcast to the target areas through 10 radio stations, but they began to rebroadcast the programs on their own. This is because the radio program managers observed girls becoming empowered and vocal after participating in the QIP. They also received more responses from listeners, which made them understand the importance of broadcasting life skills programs and gender-related public service announcements, especially during the time of COVID-19.

According to the people in charge of the radio station, after broadcasting the QIP, station staff discussed gender issues. For example, some felt that opinions on gender-related issues should be prioritized when deciding the order of news to be covered, and because listeners are highly influenced by the information they receive from the media, the media should be more proactive in covering gender-related news that will contribute to the promotion of gender equality. In fact, even after the completion of the QIP, Radio Lumbini in Rupandehi District has been producing and broadcasting awareness programs on child marriage in collaboration with the students in the monitoring group.

These changes confirmed the hypothesis that “An understanding of the challenges facing girls during the COVID-19 pandemic by the stakeholders (parents, teachers, local government, classmates) surrounding the girls will enable the girls to continue their education.”

2-5. Lessons Learned from Quick Impact Projects

The following lessons were drawn from the QIP on gender equality and women's empowerment as a response to the impact of COVID-19.

(1) In countries where the digital divide is large, it is necessary to simultaneously promote distance education as an alternative to online education

In countries such as Nepal, where there is a digital divide between urban and rural areas, there is a concern that promoting online education will further widen the education gap. Given the digital gender gap in rural areas, there is a need to promote alternative distance education using devices that girls and vulnerable people can afford and that do not require high technology.

(2) Support for parents is also essential to create a learning environment for girls

In normal times, girls attend classes at school, where the learning environment is relatively organized, but in distance education, parents need to set up the learning environment, and their cooperation is essential. However, the economic status, education level, and Nepali language skills of the parents make it difficult for some parents to provide appropriate support to their children. In addition, under COVID-19, girls are also responsible for unpaid care work, making it difficult for them to concentrate on their studies. Therefore, it is necessary to carefully explain to parents how to use the devices, the broadcasting hours, and the contents of distance education and to set up a support system at home.

(3) In distance education, in addition to developing gender-responsive content, developing supplementary materials and by periodical follow leads to retention and continuation of studies

In distance education, listeners cannot understand if school lessons are simply broadcast. It is necessary to develop content that matches the characteristics of each device. In addition, unless supplementary educational materials are prepared in line with the contents, and periodic follow-ups are conducted, it will be difficult to retain and continue learning just from the broadcast content.

(4) Support for high-risk girls can be provided by volunteers who are near

In mountainous regions like Nepal, where villages are scattered, it is difficult for teachers to provide individual academic guidance. For girls and students who are at a high risk of dropping out, local volunteers, such as FOs, can play a big role. In the QIP, FOs provided regular study guidance and helped the girls to establish study habits and maintain their motivation to study. It is also important that adolescent girls have someone close to them on whom they can rely for advice in uncertain situations. It can be said that in an emergency situation like COVID-19, establishing a system to support high-risk girls and students by assigning persons from the same community would be helpful.

(5) Dissemination of gender issues during emergencies via media can help avoid risks to girls

The media can send important messages to a wide audience. The QIP's intentionally disseminated gender-related programs and public service announcements, which promoted gender understanding among many stakeholders, including parents, boys, school teachers, and the local government, led to the creation of an environment where girls could continue their education. Therefore, actively using the media to raise awareness is effective in emergency situations.

(6) Acquiring life skills is an effective way to maintain motivation to study

While school dropout due to poor academic performance is a challenge under COVID-19, it is equally a serious challenge when girls lose their goals and lose the motivation to study. In emergency situations, providing gender-focused programs that foster life skills, such as problem-solving by the girls themselves, can increase self-esteem and non-cognitive abilities in the girls and can help them maintain the motivation to study.

(7) Remote project management using the strengths of social media and online tools is also effective

In addition to the fact that the target areas of this QIP were in remote areas, the spread of COVID-19 limited mobility, making it difficult for the staff at REED's Kathmandu headquarters to conduct monitor the project. However, the FOs used SNS to report on the activities of the monitoring groups, which enabled them to understand the status of the field activities in a timely manner and to solve problems. In addition, focal group discussions (using Zoom) with principals, GESI focal teachers, radio stations, and local government officials, who were originally scheduled to be interviewed individually, were effective in generating diverse opinions and learning among the participants. In the post-COVID-19 era, combining social media and online tools with field activities can enable more effective and efficient project management.

Chapter 3. Review of Pilot Projects Implemented by JICA Overseas Offices

3-1. Summary of Pilot Project Review

3-1-1. Purpose of the Pilot Projects

In addition to the pilot projects conducted in India and Nepal, JICA overseas offices implemented a total of 11 pilot projects in nine countries from November 2020 to March 2022 to reduce the risks and solve the problems of women and girls under COVID-19 by commissioning local consultants and local NGOs. This chapter reviews the reports of each pilot project submitted by each office, summarizes the results, and identifies lessons learned.

3-1-2. Outline of the Pilot Projects

Table 3-1 shows the countries where the pilot projects were implemented, the names of the pilot projects, their overviews, and the problem areas. An analysis of the five areas of analysis for this survey shows that all countries except Bhutan and India, which targeted female healthcare workers, provided support in the area of “economic activities,” six combined “economic activities” with “digital technology,” and two conducted activities related to “economic activities” and sexual and gender-based violence (SGBV). There were six cases that combined “economic activities” and “digital technology” and two cases that conducted activities related to “economic activities” and “SGBV.”

The fact that “economic activities” and “digital technology” were combined in five out of nine cases because face-to-face sales and logistics were restricted owing to the lockdown and movement restrictions under COVID-19, which raised expectations for digital marketing using SNS and digital platforms to sell products.

In addition to “economic activities,” the two cases that conducted activities related to “SGBV” both provided training to prevent sexual exploitation and abuse.

Three of the pilot projects targeted women migrant workers and refugee women, four targeted women entrepreneurs, and the others targeted small-scale farmers and graduates of vocational schools, among other segments. All of these are women who have been vulnerable in normal times and are facing even more difficult situations due to the impact of COVID-19.

Table 3-1: List of pilot projects implemented by overseas offices

| Country | | Project name/summary | Five areas of analysis |
|---------|----------|---|-----------------------------|
| 1 | India | “Understanding the Impact of Coronavirus Pandemic on Women: An Intervention Research on Women FHWs in Delhi” Mental health training for female healthcare workers | Health services |
| 2 | Cambodia | “Survey on the Impact of COVID-19 on Livelihood of Women Returned Migrant Workers in Cambodia” Support for migrant worker women to improve their income after returning to their home countries, and to prevent sexual and labor exploitation in their destination countries | Economic activities SGBV |
| 3 | Thailand | “Data Collection Survey on Impact and Response to Women and Girls in COVID-19 Pandemic” Support for vulnerable people to improve their income and prevent digital sexual violence | Economic activities SGBV |

| Country | | Project name/summary | Five areas of analysis |
|---------|-------------|--|---|
| 4 | Philippines | “Utilizing Technology to Achieve Food Security for Rural Women” Support for small-scale women farmers to improve their income through digital platforms | Economic activities Digital technologies |
| 5 | Bhutan | “COVID-19 Impact on Women and Children Study” | (Survey) |
| 6 | Jordan | “Survey to Explore Effective Response and Strategy for Palestinian Women and Girls under COVID-19 Pandemic” Support for Palestinian refugee women to increase their income using digital technologies | Economic activities Digital technologies |
| 7 | Guatemala | Consultancy “Introduction of Women Entrepreneurs’ Products in Supermarkets in Guatemala” Support for women entrepreneurs to enter the formal market | Economic activities Digital technologies |
| 8 | Guatemala | “Consultancy to Strengthen 45 groups of women entrepreneurs” Income enhancement support for women's entrepreneurial groups | Economic activities Digital technologies |
| 9 | Bolivia | “Women Digitized for a Decent Job/ Entrepreneurship to Face the COVID-19 Pandemic and Post-Pandemic Times” Capacity building support for women entrepreneurs using digital technologies | Economic activities Digital technologies |
| 10 | Bolivia | “Promoting Financial Inclusion, Generating Employment for Women with Experience in Technical Services and Young Women from Technical Institutes High School (ITS) and Alternative Education Centers (CEA) through Their Insertion in a Technological Platform of Articulation with the Labor Market, for the Economic Reactivation of Bolivia in Contexts Marked by the COVID-19 Pandemic” Support to improve employment rates for women with specific skills | Economic activities Digital technologies |
| 11 | South Sudan | “Building Economic Resilience and Recovery among Women Entrepreneurs Affected by Covid-19 in Juba” Income enhancement support for women entrepreneurs | Economic activities |

There are two types of pilot projects conducted by overseas offices: one in which a baseline survey was conducted and pilot projects were implemented based on the results of the survey, and one where pilot projects were implemented addressing issues that had already been identified.

While most of the pilot projects aimed to empower women themselves through business skills training and livelihood support, only a few projects approached men and society to change their mindsets to reduce risks and solve the problems of women and girls, or to develop policies and institutions that contribute to gender equality.

It should be noted that, at the time this chapter was written, some of the pilot projects were still under implementation, and the final results are not yet available. Therefore, this report summarizes the scope of the projects described in this report. The details of each pilot project are presented in the following pages.

3-2. India: Survey and Mental Health Training for Female Frontline Health Care Workers

3-2-1. Project Summary

Project title: Understanding the Impact of the Coronavirus Pandemic on Women: An Intervention Research on Women Frontline Health Workers (FHWs) in Delhi

Five areas of analysis: Health services

Target beneficiaries: Women FHWs including Accredited Social Health Activist (ASHAs), Anganwadi Workers

(AWWs), and auxiliary nurse midwives (ANMs)

Implementation period: January 2021 - January 2022 (Ongoing)

Implementing organization: PricewaterhouseCoopers Pvt. Ltd, India (PwC)

Background and objective:

Since the outbreak of COVID-19 in early 2021, FHWs, such as auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), and Anganwadi Workers (AWWs), have been actively engaged in generating public awareness, contact tracing of detected cases, and community surveillance activities.

During the pandemic, a significant number of FHWs raised concerns about the lack of appropriate training, inadequate provision of PPE kits, stigmatization, and even physical abuse at the community level, which in turn resulted in heightened risk of contracting COVID-19, which led to social and psychological trauma. Further, most of the female FHWs faced difficulty in balancing a demanding professional and home life, which was already a challenge even before the COVID-19 outbreak.

This pilot project was conducted to understand the needs of women FHWs and to develop scalable solutions that can be adopted by the government to improve women's well-being through the creation of adequate systems and mechanisms that can support them in undertaking their responsibilities more efficiently.

3-2-2. Survey Outline

Survey title: Need Assessment Study on Female Frontline Health Workers

Objectives of the survey:

- 1) To understand the social, psychological, and physical impact of COVID-19 on women FHWs.
- 2) To understand the needs and challenges faced by female health workers under the COVID-19 pandemic.

Survey area: Delhi NCT (Mongolpuri and Sultanpuri in northwestern New Delhi)

Survey targets: 30 Accredited Social Health Activists (ASHA), 30 Anganwadi Workers (AWWs), 10 Auxiliary Nurse Midwife (ANM), 2 FGDs with 10 family members, and 2 community leaders. In addition, external influencers or stakeholders were interviewed at the level of government, international development agencies, and NGOs to collate their views and perspectives on the topic. Extensive secondary literature review preceded the survey to understand the existing ecosystem and the barriers that they are confronted with female workers.

Collaborating organization: MAMTA Health Institute for Mother and Child, New Delhi (NGO)

Survey methodology:

- 1) In-depth interviews with key influencers, Fs, and community leaders.
- 2) Focus group discussion with families of FHWs.

Findings: Current status and issues of female health care workers identified through interviews

(1) Macro level

- 1) Only 15.8% of those surveyed said that they were aware of or used the support provided by the government, such as health insurance programs, special benefits, and mental health support, indicating that support programs are not well understood by female healthcare workers.
- 2) Only 6.3% of those surveyed were aware of women's rights and their rights as FHWs .

(2) Meso level

- 1) Only 41.2% of those surveyed had attended COVID-19 related training, and more than half had not received any training on additional roles or tasks.
- 2) All survey participants were provided with masks by their clinics, but 66% felt that the number of masks provided was inadequate. They had limited access to water, sanitation, or food during long working hours.
- 3) Experience of stigma and discrimination faced by FHWs from Supervisors and the community was a common feature reported.

(3) Micro level

- 1) During the first and second COVID19 waves, 66% of those surveyed had to extend their work hours and worked for 2–6 hours of overtime every day, including nights.
- 2) 81% of those surveyed experienced psychological distress due to increased anxiety about infecting themselves and their families and increased work stress.
- 3) To cope with the increased work hours, family support in terms of housework and childcare has become essential. All 71 FHWs interviewed (100%) were unaware of any available helpline/support system for any psychosocial support or grievance redressal for any need or crisis at work. They were also unaware of their rights and entitlements as women's health workers.
- 4) 97% AWW highlighted fatigue as the key overall feeling due to the role played during the COVID times.

3-2-3. Summary of Pilot Project

Target area: Delhi NCT

Sample location: Mangolpuri and Sultanpuri, Delhi North-West District.

Beneficiaries/target group: 150 FHWs (including 70 ASHAs, 70 AWWs, 10 ANMs, 20 supervisors of FHWs, 60 family members of FHWs)

Background of the pilot project:

The baseline survey revealed that although many women FHWs experience anxiety, stress, and mentally distressing situations, the percentage of those who were aware of support such as mental health support was only 15.8%. In addition, as work hours increased owing to the COVID-19 pandemic, women FHWs were suffering from the double burden of work and household chores, and the understanding and support of their families, peers, and supervisors were essential.

Objective of the pilot project:

The overall objective is to bridge the gender gap through empowerment of stakeholders equipped with understanding and ability to resolve psychosocial issues during the pandemic and the future:

- 1) Assessing and mitigating the psychosocial challenges of female FHWs caused by exposure to the COVID-19 pandemic
- 2) Improving the resilience of FHWs and key stakeholders in response to a crisis
- 3) Implementing a strategy that can be further replicated for the overall well-being of female FHWs

Details of the pilot project:

A total of eight to nine hours of training intervention was conducted over three days for FHWs on problem solving and communication strategies, mental health support, and the rights of women and health care workers.

3-2-4. Results of the Pilot Project

- 1) The percentage of respondents who said they could come up with a solution to a problem increased by 37% to 79% before and after the training. One participant reported that she had an opportunity to talk to her husband about the double burden of medical work and household chores and gained his understanding and that he was now in charge of making tea every morning.
- 2) The percentage of respondents who disagreed with the social norm that women should bear the burden of housework and men should earn an income increase from 74% to 95% before and after the training. Participants said that they felt that they should not hesitate to ask for their husbands' support in housework and childcare.
- 3) A card with the telephone number of a mental health helpline was distributed to the training participants to help them understand how to seek support when they are in a difficult mental situation.

3-2-5. Lessons Learned from the Pilot Project

Learning and solutions that can be relevant to FHWs in other nations too.

- 1) Challenging gender roles and stereotypes: FHWs strongly felt an additional burden of performing gendered roles such as housework, which negatively impacted their overall well-being with the increased workload. Even though husbands were at home, sometimes they would not generally extend their help. In this context, the study findings pointed towards the need to empower FHWs and increase their capacity to cope with daily stress with more resilience to family and work environments. To cope with such high levels of stress, FHWs must have access to mental health support and a supportive environment at work and family through formal helplines or informal sharing mechanisms.
- 2) Requirement of greater support for FHWs to undergo special training as health service providers during specific situations like the COVID-19 pandemic. During the pandemic, FHWs were only given general instructions on COVID-19 protocols, such as social distancing and sanitizing, and not on managing the behavioral and social aspects at the community level. In addition, access to basic minimum facilities such as provisions for food, water, or washroom facilities are to be ensured for their health and security.
- 3) A systemic approach to create an enabling environment for FHWs: Supervisors and authorities need to be oriented and trained to manage frontline cadres during a pandemic, provide psychosocial support, and share succinct messages and authentic information through regular interaction. This could reduce uncertainties in the work environment and build trust among FHWs and the overall system.
- 4) Need of involvement of FHWs in developing strategies: Literature suggests that involving FHWs in planning and strategizing for the pandemic can pay significant dividends. Apart from being clinically effective in fighting against the pandemic, it could also help in boosting the self-esteem of the FHWs and make them feel part of the team, and promote a positive outlook about the work. Furthermore, it results in decreased job-related stress, uncertainties, fear, anxiety, and depression among FHWs.

(Please note that the findings are drawn from the partial implementation of the pilot, as the implementation and detailed

analysis are underway.)

3-3. Cambodia: Support for Female Migrant Workers to Improve Their Income after Returning Home

3-3-1. Project Summary

Project title: Survey on the impact of COVID-19 on the livelihood of women returned migrant workers in Cambodia

Five areas of analysis: SGBV, economic activities

Target beneficiaries: female migrant workers

Implementation period: January 2021 - November 2021

Implementing organization: Cambodian Women's Crisis Center (CWCC)

Background and objective:

Cambodia has been sending migrant workers abroad since the mid-1990s because of declining wages and a lack of domestic employment opportunities; in 2017, about 1.05 million Cambodians, or 10 percent of the country's total workforce, were working in Thailand. However, in the wake of the COVID-19 pandemic, many migrant workers have been forced to return to Cambodia owing to layoffs at their destinations or border closures. However, as these people have migrated because there are no jobs in their hometowns and they do not have enough income to support their families, returning migrant workers and their families face economic difficulties because of their return. Therefore, in this project, we decided to conduct a survey of women who had just returned from their migrant workplaces and after their return to their home countries, identify their support needs, and implement pilot projects.

3-3-2. Survey Outline

Survey title: Baseline Survey on the Situation of Women Migrant Workers

Survey background:

The exploitation and abuse of women migrant workers in their destination countries has been an issue since normal times. In addition, the global spread of the new coronavirus infection has led to an increase in the number of female migrant workers who are forced to return home unintentionally because of dismissal by their employers or government regulations. The sudden return of these women, who had planned to earn money abroad and send it back to their families, has left them and their families in financial difficulties. Therefore, a survey was needed to understand the challenges and needs that female migrant workers face after returning home, and to plan pilot projects based on this information.

Objectives of the survey:

- 1) Identify the risk of exploitation and abuse of women migrant workers in the destination country and their employment process.
- 2) Identify the challenges and needs of returned women migrant workers in Tbong Khmom and Kampong Cham provinces.

Survey area: Tbong Khmom Province, Kampong Cham province

Survey targets: 701 women who returned from migrant work

Collaborating organization: Provincial Committee for Counter Trafficking

Survey methodology:

- 1) Interviews with 701 women who returned from migrant work

Findings: Current Situation and Issues of Female Migrant Workers Identified through the Interview Survey

(1) Status of Female Migrant Workers

- 1) 56% had completed at least primary education, and 16% had never attended school.
- 2) 80% were married and 73% had one to three children.
- 3) 27% had received training for safe migrant work.
- 4) 38% had paid an intermediary fee to an agency or employer to obtain a job.

(2) Status and Issues of Female Migrant Workers in the Destination Country

- 1) Thailand was the most common destination, at 73%
- 2) The most common type of work engaged in at the destination was manufacturing, followed by agriculture, construction, and services.
- 3) 11% had experienced some form of exploitation, such as violation of contract terms, excessive working hours, or having their identity taken away.
- 4) 5% of those surveyed had experienced harassment by their employers, including physical and psychological violence, harassment, and sexual comments. Women with some form of disability were even more likely to experience such problems.
- 5) The majority of the respondents faced challenges such as lack of information, language barriers, and cumbersome procedures related to residence and employment in the destination country.

(3) Status and Issues of Female Migrant Workers after Returning Home

- 1) 70% have not been able to find a job after returning home, and 81% have not been able to secure sufficient income.
- 2) 26% of the respondents had difficulty finding daily food after returning home, and had to reduce the amount of food they ate or ask others to share food with them.
- 3) After returning home, the most needed support was financial assistance, followed by job placement, food assistance, medical care, and vocational training.
- 4) Many of the respondents hoped to return to their destination country after the COVID-19 pandemic was resolved.

3-3-3. Summary of Pilot Project

Pilot activity title: Training for Vulnerable Migrant Workers

Target area: Tbong Khmom province, Kampong Cham province

Beneficiaries/target group: Women who returned from migrant work

Background of the pilot project:

From the baseline survey, it was ascertained that some of the returning women migrant workers have experienced some form of exploitation or abuse in their destination countries, but they are willing to work abroad again when they are able to travel. It was also revealed that the women were economically impoverished due to their unexpected return to their home countries because of COVID-19.

Objective of the pilot project:

For female migrant workers who have returned to their home countries and wish to migrate abroad again, the project will support them to ensure their safety in migrant work, improve their understanding of SGBV, and increase their income after returning home.

Details of the pilot project:

1) Implementation of training

Training on safe migrant work, SGBV, and small business management was conducted twice in each province for female migrant workers who returned home and wished to migrate abroad again, with a total of 42 participants.

2) Conducting tours to visit livestock and retail businesses

To improve the livelihoods of female migrant workers after their return to their home countries, tours to poultry farms, pig farms, and food stores supported by the CWCC were conducted, with a total of 20 participants.

3) Provision of small grants

Support for business planning and small grants were provided to 60 female migrant workers after they returned to their home countries to help them improve their livelihoods through livestock farming and retailing.



Photo 3-1: A scene from the training



Photo 3-2: Female participants receiving a certificate



Photo 3-3: Visiting a poultry farm

3-3-4. Results of the Pilot Project

- 1) In the training in Tobonkumun Province, the number of participants who scored high increased from 29% on the pre-test to 71% on the post-test. In Kompong Cham Province, the number of participants who scored high increased from 36% on the pre-test to 64% on the post-test, confirming that the participants had acquired training content on safe migrant labor, SGBV, and small business management.
- 2) During the visit tour for livelihood improvement, the participants were able to learn in detail through site visits about livestock disease prevention and effective feeding methods in poultry and pig farming, as well as income and expenditure management in food retailing.
- 3) The provision of small grants enabled 34 of the 60 women to start poultry farming, 6 to start pig farming, and 20 to start retail businesses.

3-3-5. Lessons Learned from the Pilot Project

It was found that most of the women migrant workers are employed in manufacturing industries and need opportunities to acquire basic knowledge on business operations and fund management in order to set up their own small businesses after returning home. In the tour of poultry farming, pig farming, food retailing, etc., conducted as

part of this pilot project, it was shown that the supporting organizations provided appropriate advice and follow-up to the women's small businesses, and supported the formation of savings groups to ensure proper management of business funds. The women who visited the project were confident that they would be able to implement their business under such a support system. In supporting livelihood improvement through small-scale businesses, it is necessary not only to provide small subsidies, but also to follow up on the formulation of business plans and operations in terms of both business content and fund management.

3-4.Thailand: Support for Vulnerable People to Improve Their Income and Prevent Digital Sexual Violence

3-4-1. Project Summary

Project title: Data Collection Survey on Impact and Response to Women and Girls in COVID-19 Pandemic

Five areas of analysis: Economic activities, SGBV

Target beneficiaries: Vulnerable people (Thai people, ethnic minorities, migrant workers, stateless)

Implementation period: January 2021 - August 2021

Implementing organization: The Freedom Story

Background and objective:

Owing to the economic stagnation caused by COVID-19, poor women residing in rural areas have been forced to live a difficult life due to increased unemployment, reduced agricultural income, and childcare due to school closures. Among them, ethnic minorities, migrant workers, and stateless women are excluded from government support schemes due to residency status and language barriers, leaving them in a more vulnerable position. In addition to their economic problems, women are at an increased risk of becoming victims of SGBV. Therefore, we conducted a survey on how poor women and girls are affected by the COVID-19 pandemic and planned and implemented pilot projects based on the survey results.

3-4-2. Survey Outline

Survey title: Baseline study on the situation of poor women, including ethnic minorities, migrant workers, and stateless people

Survey background:

Under the COVID-19 pandemic, poor women have been living in greater poverty due to unemployment and reduced income, and their risk of being victims of SGBV has increased. In order to understand the situation and needs of women and girls, a survey was conducted in Chiang Rai and Nan Provinces, where there are many rural women, ethnic minorities, migrant workers, and stateless women who are particularly vulnerable.

Objectives of the survey:

- 1) Collect information on the situation of poor women and children, including ethnic minorities, migrant workers, and stateless people, under the COVID-19 pandemic, and identify gender-based risks and vulnerabilities.
- 2) Identify the needs of poor women and children, including ethnic minorities, migrant workers, and stateless people, based on the survey results, and develop a feasible pilot project plan.

Survey area: Chiang Rai province, Nan province

Survey targets: Poor women and children, including ethnic minorities, migrant workers, and stateless people

Survey methodology: Questionnaire survey, focus group discussions, and interviews

- 1) Questionnaire survey of 158 Thais, ethnic minorities, migrant workers, and stateless people
- 2) Focus group discussion and interview with 40 Thais, ethnic minorities, migrant workers, and stateless people

Findings:

(1) Information obtained from the questionnaire survey

- 1) 37% of the respondents were unemployed or had a decrease in income.
- 2) 34% had an increased burden of household chores such as meal preparation and cleaning due to the family staying at home.
- 3) 45% of families did not have a stable internet connection.
- 4) 55% of children did not have access to online learning.
- 5) 6% of women were affected by SGBV (3% before the COVID-19 pandemic).

(2) Information obtained from focus group discussions and interviews

1) Household budget and economy

- In addition to unemployment and loss of income due to economic stagnation, school closures forced children to stay at home, in turn forcing one adult to stay home, and this loss of one breadwinner halved income.
- Single-mother households, ethnic minorities, and migrant workers were the most affected by unemployment and reduced income.
- Ethnic minorities and migrant workers who did not have Thai nationality or residency status were not able to receive any benefits from the government.
- Stateless single mothers were also left out of the government support scheme.

2) Health

- Because of restrictions on movement and less public transportation, it has become difficult for ethnic minorities, especially those living in mountainous areas, to access hospitals.

3) Children's education

- Many children from poor families did not have access to online learning.
- In particular, children from single-mother households, households where parents were absent and grandparents were guardians, ethnic minorities, and migrant workers did not have access to online learning.

4) Information on new coronavirus infections

- Migrant workers and ethnic minorities whose mother tongue is not Thai had difficulty obtaining information on the new coronavirus infection.

5) SGBV

- Increased time spent on the Internet has led to digital sexual violence, especially among young women.

6) Daily life and mental health

- Ethnic minority women, migrant worker women, and single mothers suffer from poor nutrition due to insufficient access to food, and their mental health is deteriorating due to reduced interaction with

others and uncertainty about the future.

3-4-3. Summary of Pilot Project

Target area: Chiang Rai province, Nan province

Beneficiaries/target group: Migrant workers, low-income women, and children

Collaborating institutions: Mae Fah Luang University (collaborating on some income-generating activities), local government (collaborating on distribution of daily necessities kits)

Background of the pilot project:

The results of the baseline survey indicate that many women have lost their means of income generation because of COVID-19, and that ethnic minority women, migrant workers, and single mothers have been particularly affected. Regarding SGBV risk, digital sexual violence was found to be on the rise.

The objective of the pilot project was to support poor women and girls, including ethnic minorities, migrant workers, stateless people, and single mothers, who have been greatly affected by the COVID-19 pandemic, so that they will not be further impoverished.

Objective of the pilot project:

To help poor women and girls, including ethnic minorities, migrant workers, stateless people, and single mothers, all of whom have been greatly affected by the COVID-19 pandemic, to avoid further impoverishment.

Details of the pilot project:

1) Emergency distribution of daily necessities

Distribution of daily necessities to 450 single mothers, women with young children, and 54 migrant workers from Myanmar, who are often left out of the government's social security scheme.

2) Income generation activities

In addition to basic financial management and marketing training for 15 low-income families to help them earn income from the COVID-19 and alternative sources of income, training was conducted in income-generating activities such as organic vegetable cultivation, poultry farming, fruit processing, and organic fertilizer production.

3) Digital sexual violence prevention activities

A curriculum to prevent digital sexual violence was developed, and digital sexual violence prevention training was conducted for 24 boys and girls aged 10 to 18.



Photo 3-4: Women learning to process fruits



Photo 3-5: Youth group exchanging views



Photo 3-6: Families receiving supplies

3-4-4. Results of the Pilot Project

- 1) The emergency distribution of daily commodities helped to reduce the household expenses of about 500 families of single mothers and migrant workers, who have often been left out of the government support scheme. In addition, the distribution of daily commodities enabled us to talk to needy people outside the pilot sites and learn about the situation under the COVID-19 pandemic.
- 2) In the income enhancement activities, training was provided on basic financial management, including how to keep a cashier's account and promote savings. As a result, 20% of the 15 families who participated in the activity were able to reduce their household expenses, and 20% were able to resume debt repayment. In addition, all participating families were able to earn additional income from organic vegetable farming, pig farming, and poultry farming projects supported by the program.
- 3) 24 young people who received training on preventing digital sexual violence learned through the training the number of the hotline in case of digital sexual violence and trafficking victims, and how to respond when they encounter digital sexual violence and trafficking victims.

3-4-5. Lessons Learned from the Pilot Project

- 1) As an increasing number of families become economically deprived, as in the case of the COVID-19 pandemic, NGOs become valuable development partners that can help segments that are beyond the reach of government schemes. If they have established a good relationship with the government during normal times, they can get permission to operate if there is a legitimate reason, even if there are restrictions on movement. In this pilot project, we were able to distribute relief materials to about 500 families of single mothers and migrant workers who were not able to benefit from the government's support scheme. In particular, the distribution of relief goods to migrant workers was made possible by the government's negotiations with companies that employ migrant workers.
- 2) In this pilot project, income enhancement activities were implemented, and there were cases where households were able to reduce their living expenses and repay debts by keeping account books, promoting savings, and applying basic financial management skills to household budget management. We were able to grasp that income enhancement activities are effective not only in teaching people how to increase their income, but also how to save and use their money.

3-5. Philippines: Support for Small-Scale Women Farmers to Improve Their Income through Digital Platforms

3-5-1. Project Summary

Project title: Utilizing technology to achieve food security for rural women

Five areas of analysis: Economic activities, digital technologies

Target area: Benguet Province, Sultan Kudarat Province, Laguna Province, and Quezon Province

Target beneficiaries: Women small-scale farmers in rural areas

Implementation Period: November 2021 – March 2022 (Ongoing)

Implementing Organization: Center for Agriculture and Rural Development, Inc. (CARD)

Background:

The Philippine economy was severely affected by the COVID-19 lockdown, with the unemployment rate rising to

17.7% in April 2020 and low or negative growth in various industries, including agriculture, industry, and services. Although agriculture did not experience a slump in production compared to other industries, the disruption of distribution networks and restrictions on the movement led to a decline in sales volume, hurting farmers' incomes. It was estimated that there were 94.3 million pesos worth of unsold agricultural products in the Philippines and that 64.7% of food waste was due to unsold crops. In response to this situation, the Ministry of Agriculture used digital technologies to create an e-commerce platform called "eKadiwa," which allows producers and buyers to efficiently buy and sell agricultural products, but as it was limited to the suburbs of Manila and targeted only large-scale farmers, there was a need for a platform that would allow rural areas and small-scale farmers outside Manila to participate.

Objective:

The use of digital technologies will enhance market access and opportunities for small-scale farmers in rural areas to improve their agricultural incomes.

Details of the pilot project:

- 1) Development of a platform for trading agricultural products

Asenso, a digital platform that directly connects small-scale farmers with wholesalers and retailers has been developed to create a system for trading agricultural products.

- 2) Construction of an information exchange platform

A digital platform for exchanging information on organic plant cultivation was established. Submissions were solicited on the effectiveness of organic fertilizers, and the best answer contest was held. In addition, four webinars on grafting and hydroponics were held, with a maximum of 659 participants.



Photo 3-7: Discussing platform



Photo 3-8: Buyer as a partner



Photo 3-9: Information exchange platform

3-5-2. Results of the Pilot Project

- 1) Achieved agricultural income of 12.4 million pesos in three months in a farmer group with 115 members. Efficient buying and selling through the digital platform led to an increase in sales volume due to less waste than before Corona.
- 2) Webinars conducted on the digital platform to exchange information on periodic plant cultivation were attended by a large number of people each time. The webinar on grafting was attended by 195 people and that on hydroponics by 659 people, thus serving as a place to provide information to farmers.

3-5-3. Lessons Learned from the Pilot Project

To use digital platforms, users need to regularly input information such as the type of crops and the amount of harvest, and since many small-scale farmers are not familiar with the use of smartphones and applications, it is necessary to teach them how to use digital technologies at the initial stage. However, once users learn how to use

the platform, they will be able to buy and sell agricultural products online on a continuous basis. The dissemination of the digital platform will be effective for small-scale farmers to earn income during emergencies with limited mobility, such as the COVID-19 pandemic, and can be used even after COVID-19.

3-6. Bhutan: COVID-19 Impact on Women and Children Study

3-6-1. Project Summary

Project title: COVID-19 Impact on Women and Children Study

Five areas of analysis: This project is a study and no pilot projects have been conducted.

Target area: 20 prefectures nationwide

Implementation period: February 2021 – August 2021

Implementing organization: Kuenden Statistical Services

Survey targets: Adults (18 years and older; 5,123 women, 2,925 men) and children (17 years and younger; 3,785 girls, 3,463 boys)

Survey background:

Although the disease and mortality rates due to COVID-19 in Bhutan are not as high as in other countries, the economic loss and social impact are enormous. In Bhutan, there is a large gender gap in education and employment, with a male literacy rate of 78.1% compared to 63.9% for women, and an unemployment rate of 5.3% for men who have completed secondary education compared to 11.4% for women. Gender-based issues persist. Since it is assumed that poor women and children, who have been vulnerable since peacetime, are now even more impoverished because of COVID-19, it was decided to conduct an impact study on women and children.

Objectives of the survey:

- 1) To understand the situation of women and children under COVID-19.
- 2) Understanding the differences in the situation and challenges of women/girls and men and boys under COVID-19.
- 3) Understand the vulnerability of women and children to pandemics and disasters, and analyze the underlying factors of vulnerability.
- 4) Understanding the role of women in the spread of new coronaviruses and disaster risk reduction.
- 5) Summarize recommendations for dealing with pandemics and disasters.

Survey methodology:

- 1) Interviews with adults (18 years and older, 5,123 women and 2,925 men) and children (17 years and younger, 3,785 girls and 3,463 boys)
- 2) Focus group discussions with 34 adult women, 37 adult men, 65 girls, and 77 boys
- 3) Key informant interviews with 31 ministries, UN, and NGO officials, including the Ministry of Health, Ministry of Education, National Commission for Women and Children, UNICEF, UNDP, and Save the Children

3-6-2. Findings

Current status, issues, and factors of the COVID-19 revealed through the survey

(1) Impact on income and labor

- 1) 59% of respondents experienced a decrease in household income due to the COVID-19.

- 2) The percentage of women who were ordered to take a leave of absence from work due to the COVID-19 was 61.8%, which was higher than that of men (46.1%).
- 3) In rural areas, there was no change in agricultural production, but restrictions on movement hampered distribution and sales, resulting in a decrease in income. Urban areas were also hit hard, especially in the tourism industry, including hotels, restaurants, and entertainment facilities.
- 4) In the children's focus group discussion, it was stated that, to cope with the economic deprivation of single-parent households, girls were engaged in unloading transportation goods and working in factories, while boys were engaged in working at construction sites and selling goods on the street.
- 5) In the adult focus group discussion, it was stated that the burden of household chores increased with the COVID-19, and that the burden on women increased significantly in caring for children and the elderly, washing and cleaning, and preparing meals.

(2) Impact on health and education

- 1) Internet access was the most common difficulty experienced by adults surveyed due to the COVID-19 pandemic (21.1%), followed by public transportation (14.6%), and seeing a doctor (12.8%). Children also experienced difficulties in the same order, but with regard to Internet access, 27.8% of children experienced difficulties.
- 2) 72.6% of adults reported that they faced challenges in supporting their children's home learning and improving the environment due to school closures. In particular, women who had never been to school themselves said that they were having trouble supporting their children's home learning. Even when terminals and Internet connections that can support online learning are available, children are more interested in playing games than learning, indicating that it is difficult to manage the learning environment.
- 3) 72.3% of the children said in interviews that school closures made it difficult for them to learn at home.
- 4) 3% of the adults said that there was a child in their household who dropped out of school because of COVID-19. The reasons for dropping out were that the children themselves had lost interest in their studies due to the prolonged closure of schools, and that their parents were unable to provide them with adequate learning support or Internet access. Although not among the children in the surveyed households, some respondents suggested that young pregnancy and early marriage were also reasons for dropping out of school.
- 5) According to the Ministry of Education, in Thimphu, the capital city, a total of 149 students from 34 schools dropped out between March and December 2020. The reasons for dropping out include poor health, finding employment, and leaving home.

(3) Impact on violence and abuse

- 1) 55.4% said that women and children are at increased risk of protection.
- 2) 6% of both adults and children surveyed actually experienced physical, psychological, sexual, and economic violence or abuse due to the COVID-19. The children stated that they were more likely to be involved in fights and abuse at home.
- 3) Of the 6% of adults who experienced physical violence, 33.6% reported it to a neighbor or relative, 29.1% reported it to the police, and 28.5% did not tell anyone. In the case of children, the percentage who did not tell anyone was higher, at 53.6%.

- 4) In the focus group discussions with children, they said that COVID-19 had increased their use of the Internet for both learning and entertainment, and that they were more likely to face problems such as cyber bullying, scams, and online sexual violence. About half of the boys said they had seen harmful adult content when using the Internet.
- 5) According to the Attorney General's Office, in 2020, they dealt with 59 cases of rape against adults and children, 14 cases of child sexual abuse, and 8 cases of domestic violence, which is an increase in rape and sexual abuse in the COVID-19 pandemic compared to previous years.

3-6-3. Lessons Learned from the Pilot Project

- 1) The percentage of women who were ordered to take leave of absence under COVID-19 was found to be higher than that of men. Gender differences in the situation need to be considered when providing support for reduced income, leave of absence, and dismissal, and ways to reach women in more vulnerable positions need to be considered.
- 2) It is clear that many parents consider support for home study and environmental improvement due to school closures a challenge. In consideration of the fact that parents may not have had any schooling experience, it was found that support for the parents as well as the children is necessary, such as clarifying the method of learning support and establishing a consultation service with the school.
- 3) The use of the Internet for both learning and entertainment has increased under COVID-19, and the situation of facing problems such as cyber bullying and digital sexual violence has become more frequent. In light of the fact that digital sexual violence is less likely to surface than cyberbullying or sexual violence, it is necessary to raise awareness of the need to prevent digital sexual violence.

3-7. Jordan: Support for Palestinian Refugee Women to Increase Their Income Using Digital Technologies

3-7-1. Project Summary

Project title: Survey to Explore Effective Response and Strategy for Palestinian Women and Girls under COVID-19 Pandemic

Five areas of analysis: Economic activities, digital technologies

Target beneficiaries: Palestinian refugee woman

Implementation period: January 2021 - August 2021

Implementing organization: Dajani Consulting

Background and objective:

Jordan is one of the countries most affected by COVID-19, with the unemployment rate increasing to 25% as of the first quarter of 2021, due in part to COVID-19. Palestinian refugee women in particular have difficulty participating in economic activities and have limited means of earning income due to the social norms of the refugee community, and COVID-19 is likely to further impoverish them. A survey was conducted to identify the needs of women living in Palestinian refugee camps, and pilot projects were planned and implemented based on the survey results.

3-7-2. Survey Outline

Survey title: Baseline Survey on the Situation of Palestinian Refugee Women

Survey background:

To understand the issues and needs of Palestinian refugee women living in camps under COVID-19, which are in a particularly difficult situation, and to plan pilot projects, a survey was conducted to examine the possibility of employment support using ICT and e-commerce, which are attracting attention as a way to participate in economic activities without being bound by harmful social norms that hinder women's labor participation.

Objectives of the survey:

- 1) To understand the socio-economic situation of Palestinian refugee women
- 2) To identify how Palestinian refugee women are affected by the COVID-19 pandemic
- 3) To check the acceptability of ICT and e-commerce for Palestinian refugee women

Survey area: refugee camps in Jarash, Wihdat, Baqa'a, Irbid, and Hitteen.

Survey targets: 251 Palestinian refugee families

Survey methodology:

- 1) Conducted a literature review on the socio-economic status of Palestinian refugee women, the impact of COVID-19, and the acceptability of ICT and e-commerce
- 2) Conducted a questionnaire survey of 251 Palestinian refugee households

Findings:

(1) The situation of Palestinian refugee women, as indicated in the literature review

- 1) 60% of Palestinian refugees (men and women) believe that it is okay for a husband to beat his wife if there is any reason. Fourteen percent of wives have suffered physical violence from their current husbands and 50% have suffered violence in front of their children.
- 2) Women with higher education are 10% more likely to experience domestic violence than women with less than secondary education.

(2) Employment status of Palestinian refugee households, as revealed by the questionnaire survey

- 1) In the Wihdat Camp, 80% of the heads of households surveyed and in Hitteen Camp, 69% of the heads of households surveyed were unemployed, indicating a high rate of unemployment. On the other hand, only 16% and 14% of the heads of households in Wihdat and Baqa'a Camps, respectively, were unemployed, indicating a large difference among camps.
- 2) Regarding the image of women entrepreneurs, there was a variation in the tendency of responses among the camps: The majority of both men and women in Wihdat Camp had a positive image of women entrepreneurs, while 75% of men in Jarash Camp had a negative image of women entrepreneurs, against 83% of women who had a positive image of women entrepreneurs.
- 3) More than half of the women in all camps said they could not find work. The reasons given were that 100% of the women in the Jarash Camp felt ashamed of women working outside the home in light of social norms, and 40% of the women in Wihdat Camp cited religious reasons that prevented them from working in a mixed-gender workplace.

- 4) Most of the employed women perceived low wages as a challenge, while delayed payment of salaries and abuse by employers were also cited as challenges.

(3) Acceptability of ICT and e-commerce to Palestinian refugee women, as revealed by the questionnaire survey

- 1) More than 85% of the women owned a cell phone and 4–32% of the women had a bank account, while the number of households with access to electronic decision-making was relatively high, ranging from 42% to 90%.
- 2) When asked if they would like to start a business using digital technologies, 82% of women in Jarash Camp and 51% of women in Irbid Camp said they would like to start a business, while only 6% of women in Hitteen Camp and 2% of women in Wihdat Camp said they would like to start a business.

3-7-3. Summary of Pilot Projects

Target area: refugee camps in Jarash, Wihdat, Baqa'a, Irbid, and Hitteen

Beneficiaries/target group: Palestinian refugee woman

Background of the pilot project:

From the baseline survey, it was found that the unemployment rate of the people living in Palestinian refugee camps is high and their livelihood is impoverished. The baseline survey also revealed that there are strong social norms that discourage women from working in the workplace with men. In light of this situation, it was assumed that women's income could be increased by promoting economic activities that incorporate ICT and e-commerce, which can be a way of earning income that does not violate social norms.

Objective of the pilot project:

To support Palestinian refugee women in economically difficult situations under COVID-19 through business training using ICT and e-commerce.

Details of the pilot project:

- 1) Conducted training
Training on basic knowledge of entrepreneurship and business using digital technologies was provided to 64 participants.
- 2) Individual business consultation
Advisors provided individual business consultations to seven participants who engaged in such work as food sales, cosmetics sales, and beauty care. The advisors received high ratings in the areas of use of digital technologies, product sales, and financial management.

3-7-4. Results of the Pilot Project

Under the guidance of their advisors, the female entrepreneurs who were the subjects of individual business consultations were able to analyze the current status of their businesses, improve their work processes, learn about marketing, and formulate concrete business plans. In addition, with the help of the advisors, the women entrepreneurs learned how to analyze their current business situation, improve their work processes, and develop a concrete business plan. It was also identified that business opportunities can be expected to expand through advertising of cosmetics and processed foods using SNS such as Facebook and Instagram.

3-7-5. Lessons Learned from the Pilot Project

- 1) When conducting business support activities, it is necessary to conduct a preliminary investigation to determine whether the business meets the market demand and whether it will be profitable; it is also necessary to determine whether the people to be supported are willing to take on the responsibility before providing support.
- 2) It was confirmed that women are prevented from working because they feel embarrassed to work outside of social norms, or because it is difficult for them to work in mixed-gender workplaces for religious reasons. It was found that ICT and e-commerce businesses, which are not tied to traditional forms of employment, have the potential to change this situation.
- 3) By adding a life skills component that includes women's rights, SGBV, and business skills training, it was identified that there is a need to empower women by encouraging them to change the negative practices of mixed gender work and the perception that women are ashamed to work.

3-8. Guatemala: Assistance for Women Entrepreneurs' Access to Formal Markets

3-8-1. Project Summary

Project title: Consultancy "Introduction of Women Entrepreneurs' Products in Supermarkets in Guatemala"

Area: Economic activity

Target site: 14 departments (Guatemala, Sacatepequez, Chimaltenango, Alta Veraz, Peten, Aolola, Quetzaltenango, Totonicapan, Quiche, Huehuetenango, Zacapa, Santa Rosa, Chiquimula, and Jalapa)

Target beneficiaries: Women entrepreneurs (handicrafts, clothing and textiles, home décor, cosmetics, processed and packaged foods, dehydrated beverages, and hygiene/cleaning products)

Implementation period: December 2020 – May 2021

Implementing organization: Impacto Empresarial

Collaborating organizations: Ministry of Economy

Background:

Since 2010, the Ministry of Economy has supported women entrepreneurs through one village one product (OVOP) and trade fairs, in which more than half of the direct beneficiaries are women entrepreneurs. However, many women entrepreneurs required specific support to improve product quality and better marketing strategies, which prevented access to formal markets and opportunities for growth. Economic hardship from COVID-19 has increased the demand for capacity building of women entrepreneurs to strengthen their resilience against COVID-19.

Objectives:

Assist women entrepreneurs of micro and small businesses from economic hardship of COVID-19 by identifying the necessary conditions to sell at formal markets, such as supermarkets, and improving product quality to be accepted in formal markets.

Activities:

- 1) Diagnosis/market survey
Surveyed requirements of buyers, size of orders, access conditions, payment methods, margins, documentation, etc. Identified potential marketing channels in Guatemala.
- 2) Product evaluation
Evaluated more than 90 products produced by women entrepreneurs about their presentation, quality, materials, labels, logos, compliance with regulations, such as food health registries and patents, nutritional

information, barcodes, and legal invoices.

3) Business improvement actions

Assisted 44 women entrepreneurs through a total of 168 actions, which included legal formalization (application for commercial registry and legal invoices), implementing environmental impact studies, providing training and evaluation for sanitary licenses and registries, providing training on food safety, marketing, and accounting, incorporating barcodes to products, developing new or improved logo and labels, product fact sheets, and introducing market access to potential buyers.

4) Expansion of access to formal market

Facilitated women entrepreneurs gain access to formal markets, such as supermarkets, online stores, restaurants, and trade companies.

3-8-2. Outputs of the Pilot Project

- 1) 44 women entrepreneurs have successfully met the necessary requirements to enter formal markets, such as commercial registries, acquiring Sanitary License, incorporating barcodes to products, and developing logos and labels. Some women entrepreneurs started PR activities using the developed logo and catalog.
- 2) Some women entrepreneurs have reached access to formal e-commerce markets. Women entrepreneurs of soy-based chocolate, natural cosmetics, horchata-based beverages, and precious wooden kitchen items have started to sell on online stores such as Organic Well and Brands of Guatemala.



Photo 3-10: New or improved logos



Photo3-11: Catalogs developed by the project

3-8-3. Lessons Learned from the Pilot Project

- 1) Issues of women entrepreneurs differ between geographic location, level of education, degree of product development, and many other factors. When initiating assistance for women entrepreneurs, it is important to assess the profile of women entrepreneurs, create groups, and identify appropriate assistance packages per group. Assessment factors included level of education, background, level of production, number of employees, location of the company, sales and income, product presentation and image, degree of formality, media, and promotion. After that, appropriate intervention for women entrepreneurs should be identified, such as assistance for application to commercial registries and legal invoices, and training on marketing and accounting.
- 2) The survey found that the two large entry barriers to supermarkets were 1) demand to meet large volumes and 2) stricter requirements for food safety and labels. Online stores and boutique stores are proven to be the most flexible potential markets for women entrepreneurs, which are flexible for smaller volumes and grow with demand.

- 3) It is very difficult for women entrepreneurs to secure an initial budget for registration of their business, license and sanitary registration, and promotional and advertising tools so as to enter formal markets. COVID-19 has accelerated the economic hardship of women entrepreneurs. In addition to technical assistance and training, small investments or subsidies on registration/licensing and advertising tools will boost women entrepreneurs to develop quickly and increase resilience against COVID-19.
- 4) In some women's businesses in rural areas, women engaged in production, but men/husbands exercised business decisions and negotiated with their clients. In contrast, in urban areas and departmental capitals, both spouses (wives and husbands) made business decisions equally and by consensus. It is necessary to grant power and leadership to women, especially in rural areas, by raising awareness and educating both women and men running the business and facilitating dialogue between them.

3-9. Guatemala: Income Generation of Women Entrepreneurs/Groups

3-9-1. Project Summary

Project title: Consultancy to strengthen 45 groups of women entrepreneurs

Area: Economic activity, digital technology

Target site: 13 departments (Guatemala, Sacatepequez, Chimaltenango, Alta Veraz, Pelen, Solola, Quetzaltenango, Totonicapan, Quiche, Huehuetenango, Suchitepequez, Chiquimula, Jalapa, and Zacapa)

Target beneficiaries: Women group producing products/services of handicrafts, clothing and textiles, home décor, cosmetics, processed and packaged foods, dehydrated beverages, and hygiene/cleaning products.

Implementation period: December 2020 – June 2021

Implementing organization: Impacto Empresarial

Collaborating organizations: Ministry of Economy

Background:

Guatemala is one of the countries with the highest gender gap in Latin America; women's labor participation rate is merely 37% while that of men is 84%, and the income gap of Guatemala is 33%, versus the Latin American average of 26%. The COVID-19 pandemic has widened the gender gap in the economy. To support women entrepreneurs from economic hardship, this project assisted women entrepreneurs of handicrafts, cosmetics, processed foods, etc. by conducting capacity building of women entrepreneurs and creating access to the market. The project also assessed the hidden issues of women entrepreneurs against COVID-19 and the potential ability of women entrepreneurs to make breakthroughs from the economic downturn caused by COVID-19.

Objectives:

To improve the quality of life of women entrepreneurs by strengthening their knowledge and skills in business management, enabling them to market their products effectively and access financing for their business growth.

Activities:

1) Diagnosis

We conducted a survey of 47 women entrepreneurs regarding their business environment, financial access, and market access. Assessed issues and necessary interventions to improve the quality of their business and identified 1) coaching for the development of business plans, 2) training in digital marketing, and 3) direct technical assistance to close gender gaps as pillars of assistance.

2) Strengthening plan

Planned detailed capacity development activities on each pillar of assistance.

- 3) Business plan
Develop a sample format for business plans and assist women entrepreneurs in developing a business plan by coaching experts.
- 4) Technical assistance
Conducted training for 28 women entrepreneurs on digital marketing, marketing, and finance.
- 5) Training personnel of Ministry of Economy
Training was conducted for 20 officers of the Ministry of Economy on basic business plans and digital marketing.



Photo 3-12: Training on business plan



Photo 3-13: Training on developing a website

3-9-2. Outputs of the Pilot Project

- 1) By receiving coaching on creating a business plan, women entrepreneurs have gained experience in developing production plans, marketing strategies, and cost management into one comprehensive business plan.
- 2) Through digital marketing training, 28 women entrepreneurs have learned the importance of digital marketing and how to develop advertising content on SNS and websites, and have started using Facebook and websites as marketing tools.
- 3) By training at the Ministry of Economy, officials of the Ministry of Economy acquired knowledge of business planning, finance, production, digital marketing, etc., which created a basis for continuous support for entrepreneurs.

3-9-3. Lessons Learned from the Pilot Project

- 1) The initial diagnosis of the project indicated that the largest skill gap among women entrepreneurs in Guatemala is digital literacy. 45% of women entrepreneurs responded, “I do not have enough knowledge on how to use the Internet,” and most were from rural areas. The COVID-19 pandemic has accelerated the use of digital tools in business, which has increased the potential needs of women entrepreneurs to acquire basic knowledge of the use of the Internet and SNS.
- 2) Learning-by-doing training and coaching activities provided a better learning experience for rural and low-educated women entrepreneurs. Selecting digital training or face-to-face training according to the digital literacy and digital access of participants, and designing practice-oriented capacity building will lead to spontaneous actions after training.

3-10. Bolivia: Capacity Development on Digital Skills of Entrepreneurial Women

3-10-1. Project Summary

Project title: Women digitized for a decent job/entrepreneurship to face the COVID-19 pandemic and post-pandemic times

Area: Economic activity, digital technology

Target site: Municipality of La Paz

Target beneficiaries: Bolivian entrepreneurial women between 18 and 50 years old whose income comes from the areas of general sales, gastronomy, handicrafts, and textiles.

Implementation period: November 2020 – September 2021

Implementing organization: PROFIN Foundation

Collaborating organizations: Autonomous Municipal Government of La Paz, Autonomous Municipal Government of Oruro, Departmental Government of Santa Cruz, Diaconia Development Finance Institutions (IFD), Sartawi IFD, Impro IFD, Network OEPAIC, COTEXBO, and FAUTAPO

Background:

Entrepreneurial women in Bolivia face many challenges compared to men, such as barriers to access to the formal market, limitations of training for finance and business management, and difficulties in obtaining bank loans due to limited credit. Lockdowns and movement restrictions on COVID-19 have resulted in greater economic losses to entrepreneurial women. Capacity building of the digital skills of entrepreneurial women is expected to help them maintain their income and to afford them more opportunities to start and expand business.

Objectives:

- 1) Assist low-income women to gain access to markets through small businesses with digital support (Facebook pages, WhatsApp, marketing, and other digital tools to allow them to promote and sell their products, the use of electronic payments/collections);
- 2) The financial health of women in urban and peri-urban areas of the municipality of La Paz for decision-making in the management of their finances (businesses and homes), and the access and use of digital financial services.
- 3) Development of soft skills of low-income women (e.g., negotiation skills, customer service, leadership).

Activities:

- 1) Training
Provided training for 1,502 participants on business utilizing digital technologies, financial education such as savings and insurance, and soft skills such as customer service through a digital education platform developed by the pilot project “minegocios.digital.”
- 2) Exchange event
Opened an exchange event for entrepreneurial women for networking and knowledge sharing. We received 150 people in La Paz and 60 in Oruro.
- 3) Savings and credit fair
Aligned with financial institutions, and identified financial products suitable for entrepreneurial women. Opened savings and credit fair to introduce and consult financial services for entrepreneurial women.
- 4) Provision of PPE
Provided PPE kits (masks, sanitizers, etc.) to 1,740 people



Photo 3-14: Virtual education platform



Photo 3-15: Meeting of digitized women



Photo 3-16: A woman with PPE

3-10-2. Outputs of the Pilot Project

- 1) Increased utilization rate of digital banking of trained entrepreneurial women from 23% to 31%.
- 2) Encouraged entrepreneurial women to use digital tools in their businesses. More than 50% of trained entrepreneurial women increased the frequency of promotional activities on SNS (Facebook, Instagram, etc.).
- 3) Identified financial products that meet the needs of entrepreneurial women. Aligned with financial institutions, and identified low interest direct credit (Diaconia IFD), community banking specifically for entrepreneurs (IMPRO IFD), and SES Credit – Low Interest Sanitary Emergency (Sartawi IFD). Conveyed entrepreneurial women’s knowledge about financial products by opening savings and credit fair.
- 4) Developed insurance that meets the needs of entrepreneurial women. The PROFIN foundation assessed the needs of entrepreneurial women for life insurance and developed insurance that covers medical checkup and consultation of gynecological disorders and death from COVID-19.

3-10-3. Lessons Learned from the Pilot Project

- 1) The baseline and end-line survey of this project compared the weekly income of the treatment group (women who participated in the digital skill training) and the control group (women who did not participate in the digital skill training) before and after the training. The survey found that there was a significant difference in income by the sectors to which the participants belonged. Sectors of sales, restaurant/pastry, and other industry showed increased income, while sewing/weaving, merchandise, and handicrafts showed decreased income. This indicates that digital skill training creates different outcomes and levels of application per sector, and it is very important to consider business processes and value chains when preparing digital skill training.
- 2) The baseline and end-line survey also found that the treatment group showed an increase in the utilization rate of digital banking after the training, while the control group showed a decrease in the utilization rate after lockdown. Training with actual practice on how to open an account for digital banking, digital bank transfers, and payment with QR codes will encourage participants to take action soon after the training, which will increase the resilience of entrepreneurial women against COVID-19.

3-11. Bolivia: Job Assistance for Skilled Young Women

3-11-1. Project Summary

Project title: Promoting Financial Inclusion, Generating Jobs for Women with Experience in Technical Services and Young Women from Higher Technical Institutes (ITS) and Alternative Education Centers (CEA) through Their Insertion in a technological platform for Articulation with the Labor Market, for Bolivia's Economic Reactivation

in Contexts Marked by the COVID-19 Pandemic

Area: Economic activity, digital technology

Target site: Municipalities of La Paz, Cachabamba, and Santa Cruz

Target beneficiaries: Women between 18 and 45 years old, higher technical institutes (ITS) students, and women who provide technical services such as nursing, gastronomy, electricity, design, cleaning, and sales in the municipality of La Paz, Cochabamba, and Santa Cruz

Implementation period: November 2020 – December 2021

Implementing organization: PROFIN Foundation

Collaborating organizations: Autonomous Departmental Government of Santa Cruz, Fe y Alegría, Crecer Development Finance Institutions (IFD), Mujer a Mujer (Women to Women), Cidre IFD, Atenea Technical Institute, and Fondecó IFD

Background:

The young population in Bolivia has difficulty finding employment after graduation. 47% of the graduates of ITS who majored in electricity, plumbing, hairdressing, and beauty did not find a job within 18 months after graduation. In addition, COVID-19 has especially hit the service sector, which has caused more difficulty in job hunting and job loss among female students. This project aims to create women’s employment opportunities by assisting the job hunting of skilled female students of ITS and CEA.

Objectives:

- 1) To promote employment of women students of ITS and CEA.
- 2) To facilitate financial inclusion (loans, insurance, savings, and digital banking) of women through a digital platform.

Activities:

- 1) Virtual training processes through the Edufinadigital 2.0 platform
462 women students have received training on loans, insurance, savings, and digital banking through a digital platform “Edufina Digital” developed by the pilot project.
- 2) Promotion of access and registration in the UorkCity App for access to employment
491 women students registered on a job matching app “UorkCity” developed by the pilot project.
- 3) Facilitate women’s access to financial products and services
Assisted women students to have access on financial products and services through digital platform



Photo 3-17: Digital platform “Edufina Digital”



Photo 3-18: A promotional image of the training

3-11-2. Outputs of the Pilot Project

- 1) 462 women have received training on finance (loan, insurance, savings), digital banking and soft skills via

digital education platform “Edufinadigital,” and increased ability of utilization of digital technology and knowledge of finance.

- 2) 491 women have registered with the UorkCity app that lists job opportunities and supports the matching of employers and potential workers.
- 3) 58 facilitators from Fe y Alegría (teachers), Autonomous Departmental Government of Santa Cruz (managers in eight municipalities), and the organization Mujer a Mujer (facilitators) have been trained to teach in the “Financial and Insurance Education 2.0.”
- 4) A total of 240 women have subscribed to the life insurance package for women developed by this project, which have coverage for death by any accident or illness (including COVID-19), with additional benefits of gynecological check-ups and laboratory tests for uterine cervical cancer.

3-11-3. Lessons Learned from the Pilot Project

The UorkCity app is intended to create a one-stop digital platform for job opportunities, loans, insurance, savings, and digital banking. However, young women were concerned about the risk of receiving inappropriate communications and digital gender-based violence through the platform, which discouraged some young female students from registering on the UorkCity app. When creating a digital platform, platform owners must create a reporting system and penalties for perpetrators and conduct digital safety training for current and potential users.

3-12. South Sudan: Income Enhancement Support for Women Entrepreneurs

3-12-1. Project Summary

Project title: Building Economic Resilience and Recovery among Women Entrepreneurs Affected by COVID-19 in Juba

Five areas of analysis: Economic activities

Target beneficiaries: Women entrepreneurs

Implementation period: February 2021 - August 2021

Implementing organization: Amazing Consultancy Limited

Background and objective:

In South Sudan, protracted civil war, poverty, traditional practices, and social norms have disadvantaged women in many areas, including access to employment, health care, and education. Since the COVID-19 pandemic is likely to have reinforced gender inequality and women’s vulnerability, and women in the service sector in particular are expected to have been economically affected, a COVID-19 impact survey was conducted among women entrepreneurs in Juba, and based on the survey results, pilot projects were planned and implemented. Based on the results of the survey, it was decided to plan and implement pilot projects.

3-12-2. Survey Outline

Survey title: Baseline study on the impact of COVID-19 on women entrepreneurs

Survey background:

According to the Ministry of Trade and Industry of South Sudan, under COVID-19, it is estimated that more than 60% of people are unemployed in accommodation, restaurants, travel services, and beauty salons, where women

are mostly engaged. In such an economic situation, women and girls are particularly difficult. Therefore, a survey was conducted to identify the needs of women and girls and to assist them in meeting those needs.

Objectives of the survey:

- 1) Collect information on the situation of women and girls under COVID-19.
- 2) To understand the social, economic and psychological impact of COVID-19 on women entrepreneurs.
- 3) To gather information for planning and implementation of pilot projects.
- 4) To make recommendations for the formation of JICA projects from a gender perspective.

Survey area: Juba

Survey targets: 256 women entrepreneurs, 18 officials from ministries, NGOs, and the private sector.

Survey methodology:

- 1) Collect information on assistance programs under COVID-19 implemented by the government of South Sudan and development partners
- 2) Conducting interviews with government agencies, UN agencies, NGOs, and other stakeholders
- 3) Conducted interviews with women entrepreneurs in the formal and non-formal sectors.

Findings: The current status, challenges, and factors of women entrepreneurs as revealed by the interview survey.

(1) Challenges faced by female entrepreneurs before COVID-19

- 1) Many women entrepreneurs start their businesses with little or no knowledge of business design, business management, marketing, etc.
- 2) There is a lack of an enabling environment for women to engage in business, including opportunities for women to start their own businesses, participation of women representatives in relevant organizations, and SGBV issues.

(2) Status and challenges of women entrepreneurs with COVID-19

- 1) More than 97% of the women entrepreneurs were employed in informal sector jobs such as small retail, restaurants, and tailors, which were strongly affected by and impoverished under COVID-19.
- 2) Much of the business capital was diverted to living expenses during the lockdown.
- 3) Only 7% of the women entrepreneurs have access to financial services and they do not have the capital to reinvest when the economic situation deteriorates under COVID-19.
- 4) Under COVID-19, transportation of goods has been restricted, making it difficult to procure raw materials.
- 5) Under COVID-19, group production work and meetings were restricted, which hindered business operations.

(3) Family situation and challenges of women entrepreneurs with COVID-19

- 1) More than 97% of the households suffered from food shortages.
- 2) Decreased child care and nursing services increased the burden of care work for women.
- 3) Domestic violence and abuse increased as families spent more time at home due to the lockdown.
- 4) In some cases, school closures have cut off educational opportunities, and children have become victims of child labor, prostitution, and early marriage.

3-12-3. Summary of Pilot Project

Target area: Juba

Beneficiaries/target group: women entrepreneurs

Collaborating institutions: South Sudan Women Association (SSWEA), Ministry of Gender, Child and Social Welfare

Background of the pilot project:

From the baseline survey, it was found that due to the impact of COVID-19, women entrepreneurs face difficulties in continuing their businesses, such as difficulties in procuring materials due to lack of funds and poor distribution. Therefore, financial and technical support was provided to the women entrepreneurs to enable them to continue their businesses in the pilot project.

Objective of the pilot project:

To address the challenges faced by women entrepreneurs under COVID-19, economic resilience will be built through business skills development and small grant provisions.

Details of the pilot project:

- 1) Implementation of training
Conducted business management training for 111 employees.
- 2) Provision of small grants
Provided small grants to four women's entrepreneurial groups: soap making, groundnut processing and selling, sewing training centers, and day care centers.
- 3) Advocacy
Advocacy on women's business participation through radio talk shows



Photo 3-19: Sewing training center



Photo 3-20: Women discussing the content of business training

3-12-4. Outputs of the Pilot Project

- 1) The provision of small grants to women's entrepreneurial groups has enabled some of them to expand their businesses and save money, thus providing a stepping stone to access financial services.
- 2) Through the training, collaboration among the targeted women's entrepreneurial groups was observed; for example, a group engaged in soap production started manufacturing soap using peanuts from a group engaged in groundnut sales. Synergistic effects were observed by providing opportunities for interaction and exchange of opinions among the groups and by exploring the possibility of collaboration to create further business opportunities.

【Case Study】 Development of New Products through Collaboration among Women's Groups

The Alona Women's Group, which manufactures soap, and the Payawa Women's Group, which sells value-added peanuts, were the recipients of a small grant for this pilot project. Alona Women's Group, a soap manufacturer, and Payawa Women's Group, a value-added distributor of peanuts, have been able to cooperate in developing soap using the peanut paste handled by Payawa Women's Group. This is a good example of how the grant not only helped expand the scale of the business, but also led to the creation of new products through networking between the two groups, with beneficial results for the groups.



Photo 3-21: Introducing liquid soap

Alona Women's Group



Photo 3-22: Processing peanuts

Payawa Women's Group

3-12-5. Lessons Learned from the Pilot Project

- 1) The project builds economic resilience by improving business skills and providing small grants, and some groups of women entrepreneurs have been able to use the grants to expand their businesses, save money, and gain access to financial services. On the other hand, since many of the participants in the project entered small businesses with no business knowledge, there is a need for basic business skills training, such as business design, business management, and marketing, and even after the training, instructors and experts need to mentor and follow up with participants. It was identified that without mentoring and follow-up by instructors and experts, it would be difficult for them to continue entrepreneurship. Women entrepreneurs are not uniform; there are entrepreneurs on the micro, small, and medium scales, and their abilities and business achievement goals vary. Therefore, when implementing projects, it is necessary to understand in advance the level of entrepreneurship of the target participants (business scale, education level of the entrepreneurs, and needs required by the entrepreneurs) and set achievement goals before implementing the training.
- 2) Many of the training participants were victims of domestic violence. Especially in projects with poor women, it is necessary to incorporate some activities against SGBV, which hinders the empowerment of these women, in addition to business skills to improve their income.

Part 4: Recommendations for Formulating Projects to Promote Gender Equality and Empowerment of Women

The following chapters summarize both how the COVID-19 pandemic impacted women and girls as seen in the Study described in Part 2 and the results from the Quick Impact Projects described in Part 3. In the latter part of each chapter, two projects are recommended to the Japan International Cooperation Agency (JICA), which aims to promote gender equality and empowerment of women.

Chapter 1. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in India

1-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in India

The Constitution of India guarantees gender equality. The Government of India signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1980, and established the Department of Women and Child Development to promote the advancement of women and children in 1985, which later became the Ministry of Women and Child Development in 2006.⁹⁴³

As shown in Table 1-1 in Chapter 1 of Part 2, there are wide gender gaps in many spheres in India, which ranked 140 out of 156 countries according to the Global Gender Gap Report 2021.

The wide gender gap can be attributed to the country's persistent and strong patriarchal values that prefer sons over daughters. In many cases, whereas the first son inherits land and property, continues the family lineage, and takes care of the parents, daughters are less desirable because they are considered a part of their future husbands' households owing to the burden of dowry that is due at the time of marriage. This gap is reflected in the sex ratio at birth: 899 girls born per 1,000 boys.⁹⁴⁴ In regions where the son preference is strong, girls are not given enough nutrition and have fewer opportunities to obtain higher education. If they do not bear sons after marriage, there are risks of being beaten and left out of their husbands' families. Girls and women raised in such circumstances internalize gender stereotypes that women and girls are inferior to men and boys. The gender pay gap is 25% and women's labor force participation rate is 25.3%. and has been declining from 2006 onward.⁹⁴⁵ Women occupy only 14.4% of the seats in parliament⁹⁴⁶ and only 9% of the seats in State Legislative Assemblies.⁹⁴⁷ The government has highlighted the need to strengthen the data collection system on gender including on LGBTQ individuals in order to identify gaps for effective intervention to promote gender equality.⁹⁴⁸

The spread of COVID-19, which started in March 2020, had a significantly negative impact on health, education,

⁹⁴³ Ministry of Women and Child Development, <https://wcd.nic.in/about-us/about-ministry#:~:text=The%20Department%20of%20Women%20and,Ministry%20of%20Human%20Resources%20Development>, [Access: December 25, 2021]

⁹⁴⁴ Sample Registration System (SRS) Report 2018, https://censusindia.gov.in/vital_statistics/SRS_Report_2018/4.Executive_Summary_2018.pdf

⁹⁴⁵ Deshpande, Ashwini (2020) : The Covid-19 Pandemic and Lockdown: First Order Effects on Gender Gaps in Employment and Domestic Time Use in India, GLO Discussion Paper, No. 607, Global Labor Organization (GLO); IMF (2018) IMF Working Paper: Closing gender gaps in India, wp18212.pdf

⁹⁴⁶ World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

⁹⁴⁷ NITI Aayog & UN (2020) SDG India Index&Dashboard 2019-2020, p71, <https://www.niti.gov.in/sites/default/files/2020-07/SDG-India-Index-2.0.pdf>

⁹⁴⁸ *ibid*, p.73

and livelihoods of the people. Women and girls who were already marginalized were at higher risk of being abused and violated, forced into early and child marriages, and trafficked during the pandemic. Many women have suffered from disruptions of SRH services, unwanted pregnancies, increase in unpaid care and domestic work, and income loss. Girls were deprived of education owing to the lack of access to online learning. These challenges had adverse impacts on the mental health status of women and girls.

Challenges in the area of SGBV: The government and development partners responded by strengthening the capacities of helplines and shelters, and increased the number of helpdesks for women at police stations. However, these officers had to take COVID-19 preventive measures such as requesting the women who needed face-to-face interventions or shelter, to take COVID-19 tests and undertake quarantine measures. Shelters had to limit their intake in order to maintain social distancing and contain the spread of the virus. Despite the increase in the number of SGBV cases, the response had not been sufficient, and it was identified that the emergency response system must be prepared for such eventualities.

Challenges in the area of health service provision: As most medical resources including, facilities, equipment, and health workers were expected to handle the COVID-19 pandemic response, maternal and child healthcare and SRH services were disrupted. This resulted in the exposure of women to greater risk. Access to safe delivery and abortion became particularly difficult. Owing to the prolonged economic stagnation and restrictions on movement, the mental health status of most people worsened. Women's mental health was most affected by the increased burden in the form of unpaid care and domestic work, as more family members were spending longer hours in the house. In addition, as family members were stressed owing to anxiety and frustration of their uncertain future, arguments and violence increased, and this also had negative consequences for women.⁹⁴⁹

Challenges in economic activities and livelihoods: Women's livelihoods were severely affected as more than 90% were informal workers. The government provided cash transfers for women who had PMJDY accounts for three months (Rs. 500 per month) from April 2020 onward. However, the pandemic had not been contained as of December 2021 and it was more than obvious that one-time cash transfers were not enough. The number of women who experienced income loss exceeded that of men. The recovery rate for the female labor force was slow when compared to that of the male labor force. Increased unpaid care and domestic work obstructed women's economic participation.

Challenges in education: Girls from impoverished families in rural areas were deprived of education because of their inability to access digital technology and the increase in the extent of unpaid care and domestic work. Child marriages increased as schools were closed for over a year and a half.

Challenges in the area of digital technology: The already prevailing gender gap in terms of access⁹⁵⁰ to digital technology excluded women from enjoying the benefits of services such as those provided online. Women and girls who did not own digital devices and could not access the Internet were at a greater disadvantage. There is an urgent

⁹⁴⁹ We Must Intervene Now to Check the COVID-19-Induced Mental Health Pandemic, May 16 2020, <https://science.thewire.in/health/we-must-intervene-now-to-check-the-covid-19-induced-mental-health-pandemic/> [Access: June 13, 2021]

⁹⁵⁰ See details in 1-6 "Digital Technology" Part 2, Chapter 1.

need to support marginalized women and girls so that they can access digital technology.

Segments that were more vulnerable were women and girls from the Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Classes (OBC). Muslims, elderly women, women and girls with disabilities, and LGBTQ people who faced discrimination even before the outbreak of the COVID-19 pandemic were also affected. Women and girls from several of the above-mentioned groups suffered the most.

During the COVID-19 pandemic, NGOs, international organizations, community volunteers, and self-help groups (SHGs) worked with the government to spread information on COVID-19 and enabled access to social protection schemes. Activities to support survivors of SGBV and provide SRH services were also implemented. Table 1-1 summarizes the challenges that women and girls faced during the pandemic, factors causing these challenges, response measures implemented by the government and development partners, and challenges and gaps in the response measures, based on the information gathered for study in Chapter 1 of Part 2.

Table 1-1: Summary of challenges faced by women and girls during COVID-19 pandemic, their factors, response measures, and gaps

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-----------|--|--|---|---|
| ① SGBV | <p>1) Increased DV</p> <p>2) Increased child marriage</p> <p>3) Increased human trafficking</p> <p>4) Limited access for SGBV survivors to seek help</p> | <ul style="list-style-type: none"> ◆ <u>DV was happening before the pandemic, but movement restrictions meant spouses or partners spent longer hours at home, and DV increased.</u> ◆ <u>Alcohol consumption and drug use increased owing to economic downturn, job loss, and income loss, triggering DV.</u> ◆ Parents pushed their daughters to marry to reduce household costs. ◆ Social norms such as son preference made families try to have their daughters marry and leave their houses while young. ◆ Parents do not know that child marriage is illegal. ◆ Families received offers from human traffickers to give away their daughters because of income loss. ◆ <u>Girls who have lost their guardians because of COVID-19 faced higher risks of being trafficked.</u> ◆ <u>As the perpetrators are mostly husbands or male partners, women cannot call and seek help because they are staying in the same house as the perpetrators are under movement restrictions.</u> ◆ There are social norms that justify DV when the husband feels that the wife is not managing the household | <p>【Prevention】</p> <ul style="list-style-type: none"> ◆ NCW, Departments in charge of SGBV in the State Governments Strengthening helplines ◆ Ministry of Women and Child Development Strengthening of Childlines ◆ NCW, UNICEF, UN Women, NGOs Awareness raising activities <p>【Protection】</p> <ul style="list-style-type: none"> ◆ Ministry of Women and Child Development, Departments in charge of SGBV in the State Governments Strengthening of OSCs ◆ Police Strengthening and establishing women helpdesks ◆ NGOs Shelter ◆ Government, NGOs Strengthening of counseling capacities ◆ UN Team (UNICEF, UN Women, UNFPA and others) Strengthening of capacities of facilities and human resource in charge of SGBV <p>【Prosecution】</p> <ul style="list-style-type: none"> ◆ Courts Some courts were open online. | <p>【Prevention】</p> <ul style="list-style-type: none"> ◆ The government and development partners have raised awareness about SGBV through television and social media. However, it is not clear if the awareness is linked to prevention of SGBV. In addition, it is not known how many survivors received protection services after reporting to the helplines. <p>【Protection】</p> <ul style="list-style-type: none"> ◆ Officers could not respond to help the survivors in a speedy manner because they had to take COVID-19 preventive measures. In-person counseling was restricted, and the survivors had to take COVID-19 tests before being accommodated in shelters ◆ Lack of vehicles and fuel were impeding the officers to rescue the SGBV survivors. ◆ Effective referrals systems were not in place. <p>【Prosecution】</p> <ul style="list-style-type: none"> ◆ Police officers were busy responding to manage lockdown measures such as traffic control and |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------|--|--|--|--|
| | | <p>well.</p> <ul style="list-style-type: none"> ◆ A social structure that forces women to depend economically on men because they have no economic means. Women have no choice of leaving the husband. Therefore, even when women sought help outside, they thought that the situation would only worsen because women cannot live without their husband. | <p>【Data collection, surveys】</p> <ul style="list-style-type: none"> ◆ NCW, Ministry of Women and Child Development Data collection on reports on SGBV ◆ Police Data collection on crimes against women ◆ NGOs Rapid surveys, telephone surveys on SGBV | <p>therefore SGBV cases were sidelined.</p> <ul style="list-style-type: none"> ◆ Court cases were delayed because the courts were taking COVID-19 preventive measures. ◆ There is a need to build capacity of police officers and prosecutors on SGBV. <p>【Rehabilitation and economic empowerment】</p> <ul style="list-style-type: none"> ◆ Emergency cases were prioritized, and activities for rehabilitation and economic empowerment were limited. <p>【Data collection, surveys】</p> <ul style="list-style-type: none"> ◆ Many surveys were conducted during the pandemic in the area of SGBV. Response measures using the findings from the surveys should be implemented for effective interventions. <p>【Transformation of social norms, mind-set, and behaviors】</p> <ul style="list-style-type: none"> ◆ Response measures to eliminate justifying perpetrators of SGBV and lessening gender equalities are limited. ◆ There is a lack of gender perspective among the people who work for the media. |
| | Most vulnerable segments | Girls, young women, women and girls with disabilities | | |
| ② Health | 1) Limited access to safe delivery | ◆ <u>Medical resources were shifted to COVID-19 response, causing</u> | 【SRH】 ◆ Ministry of Health and Family | 【SRH】 ◆ SRH services such as safe delivery, |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|----------|---|---|--|--|
| Services | <p>2) Limited access to safe abortion</p> <p>3) Poor menstrual hygiene management</p> <p>4) Worsened mental health</p> | <p><u>disruptions in maternal health care services.</u></p> <ul style="list-style-type: none"> ◆ <u>On the one hand, there were pregnant women who did not seek maternal health services because of fear of infection. In addition, there were pregnant women who wanted to access maternal services but could not because of movement restrictions and lack of transport.</u> ◆ <u>Disruption of family planning services.</u> ◆ <u>Disruption of supply chain of contraceptives.</u> ◆ <u>Disruption of abortion services.</u> ◆ There is stigma attached to women and girls accessing abortion services. ◆ Women do not have knowledge about SRH. ◆ <u>Women and girls could not obtain sanitary napkins because sanitary napkins were not listed as essential goods, and the production of sanitary napkins stopped.</u> ◆ <u>Mental health was negatively affected because of loss of income, increased unpaid care and domestic work, and DV.</u> | <p>Welfare Developed guidelines on operationalization for maternal health services during the COVID-19 pandemic,⁹⁵¹ and on counselling pregnant women for COVID-19 vaccination.⁹⁵²</p> <ul style="list-style-type: none"> ◆ NCW Helpline for pregnant women. ◆ UNFPA Transportation for pregnant women from home to hospitals ◆ NGOs Advocacy for SRH services including access to abortion to be defined as essential service. ◆ Government, NGOs Distribution of sanitary napkins. <p>【Mental Health】</p> <ul style="list-style-type: none"> ◆ Government, health facilities, development partners, educational institutions such as university Setting up helplines and posting of counselors | <p>family planning, safe abortions were not maintained. There is lack of understanding that SRH services must be maintained in emergency situations.</p> <ul style="list-style-type: none"> ◆ There is a strong social norm that a woman should deliver a child once she is pregnant. Greater stigma is attached if the woman who wants to abort is an unmarried woman because there is a social norm that unmarried woman should not have sex before marriage. Therefore, women cannot raise their voices even there is a need for access to safe abortion. <p>【Mental Health】</p> <ul style="list-style-type: none"> ◆ People with mental health issues increased but human resources and support are not enough. |
| | Most vulnerable segments | Pregnant women, elderly women, women with disabilities, LGBTQ | | |

⁹⁵¹ Ministry of Health and Family Welfare (2021) Guidelines on operationalization of maternal health services during Covid-19 pandemic, https://www.nhm.gov.in/New_Updates_2018/Guidelines_on_Operationalization_of_Maternal_Health_Services_during_the_Covid-19_Pandemic.pdf

⁹⁵² Ministry of Health and Family Welfare, Counselling Pregnant Women for COVID-19 Vaccination <https://www.mohfw.gov.in/pdf/CounsellingbookletforFLWsEnglish.pdf>

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|--|--|--|---|--|
| ③ Economic Activities and Livelihoods | 1) Income loss 2) Decreased participation of women in economic activities 3) Increased number of women experiencing economic hardship | <ul style="list-style-type: none"> ◆ Women are not recognized as bread winners and therefore are the first to be laid off. ◆ Service industry that had substantial proportions of women workers were hit hard economically. ◆ <u>Women could not acquire the materials to produce goods for their businesses owing to border closures and movement restriction.</u> ◆ <u>Access to markets to sell their products became difficult because of movement restriction.</u> ◆ Many women do not own assets such as land, and thus do not have access to formal financial services. ◆ Women had to spend longer hours performing unpaid care and domestic work. ◆ Many women work in the informal sector and are vulnerable to economic crisis. ◆ <u>Many women were not registered as laborers, and therefore were not able to receive social protection benefits.</u> | <p>【Social protection】</p> <ul style="list-style-type: none"> ◆ Government Cash transfers, distribution of food and essential goods. ◆ Government, UN, NGOS Distribution of food and essential goods. <p>【Employment】</p> <ul style="list-style-type: none"> ◆ Ministry of Rural Development Promotion of employment in rural areas through MGNREGA program. <p>【Income generation and entrepreneurship】</p> <ul style="list-style-type: none"> ◆ Government, GTZ, private companies, NGOs Enhancing capacities if women entrepreneurs and SHGs. ◆ Government, trade unions, private companies, NGOs Support shifting businesses online. <p>【Financial inclusion】</p> <ul style="list-style-type: none"> ◆ Government, trade unions Provision of financial services such as loans targeting women union | <p>【Social protection】</p> <ul style="list-style-type: none"> ◆ Women who work in construction or agriculture are not recognized as laborers and therefore it is difficult for them to access social protection schemes targeting workers. <p>【Employment】</p> <ul style="list-style-type: none"> ◆ Equal pay for equal work, minimum wage, maternity benefits are stated in the labor law but there are states that relaxed those regulations during the COVID-19 pandemic and therefore the rights of the laborer are not protected. ◆ Measures to set up infrastructures for improving women’s safety and to decrease unpaid care and domestic work of women in order to participate in economic activities are extremely limited. <p>【Income generation and entrepreneurship】</p> <ul style="list-style-type: none"> ◆ Support to digitalization of businesses is needed but those support is limited. <p>【Financial inclusion】</p> <ul style="list-style-type: none"> ◆ Accessing to formal financial services is difficult. <p>【Transformation of social norms, mind-set, and behaviors】</p> <ul style="list-style-type: none"> ◆ Increased recognition of women as |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|----------------|--|---|---|--|
| | | | members, SHGs and women entrepreneurs. | laborers and that women are shouldering most of the unpaid care and domestic work is needed but the support in this area is limited. ♦ There is a lack of gender perspective among the people who work for the media. |
| | Most vulnerable segments | Domestic migrant women, elderly women, LGBTQ | | |
| ④ Education | <p>1) Limited access of girls to remote learning</p> <p>2) Increased number of girls dropping out from schools</p> <p>3) Increased adverse effect from school closure (loss of safe place, malnutrition from no access to school lunch, declined SRH, declined mental health)</p> <p>4) Limited ability of teachers to adopt remote learning</p> | <ul style="list-style-type: none"> ♦ There are regions without Internet connection. ♦ No digital equipment in households. ♦ Limited digital literacy. ♦ <u>Schools are not providing remote learning.</u> ♦ Prevalence of digital gender gap and limited access among girls to digital technology. ♦ <u>Loss of household income.</u> ♦ <u>Less study time due to increased unpaid care and domestic work.</u> ♦ <u>Girls were married off.</u> ♦ <u>Girls from poor households were deprived of nutritious food because they rely on school feeding to maintain their nutritional status.</u> ♦ <u>Girls in rural areas do not have access to sanitary napkins because they used to receive them at school.</u> ♦ <u>Loss of communication among friends and teachers.</u> ♦ <u>No experience in offering remote learning.</u> | <p>【Remote learning】</p> <ul style="list-style-type: none"> ♦ Ministry of Education, UNICEF, UNESCO, NGOs Promotion of access to remote learning via online, TV, radio, and textbook. 【Prevention of dropout】 ♦ State governments Food distribution instead of Mid-day-meal. ♦ Government Relaxation of payment of monthly deposits of fund for the girl child. ♦ NGOs Awareness raising on child marriage and human trafficking. 【Mental health】 ♦ Ministry of Education, universities Setting up counseling posts, development of guidelines on mental health care. ♦ UNICEF Capacity building of counselors ♦ NGOs Strengthening of counseling services | <p>【Remote learning】</p> <ul style="list-style-type: none"> ♦ Although there is a gender gap in accessing to digital devices and technology, support targeting girls is limited. 【Prevention of dropout】 ♦ Measures tackling child marriage and human trafficking are limited. ♦ Measures to reduce the burden of girls performing unpaid care and domestic work to enable girls to continue their learning are limited. 【Mental health】 ♦ Measures were promoted to respond to the increased mental health issues, but strong stigma attached to mental health is obstructing early detection. ♦ There are heightened risks of suicides and therefore more support is needed. |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------------------|--|--|---|---|
| | | | | |
| | Most vulnerable segments | Girls who belong to Scheduled Caste and Scheduled Tribe living in rural areas | | |
| ⑤ Digital Technology | <p>1) A wide digital gender gap and low digital literacy of women increased dependence on men.</p> <p>2) Women and girls without access to digital technology were left out of health, economic, and educational services.</p> | <ul style="list-style-type: none"> ◆ Women and girls have less access to digital technology and digital devices than men and boys, owing to their lower status in the family. ◆ There are places where Internet usage is restricted for women and girls based on the prejudice that women and girls will meet someone online and elope and/or women and girls will be distracted from performing unpaid care and domestic work. ◆ <u>As digital technology penetrated all spheres of life, applications for social protection schemes and vaccination reservations had to be done online, and many women needed support from male family members or acquaintances.</u> ◆ Digital platforms for selling agricultural products, handicrafts, and other products online were made available, but many women could not benefit because they did not have access to digital technology. | <p>【Support through digital technology】</p> <ul style="list-style-type: none"> ◆ Government ID (Aadhaar) was linked to bank account and mobile phones to facilitate cash transfers. ◆ NCW, NGOs Enabled receiving reports on SGBV cases via SNS. ◆ Ministry of Health and Family Welfare Promotion of telemedicine. ◆ NGOs Dissemination of information on COVID-19 and social protection schemes, and any other consultations via Internet. ◆ 【Enhancement of income generating opportunities】 ◆ NITI Aayog, Ministry of Rural Development, trade union, private companies, NGOs Support digitalization of businesses of women entrepreneurs and SHGs to expand market opportunities. | <p>【Support through digital technology】</p> <ul style="list-style-type: none"> ◆ Support for women and girls who have no access to digital technology is limited. ◆ Support for changing social norms that prevent women and girls from accessing digital technology is limited. <p>【Promotion of women in STEM】</p> <ul style="list-style-type: none"> ◆ Digital technology industry is a fast-growing one but only 30% of the work force are women. There is a great need of intervention to decrease the gender gap but support for promotion of women’s employment in the STEM field is limited. |
| | Most vulnerable segments | Girls from impoverished households with no access to digital technology, elderly women | | |

1-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in India

As described in Chapter 1 of Part 2, titled “Challenges Faced in Gender Equality and Empowerment of Women During the COVID-19 Pandemic in India,” women and girls suffered economic difficulties, lack of food, increase in incidents of SGBV, poor mental health, and the digital gender divide. Migrant women, informal workers, and those living in rural areas were hit hard by the pandemic. Those among them who belonged to the SC, ST, Other Backward Classes (OBC), and/or other discriminated social groups, had fewer opportunities to recover.

JICA has been partnering with the Government of India and various state governments for poverty alleviation, investment promotion, and infrastructure development over the past 60 years. Since the COVID-19 pandemic, JICA has been responding to the need to strengthen health and medical systems. It also supports the Micro, Small, and Medium Enterprises (MSME) sector and vulnerable groups that have been deeply affected by the pandemic. This section proposes two projects in order to respond to challenges both in the field of SGBV and concerning women agricultural workers who constitute 75% of the female labor force in the rural areas.

1-2-1. Proposed Project 1: Strengthening the Capacity of One Stop Centers in Hospitals

(1) Background of the Project

As described in Chapter 1 of Part 2, Section 1-2, titled “Sexual and Gender-based violence,” DV and child marriage increased during the COVID-19 pandemic. The government designated One Stop Centers (OSCs) and helplines as essential services; accordingly, their officers and staff members continued operating during the lockdowns.⁹⁵³

The OSCs are handled by the Ministry of Women and Child Development and provide services to survivors of SGBV such as rescue, medical treatment, counseling, legal assistance, and shelter for women and girls.⁹⁵⁴ It provides services in collaboration with the police and the Ministry of Health and Family Welfare.⁹⁵⁵ The OSC guidelines state that OSCs should be established within the premises of a hospital or within a distance of 2 km from a hospital.⁹⁵⁶ As of May 2021, there were 701 OSCs within or close to hospitals.⁹⁵⁷

This survey found that OSCs faced the following challenges even before the outbreak of the COVID-19 pandemic: their existence is not commonly known, they lack human resources, they do not have enough vehicles to reach out to survivors, and there is a general state of poor coordination among medical experts, the police, and prosecutors. Their role has become important now more than ever as the number of SGBV cases, particularly DV, increased during the COVID-19 pandemic. In July 2021, the Home Minister of Andhra Pradesh announced that OSCs would be set up at every government general hospital in the district to extend immediate help to women facing DV, sexual assault, and other issues.⁹⁵⁸

⁹⁵³ No.WW-22011/27/2016-WW Government of India, Ministry of Women and Child Development, https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL_0.pdf
https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL1_0.pdf

⁹⁵⁴ *ibid.*

⁹⁵⁵ Ministry of Women and Child Development, One Stop Centre Scheme, https://wcd.nic.in/sites/default/files/OSC_S.pdf

⁹⁵⁶ Ministry of Women and Child Development (2017) One Stop Centre Scheme implementation guidelines for State Governments/UT administrations, December, 2017, https://wcd.nic.in/sites/default/files/OSC_G.pdf

⁹⁵⁷ Ministry of Women and Child Development (2021) Functional One Stop Centers, May 2021, https://static1.squarespace.com/static/6094ad67239edc19d37abb83/t/60ab1dcc310e6523b7a10aa0/1621827037031/Details+of+701+functional+One+Stop+Centres%28OSCs%29_1.pdf

⁹⁵⁸ Disha One-Stop centres to assist poor women, July 30 2021, <https://www.newindianexpress.com/states/andhra-pradesh/2021/jul/30/disha-one-stop-centres-to-assist-poor-women-2337518.html>

JICA has supported both the construction of hospitals and the strengthening of health systems in India. Therefore, it is important to incorporate approaches toward setting up OSCs right from the planning phase of hospital construction projects. OSCs are important for the promotion of women's empowerment as they provide physical and mental treatment for women to recover; legal aid to prosecute perpetrators; and counseling services to rehabilitate survivors.

The protection of survivors of SGBV is essential not only during a pandemic, but also in all other disastrous situations. Women who access OSCs have suffered SGBV and are often injured, pregnant, have contracted sexually transmitted diseases, or live with HIV/AIDS; most often, medical officers are their first points of contact.⁹⁵⁹ Therefore, it is very important for medical officers to know how to take care of these survivors and their needs. Medical officers should have the knowledge and expertise to approach and address SGBV survivors, listen to their stories, provide mental healthcare, and write medical documents as evidence so that the perpetrators can be prosecuted. SGBV survivors also need the support of social workers, police officers, prosecutors, and judges. Therefore, it is equally important to build a referral system where SGBV survivors can receive integrated assistance at the OSC, starting from rescue all the way until protection, prosecution, and rehabilitation.

(1) Purpose, expected outputs, and activities of the proposed project

【Project Purpose】

To strengthen the capacities of OSCs (inside or near hospitals) to provide efficient support to the SGBV survivors

【Types of Assistance】

Official Development Assistance (ODA) loans or partnership programs

【Project period】

2 to 4 years

【Counterparts】

Ministry of Women and Child Development, Ministry of Family and Welfare, Ministry of Home Affairs (Police)

【Project Beneficiaries】

Direct beneficiaries: Medical officers and social workers that are attached to the OSC; police officers; prosecutors; lawyers

Indirect beneficiaries: SGBV survivors

【Expected outputs and activities】

Output 1: OSCs inside the hospitals are made accessible in terms of location and attitude of the related officers

(Activities for Output 1)

- To set up a system within hospital premises to improve accessibility for SGBV survivors in need of assistance.
- To set up an environment where the privacy of SGBV survivors can be protected.
- To develop guidelines on managing SGBV cases when survivors access OSCs and make sure that the medical officers and staff members work in line with all that is stated in the guidelines.

⁹⁵⁹ Gender based violence is a public health issue: using a health systems approach, November 25 2021, <https://www.who.int/news/item/25-11-2021-gender-based-violence-is-a-public-health-issue-using-a-health-systems-approach> [Access: December 27, 2021]

Output 2: All OSC-related staff members (medical officers, social workers, care takers) are taking a “survivor-centered approach” to support SGBV survivors.

(Activities for Output 2)

- All OSC staff should understand the severity of SGBV and its consequences for the mental health of SGBV survivors.
- All OSC staff should learn about basic mental health issues in order to understand whether survivors’ mental health conditions are affected by anxieties caused by their experiences of abuse and social issues and/or whether the survivor needs clinical treatment for symptoms such as integration disorder, developmental disability, and/or psychosomatic disorder.
- All OSC staff should look after the mental health status of SGBV survivors and establish an early detection system so that an effective response is possible.
- All OSC staff should acquire active listening and counseling skills.

Output 3: All OSC related staff members (medical officers, social workers, care takers), police officers, prosecutors, and lawyers are cooperating effectively to support rehabilitation of SGBV survivors

(Activities for Output 3)

- Develop a case management manual, which establishes the processes of SGBV survivor protection.
- Develop guidelines that define the roles and responsibilities of social workers, medical and police officers, and prosecutors managing SGBV cases so that a referral system can be established.
- Train medical officers on how to preserve evidence and write medical documents that can be used by the police to investigate perpetrators.
- Conduct trainings on case management with medical officers, social workers, and law enforcement officers to strengthen partnerships in managing SGBV cases.

(2) Rationale of the proposed project

There was an increase in the number of SGBV cases in most of the countries in the world during the COVID-19 pandemic. India was no exception. In countries like India, where patriarchal values remain strong, women and girls tend not to raise their voices when they experience SGBV. It is thus difficult to grasp the true picture. However, during the pandemic, calls with reports of SGBV to helplines rose in number, and it was gradually acknowledged as a serious social problem. However, during the pandemic, even though SGBV was reported, there were insufficient protection mechanisms.

As mentioned in the section titled “Project Background,” the OSC aims to protect SGBV survivors and operates under the Ministry of Women and Child Development. OSCs are to be established inside or near a hospital in order to provide medical treatment to SGBV survivors, record evidence, and write medical documents to enable prosecution so that survivors can get justice. However, OSCs are not fully functional as they lack human resources and coordination among staff members, and support from medical and police officers.

Japan also has OSCs within some hospitals where SGBV survivors receive mental and physical health treatment and care, counseling, legal, and investigation support. As OSCs in India and Japan share the same mission and service provision frameworks, there is a good basis for mutual learning. As one of the targets of SDG 5 is to

“eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation,” it is important for JICA to support the proposed project.

1-2-2. Proposed Project 2: Promoting Empowerment of Rural Women through Digital Technology

(1) Background of the Project

As described in Section 1-4, “Economic Activities and Livelihoods” under Chapter 1 of Part 2, 75% of women in the rural labor force are engaged in agriculture. However, women’s operational landholding is only 14%.⁹⁶⁰ As women do not own land, they are left out of development schemes. This continued during the COVID-19 pandemic.

Since 2007, gender mainstreaming has been a major policy goal of the National Policy on Farmers. Gender Mainstreaming initiatives were promoted in the Department of Agriculture, Cooperation and Farmers Welfare (DAC&FW), Ministry of Agriculture & Farmers Welfare, and gender concerns were addressed by earmarking 30% of funds for women under various major schemes/programs and development interventions.⁹⁶¹ However, only 24.3% women accessed PM-Kisan, a cash transfer scheme to improve the livelihoods of farmers.⁹⁶²

With the imposition of lockdowns, farmers could neither go to the market to sell their produce nor procure inputs such as seeds and fertilizer to continue farming. Many of them lost their incomes and had to reduce their meals and took informal loans to make ends meet. Women were overburdened with increased unpaid care and domestic work and the burden of having to manage their households. Access to agricultural technologies and market information and trade in farm products shifted online. Those who did not have access to digital technology were pushed further into poverty.

JICA has been offering significant support in the area of agriculture. Some of these projects aim to enhance the capacity of women farmers. It is of utmost importance to enhance women’s digital skills so that they can acquire agricultural technology and generate income through the use of digital technology. Among the target population of the project living in marginalized areas, women are more likely to be illiterate and to have never accessed the Internet. In such cases, a detailed baseline survey must be conducted to understand the socioeconomical status of women and identify the categories of women that may be empowered through the use of digital technology. It is crucial to identify activities to engage their male family members in order to transform their mindset and behavior to encourage the empowerment of women and girls.

(2) Purpose, expected outputs, and activities of the proposed project

【Project Purpose】

Enhance marketing and bargaining skills of rural women through using women- friendly digital technology

【Type of assistance】

⁹⁶⁰ NITI Aayog (2020) India Voluntary National Review 2020,

https://sustainabledevelopment.un.org/content/documents/26281VNR_2020_India_Report.pdf

⁹⁶¹ Department of Agriculture, Cooperation & Farmers’ Welfare (2021) Annual Report, 2020-2021, Department of Agriculture, Cooperation & Farmers’ Welfare https://agricoop.nic.in/sites/default/files/Web%20copy%20of%20AR%20%28Eng%29_7.pdf

⁹⁶² PM Kisan data shows Northeast and Kerala lead in bridging gender gap, Punjab has just 61 beneficiaries, <https://timesofindia.indiatimes.com/india/pm-kisan-data-shows-northeast-kerala-lead-in-bridging-gender-gap-punjab-has-just-61-women-beneficiaries/articleshow/79456787.cms>

Pilot activities of ODA loans or partnership program

【Project period】

3 to 4 years

【Counterparts】

Ministry of Agriculture & Farmers Welfare, Ministry of Agriculture at the state level

【Project Beneficiaries】

Members of SHGs that are producing agricultural products or processed food products

【Expected outputs and activities】

Output 1: Activities are identified to promote empowerment of rural women by using technology and transforming people's consciousness and behavior towards gender equality.

(Activities for Output 1)

- Conduct a baseline study on the situation and status of various categories of women within the target area (caste, religion, education level, poverty level, mobility level, and so on)
- Conduct a baseline study to identify the level of women's access and usage of digital technology.
- Conduct a baseline study to see if there are women who are interested in digital technology and who may be willing to join the project. If there are a certain number of women who may be able to participate, identify their level of digital literacy and the level that can be achieved within the project period.
- Identify the services that women would want to access using digital technology.
- Identify the kind of digital services that would benefit rural women.
- Identify the level of women's ownership over smartphones.
- Identify the point at which male engagement is needed in terms of buying or borrowing digital devices for women participants who do not own them.

Output 2: Rural women who are engaged in agriculture are using digital technology.

(Activities for Output 2)

- Train farmers and SHG members (men and women) on basic digital skills. Additional training sessions should be conducted for illiterate women.
- Train farmers and SHG members (men and women) on checking and utilizing information on areas such as weather, markets, technology relevant to their produce, and using the Internet.

Output 3: Rural women are selling their produce and food processing products using digital technology.

(Activities for Output 3)

- Based on the level of digital skills acquired under Output 2, conduct research to identify the means by which and how women can generate income using digital technology.
- Conduct activities identified through research.
- Sell agricultural produce and food processing products using digital technology by utilizing information obtained through the same medium.

Output 4: Rural women express their views actively in village meetings on agriculture and acquire skills to negotiate with the buyers of their products.

(Activities for Output 4)

- Train women on communication, negotiation, and leadership skills, and provide real negotiation opportunities.

- Conduct workshops on nutrition, SRH, SGBV, and gender equality.

(3) Rationale of the proposed project

The Ministry of Agriculture and Farmers Welfare launched the “Digital Agriculture Mission 2021–2025,” which aims to implement projects based on new technologies like artificial intelligence (AI), blockchain, remote sensing, and geographic information system technology, aside from the use of drones and robots.⁹⁶³ As shown in Table 1-12 titled “Men and women who have ever used the internet (aged 15–49 years)” in Chapter 1 of Part 2, there is a digital divide between rural and urban segments, and men and women. Most rural women who are engaged in agriculture come from poor households and are in a more disadvantageous position owing to strong patriarchal values and therefore have less access to digital technology. Unless measures to eliminate the digital divide are taken urgently, the divide will widen further. This proposed project aims to promote empowerment and gender equality among rural women by helping them acquire basic digital skills, and enabling their access to useful information and helping them raise their voices.

Women would need digital devices to participate in training sessions conducted under the project. However, as only 25% of the Indian women have smartphones,⁹⁶⁴ routes to enable access should be thought of as well. The project may have to lend devices, or the participants must negotiate with the male members in their families to borrow or purchase devices. The project must incorporate activities meant for the family members of the women participants in order to change their mindsets and behaviors against social norms that discriminate against women and girls. It is significant to incorporate activities to facilitate the transformation of men’s behaviors and mindsets. As some communities may have strong patriarchal values, the project should be implemented in partnership with NGOs that have expertise in working in the field of empowering rural women. Selling agricultural produce and processed food products using digital technology can open up massive opportunities for rural women who have mobility restrictions owing to the lack of public transport and safety, and social norms that confine them to their households. If rural women can gather information through the Internet and sell their products online, it would help them generate income without risking their safety. As the project will provide opportunities for women to think, raise their voices, and negotiate, it would also bring opportunities for women to raise their status within their families and village communities, which can help transform unequal social norms and relations.

⁹⁶³ Ministry of Agriculture and Farmers welfare signs 5 MOUs with private companies for taking forward Digital Agriculture September 14 2021, <https://pib.gov.in/PressReleasePage.aspx?PRID=1754848> [Access: January 8, 2022]

⁹⁶⁴ GSMA (2021) The Gender Mobile Gap Report 2021, p.15, P.25, <https://www.gsma.com/r/wp-content/uploads/2021/07/The-Mobile-Gender-Gap-Report-2021.pdf>

Chapter 2. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in Thailand

2-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in Thailand

As described in Chapter 2 of Part 2, titled “Challenges Faced in Gender Equality and Empowerment of Women During COVID-19 in Thailand,” Thailand made substantial gains on social and economic development from the late 1980s to date. However, income and consumption levels vary considerably by region and there are wide inequalities between the rural and urban areas.⁹⁶⁵ In 2015, the poverty rates among women in rural and urban areas were 9% and 5%, respectively.⁹⁶⁶

According to the Global Gender Gap Index (GGGI) 2021,⁹⁶⁷ Thailand ranked 79 out of 156 countries. The Government stated in the report titled “Implementation of the Beijing Declaration and Platform for Action (1995) and the Outcomes of the 23rd Special Session of the General Assembly (2000) in the Context of the 25th Anniversary of the Fourth World Conference on Women and the Adoption of the Beijing Declaration and Platform for Action 2020,” that among the many challenges Thailand faced in promoting gender equality, deeply-rooted gender stereotypes and low political participation of women were major challenges.⁹⁶⁸ Acknowledging that education and media play significant roles in influencing people, textbooks used in schools and other academic institutions were revised in order to promote gender equality.⁹⁶⁹ The NPCT issued a code of ethics and practical guidelines for news reports to normalize respect for women’s dignity and gender equality, and the NBTC issued a set of television broadcasting guidelines based on the human rights and dignity of women for broadcasters of news and television programs.⁹⁷⁰

Thailand’s global gender gap ranking on “economic participation and opportunity” was high; the rank in “professional and technical workers” was the highest in the world. However, in terms of “political empowerment,” Thailand ranked 134 out of 156 countries, and only 15.8% of the seats in parliament were occupied by women; there were no women ministers.⁹⁷¹ The government considered this a problem. The quota system and alternation on men and women on party ballot lists in the candidate system were discussed in the course of drafting the 2017 Constitution. However, those systems were not adopted.

The “Thailand Voluntary National Review 2021” identified the low participation of women in politics and incomplete gender disaggregated data system as challenges to the achievement of gender equality. It further stated that the data storage systems disaggregated by gender were incomplete and all relevant agencies lacked connectivity, and that it was difficult to grasp the full picture. Therefore, the data were not fully utilized in policymaking processes.

⁹⁶⁵ Yang, Judy; Wang, Shiyao; Dewina, Reno (2020) Taking the Pulse of Poverty and Inequality in Thailand (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/614661586924075867/Taking-the-Pulse-of-Poverty-and-Inequality-in-Thailand>

⁹⁶⁶ OECD (2020) Thailand: Gender Budgeting Action Plan, <https://www.oecd.org/gov/budgeting/gender-budgeting-action-plan-thailand.pdf>

⁹⁶⁷ World Economic Forum (2021) Global Gender Gap Report 2021

⁹⁶⁸ Implementation of the Beijing Declaration and Platform for Action (1995) and the outcomes of the twenty-third special session of the General Assembly (2000) in the context of the twenty-fifth anniversary of the Fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action 2020, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/64/National-reviews/Thailand-en.pdf>

⁹⁶⁹ *ibid.*

⁹⁷⁰ The Big Conversation: Handbook to Address Violence against Women in and through the Media, November 25 2021, <https://bangkok.unesco.org/content/big-conversation-handbook-address-violence-against-women-and-through-media>[Access: January 4, 2022]

⁹⁷¹ World Economic Forum (2021) Global Gender Gap Report 2021

The spread of COVID-19 since March 2020 negatively affected the health status, access to education, and livelihoods of people. Women and girls faced increased instances of SGBV, disruption of SRH services, increase in unpaid care and domestic work, increased financial challenges, and poor mental health. Women and girls who were ethnic minorities, stateless, foreign migrants, disabled, elderly, and on the LGBTQ spectrum were doubly marginalized during the COVID-19 pandemic.

The government, along with development partners such as NGOs, international and community-based organizations, and volunteers implemented various relief programs to mitigate the negative impacts on the people, especially the vulnerable population.

Challenges in the area of SGBV: The government and development partners strengthened the capacity of hotlines and counseling services. NGOs and international organizations reported that the police force concentrated on managing COVID-19 and related movement restrictions and that courts were mostly closed during the lockdown period. As a result, the prosecution of SGBV cases was delayed. Shelters continued to operate during the lockdown, but as COVID-19 measures such as social distancing and movement restrictions had to be followed, shelter staff were not able to respond to the needs of SGBV survivors as quickly as usual and their outreach activities were also hampered. SGBV survivors faced challenges in reaching shelters and government offices because of movement restrictions. There should be safe places and protection mechanisms where women and girls can take refuge from violence on an urgent basis, both at the provincial and district and/or sub-district levels.

Challenges in the areas of SRH and mental health: Challenges were seen in accessing abortion services in the first three months after the lockdown. People's mental health began to deteriorate, and the government and NGOs responded by strengthening the capacities of hotlines.⁹⁷²

Challenges in the area of economic activities and livelihoods: According to the World Bank's "Thailand Poverty Brief," 70% of the 2,000 men and women aged over 18 years had experienced income loss and those who were most affected were women as well as individuals from low-income households, low-education groups, and living in the southern provinces.⁹⁷³ The burden of care work during the pandemic had negatively affected the employment status of married women and those in households with children, especially in urban areas.⁹⁷⁴ Unemployment and income loss resulted in rising food insecurity for vulnerable groups. As the pandemic continues, more relief programs are essential.

Challenges in the area of education: Schools were closed for 1.5 months in 2020 and the period of school closure in 2021 depended on the status of infections in individual regions. The government promoted online learning and children who had no access to digital devices and the Internet were left behind.

⁹⁷² Ministry of Foreign Affairs Thailand (2021) Thailand Voluntary National Review 2021, pp.30-31, https://sustainabledevelopment.un.org/content/documents/279482021_VNR_Report_Thailand.pdf

⁹⁷³ World Bank (2021) Thailand Poverty Brief, p.6, <https://documents1.worldbank.org/curated/en/780771636649923876/pdf/Thailand-Poverty-Brief.pdf>

⁹⁷⁴ *ibid.*

Challenges in the area of digital technology: The level of access to digital technology depended on the level of wealth. Lockdowns and movement restrictions accelerated digitalization in all spheres of life. Those from low-income households were marginalized even further. There was no gender gap in the access to technology. However, there was a significant gap between the wealthy and the poor, which affected the level of access to digital technology.

Gender disaggregated data and segments that were more vulnerable during the COVID-19 pandemic: Gender disaggregated data on SGBV, education, and employment were available. However, a country like Thailand which is an upper-middle income economy,⁹⁷⁵ with low poverty rates and wide disparities in terms of income and consumption levels among rural and urban areas, data on gender alone did not help to grasp the situation of women and girls. Various surveys conducted during the pandemic showed that sex workers, foreign migrant workers, elderly people, ethnic minorities, and stateless people were most affected. Women and girls with disabilities were also severely affected. However, this information did not emerge clearly until interviews were conducted with women with disabilities and organizations supporting people with disabilities. In effect, there were several vulnerable segments that we may not know about unless thorough data collection is conducted. Therefore, to create and implement efficient interventions for affected segments, in addition to gender (including LGBTQ), age, place of residence, ethnicity, religion, ability/disability, educational attainment, household status (gender of household head, and number of children and family members), and marital status (married, unmarried, divorced, widowed) are necessary.

Table 2-1 summarizes the challenges that women and girls faced during the pandemic together with factors, response measures taken by the government and development partners, as well as challenges and gaps in response measures, based on data gathered for the study presented in Chapter 2 of Part 2.

⁹⁷⁵ Thailand Now an Upper Middle Income Economy, August 2 2011, <https://www.worldbank.org/en/news/press-release/2011/08/02/thailand-now-upper-middle-income-economy> [Access: January 6, 2022]

Table 2-1: Summary of challenges faced by women and girls during COVID-19 pandemic, their factors, response measures, and gaps

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-----------|---|---|---|---|
| ① SGBV | <p>1) Increased DV</p> <p>2) Increased digital sexual exploitation</p> <p>3) Increased risk of human trafficking</p> | <ul style="list-style-type: none"> ◆ <u>DV was happening before the pandemic, but movement restrictions meant spouses or partners spent longer hours at home, and DV increased.</u> ◆ <u>Alcohol consumption and drug use increased owing to economic downturn, job loss, and income loss, triggering DV.</u> ◆ There are social norms that justify DV when the husband feels that the wife is not managing the household well. ◆ <u>Sex industries shifted to online operation because of closure of entertainment zones.</u> ◆ <u>Closure of schools led to children using the Internet for longer hours.</u> ◆ <u>More women went into prostitution because of income loss.</u> ◆ <u>Owing to border closures, the numbers of human trafficking victims decreased. However, families and women were severely affected economically and face higher risks of being trafficked by being offered false employment opportunities.</u> | <p>【Prevention】</p> <ul style="list-style-type: none"> ◆ MSDHS Hotlines, awareness raising activities ◆ NGOs Awareness raising activities <p>【Protection】</p> <ul style="list-style-type: none"> ◆ MSDHS Strengthening capacities of human resource and facilities related to survivor protection. Strengthening counseling skills. ◆ NGOs Strengthening capacities of human resource and facilities related to survivor protection. Strengthening counseling skills. ◆ UN Women and the UN Team Strengthening capacities of human resource and facilities related to survivor protection. Strengthening counseling skills. Provision of services in multiple languages. <p>【Prosecution】</p> <ul style="list-style-type: none"> ◆ NGOs Legal assistance | <p>【Prevention】</p> <p>Support of the government and development partners was concentrated in prevention activities such as strengthening capacities of hotlines and awareness raising activities</p> <p>【Protection】</p> <ul style="list-style-type: none"> ◆ Speedy protection of the survivors was challenging because officers had to take COVID-19 preventive measures. In-person counseling was restricted, and the survivors had to undertake quarantine measures before being accommodated in shelters ◆ There is only one shelter in each province, and the shelter had to operate taking COVID-19 preventive measures, which made protection difficult due to movement restrictions. <p>【Prosecution】</p> <ul style="list-style-type: none"> ◆ Many police officers were deployed for managing the lockdown restrictions. Therefore, their capacity to respond to SGBV cases decreased. ◆ Courts had to take COVID-19 preventive measures; therefore, some cases were delayed. |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------------|--|--|--|--|
| | | | <p>【Data collection, surveys】</p> <ul style="list-style-type: none"> ◆ MSDHS Number of cases reported to hotlines, number of DV cases, number of walk-in cases regarding DV, number of VOTs ◆ Police Number of victims of online sexual exploitation. | <ul style="list-style-type: none"> ◆ In many cases, DV is not taken seriously, and perpetrators rarely get punished. <p>【Rehabilitation and economic empowerment】</p> <ul style="list-style-type: none"> ◆ Emergency cases were prioritized and therefore activities for rehabilitation and economic empowerment were limited. <p>【Data collection, surveys】</p> <ul style="list-style-type: none"> ◆ Analysis of data and intervention based on evidence should be implemented. <p>【Reporting on SGBV cases in the media】</p> <ul style="list-style-type: none"> ◆ Biased media coverage, not respecting confidentiality and privacy of the survivors are causes of re-victimization. ◆ There is a lack of monitoring on whether the media’s approach to covering SGBV cases is not reinforcing unequal gender stereotypes. |
| | Most vulnerable segments | Foreign migrant women workers, women with disabilities | | |
| ② Health Services | 1) Limited access to safe abortion | <ul style="list-style-type: none"> ◆ Consultations regarding abortion services reaching to NGOs increased during lockdown and number of hospitals providing abortion services decreased after May 2020.⁹⁷⁶ ◆ The level of SRH services were | <p>【SRH】</p> <ul style="list-style-type: none"> ◆ NGOs⁹⁸⁰ A network consisted of Civil Society organizations advocated to the Ministry of Public Health to maintain abortion services such as allowing to access to abortion pills | <p>【SRH】</p> <ul style="list-style-type: none"> ◆ Access to abortion services, STDs and HIV/AIDS tests became difficult. As stigma is attached to the above-mentioned issues, promoting correct knowledge about SRH is needed. Better access to |

⁹⁷⁶ Health to ensure access to safe abortion during Covid-19 pandemic, May 19 2020, <https://prachatai.com/english/node/8530> [Access: November 30, 2021]

⁹⁸⁰ Health to ensure access to safe abortion during Covid-19 pandemic, May 19 2020, <https://prachatai.com/english/node/8530> [Access: November 30, 2021]

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|------|---|--|---|---|
| | <p>2) Limited access to HIV and STDs testing</p> <p>3) Heightened risk of early pregnancy</p> <p>4) Worsened mental health</p> | <p>back to normal by July 2020 but calls regarding unwanted pregnancy increased in May 2021⁹⁷⁷ during another outbreak.</p> <ul style="list-style-type: none"> ◆ There are cases of women buying fake abortion pills from the Internet that damaged their health.⁹⁷⁸ ◆ LGBTQ and sex workers were experiencing difficulties in accessing to condoms, STD tests and counseling.⁹⁷⁹ ◆ It has been reported by sex workers living with HIV/AIDS that access to treatment became difficult. ◆ Teenage pregnancy is expected to rise as access to abortion services became difficult during the COVID-19 pandemic. ◆ Calls to mental health hotlines have increased due to increased stress deriving from anxieties of being infected by COVID-19 virus and worries of losing jobs. | <p>via telemedicine.</p> <ul style="list-style-type: none"> ◆ Ministry of Public Health Developed a LINE application called “teens club” for teenagers to learn about services related to early pregnancies. The ministry also offered free contraceptive implants at government hospitals across the country.⁹⁸¹ ◆ NGO (SWING)⁹⁸² SWING has collaborated with hospitals to offer counseling services and HIV testing when sex workers accessed the hospital for COVID-19 testing. 【Mental health】 ◆ Ministry of Public Health Increased the number of lines of “Mental Health Hotline 1323” from 10 to 20 lines.⁹⁸³ Developed and application that can self-check mental status.⁹⁸⁴ Trained community health | <p>information on SRH and contraceptives for young people is necessary.</p> <p>【Mental health】</p> <ul style="list-style-type: none"> ◆ People’s mental health has been affected because of anxieties related to COVID-19 infections and economic difficulties. Suicides have increased. The government and NGOs are strengthening the capacity of their services, but do not |

⁹⁷⁷ โคโรนาค่าพิช! หญิงไทยท้องไม่พร้อมพึ่งบริการสายด่วน1663 เดือนเดียวกว่า4พันราย, <https://mgronline.com/politics/detail/9640000062038> [Access: June 25, 2021]

⁹⁷⁸ โคโรนาค่าพิช! หญิงทำแท้ง ถูกหลอกขายคุม-เสียมดลูกมดตก, COVID increase the number of unsafe abortions by using abortion pills, June 24 2021, https://www.matichon.co.th/lifestyle/social-women/news_2793100

⁹⁷⁹ UN Thailand (2020) Socio-Economic Impact Assessment of Covid-19 in Thailand, p.61, <https://www.unicef.org/thailand/media/5666/file/SocioEconomic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf> ; Vulnerable youth in Thailand falling behind in all key social and economic dimensions due to COVID-19, September 22 2020, <https://thailand.un.org/en/91960-vulnerable-youth-thailand-falling-behind-all-key-social-and-economic-dimensions-due-covid-19> [Access: June 14, 2021]

⁹⁸¹ Govt sees to slash teen pregnancy rate, September 10 2020, <https://www.bangkokpost.com/thailand/general/1982775/govt-seeks-to-slash-teen-pregnancy-rate> [Access: March 20, 2021]

⁹⁸² “We cannot provide only HIV services while sex workers are hungry”: Thai community organization steps in, June 1 2020, https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200601_thailand [Access: July 25, 2021]

⁹⁸³ Oxford Policy Management, UN Thailand (2020) Social Impact Assessment of COVID-19 in Thailand, London, With Southeast Asia's highest suicide rate, March 18 2021, Thailand grapples with mental health challenge amid pandemic, <https://www.channelnewsasia.com/news/cnainsider/high-suicide-rate-region-thailand-grapples-mental-health-covid-14430142> [Access: April 20, 2021]

⁹⁸⁴ Thailand battling mental health concerns caused by the pandemic, March 20 2021, <https://thethaiger.com/coronavirus/thailand-battling-mental-health-concerns-caused-by-the-pandemic> [Access: March 30, 2021]; The government public relations department, June 15 2021, https://thailand.prd.go.th/mobile_detail.php?cid=2&nid=11430 [Access: October 27, 2021]

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|---------------------------------------|--|---|---|--|
| | | | volunteers on mental health. ⁹⁸⁵ | meet the demand. ♦ Data regarding mental health, which is disaggregated by sex, age, occupation, financial status, should be collected for better intervention. |
| ③ Economic Activities and Livelihoods | <p>1) Income loss of women</p> <p>2) Increased unpaid care and domestic work</p> | <p>SRH: Sex workers, adolescent girls, LGBTQ Mental Health: Girls, elderly women</p> <ul style="list-style-type: none"> ♦ It is estimated that unemployment rate for men is 7.6% and that of women is 11.7% during the COVID-19 pandemic.⁹⁸⁶ The reason for higher employment rates for women is because accommodation, beverage, and manufacturing industries where many women informal workers are engaged had been hit hard by the pandemic.⁹⁸⁷ ♦ Increased unpaid care and domestic work. ♦ In times of emergency, it was the women who limited their work. This situation came out clearly from the World Bank report that women's labor participation rate declined during the first and second quarters of 2020 which coincided with the school closure period.⁹⁸⁸ | <p>【Social protection】</p> <ul style="list-style-type: none"> ♦ Government Cash transfer programs were in place for informal workers, agricultural workers, elderly, people with disabilities, those who were receiving other benefits, and foreign migrant workers meeting the conditions. ♦ Government, UN, NGOs Distributed food and essential goods to families of foreign migrant workers and others who have been further impoverished due to the pandemic. ♦ Government, trade unions, NGOs Disseminated information on social protection programs and assisted the process of application. <p>【Employment】</p> <ul style="list-style-type: none"> ♦ MSDHS | <p>【Social protection】</p> <ul style="list-style-type: none"> ♦ People with low digital literacy and foreign workers who were not literate in Thai could not access social protection programs without the assistance of their friends and/or NGOs. Assistance programs should consider these groups that experience difficulties in accessing social protection programs. ♦ The prolonged impact of the pandemic has damaged people's financial status and demand for food and essential goods is reaching various organizations. More social protection programs are needed. <p>【Employment, income generation and entrepreneurship】</p> |

⁹⁸⁵The dark side of Thailand's corona virus success, June 16 2020, <https://www.npr.org/sections/goatsandsoda/2020/06/16/874198026/the-cost-of-thailands-coronavirus-success-despair-and-suicide>

⁹⁸⁶ ADB (2020) Proposed Countercyclical Support Facility Loans Kingdom of Thailand: COVID-19 Active Response and Expenditure Support Program , <https://www.adb.org/sites/default/files/project-documents/54177/54177-001-rrp-en.pdf>

⁹⁸⁷ National Economic and Social Development Council (2020) NESDC Economic Report-Thai Economic Performance in Q1 and Outlook for 2020, https://www.nesdc.go.th/nesdb_en/article_attach/article_file_20200525140723.pdf

⁹⁸⁸ World Bank (2021) Thailand Economic Monitor January 2021, <http://documents1.worldbank.org/curated/en/236271611069996851/pdf/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs.pdf>, p.43 5月8日

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------|--|---|--|---|
| | | | <p>Conducted training courses for women to acquire skills and promoted their employment.</p> <p>【Income generation and entrepreneurship】</p> <ul style="list-style-type: none"> ◆ UN, NGOs Nurtured women entrepreneurs ◆ NGOs Helped women groups develop new products and provided small scale loans. ◆ UN, NGOs, private companies Promotion of shifting business online <p>【Financial Inclusion】</p> <ul style="list-style-type: none"> ◆ NGOs Provided small scale loans to women groups. | <ul style="list-style-type: none"> ◆ Shifting businesses online is crucial but support in the use of digital technology is limited. ◆ Setting up infrastructures to lessen women's burden of unpaid care and domestic work for promoting women's economic participation is extremely limited. |
| | Most vulnerable segments | Foreign migrant women workers, elderly women, women with disabilities, single mothers | | |
| ④ Education | 1) Limited access to remote learning | <ul style="list-style-type: none"> ◆ There were regions without internet connection. ◆ There were families that do not have digital devices for all the children. ◆ <u>There were schools that were not providing remote learning.</u> ◆ <u>Schools that children of migrant workers and stateless children were studying had been closed for more than a year.</u> ◆ <u>There are children with disabilities that online learning is inappropriate and remote learning is difficult when there is no one to assist.</u> | <p>【Remote learning】</p> <ul style="list-style-type: none"> ◆ Ministry of Education Setting-up of education channels on TV, promotion of online learning, distribution of textbooks and worksheets. ◆ Ministry of Education, Ministry of Digital Economy and Society, UN Promotion of online education. ◆ Ministry of Education, Ministry of Digital Economy and Society Paid a certain amount of Internet fee or mobile phone fee for the guardians of the children so that they can encourage children | <p>【Remote learning】</p> <ul style="list-style-type: none"> ◆ Support for student who do not own digital devices and/or do not have access to digital technology is limited. |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|------|---|--|--|---|
| | <p>2) Increased risk of children dropping out from schools</p> <p>3) Worsened mental health</p> | <ul style="list-style-type: none"> ♦ <u>Loss of household income.</u> ♦ <u>Increase in child labor (children of foreign migrant workers)</u> ♦ <u>Loss of communication among friends and teachers.</u> ♦ <u>Anxiety about their futures</u> | <p>learning online.</p> <ul style="list-style-type: none"> ♦ Ministry of Education, UNICEF Provided training to teachers on how to provide education using digital technology. ♦ Ministry of Education, UNESCO Established online portal site in multiple languages. 【Prevention of dropout】 ♦ EEF Increased the amount of money and the number of recipients of scholarships. ♦ UNESCO, EEF Promoted the use of application called “learning coin” which money is sent when the student completes study sessions provided by the application. ♦ Ministry of Public Health Developed an application to prevent early pregnancy. ♦ MSDHS, EEF, Child and Adolescent Mental Health Rajanagarindra Institute (CAMRI) Established a mechanism to protect children who lost their guardians due to COVID-19. 【Mental health】 ♦ UNICEF, WHO Raised awareness about mental health by developing pamphlets and guidelines. | <p>【Prevention of dropout】</p> <ul style="list-style-type: none"> ♦ Special intervention for continuous learning is needed for children of foreign migrant workers, stateless children, children with disabilities and children who have lost their guardians due to COVID-19. <p>【Mental health】</p> <ul style="list-style-type: none"> ♦ Measures were put in place to respond to the emerging mental health issues. However, strong stigma is attached to the people |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------------------|---|--|---|---|
| | | | <ul style="list-style-type: none"> ◆ Childline Foundation Thailand Received consultations regarding mental health via phone and online. | <p>who have mental health problems which makes it difficult to respond from the early stage.</p> <ul style="list-style-type: none"> ◆ There is an increased risk of suicide and therefore efficient countermeasures are required. ◆ There is a lack of accessible gender disaggregated data on people whose mental health have been affected during the COVID-19 pandemic. Gender disaggregated data are particularly needed for children of foreign migrant workers, stateless children, children with disabilities and children who have lost their guardians to COVID-19. Those data must be analyzed for effective interventions. It is also important to include data of LGBTQ children. |
| | Most vulnerable segments | Children of foreign migrant women workers and stateless people, children with disabilities, children who lost their guardians to COVID-19 | | |
| ⑤ Digital Technology | <p>1) Many can use SNS but cannot utilize digital technology such as accessing to social protection programs, online business, etc.</p> <p>2) Only 30% women major in STEM programs and only 30% work in STEM-related industries.</p> | <ul style="list-style-type: none"> ◆ There is no gender gap in mobile phone ownership and access to Internet. However, most of the people use SNS and informal workers who consists 50% of the whole labor force are not using digital technology for their businesses. ◆ According to PISA 2018, Thai girls perform better than boys in both science and math but only 30% of girls study in STEM-related programs and only 30% is employed in STEM-related jobs. | <p>【Enhancement of income generating opportunities】</p> <ul style="list-style-type: none"> ◆ Ministry of Labor and Microsoft Conducted training sessions for trainers of the Ministry of Labor that provide vocation skill courses to the public. Trained 4 million laborers on digital skills so that the laborers can have better employment opportunities. ◆ ILO and JP Morgan Chase Foundation | |

| Area | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|------|--|--|---|---|
| | | | <p>Promoted digitalization of businesses, market information, financial services to women entrepreneurs.</p> <p>【Promotion of girls to major in STEM programs】</p> <ul style="list-style-type: none"> ◆ Government, university, UNESCO, ITU ESCAP Held workshops and webinars targeting girls and female teachers on digital technology. ◆ Ministry of Education, UNICEF Strengthen the capacity of girls and women in the STEM field. | <p>【Promotion of Women in STEM】</p> <ul style="list-style-type: none"> ◆ Digital technology industry is a fast-growing one but the proportion of girls and women who study and are employed in the STEM field is small and it must be promoted. In addition, promotion of access to digital technology is needed especially for women and girls in marginalized rural areas. <p>【Support to access digital technology】</p> <ul style="list-style-type: none"> ◆ Support to those who do not have access to digital technology is limited. |
| | Most vulnerable segments | Girls who do not have knowledge on digital safety, elderly women, foreign migrant women who are not fluent in Thai, women from ethnic minorities and stateless women | | |

2-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in Thailand

Japan's ODA to Thailand started in 1954. Since then, it has implemented technical cooperation projects and Grant Aid for projects to build infrastructure, and has provided ODA loans to support Thailand's efforts for social and economic development.

JICA's priority areas for assistance to Thailand are:

- 1) Sustainable development of the economy and coping with a maturing society
- 2) Coping with common issues in ASEAN countries
- 3) Cooperation with Thailand on issues in the ASEAN/Mekong Region and the international community

Promoting the empowerment of socially vulnerable people came under category a) and the following proposed projects fit into the same category.

【Background of the two proposed projects】

Since 2009, JICA has been implementing projects in partnership with the Division of Anti-Trafficking in Persons, MSDHS in order to combat human trafficking by strengthening the capacity of Multi-Disciplinary Teams (MDTs) comprising social workers, police officers, prosecutors, immigration officers, labor inspectors, teachers, medical officers, and NGOs. This project was implemented in Bangkok and provinces that had high rates of ethnic minorities, stateless people, and foreign migrant women workers. In addition to strengthening the MDTs, JICA worked with provincial shelters and "protection and occupational development centers for women and girls (The shelter)" which is located in four provinces. JICA has also hosted "Mekong Regional Workshops on the Protection of Victims of Trafficking (VOTs)" in Bangkok and other workshops related to protection of VOTs in Japan. The following proposed projects are based on the rich experience of mutual learning between the two countries to combat SGBV.

2-2-1. Proposed Project 1: Strengthen the Capacity on Responding to Mental Health Issues of VOTs to Promote Rehabilitation

(1) Purpose, expected outputs, and activities of the proposed project

【Project purpose】

To strengthen the capacities of the staff members responding to mental health issues of VOTs to promote rehabilitation.

【Types of Assistance】

Japan Overseas Cooperation Volunteers (JOCV) program

【Project period】

2 to 4 years

【Counterparts】

Division of Anti-Trafficking in Persons, MSDHS

【Project Beneficiaries】

Direct beneficiaries: The following staff members work in the four shelters, namely social workers, caretakers, teachers who provide occupational training, and other staff members who interact with VOTs daily.

Indirect Beneficiaries: VOTs staying in the shelter

【Expected outputs and activities】

Output 1: Staff members who work in the four shelters understand how VOTs' experience affect their mental health status.

(Activities for Output 1)

- Train shelter staff to understand mental health.
- Train shelter staff to understand the consequences of VOTs' experiences to their mental health.
- Train shelter staff to understand whether a survivor's mental health conditions are affected by anxieties caused by their experiences of abuse and social issues or if the survivor needs clinical treatment for symptoms such as integration disorder, developmental disability, and/or psychosomatic disorder.

Output 2: Staff members who work in the four shelters can respond appropriately to VOTs who are mentally affected.

(Activities for Output 2)

- Train shelter staff on basic communication, deep listening, and counseling skills.
- Train shelter staff on bodywork, exercise, and games to mitigate stress and anxiety.
- Train shelter staff on early detection of VOTs with severe mental health problems.
- Train shelter staff on preventing further deterioration of mental health

Output 3: Establish a system that staff members who work in the four shelters can detect mental health problems at an early stage and work with mental health experts to address them.

(Activities for Output 3)

- Create an environment where VOTs can talk and discuss freely about their feelings such as anxiety and depression, and make counseling services accessible.
- Establish an early detection system where shelter staff can appropriately monitor the mental health status of VOTs.
- Establish a referral system where shelter staff can refer to medical experts when VOTs need clinical interventions.

(2) Rationale of the proposed project

Mental health challenges increased during the COVID-19 pandemic and effective response measures are urgently required. The Ministry of Public Health has established a Mental Health Crisis Assessment and Treatment Team (MCATT) to respond to the issue.⁹⁸⁹ Even before the COVID-19 pandemic began, mental healthcare was provided in shelters to facilitate the recovery and rehabilitation of VOTs. There are five psychiatrists in one of the four shelters, and they are in charge of looking after the mental health of women and girls staying at the shelter. The four shelters also provide occupational training such as handicraft production, which not only helps them obtain skills, but also helps facilitate their healing from abuse and exploitation. Some of the four shelters are in partnership with NGOs that provide counseling services in multiple languages and recreational activities. During the COVID-19 pandemic, recreational activities were suspended as prevention measures such as social distancing and movement restrictions were prioritized. This affected the already poor mental health status of VOTs. In addition to the trauma of abuse and anxiety about their future, worries about their family health status affected their mental health.

⁹⁸⁹ Ministry of Public Health (2021) Strategic Plan: Covid-19 Strategy: Managing the new wave of the Covid-19 Epidemic Ministry of Public Health, January 2021, https://ddc.moph.go.th/viralpneumonia/eng/file/main/en_Thailand%20Covid-19%20plan_MOPH_2021.pdf

As a result of the rise of mental health problems during the COVID-19 pandemic, people became more open to talking about these issues and gained a better understanding of mental health issues, which in turn, has led to a fall in stigma and prejudice. Early detection and intervention in certain cases can lower the severity of the consequences of poor mental health. Therefore, shelter staff should have knowledge of mental health and acquire basic skills to support VOTs appropriately. Japan faces similar challenges and there are abundant opportunities for mutual learning between Thailand and Japan.

2-2-2. Proposed Project 2: Setting up SGBV Protection Mechanism at the District and Sub-District Levels

(1) Purpose, expected outputs, and activities of the proposed project

【Project Purpose】

To set up a SGBV protection mechanism at the district and sub-district level to enable immediate protection for SGBV survivors before they are protected at the provincial level.

【Types of Assistance】

Technical cooperation projects, partnership programs, pilot activities attached to the existing anti-human trafficking programs.

【Project period】

3 to 4 years

【Counterparts】

Department of Women's Affairs and Family Development (DWF) and Provincial Social Development and Human Security Office, MSDHS

【Project Beneficiaries】

Direct beneficiaries: Officers in charge of social welfare in the district and sub-district administration offices, health post officers, village heads, teachers, community health volunteers, social development volunteers, women's group leaders, and youth group leaders.

Indirect beneficiaries: SGBV survivors in the target areas

【Expected outputs and activities】

Output 1: Resources within the community that could be used for responding to SGBV cases are identified.

(Activities for Output 1)

- Officers in charge of social welfare in the district and sub-district administration offices and health post officers conduct a survey and identify the state of SGBV and the challenges it poses to the community.
- Based on the challenges identified above, select activities that can be implemented to respond to the needs of the community using resources within the community.
- Develop a training module on the "prevention of SGBV and protection of SGBV survivors" to train potential village volunteers who will work on SGBV cases in the community.

Output 2: Volunteers responding to SGBV (SGBV volunteers) cases are nurtured in the target communities.

(Activities for Output 2)

- Conduct training sessions on the "prevention of SGBV and protection of SGBV survivors" based on the module developed in the activities for Output 1, for village heads, teachers, community health volunteers, social development volunteers, women's youth group leaders, and other relevant people in

the community.

- Officers in charge of social welfare in the district and sub-district administration offices and health post officers select SGBV volunteers from among the participants who attended the training sessions on “prevention of SGBV and protection of SGBV survivors.”
- Officers in charge of social welfare in the district and sub-district administration offices, health post officer, police officers, and SGBV volunteers define the roles and responsibilities of the SGBV volunteer.

Output 3: Referral mechanism will be established to protect SGBV survivors.

(Activities for Output 3)

- Disseminate information on roles and responsibilities of SGBV volunteers in the communities.
- Conduct awareness raising activities in communities on SGBV.
- Establish a referral system among SGBV volunteers, district health officers (or One Stop Crisis Centers) , police officers, provincial shelters, provincial social development, and human development offices, and NGOs.
- Develop manuals and guidelines on the above-mentioned referral system.

(2) Rationale of the proposed project

There was a rise in the number of reports of DV during the COVID-19 pandemic. The Director General of the DWF explained that family members were stressed by the economic difficulties and movement restrictions they faced, and the consumption of alcohol and drugs increased, which in turn, led to more DV cases.⁹⁹⁰ During the pandemic, DV cases did not receive immediate response as police officers and social workers had to follow COVID-19 preventive measures and respect movement restrictions. SGBV survivors were unable to seek help because there was no place near them to take refuge and therefore many of them had to tolerate violence. There is a DV prevention center within the provincial SDHS Office and a provincial shelter that responds to SGBV cases. However, it is far for most SGBV survivors, and as they have to follow an administrative procedure to receive support, it is not easily accessible for most of them. Therefore, there is a need for mechanisms at the district, sub-district, and village levels to offer survivors protection before they turn to the provincial level. This proposed project aims to set up an SGBV protection mechanism at the district and sub-district levels in order to enable immediate protection for SGBV survivors before they seek help at the provincial level. As DV is fast being recognized as a social rather than private problem, more people who are experiencing DV and other forms of SGBV will begin to seek support. Thus, setting up SGBV protection mechanisms at the district and sub-district levels is significantly relevant. Japan has abundant knowledge and experience in the field of survivor protection, which can enable a meaningful exchange between Japan and Thailand on tackling challenges pertaining to SGBV.

⁹⁹⁰ วิกฤตโควิด'ปัจจัยเสี่ยงความรุนแรงในครอบครัว ทำสถิติปี 64 พุ่งกว่า 1.4 พันราย, June 24, 2021, <https://www.isranews.org/article/isranews-scoop/99838-isranews-v.html?fbclid=IwAR26HLNrrCdzs3I9mATcMSPnmN06Zmg1en-fwX45n9etjoKaf7WYXE20uk>; Thailand sees surge in domestic violence during pandemic, November 24, 2020, <https://www.ucaenews.com/news/thailand-sees-surge-in-domestic-violence-during-pandemic/90421#> [Access: October 10, 2021]

Chapter 3. Recommendations on Formulating JICA Projects on Gender Equality and Empowerment of Women in Nepal

3-1. Summary of the Impact of the COVID-19 pandemic on Women and Girls in Nepal

Nepal ratified the Convention on the Elimination of Discrimination against Women in 1991, and the Ministry of Women, Children, and Senior Citizens has taken the lead in working toward the elimination of all forms of gender discrimination faced by women in Nepal. The new Constitution, enacted in 2015, guarantees basic human rights and fundamental freedoms to all citizens regardless of gender and emphasizes that women's rights are essential for the overall development of the country. In recent years, the SDGs have been adopted, and efforts are being made at the national level to achieve them in 16 areas⁹⁹¹ from the perspective of gender equality and social inclusion.

According to the World Economic Forum's "Global Gender Gap Report 2021"⁹⁹², Nepal ranks 106th out of 156 countries, but has been gradually improving in recent years. Particularly in the political field, the Constitution provides for a quota system, ensuring 33% of women's representation in federal and provincial parliaments and 40% in local government. It also stipulates that the president or vice president, the speaker or vice-speaker of parliament, and the head or deputy head of local government should be female. In addition to politics, the government is promoting women's participation in decision-making processes by requiring that there are 33% women members in committees organized by federal, provincial, and local governments. With regard to education, the gap between men and women at the primary, secondary, and high school levels is almost equal. Meanwhile, the ratio of boys to girls at birth is higher. Moreover, while boys are responsible for protecting the family lineage by inheriting the family name and property, girls are considered to be the responsibility of parents until they are married. Some ethnic groups prefer boys because for a girl's marriage, the family must pay dowry to their in-laws. In addition, girls are at risk of SGBV, child marriage, and human trafficking, and many challenges to gender equality.

Furthermore, Nepal is a multiethnic, multilingual country with diverse topography and many ethnic groups and castes. There are multiple and intersectional forms of discrimination based on caste, religion, language, disability, marital status, gender identity, age, and region of residence. This discrimination leads to exclusion and unfair treatment, as well as difficulties in accessing various government services. Therefore, gender equality and social inclusion (GESI) perspectives are important.

The spread of COVID-19, which started in March 2020, had a significantly negative impact on the health, education, and livelihoods of the Nepalese people. Women and girls who were already marginalized were at a higher risk of being abused and violated, forced into early and child marriages, and trafficked during the pandemic. Many women suffered from disruptions in SRH services, unwanted pregnancies, increased unpaid care and domestic work, and income losses. Girls were deprived of education because of their lack of access to online learning. These challenges had adverse effects on the mental health status of women and girls. The following is a summary of the challenges in Nepal in the five areas of analysis.

Challenges regarding SGBV: The government and development partners responded by strengthening the

⁹⁹¹ Nepal is a landlocked country, so Goal 14, Life below water (the oceans, seas and marine resources), is not applicable.

⁹⁹² World Economic Forum (2021) Global Gender Gap Report 2021

capacities of helplines, and implementing awareness-raising activities on SGBV through television, radio, and posters. The most challenging issue was that it was difficult to make effective referrals outside the capital city. Despite the increase in the number of SGBV cases, the response was insufficient; consequently, it was identified that the emergency response system must be prepared at the provincial and local government levels. Moreover, owing to the COVID-19 pandemic, support for rehabilitation and economic empowerment was limited or not operational.

Challenges regarding health service provision: The government ordered the continuation of maternal and child healthcare and SRH services even during the COVID-19 pandemic. However, because most of the medical resources shifted to handling the pandemic response, these services were disrupted. Patients also refrained from using these services, disrupting safe childbirth services and increasing maternal mortality. Moreover, sluggishness in the distribution of contraceptives increased the risk of unwanted pregnancies. Access to safe delivery and abortion also became particularly difficult; however, because of advocacy by NGOs and others, the use of oral abortion pills was permitted by the government, opening the way for women to make their own decisions about giving birth. Finally, owing to the prolonged economic stagnation, the mental health status of women and girls has worsened, and the number of suicide cases is increasing.

Challenges in economic activities and livelihoods: Women's livelihoods were severely affected because 90% of women in the informal sector experienced income loss; moreover, the number of women who experienced income loss exceeded that of men. The government provided social security programs; however, women either did not know or were not eligible because the government programs were not gender-responsive as they required land rights to access program benefits, something which many women lacked. In addition, women with disabilities faced difficulties in going to the distribution sites. Thus, there are challenges in the distribution system of relief supplies and vulnerable people who are in need do not benefit. Nevertheless, there were some positive aspects, such as the establishment of the Women Entrepreneurship Facilitation Centre and the introduction of unsecured, low-interest loan schemes for women, which would allow them to be economically independent.

Challenges in education: Girls from impoverished families in rural areas were deprived of education because of their inability to access digital technology, and the increased unpaid care and domestic work. In addition, the inability to go to school affected girls in another way. They had been interacting with others at school; by losing this place, their mental health status worsened. Schools also faced challenges, such as not being able to provide distance education, and not having WASH facilities, and separate toilets for girls and boys; this prevented schools from safely operating during the COVID-19 pandemic.

Challenges regarding digital technology: Although cell phone ownership is high among both women and men, the prevailing gender gap with regard to access to digital technology and low digital literacy has excluded women from enjoying the benefits of services. During the COVID-19 pandemic, various applications have been developed; furthermore, services such as telemedicine, distance learning, and e-commerce have expanded. These have increased the convenience of women who have access to digital devices and the Internet. In contrast, women and girls who did not own digital devices and could not access the Internet were at a greater disadvantage.

The most vulnerable segments were women and girls from ethnic minorities and Dalits, elderly women, women with disabilities, rural women, women whose mother tongue is not Nepali, and LGBTQ. Women and girls from several of these groups suffered the most.

Characteristics of response measures to the COVID-19 pandemic in Nepal. Nepal's response to COVID-19 has three unique characteristics. First, the government utilized the cluster approach in humanitarian settings to ensure coherent and effective responses through the mobilization of all key partners in Nepal to be more accountable to crisis-affected people. In particular, based on the experience of the 2015 Nepal earthquake, the Protection Cluster advocated for a Gender Equality and Social Inclusion (GESI) response to the humanitarian country team set up immediately after the spread of COVID-19. Consequently, Nepal's "COVID-19 Preparedness and Response Plan" clearly stated to respond to SGBV, which led to the increased efficacy of assistance.

Second, in responding to COVID-19, NGOs working on gender issues and groups representing the interests of Dalits, persons with disabilities, and LGBTQ people played a vital role in supporting vulnerable people who are left behind. As a stakeholder, NGOs are aware of the challenges the vulnerable were facing owing to the COVID-19 pandemic. Therefore, by supporting each other and using the NGO networks, they provided necessary support to those who are in need including the following: SGBV survivors, women with disabilities, elderly women, female migrant workers who had returned home, female informal workers, and girls who lost their learning opportunities.

In Nepal, NGOs have been working with governments for a long time. However, because the COVID-19 pandemic broke out in the midst of transition to the federal system (a three-tiered structure of federal, provincial, and local governments), the roles and responsibilities of federal, provincial, and local governments were not yet clear. Therefore, NGOs' roles were indispensable to fill the gaps. For example, when women faced difficulties in quarantine facilities, such as not having separate toilets for men and women or women's supplies, the NGOs responded by setting up women-managed quarantine facilities for women. In addition, NGOs conducted numerous surveys under COVID-19, focusing on issues such as the situation of SGBV, and situation and challenges of women with disabilities. The survey findings were then utilized to advocate to the government and were shared through webinars, publicizing the issue to the public.

Finally, during the COVID-19 pandemic, women mayors and deputy mayors help raise the issues faced by women in decision-making bodies. As Nepal has a quota system, there are women politicians. Thus, when women's groups have issues to lobby, they go to consult with these politicians. This has helped in inculcating a gender perspective in policies and programs. For example, when the local government distributed emergency supplies to residents during the pandemic, women's needs were not incorporated regarding the items of the distribution package and distribution method (where, when, and how) because decisions were made mostly by men. Responding to the complaints from women groups, women politicians reviewed the items, added women's supplies, and reconsidered the method of distribution.

In this way, governments, development partners, NGOs, related parties, women's groups, and women leaders have responded to the challenges faced by women and girls.

Table 3-1 summarizes the challenges faced by women and girls during the pandemic, factors causing these challenges, response measures implemented by the government and development partners, and challenges and gaps in the response measures based on the information gathered for the study in Chapter 3 of Part 2.

Table 3-1: Summary of challenges faced by women and girls during COVID-19 pandemic, their factors, response measures, and gaps

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|--------|---|--|---|---|
| ① SGBV | <p>1) Increased DV</p> <p>2) Increased child marriage</p> <p>3) Human trafficking is decreasing in terms of numbers, but the risk is increasing</p> | <ul style="list-style-type: none"> ◆ <u>DV was happening before the pandemic; however, movement restrictions meant that spouses or partners spent longer hours at home and DV increased.</u> ◆ <u>As the perpetrators are mostly husbands or male partners, women cannot call and seek help because under movement restrictions, they must stay in the same house as the perpetrators.</u> ◆ Stigma that people do not want society to know about DV and should not talk about it. ◆ Perception that it is okay to use violence against women and girls. ◆ A social structure that forces women to depend economically on men. ◆ <u>Reducing the number of mouths to feed due to economic difficulties.</u> ◆ Social norms justify DV when the husband feels that the wife is not managing the household well. ◆ Unaware that child marriage is illegal. ◆ <u>School is closed and girls elope with boys they meet on social networking sites (in the case of inter-caste marriage).</u> ◆ Girls who have lost their parents are at high risk of being trafficked. | <p>【SGBV Overview】</p> <ul style="list-style-type: none"> ◆ Supported by Protection Cluster (MOWCSC, UNICEF/UNFPA) ◆ COVID-19 Specify SGBV in the Preparedness and Response Plan. ◆ UN Women Collecting gender information during the COVID-19 pandemic. 【Prevention】 ◆ NWC (WB supported) Helpline 1145, awareness raising activities (radio and posters in multiple languages). ◆ UNICEF Raising awareness; strengthening of grievance redressal mechanism. ◆ WOREC and others: Consultation hotline, raising awareness. ◆ UNFPA GBV prevention project. ◆ Police Increased patrols. ◆ Women Entrepreneurs Development of crime prevention applications. 【Protection for Survivors】 ◆ MOWCSC Provision of GBV funds, etc. ◆ Ministry of Health and Population OSMC | <p>【Prevention】</p> <ul style="list-style-type: none"> ◆ The government, development partners, and NGOs are conducting awareness-raising activities on SGBV through television, radio, and posters. However, it is not clear whether these activities are leading to SGBV prevention, and whether they are able to respond appropriately to survivors who come to them for advice through awareness-raising activities. <p>【Protection for survivors】</p> <ul style="list-style-type: none"> ◆ Rapid protection became difficult due to restrictions for infection control, PCR testing, and face-to-face consultations. ◆ Even if a survivor requests assistance, it is not possible to |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------|--|--|---|---|
| | | | <ul style="list-style-type: none"> ◆ WOREC, Saathi, WHR, and others Mobilization of local women's groups, shelter management, counseling. ◆ FCDO Strengthening police officers' capacity to respond to SGBV. ◆ UNFPA/NWC Compile and publish a list of registered SGBV supporters. 【Prosecution of perpetrators】 ◆ UN Women/Forum for Women, Law and Development Support from the Law. 【Data collection】 ◆ Police/UNICEF SGBV data maintenance. ◆ WOREC Regular release of SGBV data, surveys. ◆ UNICEF | <p>provide it immediately because the response efforts are centered in Kathmandu. Local supporters are also unable to respond quickly due to lack of vehicles and Internet access.</p> <ul style="list-style-type: none"> ◆ Inadequate understanding of SGBV by provincial and local governments, resulting in inadequate response to SGBV cases (budget and human resources). ◆ Lack of an effective referral system in areas outside Kathmandu. <p>【Punishment of perpetrators】</p> <ul style="list-style-type: none"> ◆ Police are unable to respond due to restrictions on movement, management of isolation facilities, and other operations. ◆ Court delays due to lockdown (SGBV not prioritized). <p>【Rehabilitation and economic empowerment for women】</p> <ul style="list-style-type: none"> ◆ Rehabilitation and economic empowerment have not been provided during the COVID-19 pandemic. <p>【Data collection】</p> <ul style="list-style-type: none"> ◆ Development and timely release of data on SGBV by gender, age, disability, etc. |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|------------------|---|---|---|---|
| | | | Regular data release on Child Family Tracker. ♦ COCAP Disclose SGBV cases published in newspapers on Nepal Monitor. | |
| | Most vulnerable segments | Women with disabilities, Dalit women, | Migrant women workers, LGBTQ | |
| ②Health Services | <p>1) Limited access to safe delivery</p> <p>2) Increased risk of unwanted pregnancy</p> <p>3) Worsened mental health and increased suicides</p> | <ul style="list-style-type: none"> ♦ <u>Fear of contracting infection.</u> ♦ <u>Medical resources are concentrated on COVID-19 control, thereby reducing necessary medical services related to maternal care, safe delivery, and family planning.</u> ♦ Weak voice of women and girls in the household. ♦ <u>Unable to go to the hospital even if they wanted to due to movement and transportation restrictions.</u> ♦ <u>Pressure on family budget due to economic difficulties.</u> ♦ <u>Lack of PPE for health care providers.</u> ♦ <u>Spending more time with spouse or partner due to movement restrictions.</u> ♦ <u>Stagnation in the contraceptive supply chain.</u> ♦ <u>Stagnation of abortion services.</u> ♦ <u>Economic hardship, movement restrictions, etc.</u> ♦ <u>Increase in online sexual exploitation due to heavy use of social media.</u> | <p>【Health Care Overview】</p> <ul style="list-style-type: none"> ♦ Supported by Health Cluster. ♦ Ministry of Health and Population Continuation of maternal and child health and SRH during the COVID-19 pandemic in response to lobbying. 【SRH】 ♦ MOHP Develop SRH guidelines during the COVID-19 pandemic. ♦ Ministry of Women, Children and Senior Citizens Provide Dignity Kit, subsidize travel expenses for pregnant women in remote areas. ♦ UNFPA Counseling for Family Planning. ♦ UN Women Dignity kit distribution. ♦ UNICEF Training for FCHVs through cell phones. ♦ BBC Maternal Health Consultation Service. ♦ FPAN SRH Helpline. | <p>【SRH】</p> <ul style="list-style-type: none"> ♦ Although community health and maternal healthcare continued, it declined because of lack of information to pregnant and nursing mothers, movement restrictions, and lack of transportation due to economic hardship. SRH should be recognized as an Essential Service. ♦ Expanding telemedicine could lead to improved access to health care services. |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|---------------------------------------|--|--|---|--|
| | | | <ul style="list-style-type: none"> ◆ Aamakomaya Information and consultation through an application for providing information to expectant and nursing mothers. 【Mental Health】 ◆ UNICEF Mental health guidance for Teach for Nepal. ◆ UN Women Trial of online counseling. | <p>【Mental Health】</p> <ul style="list-style-type: none"> ◆ Increasing number of women medical workers, women and girls with deteriorating mental health, inadequate support. |
| | Most vulnerable segments | Pregnant women, women and girls of reproductive age, Elderly women, and LGBTQ | | |
| ③ Economic Activities and Livelihoods | <p>1) Income loss</p> <p>2) Not able to access social security system</p> <p>3) Increased number of women</p> | <ul style="list-style-type: none"> ◆ 90% of women are informal workers and work in precarious employment, making them <u>vulnerable to economic shocks.</u> ◆ Large wage gap between men and women. ◆ <u>Stagnant distribution due to lockdown, making it difficult to sell and obtain materials.</u> ◆ <u>Inability to engage in economic activities due to increased burden of unpaid care and domestic work.</u> ◆ <u>No access to public loans, etc., due to lack of ownership of land or other property.</u> ◆ <u>Cannot show that they lost their job because they do not have a contract with their employer.</u> ◆ <u>Unaware of support systems.</u> | <p>【Social Security】</p> <ul style="list-style-type: none"> ◆ Government, UN, NGOs Food and daily commodities support. ◆ Government Benefits (specific sectors), GBV funds, etc. ◆ UN Women/WFP Providing cash and commodities to FHH needy people. ◆ UN Women/WHR/Maiti Nepal Providing food to the needy. 【Support for Women Entrepreneurs】 ◆ Ministry of Women, Children and Senior Citizens Establishment of Women Entrepreneurship Facilitation Centre (including access to | <p>【Social Security】</p> <ul style="list-style-type: none"> ◆ Although the government provides multiple social security supports, there are problems in designing the system and challenges in distributing it. <p>【Support for Women Entrepreneurs】</p> <ul style="list-style-type: none"> ◆ Support is required to address poor performance of women entrepreneurs, and for women (especially in rural areas) who are unemployed and want to start a |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------------|--|---|--|--|
| | experiencing economic hardship | <ul style="list-style-type: none"> ◆ <u>Decrease in remittances from migrant family members.</u> ◆ <u>Multiple family members lost their jobs.</u> | finance). ◆ UN Women/UNDP Training of domestic workers in soap and mask production. ◆ FWEAN Digital literacy, training, matching with women in e-commerce, etc. ◆ FHAN Exchange of business information, training, etc., by connecting entrepreneurs through SNS. ◆ Ministry of Agriculture and Livestock Development Support for agribusiness revitalization, introduction of small-scale irrigation, etc. 【Financial Inclusion】 ◆ Central Bank Provision of unsecured, low interest rate products for 1.4 million yen loans | new business. ◆ Support for digital technology for entrepreneurs is essential, but such support is limited. |
| | Most vulnerable segments | Migrant women workers and women with disabilities | | |
| ④ Education | 1) Inability to access to online and distance education 2) Increased risk of girls dropping out from school | <ul style="list-style-type: none"> ◆ Radio and Internet communication is not available in most areas. ◆ <u>Schools do not offer remote learning.</u> ◆ <u>Not going to school owing to fear of contracting COVID-19.</u> ◆ <u>Worsening economic situation of families.</u> ◆ Discriminatory values against girls. | 【Education Overview】 ◆ Supported by Education cluster. ◆ MOEST Develop policies and guidelines for COVID-19 pandemic (supported by 5 categories). 【Promotion of remote learning】 ◆ MOEST/CEHRD | 【Capacity building of local government and schools】 ◆ Based on the current situation of girls in the COVID-19 pandemic, it is necessary to develop gender-responsive education plans, and strengthen the monitoring and evaluation system 【Promoting remote learning】 ◆ While girls have less access to digital devices and digital |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------|--|--|--|---|
| | <p>3) Mental health is deteriorating due to loss of safety net of children</p> <p>4) Inability to provide learning</p> <p>5) Inability to operate schools safely in response to the COVID-19 pandemic</p> <p>6) Unable to teach from the perspective of gender and social inclusion</p> <p>7) Distance programs created in response to the COVID-19 are not leading to learning for children</p> | <ul style="list-style-type: none"> ◆ <u>Increased unpaid care and domestic work leaves little time for study.</u> ◆ <u>Digital gender divide.</u> ◆ <u>Cannot see friends or teachers due to school closure (loss of interaction/place to stay).</u> ◆ <u>Unable to receive sanitary supplies from school.</u> ◆ <u>Lack of know-how in remote learning.</u> ◆ <u>Poor convenience of integrated learning portal (not available offline).</u> ◆ <u>Work-life balance for female teachers.</u> ◆ <u>School facilities are not equipped to respond to COVID-19.</u> ◆ <u>Vaccination is delayed.</u> ◆ Lack of budgetary and human resources. ◆ Absence of GESI teachers. ◆ Lack of gender perspective for teachers. ◆ <u>Lack of awareness about the remote learning program.</u> ◆ <u>Lack of a conducive environment for children to learn.</u> ◆ <u>Inadequate content of remote learning programs.</u> ◆ <u>Lack of auditing from a gender perspective.</u> | <p>Establishment of portal site for integrated learning.</p> <ul style="list-style-type: none"> ◆ OLE Nepal Provision of online educational content. ◆ Government/NTC Support for Internet access (SIM card distribution, low-cost packages). ◆ MOEST/UNESCO Provision of remote learning using radio and TV (only during the first wave), remote learning training for teachers. <p>【Dropout prevention measures / ensuring the safety of girls】</p> <ul style="list-style-type: none"> ◆ MOEST Scholarships for girls (from normal times), distribution of food instead of school lunches only to needy households, distribution of sanitary napkins (during school opening). ◆ UNESCO/UNFPA/UN Women Livelihood support and exchange of views among women parliamentarians regarding existing girls' education programs. ◆ UNICEF Existing savings schemes for education and marriage funding, awareness programs for fathers. ◆ VSO Girls' education project. | <p>technology than boys, there is limited support for girls' use of digital technology.</p> <p>【Safety and Protection of Girls】 As the mental health of girls worsens due to the COVID-19 pandemic, online sexual exploitation increases, and other factors may affect their school attendance, school officials need to take measures to protect the safety of girls.</p> <p>【Dropout prevention measures】</p> <ul style="list-style-type: none"> ◆ The risk of girls dropping out is increasing due to the COVID-19 pandemic; however, measures to deter this are limited. |
| | <p>Most vulnerable segments</p> | <p>Women and girls learning through informal education, girls with disabilities, girls who want to continue their studies in STEM fields</p> | | |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|------------------------|---|--|--|---|
| ⑤ Digital Technologies | <p>1) Gender gaps in access to and use of digital technologies</p> <p>2) Women and girls without access to digital technology were left out of health, economic, and educational services.</p> <p>3) Online sexual exploitation is on the rise among young women</p> | <ul style="list-style-type: none"> ◆ More decision-making in the home is done by men, and women and girls have less access to digital technology than men and boys because they choose lower-cost models and plans. ◆ <u>Low digital literacy.</u> ◆ Fewer women are majoring or working in STEM fields because of gender norms that STEM fields are male fields. ◆ <u>Although healthcare, economic activities, and education have gone online owing to the COVID-19 pandemic, people are unable to access these services because of low digital literacy.</u> ◆ <u>Social media use is on the rise due to the COVID-19 pandemic, but women and girls do not understand the dangers of social media.</u> | <p>【Promotion of Digitalization】</p> <ul style="list-style-type: none"> ◆ Government Promotion of digitalization, e-commerce, and cashless payment in line with the strategy of the Digital Nepal Framework ◆ 【Support through digital technology】 ◆ Government Request for discount on Internet charges, Internet communication package for students. ◆ Police, NWC, and NGO Enabled reporting and consultation of SGBV survivors through apps and SNS. ◆ NGOs Support for improving digital literacy. ◆ Aamakomaya, watchful waiting, and perinatal care Support through apps. ◆ Government Provide updates on COVID-19 through radio, both government and private. ◆ 【Education and Training】 ◆ MOEST Learning support through portal sites. ◆ UNICEF/Viamo FCHV training using cell phones. ◆ Smart Cheli/Women in STEM | <p>【Support through digital technology】</p> <ul style="list-style-type: none"> ◆ In addition to access to digital technologies, support for increasing digital literacy among women and girls needs to be strengthened in all activities. ◆ 【Prevention of online sexual exploitation】 ◆ The number of victims of online sexual exploitation is increasing due to the increase in time spent on the Internet during the COVID-19 pandemic; however, current measures are insufficient. ◆ 【Support the success of women in STEM fields】 ◆ While the market size of e-commerce is likely to expand in the future, the number of women working in STEM fields is low at approximately 10%. There are limited efforts to bridge the gendered digital divide by supporting the success of women in STEM fields |

| Areas | Challenges to women and girls during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) | Response measures taken by government and development partners | Challenges and gaps in response measures |
|-------|--|--|---|--|
| | | | Providing STEM training programs for girls. 【Enhancement of income generating opportunities】 ◆ SABAH Nepal, UN Women/UNDP Supporting the expansion of sales channels for products of women domestic workers and women entrepreneurs through online platforms | |
| | Most vulnerable segments | Elderly women, Women from ethnic groups whose mother tongue is not Nepali | | |

3-2. Proposed Projects for Promoting Gender Equality and Empowerment of Women in Nepal

Japan's Country Development Cooperation Policy for Nepal stipulates that the basic policy of ODA for development cooperation with Nepal is "Assistance for a balanced and sustainable economic growth, aiming at Nepal's graduation from LDC status" from the perspective of supporting development efforts to "emerge from the position of the poorest country by 2022," which is the national development goal of the Government of Nepal, and the following priority areas have been identified: 1) recovery works and disaster resilient nation-building in both structural and nonstructural aspects; 2) social and economic infrastructure and mechanism development, which directly lead to economic growth and national livelihood improvement; 3) poverty reduction and quality of life improvement; and 4) governance enhancement and basic framework development for democracy.

In proposing individual projects, we consider the achievements of JICA's past cooperation in Nepal, JICA's new cluster on gender equality and women's empowerment, and the following three aspects:

- 1) Developing the capacity of local and provincial governments, who know the situation and challenges women and girls are facing during the COVID-19 pandemic
- 2) Based on the Digital Nepal Framework that the Nepalese government is promoting and the expectation that digitalization will expand to all spheres of people's lives in the near future, proactively utilizing digital technology
- 3) Owing to the COVID-19 pandemic, there is an increasing number of economically deprived households, emphasizing women's economic empowerment, because poverty leads to an increase in SGBV, difficulty in accessing healthcare, and increasing dropouts.

Based on the above points, this section proposes two projects to address challenges in the fields of education and women's economic empowerment.

3-2-1. Proposed Project 1: Project to Support for Improvement of School Management from the Gender and Social Inclusion Perspective

(1) Background of the Project

JICA's support in the field of education in Nepal has focused on the improvement of the quality of math classes in the lower grades of primary school (grades 1–3) and the School Improvement Plan (SIP), which is centered on the School Management Committee (SMC) and will continue to be implemented in line with the same policy. To improve the quality of math classes, the "Support Project for Improving the Quality of Education" is being implemented for the lower grades of primary schools. As for the school improvement plan, the "Project for Support for Improvement of School Management Phase 1" (SISM1, 2008–2011) and "Project for Support for Improvement of School Management Phase 2" (SISM2, 2013–2017) have been implemented. The evaluation report of SISM2 highly evaluated that "SIP was disseminated nationwide as a tool for school improvement, and its usefulness was recognized by central and district education administrations as well as school-level personnel."⁹⁹³

However, in the transition process to a federal system, new issues have emerged, such as the inefficient management

⁹⁹³ The Project for Support for Improvement of School Management Phase2, <https://www.jica.go.jp/project/nepal/006/outline/index.html> [Access: December 20, 2021]

of schools due to a lack of understanding of the purpose and role of the SIP and the lack of a budget allocation system.⁹⁹⁴ In addition, the environment surrounding school education has changed drastically because of the COVID-19 pandemic, and it is anticipated that the number of children dropping out of school will increase. In particular, girls, the focus of this study, face many challenges. Families are economically impoverished owing to the COVID-19 pandemic, and girls are at risk of dropping out because of increasing unpaid care and domestic work, child marriage, human trafficking, and SGBV. Moreover, with the digital divide, girls are unable to access remote learning and face difficulties in keeping up with school lessons. The situation is even more serious for Dalits and children with disabilities, who faced difficulties in accessing education during normal times.

In the newly developed “Education Sector Plan” (ESP),⁹⁹⁵ SIPs remain the core of school management. Under the federal system, schools and local governments now have greater authority, which has enabled them to create and implement SIPs that are more responsive to local needs. The plan also articulates equality and inclusion in education, which means that it is crucial to develop the capacity of SMCs, schools, and local governments so that they can develop, implement, and evaluate SIPs from the perspective of GESI.

As mentioned in the Quick Impact Project in Chapter 3 of Part 3, it has been confirmed that an understanding of the challenges facing girls during the COVID-19 pandemic by the stakeholders (parents, teachers, local government, classmates) of the girls will enable the girls to continue their education. This means that if SMC and school officials can discuss the situation of school, out-of-school children, and children in the community who are likely to dropout in a GESI-responsive manner, it will enable them to identify the GESI-responsive needs. Developing a GESI-responsive plan, implementation, and evaluation will prevent the dropout of high-risk girls and children from vulnerable groups.

(1) Purpose, expected outputs, and activities of the proposed project

【Project Purpose】

Through the formulation, implementation, and evaluation of the GESI-responsive SIP, a school management system to improve access to and quality of basic education is established to prevent girls' dropouts.

【Types of Assistance】

Technical cooperation project, etc.

【Project period】

3 to 5 years

【Counterparts】

Ministry of Education, Science and Technology, Ministry of Social Development of Province No.3, Department in charge of education in local government

National Center for Education Development (NCED), Curriculum Development Center (CDC)

【Project Beneficiaries】

Direct beneficiaries: Local government officials in charge of education, SMCs, school officials

Indirect beneficiaries: Students in basic education (especially girls and vulnerable children)

⁹⁹⁴ An interview with Dr. Satomi Kamei, JICA Education Advisor to be dispatched

⁹⁹⁵ MOEST (2021) Education Sector Plan (2021-2030)

【Expected outputs and activities】

Output 1: Issues of planning, implementation, evaluation, and operation of SIP model is identified and GESI responsive "new SIP model" is developed

(Activities for Output 1)

- Analyze issues regarding the planning status of the SIP model, budget allocation, implementation, and outputs from the GESI perspective after the transition to the federal system.
- Analyze the operational aspects of SIPs (roles, implementation structure, and participation of women in decision-making) of federal, provincial, and local governments and SMCs after the transition to the federal system.
- Based on the issues identified, develop recommendations to the Coordination Committee.
- Support the development of an implementation framework for the “new SIP model.”
- Based on the new implementation system, revise the guidelines of school management from GESI perspectives.

Output 2: The capacity of local government and school officials to manage schools from GESI perspectives is strengthened

(Activities for Output 2)

- Support the implementation of training for social development officers of provincial governments based on new guidelines that include GESI perspectives.
- Support the implementation of training for education officers of local governments.
- Support implementation of training for SMCs.
- Support monitoring of SIP formulation and implementation in each school.

Output 3: GESI responsive SIP evaluation system is strengthened

(Activities for Output 3)

- Support local governments in conducting evaluations applying a GESI-responsive SIP evaluation methodology.
- Analyze the content, institutional, and budgetary challenges of SIP evaluation.
- Formulate recommendations to the Coordination Committee based on the identified issues.

(2) Rationale of the proposed project

With the closure of schools during the COVID-19 pandemic, girls are not only unable to continue their studies but also face the risk of dropout due to increased unpaid care and domestic work, domestic violence, child marriage, and increased suicide due to poor mental health. It is necessary to take all possible measures to prevent girls, who are the future of Nepal, from losing their educational opportunities, as this will further widen the gender gap.

The SIP is a model adopted in Nepal’s education system with the technical cooperation of Japan. Even after shifting to a federal system, the Education Sector Plan (ESP) requires all schools to develop their own plans. The ESP also emphasizes equity and inclusion in education, which means that it is highly relevant to strengthen the capacity building of SMCs, schools, and local governments so that they can formulate a GESI-responsive SIP and implement and evaluate it accordingly.

In addition to the experiences gained from SISM1 and SISM2, the “Gender Mainstreaming and Social Inclusion Project” and “Participatory Watershed Management and Local Governance Project” developed GESI-responsive participatory problem identification methods and capacity building models, so these experiences will be an asset.

3-2-2. Proposed Project 2: Support for Women's Economic Empowerment through Capacity Building of the Woman Entrepreneurship Facilitation Center

(1) Background of the project

The employment rate of women in Nepal is 17%, of whom 90% are engaged in the informal sector,⁹⁹⁶ an unstable form of employment. Therefore, owing to the spread of COVID-19, women have been more affected by the economic shock, with 23% of men losing their jobs, compared to 30% of women. Although 30% of micro, small, and medium-sized enterprises (MSMEs) are run by women,⁹⁹⁷ many of them do not qualify for the government’s social security program and are unable to receive subsidies, even though they face difficulties in managing working capital, procuring raw materials, paying wages to employees, paying office rent, and repaying loans due to the COVID-19 pandemic and are in danger of going bankrupt.⁹⁹⁸ In addition, the increase in unpaid care and domestic work has made it more difficult to achieve work-life balance.

In this context, the Government of Nepal in its “National Gender Equality Policy 2077” (2021)⁹⁹⁹ has identified women’s economic empowerment as an important issue to address. The Women Entrepreneurship Facilitation Center was accordingly established under the jurisdiction of the Women and Children Department of the local government. Here, they will support women’s businesses so that women will become economically empowered and, hence, contribute to the nation’s economic development. Women Entrepreneurship Facilitation Centers have already been established in 70 locations across the country, providing financial services, market information, business development services, marketing (branding, pricing, certification), and technical services to women entrepreneurs in their start-up and expansion phases.¹⁰⁰⁰

Table 3-2 shows the challenges faced by women entrepreneurs in Nepal. The center has a comprehensive system to provide services to address challenges (1) to (5), and for women entrepreneurs who face difficulties in managing their business under the COVID-19 pandemic, it is a very timely and beneficial service.

Table3-2: Challenges faced by women entrepreneurs in Nepal
(Underlined parts are new issues under the COVID-19 pandemic)

| Factor | Challenge |
|--------------------------|--|
| (1) Policies and systems | Limited government initiatives for women's entrepreneurship and business |
| (2) Finance | Limited access to loans and financial services. Need for collateral. High interest rates. Difficulty in financing large scale projects. <u>Lack of working capital and inability to repay loans due to the COVID-19 pandemic. Inability to pay employees' salaries. Inability to pay</u> |

⁹⁹⁶ Care Nepal, Learning Corner, <http://www.carenepal.org/learning-corner/> [Access: January 20, 2022]

⁹⁹⁷ Central Bureau of Statistics Nepal (2018) Nepal Economic Census 2018

⁹⁹⁸ Women entrepreneurs struggle to recover from Covid-19 downturn, March 7, 2021, <https://kathmandupost.com/money/2021/03/07/women-entrepreneurs-struggle-to-recover-from-covid-19-downturn> [Access: June 22, 2021]

⁹⁹⁹ MOWCSC (2021) National Gender Equality Policy 2077”

¹⁰⁰⁰ An interview with MOWCSC and New provisions to enhance women entrepreneurship, April 9, 2021, <https://thehimalayantimes.com/nepal/new-provisions-to-enhance-women-entrepreneurship> [Access: December 31, 2021]

| | |
|------------------------|---|
| | <u>rent.</u> |
| (3) Support | There is no one-stop support center for women entrepreneurs (recently established). Limited training opportunities for women entrepreneurs to learn new skills. Business development services (management skills) are not available. |
| (4) Market | Lack of understanding of marketing techniques. Low market value of products and lack of profit. Fragile business environment (unfair competition, price volatility, bribes). <u>Impacts of the COVID-19 (transportation delays, difficulty in procuring raw materials)</u> , reduced productivity (social distances, lockdown, etc.). |
| (5) Human Resources | Limited access to primary and secondary education (working-age women in rural areas). Weak entrepreneurial spirit (fear of risk). Absence of mentors. <u>Review of working hours and social distancing under COVID-19. Deterioration in mental health.</u> |
| (6) Cultural practices | Prejudice and family opposition to women doing business. Social norms that do not allow women to go out alone. <u>Increased unpaid care and domestic work for women under the COVID-19 pandemic.</u> |
| (7) Digital technology | <u>Limited access to digital technology. Low digital literacy. Lack of funds to install new machines.</u> |
| (8) Network | Limited networking opportunities. Inactive networks. Lack of access to network information. <u>No face-to-face meetings.</u> |

Source: JICA study team developed from Isenberg, D (2011) The Entrepreneurship Ecosystem Strategy as a New Paradigm for Economic Policy: Principles for Cultivating Entrepreneurship, CUTS International (2021) Impact of COVID-19 on Women Entrepreneurs in the BBIN Sub-region, The Asia Foundation (2021) COVID-19 & The New Normal for Women in the Economy in Nepal

However, the use of digital technology has expanded in Nepal during the COVID-19 pandemic with restrictions on movement and social distancing policies, which has accelerated online business and smartphone payments. Nevertheless, there is a gendered digital divide, with 63.7% of men using the Internet compared to 43.0% of women.¹⁰⁰¹ If this digital divide remains unaddressed and digitalization is promoted, women entrepreneurs may miss out on business opportunities or face additional obstacles in starting their own businesses. Therefore, the digital technology support in (7) is indispensable.

During the COVID-19 pandemic, NGOs linked women entrepreneurs suffering financial difficulties with other women entrepreneurs running online platforms. They supported women entrepreneurs in selling their products online, provided online business training and mentoring, and networked. This support helped some women entrepreneurs increase their sales even during the COVID-19 pandemic.

To create a better business environment for women entrepreneurs, it is essential to obtain support from various actors such as the government, development partners, financial institutions, private companies, and digital service providers. Therefore, the Women Entrepreneurship Facilitation Center, as a hub, is expected to provide one-stop services to women to start a new business, provide advice on how to recover from sluggish business, and promote women's economic empowerment.

(2) Purpose, expected outputs, and activities of the proposed project

【Project Purpose】

Participation of women entrepreneurs in economic activities is promoted by strengthening the services provided by the Woman Entrepreneurship Facilitation Center.

【Type of assistance】

¹⁰⁰¹ National Planning Commission and UNICEF (2020), Multiple Indicator Cluster Survey 2019: Survey Findings Report November 2020

Technical cooperation project, etc.

【Project period】

3 to 5 years

【Counterparts】

Ministry of Women, Children and Senior Citizens, Department in charge of Women and Children in local government¹⁰⁰²

Partner organizations: Digital service providers, financial institutions, SABAH Nepal, Federation of Women Entrepreneurs Association of Nepal (FWEAN), Council for Technical Education and Vocational Training (CTEVT), Chamber of Commerce and Industry, Department of Women

【Project Beneficiaries】

Department in charge of Women and Children in local government, Women entrepreneurs (start-up, growth phase), migrant women workers returning home due to the COVID-19 pandemic¹⁰⁰³

【Expected outputs and activities】

Output 1: The current status and issues of women entrepreneurs in the target area are identified

(Activities for Output 1)

- Conduct a survey to identify the characteristics of women entrepreneurs (age, ethnicity, types of business, business size, years of experience, stage of business, etc.)
- Identify the current status and challenges of women entrepreneurs in (2) through (8)
- Identify the current status and use of digital technology in (7)
- Identify the support needs of women entrepreneurs

Output 2: Support services based on the needs of women entrepreneurs are provided

(Activities for Output 2)

- Develop a training curriculum based on the support needs of women entrepreneurs (digital technology support in (7) is mandatory)
- Provide training to women entrepreneurs
- Provide mentoring and consultation to women entrepreneurs
- Based on feedback from women entrepreneurs, issues related to support services are to be compiled and proposed to the Coordination Committee.

Output 3: Operational structure of the Women Entrepreneurship Facilitation Center is established (Activities for

Output 3)

- Conduct a survey on the current status of center operations (annual plan, budget, and personnel)
- Conduct management training for local government officials and center administrators
- Conduct regular monitoring based on the annual plan to identify operational issues
- Compile issues related to the operation of the Women Entrepreneurship Facilitation Center and make recommendations to the Coordinating Committee.

Output 4: A nationwide network of women entrepreneurs and the Women's Entrepreneurship Facilitation Center is established

¹⁰⁰² As the budget for the Women's Entrepreneurship Promotion Center is directly allocated by the federal government to the local government without involving the provincial government, the provincial government is not the implementing organization for the project.

¹⁰⁰³ The MOWCSC also supports migrant women workers who have returned home due to the COVID-19 pandemic.

(Activities for Output 4)

- Organize meetings for networking among women entrepreneurs
- Hold meetings to share initiatives among Women Entrepreneurship Facilitation Centers.

(3) Rationale of the proposed project

Owing to COVID-19, women are being hit hard financially. In such a situation, women who have lost their jobs or migrant women who have returned to Nepal are seeking new income sources, and some are considering starting a new business. Helping women set up their own businesses, rather than relying on men, leads to women's economic empowerment, which leads to an increase in women's decision-making power within the household. Businesses launched by women entrepreneurs are said to create a secondary impact, as they are more likely to start up a social enterprise trying to solve social and gender issues and create more employment opportunities for women.

In addition, as mentioned earlier, the Government of Nepal in its National Gender Equality Policy 2077 (2021)¹⁰⁰⁴ has identified women's economic empowerment as an important issue to address and has decided to support women entrepreneurs through the Women Entrepreneurship Facilitation Center. Furthermore, based on the government's digitalization policy, it is expected that digitalization will be promoted further. Women entrepreneurs acquiring digital technology in the center are expected to be able to expand their business by utilizing digital technology.

In this sector, UNESCAP, in cooperation with the Government of Canada, is implementing "Catalyzing Women's Entrepreneurship—Creating a Gender-Responsive Entrepreneurial Ecosystem" (2019–2023) in Nepal. Under this project, policy dialogues are regularly held with SMEs, government officials, financial institutions, NGOs, private companies, and other stakeholders to improve the business environment for women.¹⁰⁰⁵ Thus, a greater impact can be expected from working with them.

JICA has rich experience in supporting women's economic empowerment through such projects as the "Project on Gender Mainstreaming for Women's Economic Empowerment Project in Cambodia" and "Project for Improvement of Livelihoods and Well-Being of Female Home-Based Workers (FHBWs) in the Informal Economic Sector in Sindh Province." JICA's Knowledge Co-Creation Program is conducting the "Africa-Japan Business Women Exchange Seminar" and "Women's Economic Empowerment through Business in SICA Region," and has implemented the "Project on Activation of Women Development Centers (WDCs) to Improve Women's Livelihood Nigeria" to support the Women's Centers. In Japan, the Center for Promotion of Gender Equality is also actively supporting women entrepreneurs, so experience can be mutually exchanged between Japan and other nations.

¹⁰⁰⁴ MOWCSC (2021) National Gender Equality Policy 2077"

¹⁰⁰⁵ UNESCAP, Catalyzing Women's Entrepreneurship programme, <https://www.unescap.org/events/catalyzing-women-s-entrepreneurship-nepal-national-consultation> [Access: December 31, 2021]

Part 5: Recommendations to JICA on Approaches and Concrete Measures to Promote Gender Equality and Women’s Empowerment in the Post-COVID-19 Era

COVID-19, since its first detection in China in 2019, had resulted in more than 5 million deaths by December 2021.¹⁰⁰⁶ The COVID-19 pandemic has deepened existing poverty and pushed additional people into poverty. According to a report by UNDP and Frederick S. Pardee Centre for International Futures, an additional 48 million people are forecast to remain in poverty due to the pandemic by 2030.¹⁰⁰⁷ Health indicators, such as rates of maternal and neonatal mortality, malaria infection, and new HIV infections, that have been improving over the years may see setbacks due to the pandemic. Disruptions in supply chains caused food insecurity, and it is estimated that 1.6 million children were affected by school closures and their learning affected.¹⁰⁰⁸

The COVID-19 pandemic exposed existing gender inequalities, and during the pandemic these inequalities have been further exacerbated because of increased unpaid care and domestic work, less access to digital technology than for men, and discrimination against women participating in the decision-making processes of major development policies.

Table 1-1 shows the challenges faced by women and girls during the COVID-19 pandemic and the factors of the challenges from the five areas of analysis of this study.

Table 1-1: Issues and factors in five areas of analysis

| Area | Challenges during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) |
|-----------|---|--|
| ① SGBV | 1) Increased DV 2) Increased online sexual exploitation 3) Increased harassment in public places 4) Increased child marriage 5) Increased human | <ul style="list-style-type: none"> ◆ <u>Movement restrictions meant spouses or partners spent longer hours at home, and DV increased.</u> ◆ <u>Alcohol consumption and drug use increased owing to economic downturn, job loss, and income loss, triggering DV.</u> ◆ <u>Sex industries shifted online because of closure of entertainment zones.</u> ◆ <u>Closure of schools led to children using the Internet for longer hours.</u> ◆ Women with limited knowledge of digital safety were deceived and exploited. ◆ <u>Risk of harassment at public places increased because of less public foot traffic during the lockdown.</u> ◆ <u>Risk of harassment in public transportation increased owing to fewer people using public transportation during lockdown.</u> ◆ Parents forced their daughters to marry to reduce household costs. ◆ Social norms such as son preference made families try to have their daughters marry and leave their houses while young. ◆ Parents do not know that child marriage is illegal. ◆ <u>More women went into prostitution because of income loss.</u> ◆ <u>Owing to border closures, the numbers of human trafficking</u> |

¹⁰⁰⁶ WHO Coronavirus (COVID-19) Dashboard, <https://covid19.who.int/> [Access: December 31, 2021]

¹⁰⁰⁷ Hughes, B.B., Hanna, T., McNeil, K., Bohl, D.K., & Moyer, J.D. (2021). Pursuing the Sustainable Development Goals in a World Reshaped by COVID-19. Denver, CO and New York, NY: Frederick S. Pardee Center for International Futures and United Nations Development Programme

¹⁰⁰⁸ UNESCO (2021) When schools shut: Gendered impacts of COVID-19 school closures, <https://unesdoc.unesco.org/ark:/48223/pf0000379270> [Access: December 31, 2021]

| Area | Challenges during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) |
|--------------------------|--|---|
| | <p>trafficking</p> <p>6) Limited access for SGBV survivors to seek help</p> | <p><u>victims have decreased. However, families and women were severely affected economically and face higher risks of being trafficked by being offered false employment opportunities in foreign countries.</u></p> <p><u>(Especially for girls)</u></p> <ul style="list-style-type: none"> ◆ Families received offers from human traffickers to give away their daughters due to income loss. ◆ <u>Girls who have lost their guardians because of COVID-19 faced higher risks of being trafficked.</u> ◆ There are social norms that justify DV when the husband feels that the wife is not managing the household well. ◆ A social structure forces women to depend economically on men because they have no economic means. Women have no choice of leaving the husband. Therefore, even when women sought help outside, they thought that the situation would only worsen because women cannot live without their husband. ◆ <u>As the perpetrators are mostly husbands or male partners, women cannot call and seek help because they are staying in the same house as the perpetrators are under movement restrictions.</u> ◆ <u>Shelters are taking COVID-19 preventive measures, making it more difficult to access safe places than in the pre-pandemic era.</u> |
| <p>② Health Services</p> | <p>1) Limited access to safe delivery</p> <p>2) Limited access to safe abortion</p> <p>3) Poor menstrual hygiene management</p> <p>4) Worsened mental health</p> | <ul style="list-style-type: none"> ◆ <u>Medical resources were shifted to COVID-19 response, causing disruptions in maternal health care services.</u> ◆ <u>On the one hand, there were pregnant women who did not seek maternal health services because of fear of infection. In addition, there were pregnant women who wanted to access maternal services but could not because of movement restrictions and lack of transport.</u> ◆ <u>Although unwanted pregnancies increased, clinics that provide abortion services were closed. Unwanted pregnancies increased owing to disruptions of family planning services and of the production and supply chain of contraceptives. DV and other types of SGBV were also factors of unwanted pregnancies.</u> ◆ There is stigma attached to women and girls accessing abortion services. ◆ Women and girls barely have knowledge on SRH and therefore bought fake abortion pills from the Internet that damaged their health.¹⁰⁰⁹ ◆ Unwanted pregnancies are increasing among young girls but access to safe abortion is difficult. ◆ <u>There was a lack of sanitary napkins due to closure of borders, movement restrictions, and disruptions of production and supply chains.</u> ◆ <u>Girls could not gain access to sanitary napkins because they were not listed as essential goods, and therefore the production of sanitary napkins stopped.</u> ◆ <u>Sanitary napkins became unaffordable with income loss.</u> ◆ <u>Access to water became difficult for women and girls who live far from water facilities under movement restriction.</u> ◆ <u>Mental health was negatively affected because of fear of contracting COVID-19, loss of income, increased unpaid care and domestic work, and DV.</u> |

¹⁰⁰⁹ โควิด ‘เพิ่มยอด’ หญิงทำแท้ง ถูกหลอกขายคุม-เสี่ยงมดลูกแตก, COVID increase the number of unsafe abortions by using abortion pills, June 24 2021, https://www.matichon.co.th/lifestyle/social-women/news_2793100

| Area | Challenges during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) |
|---|---|--|
| | 5) Limited access to necessary health services | <ul style="list-style-type: none"> ◆ <u>Elderly women, women and girls with disabilities, and LGBTQ people are often discriminated against in the family, and their access to health facilities is limited.</u> ◆ <u>LGBTQ people living with HIV/AIDS had limited access to HIV/AIDS treatment owing to medical resources being shifted to COVID-19 response.</u> ◆ <u>LGBTQ people had limited access to hormone therapy owing to medical resources being shifted to COVID-19 response.</u> |
| ③ Economic Activities and Livelihood | 1) Decreased participation of women in economic activities 2) Increased number of women experiencing economic hardship | <ul style="list-style-type: none"> ◆ Women are not recognized as bread winners and therefore are the first to be laid off. ◆ Industries that had substantial proportions of women workers were hit hard economically. ◆ <u>Women could not acquire the materials to produce goods for their businesses owing to border closures and movement restriction.</u> ◆ <u>Access to markets to sell their products became difficult because of movement restriction.</u> ◆ Women were unable to shift their businesses online owing to lack of access to digital technology. ◆ Women had to spend longer hours performing unpaid care and domestic work. ◆ Many women work in the informal sector and are vulnerable to economic crisis. ◆ <u>Many women were not registered as laborers, and therefore were not able to receive social protection benefits.</u> ◆ <u>Women who did not possess an ID card and bank account were unable to receive cash transfers.</u> ◆ Many women do not own assets such as land, and thus do not have access to formal financial services. |
| ④ Education | 1) Limited access of girls to remote learning 2) Increased number of girls dropping out from schools 3) Increased adverse effect from school closure (loss of safe place, malnutrition from no access to school lunch, declined SRH, declined mental health) 4) Limited ability of teachers to adopt remote learning 5) Limited ability of schools to take COVID measures | <ul style="list-style-type: none"> ◆ No digital equipment in households. ◆ Limited digital literacy. ◆ Prevalence of digital gender gap and limited access among girls to digital technology. ◆ <u>Loss of household income.</u> ◆ <u>Less study time due to increased unpaid care and domestic work.</u> ◆ <u>Girls were married off.</u> ◆ <u>Girls from poor household rely on school feeding to maintain their nutritional status.</u> ◆ <u>Girls in rural areas receive sanitary napkins at school.</u> ◆ <u>Loss of communication among friends and teachers.</u> ◆ <u>No experience in offering remote learning.</u> ◆ <u>No Internet facilities and access at schools.</u> ◆ <u>No WASH facilities at school.</u> ◆ <u>Lack of space to maintain social distance.</u> |
| ⑤ Digital Technology | 1) A wide digital gender gap and low digital literacy of women increased dependence | <ul style="list-style-type: none"> ◆ Women and girls have lower access to digital technology and digital devices than men and boys, owing to their lower status in the family. ◆ There is a wide gender gap in smartphone ownership and usage |

| Area | Challenges during the COVID-19 pandemic | Factors (Underlined sentences are challenges faced particularly during the COVID-19 pandemic) |
|------|--|---|
| | <p>on men.</p> <p>2) Women and girls without access to digital technology were left out of health, economic, and educational services.</p> <p>3) Few women major in STEM programs and work in STEM-related industries.</p> | <p>of the Internet.</p> <ul style="list-style-type: none"> ◆ <u>As digital technology penetrated in all spheres of life, applications for social protection schemes and vaccination reservations had to be done online, and many women needed support from male family members or acquaintances.</u> ◆ <u>There are places where Internet usage is restricted for women and girls based on the prejudice that women and girls will meet someone online and elope and/or women and girls will be distracted from performing unpaid care and domestic work.</u> ◆ Digital platforms for selling products online were made available, but many women could not benefit because they did not have access to digital technology. ◆ There is prejudice against women because of a perceived lack of ability with STEM subjects; therefore, many girls do not choose to major in STEM programs and only a few women work in STEM-related industries. |

5-1. Areas of High Support Needs for Women and Girls during the COVID-19 Pandemic

5-1-1. SGBV

(1) Support measures and their challenges and gaps during the COVID-19 pandemic

In many countries, DV and harassment from spouses and intimate partners have increased due to movement restrictions, lockdowns, closure of schools and other institutions, and economic stagnation. SGBVs, such as online sexual exploitation, child marriage, and sexual harassment in public spaces, also increased during the COVID-19 pandemic.

According to a survey conducted by UN Women in 13 countries in 2021, one in four women said that household conflicts had become more frequent and felt more unsafe in their homes, and three of five women said they thought sexual harassment in public spaces had worsened.¹⁰¹⁰

To respond to the increase in SGBV, the government and development partners strengthened facilities such as OSCs and shelters to provide protection services to survivors. However, protection officers had to take COVID-19 preventive measures by limiting the number of survivors who could stay in the shelter and/or suspend face-to-face consultations. Medical experts and police officers were shifted to COVID-19 response tasks, disrupting survivor protection and the prosecution of perpetrators. Worst of all, some NGOs supporting abused women and girls had to decrease their activities because of decreased funding due to economic stagnation.

Table 1-2 summarizes the measures taken by the government, international organizations, and NGOs to mitigate the negative impact of the COVID-19 pandemic on women and girls, as well as the challenges and gaps in the response measures in SGBV.

¹⁰¹⁰ UN Women (2021) Measuring the shadow pandemic: Violence against women during COVID-19, <https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf>

Table 1-2: Support to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in SGBV

| Area of Support | Support by government and development partners | Challenges and gaps in the response measures |
|---|---|---|
| Prevention | <ul style="list-style-type: none"> - Strengthened hotlines and helplines - Awareness raising on SGBV and how to prevent SGBV - Dissemination of information on organizations and service provision for SGBV protection | <ul style="list-style-type: none"> - Limited knowledge of people on support mechanisms for SGBV survivors. - Need for strengthened mechanism of protection after the case is reported. - Engagement of men in SGBV prevention and response measures for perpetrators. |
| Protection | <ul style="list-style-type: none"> - Increased capacity of shelters and one-stop centers - Capacity building for staff engaged in SGBV survivors' protection | <ul style="list-style-type: none"> - Limited outreach activities due to movement restrictions. - Limited capacity of effective case management (weak cooperation among social workers, health experts, and law enforcement officers). |
| Prosecution | <ul style="list-style-type: none"> - Functioning of the courts through video conferencing - Setting up women helpdesks within the police station that respond to SGBV cases | <ul style="list-style-type: none"> - Limited actions taken by police and prosecutors on protection of SGBV survivors and prosecution of perpetrators. |
| Rehabilitation and economic empowerment | <ul style="list-style-type: none"> - Capacity building of counseling skills for workers at shelters and support organizations - Vocational training for SGBV victims for economic empowerment | <ul style="list-style-type: none"> - Limited support services for SGBV survivors such as vocational training, income generation, and linking them to access social security programs. |
| Survey and data collection | <ul style="list-style-type: none"> - Implementation of surveys and data collection on SGBV during the COVID-19 pandemic | <ul style="list-style-type: none"> - Lack of detailed data available to the public apart from cases reported to the hotlines/helplines. Data on type of SGBV, age, gender, ethnicity of both the survivor and perpetrator should be available. - Need for data such as relationship between the victim and the perpetrator - Lack of numbers of reported cases that were referred from consultation/reporting to rescue/protection |

(2) Recommendations for the area of SGBV

1) Raise awareness that SGBV is a crime and the perpetrators should be punished according to the law

One of the factors contributing to the increased DV during the pandemic is that in many societies, violence is accepted when the husband or male partner feels that the woman is not sufficiently fulfilling the role of mothers or wives. Although most countries have laws that protect women from DV, people do not know about their existence and, worst of all, the law is not enforced and abusers are not punished. The pandemic exposed the seriousness of DV, and awareness-raising activities took place through media such as TV and SNS. It is important that awareness-raising activities on SGBV continue even after the pandemic ends. While raising awareness, it is essential to send the message that DV and other SGBVs are crimes and that abusers should be punished and held accountable.

2) Enhance the protection processes after receiving reports from helplines/hotlines

During the COVID-19 pandemic, many countries set up helplines/hotlines to receive reports on SGBV cases. However, although SGBV cases increased, most of the reported cases were not responded appropriately because of lack of capacities in human resources and facilities. In addition to these challenges, as the officers in charge had to

take COVID-19 preventive measures, they could not reach out promptly to the survivors, and thus protection measures such as rescues were delayed. Shelters also had to limit the number of residents owing to social distancing and other COVID-19 preventive measures.

There were countries that increased the number of shelters, but the capacities for protecting SGBV survivors were insufficient; therefore, cases were seen where health centers and childcare centers were shifted to shelters. Human resources that can assist SGBV survivors are needed.

The more effectively awareness raising is conducted, the more reports on SGBV cases will reach helplines/hotlines; therefore, sufficient measures for protecting SGBV survivors are vital. As most protection facilities are concentrated at the provincial level, it is necessary that there be a place within the community where abused women and children can be protected until they are referred to specialized organizations. In this study, it was recognized that most countries have community health volunteers. Therefore, SGBV responses could also be added to their roles, or a similar volunteer system could be set up to respond to SGBV cases.

3) Enhance the capacity of police officers and prosecutors for prosecuting and punishing SGBV perpetrators

As described in recommendation 1) “Raise awareness that SGBV is a crime and the perpetrators should be punished according to the law,” there are societies that accept violence against women when the husband or male partner feels that the woman was not sufficiently fulfilling the role of mother or wife. There are social norms that perceive DV as a personal issue; therefore, even if the country has enacted laws prohibiting DV, they are not executed and abusers are not prosecuted or punished. Owing to the intensive awareness of SGBV during the pandemic, DV has begun to be recognized as a social problem. Taking advantage of this opportunity, the enhancement of police and prosecutors regarding SGBV responses must take place together with prevention and protection activities.

4) Promote financial support programs and link SGBV survivors to existing social protection programs

Many SGBV survivors need long-term support to rehabilitate and recover from the trauma and damage caused by violence and start their lives without fear of violence. As this type of support takes time, rehabilitation programs are few, even before the outbreak of the pandemic. During the pandemic, as officers in charge of SGBV were busy with the increased number of cases along with taking COVID-19 preventive measures, support for rehabilitation purposes was sidelined. It is important that SGBV survivors be connected to social protection programs and have the means to make a living free from violence during the pandemic.

5) Promote detailed data collection and plan support measures based on data analysis

Data on the number of SGBV cases reported to helplines/hotlines are readily available in many countries. However, data on the number of cases who received further support interventions are unknown. It is also essential to collect data on the types of SGBVs reported and intervened, the social category (gender including LGBTQ, age, ethnicity, and other categories specific to the locality) of the survivors and perpetrators. Analysis must take place based on the collected data in order to implement effective interventions.

5-1-2. Health services (SRH and Mental Health)

(1) Support measures and their challenges and gaps during the COVID-19 pandemic

Since the outbreak of COVID-19, health systems have been challenged by its overwhelming demands. Resources and staff were diverted to the COVID-19 response; as a result, some healthcare services such as SRH were being compromised. Women's access to safe delivery and safe abortion services was disrupted, putting their lives in danger. During the pandemic, people struggled to access health services; contrariwise, there were people who did not want to access health services due to fear of contracting infections.¹⁰¹¹

According to a survey conducted by the WHO of 159 countries between March and June 2020, essential health services were affected in 90% of the countries, and 68% of the countries experienced disruptions in family planning and contraception services.¹⁰¹²

According to UNFPA, many countries have experienced difficulties in accessing contraceptives, and as a result, unwanted pregnancies have increased.¹⁰¹³ An increase in unwanted pregnancies has led to an increase in unsafe abortions, which has become a pressing concern.¹⁰¹⁴ Disruption of family planning services may be the direct cause of an increase in unwanted and unsafe pregnancies; however, the main cause is that women do not have knowledge about SRH and do not have control of their bodies or of SRH, which stems from social norms that perpetuate gender inequality.

There have also been reports from countries where accessing delivery in health facilities has become difficult. Although many low-income countries lack skilled midwives,¹⁰¹⁵ during the pandemic, midwives could not look after pregnant women because they were shifted to attending to COVID-19 patients or because they were taking COVID-19 preventive measures.¹⁰¹⁶ Moreover, during the pandemic, institutional delivery decreased in some regions. Pregnant women were highly stressed due to anxiety about their pregnancy, fear of contracting infection, worries about their financial situation, aggravating their mental health status.¹⁰¹⁷

¹⁰¹¹ Kotlar, B., Gerson, E., Petrillo, S. et al. The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review. *Reproductive Health* 18, 10 (2021). <https://doi.org/10.1186/s12978-021-01070-6>

¹⁰¹² WHO (2020) Pulse survey on continuity of essential health services during the COVID-19 pandemic Interim report 27 August 2020, WHO-2019-nCoV-EHS_continuity-survey-2020.1-eng.pdf

¹⁰¹³ UNFPA (2021) Technical Note Impact of COVID-19 on Family Planning: What we know one year into the pandemic as of March 11, 2021, https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf

¹⁰¹⁴ Impact of COVID-19 to unsafe abortion, July 13 2020, <https://www.figo.org/news/impact-covid-19-unsafe-abortion>, Unsafe abortions set to increase during the time of COVID-19, <https://www.figo.org/news/impact-covid-19-unsafe-abortion>, UN partnership set to prevent more than 140 million unintended pregnancies, 320 thousand maternal deaths by 2030, but major investment required, Dec 14 2020, <https://www.unfpa.org/press/un-partnership-set-prevent-more-140-million-unintended-pregnancies-320-thousand-maternal-0>

¹⁰¹⁵ World Health Organization (2017). Health employment and economic growth: an evidence base. World Health Organization. <https://apps.who.int/iris/handle/10665/326411>

¹⁰¹⁶ Pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services, May 7 2020, <https://www.unicef.org/press-releases/pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened-strained-health>; Bill and Melinda Gates Foundation's 2020 Report, <https://www.gatesfoundation.org/goalkeepers/report/2020-report/progress-indicators/maternal-mortality/>; COVID-19 Pandemic Leads to Drop of Maternal Health Care in Africa, Raising Fears of Increased Mortality, April 12 2021,

<https://reliefweb.int/report/world/covid-19-pandemic-leads-drop-maternal-health-care-africa-raising-fears-increased>; New findings confirm global disruptions in essential health services for women and children from COVID-19, September 18 2020, <https://www.globalfinancingfacility.org/new-findings-confirm-global-disruptions-essential-health-services-women-and-children-covid-19> [Access: December 28, 2021]

¹⁰¹⁷ Hashim, M., Coussa, A., Al Dhaheri, A.S. et al. (2021) Impact of coronavirus 2019 on mental health and lifestyle adaptations of pregnant women in the United Arab Emirates: a cross-sectional study. *BMC Pregnancy Childbirth* 21, 515, <https://doi.org/10.1186/s12884-021-03941-z>; COVID-19: Mental health problems in pregnant and postpartum women during the pandemic, May 17, 2021, <https://indianexpress.com/article/parenting/health-fitness/covid-19-mental-health-problems-in-pregnant-and-postpartum-women-during-the-pandemic-7315172/>

Worsening of mental health conditions was also evident in the general population. Governments and development partners have strengthened the capacity of helplines/hotlines and developed various guidelines to respond to the mental health issues that emerged during the pandemic. Studies conducted in the Philippines¹⁰¹⁸ and Bangladesh¹⁰¹⁹ have revealed an increase in suicide attempts and self-harm. Women and girls have been seriously affected by the COVID-19 pandemic.

Table 1-3 describes the support measures taken by the government and development partners to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures.

Table 1-3: Support to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in SRH and mental health

| Area of Support | Support by government and development partners | Challenges and gaps in the response measures |
|------------------------------|--|--|
| Delivery | <ul style="list-style-type: none"> - Development and dissemination of guidelines on pregnant women and COVID-19 - Establishment of helplines for pregnant women - Provision of transportation service for pregnant women from home to health facility | <ul style="list-style-type: none"> - Limited provision of isolated delivery room. - Limited number of skilled midwives and nurses. - Limited number of PPEs. - Lack of effective communication tools targeting the pregnant women on providing information regarding COVID-19 and pregnancy. - Limited care for mental health for pregnant women. |
| Abortion | <ul style="list-style-type: none"> - Advocacy to maintain abortion services during COVID-19 pandemic - Telephone/online consultation on abortion services - Dissemination of contacts of health facilities providing abortion services | <ul style="list-style-type: none"> - Limited access to safe abortion (consultations, pills, surgery, etc.). - Strong shame and stigma attached to abortion. |
| Menstrual hygiene management | <ul style="list-style-type: none"> - Provision of sanitary napkins - Inclusion of sanitary napkins in relief packages | <ul style="list-style-type: none"> - Difficulty of purchasing and obtaining sanitary napkins. - Lack of clean water. - Lack of understanding about menstruation (both women and men). |
| Mental health | <ul style="list-style-type: none"> - Increased and enhanced capacities of helplines/hotlines - Enhancement of counseling services - Development of application to self-check one's mental health status | <ul style="list-style-type: none"> - Little awareness on early detection of sign of depression and mental illness - Need of eliminating stigma and prejudice on mental health - Need for data collection and assessment on detailed status of women and girls' mental health |

(2) Recommendations for the areas of SRH and mental health

¹⁰¹⁸ Almaghrebi AH. Risk factors for attempting suicide during the COVID-19 lockdown: Identification of the high-risk groups. J Taibah Univ Med Sci. 2021 Aug;16(4):605-611, <https://www.sciencedirect.com/science/article/pii/S1658361221000998?via%3Dihub>, [Access: December 28, 2021]

¹⁰¹⁹ Nabila Ashraf M, Jennings H, Chakma N, Farzana N, Islam MS, Maruf T, Uddin MMJ, Uddin Ahmed H, McDaid D and Naheed A (2021) Mental Health Issues in the COVID-19 Pandemic and Responses in Bangladesh: View Point of Media Reporting. Front. Public Health 9:704726. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.704726/full>

1) Safe delivery, family planning, safe abortion, and menstrual hygiene management must be prioritized as essential health services even in emergencies

Since the outbreak of COVID-19, health resources such as health facilities and medical officers have concentrated on the COVID-19 response; therefore, health services such as maternal and child health and SRH have been affected. Moreover, private clinics that lacked PPE had to close and accessing health services became extremely difficult.¹⁰²⁰

Disruption of maternal and child health and SRH directly affects women's and infants' health; therefore, these services should be prioritized even in emergencies. It is also significant that men and women and boys and girls have knowledge of SRH issues, and that the stigma attached to abortion be eliminated.

2) Establish mechanisms to ensure safe deliveries in times of pandemic

There have been many reports of pregnant women being unable to reach hospitals due to lack of public transportation, denial by ambulances, and refusal of admission due to hospitals taking preventive measures to contain COVID-19.¹⁰²¹ In many instances, women and family members of the pregnant women did not want to deliver at the hospital due to fear of infection.

Health facilities should establish a mechanism for responding to pregnancy in emergencies, such as pandemics and disasters. The mechanism must consider how to respond to cases of delivery outside health facilities, ensure antenatal care, provide mental health care to pregnant women, and create an enabling environment for using telemedicine.

3) Spreading awareness that disruption in abortion services can cost women's lives

Between April and May 2020, many people in various countries who could not access to contraceptives, resulted in unwanted pregnancy.¹⁰²² Clinics that usually provided abortion services were closed, and consequently women had to resort to unsafe abortion.¹⁰²³ In addition to the lack of access to contraceptives, increased SGBV may also be the reason for the increase in unwanted pregnancy. Under the situation of limited abortion services, women were taking unsafe measures such as buying abortion pills without consulting doctors, self-induced abortion, or surgery by an unskilled provider.¹⁰²⁴

The underlying cause of the increase in abortion is that women have limited knowledge about SRH and less control

¹⁰²⁰ Hit by Covid: Delivery, immunisation, nutrition, June 8, 2020, <https://indianexpress.com/article/india/hit-by-covid-delivery-immunisation-nutrition-6447859/>; The coronavirus lockdown prevented 1.85 million Indian women from getting an abortion, June 6 2020, <https://scroll.in/article/966566/the-coronavirus-lockdown-prevented-1-85-million-indian-women-from-getting-an-abortion>; Women always take the brunt: India sees surge in unsafe abortion, July 13 2020, <https://www.theguardian.com/global-development/2020/jul/13/women-always-take-the-brunt>, Cousins (2020) COVID-19 has “devastating” effect on women and girls, www.thelancet.com Vol 396 August 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

¹⁰²¹ Investigating the Impact of COVID-19 on Maternal and Child Health Delivery in India, October 2, 2020, <https://digitalmedic.stanford.edu/general/investigating-the-impact-of-covid-19-on-maternal-and-child-health-delivery-in-india/>

¹⁰²² UNFPA (2021) Technical Note Impact of COVID-19 on Family Planning: What we know one year into the pandemic as of March 11 2021, https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf; Impact of COVID-19 to unsafe abortion, July 13 2020, Unsafe abortions set to increase during the time of COVID-19, <https://www.figo.org/news/impact-covid-19-unsafe-abortion>, UN partnership set to prevent more than 140 million unintended pregnancies, 320 thousand maternal deaths by 2030, but major investment required, Dec 14, 2020, <https://www.unfpa.org/press/un-partnership-set-prevent-more-140-million-unintended-pregnancies-320-thousand-maternal-0>

¹⁰²³ *ibid.*

¹⁰²⁴ Impact of COVID-19 to unsafe abortion, July 13 2020, <https://www.figo.org/news/impact-covid-19-unsafe-abortion>, Unsafe abortions set to increase during the time of COVID-19, <https://www.figo.org/news/impact-covid-19-unsafe-abortion>, UN partnership set to prevent more than 140 million unintended pregnancies, 320 thousand maternal deaths by 2030, but major investment required, Dec 14 2020, <https://www.unfpa.org/press/un-partnership-set-prevent-more-140-million-unintended-pregnancies-320-thousand-maternal-0>

over their SRH due to social norms that put women under the control of men. Many societies view sex as taboo, particularly for young women and girls; therefore, they do not have the opportunity to gain knowledge on SRH. In addition, as social views are common that do not accept premarital sex for women, unmarried women hide pregnancies from family members and seek abortions.¹⁰²⁵ However, having an abortion is also difficult for married women because there is a social norm that motherhood should be prioritized, and thus abortion is not a topic that people can talk about openly, which therefore can easily be forgotten in times of emergency. Therefore, it is important to ensure that contraception, family planning services, and abortion services be maintained during emergencies. It is also important that boys, girls, men, and women of reproductive age have knowledge of SRH and better access to contraceptives and abortion.

4) Raise awareness on menstrual hygiene management and ensure sanitary napkins to be included as essential goods

Some countries experienced a shortage of sanitary napkins due to the disruption of supply chains by movement restrictions and border closures. Girls in marginalized areas that used to receive sanitary napkins at schools and health facilities, had difficulty obtaining sanitary napkins because these facilities were closed. The affordability of these products was another challenge because the pandemic significantly affected household income.¹⁰²⁶ Access to clean water was restricted due to movement restrictions, and as many people were staying in the house, it was difficult for women and girls to secure privacy, which made it difficult to maintain cleanliness while menstruating.¹⁰²⁷ In particular, girls at the age of menarche have missed opportunities to gain information and discuss menstruation with their peers at school.

It is important that men, women, boys, and girls have knowledge of menstruation and that women and girls can access sanitary products and ensure that they can manage menstruation hygienically and with dignity.

5) Strengthen data collection and surveys on mental health conditions of women and girls during the COVID-19 pandemic

Factors such as worries about the worsening financial status of the household, uncertain futures, loneliness, and losing family members and friends to COVID-19 have affected people's mental health. However, in low and middle-income countries, over 75% of people with mental health conditions are receiving no treatment.¹⁰²⁸ According to surveys conducted by international organizations and NGOs, although there were differences among countries, women tended to worry more than men, and their mental health was affected more than men's. According to

¹⁰²⁵ Stigma and lack of awareness single women's access to safe abortion in India, September 12 2019, <https://www.hidden-pockets.com/stigma-and-lack-of-awareness-single-womens-access-to-safe-abortions-in-india/> [Access: January 14, 2021]; Impact of Covid-19 on Abortions in India, October 4 2020, <https://www.probono-india.in/blog-detail.php?id=186> [Access: October 20, 2021]; Sidelineing women's reproductive rights, November 18 2020, <https://adnasia.org/2020/11/18/sidelining-womens-reproductive-rights/> How stigma and restricted access stop Indian women from seeking safe abortions, November 30 2018, <https://www.thenewsminute.com/article/how-stigma-and-restricted-access-stop-indian-women-seeking-safe-abortions-92505> [Access: February 5, 2021]

¹⁰²⁶ COVID-19 heightened menstruation challenges Latin America and Caribbean action and investment needed, May 28, 2021, <https://www.unfpa.org/news/covid-19-heightened-menstruation-challenges-latin-america-and-caribbean-action-and-investment>, Plan International (2020) Period in pandemic, https://reliefweb.int/sites/reliefweb.int/files/resources/mhm_report.pdf

¹⁰²⁷ UNICEF (2020) UNICEF Brief Mitigating the impacts of COVID-19 and menstrual health and hygiene, October 2020, <https://www.unicef.org/media/95496/file/UNICEF-Brief-Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene.pdf> [Access: December 28, 2021]

¹⁰²⁸ Make mental healthcare for all a reality, urges Guterres, October 9, 2021, <https://news.un.org/en/story/2021/10/1102272> [Access: December 28, 2021]

the Global Burden of Disease Study 2019, suicide was a leading cause of death for girls between the ages of 15 and 19 years,¹⁰²⁹ while for women 20 to 24 years, it was the second leading cause.¹⁰³⁰ There is a risk of suicide increasing during the COVID-19 pandemic.¹⁰³¹

Governments have established mental health care systems and strengthened their capacity to respond to mental health challenges. It is crucial that data disaggregated by gender (including LGBTQ), age, and social categories be collected from those whose mental health is affected to identify effective approaches for intervention.

5-1-3. Economic Activities and Livelihoods

(1) Support measures and their challenges and gaps during the COVID-19 pandemic

In most countries, there are gender gaps in the field of economic participation and opportunities, such as labor participation rate, ratio of female managers, and equal pay in similar work.¹⁰³² Men have a huge advantage in the economic arena compared to women.

According to ILO, women's employment decreased by 4.2%, while that of men decreased by 3%, which was attributed to the fact that more women were working in sectors that were affected by the COVID-19 pandemic.¹⁰³³ Furthermore, women tend to be easily laid off, as most female workers are informal workers without formal contracts. In addition, women were not able to participate economically because unpaid care and domestic work increased during the pandemic. Unpaid care and domestic work increased because governments imposed movement restrictions and closure of offices, compelling people to stay at home. In addition, as women oversee unpaid care work and domestic work, the burden fell on their shoulders.

As women are more economically vulnerable than men, a decrease in income has a devastating effect on their livelihoods because they would have fewer savings. Women also face barriers in accessing formal loans because they do not own assets such as land. Worst of all, women faced challenges accessing social protection programs during the COVID-19 pandemic, even though they needed it the most.¹⁰³⁴

According to the COVID-19 Global Gender Response Tracker developed by UNDP and UN Women, by March 2021, 1,700 social protection and labor market measures were conducted across 219 countries and territories to address the economic fallout of the pandemic.¹⁰³⁵ However, only 13% of these measures targeted women's economic security and only 11% provided support for unpaid care.¹⁰³⁶

¹⁰²⁹ Global Burden of Disease Study 2019 <https://vizhub.healthdata.org/gbd-compare/#> [Access: December 28, 2021]

¹⁰³⁰ *ibid.*

¹⁰³¹ Women and suicide during COVID-19, September 10, 2021, <https://www.thinkglobalhealth.org/article/women-and-suicide-during-covid-19> [Access: December 28, 2021]

¹⁰³² World Economic Forum (2021) Global Gender Gap Report 2021, https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

¹⁰³³ ILO (2021) Policy Brief Building Forward Fairer: Women's rights to work and at work at the core of the COVID-19 recovery, July 2021, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_814499.pdf

¹⁰³⁴ Alfors, L., Holmes, R., McCrum, C., Quarterman, L. (2021) 'Gender and Social Protection in the COVID-19 Economic Recovery: Opportunities and Challenges', Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom, https://socialprotection.org/sites/default/files/publications_files/SPACE_Gender%20and%20Social%20Protection%20in%20the%20COVID_19%20Economic%20Recovery.pdf

¹⁰³⁵ COVID-19 Global Gender Response Tracker: Monitoring how women's needs are being met by pandemic, May 11 2021, <https://data.unwomen.org/resources/women-have-been-hit-hard-pandemic-how-government-response-measuring> [Access: December 30, 2021]

¹⁰³⁶ *ibid.*

The pandemic also accelerated the digitalization of the economy, leaving behind those who did not have access to digital technology or those who did not know how to use it. Many poor women were losing business opportunities due to a lack of access to digital technology.

Table 1-4 summarizes the measures taken by the government, international organizations, and NGOs to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in improving economic activities and livelihoods.

Table 1-4: Support to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in economic activities and livelihoods

| Area of Support | Support by government and development partners | Challenges and gaps in the response measures |
|---|--|---|
| Social protection | <ul style="list-style-type: none"> - Cash transfer programs - Food distribution - Provision of essential goods - Provision of low-interest loans | <ul style="list-style-type: none"> - Lack of gender disaggregated data on beneficiaries of social protection programs. - Lack of gender disaggregated data and information on people who could not benefit from social protection programs. |
| Income generation, employment promotion | <ul style="list-style-type: none"> - Incubation of entrepreneurs, vocational training - Promotion of use of digital technology - Provision of small-scale loans | <ul style="list-style-type: none"> - Limited beneficiaries - Startups necessary to gain access to funds and loans |
| Unpaid care and domestic work | <ul style="list-style-type: none"> - Provision of gas cylinders to shorten time for collecting firewood for preparing meals - Provision of child-rearing subsidy - Provision of maternity and childcare leave | <ul style="list-style-type: none"> - Limited monitoring if women in need have benefited from the program - Informal workers and self-employed workers cannot benefit from maternity and childcare leave |

(3) Recommendations for economic activities and livelihoods

1) Establish a gender-friendly system to ensure women's access to social protection programs

Most social protection programs are based on information linked to identity cards, mobile phone numbers, and bank accounts. However, not all women own even one of those; therefore, planners of social protection programs must take an effective approach to ensure that social protection programs are accessible for poor marginalized women. It is also important to monitor whether these women have benefited from these programs. In addition, some countries provide cash transfers to household heads. However, it is recommended that cash transfers be provided to each eligible individual and not to the entire family. Therefore, it is important that the government encourages women to own individual bank accounts and mobile phones apart from their male counterparts.

2) Collect gender disaggregated data on beneficiaries of social protection programs and identify best practices

The COVID-19 Global Gender Response Tracker recorded 1,700 social protection and labor market measures undertaken across 219 countries by March 2021.¹⁰³⁷ It is recommended that governments collect gender-

¹⁰³⁷ COVID-19 Global Gender Response Tracker: Monitoring how women's needs are being met by pandemic, May 11 2021, <https://data.unwomen.org/resources/women-have-been-hit-hard-pandemic-how-government-response-measuring> [Access: December 30, 2021]

disaggregated data of beneficiaries of all social protection programs. Moreover, the reasons behind low female beneficiary ratio must be analyzed. For programs that target women, it is also necessary to analyze how they contribute to women's empowerment and gender equality. The best practices should be identified and promoted.

3) Promote access and use of digital technology

During the COVID-19 pandemic, digitalization was accelerated in many spheres of life, and those who could not use digital technology lost business opportunities, and some job sectors had to perish because they could not adapt fast enough and shift their operations to the digital mode. Most women in poverty with little education do not own digital devices or have access to digital technology owing to financial reasons and social norms to some extent. The challenges these women faced were not only in the field of business; the women were also left out from obtaining information on COVID-19 and its preventive measures, as well as social protection programs. Therefore, it is crucial to support women in acquiring basic digital skills, so that they can obtain important information to improve their lives and expand their businesses.

4) Support measures must take into account that women are shouldering both paid work and unpaid care and domestic work

Women who work as daily wage laborers, domestic workers, and home-based workers in the informal sector are often not registered with the government as laborers or as self-employed. As a result, these women were not able to benefit from social protection programs that targeted laborers during the pandemic.

In addition, the pandemic exposed the unequal burden on men and women regarding unpaid care and domestic work. Although unpaid care and domestic work are essential to maintain daily lives, these activities increased substantially during the pandemic and few men assisted in shouldering some of this workload. It is well known that unpaid care and domestic work have long impeded women from participating fully in the economy. The pandemic has made this issue wide open for everyone to see. Now is the opportune time to take measures to mitigate the burden on women based on gender stereotypes and social norms that confine women to households.

5-1-4. Education

(1) Support measures and their challenges and gaps during the COVID-19 pandemic

During the COVID-19 pandemic, 1.6 billion learners in more than 190 countries were affected by school closures.¹⁰³⁸ According to UNESCO, although gender disparities in access to education varied among countries and regions, dropout risks were heightened for children who were not able to access remote learning or those who had limited time to study during school closure.¹⁰³⁹

Countries with social norms that discriminate against women and have strong gender stereotypes pushed girls to perform more unpaid care and domestic work during school closure, while boys were made to work to support

¹⁰³⁸ UNESCO (2021) When schools shut: Gendered impacts of COVID-19 school closures, <https://unesdoc.unesco.org/ark:/48223/pf0000379270> [Access: December 21, 2020]

¹⁰³⁹ *ibid.*

family income, thus limiting their time to study.¹⁰⁴⁰ Some of the girls were even married off.¹⁰⁴¹

Governments have promoted online learning, which benefited only those who have access to the Internet and those who own digital devices. Therefore, disparities in learning opportunities were observed between the wealthy and the poor and children living in urban and rural areas. In particular, girls with disabilities, girls who belong to ethnic minorities, and migrant girls were at a disadvantage. Moreover, school closures not only meant loss of learning, but also loss of interaction with friends and access to nutritious food through school meal programs. Schools also served as safe places for girls, away from SGBV and child marriage. As schools play multiple roles, school closures have affected the mental health of children, particularly girls.

Providers of education also faced challenges because some schools were not connected through the Internet. Some teachers did not have access to digital technology or were unable to use digital technology. Teachers were also challenged when they had to restart school because they had to think about maintaining social distancing and securing a hygienic environment. There were also schools without WASH facilities.

Table 1-5 summarizes the measures taken by the government, international organizations, and NGOs to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures so that children could continue their learning during and after school closure in a healthy state.

Table 1-5: Support to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in education

| Area of Support | Support by government and development partners | Challenges and gaps in the response measures |
|-------------------------------|--|--|
| Promotion of remote learnings | <ul style="list-style-type: none"> - Set up online portal websites (in multiple languages) - Broadcasted educational programs on TV and radio - Provision of textbooks and materials (in multiple languages) - Connecting schools to internet - Training for teachers on how to provide online classes - Subsidy on Internet fee and provision of digital devices to support access to online learning | <ul style="list-style-type: none"> - Support targeting girls' access to online learning is limited in countries where girls have lower access to digital technology. |
| Prevention of dropout | <ul style="list-style-type: none"> - Distribution of food in place of school feeding to maintain motivation to go back to school after school closure - Provision of scholarship - Awareness raising on risks of child marriage and human trafficking to prevent girls from dropout - Relaxation of deposit, extension, and account opening rules of fund for the girl child | <ul style="list-style-type: none"> - Support specialized in girls aged from 12 to 17 is limited, although girls in this age group have been identified as high-risk group for dropouts.¹⁰⁴² - Measures for mitigating girls' increased burden on unpaid care and domestic work are limited. |

¹⁰⁴⁰ *ibid.*

¹⁰⁴¹ *ibid.*

¹⁰⁴² UNESCO (2021) #HerEducationOurFuture: keeping girls in the picture during and after the COVID-19 crisis; the latest facts on gender equality in education, <https://unesdoc.unesco.org/ark:/48223/pf0000375707> [Access: December 30, 2021]

| | | |
|---------------|--|---|
| | - Measures for preventing adolescent pregnancy | |
| Mental health | - Dissemination of information on mental health (development of guidelines, awareness raising through applications) - Enhancement of helplines/hotlines - Increased provision of counseling services | - Limited data on status of mental health by gender, age, and social group. |

(2) Recommendations for the area of education

1) Promotion of access to and use of digital technology

Women make up two-thirds of the illiterate population worldwide,¹⁰⁴³ and there is a gender gap in terms of digital literacy. In all regions of the world, more men than women use the Internet, except in the Americas.¹⁰⁴⁴ The digital gender gap is also reflected in the level of access to online learning, which puts girls in disadvantageous positions. Therefore, it is recommended to promote girls' access to digital technology and to increase their life opportunities by acquiring useful information through digital technology.

2) Provision of remote learning for girls with disabilities, girls from ethnic minorities, refugees, and foreign migrants

Remote learning was promoted during school closures, but many of the girls from the above-mentioned categories were unable to access online learning or learning materials. In particular, girls from rural areas had limited access to remote learning, but girls with disabilities, girls from ethnic minorities, refugees, and foreign migrant girls living in rural areas had the least access to any kind of learning. It is important to recognize that certain segments of society, especially the girls in the above-mentioned categories, are easily excluded from support measures, and special attention should be given to those segments.

3) Mitigate the burden of unpaid care and domestic work and promote gender equality

Limited study time and decreased motivation to continue learning due to the increase in unpaid care and domestic work heightened the risk of girls dropping out of school. The factors contributing to the increase in unpaid care and domestic work for girls are based on social norms and gender stereotypes that consider girls as future mothers, who have to take care of their husbands' families and perform domestic work. These social norms and gender stereotypes impede women from obtaining higher education and obstruct their opportunities to develop and fulfill their potential. Therefore, it is important to support measures to mitigate the adverse effects of unpaid care and domestic work on girls and to promote gender equality.

4) Enhance mental health care for adolescent girls

School closures have taken away not only opportunities to learn, but also interaction opportunities with friends. For some girls, prolonged school closure led to marriage and early pregnancy. Pregnancy is a major factor in girls'

¹⁰⁴³ UNESCO (2016) 50th Anniversary of International Literacy Day: Literacy rates are on the rise but millions remain illiterate <http://uis.unesco.org/sites/default/files/documents/fs38-50th-anniversary-of-international-literacy-day-literacy-rates-are-on-the-rise-but-millions-remain-illiterate-2016-en.pdf>

¹⁰⁴⁴ UNESCO (2021) #HerEducationOurFuture: keeping girls in the picture during and after the COVID-19 crisis; the latest facts on gender equality in education, <https://unesdoc.unesco.org/ark:/48223/pf0000375707> [Access: December 30, 2021]

dropout rates, and unwanted pregnancy negatively affects their mental health status.¹⁰⁴⁵ Suicide is a leading cause of death for adolescent girls between the ages of 15 and 19 years, according to the Global Burden of Disease Study 2019,¹⁰⁴⁶ and there is a risk of increased suicides during the COVID-19 pandemic.¹⁰⁴⁷ Anxieties derived from fear of their uncertain futures strongly affect the mental health of children. Schools must therefore take precautionary measures to address the mental health conditions of children, with special attention paid to adolescent girls.

5) School infrastructure that meets the needs of girls

The non-availability of separate toilets for girls, separate locker rooms, or lack of washing facilities have long been factors impeding girls from going to school. Some schools that lacked WASH facilities faced challenges when re-opening, because, without such facilities, washing hands becomes difficult and sanitation levels required for infection prevention cannot be maintained. In addition, special consideration must be given to basic infrastructural requirements for menstruation. The improvement of school infrastructure that meets the needs of girls is more important than ever.

6) Build capacities of teachers on gender-responsive education

Schools must provide quality education for all children regardless of their gender. Therefore, teachers must avoid using terminologies or examples that reinforce gender stereotyping. Teachers should try to not to reinforce unequal gender norms such as girls shouldering most of the unpaid care and domestic work. In addition, teachers should be free from prejudices, such as girls not being good in math and science. Teachers must be trained on gender-responsive pedagogy and should be able to educate children in a way that enables them to get away from gender stereotyping and social norms that are harmful for girls.

Girls were in a more disadvantageous position than boys with less access to remote learning and faced the risks of child marriage and human trafficking during school closure. By recognizing the impact of the COVID-19 pandemic on girls, teachers must be able to respond to their needs as well. To prevent girls from experiencing further damage to their future, training on gender-responsive education is required for teachers so that they can provide education from a gender-equality perspective.

5-1-5. Digital Technology

(1) Support measures and their challenges and gaps during the COVID-19 pandemic

Governments have been promoting the digitalization of their economies and societies, and digitalization has further accelerated during the COVID-19 pandemic. Digital technology is utilized for work, education, shopping, entertainment, and receiving health services and it has become an essential tool for people's lives.

¹⁰⁴⁵ What do we know about the effects of COVID-19 on girls' return to school, <https://www.brookings.edu/blog/education-plus-development/2021/09/22/>, September 22 2021, [what-do-we-know-about-the-effects-of-covid-19-on-girls-return-to-school/](https://www.brookings.edu/blog/education-plus-development/2021/09/22/); Safeguarding girls' education during and after COVID-19, <https://www.mottmac.com/views/safeguarding-girls-education-during-and-after-covid-19> [Access: December 30, 2020]

¹⁰⁴⁶ Global Burden of Disease Study 2019 <https://vizhub.healthdata.org/gbd-compare/#> [Access: December 28, 2021]

¹⁰⁴⁷ Women and suicide during COVID-19, September 10 2021, <https://www.thinkglobalhealth.org/article/women-and-suicide-during-covid-19> [Access: December 28, 2021]

Consultations regarding mental health or SGBV can be done through digital technology and as one can receive professional advice regardless of their location, in theory, people living in remote areas can also access the same quality of services in the urban areas. However, as observed during the COVID-19 pandemic, some people were not able to benefit from social protection programs and vaccination services due to a lack of access to digital technology and digital literacy, and had to rely on family members, acquaintances, or NGOs. Many children could not access online learning for the same reasons. The COVID-19 pandemic has exposed wide inequalities in the sphere of digital technology.

The advancement of digital technology has brought enormous benefits to those who can utilize online services and provide children with better learning opportunities. However, those who do not have access to digital technology are left behind, and the digital divide is worsening. Digital divides are seen between the wealthy and the poor, residents in urban and rural areas, men and women, and girls and boys. According to the ITU, globally, 55% of the male population was using the Internet, compared with 48% of the female population in 2019.¹⁰⁴⁸ Men's usage of the Internet was 7 points higher than that of women globally. In Africa, men's usage of the Internet was 17 points higher than that of women, and in the Arab states, men's usage of the Internet was 14 points higher than that of women.¹⁰⁴⁹

Furthermore, many unskilled manual jobs will be automated in the near future, and higher skills will be required for workers. In this context, education in the STEM field has become significant. However, only 35% of STEM students in higher education are women.¹⁰⁵⁰ The gender gaps are particularly high in some of the fastest-growing and highest-paid jobs, such as computer science and engineering.¹⁰⁵¹

Table 1-6 summarizes the measures taken by the government, international organizations, and NGOs in relation to digital technology to mitigate the negative impact of the COVID-19 pandemic on women and girls, as well as the challenges and gaps in the response measures.

¹⁰⁴⁸ ITU (2020) Measuring digital development: Facts and Figures 2020, p.8, <https://www.itu.int/en/ITU-D/Statistics/Documents/facts/FactsFigures2020.pdf>

¹⁰⁴⁹ *ibid.*

¹⁰⁵⁰ Girls' and women's education in science, technology, engineering and mathematics (STEM), <https://en.unesco.org/stemed#:~:text=According%20to%20the%20UNESCO%20groundbreaking,are%20observed%20within%20STEM%20disciplines.>

¹⁰⁵¹ The STEM Gap: women and girls in Science, Technology, Engineering and mathematics, <https://www.aauw.org/resources/research/the-stem-gap/>

Table 1-6: Support to mitigate the negative impact of the COVID-19 pandemic on women and girls, and the challenges and gaps in the response measures in digital technology

| Area of Support | Support by government and development partners | Challenges and gaps in the response measures |
|--|--|---|
| Support the vulnerable groups through digital technology | <ul style="list-style-type: none"> - Digitalization of social protection programs to accelerate efficiency, effectiveness, and transparency regarding procurement and delivery. - Digitalization of counseling services and reporting system of SGBV (SNS) - Assistance for accessing telemedicine - Provision of subsidy for the Internet fee for the vulnerable population | <ul style="list-style-type: none"> - Limited support in promoting access to digital technology for women and girls in poverty. |
| Enhancement of income generating opportunities | <ul style="list-style-type: none"> - Programs to increase employment opportunities through training to acquire skills using digital technology - Promotion of business using digital technology - Market expansion through digitalization - Capacity building for women entrepreneurs to promote using digital technology to access financial services and to acquire marketing information for their businesses | <ul style="list-style-type: none"> - Limited number of beneficiaries. |
| Promotion of girls and women to participate in the field of STEM | <ul style="list-style-type: none"> - Webinars, training, events on digital technology and artificial intelligence (AI) for female students - Capacity building for women and girls to pursue their career in STEM area | <ul style="list-style-type: none"> - Limited support to promote women to major in STEM programs and to pursue careers in STEM-related employments. |

(2) Recommendations for the area of digital technology

1) Ensure the access of girls and vulnerable groups to digital technology

The pandemic has accelerated the digitalization of the economy and society, leaving behind those who do not have access or skills in using digital technology. As the conditions for accessing digital technology are reflected by the level of one's financial status, the poor will be further marginalized. In societies with wide gender disparities based on gender discrimination, the digital gender divide will worsen further. It is necessary to provide digital devices and access to digital technology for girls and women who cannot afford them. .

2) Encourage women to major in STEM programs and pursue careers in STEM-related fields

The number of girls and women majoring in STEM programs and pursuing careers in STEM is smaller than that of boys and men. According to the OECD, girls perform just as well as boys in the subjects of STEM, but gender stereotypes obstruct girls from majoring in STEM in higher education and pursuing their careers in fields related to STEM.¹⁰⁵²

For women to pursue careers in STEM-related fields, it is important to break gender stereotypes. It is also important to analyze gender bias in technology and digital platforms; as the creators of digital platforms are often men, their

¹⁰⁵² Calling all girl scientists: climate change needs you, February 11, 2021, <https://oecdeditoday.com/girl-women-scientists-climate-change-green-jobs/> [Access: December 30, 2020]

design and development may not be responsive to the needs of users of all genders, and the biases may affect use and interactions on the platforms, resulting in gender differentials.¹⁰⁵³

It is recommended to identify the barriers that impede women from participating in the study programs and careers in STEM related fields and to encourage women to participate equally in leading and developing digital technologies.

It is also crucial that the advancement of digital technology be utilized to meet the needs of women and girls and contribute to the betterment of their lives.

5-2. Recommendations to JICA on Concrete Measures to Promote Gender Equality and Women’s Empowerment Based on JICA’s Strengths

Based on the gaps and challenges in support measures undertaken during the COVID-19 pandemic identified in the previous section, the following section recommends comprehensive measures to promote gender equality and women’s empowerment based on JICA’s strengths.

5-2-1. SGBV

Table 1-7 describes the areas where support needs are high and the strengths of JICA corresponding to the identified needs. Table 1-8 describes concrete approaches and measures to promote gender equality and women’s empowerment based on JICA’s strengths in relation to SGBV.

Table 1-7: Areas of high support needs and strengths of JICA in SGBV

| Area of high support needs for women and girls | Strength of JICA (Projects, workshops, and surveys that have been implemented) |
|--|--|
| Enhancement of protection processes by strengthening capacities of helplines, shelters, case management, and referral system | Projects on protection of VOTs in Southeast Asia, and capacity building of multi-disciplinary teams consisting of experts in human trafficking |
| Strengthening capacities of police officers and prosecutors on SGBV cases for efficient prosecution and execution of the law | Capacity building of female police officers in Afghanistan |
| Rehabilitation and economic empowerment of SGBV survivors | Projects on protection, rehabilitation, and economic empowerment of VOTs in the Mekong region |
| Use of digital technology for efficient management of SGBV cases | Project on digitalizing the data management of a hotline system for victims of human trafficking in Vietnam |

Table 1-8: Concrete measures to promote gender equality and women’s empowerment in the area of SGBV

| | |
|------------------------|---|
| Recommendation | Set up mechanisms to provide emergency protection for SGBV victims in communities |
| Problem | Most protection facilities are at the provincial level, and are not accessible for most survivors to receive help from experts there. During the COVID-19 pandemic, SGBV increased but many could not use protection services because there were few protection mechanisms at lower levels such as communities. |
| Factors of the problem | <ol style="list-style-type: none"> 1. Mechanisms to protect SGBV survivors are not established in communities. 2. Human resources to protect SGBV survivors do not exist in communities. 3. SGBV is not recognized as crime. |

¹⁰⁵³ How does gender affect knowledge management, June 29, 2021, <https://knowledgesuccess.org/2021/06/29/how-does-gender-affect-knowledge-management/> [Access: December 30, 2020]

| | |
|---------------------------------------|--|
| Objective | Strengthening protection mechanisms for SGBV survivors in communities |
| Activities for addressing each factor | <p>Approach to factor 1: “Mechanisms to protect SGBV survivors are not established in communities.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Awareness raising on gender issues and SGBV to village heads, community leaders, teachers, and women’s groups ◆ Baseline survey of SGBV in the target area ◆ Setting up mechanisms for responding to SGBV cases in communities <ul style="list-style-type: none"> ➤ Establishment of SGBV committees ➤ Establishment of a referral system to connect SGBV survivors to official support <p>Approach to factor 2: “Human resources to protect SGBV survivors do not exist in communities.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Provide SGBV training to members of the SGBV committee and key people who can respond to SGBV cases. <p>Training contents:</p> <ul style="list-style-type: none"> ➤ What is SGBV; causes and consequences of SGBV ➤ Laws and support mechanisms for SGBV survivors ➤ Counseling skills and case management ◆ Publicize roles and responsibilities of the SGBV committee and its members. ◆ Develop guidelines on protection processes of SGBV survivors. ◆ Strengthen a SGBV referral system among the police, prosecutors, medical experts, and NGOs. <p>Approach to factor 3: “SGBV is not recognized as crime.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Raise community people’s awareness on prevention, protection, counseling, reporting, and laws on SGBV. ◆ Educate community leaders on laws related to SGBV. |

5-2-2. Health Services (SRH and Mental Health)

Table 1-9 describes areas where support needs are high and the strengths of JICA corresponding to the identified needs. Table 1-10 highlights concrete approaches and measures to promote gender equality and women’s empowerment based on JICA’s strengths in relation to SRH.

Table 1-9: Areas of high support needs and strengths of JICA in SRH and mental health

| Area of high support needs for women and girls | Strength of JICA (Projects, workshops, and surveys that have been implemented) |
|--|--|
| Ensuring safe delivery in emergencies | Multiple projects on maternal and child health were implemented in Asia, Africa, and Latin America. The activities include the following: promotion of a maternal and child health handbook, workshops for pregnant women on maternal and child health, capacity development of health workers, provision of safe water, nutrition improvement, and projects to increase immunization rates. |
| Maintaining abortion services in emergencies | Projects on family planning in various countries to prevent unwanted pregnancy, sexually transmitted diseases, and HIV/AIDS |
| Menstrual hygiene management | Awareness raising on menstruation and menstrual hygiene management in various projects for pregnant women and adolescent girls |
| Mental health | Multiple training sessions on mental health to social workers and female police officers in Asia |

Table 1-10: Concrete measures to promote gender equality and women’s empowerment in SRH

| | |
|---------------------------------------|--|
| Recommendation | Establish a system that can ensure safe delivery during a pandemic or disaster |
| Problem | Access to safe delivery is disrupted during emergencies such as pandemics. |
| Factors of the problem | <ol style="list-style-type: none"> 1. Health workers including midwives were shifted to care for COVID-19 patients, which led to a shortage of skilled midwives to attend to childbirth. 2. Pregnant women refrained from visiting health facilities to avoid COVID-19 infection. 3. Mental health of pregnant women deteriorated owing to anxieties related to the COVID-19 pandemic. |
| Objective | Establish a system to secure safe delivery during emergencies such as pandemics. |
| Activities for addressing each factor | <p>Approach to factor 1: “Health workers including midwives were shifted to care for COVID-19 patients, which led to shortage of skilled midwives to attend to childbirth.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Develop a contingency plan for staffing on delivery services (including an ambulance plan) in emergencies. ◆ Develop a system to support out-of-institution delivery when access to health facilities is difficult. <ul style="list-style-type: none"> ➢ Conduct training for safe home birth for areas where health facilities are closed. ➢ Provide safe and clean delivery kits. ◆ Establish a system and install equipment to enable remote consultation services via phone or online. ◆ Help pregnant women receive services such as antenatal checkup, delivery attended by a skilled midwife, postpartum care, and treatment for infectious diseases when necessary. <p>Approach to factor 2: “Pregnant women refrained from visiting health facilities to avoid COVID-19 infection.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Develop a framework to protect pregnant women from infection during a pandemic (e.g., securing a separate route to the obstetrics department, and securing PPE). ◆ Prioritize vaccination for pregnant women and provide appropriate care for all pregnant women and the newborn during a pandemic or disaster. ◆ Develop an information system that can efficiently disseminate timely information on such matters as hospital delivery, SRH services, access to health facilities, and remote consultation during a pandemic or disaster. ◆ Develop a response system for pregnant women who cannot deliver in health facilities. <p>Approach to factor 3: “Mental health of pregnant women deteriorated owing to anxieties related to the COVID-19 pandemic.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Set up helplines/hotlines. ◆ Provide remote consultation services. ◆ Establish a communication system between health facilities and pregnant women so that the women can obtain information on antenatal and neonatal care, nutrition, education, and precautions to take until delivery. ◆ Have health workers visit the homes of pregnant women or postpartum women. Encourage such women living in remote areas to use remote consultation services. ◆ Conduct training for health workers so that they understand mental health issues of pregnant and postpartum women, and become able to detect and monitor symptoms of poor mental health. |

5-2-3. Economic Activities and Livelihoods

Table 1-11 outlines the areas where support needs are high and the strengths of JICA that correspond to the identified needs. Table 1-12 elucidates the specific approaches and measures to promote gender equality and women’s empowerment based on JICA’s strengths in relation to economic activities and livelihoods.

Table 1-11: Areas of high support needs and strengths of JICA in economic activities and livelihoods

| Area of high support needs for women and girls | Strength of JICA (Projects, workshops, and surveys that have been implemented) |
|---|--|
| Enhancement of social protection programs | Projects on strengthening social protection in Mongolia and Thailand; survey on social workers in Asia |
| Promote employment | Projects on strengthening vocational schools in Africa and Asia |
| Enhancement of Micro, Small, and Medium Enterprises (MSMEs) | Projects on strengthening capacities for MSMEs through KAIZEN, which is an approach to create continuous improvement in the working environment, in Africa |
| Empowerment of rural women | Projects on women's economic empowerment for rural women in Asia and Africa |
| Financial inclusion | Projects on financial inclusion in Asia, Africa, and Latin America |

Table 1-12: Concrete measures to promote gender equality and women's empowerment in the area of economic activities

| Recommendation | Empowerment of rural women working in the informal sector |
|---------------------------------------|---|
| Problem | Women agricultural workers and micro-level women entrepreneurs, both of whom belong to the informal sector, are devastated by a decrease in income and job loss. |
| Factors of the problem | <ol style="list-style-type: none"> 1. Rural women were unable to sell their agricultural and processed products owing to market closure and movement restrictions. 2. Limited access to inputs such as seeds and fertilizers owing to supply chain disruption 3. Rural women had to limit their income-generating work because of increased unpaid care and domestic work. |
| Objective | Empowerment of rural women by using digital technology |
| Activities for addressing each factor | <p>Approach to factor 1: "Rural women were unable to sell their agricultural and processed products owing to market closure and movement restrictions."</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Conduct training for developing a marketing strategy. ◆ Conduct market research to look for alternative markets and shift to online business. ◆ Conduct training for enhancing digital literacy. <ul style="list-style-type: none"> ➤ Training for accessing and using digital technology ➤ Online survey of price and processing methods of agricultural products sold by rural women ➤ Training on how to evaluate cost, quality, and other values of processed products using the Internet ➤ Improve quality and develop new products based on information collected through the Internet. ◆ Strengthen negotiation and leadership skills. <p>Approach to factor 2: "Limited access to inputs such as seeds and fertilizers owing to supply chain disruption"</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Organize groups with women who produce similar agricultural or processed products. ◆ Seek measures to improve business as a group such as bulk purchasing of inputs. ◆ Explore alternative inputs or materials using digital technology. <p>Approach to factor 3: "Rural women had to limit their income-generating work because of increased unpaid care and domestic work."</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Identify activities that can mitigate unpaid care and domestic work. <ul style="list-style-type: none"> ➤ Install a water source for washing and cooking, and improve the kitchen for cooking. ➤ Establishment of day care centers |

- ◆ Conduct gender training for spouses and family members of rural women.

5-2-4. Education

Table 1-13 illustrates the areas where support needs are high and the strengths of JICA that correspond to the identified needs. Table 1-14 describes the concrete approaches and measures to promote gender equality and women’s empowerment based on JICA’s strengths in relation to education.

Table 1-13: Potential demand for education under the COVID-19 pandemic and strengths of JICA

| Area of high support needs for women and girls | Strength of JICA (Projects, workshops, and surveys that have been implemented) |
|--|---|
| Remote education | Projects on remote education in the South Pacific |
| Measures against dropping out of school | Projects on dropout prevention at primary education levels in Pakistan, Jordan, and Yemen |
| Improvement of school infrastructure (WASH, Internet connection) | Projects on school construction and school management |
| Mental health | — |

Table 1-14: Concrete measures to promote gender equality and women’s empowerment in the area of education

| | |
|---------------------------------------|---|
| Recommendation | Prevention of girls’ dropout from school |
| Problem | Increase in girls dropping out of schools caused by school closures |
| Factors of the problem | <ol style="list-style-type: none"> 1. In a patriarchal society, girls are expected to leave the house when they get married. Therefore, particularly in poor households, boys are given priority in continuing their education. As a result, girls have less access to online learning and are unable to keep up with their studies during school closures. 2. Increased unpaid care and domestic work, which is accepted by social norms, is limiting the study time of girls. 3. Parents marry off their daughters to alleviate a financial burden, causing an increase in child marriage. |
| Objective | Securing education opportunities for girls and women |
| Activities for addressing each factor | <p>Approach to factor 1: “Girls have less access to online learning and are unable to keep up with their studies during school closures.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Develop a place such as a small meeting place where children can access online education, and ensure that girls have the same access. ◆ Eliminate prejudices that prevent girls from accessing the Internet. <p>Approach to factor 2: “Increased unpaid care and domestic work, which is accepted by social norms, is limiting the study time of girls.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Have teachers, caregivers, and others raise their awareness on the importance of girls’ education and a gender equality perspective in education. ◆ Develop social infrastructures that can mitigate unpaid care and domestic work of women and girls. ◆ Build the capacity of the people working for the media to promote gender equality in education. <p>Approach to factor 3: “Parents marry off their daughters to alleviate a financial burden, causing an increase in child marriage.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Have teachers, caregivers, and others raise their awareness on consequences of child marriage and the importance of girls’ education and a gender equality perspective in education. ◆ Take measures to meet the needs of adolescent girls. |

| | |
|--|---|
| | <ul style="list-style-type: none"> ◆ Raise awareness on laws prohibiting child marriage. ◆ Build the capacity of the people working for the media to advocate the eradication of child marriage. ◆ Provision of scholarships and essential goods |
|--|---|

5-2-5. Digital Technology

Table 1-15 describes the areas where support needs are high and the strengths of JICA that correspond to the identified needs. Table 1-16 illustrates definitive approaches and measures to promote gender equality and women’s empowerment based on JICA’s strengths in relation to digital technology.

Table 1-15: Areas of high support needs and strengths of JICA in SGBV

| Area of high support needs for women and girls | Strength of JICA (Projects, workshops, and surveys that have been implemented) |
|---|---|
| Improving efficiency on measures to support vulnerable people by using digital technology | - |
| Enhancement of income generating opportunities by using digital technology | Projects to promote women entrepreneurs’ access to digital services in Africa |
| Encouraging women and girls to study and pursue careers in STEM-related fields | Projects to strengthen science and mathematics education in Asia and Africa |

Table 1-16: Concrete measures to promote gender equality and women’s empowerment in the area of digital technology

| | |
|---------------------------------------|---|
| Recommendation | Increase participation of women and girls in STEM-related fields |
| Problem | Few women major in STEM programs and work in STEM-related fields. |
| Factors of the problem | <ol style="list-style-type: none"> 1. Women’s and girls’ access to digital technology is limited, especially in areas with deep-rooted unequal gender norms. 2. Women and girls tend not to major in STEM programs owing to gender stereotypes and prejudices that women are not good at science and mathematics. 3. Measures to encourage women’s and girls’ participation in STEM-related fields are limited, while innovations in digital technology are increasingly important. |
| Objective | Encourage women and girls to study and pursue careers in STEM-related fields |
| Activities for addressing each factor | <p>Approach to factor 1: “Women’s and girls’ access to digital technology is limited, especially in areas with deep-rooted unequal gender norms.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Develop a place such as a small meeting place where children can access online education and take measures to ensure that girls have the same access. ◆ Have teachers, caregivers, and others raise their awareness on the importance of girls’ education and attaining of digital skills. <p>Approach to factor 2: “Women and girls tend not to major in STEM programs owing to gender stereotypes and prejudices that women are not good at science and mathematics.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Develop educational materials that are free of gender stereotypes. <ul style="list-style-type: none"> ➢ Eliminate gender stereotypes (such as fixed roles, abilities, and jobs for women and men) from educational materials that reinforce gender inequality. ➢ Develop educational materials that attract girls to STEM. ◆ Promote role models for women in STEM-related fields. <p>Approach to factor 3: “Measures to encourage women’s and girls’ participation in STEM-related fields are limited, while innovations in digital technology are increasingly important.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Conduct training for teachers to eliminate gender gaps in STEM education. <ul style="list-style-type: none"> ➢ Create a classroom environment that encourages gender equality. |

| | |
|--|---|
| | <ul style="list-style-type: none"> ➤ Address an unconscious bias of teachers, and encourage women and girls to major in STEM programs. ➤ Review teaching methods in science and mathematics education. ◆ Create a network of women and girls interested in STEM and majoring in STEM programs. |
|--|---|

5-2-6. Crosscutting Challenges

Unpaid care and domestic work, which is essential for maintaining livelihoods, is mostly shouldered by women. Prior to the COVID-19 outbreak, ILO reported that among all hours spent on unpaid care work, 76.2% of the time was spent by women, with the Asia-Pacific accounting for 80%.¹⁰⁵⁴ The long hours that women and girls spend in unpaid care and domestic work affect their health, education, and employment opportunities, hindering empowerment.

This trend worsened during the COVID-19 pandemic, owing to a further increase in unpaid care and domestic work. Considering the increase in work, girls could not secure their time to study, which led to dropout risks, while women were forced to quit their jobs. However, only limited measures have been taken to respond to the challenges of unpaid care and domestic work. Therefore, it is recommended to analyze why measures in this field are few and what could be effective approaches to address the challenges to lessen the burden on women and girls.

Table 1-17: Concrete measures to promote gender equality and women’s empowerment in the area of unpaid care and domestic work

| | |
|---------------------------------------|---|
| Recommendation | Conduct a survey to find the reasons why measures to mitigate women’s and girls’ unpaid care and domestic work are limited, and identify an effective approach to mitigate women’s and girls’ burden of unpaid care and domestic work. |
| Problem | Effective approaches to mitigate women’s and girls’ burden of unpaid care and domestic work are limited. |
| Factors of the problem | <ol style="list-style-type: none"> 1. Social infrastructures and protection programs to mitigate women’s and girls’ burden of unpaid care and domestic work are limited. 2. Women and girls shoulder most unpaid care and domestic work even in countries that have laws on gender equality. |
| Objective | Identify measures to mitigate the burden of unpaid care and domestic work which hinders empowerment of women and girls. |
| Activities for addressing each factor | <p>Approach to factor 1: “Social infrastructures and social protection programs to lessen women’s and girls’ burden of unpaid care and domestic work are limited.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ List countries with shorter time spent and a smaller gender gap on unpaid care and domestic work between women and men, and identify contributing factors. ◆ Identify what measures have led to shorter time spent for unpaid care and domestic work, what measures had led men to take part in unpaid care and domestic work, and processes in transforming mindsets on and behaviors of burden sharing between men and women.¹⁰⁵⁵ ◆ Investigate if the installation of water supply, electricity, and gas has led to the alleviation of unpaid care and domestic work (Review the use of spare time created by those utilities). ◆ Investigate the correlation between social security schemes on childbirth, child rearing, elderly care, and economic participation.¹⁰⁵⁶ |

¹⁰⁵⁴ ILO (2018) Care work and care jobs for the future of work, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

¹⁰⁵⁵ Project such as OXFAM’s WeCARE, ActionAid’s POWER Project are projects that focuses on alleviation of unpaid care and domestic work.

¹⁰⁵⁶ Barker, G., Garg, A., Heilman, B., van der Gaag, N., & Mehaffey, R. (2021). State of the World’s Fathers: Structural Solutions to Achieve Equality in Care Work. Washington, DC: Promundo-US

| | |
|--|--|
| | <p>Approach to factor 2: “Women and girls shoulder most unpaid care and domestic work even in countries that have laws on gender equality.”</p> <p>Activities:</p> <ul style="list-style-type: none"> ◆ Investigate effects on narrowing the gender gap, or bottlenecks in narrowing the gender gap, in countries where the Gender Equality Act is enforced. ◆ List countries with advanced gender equality through enforcing the Gender Equality Act, and identify their success factors. |
|--|--|

5-3. What to Bear in Mind for Intervention

5-3-1. Implement Projects with a Focus on Fostering Women's Leadership

Occupations such as nurses, caregivers, social workers, elementary school teachers, daycare center and nursery staff, who are mainly women, are working at the forefront to prevent the spread of COVID-19. Women and girls support their families and provide health care and food supplies, while also producing masks and disinfectants for the local population. However, only a limited number of women participated in the policymaking process concerning the COVID-19 pandemic.

According to a report by UNDP, UN Women, and the University of Pittsburgh, of the 431 national COVID-19 task forces in 187 countries, women accounted for only 24% of members and 18% of leaders.¹⁰⁵⁷ In addition, the UNDP/UN Women COVID19 Global Gender Response Tracker found that only 64 of 226 countries and territories (28%) had a holistic gender-sensitive policy response¹⁰⁵⁸ during the COVID-19 pandemic.

Women have been significantly affected by the pandemic and are responsible for a large part of the care work fundamental to the lives of families and people. However, the absence of women in the policy-making process meant that many of the relief schemes implemented by the government were not conducive to responding to the challenges of women and girls; thus, women faced difficulties accessing these schemes.¹⁰⁵⁹

Therefore, it is imperative for women to participate in the policy-making process at all levels and domains to reflect the needs of women and girls and to promote gender equality. Accordingly, a policymaking framework that integrate women must be introduced to promote the participation of women leaders at all levels and domains.

In countries with strong gender-unequal social norms, men tend to take important decisions, eliminating women’s opportunity to exercise leadership. Consequently, many women are not accustomed to thinking or expressing their opinions on their own. Therefore, when implementing activities targeting women, it is necessary to train them not only in technical aspects, but also in skills such as leadership, communication, and negotiation. It is also crucial to promote their understanding of gender concepts, such as gender stereotypes that support social structures that discriminate against women.

¹⁰⁵⁷ UNDP, UN Women, University of Pittsburgh (2020) COVID-19 Global Gender Response Tracker, November 11, 2021, <https://www.undp.org/sites/g/files/zskgke326/files/2021-11/undp-unwomen-upitt-covid19-task-force-participation-en-v3.pdf>

¹⁰⁵⁸ *ibid.* p.3

¹⁰⁵⁹ Alfors, L., Holmes, R., McCrum, C., Quarterman, L. (2021) ' Gender and Social Protection in the COVID-19 Economic Recovery: Opportunities and Challenges', Social Protection Approaches to COVID-19 Expert Advice Service (SPACE), DAI Global UK Ltd, United Kingdom, https://socialprotection.org/sites/default/files/publications_files/SPACE_Gender%20and%20Social%20Protection%20in%20the%20COVID_19%20Economic%20Recovery.pdf

5-3-2. Collect Gender Disaggregated Data for Better Targeting, Bearing in Mind that Women are not a Homogeneous Group

Women are not a homogeneous group, and their lives vary depending on the country and region in which they live as well as their age, socioeconomic status, ethnic origin, and disability status, among others. Accordingly, the impact of COVID-19, the challenges they face, and their needs differ.

While conducting surveys to identify effective interventions, not only gender-disaggregated data but also information such as age, social class, ethnicity, caste, religion, disability status, income, education, sexual orientation and gender identity, family and household structure (gender of the head of household, marital status, number of children, etc.), marital status (married, unmarried, widowed, etc.), and other specific categories should be collected, depending on the context. An evidence-based approach using the data and its analysis is recommended.

5-3-3. Implement Projects Incorporating Activities to Transform Mindsets and Behaviors of the Family Members and People in the Community of the Female Participants in the Projects

It is crucial to strengthen women's agencies and foster women's leadership at all levels and areas. It is equally important that not only women but also the people around them should change. Awareness of social systems and structures built upon gender stereotypes and social norms that reinforce gender inequality should be raised to transform people's mindsets and behaviors. Therefore, activities to sensitize people on gender equality need to be incorporated as one of the components of the project.