Background

The following advocacy messages were endorsed by the HCT on 25 03 2020. They were developed on the basis of the IASC Policy Statement on Gender Equality in Humanitarian Action (November 2017)[1], and in light of lessons learned from the Ebola and Zika outbreaks and emerging gender impacts of the COVID-19 pandemic. The goal is to mobilize inter-agency support within the Nepal Humanitarian Country Team in ensuring these principles are reflected in the emergency response activities in support of the Government of Nepal. The Gender in Humanitarian Action Task Team stands ready to support this process.

Key Messages

The Humanitarian Country Team in Nepal commits to:

- **Identify the different needs**, capacities and voices of women, girls, and all persons including those from excluded groups, in emergencies or in high-risk locations, including through inclusive consultation.
- **Support integration of gender and inclusion issues**, highlighting the differences in needs and capacities, into emergency response policies, plans and processes, including disaggregated data collection, assessments, profiles, delivery of assistance packages, capacity development efforts, and communication and advocacy messages in close collaboration with women's groups and excluded groups.
- **Require all staff to complete the IASC Gender in Humanitarian Action e-training** "Different Needs: Equal Opportunities" and ensure familiarity with the IASC Gender Handbook for Humanitarian Action.
- **Ensure that the IASC Gender with Age Marker is applied** into all appeals and funding mechanisms.
- **Strengthen the leadership and meaningful representation** of women and girls and excluded groups in all decision-making processes related to emergency preparedness and response.
- **Ensure dissemination of accessible information on preparedness and response**, recognizing that women play a major role as conduits of information in their communities, and that they typically have less access to information than men, in particular in geographically remote areas.
- **Put in place the necessary actions to protect** women, girls and all persons from all forms of GBV, including domestic violence and sexual exploitation and abuse, in line with the UN Secretary-General's report on special measures for protection from sexual exploitation and abuse (A/74/705).
- **Stress the importance of provision of counselling and psychosocial** support through helplines or other modalities to mitigate impacts of social distancing and segregation, especially on children and female headed households with additional vulnerabilities and care burden.
- **Prioritise access to sexual and reproductive health and rights**, including pre- and post-natal care and efforts put in place to meet menstrual hygiene needs and contraceptive supplies.
- **Develop targeted women's economic empowerment strategies**, to mitigate the short- and long-term economic impact of emergencies, support recovery and build resilience for the future.
- **Ensure that monitoring and evaluation mechanisms are gender and inclusion-responsive** and capture the different needs of, and impacts for, women, girls, and all persons in the humanitarian response.

Emerging Gender Impacts of COVID-19[2]

Exacerbated burdens of unpaid care work on women and girls: Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls, who

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[1] Available at:
https://interagencystandingcommittee.org/system/files/iasc_policy_on_gender_equality_and_the_empowerment_of_women_and_girls_in_humanitarian_action.pdf
[2] Adapted from the Gender in Humanitarian Action: Asia and the Pacific (2020) The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific

usually bear responsibility for caring for ill family members and the elderly.[3] The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.

Specific needs of women healthcare workers: Women constitute 54% of the workers in the health and social sectors in Nepal and are on the frontlines of the response. Out of the women in Nepal's health and social sector, two thirds are in informal employment.[4] Women healthcare workers have called attention to their specific needs beyond personal protective equipment, including to meet menstrual hygiene needs. Psychosocial support should also be provided to frontline responders.

Increasing gender-based violence (GBV) and protection risks: Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of crises may place them at heightened risk, for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household.[5] Other forms of GBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at greater risk of exploitation and sexual violence.[6] In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases.

Impacts on women's economic empowerment: As noted for the Ebola outbreak[7], crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods.

Impacts on women migrant workers: Women migrant workers, in particular those engaged in domestic and care work, in the region have called attention to the adverse impact of increasingly unpredictable travel bans on their employment, with strong financial implications, and ability to support their families. Female-headed households, with out-migrating male family members, are also particularly vulnerable.

Interrupted access to sexual and reproductive health: Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives,[8],[9] and exacerbate often already limited access to sexual and reproductive health services.[10] Adolescents have particular needs in this regard. Furthermore, critical needs include access to clean and safe delivery, particularly for treatment in complications in pregnancy, treatment of STIs, availability of contraception, and provisions for clinical management of rape.

Exclusion from leadership roles: Despite women constituting a majority of frontline healthcare workers, placing them in prime positions to identify trends at the local level, they continue to form only small minorities in national health leadership. Better inclusion of women frontline workers in health and other sectors in all decision-making and policy spaces can improve health security surveillance, detection, and prevention mechanisms.[11]

Limitations in outreach to all social groups with risk communication and services, taking into account gender, age, disability, education, migration status. Evidence from other outbreaks suggests that education status impacted knowledge uptake for certain groups.[12] In addition, recognition needs to be made of the specific health and communication needs of especially excluded and vulnerable groups, including LGBTIQ persons, people living with HIV, and migrants.

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[3] Harman, Sophie (2015). Ebola, gender and conspicuously invisible women in global health governance. Third World Quarterly 37(3).

[4] Government of Nepal, National Planning Commission, Central Bureau of Statistics, with ILO (2019) 'Report on the Nepal Labour Force Survey 2017/18'

[5] IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.

[6] UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.

[7] European Parliament A8-0281/2015. Report on the Ebola Crisis: The long-term lessons and how to strengthen health systems in development countries to prevent future crises.

[8] UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises.

[9] Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data. Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

[10] Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, Gender and Development 27(2).

[11] Menham, Claire et al (2020). COVID-19: the gendered impacts of the outbreak. The Lancet. DOI https://doi.org/10.1016/S0140-6736(20)30526-2

[12] Korkoyah, Dala et al (2015), EBOLA IMPACT REVEALED, An Assessment of the Differing Impact of the Outbreak on Women and Men in Liberia