

Nepal National Monitoring Report: Covid-19, SDGs and Human Rights

1/31/2021
NGO Federation of Nepal (NFN)
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Executive Summary

This report was a part of exercise for training and capacity building of the civil society actors to observe, research, analyze and generate ideas and insights to produce human rights-based SDG 16 monitoring reports. The national level observations, facts and information have been presented in the format agreed and developed in course of training and exercise. The report was presented by Hum Bhandari during the online Tokyo Democracy Forum held on 15-16 February 2021.

The Covid-19 cases that first appeared in Nepal on 23 Jan 2020 reached 268,310 on 20 January 2021. By this date, 1975 people lost their lives due to Covid-19 and there were 3693 active cases. Of the people who contracted coronavirus, 65% were male and the rest 35% were females.

In an attempt to look at the immediate impact of Covid-19, with reference to SDGs and human rights, it has been obvious that health, education, food, employment, gender, inequality, migration as well as many other human rights are the aspects most affected by Covid-19. The corresponding SDGs which are directly affected and may be hampered are SDG 2, SDG 3, SDG4, SDG 5, SDG 8, SDG 10, and some targets of SDG 16 and SDG 17.

As a measure to contain the spread of coronavirus, lockdowns, shutdowns, closures and social/physical distancing measures were adopted. That means, education institutions, public services except the emergency provisions, transportation, and businesses were closed. The implication was that when the economy came to a sudden halt, people lost their jobs and income, children and students had to stay at home, and travel was banned, controlled, unsafe or expensive. The people working in the hospitality industry and transportation are more affected than others. In the same way, women are more affected than men as the data show that more women than men lost jobs during the lockdown. As more women than men are employed in the informal sector and the sector stops paying as soon as the business stops running, women were more affected.

But in October 2020, Government decided that it would no longer provide free test and treatment to Covid-19 patients, except for certain groups including the helpless, impoverished and disabled. But by mid-January 2021, most of the businesses and educational institutions have opened and the government has almost totally been out of the relief and support.

It is almost like the Government has given up testing, tracing and treatment. People stay at home quarantine and their health condition is not adequately monitored which has resulted in increase of death during home quarantine. General public do not have trust to the government agencies about their transparency, accountability, efficiency, and effectiveness.

Covid-19 situation is increasing inequality and raising many human rights concerns since the very basic needs of the people with disabilities, older persons, people with preexisting health problems, and other vulnerable groups are unfulfilled or compromised.

Covid-19 pandemic resulted in shrinking democracy and civic space. Oftentimes, democratic practices are compromised. Freedom of assembly and association, right to information and participation, freedom of expression, and press freedom situation deteriorated. While dissemination of right and authentic information was required, arrests of media persons, forceful removal of online content, shutdown of online media outlets, threats and attacks on

media persons, misuse of cyber law were observed. Civil society voices and public participation were undermined.

Civil society and CSOs have attempted to respond to Covid-19. CSOs have taken opportunity of the information and communication technology for awareness, discussions, capacity building and advocacy in order to capacitate themselves and influence the decisions and actions of the powerholders. They have supported in management of isolation and quarantine places together with local governments. In the early stages, they also participated in data collection and contact tracing. CSOs remained active in monitoring of the situation, advocacy and campaign, and distribution of relief materials. Three major CSO networks in Nepal namely NGO Federation of Nepal (NFN), Nepal Bar Association and Federation of Nepali Journalists (FNJ) are members of the Human Rights Situation Monitoring Network Regarding the COVID-19 led by NHRC Nepal. Likewise, producing the monitoring and reflection reports from civil society perspectives, and social mobilization are the roles played by CSOs. However, they had limited fund and resources while the needs were pervasive. In this case, rather than material contribution, watchdog role, advocacy and monitoring are feasible, effective and necessary.

In these difficult circumstances, governments, UN agencies, regional organizations, intergovernmental mechanisms, and development partners as well as national and international CSO networks have their own roles to play.

More recently, when businesses, services, educational institutional institutions, transport and almost everything is opening, another wave of coronavirus is quite possible. But the government does not seem to have taken any precautionary and preventive measures. Many people have also ignored putting on masks in public spaces. Dissolution of the House of Representatives and declaration of election dates by the majority government has sparked protests and demonstrations and have once again started political instability in the country. The focus of the government is not on the containment and vaccination of covid-19 but solely on politics.

Authors and Organizations

Hum Bhandari is the principal author of this report. Mr. Bhandari has over a decade long experience of working with various CSOs and NGOs in Nepal. He is a Master of Arts in English and Sociology from Tribhuvan University (TU) in Kathmandu and Master in Development Management (MDM) from Asian Institute of Management (AIM) in Manila. Currently, he works as Acting Executive Director of NGO Federation of Nepal (NFN).

NFN is an umbrella organization of NGOs working in various fields of social welfare and development in Nepal. Established in 1991 for the promotion and protection of social justice, human rights and pro-poor development, NFN has evolved as a national organization working for the entire NGO movement in Nepal. It is actively working to unite, organize and mobilize civil society to create a peaceful, democratic and just Nepal.

NFN is a democratic organization run by a team of NGO professionals who volunteer their services to achieve the vision of NFN.

The Executive Committee is comprised of 51 members. Among them 47 are democratically elected members, including a president, a senior vice-president, two vice presidents, Secretary General, two deputy secretary generals, treasurer, seven secretaries, in-charge and deputy in-charge in each province and members. Immediate past president remains as an ex-officio member and other three members are nominated by the Executive Committee.

NFN is an autonomous, independent and politically non-partisan organization, governed by its own Constitution. It has prepared and enforced an NGO Code of Conduct (CoC) to increase the accountability and transparency of NGOs.

NFN has about 6,345 member NGOs affiliated to it through 77 district chapters. To coordinate and mobilize its member NGOs to carry out various programs effectively and efficiently, NFN has seven province committees comprised of 7–9 members in each province. Together, they work as a catalyst to support member organizations in leadership and professional skills development, and to enable them to contribute to sustainable development.

NFN follows a highly participatory approach in the delivery and implementation of its services. Its focus is on qualitative capacity building of local member NGOs and, in particular, on improving their management, governance, skills and competencies.

Abbreviations and Acronyms

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CIAA	Commission for the Investigation of Abuse of Authority
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
GDI	Gender Development Index
GON	Government of Nepal
HDI	Human Development Index
ICCPR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
IHDI	Inequality-adjusted Human Development Index
LDC	Least Developed Countries
MoHP	Ministry of Health and Population
MPI	Multidimensional Poverty Index
MWCSC	Ministry of Women, Children and Senior Citizens
NFN	NGO Federation of Nepal
NGO	Non-government organization
NHRC	National Human Rights Commission
NIC	National Information Commission
NPC	National Planning Commission
SDG	Sustainable Development Goal
SWC	Social Welfare Council
VNR	Voluntary National Review
WJP	World Justice Project

Nepal: List of websites

A. State Institutions and Governments

- i. Nepal Law Commission: <http://www.lawcommission.gov.np/en>
- ii. Ministry of Health and Population website on Covid-19: <https://Covid19.mohp.gov.np/>
- iii. Supreme Court of Nepal: <http://supremecourt.gov.np>
- iv. Election Commission Nepal: <https://www.election.gov.np/election/en>
- v. Commission for Investigation of Abuse of Authority (CIAA): <http://www.ciaa.gov.np/>
- vi. National Human Rights Commission Nepal: <http://www.nhrcnepal.org>
- vii. National Women Commission: <https://www.nwc.gov.np/>
- viii. National Information Commission: <https://nic.gov.np/>
- ix. National Planning Commission (NPC): <http://npc.gov.np/>
- x. Ministry of Women, Children and Senior Citizen: <http://mowcsc.gov.np/>
- xi. Social Welfare Council: <http://swc.org.np/>
- xii. Office of the Prime Minister and Council of Ministers: <https://www.opmcm.gov.np/>

B. Websites on SDGs

- xiii. National Planning Commission (NPC) –SDG Focal Agency, Government of Nepal: <http://sdg.npc.gov.np/>
- xiv. Nepal SDGs Forum: <https://nepalsdgforum.org/>

C. Websites on Human Rights

- xv. National Human Rights Commission – Nepal: <https://www.nhrcnepal.org/>
- xvi. <https://www.ohchr.org/EN/Countries/AsiaRegion/Pages/NPIndex.aspx>

D. Websites on COVID-19

- xvii. Ministry of Health and Population COVID-19 Response Web Portal: <https://Covid19.mohp.gov.np/>
- xviii.

E. Civil Society Organizations on COVID-19, SDGs and Human Rights

- xix. Nepal SDGs Forum: <https://nepalsdgforum.org/>
- xx. NGO Federation of Nepal (NFN): <http://www.ngofederation.org/>
- xxi. Informal Sector Service Centre (INSEC): <https://www.insec.org.np/>

- xxii. Beyond Beijing Committee Nepal: <https://www.beyondbeijing.org/>
- xxiii. National Campaign for Education (NCE) Nepal: <http://ncenepal.org.np/>
- xxiv. FIAN Nepal: <https://fiannepal.org/?lang=en>
- xxv. Rural Reconstruction Nepal (RRN): <https://www.rrn.org.np/>
- xxvi. Federation of Drinking Water and Sanitation Users Nepal (FEDWASUN): <http://www.fedwasun.org/>
- xxvii. National Federation of the Disabled Nepal (NFDN): <https://nfdn.org.np/>
- xxviii. Clean Energy Nepal (CEN): <https://www.cen.org.np/>
- xxix. National Federation of Irrigation Water User's Association, Nepal: <http://www.nfiwuan.org/>
- xxx. Dalit NGO Federation (DNF): <http://www.dfnepal.org/>
- xxxi. National Society for Earthquake Technology –Nepal (NSET): <https://www.nset.org.np/>
- xxxii. Climate and Development Dialogue (C&D Dialogue): <http://prc.org.np/>
- xxxiii. Federation of Community Forestry Users Nepal (FECOFUN): <http://fecofun.org.np/>

F. Other Useful Websites

- xxxiv. UNDP Nepal: <https://www.np.undp.org/content/nepal/en/home.html>
- xxxv. Human Development Report Nepal: <http://hdr.undp.org/en/2019-report> and http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/NPL.pdf
- xxxvi. CIVICUS webpage on Nepal: <https://monitor.civicus.org/updates/2020/10/21/despite-re-election-human-rights-council-civic-space-concerns-persist-nepal/>

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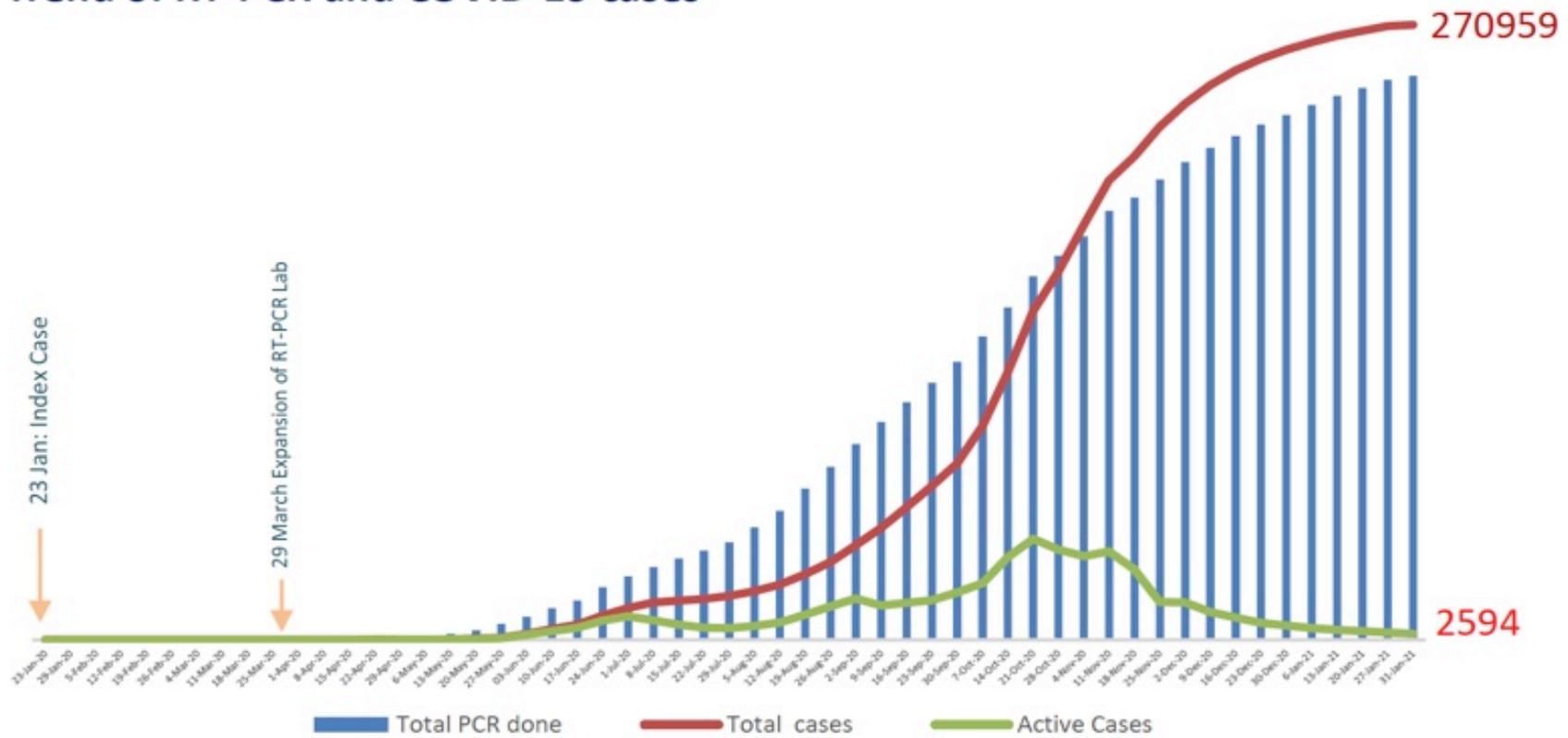
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A. Data and Trends about COVID-19

Month (last day)		Jan.	Feb.	Mar.	April	May	Jun.	July	Aug.	Sept.	Oct	Nov	Dec	Jan 21
Total No	Cases	0	1	1	16	267	6,211	17,177	26,019	56,788	121,745	233,452	260,593	270,959
	Deaths	0	0	0	0	0	19	39	102	371	694	1,508	1,858	2,641
Daily	Cases	0	0	0	0	0	380	167	641	1,539	3,749	1,474	534	105
	Deaths	0	0	0	0	1	0	0	2	8	19	29	9	3

<ul style="list-style-type: none"> ● Date of the first case: 23 January Date of the first death: 16 May ● State of Emergency: N/A ● Lockdown period: 24 March - 7 May ● Curfew in the Capital city (Kathmandu): 20 August – 2 September
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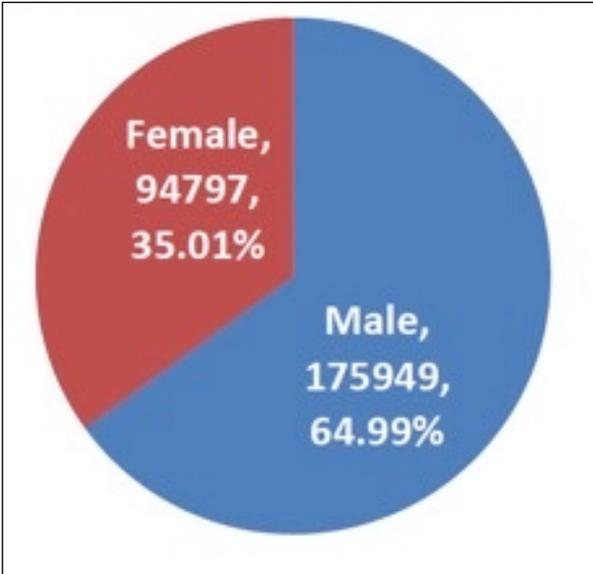
Trend of RT-PCR and COVID-19 cases



As of 31 Jan 2021,

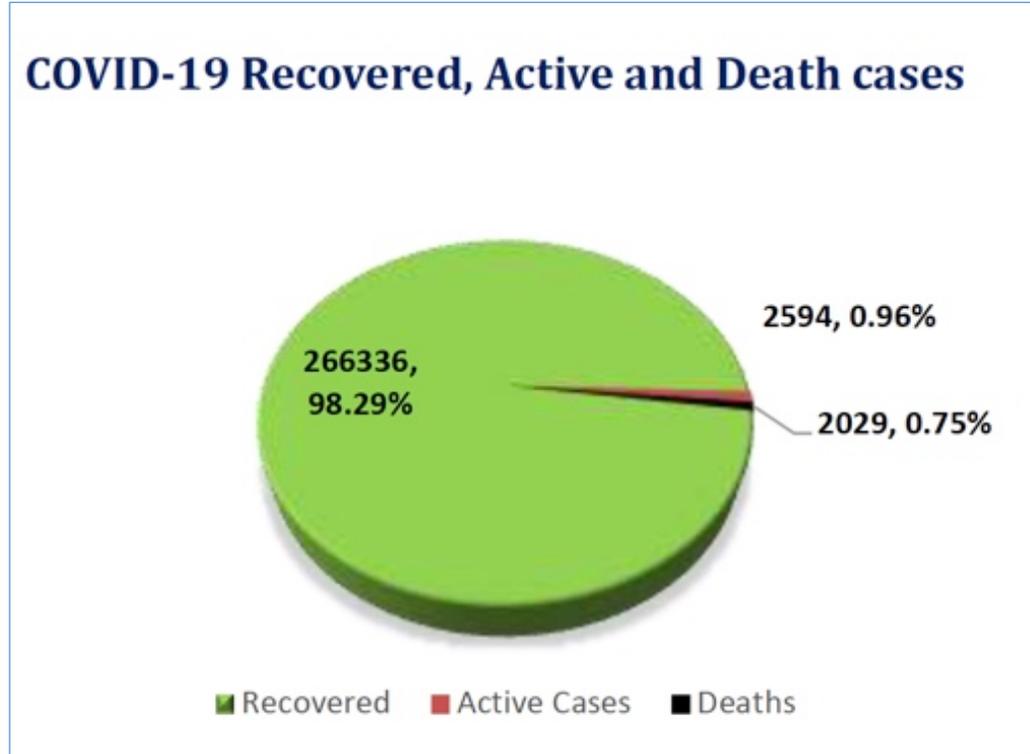
Source: MoHP

Total RT-PCR: 2,071,007

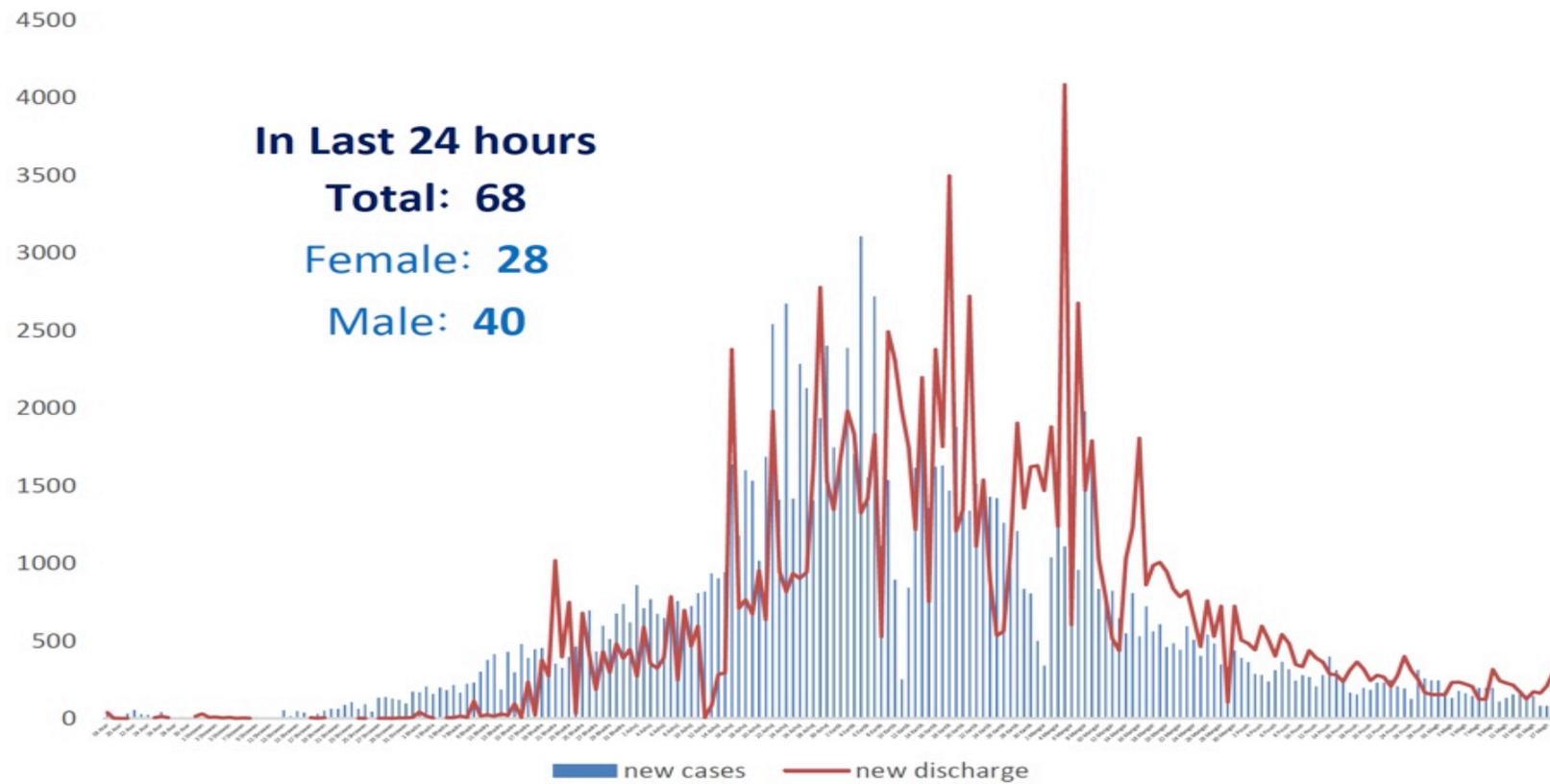


Gender wise distribution of Covid-19 cases

As of 31 Jan 2021, Source: MoHP

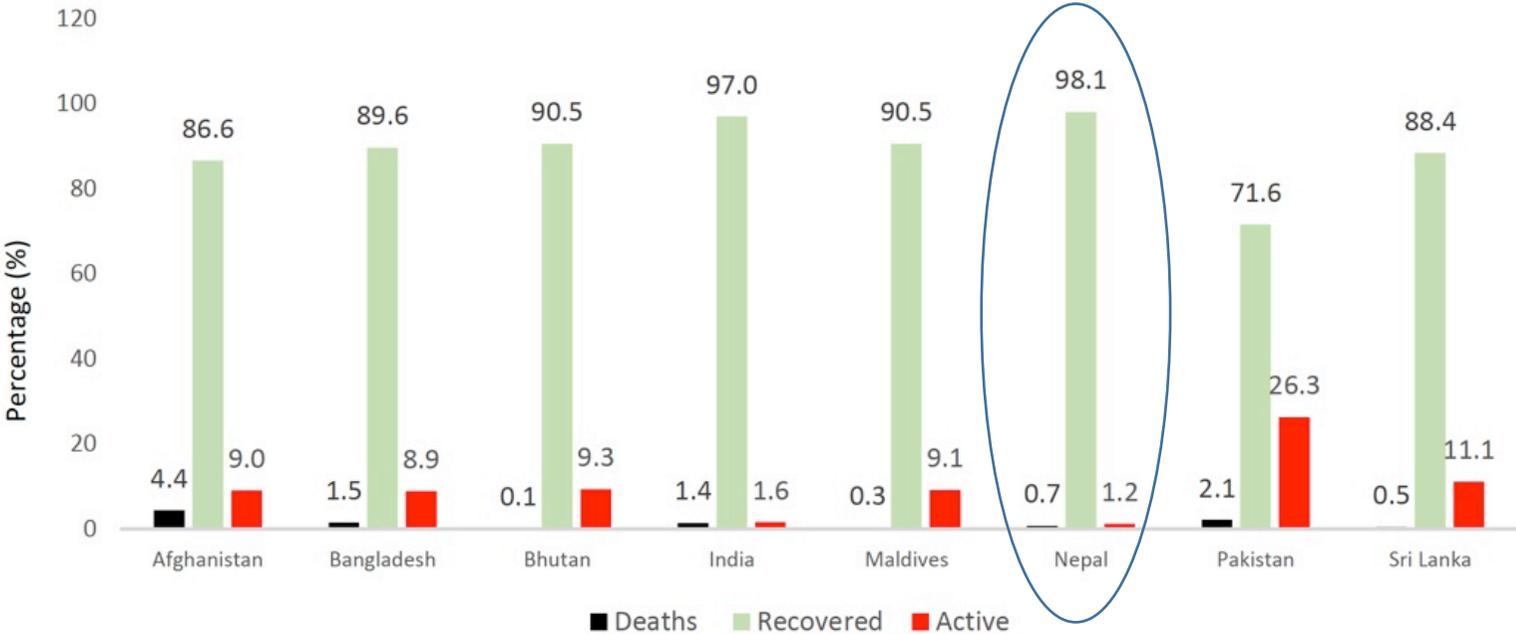


COVID-19 Confirmed new Cases and new discharge in Kathmandu Valley



(as of 31 Jan 2021)

COVID-19 cases in the SAARC Member States



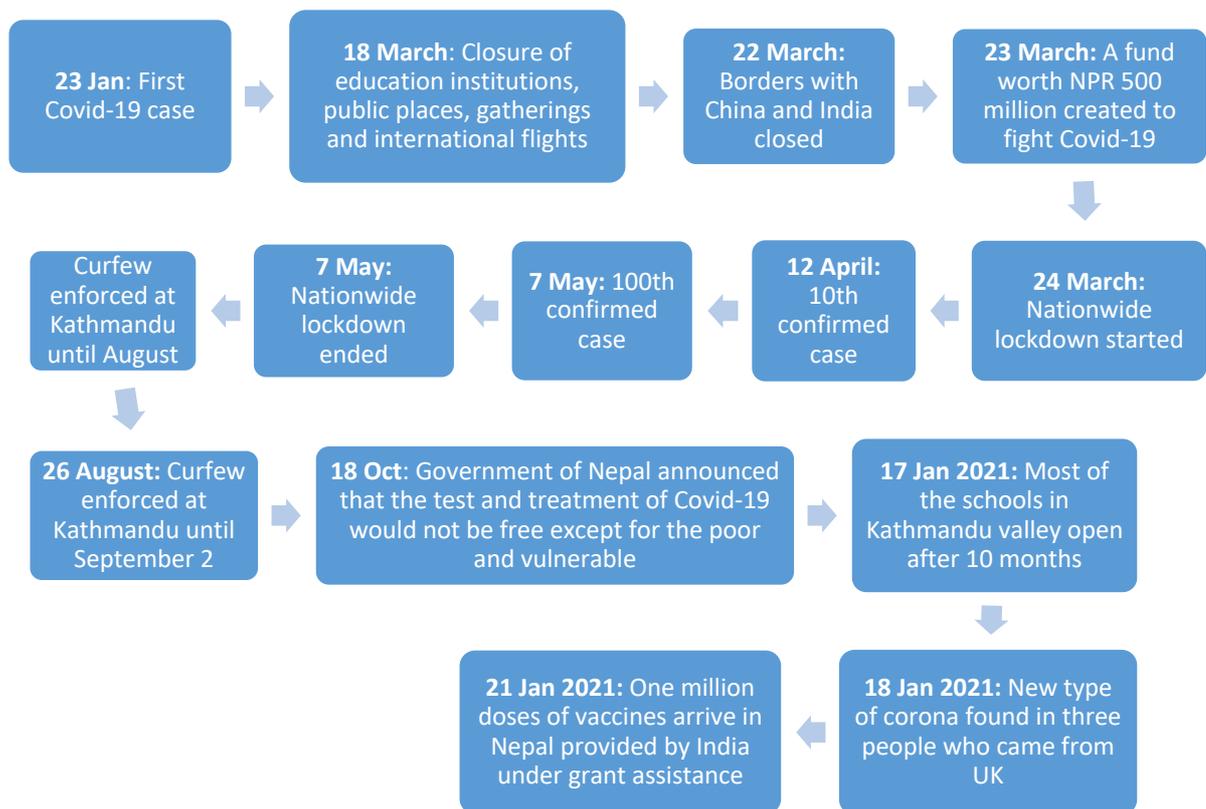
Source: <http://www.covid19-sdmc.org/>

Update as of 29-01-2021, 11:00 AM

Towards the end of January 2021, the coronavirus cases were obviously declining in Nepal. The daily rate of Covid-19 cases generally was limited to just above a hundred and the death rate was low. When compared among South Asian countries, recovery rate was the highest with over 98%.

2. Chronology from January to 1 October 2020

1. Chronology from January 2020



Date	Global / National Events
17 January	Nepal began screening passengers arriving in Tribhuvan International Airport
23 January	First Covid-19 case in Nepal
28 January	Nepal closed down the Rasuwagadhi border with China
30 January	WHO declares "Public Health Emergency of International Concern (PHEIC)"
16 February	Nepal evacuated 175 people, mostly students, who had been stranded across Hubei, China
2 March	The visitors coming from or via countries with multiple cases of the disease were required to submit a health certificate.
March 11	WHO Declares Pandemic

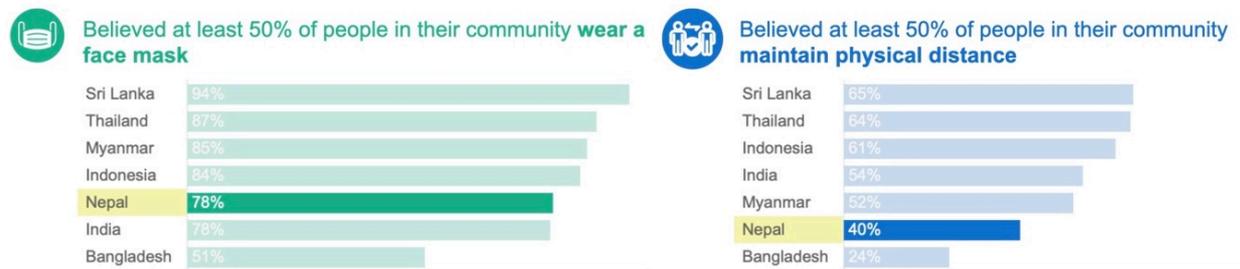
18 March	Closure of education institutions, public places, gatherings and international flights
19 March	Suspension of all classes and postponement of all academic examinations including the Secondary Education Examination (SEE)
20 March	The government banned all passengers, including Nepalis, from EU and the UK, West Asia and the Middle East as well as Malaysia, South Korea and Japan, effective from 20 March until 15 April.
20 March	Full court of the Supreme Court decided to halt non-urgent court proceedings of all the courts and tribunals for 15 days from March 20 to April 3
21 March	Kathmandu city launched a central help desk and a toll-free 24-hour hotline
22 March	Borders with China and India closed
22 March	All international flights were stopped
23 March	A fund worth NPR 500 million created to fight Covid-19
March 23	GoN formed a High-level Committee led by Deputy PM and Defense Minister
24 March	Nationwide lockdown started
28 March	Hundreds of tourists rescued and brought to Kathmandu; many were being repatriated via chartered flights.
12 April	10th confirmed case in Nepal
7 May	Nationwide lockdown ended
7 May	100th confirmed case in Nepal
16 May	1 st Covid-19 death in Nepal
28 May	1,000 th confirmed case in Nepal
4 June	10 th Covid-19 death in Nepal
23 June	10,000 th confirmed case in Nepal
15 Aug	100 Covid-19 deaths in Nepal
20 August	Curfew enforced at Kathmandu until August 26
26 August	Curfew enforced at Kathmandu until September 2
9 Oct	100,000 th confirmed cases in Nepal
18 Oct	Government of Nepal announced that the test and treatment of Covid-19 would not be free except for the poor and vulnerable
20 Dec 2020	President Bidya Devi Bhandari dissolved the House of Representatives as per recommendation of the prime minister KP Sharma Oli
17 Jan 2021	Most of the schools in Kathmandu valley open after 10 months
18 Jan 2021	New type of corona found in three people who came from UK
21 Jan 2021	One million doses of vaccines arrive in Nepal provided by India under grant assistance
28 Jan 2021	Zero daily death after 189 days

Knowledge, Attitude and Practice for Covid-19 Prevention

Prevalent knowledge, attitude and practice about the covid-19 prevention in a society seems to determine the success in prevention and control of the covid-19. So, looking at some study findings would be useful.

A study by Johns Hopkins University during November 2020 showed that 83% people wore mask which is slight less than other Asian countries Bangladesh, India, Indonesia, Myanmar,

Sri Lanka and Thailand. Likewise, 64% people stayed away at least one meter away from others when in public; this looks average among these countries. In terms of handwashing practice, Nepalis are better with 83% in these South-East Asian countries; up from the median 80%. Practice of Nepali people in terms of self-isolation was close to average with 32 whereas this was much less in Indonesia with only 16% and much higher in Thailand with 50%. However, perception about wearing a face mask and maintaining physical distance was lower than other countries as it is illustrated in the following figure.



When asked at what rate they performed hand washing, mask wearing and physical distancing and their confidence level that they could prevent themselves from contracting Covid-19, 47% Nepalis expressed confidence. This was as low as 35% among Bangladeshis and Indonesians and as high as 60% among Sri Lankans.

66% of Nepalis had knowledge about 3 or more symptoms of Covid-19. This is 8% up from median of the region. Likewise, 87% Nepalis were exposed to online sources of Covid-19 information but only 27% trusted on this. 69% of individuals had exposure to information from television which was trusted by 51%. Interestingly, less people in Nepal than in other countries in the region feared covid-19 infection. Additionally, 78% people had the acceptability of potential vaccines which is much similar to other countries in the region.

B. Impact of COVID-19 on People in Particular Vulnerable Groups

1. Right to Health and Goal 3 (Target 3.3., 3.8, 3.b, 3.c, 3.d, etc.)

Right to health / access to healthcare: Health facilities were inaccessible, closed due to fear of coronavirus or were dedicated to Covid-19 treatment. Gender-specific health needs and the health problems other than Covid-19 are not getting attention. There were many incidents of death just because the patients were not admitted by hospitals. When the cases were increasing and many Covid-19 patients were told to stay at home isolation, they were likely to be deprived of healthcare and patients have been dying during home isolation. Their mental and physical health is not monitored¹. As regular health facilities have been turned to Covid-19 hospitals and other hospitals do not easily deliver health services as before, many people were deprived of basic health services. This will have long-term consequences in the health and wellbeing of the people.

Meeting the SDGs, particularly Goal 3.3 (other communicable diseases), Goal 3.7 (universal access to sexual and reproductive healthcare services), Goal 3.8 (universal health coverage, access to quality essential health-care services and access to safe, effective, quality and

¹ The Kathmandu Post. (30 Sept2020). <https://kathmandupost.com/health/2020/09/30/mental-health-of-Covid-19-infected-people-in-home-isolation-not-being-monitored>

affordable essential medicines and vaccines for all, Goal 3.3b (access to affordable essential medicines and vaccines), and Goal 3.3c (health financing and the recruitment, development, training and retention of the health workforce) have been more challenging to achieve.

"During the first 74 days of the lockdown, 1,227 people (16.5 a day) across the country have ended their own lives compared to 5,785 (15.8 a day) in all of last year"². This indicates an alarming psychosocial health situation.

In fighting the pandemic, the government has ignored other deadly health issues. For instance, "Detection of new tuberculosis cases has declined by 50 percent across the country since the nationwide lockdown was enforced on March 24. Doctors say undetected and untreated tuberculosis cases could lead to a major spike in new infections and deaths." Also, both maternal and neonatal deaths have increased, immunization rate has declined, outbreaks of measles have been reported in several districts, institutional delivery rate has declined, and antenatal and postnatal visits have declined manifold³. Fear of infection is keeping away the people needing medical services from hospitals across the country⁴.

2. Right to Education and Goal 4

As a measure to contain coronavirus, educational institutions were closed resulting in the violations of the right to education. For some children, this also means losing access to nutritious food or school meals. Boys and girls were also deprived of mental health and sexual and reproductive health education. Although schools were attempting to manage online classes, very few students have managed to join. Dropouts and deprivations are certain.

However, from mid-January most of the schools and colleges in Kathmandu valley have started classes physically which was much earlier in other locations of the country. But the risks to this remain.

3. Right to Food and Goal 2

The most immediate and obvious effect of the lockdowns, closure of business activities and unemployment is that people do not have money to buy food. The first impact of the loss of income is food insecurity and hunger. Many people were deprived of nutritious and balanced food. Not only the food production but also the distribution and marketing were affected. So, while the agricultural produce is wasted somewhere, the prices were much higher in other parts. From January 2021, as the transportation and markets were turning to normal, the effects were decreasing.

4. Right to Work / Job and Goal 8

² The Kathmandu Post, accessed on 11 September 2020.

<https://kathmandupost.com/health/2020/06/14/over-1-200-people-killed-themselves-during-74-days-of-lockdown>

³ The Kathmandu Post (27 Sept 2020) <https://kathmandupost.com/health/2020/09/27/in-fighting-the-pandemic-the-government-has-ignored-other-deadly-health-issues>

⁴ The Kathmandu Post. (25 Sept 2020). <https://tkpo.st/3i4mT1c>

When the threats of Covid-19 pandemic increased, similar to the worldwide trend, Nepal Government came up with several measures mainly aimed at prevention and control of the pandemic. Lockdowns and closure of the business, economic activities, education institutions and gatherings affected many aspects of social, economic, health and political lives of the people. The poor, landless and vulnerable were the ones hardest hit by this critical situation. Many low-income people were deprived of their right to employment and livelihood. Precisely, human rights of the people were compromised.

As the effect of global coronavirus pandemic, World Bank has forecast the global poverty to increase almost by 1% in 2020. Nepal's economic growth rate is also expected to shrink as low as 1.5% in 2020. So, more Nepalese are certain to be pushed to poverty and deprivation. Central Bureau of Statistics of Nepal has estimated Nepal's Gross Domestic Product (GDP) to grow at 2.27 percent during FY 2019/20, compared to 6.75 percent in the last fiscal year.

Since the longer term impacts of the COVID-19 pandemic are unfolding and uncertain. At the end of Jan 2021, transportation and business are opening up. But if the fear of coronavirus subsides and there is no second wave, the recovery may be steady. If the situation turns otherwise again, the impact on Nepal's social economy will depend on the scenario on three fronts: Nepal's dependence on tourism, trade, and foreign employment – and the consequences that will propagate through the services and industrial landscape; second, if or when the spread of the pandemic overwhelms a grossly inadequate health infrastructure and antivirals or vaccine become available; and third, Nepal's heavy geo-economic reliance on India and China, and the nature of contagion in those countries. The COVID-19 pandemic has disrupted supply chains, shut or threatened the survival of small and informal enterprises, and made people highly vulnerable to falling back into poverty through widespread loss of income and jobs⁵.

The UNDP report further states, "The impact on labor differs by the nature of contract. Permanent workers face either pay cuts or an unpaid hiatus, backed by strong labor laws that discourage layoffs. Seasonal and informal workers in both the formal and informal sectors represent almost 85 percent of the labor force and face job cuts and losses. Temporary workers, internal migrants, and day laborers are among the most vulnerable based on income, and their ability to sustain themselves through the slowdown. An inability to find an alternative source of income is judged to be the main impact of the crisis on those already vulnerable or otherwise engaged in precarious work". In fact, many private organizations which had been profitable until Covid-19 made an excuse to lay off workers

5. Gender, women and girls (SDG 5)

Gender specific needs, increased cases of domestic violence against women and girls, exposure of women health workers to risks from Covid-19, loss of incomes by informal female workers in the service sector, lack of access to sexual and reproductive health services, heightened risks to LGBTIQ people, etc. are the issues that disproportionately affect women and LGBTIQ.

⁵ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

The crisis has affected women, especially from lower income groups, differently than men. Women typically work in industries that are less tele-commutable, such as hospitality, wholesale and retail, keeping them out of work and lowering the overall female participation in the labor force. The survey results indicate that 28 percent of men lost their jobs during the lockdown, compared to 41 percent of women. While 31.5 percent of the total workers have lost their jobs, 74 percent have not been paid since the lockdown started. Increased responsibility at home due to closure of schools and day care affects working mothers. Gender pay gaps compound the inequality – in Nepal, for every 100 rupees that a man earns, a woman earns only 70 rupees.⁶ Currently, although there is not lockdown, economy remains still closed except for the basic services, so the loss of income.

Covid-19 pandemic may be different from other disasters in terms of effect to women as this has affected every sector. "Women are affected more, because they tend to work in areas that are less tele-commutable, such as hospitality, wholesale and retail. The closure of schools and day care has also increased childcare needs, which largely affects working mothers"⁷. Likewise, a significant proportion of women (85 to 100 percent) are employed in informal sector. This means, as soon as the businesses stop running, they are very less likely to get paid. So, the effect on women is significant as they are employed in "low-paying, informal and insecure jobs".

UNDP study found that "the mean score of severity of impact of COVID-19 for females is high due to their inability to find alternative source of income (3.84) which is followed by incapacity to pay loans (3.30), psychological problems (3.21), incapability to find a new job (mean score of 3.17), and inadequacy to purchase food (3.14). However, the pattern is slightly different for male respondents. The mean score of severity of impact depends more on their inability to find alternative source of income (3.74), followed by incapacity to find another job (3.55) and incapability to repay loans (3.34)."⁸ The study also shows that more women than men have reduced and borrowed meal, borrowed money.

Another report shows that in the period of five months from March to Mid-September 2020, 1221 cases of rape are reported⁹.

Restrictions on freedom of movement caused by lockdown, travel ban, and curfews are associated with the multifaceted effects they cause to the food, health, livelihood and other aspects of the basic lives of the people. During nationwide lockdowns, hundreds of people that include women, children, elderly and the pregnant women had to walk to their destinations.

6. Inequality (SDG 10)

The quarantine and home confinement measures have forced a shift in the nature of work, from physical to virtual. However, such financially uninterrupted privileges can be bracketed only by those with sufficient resources and ambient support at home. With almost 85 percent

⁶ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

⁷ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

⁸ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

⁹ Kantipur Daily (30 Sept 2020). <https://ekantipur.com/news/2020/09/30/160142732511872966.html>

of the working population in Nepal informally employed, such work avenues provide no significant assurance to the informal economy. Instead, it has possibly worsened poverty, put food security at risk, increased social tensions, and aggravated the state of mental health among informal workers as well as people living with disability.¹⁰

The scale of vulnerability and inequality among the poorest and most marginalized communities are anticipated to rise. The people who have no or limited access to information and awareness and sanitation facilities are at risk. People without ability to stockpile food, digital bank accounts, and people with disability are likely to be more vulnerable. Additionally, the new scenario may be an opportunity for some who will rise while a shock for many. This will ultimately increase inequality. Economically and socially disadvantaged Dalit and indigenous groups are disproportionately affected by the circumstances under Covid-19.

7. Other SDGs and human rights concerns

At the outbreak and restrictive situations, and when physical distancing, self-isolation and other emergency measures are imposed, persons with disabilities, older persons, and pregnant women were particularly at risk.

Discrimination and stigmatization: The people with Covid-19 were discriminated and stigmatized. The people and families with Covid-19, even after recovery, were harassed, confined when more encouragement and support was required. This was similar to the family members who were in the frontline of Covid response.

Governance and service delivery: Already weak governance, human rights, justice, service delivery, and social security situation got even worse. In the pretext of Covid response, the public spending has not been transparent and efficient.

The lockdown brought about by the pandemic affected the welfare of the poor and the vulnerable through several channels: loss of incomes and jobs of working adults, sale of assets to cope with shocks and to smoothen consumption but buying back such assets will take long, shrinking of the market for agricultural produce through disruption in supply chains along with a decline in work opportunities; and the digital divide excludes them from opportunities of online work and their public-school-going children are deprived of online classes which has long term effects¹¹.

C. Impact of COVID-19 on democracy and civic Space

1. Impact on civic space and democracy

Freedom of peaceful assembly and association: Rights and freedom of the people to association, speech, movement and migration were severely constrained. Even if the people wanted to express their dissatisfaction, make demands and demonstrate, the people were not allowed. There were dozens of cases in which the police used excessive force to disperse the demonstrators, made arrests and fired tear gases. So, even making the peaceful rallies was not possible because of the Covid-19 pandemic.

¹⁰ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

¹¹ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

Protesters expressing discontent with the Covid-19 response met with excessive force and arrests. Likewise, a series of protests that began with a sit-in demonstration outside Prime Minister's residence on 9th June 2020 escalated into a nationwide show of discontent. Dissatisfied with the government's handling of the Covid-19 response, hundreds of young people descended on the streets of the capital as well as major cities around the country, orchestrating peaceful protests despite the ongoing lockdown.¹²

Information and Participation: Access to the right and reliable information about Covid-19 should be ensured, to all the people particularly with the visually- and hearing-impaired, with language barriers, those who do not have access to media. The Covid-19 should not be the reason for the authorities to restrict participation in decision-making and right to information, transparency and accountability. News, information and data about Covid-19 should not be constrained and the media and media-persons covering such news should be free. But this was not the case.

Although the public demonstrations were spontaneous and reasonable, they were often repressed with a purported reason of coronavirus pandemic. Social distancing is unarguably necessary but citizens did not have a way to vent their anger and dissatisfaction, and make demand and pressure on the power and authorities.

2. Freedom of Expression and Press freedom

There had been attempts by the authorities to impose new restrictions on the internet and the media. Civil society raised concerns at the judicial harassment of a journalist and the death of another senior journalist. There were also concerns about internet restrictions with new bylaws of the Nepal Telecommunications Authority (NTA). As an impact of Covid-19 pandemic, 3190 journalists out of 8410 were said to have lost their jobs.¹³

According to Reporters Without Borders (RSF) and the Committee to Protect Journalists (CPJ), journalists were threatened in connection with their reporting on the coronavirus. Another case of the violation of the press freedom was about the deployment of web developers to remove critical report from Kathmandu Press portal. On 2nd April 2020, online news portal Kathmandu Press reported an unauthorized removal of published content from their website. The news outlet's Chief Editor, Kosmos Biswokarma was quoted saying that their team started receiving an array of responses after publishing a report on the involvement of the Defense Minister and Prime Minister's Chief Advisor's sons in an expensive medical equipment procurement deal.

The following day the portal received a call from Biswas Dhakal and Subhash Sharma from F1Soft, a parent company of Shiran Technologies, who manages the development and design of their website. They asked Kathmandu Press to remove the report stating that "there's immense pressure from above".

¹² <https://monitor.civicus.org/updates/2020/07/03/protets-nepal-around-Covid-19-met-excessive-force-while-journalists-face-attacks/> (accessed on 24 Oct 2020)

¹³ <https://monitor.civicus.org/updates/2020/10/21/despite-re-election-human-rights-council-civic-space-concerns-persist-nepal/> (accessed on 24 Oct 2020)

Nepal Press Union and Federation of Nepali Journalists (FNJ) released statements on this issue. FNJ said: “The constitution has guaranteed rights to anybody with concerns against a published material, to take legal action. This act, however, is a direct interference on freedom of expression and free press, while also being an unconstitutional step.”¹⁴

D. Government’s Responses to the COVID-19

1. Major policies and programs carried out by the government

As one of the initial responses, on 28 January, Nepal tightened the Rasuwagadhi border with China. In mid-February, 175 Nepalis were evacuated from Hubei Province, China. In early March, on-arrival visas were halted for the citizens from China, Italy, Iran, Japan, South Korea, France, Germany and Spain. All mountaineering expeditions were also suspended. Measures that are more restrictive were introduced to control the transmission of the virus. Gatherings of more than 25 persons at public places were banned; all malls and recreation centers were closed. All the examinations of the Public Service Commission, Secondary Education Examination (SEE) and all the examinations of Tribhuvan University were suspended.

On 23 March, Government formed a High-level Committee for Covid-19 Control and Response led by Deputy Prime Minister Ishwor Pokhrel. The Government formulated the Preparedness and Response Plan against Covid-19.

Towards building partnership and resource mobilization, Social Welfare Council (SWC) of Nepal requested all the I/NGOs to start supporting in Covid-19 response and allowed flexibility of diverting 20% of the ongoing program budget to Covid-19 response.

A number of policy and guidelines were introduced which include the following:

- Working procedures of human rights monitoring network in the context of Covid-19;
- Community based volunteer mobilization guideline for Covid-19 control and management;
- Minimum standard in relation to providing relief support;
- Guideline on minimum standard for donor agencies/partner organizations for Covid-19 logistics support to the Ministry of Health and Population (MoHP);
- Public health standard protocol for Covid-19 pandemic and the management of lockdown;
- Covid-19 management and operation standard;
- Coronavirus fund guideline;
- Quarantine operations and management guideline;
- Action plan to mobilize CSOs in order to improve and address the effects of Covid-19 on women, children, people with disabilities, and older people;

Several relief policy and packages including the following, and mostly applicable for the lockdown period, were introduced by the government:

- 25% discount in internet data package;

¹⁴ <https://monitor.civicus.org/updates/2020/07/03/prottests-nepal-around-Covid-19-met-excessive-force-while-journalists-face-attacks/> (accessed on 24 Oct 2020)

- 25% discount in monthly electricity bills in the HHs consumption up to 150 units;
- No fines for late payment of utility bills;
- Continuity for production and supply of agricultural and essential goods and services;
- Insurance and incentives for frontline health workers;
- Tax waivers for import of listed medicines and equipment;
- Loan and tax reliefs;
- Resource management by taking loans from World Bank, IMF and ADB;

2. Executive body (Government structure)

The Government of Nepal took several actions and relief packages to mitigate the economic shock of Covid-19. Efforts include: distribution of food to the needy; mandate for employers to pay salary to their employee during the lockdown (can use welfare funds); mandate for tourism enterprises to pay wages for month of Chaitra (mid-March to mid-April); short-term loans for tourism and aviation enterprises; extension of tax deadlines; and contributions to the social security scheme by the government. These efforts did not cover all affected sectors (e.g. manufacturing), including informal businesses and people working in the informal sector (agriculture or non-agriculture). The government also diverted NPR 136 billion away from land acquisition and vehicle procurement towards disease control¹⁵.

In the meantime, Nepal Government decided not to provide free Covid-19 test and treatment to everybody, which drew criticism from constitutional, legal and health experts as well as civil society. The government decided to foot the Covid test and treatment cost of only the poor, helpless, single women, differently-abled citizens, senior citizens, frontline health workers, sanitation staff and security personnel. The decision “violated constitutional and legal provision that guaranteed citizens’ right to access basic health services”, “violated not only constitutional and legal provisions but also the Supreme Court order”, and “violated the ruling party’s manifesto”. This was clearly an attempt of the government to evade its responsibility¹⁶.

Following this decision of the government, BP Koirala Institute of Health Sciences (BPKIHS) unveiled the costs of Covid-19 treatment, effective from 17 Oct 2020. According to BPKIHS, the Covid-19 patient without any symptoms of the disease would have to deposit Rs 7,000 and pay Rs 2,000 everyday. Similarly, Covid-19 patients with mild symptoms would have to deposit Rs 12,000 and pay Rs 3,500 daily. Likewise, one with slightly complicated symptoms would have to deposit Rs 35,000 and pay Rs 7,500 daily and those with complicated symptoms would have to deposit Rs 60,000 and pay Rs 15,000 daily. This is clearly beyond the reach for many, discourages the patients from visiting the hospitals and is going to have serious long-

¹⁵ UNDP Nepal (Prepared by IIDS). 2020. Rapid Assessment of Socio Economic Impact of COVID-19 in Nepal.

¹⁶ The Himalayan Times Daily. *Government’s decision to charge for COVID test, treatment draws flak*. October 22, 2020. <https://thehimalayantimes.com/nepal/governments-decision-to-charge-for-Covid-test-treatment-draws-flak/>

term consequences¹⁷. Amidst this, some province governments and local governments declared to bear all the costs of the Covid-19 patients¹⁸.

The government has showed some initiation for procurement of covid-19 vaccines but the progress on this is too little. Nepal has received one million does of coronavirus vaccines from India which will be used to inoculate frontline workers in the fight against covid-19. But attempts to bring in more is essential. It is essential for the government not to underestimate covid-19 pandemic and continue the fight against it.

3. Judiciary body

Lockdowns, restrictions in driving vehicles (mostly with odd-even options) and the social distancing measures have caused the judicial service delivery limited, based on the priorities. Deadlines have been reconsidered by extending. Court procedures were scheduled mostly if the concerned individuals including the lawyers were able to be present to the court¹⁹. Apart from this, court hearings were affected as the coronavirus cases were detected at the court circles and the judges and staff were often required to remain in quarantines.

In response to a writ petition filed by advocates Lokendra Oli and Keshar Jung KC, the Supreme Court on October 1, 2020 ordered the government to conduct PCR test of all people who wanted to undergo the test free of cost. The apex court observed that Covid-19 was an infectious disease and as per the legal provisions, everybody had the right to get free diagnosis and treatment for the disease. It ordered that even those who were getting themselves tested as a requirement for visa should also not be charged. The court ordered the government to test both symptomatic people as well as asymptomatic. Private institutions were also bound to respect citizens' constitutional rights as per the court ruling. The court also asked the government to ensure that people going for PCR test should not have to stand in a queue for more than 15 minutes, and urged the government to fully abide by the constitution in times of disasters and difficulties.²⁰

4. Local government / governance

The need and importance of the local governments is tested and proven when this nationwide large-scale response was possible to manage through the local governments. Local governments have been massively mobilized in regulation, monitoring, and response and relief of the Covid-19. Setting up the quarantine centers, isolation centers and hospitals, distribution of relief to the poorest and most vulnerable during the lockdown period was led by the local governments. However, there are concerns and issues about the transparency and

¹⁷ My Republica Daily. *BPKIHS unveils COVID-19 treatment costs*. Published on October 22, 2020.

<https://myrepublica.nagariknetwork.com/news/bpkihs-unveils-Covid-19-treatment-costs/>

¹⁸ The Himalayan Times Daily. (October 23, 2020). <https://thehimalayantimes.com/nepal/free-treatment-for-Covid-patients-in-sudurpaschim/>

¹⁹ Supreme Court of Nepal. http://supremecourt.gov.np/web/assets/downloads/Notice_2077-02-21.pdf (Last visited on 30 Sept 2020)

²⁰ The Himalayan Times. (October 15, 2020). *SC orders govt to ensure free tests, treatment of coronavirus*. <https://thehimalayantimes.com/nepal/supreme-court-orders-govt-to-ensure-free-tests-treatment-of-coronavirus/>

accountability in utilization of the public funds. Although lack of resources and capacity of the local governments are blamed for, the quarantine centers are poorly managed.

5. National Human Rights Commission (NHRC)²¹

NHRC has been leading the Human Rights Monitoring Network in the Context of Covid-19. The network, which includes the participation of the CSO networks NGO Federation of Nepal, Nepal Bar Association and Federation of Nepali Journalists, is led by NHRC at the center and federal levels; except for district levels where the abovementioned CSO networks have been leading the monitoring.

NHRC has issued a number of press statements, and requested the government and other stakeholders to take action on a number of human rights violation issues. Some recent and relevant publications of NHRC include Rights of the Migrant Workers in the Context of Covid-19, Report of the Human Rights Situation during Covid-19, and The Major Highlights of the Activities of NHRC Nepal on the COVID-19²². NHRC has also made the human rights monitoring report public.s

Two days after the Ministry of Health and Population asked the people to pay for Covid-19 tests and treatment themselves and manage the dead bodies of their family members who have died of Covid-19 complications, the NHRC on 20 October called on the government to protect the right to life of its citizens. The commission called the Nepal government “not to deprive anyone from their constitutional rights and continue to manage the dead bodies of the Covid-19 patients,”²³.

6. National Women Commission²⁴

National Women Commission has been monitoring cases of violence against women (VAW) which can be reported at the hotline telephone number 1145. It has psychosocial counseling services through telephones, also provides legal counseling.

The commission received 465 phone calls related to domestic violence and 139 calls related to VAW. There was a rise in the cases of domestic violence during the first two months of the lockdown²⁵.

7. National Information Commission (NIC)²⁶

In the press statement issued by NIC on the occasion of International Day for Universal Access to Information on 28th September 2020, NIC emphasized the increased importance of right

²¹ <http://www.nhrcnepal.org>

²² NHRC Nepal. <https://www.nhrcnepal.org/publication.php?page=R> (Last visited on 30 Sept 2020)

²³ The Kathmandu Post. (20 Oct 2020). <https://kathmandupost.com/national/2020/10/20/national-human-rights-commission-calls-on-government-not-to-run-away-from-its-duty-to-treat-Covid-19-patients>

²⁴ <https://www.nwc.gov.np/>

²⁵ National Women Commission [https://www.nwc.gov.np/Publication_file/5edca7c05d490_First_Lockdown_Report_\(Chaitra_2076-Baisakha_2077\).pdf](https://www.nwc.gov.np/Publication_file/5edca7c05d490_First_Lockdown_Report_(Chaitra_2076-Baisakha_2077).pdf) (Last visited on 29 Sept 2020)

²⁶ <https://nic.gov.np/>

to information, and the access to information to all the people in a language and the way they can understand. The NIC also organized a Panel Discussion on Access to Information during Coronavirus Pandemic. On 16 September 2020, the NIC issued a press statement calling for government action to set quality and standard on the production and distribution of sanitizers and masks in the market, monitor the quality of the so called ayurvedic medicines and also for the information about the people contracted with Covid-19. Likewise, NIC issued a press release on 16-points direction to Government of Nepal on actual information dissemination of Coronavirus²⁷.

8. Ministry of Health and Population²⁸

The Ministry of Health and Population (MoHP) is responsible for overall policy formulation, planning, organization and coordination of the health sector at national, province, district and community levels. The goal of MoHP is to improve the health status of all people living in the country. MoHP is the government focal agency for control, treatment and data management of the Covid-19. Generally, the MoHP organizes press briefings on Covid-19 every day. News, information, education and communication (IEC) materials, and situation reports about Covid-19 are also published by MoHP. But the effectiveness of the Ministry on Covid-19 control and treatment has been much criticized.

More recently, after rolling back free testing and treatment, there were reports of the officials not responding to distress calls, over two dozen Covid-19 patients died at home in a short time due to inability to get hospital beds, health workers complain officials forwarded call of hotline number. It was very hard and impossible to get hospital beds for treatment of Covid-19²⁹. To make room for serious patients, the Ministry of Health decided to discharge patients whose conditions were not severe, but patients were still not getting hospital beds. This raised concerns and questions about the action and effectiveness of MoHP in delivering health services in the Covid-19 crisis.³⁰ While the Covid-19 cases increased, more and more people were losing their lives without getting any medicines and hospital care. The poor health infrastructure and system in Nepal are exposed.

E. Political Change and Impact

President Bidya Devi Bhandari dissolved the House of Representatives as per the recommendation of the prime minister KP Sharma Oli on 20 December 2020 and declared fresh elections on April 30 and May 10, 2021. This quite unexpected political maneuver sparked protests and demonstrations with divisions within the ruling Community Party of Nepal. Political parties including the main opposition party Nepali Congress and civil society had different opinions to this move while the case is in the Supreme Court under

²⁷ <https://nic.gov.np/mydata/171/1592119166.16-pointsDirection.pdf> (visited on 24 Oct 2020)

²⁸ <https://mohp.gov.np/eng/index.php> and <https://Covid19.mohp.gov.np/>

²⁹ The Kathmandu Post (22 Oct 2020). <https://kathmandupost.com/health/2020/10/22/after-rolling-back-free-testing-and-treatment-officials-not-responding-to-distress-calls>

³⁰ The Kathmandu Post (19 Oct 2020). <https://kathmandupost.com/health/2020/10/19/serious-Covid-19-patients-are-not-getting-hospital-beds>

consideration. The majority government has at once turned to be a caretaker government while the elections in the stipulated dates are almost impossible.

Dissolution of the parliament may from one perspective seem to be a part of the democratic process but whether this went through a process, if it was the only alternative and if this will strengthen democratic process, political stability, peace and development are much debated. Even the court hearings have extended and apparently it has been a difficult task for the Supreme Court to make a verdict.

After a decade-long armed conflict, political instability and undemocratic systems, the current constitution of Nepal was promulgated by the second constituent assembly in 2015. Political stability, good governance, peace and equitable development was the crux of the constitution but current turn of political events have made everyone doubt if the constitution will ensure these expectations.

During the covid-19 pandemic, the government has diverted state coffers to covid response and it is said that the government lack funds for covid vaccines, relief and other preventive measures. The government has kept itself away from covid-19 tests. But, spending scarce resources for an unessential reason is certainly not in the benefit of the nation and not for public welfare. A section of the political community has justified the dissolution of the House of Representative in favor of a fresh mandate as quite usual while others have taken it as an unconstitutional move and a vent of intra-party division and anger.

The political change has diverted the government from and overshadowed the urgent needs and priorities. The leaders in the government have rather focused on electioneering and political campaigning. One faction of the ruling party is campaigning against the bloc led by the Prime Minister. Even the opposition party seems confused whether to go for the election or stand for reinstatement of the House of Representatives. All these factors have contributed to crowds and gatherings that can contribute to another wave of coronavirus pandemic.

Civil society groups have also made demonstrations against the 20-December move of the government. Government used unnecessary and excessive force trying to contain or disperse the peaceful demonstrations. The government has been criticized for such suppressive approach to democratic practices. Concerned with this, civil society and CSO networks including NGO Federation of Nepal (NFN) made press releases stating that such suppression is against the fundamental rights and freedoms including freedom to peaceful assembly, and right to expression. In its statement NFN urged the government to respect the principles of human rights and democracy, stating that any political turn of events should only contribute to political stability, peace and strengthening democracy.

F. Assessment of Nepal Government's Response to the COVID-19

The first important action of the Nepal Government in response to the coronavirus pandemic was the rescue/evacuation of 175 Nepalis from Hubei Province of China. The management of the quarantine for them was appreciated by the evacuated Nepalis. The closure of the borders with India and China can be considered timely or too early. But the lockdowns imposed in India caused the influx of thousands of Nepali migrant workers for which Nepal's preparation was inadequate. In fact, Nepal was underprepared to manage them in the

quarantine centers. Hundreds of incoming migrants had to wait for days at the border amidst confusion and lack of food and water. On the other hand, the quarantine centers were reported to be cramped, they lacked sanitation and hygiene requirement and they did not meet the standard set by WHO and even by Nepal. The overcrowded and unsanitary environment without health monitoring actually became coronavirus transmission centers. Many ran away from the quarantines and slipped to the communities. In lack of testing and inadequate number of days spent in the quarantine centers, the people who went home after spending time at the quarantine centers were found infected of the coronavirus and some of them even died of Covid-19. Women and girls were unsafe and there were cases of sexual abuse and rape³¹. The special needs and sensitivities of the women, children, older people and the sick at the quarantine centers were not managed well. In general, as the media reports show, the quarantine centers in many cases were portrayed as chaotic.

Government formed a High-level Committee for Covid-19 Control and Response which was good initiative and helped for the timely decision making. There were also some occasional multi-stakeholder consultation meetings held by the committee. Government established the Covid-19 response fund although the potential contributors were not enthusiastic to contribute because of the government's lack of transparency and effectiveness. The government formulated a number of guidelines and procedures to manage the Covid-19 situation. Restrictions to control the traffic and movement are introduced but enforcement is lacking which is made further ineffective because of lack of public cooperation and sense of self-responsibility. Public perception is that the government did little beyond the lockdowns and restrictions.

Government also came up with relief policy and packages but the delivery of the commitments was much delayed, never delivered or hard to receive. For instance, a lot of cases were exposed about the frontline workers not receiving risk allowance pledged by the government³². Covid-19 insurance scheme did not turn reliable as the policy kept changing which was not in the interest of the insurers and it is said to have difficult conditionalities.

Government stopped free test and treatment

The federal government declared in October 2020 that it would no longer provide free test and treatment to Covid-19 patients, except for certain groups including the helpless, impoverished and disabled. Despite this, four provincial governments declared to continue free Covid-19 tests and treatment. This way of the governments' trying to escape from responsibility will put anyone at risk since many people do not afford the test and treatment costs and others also would not be encouraged to get tested unless they have symptoms. Contact tracing and other prevention and control measures are almost inexistent. This gross irresponsibility of the government has been much criticized and will have serious impacts in the future.

The active Covid-19 cases on 20 December 2021 was 268,646 with 3799 active cases. This is in the decreasing trend but it but the second wave is likely for Nepal since the testing, tracing and other preventive measures are not the priority of the government.

³¹ Myrepublica Daily. (15 June 2020). <https://myrepublica.nagariknetwork.com/news/woman-in-quarantine-in-kailali-gang-raped/>

³² The Himalayan Times. *Health workers stage protest for allowance*. September 02, 2020. <https://thehimalayantimes.com/nepal/health-workers-stage-protest-for-allowance/>

Transparency and accountability are compromised

The government's actions and responses have not been adequately transparent and efficient. Procurement of essential medicines and equipment have been contentious. Media reports for instance showed that the government purchased medical supplies in much higher price than the market price of the time.³³

Nepal did not have good position in governance, civic space, human rights, and press freedom, even in the pre-Covid situation. Untransparent and inefficient procurement and spending from the federal to the local government level, excessive use of force in the peaceful demonstrations, attacks and arrests of the media persons, forceful removal of media content and closure of some online media outlets, etc. show that the freedom and freedom of expression have deteriorated. Deprivations of basic rights included as the fundamental rights in the constitution of Nepal and also enshrined in the international human rights laws and treaties mean that Nepal Government has not been able to abide by and protect and promote human rights. Right to health, food, life and livelihood are the most affected.

Towards the end of January 2021, the issues like freedom of movement, peaceful demonstrations have been relaxed but governance, development, covid-19 prevention and response, and other national priorities are replaced with political agenda. Whatever the court verdict comes—whether for or against dissolution of the House of Representatives—Nepal will undergo some level of political instability and conflict. Hopefully, the new election will make way for relative peace and stability so that human rights, social welfare and development can be prioritized.

Vaccination

When everything is now reopening, the focus has been on vaccination. Nepal Government has received one million vaccines as a gift and 300,000 vaccines are expected in similar way from China. However, no progress can be seen for procurement of vaccines.

Towards recovery?

By mid-Jan 2021, as Nepal Rastra Bank (NRB) report unveiled, despite increased economic activities, over 23 percent of the hotels and restaurants have remained closed while nearly 47 percent others have been operating in under capacity.

G. Civil Society's Responses to the COVID-19

When the threat of Covid-19 increased in Nepal and the nationwide lockdown was imposed, the community organizations, NGOs, and CSOs came up with awareness activities about the coronavirus pandemic and the ways to prevent it. Lockdown made the poor, migrant workers, wage laborers, etc. lose their income, making some of them travel to their native villages. In that situation, NGOs/CSOs were the early responders to help the people in need and difficulty. As much as it was flexible and were allowed, they diverted the fund of their ongoing projects to Covid response. They distributed relief to the affected families and also supported the governments to manage quarantine centers and holding centers. Nevertheless, since the

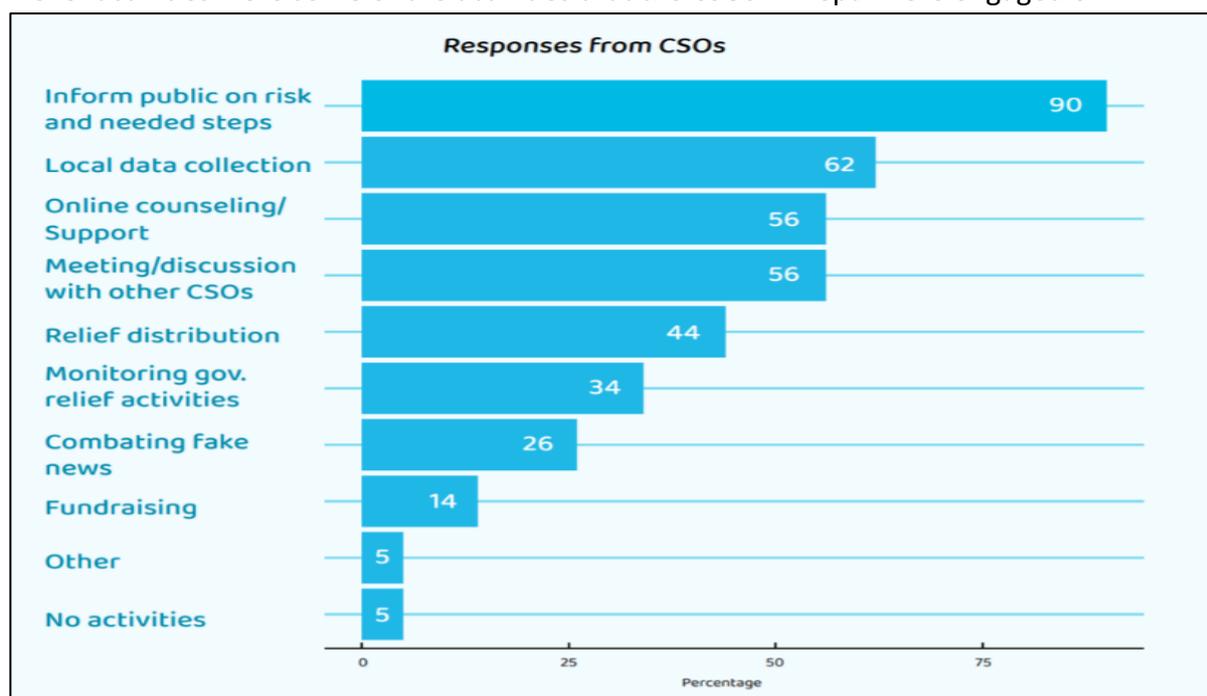
³³My Republica Daily. *Financial irregularities suspected in procurement of medical equipment from China*. March 29, 2020. <https://myrepublica.nagariknetwork.com/news/financial-irregularities-suspected-in-procurement-of-medical-equipmentfrom-china/>

problem is too big and pervasive and the resources are limited, the scale and presence of the CSOs remains small.

Civil society networks have been working on the advocacy and lobby to draw the attention of the government and protect the life and livelihood of the vulnerable people. Led by NGO Federation of Nepal there have been meetings and coordination with government, mainly National Planning Commission, Ministry of Women, Children and Senior Citizens (MWCSC), Social Welfare Council (SWC), province governments. The government has been suggested to assess the impact of Covid-19 and integrate the response and recovery in the five-year plan.

NFN has been coordinating with national and international CSO networks and alliances in this regard. NGO Federation of Nepal, Nepal Bar Association and Federation of Nepali Journalists (FNJ) are members in the human rights monitoring networks at led by National Human Rights Commission. CSOs have also contributed to the government's relief fund. Some aspects of the CSO response and contribution to Covid-19 pandemic is available at NFN's website (<http://www.ngofederation.org/node/560>).

A study as presented in the figure shows that information/awareness, local data collection, online counseling/support, discussions, relief distribution and monitoring of the government relief activities were some of the activities that the CSOs in Nepal were engaged on.



Source: K C, D., Bhandari, B., & Mahat, J.J. (2020). *Impact of COVID-19 on Nepali Civil Society Organizations*. Bangkok, Thailand. School of Global Studies, Thammasat University

Nepal Government on 18 October declared that people themselves need to pay for Covid-19 tests and treatment costs, both in private and government hospitals, if they are infected. Only the poor, single women, disabled people, frontline health workers, security personnel and cleaning staff would receive free test and treatment, and tests would be performed only if they develop coronavirus symptoms.

In response this, Nepali civil society and CSOs have severely criticized the government move, through social media, press releases and other means. NFN along with dozens of NGOs, CSO networks and human rights activists issued press statements condemning the move of the government as violations of the fundamental rights enshrined in the constitution, and against the ruling of the Supreme Court. The CSOs urged the government not to escape from its duty of protecting the life and health of the people. In the press release they have demanded the government to withdraw its decision, protect the constitutional rights of the people, and fulfill the legal and moral duties. The CSOs have also warned that they would take to the street if the government goes heedless about this demand.

8. Assessment of Civil Society Responses to the COVID-19

Contribution, role and actions of NGOs, community organizations, CSOs and networks in Nepal have a good record. Whether it was in the political movements or democratic and human rights campaigns and community development, the roles have been remarkable.

When the coronavirus pandemic started affecting and lockdowns were imposed, confusions and a kind of vacuum ensued. The internal migrants who wanted to go back to their villages or homes had to walk for days and hours and they suffered a lot. NGOs responded by providing food to such people. Likewise, daily wage laborers and the very poor suddenly lost their income. There are many cases of the NGOs/CSOs distributing food and non-food items. During the initial days, PPEs, face masks and hand sanitizers were scarce even to the frontline health workers. At that time, some CSOs were able to secure these items and distribute. Awareness about Covid-19 and about the precautionary measures were other actions. For instance, Accountability Lab gathers rumors, concerns, and questions from communities and ensures a better understanding of the coronavirus needs and debunks rumors before they can do more harm.

People were urged to maintain social/physical distancing, wash hands, wear face masks, avoid the crowds and not to go out unless emergency. Advocacy, demands and pressure campaigns mainly through the electronic media have been helpful to bring out the concerns of the CSOs. CSOs have also contributed to the Covid-19 response fund established by the Government of Nepal.

Different from other disasters, Covid-19 pandemic is almost everywhere and can infect everyone. It means, response or support has been necessary almost everywhere, although the hubs or hotspots are shifting. It also implies that CSOs' efforts are distributed or scattered. Apart from that, the scale of the disaster and effect and the subsequent need for resources and response is so high that the resources and capacity of the social sector was very much dwarfed. The resources and projects they have were provided with some flexibility of diverting their funds but they opportunity costs.

The efforts and contributions of the social sectors, civil society or CSOs have remained undocumented or there is not any robust mechanism to consolidate the data and information. For this reason, the visibility and an integrated information is unavailable to demonstrate the total picture. In fact, the CSOs have limitations in terms of making material contribution at the times of large scale and expansive disasters like Covid-19 pandemic.

Community based organizations have collaborated and supported the local governments in their efforts to contain and respond to the effects of coronavirus pandemic.

At the times of large-scale disasters and crises while massive government interventions are necessary, CSOs do not really have much resources to contribute. But what is important is the cooperation and support to the good initiatives of the government, voluntary actions and contributions wherever and whenever possible. Besides, it is the CSOs that watch and monitor the governments' actions and responses and play roles in making the governments transparent, accountable, responsive while safeguarding human rights and protecting lives. To this end, CSOs in Nepal have made good contribution.

Having utilized the digital media and technology such as Zoom, Nepali CSOs have massively got mobilized. CSOs continued interactions, information sharing and opinion building by inviting the political leaders, government authorities and officials so that they listen to the peoples' voices and take actions. The digital divide persists but such meetings have also been useful to reach the people far and wide.

CSOs have raised in different ways that the government should act responsibly to the Covid-19 crisis: in debates and discussion about SDGs, national plans and priorities, sectoral programs and the approaches in any development works. By aggressively raising the agenda of leaving no one behind and bringing forward the incidences of sufferings, discriminations and deprivations to the forefront, CSOs have called for the government action to protect the poor and the vulnerable.

Three major CSO networks namely NGO Federation of Nepal, Nepal Bar Association and Federation of Nepali Journalists have been monitoring the human rights situation as part of the human rights monitoring network led by NHRC. This has been an opportunity for the CSOs to raise human rights issues during the Covid-19 pandemic.

When the government on 18 October announced that test and treatment of Covid-19 would no long be free except for the poor, hundreds of CSOs and human rights activists came together to release press statements, make social media campaigns and criticize the government. The civil society initiatives like this can have very good long-term impacts in shaping government's policies and actions.

H. Proposals and Recommendations to Nepal Government

Considering the recent national and global situation, and the spirit of recent discourses and deliberations of the civil society and CSOs in Nepal, following proposals and recommendations are made to the Government of Nepal:

1. Seriously consider and address the disproportionate effect of the Covid-19 on women, gender minorities and LGBTIQ.
2. Make an impact and needs assessment of the Covid-19. Aligned with the principle of 'leaving no one behind,' create social safety nets for the groups and communities in order to protect the lives, livelihood and fulfill their rights and basic needs.
3. Reform and restructure the health infrastructure and systems in Nepal by learning in a way to be able to cope with the disasters and to make the health services accessible and affordable to all.
4. Adjust the baseline data and targets as per the impact assessment of the Covid-19 and adopt measures to accelerate the prevention, response, recovery, building back better and recovering better.

5. While some groups have been privileged to be less affected or to be benefited from the Covid-19 situation, others have lost. This is likely to push more people under poverty and deprivation and increase the inequality. So, introduce policies and measures with special packages to support the neediest and the most affected.
6. Taking into account the fundamental rights of the people to life and health and also respecting the court ruling, take the whole responsibility of prevention, testing, tracing and treatment of Covid-19.
7. Procure covid-19 vaccines and make sure that everyone is immunized free of cost.
8. Keep human rights at the core, both in addressing the Covid-19 pandemic as well as in development works including the implementation of SDGs.
9. Do not undermine the civil society participation and representation in the policy design, planning, implementation in general and in addressing Covid-19 in particular.
10. Involve and mobilize NGOs/CSOs in response and recovery from Covid-19.
11. Implement the recommendations of the human rights monitoring networks and other CSO mechanisms.
12. Localize the SDGs and build capacity of the local government for SDG localization as well as Covid-19 response. Initiate voluntary local reviews of SDGs.
13. Mobilize and harmonize private sector not only for the SDGs but also for Covid-19 response.
14. Introduce policies, programs and packages to revamp business, create jobs and provide relief.
15. Take alternative measures to lessen the harm caused by the closures of schools, particularly to the children deprived of information and communication technology and equipment.
16. Expedite labor-intensive disaster resilient infrastructure projects with an aim to create employment and to revive local economy.
17. Demonstrate increased commitment and action to safeguarding human rights, promoting good governance and expanding civic space.
18. Prioritize the SDG 16, data, right to information and transparency; and integrate human rights with SDGs as a means to ensure that no one is left behind;
19. Build meaningful collaboration and partnership with the CSOs with resource mobilization through CSOs;

I. Proposals and Recommendations to International Organizations

We deem and strongly recommend that the UN agencies, intergovernmental mechanisms, regional associations, and bilateral and multilateral organizations include the following proposals and recommendations in their priorities.

1. Enhance accountability mechanisms to hold the governments accountable in addressing the impacts of Covid-19 and respect to human rights and democracy.
2. Activate and make effective the regional cooperation forums including ASEAN and SAARC;
3. Ensure civil society participation and voices;
4. Increase grants and funding and cancel debts to the poor nations and LDCs.
5. Provide support and subsidies to the poor nations and economies for vaccination against covid-19.

6. Scale up the international cooperation to a higher level in order to help the developing countries, LDCs, and affected by Covid-19 pandemic.
7. Extend support with technology and equipment to help the poor countries fight the pandemic. The medical equipment, medicines and vaccines need to be subsidized to the poor economies and nations.
8. Be committed to international development cooperation in pursuance with the Paris Principles, Accra Agenda for Action and SDG17.
9. Support and enhance the capacity of CSOs so that civil societies remain vibrant and effective in their roles and also can contribute to and support government in social and economic development.
10. Support CSOs as partners in localization, advocacy and monitoring of the SDGs.

J. Proposals for Actions among CSOs at the National Level

Advocacy, campaigns, activities, plans and agenda of the CSOs should be focused on the following. While contributing from their capacity, CSOs should attempt to hold the government agencies and stakeholders accountable for the following issues and agenda:

1. Campaign and demand the government for greater accountability and responsiveness in the fight against covid-19, for valuing health and life of the people and making health services and support system accessible and affordable to all.
2. Generate data, produce cases studies and knowledge to complement in bringing out the real picture of the situation of women, children, youth, Dalit, poor, and other marginalized sections of the people, and accordingly make demands and hold the concerned stakeholders accountable to improve the situation of the group of the people left behind.
3. Generate data and evidence about the impact of the Covid-19 pandemic on the poorest, and marginalized and vulnerable people; design and implement advocacy to address the same.
4. Monitor the management and approach of the federal, province and local governments in dealing with Covid-19 pandemic mainly from human rights and governance perspectives and play the watchdog role to hold the governments accountable.
5. Make advocacy to readjust the economic policies and introduce targeted programs in order to address the inequality that is expected to rise in the post-Covid-19 situation.
6. Work with and support the local governments in planning and integrating SDGs.
7. Strengthen relationships and networks with the likeminded international networks and organizations in order to advance common agenda and to foster mutual cooperation and support.
8. Strengthen CSO networks and forums to create synergy to influence regional and global forums, agencies and mechanisms, to make the national governments and institutions more committed and accountable to human rights, democracy, good governance, and rule of law;
9. Raise that LDC status, the effect of Covid-19, increased vulnerability and challenges in Nepal means an ever more need of the development cooperation and partnership;
10. Develop broader coalitions, common understanding and enabling environment for synergy with private sector as well as cooperatives;

11. Devise ways to harmonize and streamline private sector engagement and its social and economic contribution towards recovering from Covid-19 and meeting the SDGs.

K. Proposals for Actions among CSOs at the Regional and Global Levels

1. Support CSOs to build coalitions and networks, to create forums to share ideas, lessons and common principles, and to cooperate each other to improve and expand the civic space;
2. Build capacity of the CSOs to understand and analyze the issues and problems that impact them and make evidence-based advocacy, campaign and change the socio-political environment in their favor;
3. Help the local/national CSOs to improve and enhance their own transparency, accountability and governance systems so that they grow stronger, become more credible and influential;
4. Increase funding available and accessible to national CSOs and allocate more aid to channel through CSOs and to increase assistance to ensure free immunization against covid-19;
5. Scale up the international cooperation to a higher level in order to help the developing countries, LDCs, and affected by Covid-19 pandemic.
6. Extend support with technology and equipment to help the poor countries fight the pandemic. The medical equipment, medicines and vaccines need to be subsidized to the poor economies and nations.
7. Be committed to international development cooperation in pursuance with the Paris Principles, Accra Agenda for Action and SDG17.
8. Support and enhance the capacity of CSOs so that civil societies remain vibrant and effective in their roles and also can contribute to and support government in social and economic development.
9. Support CSOs as partners in localization, advocacy and monitoring of the SDGs.