



Research on Impact of COVID-19 Pandemic on
**Socio- Economic and
Health Aspects of
LBTI People in Nepal**

www.mitininepal.org.np





Research on Impact of
COVID -19 Pandemic on
**Socio- Economic and Health
Aspects of LGBTI people in Nepal**

— Published by —



— Supported by —



FOREWORD



The lives and livelihoods of many in the Lesbian, Bisexual, and Transgender and Intersex (LBTI) community are at greater risk amidst the COVID-19 crisis. In this backdrop, the pandemic remains a global public health crisis which eventually inflicts socio-economic and health challenges across the globe. LBTI individuals continue to experience stigma, discrimination, and violence based on sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC), and face high barriers particularly in accessing socio-economic and health related rights.

The Constitution of Nepal has guaranteed sexual and gender minorities rights which includes right to have citizenship, right to equality and right to social justice among others. However, the government has not specified anything for the sexual and gender minorities' community that addresses their situation during the pandemic. On this situation as a minority group seeks a special concern, humanitarian aid and support, but there is not any systematic research conducted to understand COVID 19 impact on socio-economic and health status of LBTI community in Nepal. There is huge data gap as homosexuality remains taboo in Nepal and plans for a more specific and detailed survey is lacking. The pandemic has had tremendous impacts on gender and sexual minorities as many community members belong to employees in informal sector and daily wage laborers who have lost their jobs due to the pandemic resulting into poor socio-economic condition. Similarly, the community have been neglected in efforts to advance sexual and reproductive health and rights including medication treatment as hormone therapy and are more vulnerable to sexually transmitted diseases like HIV AIDS. They are being disowned by their families due to the sexuality and gender identity and are facing many problems because of the lack of social security. Hence, in order to address the exclusion of all vulnerable population, it is important to understand their needs, vulnerabilities and capabilities during the COVID-19 outbreak.

In order to understand such crisis situation, Mitini Nepal has conducted this study on three provinces with 165 respondents which has become a tool of evidence for us. It is also carried out to create pressure on government for necessary preparations during any sorts of pandemic in future and help to enact strong legislation to ensure the sexual and gender minority's rights and protect their dignity.

Mitini Nepal is thankful to the LGBTQ community members, executive board members, staff, volunteers, network partners and especially to Himal Innovative Development and Research Pvt.Ltd. for their immense support for the conduction of this study. Together we will move forward better, envisioning a better world for LGBTQ with fulfillment of human rights.

Thank You!

A handwritten signature in black ink, appearing to read 'Laxmi Ghalan', with a horizontal line underneath.

Laxmi Ghalan
Chairperson
Mitini Nepal

ABBREVIATION

| | | |
|-----------------|---|--|
| COVID 19 | : | Corona Virus Disease 2019 |
| HIV/AIDS | : | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| ILO | : | International Labor Organization |
| KII | : | Key Informants Interview |
| LBTI | : | Lesbian Bisexual Transgender Intersex |
| LGBTI | : | Lesbian Gay Bisexual Transgender Intersex |
| NGO | : | Non-Governmental Organization |

CONTENTS

Executive Summary

Section 1: Introduction and Methodology

| | | |
|-------|---|---|
| 1.1 | Introduction | 1 |
| 1.2 | Rational of the Study | 2 |
| 1.3 | Objective | 2 |
| 1.4 | Methodology | 2 |
| 1.4.1 | Research Design | 2 |
| 1.4.2 | Desk Review | 3 |
| 1.4.3 | Survey Population and Sampling | 3 |
| 1.4.4 | Key Informant Interviews | 4 |
| 1.4.5 | District Level Consultation | 4 |
| 1.5 | Guiding Checklist and Questionnaire | 5 |
| 1.6 | Limitation of the Study | 5 |
| 1.7 | Orientation to the Research Associates | 5 |
| 1.8 | Analysis of Data | 5 |
| 1.9 | Final Write Up and Finalization of Report | 5 |
| 1.10 | Quality Assurance | 5 |
| 1.11 | Ethical Consideration | 6 |

Section Two: Legal Review on the Rights of LGBTI Community in Nepal

| | | |
|-----|--|----|
| 2.1 | Overview of Law | 7 |
| | The Constitution of Nepal | 8 |
| 2.2 | Legislative measures | 9 |
| | Legislation that protect rights of LGBTI community | 10 |
| | Directives and Standards | 11 |
| | Institutional Mechanism to prevent and Respond COVID-19 Impact | 13 |

Section Three: Analysis and Findings

| | | |
|-------|---|----|
| 3.1 | Demographic Information | 14 |
| 3.1.1 | Socio-Demographic Profile | 14 |
| 3.1.2 | Geographical Diversity | 14 |
| 3.1.3 | Caste/Ethnicity | 15 |
| 3.1.4 | Age Group and Gender Identity of Respondents | 15 |
| 3.1.5 | Educational Status | 15 |
| 3.2 | Economic Impacts | 16 |
| 3.2.1 | Income source of family | 16 |
| 3.2.2 | Occupation of Respondents | 16 |
| 3.2.3 | Status of Income | 17 |
| 3.2.4 | Job-loss and impact on monthly income due to Lockdown | 17 |
| 3.2.5 | Impact on employment during lockdown | 18 |
| 3.2.6 | Post lockdown | 19 |
| 3.2.7 | Family Status | 20 |
| 3.3 | Social Impact/ Livelihood | 20 |
| 3.3.1 | During lockdown | 21 |
| 3.3.2 | Family Behaviour | 22 |
| 3.3.3 | Social Stigma | 23 |

| | |
|--|----|
| 3.3.4 Relief Packages/Materials | 24 |
| 3.4 Health Impacts | 25 |
| 3.4.1 COVID Test | 25 |
| 3.4.2 Pre-existing Health Conditions | 26 |
| 3.5 Recommendation provided by the Respondents | 28 |

Section 4: Conclusion and Recommendation

| | |
|---------------------------|----|
| 4.1 Conclusion | 29 |
| 4.2 Recommendations | 30 |

Annexes

| | |
|-----------------------------------|----|
| 1. Feminist Framework | 32 |
| 2. List of KI participants | 33 |
| 3. List of FGD participants | 33 |
| 4. Survey questions | 36 |
| 5. Guiding checklist | 41 |

| | |
|-------------------------|----|
| References | 42 |
|-------------------------|----|

LIST OF FIGURES

| | |
|---|----|
| Figure 1 Age Group | 14 |
| Figure 2 Caste/ Ethnicity | 15 |
| Figure 3 Gender Identity | 15 |
| Figure 4 Educational Background | 15 |
| Figure 5 Family Main source of Income | 16 |
| Figure 6 Occupation | 16 |
| Figure 7 Monthly Income | 17 |
| Figure 8 Job loss and Hamper due to lockdown | 18 |
| Figure 9 In what condition you lose your job? | 18 |
| Figure 10 Impact on Income | 19 |
| Figure 11 Did you receive income during lockdown? | 19 |
| Figure 12 Are you going to work regularly after lockdown? | 19 |
| Figure 13 Living status | 20 |
| Figure 14 In case of loan from landlord, what were the conditions applied? | 21 |
| Figure 15 Did you receive relief materials during lockdown? | 24 |
| Figure 16 Where did you receive relief packages from? | 24 |
| Figure 17 COVID 19 Test | 26 |
| Figure 18 COVID 19 Result | 26 |
| Figure 19 Pre-existing Health Disease | 26 |
| Figure 20 Discrimination in Health service | 27 |
| Figure 21 Were you able to use hormone therapy during lockdown? | 27 |

LIST OF TABLES

| | |
|---|----|
| Table 1 List of documents | 3 |
| Table 2 COVID-19 related Key Directives and Plan of Actions | 11 |
| Table 3 Expense Management Strategy during lockdown | 21 |
| Table 4 Family Behavior during lockdown | 22 |
| Table 5 Problems encountered during lockdown | 22 |
| Table 6 Recommendation provided by Respondents to various Stakeholders | 28 |

EXECUTIVE SUMMARY

COVID-19 pandemic outbreak remains a global public health emergency with a high mortality rate that is inevitably causing health and socio-economic problems around the world. People in the LGBTI group face a lot of prejudice because of their gender and sexual orientation, and they are insecure in both public and private life. The LGBTI population has been impacted by the pandemic, making them more vulnerable to suffering in this unprecedented situation. During the pandemic, the Nepal government has taken no concrete measures to remedy the LGBTI community's condition.

The study used a mixed method research technique to gather data from targeted research respondents, using both quantitative and qualitative methods. A standardized questionnaire was used to collect quantitative data from LGBTI people using the KOBO toolbox. The qualitative information were collected through participatory data collection approaches such as Key Informant Interview (KII), In-depth interview, group discussion and collection of specific cases (case study). The study covered three provinces: Province-1, Bagmati Province, and Lumbini Province; KII was conducted with 10 primary informants, 59 respondents participated in three district-level consultations, and 165 respondents approached across the three provinces for the survey. Secondary data/information relevant to the research objective was also gathered from relevant literatures to understand the legal, social, and political background of LGBTI people, in addition to these key approaches to primary data collection.

For the KIIs, consultation with relevant stakeholders, and a sample survey of LGBTI citizens, a guiding checklist and standardized questionnaire were developed. Due to time and resource constraints, the study has a limited sample size reflecting the LGBTI people, as well as a geographical restriction to the regions of Nepal. This makes it difficult to extrapolate the study's results and observations to a broader population. The KOBO toolbox was specifically used for data collection and interpretation during the survey and data analysis. Mobile devices, such as phones and tablets, as well as paper and computers, were used to collect data. As part of Monitoring and Evaluation, the team worked out on the progress of the task, the initial lesson learned, problems and opportunities from the field as they came in, and reviewed the overall progress of the assignment. To ensure meaningful engagement in the KII, Consultation, and survey, a Chatham House rule was used. To ensure these values, the study team acquired verbal consent from all respondents during the sample surveys and main informant interviews, maintaining their anonymity, privacy, and confidentiality.

Section two digs down at the legal and response interventions of Corona Virus (COVID-19) related guidelines and action plans implemented by the Nepal government, and the role of the supreme courts in protecting LGBTI rights during the lockdown period. From article 16 to article 48 of Nepal's constitution, fundamental rights are guaranteed. Some of these rights are similar to the rights of specific groups or cultures, while others are only available to Nepalese citizens. There are other various rights that are also applicable for the people of LGBTI community or Gender and sexual minority. Amongst all, Article 16: Right to live with Dignity, Article 17 (f): Right to freedom to practice any profession, Article 18: Right to Equality, Article 24 (4): Right against discrimination at workplace, Article 29: Right against Exploitation, Article 33: Right to Employment, Article 34: Right to Labor, Article 38: Rights of Women, Article 39: Rights of Child and Article 43: Right to Social Security. The following fundamental rights are also equally important for the protection and safety of LGBTI community in the times of lockdown; Article 35: Right relating to Health, Article 36: Right relating to food, Article 37: Right to Housing and Article 42: Right to social Justice. In addition to these the Directive Principle and State Policies also provide certain advisory provisions under Article 51 (i): Policies relating to labour and Employment and Article 51 (j): Policies relating to social justice and inclusion.

There seems to be no specific legislations for protecting the rights of the LGBT community. Nonetheless, there are a range of laws that relate directly or indirectly to the prevention and response to COVID-19's effect on ordinary people and groups of vulnerable communities. The diligent implementation of legal requirements is critical for implementing an efficient COVID-19 prevention and response program and plan of action. There are numerous other obstacles to effectively enforcing such laws. Generally, there are no administrative mechanisms or programs in place as per the law. Also legislatively mandated institutional frameworks have not been created or made operational.

By adopting targeted guidelines and directives, the Government of Nepal's response plan, guidelines, and directives have resolved the issue of gender-based violence against women and girls, people with disabilities, marginalized communities, and people at risk of gender-based violence to some extent. However, these laws, guidelines, and plan of action failed to consider the intersectional impact of COVID-19 on the LGBTI people, as well as discrimination perpetuated by patriarchal beliefs and norms toward women in general.

The majority of the respondents came from Bagmati Province, Province 1 and Lumbini Province, and they mostly lived in urban and sub-urban areas, with just a few living in rural areas. According to the respondents' profiles, janajati

had a sizable presence in this group. According to the surveys, the vast majority of the respondents only have a high school degree or less. It has been noted that the LGBTI community's educational background appears to be very poor.

According to the survey, the majority of the respondents' family income came from informal sources such as agriculture, regular wages, and small business. Only a small percentage of respondents' family revenue comes from a government job, a pension, or some other type of formal employment. According to the surveys, only a small percentage of members of the LGBTI group work for the government or an NGO. COVID-19 had a significant impact on the majority of professions held by the LGBTI group, including the entertainment industry, hospitality-related occupations, and sex work. In general, 55% of respondents made minimum wage or more before lockdown. However, a significant majority of respondents (32.12 percent) were receiving less than the government's minimum wage.

The consultation revealed that LGBTI people were more likely to be unemployed and poor than the general population, particularly during lockdown. According to the survey, the majority of people in the LGBTI group own their own business, and many of them work in the informal sector without access to social protections such as paid sick leave, unemployment benefits, and other services. According to survey surveys, 78.1 percent of respondents return to work on a daily basis after the lockdown, while 14.5 percent do not. Basically, those who had their own micro business/enterprises they got back to work, but who were in entertainment sectors, they could not get back to job because these businesses were badly shattered by lock down.

Few people from this community have been found to be living in rent or living in the workplace. People in this group continue to hide their identities, which is why they are still found living alone. As a survey, their surrounding cultures often humiliate them solely because of their gender identity and sexual orientation

LGBTI societies were found to be badly impacted by COVID-19, during the discussion it is found that majority of them were unable to meet their basic needs, pay their rent, and were jobless. The data reveals that most people took out loans during the lockdown, which could lead to forced labor and vulnerability in the future. This surveys in a slew of factors that make jobs more vulnerable to sex trafficking, all of which are likely to worsen during and after the COVID-19 crisis.

Members of the group have been subjected to constant violence and bigotry as a survey of family and societal animosity, as well as state discriminatory policies. Many LGBTI people were trapped in hostile settings with unsupportive family members or people who shared the home due to stay-at-home constraints, raising their vulnerability to abuse and making them feel insecure and depressed.

Just a few members of this LGBTI group had obtained relief packages from local NGOs. During the lockdown, it was discovered that many members of the LGBTI group were living in severe poverty, had no food, and the municipal budget had been diverted to other uses.

During the study, respondents stated that they had been discriminated against because of their sexual orientation or gender identity/expression. This discrimination will make LGBTI people more vulnerable to COVID-19 and treatment of LGBTI people, including HIV treatment and testing, was often disrupted or deprioritized due to overburdened health systems during the pandemic's roar. Since COVID-19 had such a severe impact on everyone, the primary study found that the LGBTI population was similarly impacted during the lockdown and had difficulty accessing health care.

During the lockdown, members of this group were forced to deal with mounting mental health issues while living with families who refused to acknowledge their identity as LGBTI. Inequity in healthcare coverage and social security for society's most marginalized members has resurfaced at a critical time for the LGBTI community, who are particularly vulnerable to the pandemic and its social consequences. Participants in the consultation stated that the LGBTI group had trouble accessing health facilities while the lockdown was in full force, and that they still feel excluded and segregated in all public spaces.

The consequences of the COVID 19 pandemic have led to rise in the number of self-harm and suicide and most of them are been disowned by their families and ostracized by the society. These people are stigmatized and excluded also from the formal and informal job market living them unemployed. The LGBTI community members have been going through financial crisis which have led them deprive of their basic needs as food, rent including other essentials. Furthermore, factors such as caste, class, and gender play a major role in shaping attitudes towards sexuality and visibility in Nepal. In a country still shrouded by the caste system and driven by ethnic identity politics, a discourse on sexual identity seems to be less of a priority within the community and in concerned stakeholders. Despite official recognition and the lack of open condemnation of homosexuality in social mores, family pressure and social expectations still force most people into not coming out and getting married against their will or desire to persons of the opposite sex. The study has provided recommendations to the government of Nepal, local tiers of government and civil society for legal measures; policy, directives, guidelines and standards; plan of action; resource to implement law and policies; monitoring evaluation and learning mechanism including advocacy and awareness program.

Section 1

INTRODUCTION AND METHODOLOGY

1.1 INTRODUCTION

Nepal remains the first country in South Asia which recognizes gender and sexual minorities' rights by its constitution, the Supreme Law of the country.¹ In the last two decades there have been extraordinary political victories for LGBTI advocacy, most prominently through a Supreme Court ruling in December 2007 that promoted the human rights of LGBT people including anti-discrimination and explicit recognition of the transgender people.² Nepal has made a significant stride in achievements of LGBTI rights; The Constitution of Nepal, has adopted several articles about LGBTI rights, such as Article 12 which includes right to citizenship by descent that represents their preferred gender identity Similarly, Article 18 addresses equality rights, stating that the government would not "discriminate [against] any people based on birth, faith, ethnicity, caste, tribe, sex, gender, language, ideological belief, or any other position". Article 18 also emphasizes on Positive Discrimination for the protection, empowerment, or advancement of the interests of socially and culturally deprived women, Dalits, indigenous peoples, tribes, Madhesi, Tharu, Muslim, ethnic minorities, backward classes, minorities, oppressed, farmers, employees, youth, children, senior citizens, *gender and sexual minorities*, handicapped, and farmers, workers, youth, children, senior citizens, gender and sexual minorities, handicapped persons, pregnant, disabled or helpless, people belonging to backward regions and economically disadvantaged citizens.

Article 42 includes "gender and sexual minorities" as one of the classes that shall have the right to participate in state structures and public services to uphold the principle of inclusion as per the constitution.

Despite these provisions, there are many legal arrangements that are of discriminating nature against the LGBTI people on the basis of their gender identity and sexual orientation and often marginalize them due to the lack of equal opportunities and space in reality.

Accordingly, the whole world has been under scrutiny due to COVID-19 and the nation has faced a horde of humanitarian crises during its three month long government imposed lockdown and as a result it has led to huge increment in the number of suicide and self-harm cases.

According to the ILO, more than 100 million people have lost their jobs because of the pandemic. As a result, a substantial number of jobs in middle-income and lower-middle-income countries are affected, causing serious economic instability through major impediments in global supply chains. Employees in informal sector, such as daily wage labors and seasonal workers, have lost majority of their jobs. Similarly, trade and industry are at risk of closure, with MSME's being the hardest hit since their companies are being hampered by COVID-19. Effective and productive measures must be in place and enforced with strict re-enforcement plans by the government in order to accelerate the trade and economic sectors, which will act as relief packages to the poor.³

1. Art 18 of the Constitution of Nepal, (2015)

2. Sunil Babu Pant vs Government of Nepal, (N.K.P.2065, Decision number 7956, issue 4,

3. International Labor Organization, Country Office Nepal & Work for Freedom Project and Integrated Programme on Fair Recruitment. (2020, June). *Impact of Covid-19 on Nepali Migrant Workers: Protecting Nepali Migrant Workers During the Health and Economic Crisis*. ILO. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-kathmandu/documents/briefingnote/wcms_748917.pdf

However in this context no systematic research has been conducted to understand the impact of COVID 19 on socio-economic and health status of LGBTI community in Nepal. Hence, there was no proper understanding among right activists, and policy makers about the socio-economic and health challenges that had faced by the LGBTI community during the COVID-19 lockdown and post-lockdown period.

In this context, Mitini Nepal with the technical support from Himal Innovative Development and Research Pvt Ltd conducted the study on the COVID 19 Socio Economic and Health Impact on the Lives of LGBTI people and produce a comprehensive evidence-based report. The study team was led by Ms. Indu Tuladhar, advocate well known as a feminist policy analysts and was accompanied by Mr. John Jha, researcher, Bachelors in Social Work.

1.2 RATIONAL OF THE STUDY

People from LGBTI community are highly discriminated on the basis of their gender and sexual orientation and are vulnerable in the spheres of their public and private life. In this backdrop COVID 19 pandemic outbreak remains a global public health crisis with high mortality rate eventually inflicting health and socio-economic challenges across the globe. This pandemic has also affected the lives of LGBTI community and has made it more vulnerable to suffer in this unprecedented situation. Nepal Government has not made any effective decisions that address the situation of the LGBTI community during the pandemic. Thus, LGBTI as a minority group seeks a special concern, humanitarian aid and support but the Nepal government has not specified anything for this community including other minorities.

Amidst this scenario, Nepal government has not given any way forward or any other special actions to address the needs of this community. The state has not exerted any effort to learn about the situation of the LGBTI or other underprivileged groups which had led their condition to worsen because of the lack of support by the government. None of the research studies and reports have been made in order to dissect the overall impact of COVID-19 pandemic has had on LGBTI community and other susceptible and minority groups. As governments look for ways to deal with the economic and political consequences of the pandemic, ignoring the LGBTI people, not just to the individuals concerns but also for nation as a whole. No economy can achieve its full potential without ensuring the full and equal participation of its people.

On this concern, the organization is committed to produce gender mainstreaming resources, tools and guidelines and also resolve the existing data gaps surrounding LGBTI individuals' lived experiences, for future use in developing advocacy mechanisms. This study report will be base for advocating for the inclusion of LGBTI individuals in policy and decision-making processes during and beyond the COVID-19 pandemic. This study report will produce a gender mainstreaming resources, tools and guidelines and also resolve the existing data gaps surrounding LGBTI+ individuals' lived experiences, for future use in developing advocacy mechanisms as such.

1.3 OBJECTIVE

The objective of this research was to;

- a. To explore the socio-economic and health impact of COVID 19 on lesbian, bisexual, transgender and intersex person (LGBTI).
- b. To produce and provide evidence based report and recommendations to multi-sectorial actions to be consider in the policy, institutional, programmatic or financial levels to ensure gender responsive and transformative COVID-19 responses.

1.4 METHODOLOGY

1.4.1 Research Design

Study methods and tools were designed carefully, to reach out LGBTI community to get their primary experiences. Among the LGBTI community also, efforts were made to collect the experience of LGBTI people from diverse community and groups, i.e. Dalit, marginalized groups, ethnic group and so forth. The study adopted mixed method research methodology applying both quantitative and qualitative approaches of data collection from targeted research respondents. The quantitative data were collected from LGBTI persons using a structured questionnaire through KOBO toolbox. Likewise, the qualitative information were collected through participatory data collection approaches such as Key Informant Interview (KII), In-depth interview, group discussion and collection of specific cases (case study). Besides these key approaches of primary data collection, secondary data/information relevant to research purpose also gathered from relevant of literatures to understand the legal, social and political context of LGBTI people. The

information collected through secondary literature helped to triangulate the information during the analysis of findings. During the design process of study, study team consciously made efforts to employ feminist research tools. (Tools is available in Annex (1) Further details are explained below.

1.4.2 Desk Review

A desk review was conducted for understanding the relevant documents, including the 2015 Constitution of Nepal, international instruments, Supreme Court decisions, and research report related to COVID 19 etc. The desk review supported to research team to understand the overview of legal, social and political context of LGBTI people in Nepal. During the desk review feminist critical approach was employed.

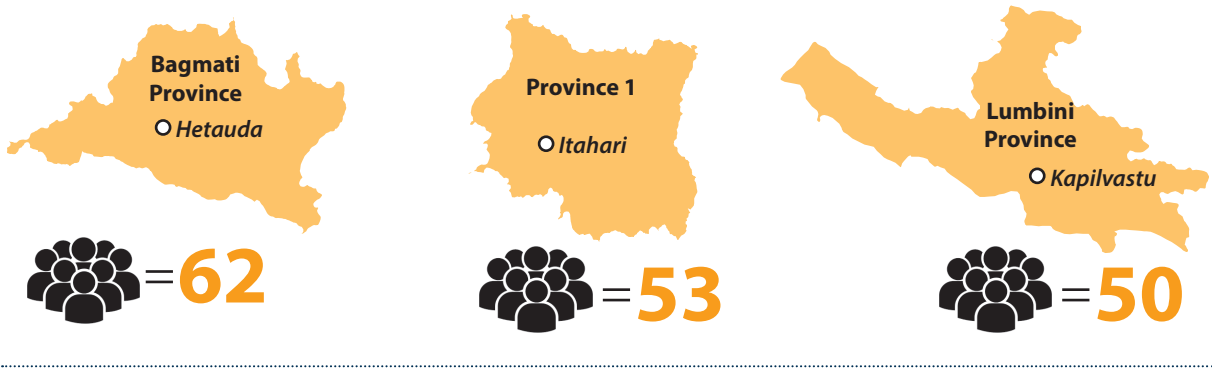
Table 1: List of documents

| | |
|---|---|
| The Constitution of Nepal | <ol style="list-style-type: none"> 1. Article 34 Right to Labour 2. Article 10: Not to deprive of citizenship, 3. Article 12: Right to citizenship 4. Article 16: Right to live with dignity, 5. Article 17 (f): Right to freedom to practice any profession, 6. Article 18: Right to equality, 7. Article 24 (4): Right against discrimination at workplace 8. Article 29 Right against Exploitation 9. Right to participate in state mechanism |
| Legislation | <ol style="list-style-type: none"> 1. Public Health Act, 2074 2. Right to Safe motherhood and Reproductive Health Act 2075 3. The Right to Housing Act, 2018 4. The Right to Food and Food Sovereignty Act, 2075 (2018), 5. The Social Security Act, 2075 (2018), 6. Right to Employment Act, 2075 (2018) 7. Crime Victim Protection Act, 2075 (2018) 8. Domestic Violence (Offense and Punishment Act, 2066 (2009) 9. Human Trafficking and Transportation Control Act, 2064 (2007) 10. Labour Act, 2074 (2017) 11. Local Governance Operation Act, 2074 (2017) |
| COVID 19 related Key Directives & Plan of Action | <ol style="list-style-type: none"> 1. Health Safety Protocol 2. Guidelines for Disability Stakeholders in the Campaign against COVID 19 Pandemic 2077 3. Health Sector Emergency and Response Plan COVID 19 pandemic 4. Security Measures for Managing Lockdown 2077 5. Student Learning Facilitation Guide from Alternative Measures 2077 6. Monitory Policy 2077/078 <p>(Additional list is available in section 2)</p> |

1.4.3 Survey Population and Sampling

As there was no formal record of LGBTI population, hence, the purposive sampling methods was adapted to select sample of LGBTI people for this study. The sample was selected from working districts and provinces of Mitini Nepal. Total 165 LGBTI people from three provinces such as Bagmati, Province-1 and Lumbini were consulted as primary respondent of survey. The total 165 number of sample was divided to three provinces on the basis of the approximate population of LGBTI people. In total, 62 samples from Bagmati province, 53 from Province No 1 and 50 from Lumbini were collected. Selection of LGBTI people as respondent was done purposively through consultation with concerned organization working in the field of LGBTI people. Further, the snowball sampling approach was applied to get access to

meet respondents from previously identified LGBTI people. From these primary respondents, the data were collected through using structured questionnaires. Similarly, few events of KII and in-depth interview in three provinces were also carried to selected LGBTI person depending on the nature of respondents.



1.4.4 Key Informant Interviews

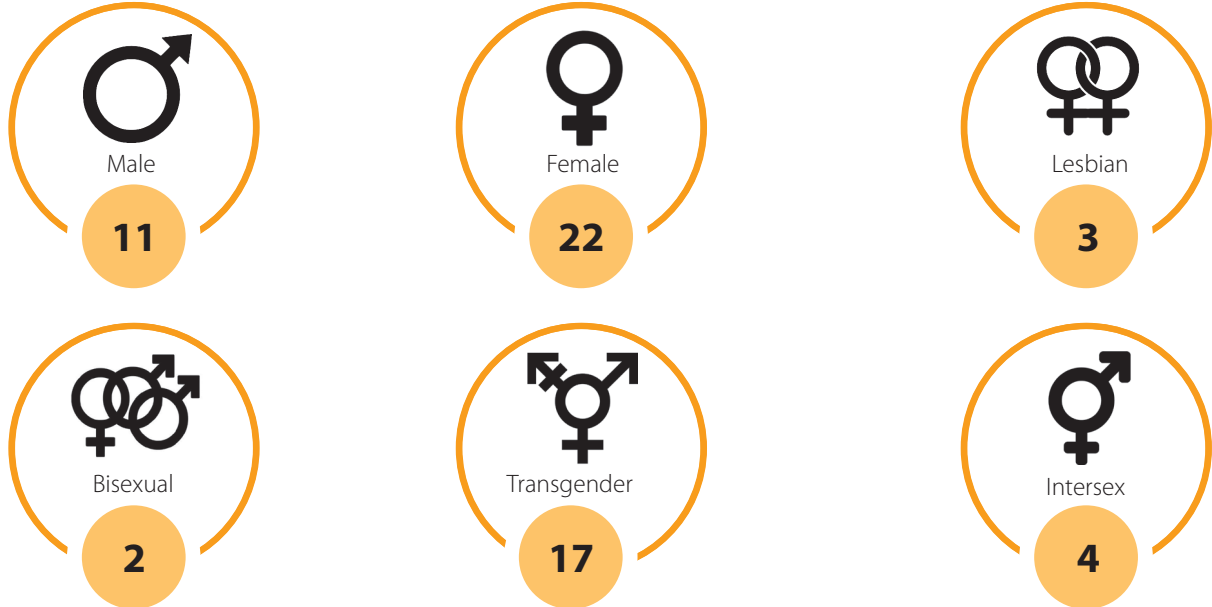
Besides these primary respondents, the research also collected data/information from representatives and members of concerned agencies working in the areas of LGBTI. For this purpose, data collected from representative of government agencies (Local governments), member of NGOs working in the field of LGBTI, human rights activists, media personnel, legal aid providers, and other concerned people connected with the issues of LGBTI in all three provinces and their districts.

Adopting an inclusive approach, KIIs were conducted with 10 relevant stakeholders working for the benefit of LGBTI community, government officials and media to identify the prevalent issues and impacts of the pandemic and their response from the government. (List of KII in annex 2). Among them, 6 were male and 4 were female despite the fact none of them were from this LGBTI community. However, in order to receive the primary experience of this community the study team applied the snow-ball method to identify Key Informants from LGBTI community. Hence, in the process of the KII, the experiences of the LGBTI community were not reflected.

1.4.5 District Level Consultation

59 respondents were consulted from three different districts considering all the safety precaution in order to explore the socio-economic and health impact of COVID 19 faced by LGBTI people. The consultation adopted participatory approach and was conducted among the civil society organizations, elected representatives, and government officials of all three districts. The respondents were :

(List of District level consultation in Annex 3)



1.5 GUIDING CHECKLIST AND QUESTIONNAIRE

A guiding checklist and structured questionnaire were prepared for conducting the KIIs, Consultation among the relevant stakeholders and sample survey of LGBTI people. The guiding checklist and questionnaire were semi structured employing both open ended and close ended questions to gather quantitative as well as qualitative data. The questionnaires were based upon the research objectives that explored the information related to demographic, social, political, and economic and health status of LGBTI people including the impact of COVID-19 in their socio-economic and health status. Further, the final structured questionnaires were uploaded in KOBO Toolbox (a mobile application of data collection), and data were collected digitally through mobile device.

(The guiding checklist and the questionnaire can be found in Annex 4)

1.6 LIMITATION OF THE STUDY

The limitation of the study is its small sample size representing the LGBTI people as well as its geographical restriction to the regions of Nepal, owing to time and resource constraints. This prevents the study to generalize its outcomes and findings over a larger population. Despite these limitations, the study will help highlight the issues faced by LGBTI people during the pandemic which can be indicative to initiate policy debates and reform around addressing their issues. As a precautionary measure against the pandemic, the research will be conducted via online communication portals which may pose some difficulties in extracting minute information. The study cannot reach out further to various other micro-sections (apart from those stipulated above) within the entertainment sector owing to time constraints of the study and health safety constraints of the ongoing pandemic.

1.7 ORIENTATION TO THE RESEARCH ASSOCIATES

The study team provided a half-day orientation to the research associates and local enumerators including the implementation partners of Mitini Nepal. The orientation was focused on clarifying the questionnaires, methodologies (data collection tips and tricks, what to do, what not to do) and provide insights of the programme in order to generate data for the study.

1.8 ANALYSIS OF DATA

All qualitative and quantitative data were synthesized to prepare the reports. This was accomplished by first transcribing the information and discussions from the KII and sample surveys, followed by a systematic and thematic analysis by identifying patterns in the data. The narrative passages were used to interpret and determine the meaning of themes and patterns that conveyed the findings of the analysis.

During the survey and analysis of the data KOBO toolbox was explicitly used for data collection and data analysis. Data were collected using mobile devices such as mobile phones or tablets, as well as with paper or computers

KOBO tool box has been used in this study because data can be collected online or offline which served both the respondents and user's purpose. Along with that it safeguards against data loss even on very long interviews/survey's. Further, data is immediately available right after it's collected.

1.9 FINAL WRITE UP AND FINALIZATION OF REPORT

Consultant build on the write-ups of the outcomes from above described processes. References from the proceedings of both qualitative and quantitative data were derived from the KII, sample survey, and desk review of documents was taken as appropriate. As mentioned in the objectives of the study, the study strive to provide recommendation to multi-sectorial actions to be consider in the policy, institutional, programmatic or financial levels to ensure gender sensitive and responsive COVID-19 responses.

1.10 QUALITY ASSURANCE

A comprehensive work plan with delegated tasks and responsibilities to the Mitini Nepal team and study team was the main instrument for quality assurance and monitoring of the assignment's processes and contents. A detailed work plan was developed, including meetings, orientation to the surveyors, questionnaire review, data analysis

and report writing, and process completion. Daily meetings with the project staffs ensured quality management of the entire study. There were also face-to-face meetings, email updates, and phone calls. The Mitini Nepal was kept up to date on the progress, and feedback/inputs were obtained during the process, aligning expectations as new insights were gained as the study progressed. As part of Monitoring and Evaluation, the team worked out on the progress of the task, the initial lesson learned, problems and opportunities from the field as they came in, and reviewed the overall progress of the assignment. These factors contributed to the assignment's process openness and strengthened cooperation between the research team and the targeted groups.

1.11 ETHICAL CONSIDERATION

The study team ensured that all the sampled and selected respondents were prior-informed about the purpose of the study. The study team adhered to the Chatham rules. A Chatham House rule was applied to ensure participants meaningful engagement in the KII, Consultation and survey. The study process explicitly mentioned about being open and open minded to hear the views expressed from the participants. The study team ensured that none of the participants' views were articulated bluntly or clumsily and urged to communicate in a respectful way and to listen to any feedbacks and support fellow participants by being fair and respectful in dealing with other participants and study team.

In order to ensure these principles, the study team seeks out informed and verbal consent from all the respondents ensuring their anonymity, privacy and confidentiality during the sample surveys and key informant interviews. Furthermore, consent was sought from the respondents to take their interviews and discussions for the reporting purpose. The survey was voluntary and participants had free to withdraw from the survey for any given reason.



People from LGBTI community are highly discriminated on the basis of their gender and sexual orientation and are vulnerable in the spheres of their public and private life. In this backdrop COVID 19 pandemic outbreak remains a global public health crisis with high mortality rate eventually inflicting health and socio-economic challenges across the globe. This pandemic has also affected the lives of LGBTI community and has made it more vulnerable to suffer in this unprecedented situation. Nepal Government has not made any effective decisions that address the situation of the LGBTI community during the pandemic. Thus, LGBTI as a minority group seeks a special concern, humanitarian aid and support but the Nepal government has not specified anything for this community including other minorities.

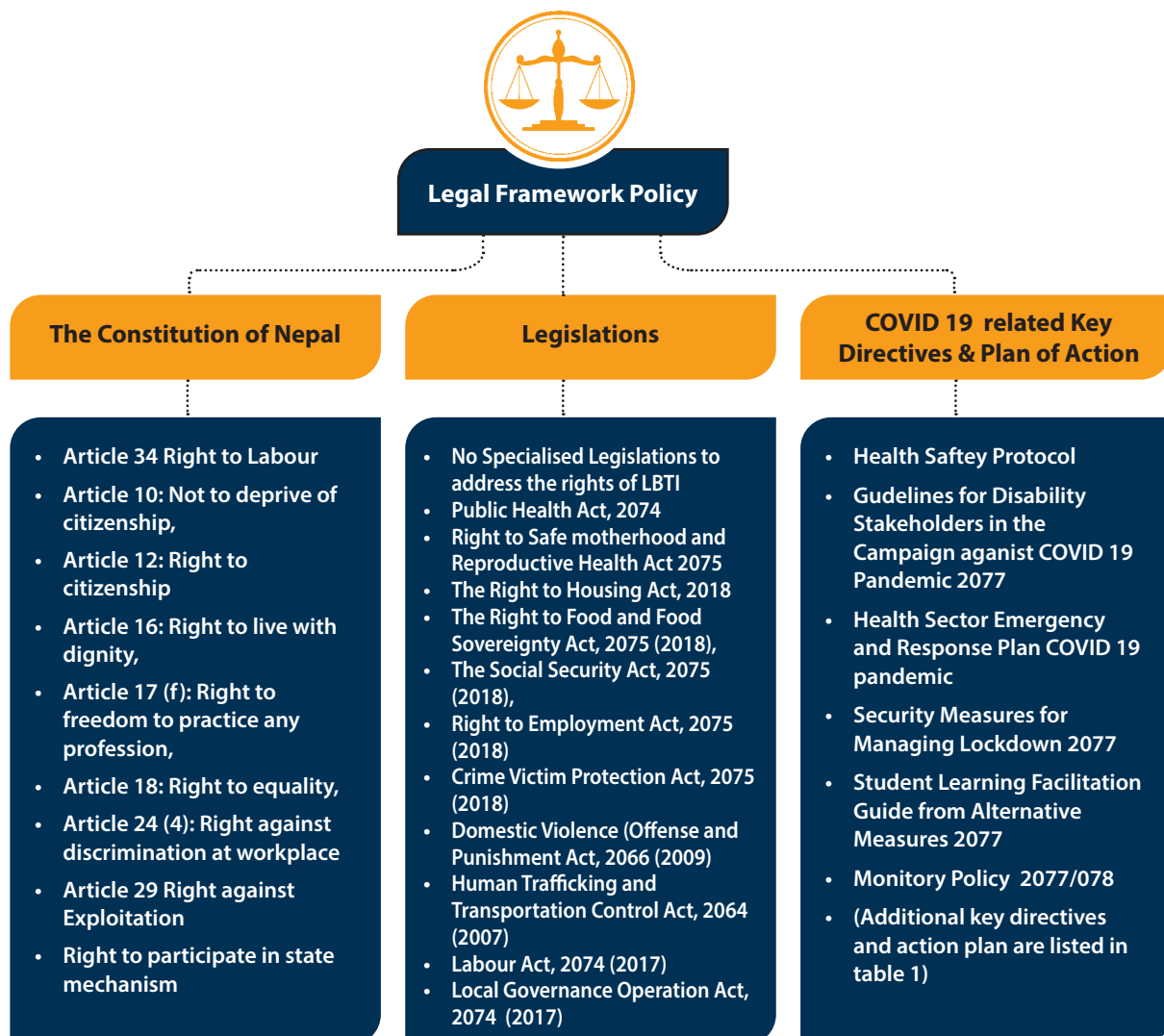


Section 2

LEGAL REVIEW ON THE RIGHTS OF LGBTI COMMUNITY IN NEPAL

2.1 OVERVIEW OF LAW

In order to gain a better understanding of the nature of Nepal's legal mechanism to protect LGBTI rights, this section examines legal measures, a brief overview of Corona Virus-COVID-19-related directives and action plans adopted by the Nepalese government and supreme courts' role to protect rights of LGBTI during lockdown period. This section will give critical overview of overall legal measures related to LGBTI community from inclusivity and human rights perspective.



The Constitution of Nepal

Nepal's constitution includes a number of constitutional rights that guarantee equality, dignity, and freedom. It is the responsibility of the state to ensure that no one's fundamental rights are abused. The Constitution is the primary legal text that all other laws are based on. The constitution of Nepal has ensured fundamental rights from article 16 to article 48. Under this, 33 important fundamental rights have been provided. Some of these rights are linked to the rights of certain groups/communities, while some rights are provided only to the citizen of Nepal. Similarly, few rights has been provided to all persons residing in Nepal. This means that if any foreign national citizen is residing in Nepal, they can also practice those fundamental rights.

In this pretext, Constitution of Nepal has ensured following rights for the people of gender and sexual minorities;

- Right to acquire descent citizenship with gender identity (Article 12)
- Right to have special provision for sexual and gender minorities under the right to equality (Restrictive phrase of sub-section 3 of section 18)
- Provision of non-discriminatory in wages and social security on the basis of gender for equal work. (Article 18, clause 4)
- Provision of equal property right for all children in ancestor property without any discrimination. (Article 5, Clause 5)
- Right to participate in state bodies on the basis of principle of proportional inclusion under the right to social justice. (Article 42)

There are other various rights that are also applicable for the people of LGBTI community or Gender and sexual minority. Amongst all, Article 16: Right to live with Dignity, Article 17 (f): Right to freedom to practice any profession, Article 18: Right to Equality, Article 24 (4): Right against discrimination at workplace, Article 29: Right against Exploitation, Article 33: Right to Employment, Article 34: Right to Labor, Article 38: Rights of Women, Article 39: Rights of Child and Article 43: Right to Social Security.

The following fundamental rights are also equally important for the protection and safety of LGBTI community in the times of lockdown; Article 35: Right relating to Health, Article 36: Right relating to food, Article 37: Right to Housing and Article 42: Right to social Justice. In addition to these the Directive Principle and State Policies also provide certain advisory provisions under Article 51 (i): Policies relating to labour and Employment and Article 51 (j): Policies relating to social justice and inclusion.

a) Right to acquire citizenship with gender identity (Article 12)

A person's "identity" is linked with their right to citizenship. Constitution of Nepal provides five types of citizenship; citizenship by descent, citizenship by birth, marital citizenship, non-residential citizenship and honorary citizenship. Regarding the various types of citizenship mentioned above, Constitution of Nepal seems to have used the term "Gender Neutral" in most cases to include people of gender identities without using the term male, female or son and daughter. For instance, the words "eligible person", "minor", "person without father's identity" and "including gender identity" are used to obtain Nepali citizenship. As a whole, the constitution of Nepal seems to have protected the right of people with diverse gender identities to obtain citizenship.

But the constitution seems to have narrowed down on the issue of obtaining citizenship certificates with "gender identity". Article 12 of the Constitution does not guarantee the right of all persons to obtain citizenship with "gender identity". According to the said provision, only a person who acquires citizenship on the basis of descent can get a certificate of citizenship of Nepal with their "gender identity" from the name of the mother or father. This means that a person who acquires naturalized citizenship, citizenship on the basis of birth, citizenship on marital grounds, non-resident citizenship, and honorary citizenship does not seem to be able to obtain citizenship with "gender identity." This can be considered as a discriminatory. .

b) Create special provision for sexual and gender minorities under the right to equality:

The Constitution of Nepal has ensured the right to equality as a right applicable to all Nepali citizens. The right to equality embodies two important principles: equality before the law and equal protection of law. Equality before the law means that all citizens are equal before the law. No citizen is superior or inferior, all are equal. Therefore, the state cannot differentiate on the basis of any citizen's origin, religion, caste, caste, creed, gender, physical condition, disability, health status, pregnancy, etc. This means that the state cannot discriminate against any person directly or indirectly on the basis of the above conditions.

Similarly, the concept of equal protection of law means that when anybody of the state uses the law, all citizens of the state should be treated equally, regardless of their origin, religion, caste, caste, creed, gender, economic status, language, region, ideological faith or any other such. It is a provision that there is no discrimination on the basis. That is, the concept promotes the idea that everyone should be treated equally. For example, it encourages the notion that men and women are equal, that women, men, and people with diverse sexual and gender identities should not be treated differently.

Having said that, the right to equality has been enshrined in Nepal's constitution which embraces positive measures. The restrictive phrase of Article 18, Clause 3, provides that special provisions may be made for the protection, empowerment or development of socially and culturally backward women, including *sexual and gender minorities*. This means that the right to equality is not limited to the concept of formal equality.

Although the constitution does not explicitly use the term "substantive equality", it does allow for special arrangements for gender and sexual minorities. It has opened up opportunities to bring in laws, policies and programs which ensure affirmative action for women, Dalits, *gender and sexual minorities* and so forth to take the necessary steps to make them truly equal through positive arrangements, taking into account historical discrimination and deprivation for their progressive advancement and empowerment.

c) Provision of non-discriminatory in wages and social security on the basis of gender for equal work:

Article 18 of the Constitution of Nepal has made provision for non-discrimination on the basis of gender with regards to remuneration and social security for the same work under the right to equality. It basically includes the concept of equal pay for the same type of work. This provision is very important to discourage the traditional discriminatory attitude towards the LGBTI community in the society, discrimination in both formal and informal labor sector, and the tendency to devalue the labor sector. To further expand this provision, special rights of women in employment have been provided also ensured in article 38. These articles give broader opportunity to address the advancement of LGBTI community in employment sector.

d) Provision of equal property right for all children in ancestor property without any discrimination.

Provision has been made in Article 5, Clause 5 of the Right to Equality Act for all children to have equal rights in ancestral property without gender discrimination. It helps ensure the rights of people with diverse sexual and gender identities and paves the way for economic empowerment. People living in rural areas are basically very important for people with diverse sexual and gender identities. Because land is the main source of income for people living in rural areas like agriculture and animal husbandry, which is obtained from ancestral property. The important aspect of this provision is that it uses the word "child" instead of "son or daughter", meaning that it seeks to include people with different gender identities who do not fit into that traditional definition other than male or female.

e) Right to participate in state bodies on the basis of principle of proportional inclusion under the right to social justice

Participation in every state body means not only the presence of individuals, communities, castes, genders and gender identities, but also the representation of their voices. It gives voice to the voiceless. Nepal's constitution seems to have made three important provisions to ensure the meaningful participation of women, Dalits, economically marginalized, minorities including gender and sexual minorities. The principle of affirmative action, proportional electoral system and quota system. In addition, Article 42 provides for the right to participate in state bodies on the basis of the principle of proportional inclusion in the case of persons with diverse sexual and gender identities under the right to social justice. This means that all state bodies, including the executive, the legislature, the judiciary, the diplomatic missions, the constitutional bodies, the army and the police institution have been guaranteed the right to the presence and meaningful participation of people with diverse sexual and gender identities.

2.2 LEGISLATIVE MEASURES

There are two legislations that are applicable to the management of COVID responses, both directly and indirectly: the Disaster Risk and Management Act, 2074 (2017) and The Infectious Disease Act, 1964. The Disaster Risk Reduction and Management Act, 2074 (2017), s. To deal with pandemics, natural disasters, and calamities, Nepal has enacted constitutional provisions and legislation for example; The **Disaster Risk and Management Act, 2074**. This act includes pandemic in the concept of a non-natural catastrophe, as well as a pandemic flu, and describes disaster as a condition in which people and property are lost. In terms of definition, disasters can be natural or man-made, and they can impact people's livelihoods and the environment. Risk mitigation, emergency management, rapid search,

rescue, and relief, as well as other operations related to post-incident recovery and restoration, are all included in this act and should be enforced immediately. The nation, on the other hand, has not fully utilized any of these tools in addressing the pandemic's socioeconomic and health consequences.

The executive committee for disaster management is required by Section 8(m) of the Act to develop special plans and services for women, children, and vulnerable groups that are at risk of disaster that also include human made disaster. The executive committee is also mandated by Section 8 (v) to re-establish economic recovery, create job opportunities, and generate revenue for disaster-affected areas. Section 11 outlines the responsibilities of the National Disaster Risk Reduction and Management Authority created by the Ministry of Home Affairs. They are: Section 11 (l): To temporarily rehabilitate people in disaster affected areas, Section 11 (q): To provide relief packages, Section 11 (w): To provide psychological counseling to victims. Section 21 (d) also mandates security agencies and other agencies to facilitate distribution of relief packages.

The Infectious Disease Act, 1964 was passed to eradicate or discourage the spread of infectious diseases so that they do not reach their climax. According to the Act, the Government of Nepal has the authority to take the necessary steps to determine the cause of the disease or to prevent it from spreading, as well as to issue necessary orders, such as controlling transportation and movement by any means, which apply to the general public or a community of people. The Government of Nepal may appoint any official and give them the required powers to carry out infectious disease prevention and control. The CDO has the authority to try and resolve lawsuits involving violations of the Act. Though this Act has imposed a lockdown, it does not resolve all of the problems that emerge from infectious diseases, such as the effects of the lockdown and pandemic on different populations. The nearly seven-decade-old Act is incapable of dealing with global pandemics such as Coronavirus COVID-19. The following flaws in the Act are particularly noticeable:

- The Act does not provide an institutional framework to deal with a pandemic;
- There is no definition section where words like "infectious disease" are defined.
- There are no provisions for epidemics or pandemics.
- There are no provisions for pandemic and post-pandemic preparedness, response, or recovery.
- There are no provisions for security forces mobilization for prevention, response and rehabilitation
- Except for the order mentioned above, the Act does not allow the executive to issue guidelines, directives, or standards.
- There is no provision for setting up funds or making emergency purchases of supplies to respond to pandemics and pandemics.
- There is no provision related to access to justice during the pandemic
- There are no affirmative rights provisions for people with disabilities, minorities, disadvantages women, children, Dalits and excluded social groups and gender minorities.

Legislation that protect rights of LBTI community

There is no specialized legislation that protects the right of LBTI community. Nonetheless, there are a number of legislations that directly and indirectly contribute in prevention and response to the impact of COVID-19 with implications for common citizens, groups of vulnerable populations i.e. women (women daily wages worker, entertainment sectors workers, domestic workers, girl child, adolescent girls, women with disability, person with diverse gender identity), minorities and disadvantages groups. Some of the key legislations are listed below:

1. Public Health Act, 2074
2. Right to Safe motherhood and Reproductive Health Act 2075
3. The Right to Housing Act, 2018
4. The Right to Food and Food Sovereignty Act, 2075 (2018),
5. The Social Security Act, 2075 (2018),
6. Right to Employment Act, 2075 (2018)
7. Crime Victim Protection Act, 2075 (2018)
8. Domestic Violence (Offense and Punishment Act, 2066 (2009)
9. Human Trafficking and Transportation Control Act, 2064 (2007)
10. Labour Act, 2074 (2017)
11. Local Governance Operation Act, 2074 (2017)

The proactive enforcement of the legal provisions is vital to carry out effective prevention and response program and plan of action to address the COVID-19 impact. However, the majority of the above stated legislations are not executed yet as there are no regulations for these Acts, i.e., The Right to Housing Act, The Right to Food and Food Sovereignty Act, 2075 (2018), The Social Security Act, 2075 (2018), Right to Employment Act, 2075 (2018), Crime

Victim Protection Act 2075 (2018). There are many other challenges to enforce such laws in effective manner. Mainly, as per laws, there are no institutional mechanism and services in place. Even the institutional mechanisms that are provisioned by legislations are not established and made functional. Hence, the governments of all levels have in many ways failed to provide the services to citizens.

Another important issue is that all stated legislations are designed to be enforced in normal situations, and there are no any dedicated or specialized provisions which can be revoked during crisis like natural disasters, calamities, pandemics and other emergency conditions. None of these legislations have mainstreamed the disaster responsive mechanisms and substantive rights during such natural calamities, or pandemics. These legislations are endorsed by federal parliament with very centralized approach; therefore, the legislations have not defined role of State government and local level for enforcement of respective Acts. Overall, these legislations are “gender neutral”. These legislations have not been able to give effect to the specific rights of women (that include LGBTI) and Dalits in relation to employment, social security, education and health that are protected under the Constitution of Nepal as part of fundamental rights.

Likewise, there is a serious implementation gaps of Domestic Violence (Offense and Punishment Act, 2066 (2009) and Human Trafficking and Transportation Control Act, 2064 (2007) and so forth during the pandemic of COVID-19 as there has been no adequate response to the increased cases of domestic violence and the available support systems for victims of domestic violence have mostly been non-operational.⁴

Directives and Standards

The government of Nepal has brought various directives, guidelines and action plans to combat with the Coronavirus, (COVID-19)as following:

Table 2: COVID-19 related Key Directives and Plan of Actions

| S. N. | Ministry | Documents |
|-------|--|--|
| 1. | Ministry of Women, Children and Senior Citizen | <ul style="list-style-type: none"> i. Guidelines for Stakeholders to Provide Support and Assistance to Senior Citizens in Crisis Due to Corona Virus Infection, 2077 ii. Health Safety Protocol iii. Guidelines for Disability Stakeholders in the Campaign Against Covid 19 Pandemic 2077 iv. Improve and address the effects of Corona virus infection on women, children, and senior citizens with disabilities and to mobilize social organizations. v. Action plan to improve and address the effects of Corona Virus infection on women, children, persons with disabilities and senior citizens and to mobilize social organizations, 2077 |
| 2. | Ministry of Health and Population | <ul style="list-style-type: none"> i. Health Sector Emergency and Response Plan COVID 19 Pandemic ii. Health sector response to Covid 19 iii. Corona virus Disease (Covid 19) Interim Guidelines for Reproductive, Maternal, Newborn and Child Health Care in the Time of the World Pandemic, 2077 iv. Health Care arrangements for person staying in quarantine |
| 3. | Ministry of Federal Affairs and General Administration | <ul style="list-style-type: none"> i. Letter sent to the local level Government on 2076-12-09 regarding the implementation of the action plan related to Covid-19. |
| 4. | Ministry Of Finance | <ul style="list-style-type: none"> i. Criteria for providing relief to working class and helpless working in unorganized sector, 2076 |

4. Dahal, M., Khanal, P., Maharjan, S. *et al.* Mitigating violence against women and young girls during COVID-19 induced lockdown in Nepal: a wake-up call. *Global Health* 16, 84 (2020). <https://doi.org/10.1186/s12992-020-00616-w>

| | | |
|----|---|--|
| 5. | Ministry of Education | <ul style="list-style-type: none"> i. Student Learning Facilitation Guide from Alternative Measures, 2077 ii. Covid-19 Educational Cluster Contingency Plan, 2020 |
| 6. | Ministry of Home Affairs | <ul style="list-style-type: none"> i. Security Measures for Managing Lockdown, 2077 |
| 7. | Nepal Rastra Bank | <ul style="list-style-type: none"> i. Monetary Policy 2077/78 |
| 8. | Government of Nepal | <ul style="list-style-type: none"> i. Relief package |
| 9. | Supreme Court key Decisions on COVID-19 related cases | <ul style="list-style-type: none"> i. Advocate Mina Khadka Basnet and others v. Office of Prime Ministers and Council of Ministers et.al, Writ Petition (076-WO-0932), ii. Advocate Manish Kumar Shrestha vs. Office of Prime Minister and Council of Ministers, Writ Petition (076 WO-0935) iii. Advocate Bishnu Luitel vs. Office of Prime Minister and Council of Ministers, Writ Petition (076-WO-0933) iv. Prakash Mani Sharma (on behalf of forum for Protection of Public Interest) and others vs. Office of Prime Ministers and Council of Ministers et. al. Writ Petition (076-WO-0938) v. Advocate Shom Prasad Luitel vs. Office of Prime Minister and Council of Ministers et al. Writ Petition (076-WO-0940) vi. Advocate Shailendra Prasad Harijan and others vs. Office of Prime Minister and Council of Ministers et.al, Writ Petition (076-WO-0941) vii. Roshani Paudel and Others vs. Office of Prime Minister and Council of Ministers et. al., Writ Petition (076-WH-0962) viii. Advocate Bishnu Luitel vs. Office of Prime Minister and Council of Ministers, Writ Petition (076-WO-0933), ix. Advocate Pushpa Raj Paudel (On Behalf of Supreme Court Bar Association)vs. Office of Prime Minister and Council of Ministers et. al. Writ Petition (076-WO-2936) |

Despite the fact that the Nepal government's various thematic ministries issued specialized and tailored directives, guidelines, and action plans to prevent and respond to the COVID-19 pandemic, ensuring access to social justice in times of crisis has become a pressing concern for the government, private sector, and non-governmental organizations.

Ministry of Women, Children and Senior Citizen has issued exclusive targeted directives and guidelines to address the issues of person with disability and other socially marginalized communities along with victim of gender based violence. However, issues of victim, marginalized and disadvantages have not been mainstreamed in the Health Sector Response to COVID-19, 2076 such as the Interim Guidelines for Reproductive, Maternal, Newborn and Child Health Services, 2076, during the Coronavirus Disease (COVID-19) World Pandemic COVID-19 Pandemic Control and Response Plan, 2076, along with education, economic and other sectorial directives and guidelines.

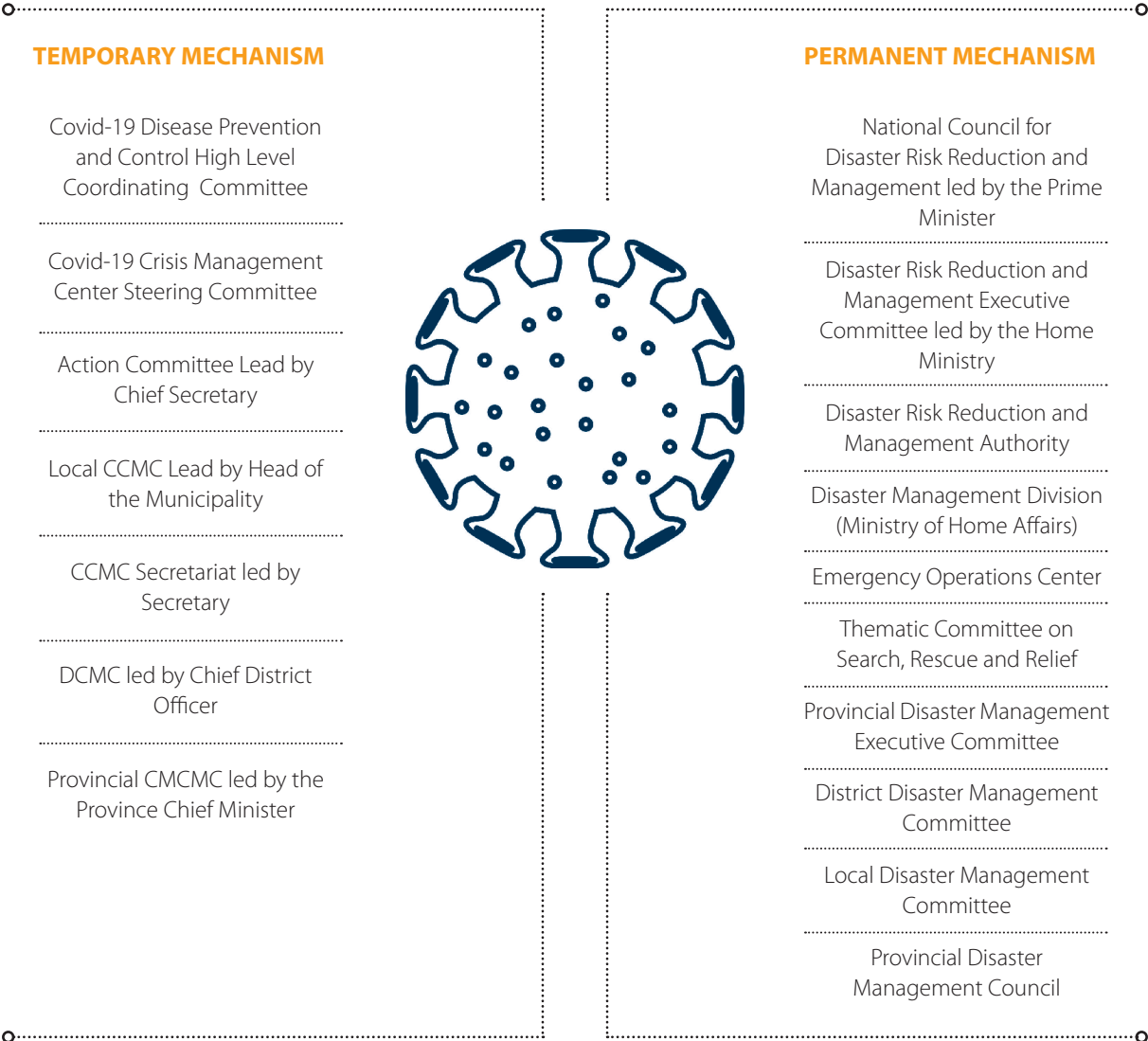
The Government of Nepal's response plan, guidelines, and directives have addressed the problem of women and girls, people with disabilities, oppressed groups, and people at risk of gender-based violence to some degree by adopting targeted guidelines and directives. However, these rules, directives, and plan of action failed to recognize the intersectional effect of COVID-19 to LGBTI community because of their gender, and sexual orientation along with ethnicity, class, caste, geographical locations, age, economic status along with discrimination and inequality that are perpetuate by patriarchal values and norms against women in general.

Government of Nepal lacks specific directives, guidelines and action plans in ensuring access to justice, wherein the state judiciary has been constantly struggling in delivering safe and effective justice during the crisis period. Even the service to relate to access to justice is not included on the list of essential services during the lockdown periods. As a result, the general public, especially LGBTI community, disadvantaged groups, GBV victims, daily wage women workers, including those in the entertainment industry, and informal sector workers, have experienced significant hardship in their lives, but were unable to seek help from the police, the courts, or other service providers.

Institutional Mechanism to prevent and Respond COVID-19 Impact

With the aim of containing the worldwide pandemic COVID 19, the Government of Nepal and its three levels of government have created a specialized temporary structure to contain COVID-19 only. These mechanisms are: COVID-19 Disease Prevention and Control High Level Coordinating Committee, COVID-19 Crisis Management Center Steering Committee, Action Committee Lead by Chief Secretary, Local CCMC led by Head of Municipality, CCMC Secretariat led by Secretary, DCMC led by CDO, and Provincial CCMC led by Province Chief Minister. However, there are existing permanent mechanisms in place within the government to handle disasters including pandemics. They are: National Council for Disaster Risk Reduction and Management led by Prime Minister, Disaster Risk Reduction and Management Executive Committee led by Home Ministry, Disaster Risk Reduction and Management Authority, Disaster Management Division (Ministry of Home Affairs). Emergency Operations Center, Thematic Committee on Search, Rescue and Relief, Provincial Disaster Management Committee, District Disaster Management Committee, Local Disaster Management Committee and Provincial Disaster Management Council.

There was uncertainty among government agencies in Nepal during the early stages of the pandemic about how to enforce and coordinate the permanent and temporary mechanisms. The government's inadequate response to the issues emerging from the lockdown and pandemic has been one of the consequences. This structure's specifications are shown in the diagram below:



Section 3

ANALYSIS AND FINDINGS

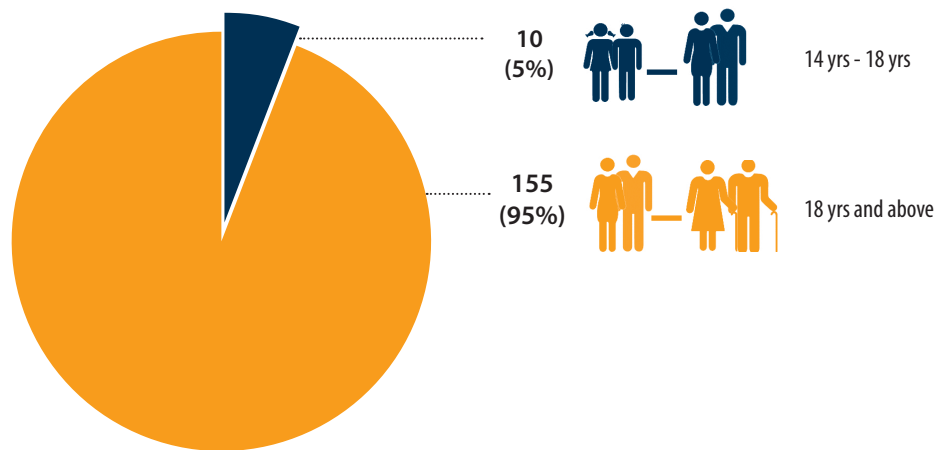
To assess the socio-economic and health effect of the lockdown on the lives of LGBTI people, this section triangulates the data assimilated from the findings of survey, KII and consultation. This section also contains the survey results, which are presented in the form of tables and graphs. The results of the consultation, KII and the survey are used to compare data of before and after the lockdown.

3.1 DEMOGRAPHIC INFORMATION

3.1.1 Socio-Demographic Profile

A total of 165 respondents were surveyed using Kobo tools. These respondents were reached out through the organization, Mitini Nepal. Since the study was conducted on COVID 19 socio-economic and health impact on the lives of LGBTI people, all the respondents were also selected from the LGBTI community only. The respondents were from Bagmati province, Lumbini Province and Province 1.

Figure 1: Age Group



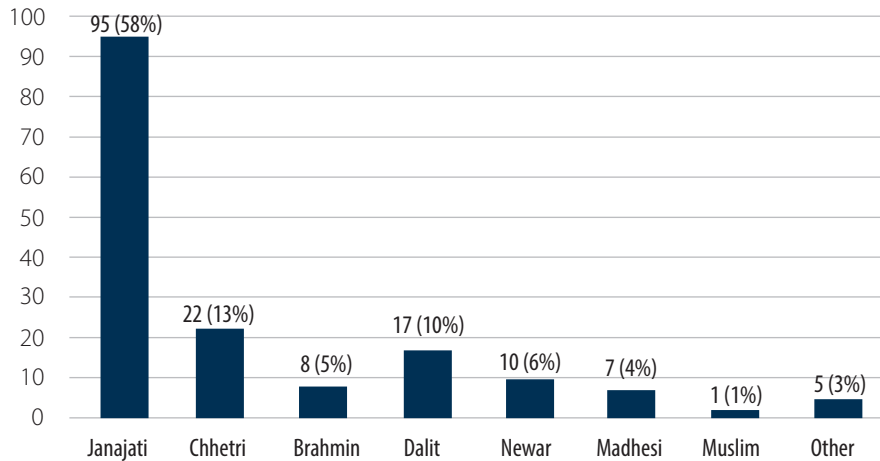
3.1.2 Geographical Diversity

A total of 3 provinces and 165 respondents were covered in the survey. The province wise breakdown of participation was Bagmati Province 62 (36.17%), Province 1, 53 (32.12%) and Lumbini Province 50 (30.30%). Respondents were mainly from urban and sub-urban areas with a few living in rural areas.

3.1.3 Caste/Ethnicity

Among the 165 respondents, 58% were Janajati, 18% Brahmin/Chettri, 10% were Dalits, 6% Newar, 4% Madhesi and 3% from other backgrounds. The profile indicated that Janajati had a significant presence in this community.

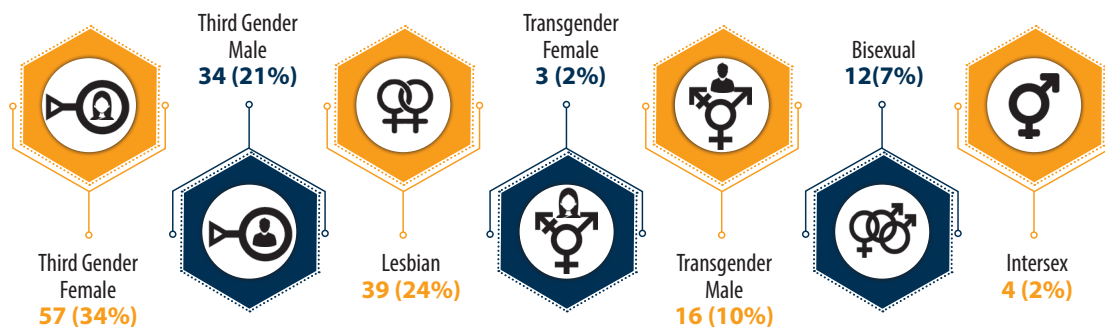
Figure 2: Caste/Ethnicity



3.1.4 Age Group and Gender Identity of Respondents:

The study revealed that 156 respondents (89.66 %) fell into 18 and above age group and 7 respondents (4.02 %) from 14-18 years of age. 164 respondents have disclosed their gender identity; 57 (32.76%) Third gender female, 39 (22.41%) Lesbian, 34 (19.54%) Third gender male, 16 (9.2%) transgender male, 3 (1.72%) transgender female, 12 (6.89%) Bisexual and 4 (2.3%) were from intersex.

Figure 3: Gender Identity

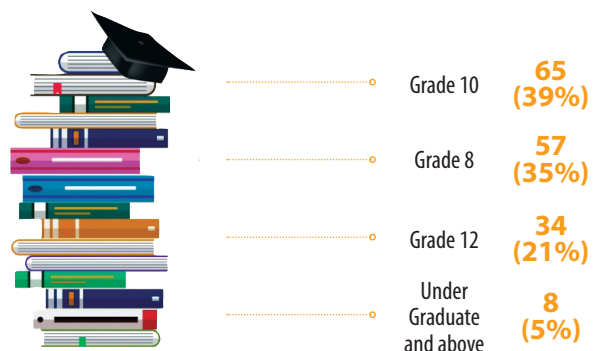


3.1.5 Educational Status

From the survey of 165 respondents, 164 respondents had attended any form of schooling i.e. 39.4% respondents had completed grade 10, 34.5% had attended till grade 8, 20.6% had attended higher secondary education and 4.9% respondents had attended bachelor degree and above.

The data shows that majority of the respondents were acquired only up to higher secondary level education or below. It has indicated that educational background of LGBTI community seems very low.

Figure 4: Educational Background



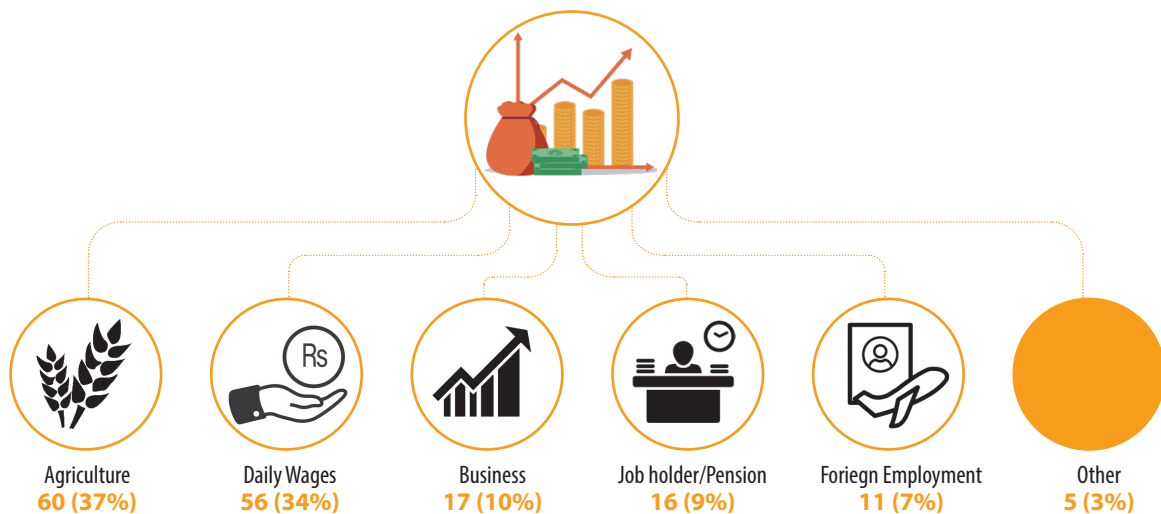
3.2 ECONOMIC IMPACTS

3.2.1 Income source of family

All 165 respondents responded that 37% people from the survey claimed that the main income of their family is agriculture, 34% respondents claimed their family earns on daily wage basis, 10%stated that their family has their own small business, 9%stated that family has job or is a pension holder, whereas 7%stated that family members are working abroad and 3%stated that family members had none of the above income sources.

The data shows that the majority of the respondents' family income sources were based on informal sectors: agriculture, daily wages, and small business. Limited number of respondents' family income was based on government job or pension or any other form of formal sectors.

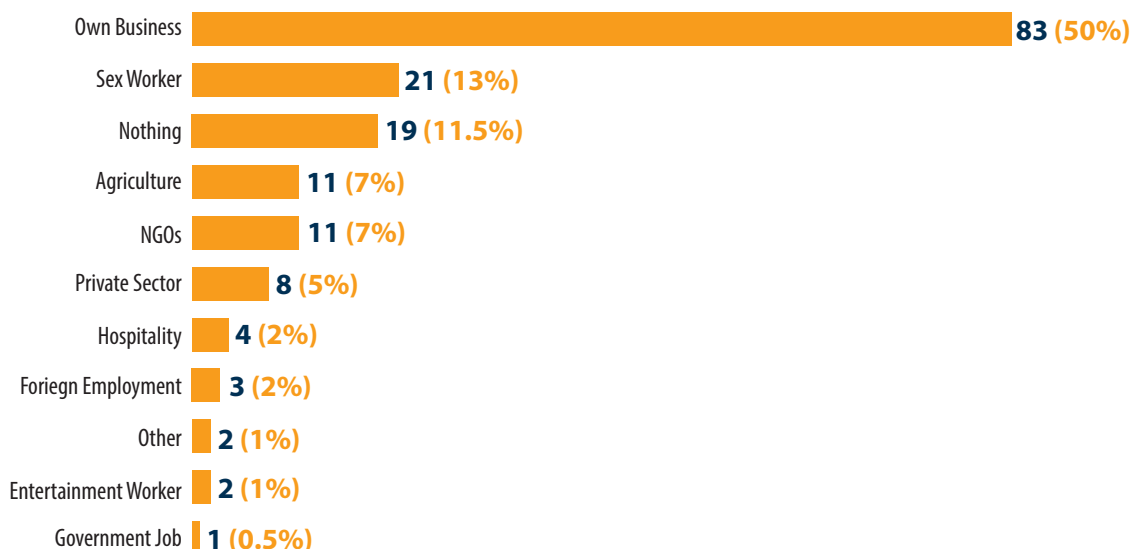
Figure 5: Family Main Source of Income



3.2.2 Occupation of Respondents

The data explains that the from the total of 165 respondents majority of respondents i.e. 50% people have their own business whereas, 13% respondents stated their profession to be sex work, 7% respondents each were working in agriculture and NGOs. 5% of the respondents were working in private sector, 2% of them were in the hospitality, 2% was abroad for employment, 1% was entertainment sector workers and 0.5% had a government job.

Figure 6: Occupation

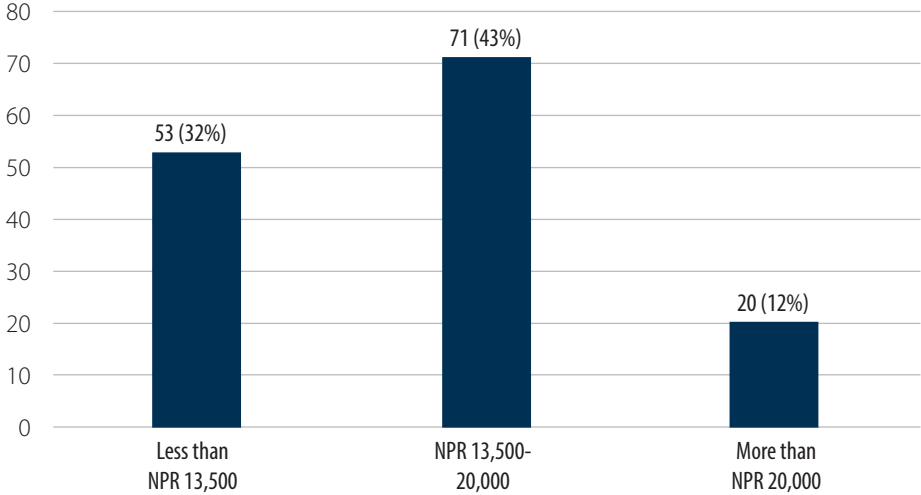


The data entails that very less number of LGBTI community members had hold a government and NGO job. The majority of occupations which hold by LGBTI community such as entertainment sector, hospitality related occupation, sex work⁵, own business that were severely affected by COVID-19.⁶

3.2.3 Status of Income

During the survey, out of 165 respondents only 144 responded the question out of which 32% respondents have said that they earn less than 13,500 per month, whereas 43% respondents earn between 13,500 to 20,000 and 12% respondents earn more than 20,000 a month before pandemic period.

Figure 7: Monthly Income



Among the total respondents, 55% respondents were earning the amount of minimum wages and or above. However, still significant number of respondents (32.12%) was earning less than minimum wages set by government. This shows that the vulnerability and miserable situation of the significant number of the LGBTI people even before the pandemic period. The data also reinforces weak implementation of minimum wages standard set by government as well as labor law in general particularly in informal sector.

“ They have very limited access in the formal job market and hence they seek other informal jobs. It is the responsibility of the local government to address the issues faced by gender and sexual minorities. ”
 - Ms. Nitu Gadtaula, National Human Rights Commission, Biratnagar

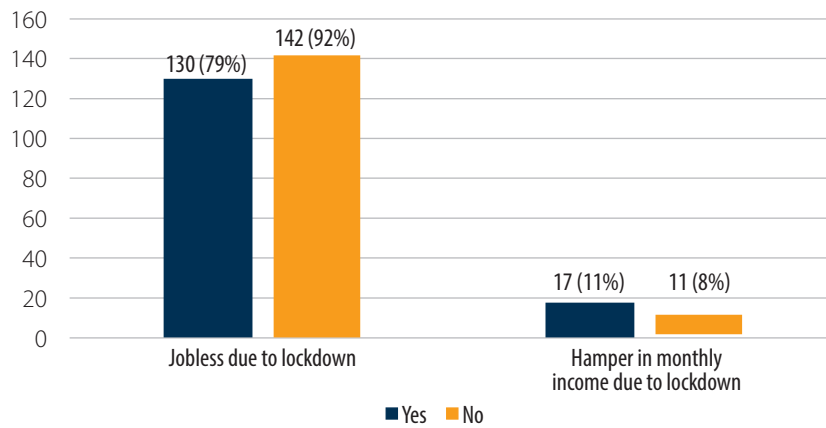
3.2.4 Job-loss and impact on monthly income due to Lockdown

The government of Nepal, announced lockdown from 24th March 2020. All public and private services apart from medical and essential services such as grocery vendors were prohibited to operate. Even after lifting the lockdown, the government did not allow to operate entertainment sectors as it was termed under non-essential services. This has eventually led to lose jobs of people in general. The people from LGBTI community were also not free from that adverse effect of job loss as majority of them were engaged in informal sectors and those falls under non-essential services.

The surveyout of 165 respondents only 147 respondedthat 79% respondents lost their job and 11% did not had to loss their job due to COVID 19 and the lockdown. Whereas, out of 165 respondents, 153 responded that92% respondents’ lives have been impacted due to loss in their monthly income and 8% respondents stated that the lockdown did not affect their monthly income.

5. Sex work is not officially recognized by law in Nepal.
 6. Winrock

Figure 8: Job loss and Hamper due to lockdown



It was underscored from the consultation that LGBTI people were mostly to be unemployed and to live in poverty than the general population especially during lockdown. Also from the survey conducted most of the people from LGBTI community own their business and many in the LGBTI community work in the informal sector and have lack of access to social protection such as paid sick leave unemployment compensation, and other services.

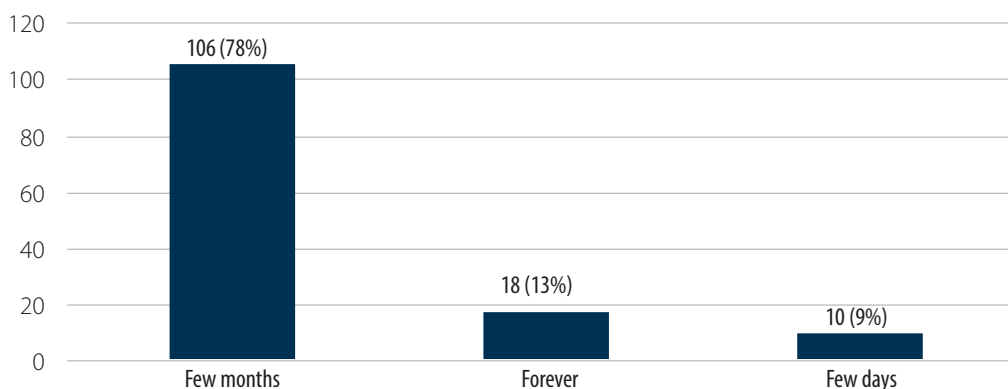
In order to protect people from LGBTI community from such vulnerability of COVID-19 or similar other crisis, there is a need to strengthen social protection system in informal sector, along with targeted relief package by local government (federal government should provide conditional grant to local government for such relief package) to LGBTI community who lost their job and micro business/ enterprises.

Government also should develop concrete law to ensure proportional representation of LGBTI community in government job and other state mechanism in order to ensure right to social justice ensure by Article 42 of the Constitution of Nepal.

3.2.5 Impact on employment during lockdown

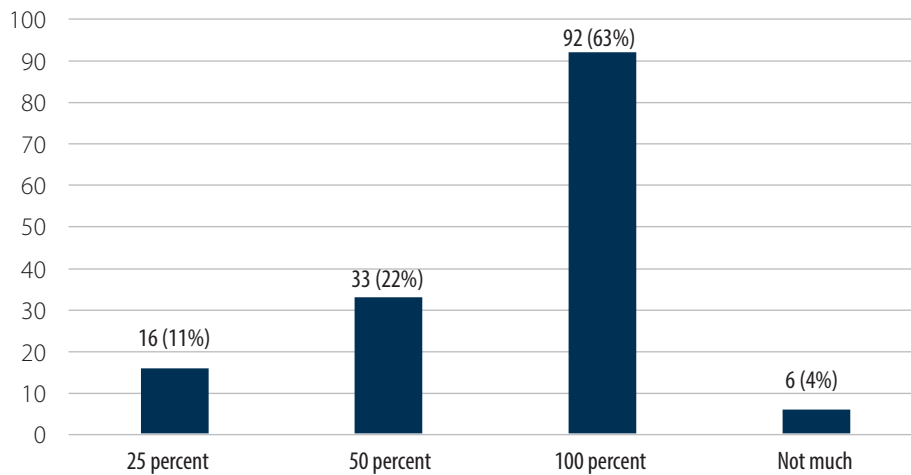
During the survey out of 165 respondents only 135 responded, that 78% respondents had lost their job only for a few months, whereas 9% respondents had lost their job for a few days and 13% respondents had lost their jobs permanently.

Figure 9: In what condition you lose your job?



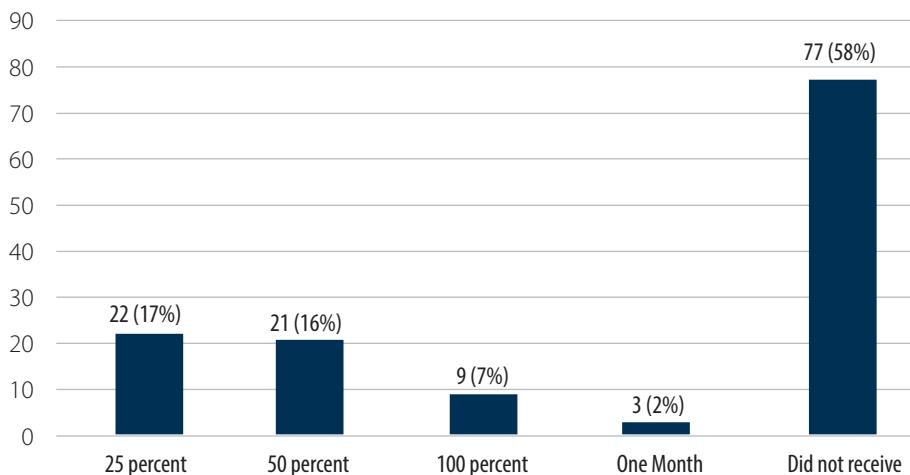
During the survey out of 165 respondents only 147 responded that 63% respondents had to face full impact on income, 22% respondents shared that they had to face half impact, 11% respondents said they had to face partial impact whereas 4% respondents shared that they did not had to face any impact on their income.

Figure 10: Impact on Income



During the survey out of 165 respondents only 132 responded that, 58% respondents did not received any salary, 7% respondents received their full salary, 16% respondents received half of their total salary, 17% respondents received only partial of their total salary and 2% respondents only received their one month of salary.

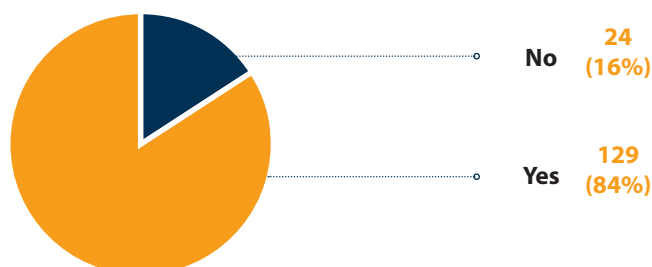
Figure 11: Did you receive income during lockdown?



3.2.6 Post lockdown

Survey data out of 165 respondents' only 153 responded that 84% respondents are going to their work regularly after the lockdown, whereas 16% respondents are not going to their work even after the lockdown. The respondents who lost their job after lockdown were particularly from those who used to work in entertainment sector, sex work and other informal sector, as these sector continuously shut down even after the lock down lifted.

Figure 12: Are you going to work regularly after lockdown?

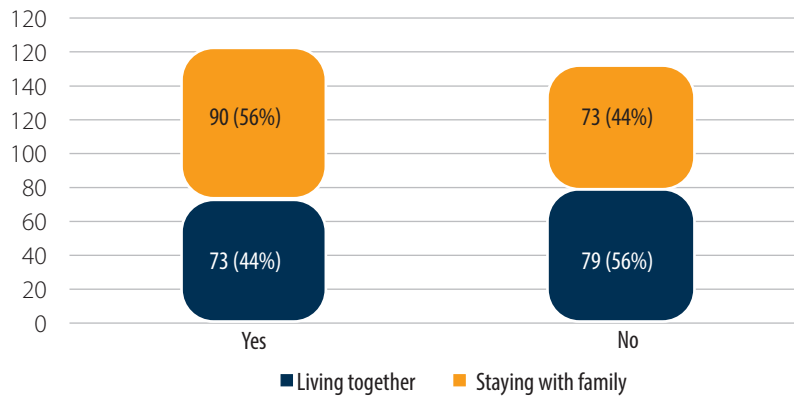


3.2.7 Family Status

During the survey out of 165 respondents only 163 responded that 56% respondents were living with their family and 44% respondents are not living with their family. Whereas, out of 165 respondents 152 responded that 44% respondents are in a living together relationship with their partner and 56% respondents are not living with their partner.

The Nepalese family's tradition has remained unique over the centuries. In Nepalese society, the family is an ideal type of structure that also serves as a multi-purpose entity for many of the individual's or society's primary life functions including. In the LGBTI group, 56 percent of respondents live with their families, according to the survey.

Figure 13: Living status



It was noted from the consultation that the LGBTI community had been facing long term humiliation/discrimination wherever they were living. As a result it was found that few people from this background have been staying in the office premise or in rent. The people from this community still refrain from expressing their identities due to which they are mostly found living alone. As a result, their nearby communities are often found humiliating them only because of their different gender identity. The LGBTI community faces different kinds of abuses in the society such as physical abuse, sexual abuse and mental abuse. After the lockdown due to the coronavirus crisis, people from LGBTI community who served as sex workers stopped getting clients and subsequently they faced severe difficulties financially. Lesbian, bisexual, transgender and intersex communities already face insecurity and discrimination in society, including from employers. The COVID-19 pandemic made their limited options to make a living and enjoy basic rights even more challenging.

“We have been conducting awareness raising program in the rural districts of Kapilbastu to ensure these communities does not have to face any kind of discrimination in their home town. Furthermore, we are planning to conduct orientation classes for Mayor and deputy mayor.”
Basanta Bajgain, Mauri Home

Governments of all level need to develop inclusive action plan to address the violence against women that include LGBTI community in crisis and ensure their access to justice during the crisis like COVID-19 pandemic. Moreover, civil society and government need to conduct awareness program regarding non-binary gender identity, sexuality, sexual orientation and rights of individuals who belong to this community. For that also need to revisit conventional gender training modules that developed by government and non-governmental organizations.

3.3 SOCIAL IMPACT/ LIVELIHOOD

During the discussion it was found that LGBTI communities were adversely affected by COVID-19 because majority of them were facing difficulties to even fulfill their basic needs, pay the rent, and were jobless. They were mentally disturbed during this period, and they didn't acquire any support from the local government and only received relief packages through the coordination of local organizations and loose forum.

3.3.1 During lockdown

Through the survey, it was found that majority of the respondents i.e. 69.7% respondents had managed their expenses during the lockdown period from their savings. Whereas, similar ratio of respondents i.e. 56.9%, 49.6% and 48.4% respondents had taken loan and credit either from the landlord, friends and grocery stores respectively. 33.3% respondents have also said that they received help from organizations and 9.0% respondents had received help from their ward offices.

Table 3: Expense Management Strategy during lockdown

| S. No. | Management Strategy | Response | Percent |
|--------|------------------------|----------|---------|
| 1. | Savings | 115 | 70% |
| 2. | Loan from Friend | 82 | 50% |
| 3. | Loan from Grocery | 80 | 48% |
| 4. | Loan from Landlord | 94 | 57% |
| 5. | Help from Organization | 55 | 33% |
| 6. | Help from Ward Office | 15 | 9% |
| 7. | Others | 13 | 8% |

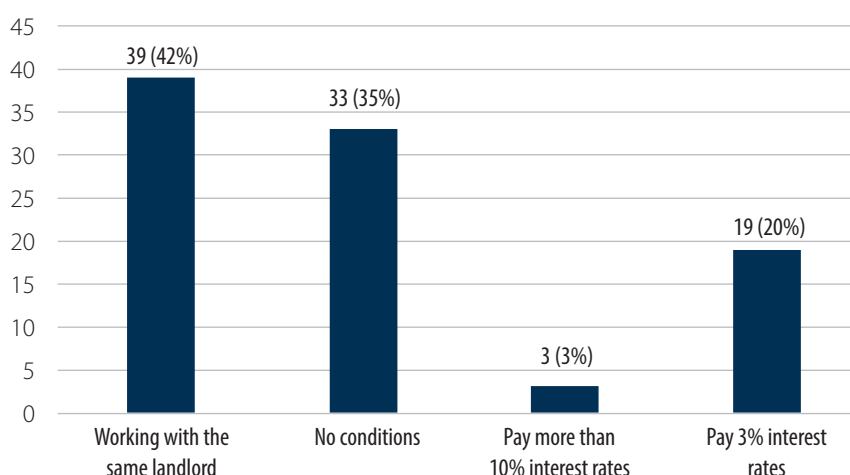
*Multiple Response

The data out of 165 research participants only 94 responded regarding the issues. Among them, 57% respondents had to take loan from their landlord. 42% respondents had shared that they had to work with the same landlord in near future as well, 35% respondents didn't have to face any kind of repay conditions, 3% respondents had to pay more than 10% interest whereas 20% respondents had to pay 3% interest rate.

The data shows that most respondents took loans during the lockdown in order to survive hand to mouth, which may lead to forced labor and vulnerability in the future by adding additional burden of repaying the loans along with the interest. This leads to the factors that increase workers' vulnerability to being victims of human trafficking, all of which are likely to escalate during and after the COVID-19 crisis. The pandemic's effects are triggering layoffs in some industries and labor shortages in others, limiting workers' mobility, and making many workplaces more dangerous.

Hence, it demands special attention to develop relief package to LGBTI community to avoid vulnerability. Local government in collaboration with federal government should take proactive initiatives for that.

Figure 14: In case of loan from landlord, what were the conditions applied?



3.3.2 Family Behaviour

When asked about the family behavior towards the respondents, 65% stated that their family members behaved very cordially, whereas 31% respondents claimed that they had mental stress due to abusive words used by their family members towards them and 4.3% respondents had reported that they were been evicted, beaten badly and were not provided food to eat.

Table 4: Family behaviour during lockdown

| S. No. | Family behaviour | Response | Percent |
|--------|----------------------|----------|---------|
| 1. | Cordial | 107 | 65% |
| 2. | Mental Stress | 51 | 31% |
| 3. | Evicted | 3 | 4.3% |
| 4. | Beatings | 2 | 1% |
| 5. | Did not provide food | 1 | 0 |

*Multiple Response

Members of the community had been continuously facing violence and discrimination due to hatred from the family and society as well as discriminatory laws and policies of the state. Due to stay-at-home restrictions, many LGBTI people were confined in hostile environments with unsupportive family members or people who shared the home, increasing their exposure to violence and leading to them feeling anxious and depressed.

Generally, people from this community are found living alone, and when they start living alone they are often humiliated and oppressed by using offensive words and torture. LGBTI people are still hesitant to reveal their identity because they are afraid of how the society will treat them after their identity is revealed.

Majority of respondents i.e. 24.2% had shared that their landlord behaved very decently and in polite manner, whereas 21.9% respondents had faced social stigma, misbehavior and other forms of harassment during the period of lockdown.

Table 5: Problems encountered during lockdown

| S. No. | Problems encountered | Response | Percent |
|--------|------------------------------|----------|---------|
| 1. | Relief Packages not received | 119 | 72% |
| 2. | Trouble from landlord | 95 | 57.5% |
| 3. | Loan from employer | 78 | 47% |
| 4. | Removed from Job | 66 | 40% |
| 5. | Misbehave by Police | 30 | 18% |
| 6. | Misbehave by Family | 25 | 15% |

*Multiple Response

The table explains that 72% respondents did not receive any kind of relief packages from the local government or ward offices. 57.5% respondents were being troubled by the landlord, 47% respondents took loan from the employer in order to sustain during the lockdown. 40% respondents were removed from job, 18% and 15% respondents were treated badly by Police and even by their family respectively.

Hence, the society should come to an agreement that this a natural structure and nobody has control on it so rather each person should welcome the identity of the people from the LGBTI community. Moreover, Nepal is a largely patriarchal society and does not easily accept people of diverse sexual orientations, although there may be tolerance.

**IT IS NOT EASY TO GET RIGHTS FOR LGBTIQ COMMUNITY:
MANISH YADAV'S SUICIDE CONFIRM THE BITTER FACT!!!**

Twenty eight year old Manish Yadav had been living a happy life with his family in Saptari. He was LGBTI activist and had been fighting for the rights of LGBTI community for the past ten years. Although he was born with vagina, he identified himself as a man as time passed and hence, was a transgender man. Yadav was the first amongst the gender and sexual minorities in Nepal to have a baby through test tube. He had a baby girl. Birth registration of his child had also not been possible because of the existing laws of the country that requires a marriage certificate of the parents in order to register a child's birth. He had approached many authorities to request his daughter's birth registration. He had birthed a child after great deal of consideration and relentless efforts but all his efforts and dedication had seemed to have gone in vain. He committed suicide following never ending discrimination, hatred, and contempt from everyone because of his gender identity and because although he had tried everything in his power to get birth registration for his kid, every single one of his efforts was defeated each time. Many similar unfortunate incidents have taken place in the past but the state has taken no measures to address them. In 2007, Supreme Court of Nepal declared for the legal recognition of LGBTI community but this declaration has only been limited on paper. More often than not, sexual and gender minorities are ostracized by their family and the society, are disowned and compelled to live a miserable life detached from their loved ones. After the judiciary doesn't open doors for when they plead for justice and the state turns a blind eye on their suffering, they have no other choice than to quit life altogether.



Furthermore, factors such as caste, class, and gender play a major role in shaping attitudes towards sexuality and visibility in Nepal. In a country still shrouded by the caste system and driven by ethnic identity politics, a discourse on sexual identity seems to be less of a priority. Despite official recognition and the lack of open condemnation of homosexuality in social mores, family pressure and social expectations still force most people into not coming out and to getting married against their will or desire to persons of the opposite sex. This brings further vulnerability of member of LGBTI community, as shared in consultation; they were forced to get heterosexual marriage, forced sex, which leads to mental and physical harassment and violence. Hence, in order to address the potential vulnerability against this community, government along with non-governmental organization need to develop and implement the preventive programs targeting larger stakeholders and vulnerable communities.

3.3.3 Social Stigma

The society continues to perceive the LGBTI community in a different way due to which they are still confronting exclusion and torture. There are instances in the daily lives of LGBTI individuals who have experienced discrimination and violence in all aspects of their lives – in employment, family, health care and education. The government bureaucracy hasn't shown much interest or may not have the capacity to implement policies and laws that can benefit LGBTI people. Nepal is already overwhelmed with poverty, so due to this the government attention is lesser towards areas such as human rights of LGBTI individuals that may take less priority than issues perceived to be more urgent such as fulfilling basic needs including having enough food and adequate shelter.

Government of Nepal introduces the legislations related to right to food and right to housing in order to implement the fundamental rights of the citizen of country. To address the issue of right to food and shelter of LGBTI community during the pandemic, government has to develop inclusive plan of action to increase access to food and shelter of LGBTI community during and post crisis like COVID-19 pandemic.

“ I used to work in LGBTI organization previously, during the pandemic time and there were deduction in the influx of the projects. I lost my job due to this condition and we face difficulties in receiving a job in any other place other than LGBTI organization. As I was jobless I left for India and the situation came up that when I reached the lockdown started, hence as a result I was kept in quarantine. Doctors used to get very scared to treat us properly. Later on, I came back to Nepal. In Nepal, my mother didn't receive any relief materials and finally during dashain my mother received the relief materials from the known relative. We were later on provided with the relief materials only from LGBTI organization, I don't remember receiving any type of relief materials from any government local bodies.

Sandhya Lama, (Now Female),Hetauda ”

3.3.4 Relief Packages/Materials

During the surveyout of 165 respondents only 159 responded, among them 51% respondents had received relief packages and 49% respondents did not receive any sort of relief packages.

Figure 15: Did you received relief materials during lockdown?

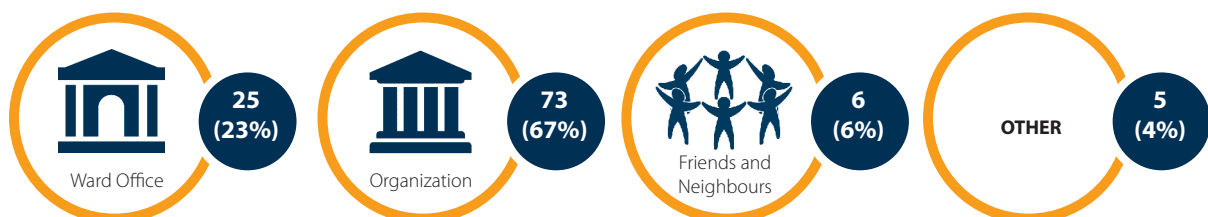


During the consultation, they claimed that LGBTI people were hard hit because most of the people didn't have access towards the relief package provided by the local government (ward offices). Few people from this LGBTI community only had received relief packages from the help of local NGOs. Throughout the lockdown it was found out that there were many people from the LGBTI community who were facing extreme poverty, had no food to eat, and the budget allocated from the municipal level was found to be channelized in some other areas.

It was unveiled from the interview that organizations like Friends Hetauda, Mauri Home, Nawa Jiwan Organization have helped the LGBTI community significantly during the pandemic period by providing relief package, taking care of their health. Also, during the pandemic period, counseling was provided by organization like Maiti Nepal, Makwanpur Women Groups and other organizations to the people from the LGBTI community. It is known that no such relief packages were based and distributed to the LGBTI community during the KII with local government officials. According to the survey and consultation, respondents obtained relief materials from nearby NGOs, relatives, and neighbors.

There is direct and indirect coordination and communication among the local non-governmental organization in terms of providing counseling and organizing programs, seminars, campaigns. It was also found out that the organization named Women Act was actively supporting the LGBTI community during the lockdown period by providing them with essential supplies.

Figure 16: Where did you received relief packages from?



The above data out of 165 respondents only 109 responded shows that 67% respondents had received relief packages from organizations, 23% had received from ward offices, 6% respondents received from their friends and neighbors whereas 4% respondents have received from any other means.

The analysis shows the urgent need of advocacy activities by civil society organizations to local government for allocation of targeted relief package to LGBTI community for addressing their basic needs during lock down and post lock down. It also indicate the need of inclusive guidelines & standard of relief package distribution that focus to LGBTI community as well

From the consultation it was also found out that, even the budget which was divided precisely for the welfare of LGBTI community was not provided to them by the local government. They still remain deeply marginalized and are denied even basic resources and services till date. The municipal and local bodies do not prioritize them in the budget preparation and division process

(District Consultation, Lumbini Province)

3.4 HEALTH IMPACTS

Throughout the consultation at Lumbini province there were few organizations that looked after the health status; most prominently to check whether they suffer from HIV and other diseases and carry out the testing whenever required. During any local awareness programs and seminars, including street drama the people from LGBTI community were encouraged to participate. In Lumbini province the organization works directly with LGBTI community and organizes awareness campaigns related to HIV and equality, justice for the LGBTI community and also facilitate them in having access to HIV treatment. The people from this community shared that they don't want to access health care or provide information on their health status as they fear family separation, detention or any kind of discrimination.

The situation urge for health service facilities to non-COVID patient particularly to those who suffer from chronic illness such as HIV and other diseases to safeguard the basic health rights of people.

“ No, such vulnerability of trafficking & transportation, forced labor and sexual violence against LGBTI people were seen because the country was in lockdown, but the self-harm and mental torture were reported.

Ms. Maya Lama, Maiti Nepal, Hetauda ”

During the study respondents had opined that they had faced discrimination based on sexual orientation and gender identity/expression were heard but sadly not documented. This discrimination can elevate the risk for LGBTI people from COVID-19. Given overloaded health systems during the roar of pandemic, treatment of LGBTI people were mostly interrupted or deprioritized, including HIV treatment and testing. Since, all people were harshly affected from COVID-19, the primary study also showed that LGBTI community were equally affected during the lockdown period and had problems with accessibility towards health check-ups. LGBTI community has said they were facing more mental stress due to the crisis created by COVID-19.

To address those issues, respondents during consultations pointed out the need of gender awareness program and inclusive health facilities (that include gender responsive infrastructure) to health professionals.

The members of this community were compelled to face increasing mental problems while staying with their families who did not accept their identity as LGBTI during the lockdown. The consultation showed that those staying alone in a rented house had faced more violence. Moreover, members of the LGBTI community were deprived of HIV Aids treatment and health services due to financial crunch. There was increased risk among members of the community. They were unemployed and deprived of mental health service during this adverse situation. During the consultation people also revealed that few people from LGBTI community committed suicide due to the crisis created by the lockdown. It has showed the urgent need of psycho-social counseling program.

3.4.1 COVID Test

During the surveyout of 165 respondents only 37 responded that had carried out their COVID 19 test through RDT, PCR and other medium i.e. 3.6%, 9.1% and 9.7% respondents respectively. Out of their COVID 19 test only 19.4% were diagnosed negative and 3.03% respondents were diagnosed with COVID 19. The remaining 128 respondents had not undergone a test for COVID 19.

Figure 17: Covid-19 Test

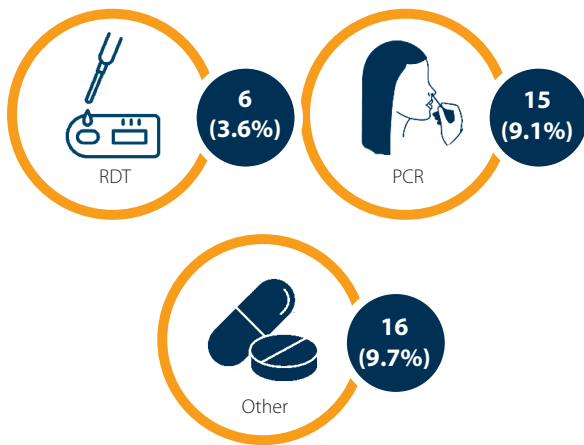
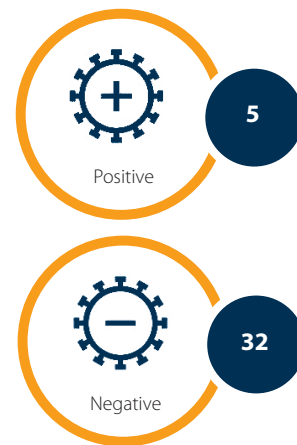


Figure 18: Covid-19 result



During this period, 2.4% respondents had to go through the treatment at the hospitals, whereas 1.2% respondents were admitted to the isolation ward and paid NPR 4,000 to NPR 12,000 in total by the respondents.

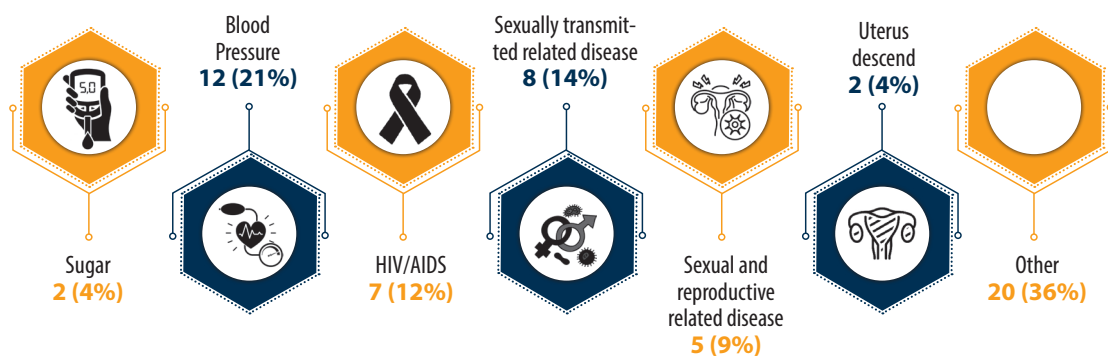
This data shows that, very minimum number of respondents get access in COVID test. To increase access to COVID test, local government proactively need to take initiatives to increase COVID test services to rural areas targeting to disadvantage and minorities groups that include LGBTI.

3.4.2 Pre-existing Health Conditions

During the surveyout of 165 respondents only 56 responded, i.e. 33.9% respondents were aware about their pre-existing health conditions. 21% respondents had blood-pressure, 4% respondents had sugar/ diabetes, 12% respondents had HIV/Aids, 9% respondents were suffering from sexual and reproductive related health issues and 4% respondents had trouble with their uterus descending and 36% respondents had other health issues.

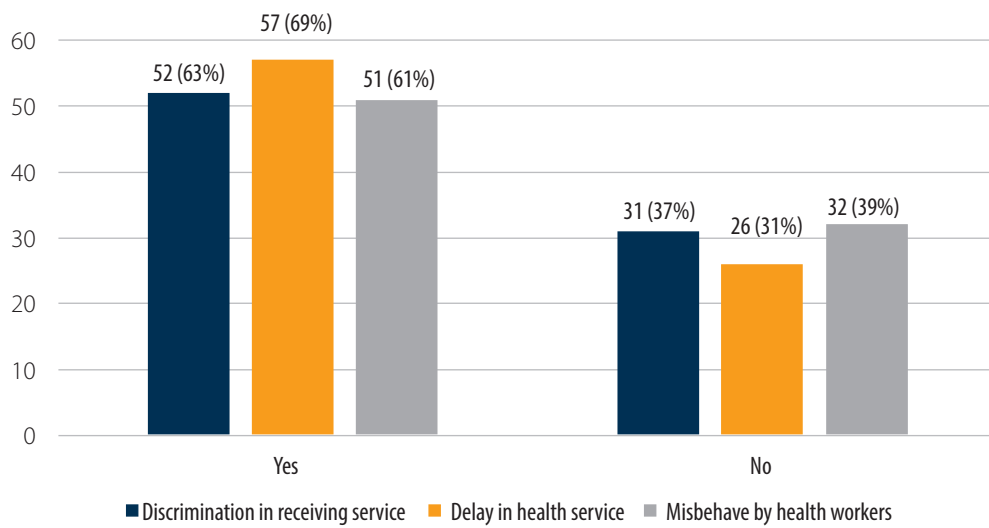
Inequity in healthcare access and social security for the most vulnerable members of society has resurfaced at a crucial moment for the LGBTI people who are most vulnerable to the pandemic and its social implications. They are at a higher risk of contracting the infection from a medical perspective because some of them live in close proximity and all of them lack permanent shelter. Because of the COVID-19 pandemic, fear of stigma, which is particularly prevalent in the LGBTI community, is a major obstacle to proper screening, preventive care, and treatment for their pre-existing health conditions.

Figure 19: Pre-existing Health Disease



From the survey out of 165 respondents only 29 responded that 28% respondents living with HIV/AIDS received treatment during lockdown.

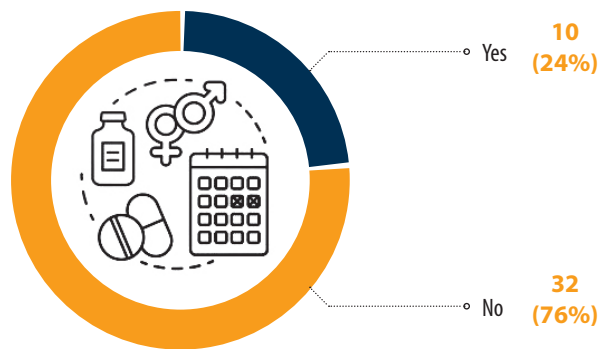
Figure 20: Discrimination in Health service



The above data out of 165 respondents only 83 responded that 61% respondents had faced misbehavior by health workers in the health-post and hospital, whereas 69% respondents had said that they had felt delay in receiving healthcare services and 63% respondents also said that had they were discriminated in receiving services.

The data below out of 165 respondents only 42 responded that only 24% respondents were able to use hormone therapy and 76% respondents couldn't use hormone therapy during lockdown. 19 respondents had shared that they had benefits while using hormone therapy and 18 respondents stated to not have had any benefits on using hormone therapy. 4 respondents also stated that they were helped by others while buying hormone therapy during lockdown whereas 32 respondents did not get any kind of help.

Figure 21: Were you able to use hormone therapy during lockdown?



Respondents were also asked about whether they tie their breast or not, and 33 said that they do tie their breast and 30 said they do not. 30 respondents use binder to tie their breast, while 4 of them had faced breast problem due to the use of binder. 2 of the respondents shared that safe abortion was available while 12 did not have any safe abortion service.

The data shows that COVID-19 has clearly caused havoc on the healthcare system, making it even more difficult for people dealing with chronic illnesses like HIV to see their doctors in person or feel comfortable going to a pharmacy to get their medicines.

During the consultation participants expressed that the LGBTI community had difficulty in accessing health services when the lockdown was in full effect; they still feel a sense of exclusion and seclusion in all the public spaces. LGBTI people regularly face discrimination and stigma when accessing health services, and discrimination due to their gender identity. Owing to this, few LGBTI people avoid health services and often are diagnosed and receive treatment too late.

Kiran Malla is a 53 year old transman from Nepalgunj. He lives with his partner Shreemaya and has been ardently working for the rights of the gender and sexual minorities. He has endured a lot of discrimination from family as well as the society in the past but he and his partner are accepted by their families and they have been living together for many years. The current situation of the LGBTIQ community is dreadful. The gender and sexual minorities have been struggling for their lives because they have lost their jobs, don't possess any savings and deposits and they are unlikely to be offered help from their families. The discriminatory behavior from the government and unfair treatment during the outbreak of a contagious corona virus has made the community suffer more consequences. Kiran Malla is a diabetic patient who had been struggling because he couldn't buy his required medicines anymore. It is such an ill fate that a diseased person is unable to afford medication for his health condition. Studies have proved corona virus to be lethal to individuals with compromised immune system and as Kiran had an underlying health condition – diabetes, he was a more vulnerable to the virus but he couldn't buy his regular medicines. MN provided financial help to him so that he could continue with his medication. It is hard to imagine what the results could have been if he wouldn't have gotten help at the right time. It is a sad reality for the LGBTIQ that even in these difficult times, government hasn't stepped in to rectify their situation but has been showing discriminatory behavior instead.

3.5 RECOMMENDATION PROVIDED BY THE RESPONDENTS

The respondents from the KII, consultation and survey have provided substantial recommendations in order to address the socio-economic and health impact on the lives of COVID 19. Recommendations moreover focus on making government responsibility and ensure the rights provided by the constitution and engagement of media and civil society organization.

Table 6: Recommendation provided by Respondents to various Stakeholders

| | |
|----------------------|---|
| Government | <ul style="list-style-type: none"> • Proactive intervention for effective implementation of laws and policies for the ensuring rights and safety of LGBTI people. • Provide equal rights and opportunity as other normal people. • Proper dispensation of funds from local bodies to ensure relief packages • Strengthening monitoring and oversights • Conduct skillful training targeting to LGBTI people • Create alternative employment opportunity or ensure quota system for LGBTI people • Ensure the participation of LGBTI people in government line of ministries and commission. • Maintain data of LGBTI people • Separate targeted program and budget for LGBTI people. • All the tiers of government to ensure the discrimination free place to live for LGBTI people. • Government should be ready to tackle any-kind of emergency situation that comes up in the future. • Government should provide marriage and citizenship certificate. • Curriculum development about LGBTI in the school textbooks. |
| Civil Society | <ul style="list-style-type: none"> • Introduce psychosocial counseling programs for LGBTI people. • Awareness program about Gender and Sexual Minorities and providing orientation to elected representatives, police, CDOs, ward office and so on. • Orientation on heinous crime, human trafficking, migrant workers, safety related information, sexual harassment, labour rights, and job security to law enforcement agencies • Oversights the works carried out for the LGBTI people by the government and provide opinions. • Increase awareness raising program in rural areas of Nepal and sensitize media while reporting the cases. |

Section 4

CONCLUSION AND RECOMMENDATION

4.1 CONCLUSION

The COVID 19 enforced lockdown had several ramifications for the entire nation. However, marginalized communities and sexual minorities such as LGBTI were among the worst affected. This has significantly affected the socio-economic and health of LGBTI people. People with LGBTI had to deal with stigmatization and alienation from the society, as well as work markets that left them jobless. The LGBTI people have faced extreme financial hardship, bringing them to a point where they were unable to meet their basic needs, including food. People from this group faced a lot of prejudice because of their gender and sexuality, and they are insecure in both public and private spheres of life. In this context, the COVID 19 pandemic outbreak remains a global public health emergency with a high mortality rate that inevitably caused health and socioeconomic problems around the world.

To combat the pandemic's devastating effects, the government implemented a number of policies and mechanisms, including mobilizing the COVID-19 fund at the federal, provincial, and local levels, to systematize relief distribution. Despite the fact that the federal government has made exclusive decisions on how to respond to the pandemic, provincial and local governments are also falling short in reacting to the crisis and are facing confusion on how to effectively deal with the pandemic. There are major roadblocks in the way of promoting inter-governmental fiscal ties. Since they haven't been specifically defined, ineffective processes have resulted. Overall, Nepal has cultivated a culture of centralized decision-making, with sub-national governments often lacking sufficient room to carry out any COVID-19-related prevention and response tasks independently.

As a result, when reacting to the pandemic, the government failed to address the needs of vulnerable and oppressed communities. The government has shifted all focus on health sectors and has failed to realize the fallout of the lockdown caused at economic, access to justice, social justice and so on. Hence, the government needs to take stringent measures to interweave different sectors such as health, formal sector economy, education, trade and tourism, agriculture and maintain peace and harmony with its citizens. In this regard, the government must collaborate with the private sector, including MSME's, to implement successful health response policies as well as policies to supplement the livelihood of a large number of unemployed people in order to mitigate the pandemic's adversity.

Furthermore, there is a lack of substantive legislation to address the effect of COVID-19, which necessitates an inclusive approach in various sectorial orders, guidelines, and plans of action to address health, socioeconomic, and other impacts.

The government of Nepal has not given any guidance or taken any special measures to address the needs of this group. The state has made little attempt to learn about the plight of LGBTI and other underprivileged communities, causing their situation to deteriorate as a result of the government's lack of support. Till date, no research studies or reports have been conducted to examine the overall effect of the COVID-19 pandemic on the LGBTI population and other vulnerable and minority groups.

The COVID 19 pandemic has resulted in an increase in the number of people who self-harm or commit suicide, with the majority of them being disowned by their families and ostracized by society. They are stigmatized and excluded from both the formal and informal labor markets, leaving them jobless. Members of the LGBTI community have been experiencing financial difficulties, causing them to lose their benefits.

Since everyone was severely affected by the COVID 19, the primary study found that the LGBTI population was similarly affected during the lockdown time and had difficulty accessing health check-ups. Treatment of LGBTI people, including HIV treatment and testing, was often disrupted or deprioritized due to overburdened health systems during the pandemic's roar.

It can be understood from the findings of this study that strong legal measures, policies, plan of action, directives with required budget should be adopted to ensure that the LGBTI community's rights and dignity are protected. Enact legislation for the benefit of this society, consistent advocacy and mass awareness among the general public are very much crucial. It is also important for the government to consider them as equal citizens not only on paper, but also in everyday life..

4.2 RECOMMENDATIONS

Various shortcomings were observed during the lockdown, which failed to address the issues faced by the LGBTI community. In this regards, the following recommendations have been devised considering the recommendations provided by respondents during the study period;

Legal Measures

- Government of Nepal should introduce the "Consolidated Pandemic Law" which should address the issues of LGBT community such as access to justice, right to relief and so forth.
- It is imperative to provide the LGBTI with legal identity by ensuring different kinds of right which specifically should include reproductive and sexual right, marriage law, right to citizenship, adoption law and so forth through amending various legislations: Muluki Criminal Code, 2017, Muluki Civil Code, 2017, Citizenship Act, 2006, National Identity and Vital Registration Act, 2020, Right to Social Protection Act, Right to Food Act, Right to Housing Act, and so forth.
- Government also should develop concrete law to ensure proportional representation of LGBTI community in government job and other state mechanism in order to ensure right to social justice ensure by Article 42 of the Constitution of Nepal.

Policy/ Directives /Guidelines& standards

Local and Federal government should develop and implement policy/directive and guidelines in following issues

- Government should issue the directive to monitor the disparities in healthcare access and should consider the treatment of HIV AIDS, Hormonal therapy as an essential for the people of LGBTI community and provide social security at a critical time for the LGBTI community.
- Government should issues a directives based on existing law such as Labor Act, 2073 and Contributory Social Protection Act, 2075to strengthen social protection system in informal sector,
- Government (both local and federal) should develop standard of relief package with targeted relief package by local government (federal government should provide conditional grant to local government for such relief package) to LGBTI community who lost their job and micro business/ enterprises.

Plan of Action

Government shall develop action plan to address the issue of LGBT community during the pandemic and beyond. That shall include following issues but not limit to,

- Health service facilities to non-COVID patient particularly to those who suffer from chronic illness such as HIV and other diseases to safeguard the basic health rights of people.
- Psycho-social counseling program.
- Plan to increase access to COVID test services to rural areas targeting to disadvantage and minorities groups that include LGBTI.
- Plan to make available the vaccine to rural population that also should target to LGBTI and other marginalized community.
- Provision of appropriate infrastructures for the LGBTI community explicitly demarcating for instance the toilet for them in public spaces, quarantine centers, isolation, hospital facilities.
- Enhancing the socio-economic opportunities explicitly targeting for the LGBTI community and helping them in accessing the legal identity and services.
- Providing them with capacity building trainings and supporting them in having transparent accessibility towards government budget.

- Mobilize and sensitize the media bodies and CSOs' in helping the LGBTI community voice to have a larger outreach through media content such as radio, television.
- Especial economic recovery package for the LGBTI
- Community should be introduced for those who have lost their jobs due to the pandemic and natural disasters Program to conduct orientation, awareness campaigns for local communities, elected representatives, government officials, education institutions, health professionals, civil society and common citizen regarding gender awareness and inclusive health facilities (that include gender responsive infrastructure).
- Governments of all level need to develop inclusive action plan to address the violence against women that include LGBTI community in crisis and ensure their access to justice during the crisis like COVID-19 pandemic.
- Need to develop inclusive action plan to address the violence against women that include LGBTI community in crisis and ensure their access to justice during the crisis like COVID-19 pandemic.
- To address the issue of right to food and shelter of LGBTI community during the pandemic, all level of government has to develop inclusive plan of action to increase access to food and shelter of LGBTI community during and post crisis like COVID-19 pandemic based on Right to Food Act and Right to Housing Act,.

Dedicated Resources to implement law/policies and the Plan of Action

- All three tiers of Government should allocate sufficient resource to implement law/ policies and plan of action,
- Ensure the gender responsive budget by all three tiers of government,

Monitoring, Evaluation and Learning (MEL) Mechanism

- All three tiers of government should ensure the MEL mechanism to ensure the effective and efficient implementation respective laws, Policy, Directives & Guidelines, plan of action developed by all three tiers of respective government,
- Adopt the LNOB approach and ensuring their active participation in census and helping in creating a safe and comfortable space to unveil their gender identity.
- Adopt the intersection approach in identifying their needs and designing the programs and guidelines targeting the LGBTI community.
- Mainstream gender that include non-binary gender in all pandemic related law, policy, guidelines, directives, action plan, budget and monitoring and evaluation
- Coordination, cooperation and collaboration among three tiers of government both vertically and horizontally including private sectors and civil society organizations.

Civil Society

- Develop and implement advocacy to endorse
- Conduct awareness program regarding non-binary gender identity, sexuality, sexual orientation and rights of individuals who belong to this community. For that also need to revisit conventional gender training modules that developed by government and non-governmental organizations.
- Develop advocacy plan and activities local and federal government for allocation of targeted relief package to LGBTI community for addressing their basic needs during lock down and post lock down.
- Advocate to guarantee inclusive guidelines & standard of relief package and other sectorial guidelines related to health, access to justice that also addresses the need of LGBTI community.

Way forward to implement the Recommendation

In order to implement the recommendation, civil society organizations or interest groups should develop effective and efficient advocacy plan with adequate resources that include human resources, knowledge & skill, networking/ alliances



ANNEXES

Annex 1: Feminist Framework

FEMINIST FRAMEWORK

| | |
|---|--|
| <i>We are accountable for how our research is conducted</i> | Whether the research: <ul style="list-style-type: none">• Is grounded in the commitment to do no harm• Prioritizes ethical approaches• Is methodologically rigorous and uses a broad range of feminist participatory research methods• Asks questions about the values we bring as researchers |
| <i>We are committed to ethical collaboration</i> | Whether the research: <ul style="list-style-type: none">• Follows transparent processes to ensure ethical engagement with our research partners• Interrogates the multiple power dynamics of the research relationship |
| <i>Whether research builds feminist knowledge of women's lives</i> | Does the research draw out individual and collective knowledge to generate new understandings in relation to: <ul style="list-style-type: none">• The experiences of those who identify as women or are identified as women• How ideas of gender and gender identity are formed and the harmful and positive impacts of gender-based stereotypes• How power is gendered, and how it operates and affects individuals and communities• The experiences of women in all their diversity, and the impact of intersectional identities on women's lives |
| <i>We conduct applied research that seeks a transformative impact on the causes of gender inequality</i> | Whether the research generates knowledge as a resource of and for the women who create, own and share it. Our research will contribute to: <ul style="list-style-type: none">• Change for individuals• Change within RPs• Change within the feminist movement• Change for society (across economic, political, cultural, legal and other spheres)• Change to our programs, projects and partner relationships• Change to our ideas about knowledge production and research methods |

Annex 2: List of KII Participants

| S. No | Name | Designation | Organization | Place |
|-------|---------------------------|------------------------------|----------------------------------|------------------------------|
| 1. | Ms. Laxmi Gupta Shah | Vice Chair | Kapilbastu Municipality | Lumbini Province, Kapilbastu |
| 2. | Mr. Sheshkant Poudel | Chief Administrative Officer | Kapilbastu Municipality | Lumbini Province, Kapilbastu |
| 3. | Mr. Lal Bahadur BK | Inspector | District Police Office | Lumbini Province, Kapilbastu |
| 4. | Mr. Sudeep Poudel | Chairperson | Ward no. 1 | Lumbini Province, Kapilbastu |
| 5. | Ms. Sona Khatik | Media person | Radio Kapilbastu | Lumbini Province, Kapilbastu |
| 6. | Ms. Nitu Gadtaula | Officer | National Human Rights Commission | Province 1, Biratnagar |
| 7. | Mr. Chandra Pd. Bhattarai | Chairperson | Ward no. 4 | Province 1, Itahari |
| 8. | Mr. Nabin Sigdel | Chairperson | Ward no. 4 | Bagmati Province, Hetauda |
| 9. | Ms. Maya Lama | District Representative | Maiti Nepal | Bagmati Province, Hetauda |
| 10. | Mr. Raj Kumar Sapkota | Inspector | District Police Office | Bagmati Province, Hetauda |

Annex 3: List of FGD Participants

Provincial Consultation on Research on COVID-19 effect on LGBTI Community

Date: 2 March 2021

Venue: Taulihawa, Kapilvastu, Province 5

| S.N | Name | Phone | Sex & Gender | | | | | | | Sign | Take photo/video | | |
|-----|------------------------|------------|--------------|---|---|---|---|---|---|------|------------------|-----|----|
| | | | M | F | L | G | B | T | I | | Q | Yes | No |
| 1 | Sunita Belbase | 9857050848 | | * | | | | | | | | * | |
| 2 | Sushila Belbase | 9857033891 | | * | | | | | | | | * | |
| 3 | Goma Pariyar | 9847052736 | | * | | | | | | | | * | |
| 4 | Prasna Bista | 9847872172 | | | | | | * | | | | * | |
| 5 | BhupendraBdr. Bista | 9863024056 | * | | | | | | | | | * | |
| 6 | Laxman B.KA | - | | | | | | * | | | | * | |
| 7 | Anil Chaudhary | 9866858615 | | | | | | * | | | | * | |
| 8 | Raju Romal | 9865930791 | | | | | | * | | | | * | |
| 9 | Bishnu Rana | 9804487474 | | | * | | | | | | | * | |
| 10 | Bijaya Kumal | - | | | | | | * | | | | * | |
| 11 | Bishesh Subedi | 9863784941 | | | | | * | | | | | * | |
| 12 | Kumari Gyanmala Ratpal | 9825428104 | | * | | | | | | | | * | |
| 13 | Tika Thapa Magar | 9807290991 | | | | | | * | | | | * | |
| 14 | Meera Bajracharya | 9841868465 | | | | | | * | | | | * | |
| 15 | Salina Chaudhary | 9821546872 | | | | | | * | | | | * | |
| 16 | Basant Banjati | 9857050300 | * | | | | | | | | | * | |
| 17 | Kishor Bonyale | 9816499522 | * | | | | | | | | | * | |
| 18 | Anos Rai | 9807510504 | | | | | | * | | | | * | |
| 19 | Laxmi Ghalan | 014433118 | | | | | | | | | | * | |

Provincial Consultation on Research on COVID-19 effect on LGBTI Community

Date : 8 March 2021

Venue: Itahari, Sunsari, Province 1

| S.N | Name | Contact no. | Sex & Gender | | | | | | | | Sign | Take photo/ video | |
|-----|------------------------|-------------|--------------|---|---|---|---|---|---|---|------|-------------------|----|
| | | | M | F | L | G | B | T | I | Q | | Yes | No |
| 1 | Raj Chaudhary | 9804300330 | | | | | | * | | | | * | |
| 2 | ChainuChaudhary | 9805372399 | | | | | | | * | | | * | |
| 3 | KabitaTamang | 9824018724 | | | | | * | | | | | * | |
| 4 | SumanTamanag | 9803846240 | | | | | | * | | | | * | |
| 5 | SamratChaudhary | 9825390176 | | | | | | * | | | | * | |
| 6 | Narayan Prasad Acharya | 9852055696 | * | | | | | | | | | * | |
| 7 | MeeraBajracharya | 9841868465 | | | * | | | | | | | * | |
| 8 | John Jha | 9841687082 | * | | | | | | | | | * | |
| 9 | Laxmichapagain | 9863016811 | | * | | | | | | | | * | |
| 10 | BimalaMallaThakuri | 9862013466 | | * | | | | | | | | * | |
| 11 | AasnaBarmaChhetri | 9818895843 | | * | | | | | | | | * | |
| 12 | Krishna KumariAdhikari | 9852090697 | | * | | | | | | | | * | |
| 13 | AsnuLimbu | 9805354903 | | | * | | | | | | | * | |
| 14 | JP Limbu | 9817930352 | | | | | | * | | | | * | |
| 15 | Deepak Senchury | 9818395277 | * | | | | | | | | | * | |
| 16 | UrmilaNiraula | 9842165124 | | * | | | | | | | | * | |
| 17 | SupriyaRai | 9861015634 | | * | | | | | | | | * | |
| 18 | BimalaTimilsina | 9842293985 | | * | | | | | | | | * | |
| 19 | ShushilRajbanj | 9862315196 | * | | | | | | | | | * | |
| 20 | Ganga Gautam | 9842291520 | | * | | | | | | | | * | |
| 21 | Som Raj Thapa | 9852021530 | * | | | | | | | | | * | |
| 22 | JhanakPoudel | 980343145 | * | | | | | | | | | * | |
| 23 | DevikaKarki (WSDC) | 9855082188 | | * | | | | | | | | * | |
| 24 | BagmatiKattel (FNSEC) | 9842033443 | | * | | | | | | | | * | |

Provincial Consultation on Research on COVID-19 effect on LGBTI Community

Date: 14 March 2021
Venue: Hetauda, Province 3

| S.N | Name | Phone, Email and Organization | Sex & Gender | | | | | | | Sign | Take photo/ video | | |
|-----|---------------------|--|--------------|---|---|---|---|---|---|------|-------------------|-----|----|
| | | | M | F | L | G | B | T | I | | Q | Yes | No |
| 1 | KiranThapa | Friends Hetauda, 9845243572 Friendshetauda2015@gmail.com | | | | | | * | | | | * | |
| 2 | AsmitaAryal | Hetauda Hospital, OCMC 9845828433 asmita.aryal32@yahoo.com | | * | | | | | | | | * | |
| 3 | Sumita Lama | Hetauda Hospital, 9865012096, Lamasumita09@gmail.com | | * | | | | | | | | * | |
| 4 | BinuDhungana | Makwanpur Positive Group, 9846847584 | | * | | | | | | | | * | |
| 5 | BishnuTitung | Makwanpur Mahila Samuha | | * | | | | | | | | * | |
| 6 | PratikshyaKhadka | INSEC, 9842094807, pratikshyaonu@gmail.com | | * | | | | | | | | * | |
| 7 | Mana Lama | Maiti Nepal, 9845164809 | | * | | | | | | | | * | |
| 8 | Milan Neupane | GWP, 9851057015 melodymilan@gmail.com | * | | | | | | | | | * | |
| 9 | MinuMoktan | MahilaMukti Sang, 9804200925 | | * | | | | | | | | * | |
| 10 | Rabin Thing | 9847907329 | | | | | | * | | | | * | |
| 11 | SumitPoudel | 9845534335, sumitpoudel992@gmail.com | | | | | | * | | | | * | |
| 12 | LalitGhalan | 9869220994 | | | | | | * | | | | * | |
| 13 | Krishna Bdr. Moktan | 9821195986 | | | | | | | * | | | * | |
| 14 | Sandhya Lama | 9811218907, 9865516038 | | | | | | * | | | | * | |
| 15 | Bharat P. Thapa | 9812302658 | | | | | | * | | | | * | |
| 16 | Dipesh Bayalkoti | - | * | | | | | | | | | | |

Annex 4: Survey Question

कोरोना भाईरस (कोभिड-१९) का कारण एलबिडिआई समूदायमा परेको सामाजिक, आर्थिक र स्वास्थ्य प्रभाव अध्ययन सम्बन्धी सर्वेक्षण प्रश्नावली, २०७७

मन्जुरीनामा

फारम कोड://००.

यो माथि उल्लेखित अध्ययन हिमाल इन्नोभेटिभ डेभलपमेन्ट एण्ड रिसर्च प्रा लि (एचआईडिआर) ले मितिनि नेपालको आर्थिक सहयोगमा कोरोना भाईरस (कोभिड-१९) का कारण एलबिडिआई समूदायमा परेको सामाजिक, आर्थिक र स्वास्थ्य प्रभाव अध्ययन गर्न सञ्चालन गरिएको हो । तपाईंहरूलाई निम्न प्रश्नहरूको उत्तर दिन अनुरोध गर्दछौं । तपाईंले दिनु भएका उत्तरहरू पहिचान नखुलाई (नाम, ठेगाना, अन्य व्यक्तिगत जानकारी) अध्ययन प्रतिवेदनको रूपमा प्रयोग गरिनेछ । यस अध्ययनले तपाईंको अन्य हाल भइरहेको वा हुने (डोनरबाट प्रदान गरिएका) विकासको कार्यक्रममा सहभागिताको योग्यतामा बाधा पुऱ्याउने छैन । यदि तपाईंलाई निम्न प्रश्नहरूको उत्तर दिन वा अर्न्तवार्तामा बस्न सहज नभएमा तपाईंलाई यस सर्वेक्षणलाई अस्वीकार गर्ने पूर्ण अधिकार छ । सहमती असहमती

यस सर्वेक्षणमा सहभागिता जनाएमा:

सही :

मिति :

| क्र.सं. | प्रश्नावली | प्रतिक्रिया |
|---------|-------------------------------|---|
| १. | प्रदेशको नाम : | प्रदेश १ बागमती लुम्बिनी |
| २. | जिल्लाको नाम (लेख्नुहोला) | |
| ३ | उमेर | (क) १४ वर्षभन्दा कम (ख) १४ देखि १८ वर्ष (ग) १८ वर्षभन्दा बढी |
| ४ | लैङ्गिक पहिचान: | (क) महिला समलिङ्गी (ख) द्वियौनिक (bisexual) (ग) महिला पारलिङ्गी (घ) पुरुष पारलिङ्गी (ङ) तेस्रो लिङ्गी पुरुष (च) तेस्रो लिङ्गी महिला (छ) अन्तर्लिङ्गी (intersex) |
| ५ | जातिय पहिचान : | (क) नेवार (ख) जनजाती (ग) मधेशी (घ) मुस्लिम (ङ) दलित (च) बाहुन (छ) क्षेत्री (ज) अन्य |
| ६ | संगै बसेको : (लिभिङ्ग टुगेदर) | (क) हो (ख) हैन |

| क्र.सं. | प्रश्नावली | प्रतिक्रिया |
|---------|--|--|
| ७ | छ भने कति समय | (क) ० - छ महिना (ख) ६ महिना - १ वर्ष (ग) १ - ३ वर्ष (घ) ३ वर्ष भन्दा माथि |
| ८ | संगै बसेको बेला (लिभिङ्ग टुगेदर) मा के समस्या भोग्नुपर्छ ? | (क) परिवारले दुर्ब्यवहार गरेको (ख) प्रहरी ले दुर्ब्यवहार गरेको (ग) घरपेटी ले दुर्ब्यवहार गरेको (घ) काम मा भेदभाव वा दुर्ब्यवहार गरेको (ङ) समाजले भेदभाव वा दुर्ब्यवहार गरेको (च) अन्य (खुलाउनुहोस) |
| ९ | परिवार संग बस्नु हुन्छ कि हुँदैन | (क) बस्छु (ख) बस्दिन |
| १० | शैक्षिक स्तर : | (क) प्राथमिक शिक्षा (८ कक्षा सम्म) (ख) माध्यमिक शिक्षा (१० कक्षा सम्म) (ग) उच्च माध्यमिक शिक्षा (१२ कक्षा सम्म) (घ) स्नातक वा सो भन्दा माथी |
| ११ | परिवारको मुख्या आम्दानीको श्रोत: | (क) दैनिक ज्यालादारी (ख) नोकरी वा पेन्सन (ग) कृषि (घ) पशुपालन (ङ) व्यापार व्यवसाय (च) बैदेशिक रोजगारी (छ) अन्य |
| १२ | तपाइको आफ्नो पेशा : | (क) ज्याला (ख) वित्तिय क्षेत्र (ग) गैर सरकारी संघ संस्था (घ) हस्पिटालिटी (ङ) कृषी (च) यौन पेशा (छ) सरकारी सेवा (ज) निजी क्षेत्र (झ) मनोरञ्जन क्षेत्र (ञ) अन्य (खुलाउनुहोस) (ट) केहि पनि छैन (ठ) आफ्नै व्यवसाय |
| १३ | यौन पेशा गर्नुहुन्छ भने काम निरन्तरता भयो कि भएन ? | (क) भयो (ख) भएन |
| १४ | यौन व्यवसाय गर्ने सुरक्षाका साधनहरु प्राप्त गर्नु भयो कि भएन ? | (क) भयो (ख) भएन |
| १५ | ■ तपाइको आफ्नै व्यवसाय छ भने व्यवसायमा समस्या भयो कि भएन ? | (क) भयो (ख) भएन |

| क्र.सं. | प्रश्नावली | प्रतिक्रिया |
|---------|--|---|
| १६ | तपाइको मासिक आम्दानी : | (क) १३५०० भन्दा कम (ख) १३५०० देखि २०००० सम्म (ग) २०००० देखि माथि |
| १७ | लकडाउनको कारण तपाइले आफ्नो रोजगारी गुमाउनु भयो ? | (क) हो (ख) होइन |
| १८ | यदि गुमाउनु भएको भए, कुन हिसावले गुमाउनु भयो ? | (क) केहि दिनका लागी (ख) केहि महिनाको लागी (ग) सधैका लागी |
| १९ | लकडाउनको कारण तपाइको मासिक आयमा प्रभाव पर्यो ? | (क) हो (ख) होइन |
| २० | यदि मासिक आयमा प्रभाव परेको हो भने, कतिको पर्यो ? | (क) एक चौथाइ कम भयो (२५%) (ख) आधा आम्दानी कम भयो (५०%) (ग) पुरै कम भयो (१००%) (घ) खासै कम भएन |
| २१ | लकडाउन अबधि भर मासिम कति दिन काममा जानुभयो ? | (क) ० दिन (ख) ५ दिन (ग) १० दिन (घ) १५ दिन (ङ) नियमित |
| २२ | लकडाउनको अवधीमा के तपाईंलाई तलब पाउनु भयो ? | (क) पुरै पाए (१००%) (ख) आधा पाए (५०%) (ग) एक चौथाइ पाए (२५%) (घ) एक महिना पाए (ङ) पुरै अवधिको पाइन |
| २३ | लकडाउन पछि (हालको अवस्थामा) तपाईं नियमित काममा जाँदै हुनुहुन्छ ? | (क) हो (ख) होइन |
| २४ | यस अवधीमा तपाइले आफ्नो खर्च कसरी चलाउनुभयो ? (एकभन्दा बढी चिन्ह लगाउन सकिने) | (क) बचत गरेको रकमबाट (ख) उधारो खाद्यन्नहरु किनेर (ग) साथीहरुसँग सापटी लिएर (घ) संस्थाहरुको सहयोगबाट (ङ) वडाको सहयोगबाट (च) साहुजीसाग ऋण लिएर (छ) अन्य..... (खुलाउनुहोस) |
| २५ | साहुजीसाग ऋण लिएको भए, तपाइले कुनै शर्तहरु पालन गर्नुभयो ? भयो भने कस्ता शर्तहरु थिए ? (एकभन्दा बढी चिन्ह लगाउन सकिने) | (क) पछि पनि त्यही साहुसागै काम गर्नपर्ने (ख) १० प्रतिशत भन्दा बढी ब्याज तिर्नुपर्ने (ग) अन्य (घ) कुनै शर्त छैन |
| २६ | लकडाउनको अवधीमा परिवारको तपाइ प्रति कस्तो ब्यबहार रहेको थियो ? (एकभन्दा बढी चिन्ह लगाउन सकिने) | (क) सोहार्दपूर्ण (ख) यौन हिंसा (ग) खान लाउन नदिएको (घ) घरबाट निकाला गरेको (ङ) कुटपिट (च) गालि गलौज गरी मानशिक तनाब दिएको (छ) अन्य (खुलाउनुहोस) |

| क्र.सं. | प्रश्नावली | प्रतिक्रिया |
|---------|--|--|
| २७ | बहालमा बसेकाको हकमा (घरपेटि तथा तिनका परिवारका सदस्यले) | (क) दुर्ब्यबहार गरेका (ख) सामाजिक लाञ्छना लगाएको (ग) असल र सहयोगी ब्यबहार गरेको (घ) अन्य |
| २८ | तपाइलाई थाहा भए सम्म एलबिटिआई समूहको व्यक्तिले लकडाउनको अबधिमा यी मध्ये कुनै समस्या भोग्नुपरेको तपाइलाई थाहा छ ? | (क) रोजगारीबाट हटाइएको (ख) प्रहरी द्वारा अपहेलना (ग) साहुजीसँग ऋण लिन परेको (घ) घरपेटिले दुःख दिएको (ङ) वडाबाट राहत नपाएको (च) परिवारले खान लाउन नदिई दुर्ब्यवहार गरेको (छ) अन्य |
| २९ | लकडाउनको बेला तपाईंले राहत पाउनुभयो | (क) पाएँ (ख) पाईएन |
| ३० | पाउनु भएको भए कहाबाट पाउनु भयो ? | (क) वडा कार्यालयबाट (ख) संघ संस्थाबाट (ग) छिमेकी वा साथिभाईबाट (घ) अन्य (खुलाउनुहोस) |
| ३१ | के तपाइले यस अवधीमा आफ्नो वा परिवारको कोभिड परिक्षण गर्नुभयो ? यदि गरेको भए कुन परिक्षण गर्नुभयो ? | (क) आरडिटी (ख) पिसीआर (ग) अन्य |
| ३२ | तपाईंलाई कोभिड पोजीटिभ देखियो ? | (क) देखियो (ख) देखिएन |
| ३३ | यदि कोभिड पोजीटिभ देखिएको थियो भने : | |
| ३४ | उपचार गर्नुपर्यो ? | (क) पर्यो (ख) परेन आफै ठिक भयो |
| ३५ | अस्पताल भर्ना हुनु पर्यो ? | (क) पर्यो (ख) परेन |
| ३६ | आइसोलेसन वार्डमा बस्नुपर्यो ? | (क) पर्यो (ख) परेन |
| ३७ | अस्पताल वा आइसोलेसन वार्डमा बस्नुपर्दा दुर्ब्यवहार (भेदभाव) को अनुभव भयो ? | (क) दुर्ब्यवहार (भेदभाव) भयो (ख) नराम्रो केहि भएन |
| ३८ | उपचारका लागि पैसा तिर्नुपर्यो ? | (क) पर्यो (ख) परेन |
| ३९ | यदि पैसा तिर्नभएको भए कती पैसा तिर्नुभयो ? | रु. |
| ४० | तपाईंलाई केहि स्वास्थ्य सम्बन्धी समस्या वा पूर्व अवस्थित स्वास्थ्य सम्बन्धी रोगहरु छन् ? (यदि छ भने) | (क) सुगर (ख) रक्तचाप (ग) यौन संक्रमण सम्बन्धि रोगहरु (घ) पाढेघर खस्ने समस्या (ङ) यौन तथा प्रजनन स्वास्थ्य सम्बन्धि रोगहरु (च) एचआईभी / एड्स (छ) अन्य |

| क्र.सं. | प्रश्नावली | प्रतिक्रिया |
|---------|--|------------------------------------|
| ४१ | लकडाउनको बेला तपाईंले एचआईभी / एड्सको उपचार गर्न पाउनुभयो कि भएन | (क) भयो (ख) भएन |
| ४२ | कोभिडको दौरानमा स्वास्थ्य परिक्षणको समयमा तपाईंलाई कुनै प्रकारका समस्या आईपरेको थियो ? | |
| ४३ | (क) स्वास्थ्यकर्मि द्वारा दुर्ब्यबहार | (क) भयो (ख) भएन |
| ४४ | (ख) सेवामा कुनै प्रकारको ढिलाई | (क) भयो (ख) भएन |
| ४५ | (ग) सेवा लिन कुनै प्रकारको भेदभाव | (क) भयो (ख) भएन |
| ४६ | (घ) पूर्व अवस्थित स्वास्थ्य रोगहरुमा स्वास्थ्य परिक्षण सेवा | (क) उपलब्ध थियो (ख) उपलब्ध थिएन |
| ४७ | ▪ Lock Down को समयमा तपाईंहरुले हर्मोन थेरापि प्रयोग गर्न पाउनु भयो कि भएन ? | (क) भयो (ख) भएन |
| ४८ | ▪ हर्मोन प्रयोग गर्दा तपाईंहरुलाई कतिको फाइदा वा वेफाइदा भएको छ ? | (क) फाइदा (ख) वेफाइदा |
| ४९ | ▪ हर्मोन प्रयोग गर्न सहजता भयो कि भएन ? | (क) भयो (ख) भएन |
| ५० | ▪ महमारीकै समयमा तपाईंहरुले हर्मोन कहाँबाट प्राप्त गर्नुहुन्थ्यो ? | |
| ५१ | ▪ तपाईंहरुले हर्मोन प्रयोग गर्नको लागि किन्न सहयोग भयो कि भएन ? | (क) भयो (ख) भएन |
| ५२ | ▪ तपाईंहरुले आफ्नो स्तन बाध्ने गर्नु हुन्छ कि हुदैन ? | (क) हुन्छ (ख) हुदैन |
| ५३ | ▪ तपाईंहरुले बाइन्डर प्रयोग गर्नु हुन्छ कि हुदैन ? | (क) हुन्छ (ख) हुदैन |
| ५४ | ▪ यदि प्रयोग गर्नुहुन्छ भने तपाईंहरुलाई स्तन सम्बन्धि केहि समस्या छ कि छैन । | (क) छ (ख) छैन |
| ५५ | (ङ) सुरक्षित गर्भपतन सेवा | (क) उपलब्ध थियो (ख) उपलब्ध थिएन |
| ५६ | लकडाउनको समयमा स्थानीय सरकारवाट कस्तो सहयोग प्राप्त गर्नुभयो उल्लेख गर्नुहोस । | |
| ५७ | लकडाउनको प्रभावका कारण एलबिटीआई समूहका व्यक्तिहरु बेचविखन, ओसार पसार, बाध्यत्मक श्रम, यौन हिंसा तथा दुर्ब्यवहारको जोखिममा परेका देख्नुभएको छ ? कुनै त्यस्तो घटना देख्नु वा सुन्नुभएको छ भने सो को वारेमा पनि उल्लेख गर्नुहोस । | |
| ५८ | कोभिड र बन्दा बन्दीले पारेको प्रभावको बारेमा अन्य केही भन्न चाहनुहुन्छ भने तल लेखिदिनुहोस : | |

Annex 5: Guiding Checklist

Civil Society Organization

1. What type of work do you carry out for the benefit of LGBTI community?
2. What all hardships have you noted LGBTI community have faced?
3. What are the issues you have witnessed during your work with LGBTI community? What measures have you taken to address them? What are the limitations that law has not addressed?
4. Do you carry out awareness programs among LGBTI community to raise awareness about their rights? If yes, what kind of activities and how do you ensure outreach?
5. Have any people from LGBTI community approached your organization during the pandemic seeking any kind of help? If yes, what are the measures you have taken to provide support?
6. What all hardships have been added to LGBTI community by the pandemic? Are there any benefits of the pandemic on their socio-economic and health?
7. What do you think is lacking among networks of your type of organizations to support LGBTI community and ensure their safety and security during the lockdown?
8. What do you think is lacking in law and government measures to effectively address the rights of LGBTI community and ensure their socio-economic and health safety?
9. Do you see the vulnerability of trafficking & transportation, forced labor and sexual violence against LGBTI people due to the impact of COVID 19 in this sector? What are responses you get from local government?
10. Do you agree with the view that people from LGBTI community had an easy access towards the health check-ups during the time of lockdown? What kind of issues they had to face during the medical checkup?
11. What can be done to prevent similar issues to arise in future emergencies or disasters?
12. What can be done to ensure the rights, respect and acceptance of LGBTI community?

Additional questions for Government Stakeholders

1. What is the role of your department in ensuring the rights and safety of LGBTI community?
2. What are the powers vested in you to address the issues faced by LGBTI community?
3. What are the current plans and policies initiated by the government for ensuring LGBTI community social, economic and health welfare?
4. What are the plans and policies initiated or planned to be initiated for the social and economic security of LGBTI community during pandemic and for those affected by COVID lockdowns?
5. What are the shortcomings in the legal framework for effectively ensuring the socio-economic and health security of LGBTI community?
6. What you have done during the lockdown towards LGBTI community?
7. How many LGBTI people receive the services(Quarantine, relief packages) during the lockdown
8. Is there anyone who is from LGBTI community in such committee that you have formed during the Lockdown?

REFERENCES

- Citizen, M. o. (n.d.). *Health Safety Protocol*.
- Ministry of Women, C. a. (2077). *Guidelines for Stakeholders to Provide Support and Assistance to Senior Citizens in Crisis Due to Corona Virus Infection, 2077*.
- Administration, M. o. (2020). *Letter sent to the local level Government on 2076-12-09 regarding the implementation of the action plan related to Covid-19*.
- Affairs, M. o. (2020). *Security Measures for Managing Lockdown, 2077*.
- agdhua. (akjd). *Ikahdi*.
- Commission, N. L. (2020). *Infectious Disease Act*.
- Finance, M. o. (2020). *Criteria for providing relief to working class and helpless working in unorganized sector, 2076*.
- ibid. (2020).
- Ministry of Education, S. a. (2020). *Covid-19 Educational Cluster Contingency Plan, 2020*.
- Ministry of Education, S. a. (2020). *Student Learning Facilitation Guide from Alternative Measures, 2077*.
- Ministry of Women, C. a. (2020). *Action plan to improve and address the effects of Coronavirus infection on women, children, persons with disabilities and senior citizens and to mobilize social organizations, 2077*.
- Ministry of Women, C. a. (2020). *Guidelines for Disability Stakeholders in the Campaign Against COVID-19 Pandemic 2077*.
- Ministry of Women, C. a. (2020). *Health Safety Protocol*.
- Ministry Of Women, C. a. (2020). *Improve and address the effects of Coronavirus infection on women, children, and senior citizens with disabilities and to mobilize social organizations*.
- Ministry of Women, C. a. (2020). *Ministry of Women and Senior Citizens' Guidelines for Stakeholders to Provide Support and Assistance to Senior Citizens in Crisis Due to Coronavirus Infection, 2077*.
- Population, M. o. (2020). *Coronavirus Disease (COVID-19) Interim Guidelines for Reproductive, Maternal, Newborn and Child Health Care in the Time of the World Pandemic, 2077*.
- Population, M. o. (2020). *Health Care arrangements for person staying in quarantine*.
- Population, M. o. (2020). *Health Sector Emergency and Response Plan COVID-19 Pandemic*.
- Population, M. o. (2020). *Health sector response to COVID-19*.

MITINI NEPAL

(An Organization for the rights and dignity of Lesbian, Bisexual & Transgender)

Bhatbhateni, Kathmandu, Nepal

GPO Box: 8974, Cpc 331

Tel: +977-1-4433118

Fax: +977-1-4433118

Website: www.mitininepal.org.np

Twitter: <https://twitter.com/MitiniNepal>

Facebook: www.facebook.com/Mitininepal

Instagram: https://www.instagram.com/mitini_jewellery/