



RAPID NEED ASSESSMENT FOR EARLY RECOVERY PLAN



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ACRONYMS

EU	European Union
GBV	Gender-Based Violence
KII	Key Informant Interview
NGO	Non-Governmental organisation
ODI	Oversees Development Institute
PMEGP	Prime Minister's Employment Guarantee Programme
PPE	Personal Protective Equipment
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

The World Health Organization classifies the COVID-19 pandemic as the greatest global health emergency that the world has ever faced (WHO, 2020). In Nepal, the latest figures (4 August 2020) suggest that the virus has spread to all provinces and districts, with a total of 21,009 infections and 58 deaths (Worldometer, 2020). To stop the spread of the virus, the Government of Nepal imposed a lockdown on 24 March 2020 that involved suspending flights, closing schools and businesses, sealing borders, and halting ground transport. On 15 June 2020 the government started progressively easing the lockdown, although cases of COVID-19 currently continue to increase in many areas, including through community spread in the Kathmandu valley, and there is concern that the festival season will further increase this spread (Kathmandu Post, 2020).

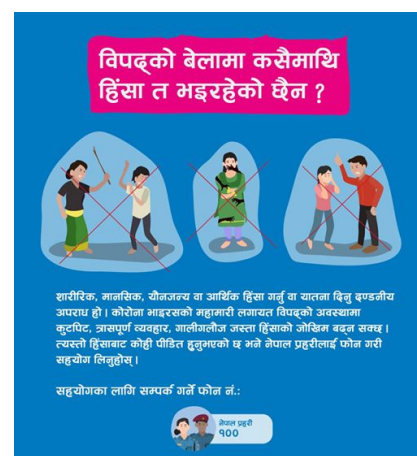
This report is a rapid need assessment for the early recovery phase following the COVID-19 pandemic in Nepal, the aim being to consider the most important areas for early recovery. The report is based on a review of documents from organisations working on the COVID-19 response and recovery. In addition, between 2-9 July 2020 five key informant interviews (KII) were carried out with the following organisations: EU Delegation to Nepal, UK Department for International Development, Nepal Institute for Social and Environmental Research, and Plan International Nepal. In addition, a chairperson and representative of the Local Disaster Risk Management Committee in the Makwanpur district (Bhimphedi Rural Municipality, Bagmati Province) was interviewed. The interviews supplement the document review, test assumptions, triangulate findings, gain access to additional documents, and help identify gaps in the evidence.

What are the most important areas for early recovery?

The pandemic and associated socio-economic crisis highlights and exacerbates prevailing societal structures, social norms, discriminatory practices and gender roles. This creates or contributes to heightened risks for vulnerable groups, particularly the chronically poor, women, children, young people and persons with disabilities. There are also groups who are newly vulnerable. These newly vulnerable groups have been pushed into financial vulnerability by the pandemic, and include migrant workers and their families. Areas for early recovery to address the needs of all vulnerable people must be seen in the context of the preceding immediate and urgent emergency needs, as well as the longer-term needs. The most important areas for early recovery identified are: protection; health and wellbeing; economic security; education and skills development; and water, sanitation and hygiene (WASH).

PROTECTION

For the purposes of this report protection is defined as advocating for, supporting or undertaking activities that aim to respect the rights of all individuals in accordance with international humanitarian, human rights and refugee law. Faced with lockdown, school closures, returning migrants, socio-economic pressures, risk factors and vulnerabilities with respect to protection issues have increased. Any protection issues are shielded from scrutiny in a more severe manner than prior to the COVID-19 pandemic. It also appears that the transition to federalism has resulted in fewer and weaker systems to protect women and children (UN Nepal, 2020a), and possibly also less structures for effective social and behaviour change communication (SBCC) at societal level. For example, systems that offer support, guidance and legal protection for survivors of gender-based violence (GBV) and domestic abuse at a



A social media poster informing to report any case of gender based violence.

local level are often not available to women and girls. While there is and will be increased need for protection systems during and following the pandemic, services are severely limited, disrupted and difficult to access.

There are large concerns about increased risks of child marriage, child trafficking and child labour during and after the pandemic (UNICEF, 2020a). Economic uncertainty, food insecurity and school closures can increase the risks of child marriage, child labour and child trafficking being used as negative coping mechanisms. Children and young people who are out of school, and who do not have work opportunities are at particular risk. Quarantine measures, isolation and border closures, as well as a diversion of resources, make rescuing women and girls extremely difficult (KII 1). There is a great need to provide young people with accessible resources and information about trafficking and exploitation, and how they can get help (KII 2). Efforts during early recovery from the pandemic must focus on how to minimise the risks of child marriage, trafficking and child labour, and ensure there is a strategic, systematic approach to provide support for vulnerable children and young people.

Focusing on protection issues, including preventing GBV and violence against children is of great importance during early recovery not only to address immediate needs, but also to ensure that shifts in families and communities resulting from economic pressures, returning migrants and school closures do not undermine equalities and human rights (UNFPA, 2020). There is concern that progress made in recent years, particularly with regards to protection of women and children will regress as a result of the pandemic, and its associated societal adjustments will remain in the short-term and potentially also in the longer-term. This must be prevented. To take into account regional variations, it is essential for protection issues to be tackled at a local level, as well as through central government structures (KII 3).

It is also clear that to address concerns around protection more broadly it will be necessary to carefully examine the roles of women, men, girls and boys in local communities across Nepal, the ways that the pandemic affects these roles, and how interventions can be designed to recognise and address patterns that are harmful (KII 3). Rather than seeing an erosion of protection during the pandemic as inevitable, the current context can present an opportunity to reinforce the humanitarian-development linkages around protection through strengthened engagement of duty bearers and communities (UN Nepal, 2020a). For this, effective, relevant and accessible SBCC at individual level, at community level and at societal level is needed. Key actors at these levels need to be engaged, and existing structures exploited and adapted to suit the new context created by the pandemic. Women, in particular young women and



Health and hygiene materials being provided to quarantines in Jumla

women from marginalised communities, must be part of the response towards protection during the early recovery phase to make the response successful for the poor and vulnerable.

HEALTH AND WELLBEING

Health and wellbeing are of central concern during the early recovery phase, with health and wellbeing spanning wide-reaching areas, including sexual and reproductive health, maternal and child health, and mental health. It is likely that the current context of isolation and quarantine measures will be associated with a rise in unintended pregnancies. Adolescents have the highest unmet need for family planning, standing at around 35 percent. The rate of contraceptive use among partners of migrant workers is extremely low, and the emerging needs of those that have returned from work abroad must be addressed (UN Nepal, 2020a). At this time of increased need, access to sexual and reproductive health services is severely disrupted, because health system resources and capacities are stretched, and resources are diverted to directly address COVID-19. There is also a shortage of personal protective equipment (PPE), resulting in many healthcare workers not being able or willing to work. There is great concern that the pandemic could be used as an excuse to restrict or roll back girls' and women's access to essential sexual and reproductive health rights. Early recovery efforts must ensure that sexual and reproductive health rights are prioritised, sufficiently funded and recognised as critical (UN Nepal, 2020a).

Nepal has one of the highest maternal death rates in the region (239 per 100,000), which can be seen as an indicator of its weak health systems. The COVID-19 pandemic is further straining these systems. Many maternity services have closed or are operating reduced hours, and a lack of maternal health commodities exists at various levels, including the service delivery points (UN Nepal, 2020a). This lack of commodities is based on several reasons, including local procurement being affected by the lockdown, lack of stock availability, and transportation issues. While some providers have tried offering health services remotely, this counselling and care is not seen as being as effective as that provided in person (KII 3). There is limited information on how remote services could to be improved or used to encourage follow-up visits to health centres. There is a need to consider how maternity services can continue to operate during the pandemic, how to ensure that services resume successfully in the aftermath of the pandemic and that structures are in place to avert a breakdown of services during a future crisis. Maternal deaths are overwhelmingly preventable, and identifying and addressing the issues leading to such deaths must be made a priority during the early recovery from the pandemic.

The most important direct reasons for the destructive impacts of the pandemic on children's and young people's health and well-being are a limited availability and use of services to support childbirth and neonatal care, vaccinations, and routine screenings to identify children in need of treatment for malnutrition. With an already weak health system, the pandemic is causing disruptions in medical supply chains and straining financial



Contactless handwashing stations set up in public places

and human resources. Visits to health care centres have decreased due to the lockdown, and transport disruptions, financial constraints and families being fearful of infections means that visits are still more limited than prior to the pandemic. The greatest number of additional child deaths is likely to be an increase in wasting prevalence, and a reduction in treatment of neonatal sepsis and pneumonia (Robertson et al., 2020). Special attention must therefore be paid to ensuring the continuation, use and accessibility of health services, including routine childhood immunisations and screening. Efforts are underway from federal and provincial governments, but these need to be improved, increased and their financing and sustainability in the longer-term secured (UN Nepal, 2020b), including through scaled-up immunisation campaigns at local levels, and surveillance and reporting systems (World Bank Group, 2020a).

During the pandemic the health and wellbeing of persons with disabilities has sharply deteriorated. They experience significant barriers to protect themselves and their families from the virus and its wider-reaching impacts. These barriers include the limited availability of accessible information, access to PPE, specific sanitary and hygiene materials, continuity of and access to healthcare services, interruption of care-givers' services and basic social support. For example, 32 percent of persons with disabilities surveyed across Nepal in April 2020 stated that services usually provided by caregivers stopped because of the lockdown, and that in 50 percent of these instances the services could not be replaced and there is a risk of them being suspended indefinitely (Humanity & Inclusion, 2020). It is unclear whether there has been an improvement in services since. Barriers to maintaining basic hygiene, the need for additional support, and pre-existing health conditions put persons with disabilities at a high risk of contracting the virus and experiencing associated and other health complications. There is also evidence to suggest that healthcare providers sometimes discriminate against people with disabilities, such as by not providing sufficient treatment (UNDP Nepal, 2020). It is important to pay particular attention to the health and wellbeing needs of persons with disabilities during the early recovery from the pandemic to ensure that services are resumed, alternatives are provided, and sufficient commodities and information is easily accessible. These actions could feed into wider-reaching pandemic preparedness to mitigate the impacts of future pandemics.

Young people and children's wellbeing and mental health is at risk during the pandemic and its aftermath. Mental health problems are common and growing within the country, especially among young people (UN Nepal, 2020b). The drivers of this growth include family separation due to quarantine and isolation, pressures of school closures and job losses, financial stressors, illnesses or deaths in families, and general uncertainty and anxiety with regards to the impacts of the pandemic and the government's response (Tamang, 2020). It appears that young women might be more affected by mental health problems during the pandemic than young men (Protection cluster Nepal, 2020). Additional risk factors during the pandemic, such as anxiety and depression, inadequate availability of mental health treatment and increased GBV are implicated as reasons for increased mental health issues (Mobarak and Vernot, 2020). There are also reports of mental health issues causing a dramatic increase in suicide rates during the pandemic (Republica, 2020). The combined effect of confinement and increased stress is also likely to feed into longer-term risks of violence, including violence against women and children, and trigger factors for risky behaviours and self-harm among the youth (UNICEF, 2020a).

During the lockdown, and the on-going social distancing and isolation, children and young people are generally not able to see their peers and friends, and are disconnected from other support networks, such as schools. Community groups that are often anchors of support for many issues, including mental health, are not active, which puts young people and children from vulnerable households at risk. Informal peer support, virtual networks and information passed via social media and on the internet and mobile phones is widespread. There are thus various potential avenues for young people and children who can connect to relevant networks and support to access information, such as through messages from the mobile phone provider

Ncell, and videos and infographics on the WHO website. However, many children and young people, especially those living in remote rural areas are not able to connect to these networks, due to isolation, lacking internet access, or limited availability of relevant devices. Much misinformation, rumours and fear around the virus still exist amongst young people and children, impacting their health and wellbeing, and often contributing to harmful gender norms, stigma, harassment and discrimination, as well as anxiety and fear of the future (Tamang, 2020). It is necessary to take these wellbeing and mental health concerns seriously, and include them as focal considerations in early recovery efforts and pandemic preparedness.

ECONOMIC SECURITY

To reduce the short, medium and longer-term social impacts of the COVID-19 pandemic on vulnerable groups, including children, young people, women and persons with disabilities economic security is essential. Survey published in July 2020 indicate that 28 percent of men lost their jobs during the lockdown, compared to 41 percent of women (UNDP Nepal, 2020). It can be assumed that women who have lost their jobs are now less likely to find new employment than men. Increased responsibilities at home due to the closure of schools and children's day care centres affect women and adolescent girls more than men and boys, thus limiting female participation in paid work and shrinking their longer-term education and economic opportunities. Economic security of women is an essential component of gender equality (KII 3).

Even before the COVID-19 pandemic, more than 80 percent of persons with disabilities in Nepal lived in poverty (WFP, 2020). Persons with disabilities in Nepal are more affected by job losses than others. During the pandemic, on average, 13.1 percent of Nepali households with a person with a disability experienced job loss, compared to 11.3 percent of households without a disabled person. It appears that this effect is particularly the case for women. This puts persons with disabilities, especially those who are women, and their families at direct and increased risk of poverty (WFP, 2020). Nepal's social protection programmes for children and people with disabilities have high rates of exclusion error, with almost half of eligible beneficiaries in some areas not being enrolled in the programmes. This is often due to the poorest people not having the right documents, such as citizenship or birth certificates (UNICEF, 2020a). Persons with disabilities are also often excluded in other ways from accessing government support. For example, in April 2020, 78 percent of disabled persons surveyed across Nepal stated that they did not have access to information about the relief



As an early response, Plan International Nepal provided cash to the most affected families

packages distributed by the government or non-governmental organisations (NGOs) (Humanity & Inclusion, 2020). These findings indicate that social protection systems and specific measures to support the population during and after the pandemic currently do not actually cover all of the intended beneficiaries.

The government has provided some relief packages and social protection systems to mitigate the economic shock of COVID-19. Many of these packages and systems relate to and have been adapted from responses towards natural disasters, such as flooding. It may be possible to adapt these further to provide a more comprehensive system directly related to the current pandemic (KII 3). To support economic security, assessible, inclusive and wide-reaching cash transfer payments, unemployment support, paid sick leave and access to healthcare are important. Overall, in response to the pandemic so far, the government has aimed to prioritise the 'newly vulnerable', while maintaining support for existing social protection beneficiaries within programmes that will continue to expand as planned (UNICEF, 2020b). Distributing food is the most common form of support, such as local 'food for work' programmes (ODI, 2020). A further important measure is 'cash for work', which is run by local governments and aims to scale up the Prime Minister's Employment Guarantee Programme (PMEGP) by providing 100 days labour to approximately 200,000 people (UNICEF, 2020c). However, to support economic security in the longer term, assessible, inclusive and wide-reaching cash transfer payments, unemployment support, paid sick leave and access to healthcare are important. There is a need for early recovery efforts to focus on creating social protection systems that are simple, accessible and gender-responsive to support economic security because of the increased socio-economic vulnerabilities exacerbated by the pandemic and the large number of people, especially women, working in informal sectors (UNDP Nepal, 2020).

The COVID-19 pandemic has benefitted some sectors of the economy, an important such sector being the information technology industry. Any business and social interaction that can take place virtually has thrived during the lockdown, such as online conferencing and digital finance (World Bank Group, 2020a). This increase in virtual services is likely to remain after the pandemic, and the early recovery phase has the potential to accelerate digitisation in Nepal to benefit vulnerable people. For example, progress in financial inclusion is possible by building on technology. There is also evidence that gender gaps in access to finance are slightly lower with technological innovation in the financial sector than with traditional, non-technology based financing. Innovations in digital financial inclusion could therefore allow more people, and especially more women, to access micro loans and government schemes to support emerging small businesses. There are also potential opportunities for innovation and creating local markets within the retail sector, such as for online food delivery companies in urban areas. Across Nepal there are opportunities for innovations and local markets related to the manufacture and sale of masks and sanitisers, as well as more broadly for hygiene and medical supplies. A focus during the recovery phase should be to explore the viability of these areas as a part of economic revival and promoting economic security more generally.

Youth engagement is critical for socio-economic revival. Social impacts are intertwined with economic impacts, and protection issues and equalities cannot be separated from economic recovery. Over 40 percent of Nepalis are between the ages of 16-40 years, and the pandemic has crippled their job market and wider opportunities. Through government job schemes, learning and skills programmes and small loans, subsidies and grants the youth population can be made central to the early recovery phase, and mobilised to boost the domestic economy (World Vision International Nepal, 2020). It is important to guard against vulnerabilities, including protection issues, by strengthening social protection and sustaining livelihoods. This could be done by increasing guaranteed employment schemes and skill academies for the youth, and harnessing the equity and talent of the many migrant returnees (UNDP Nepal, 2020).

There are around two million Nepali migrants in India (Tamang, 2020), and around 1.5 million in the Gulf countries. Two of the most visible and immediate impacts of the COVID-19 pandemic on Nepal are severely reduced remittances and the on-going return of Nepali migrant workers from the key destination countries (UNDP Nepal, 2020). The lay-offs, reduced work or unpaid leave of Nepali migrant workers are causing economic and socio-psychological problems for the workers, their families and local communities. It is unlikely that returning migrants will be able to re-migrate soon. Returning migrants therefore need to be integrated into communities and labour markets. In doing so there are opportunities to harness their skills and experiences in creating demand for labour. Developing pre-employment skills of young people could occur with the support of returning migrants who could teach skills necessary for working domestically as well as working abroad (KII 3). Returnee migrants are also important to support the economic recovery through their availability to work, particularly in agriculture. Returning migrants are able to support agriculture in new, improved ways, and could contribute to a move towards decreasing imports and increasing exports for crops such as maize. Such ideas could be implemented and encouraged by creating markets and ensuring infrastructure is in place (KII 3).

EDUCATION AND SKILLS DEVELOPMENT

School closures from 24 March 2020 have led to a disruption of education throughout Nepal, which is associated with the immediate loss of formal learning for individual children and young people. The UN has warned that the world faces a generational catastrophe due to school closures, and called for the urgent consideration of how to safely get children back to classrooms (Reuters, 2020). Schools in Nepal are due to open in October 2020, but as many schools continue to be used as quarantine shelters, there is a risk that many will remain closed beyond the official reopening date (UN Nepal, 2020a).

Long school closures can result in a reversal of educational gains, and it is challenging to minimise children's educational losses (KII 4). There has been considerable effort to provide alternative education that children can use to learn at home, including radio broadcasting educational programs, providing virtual classes on TV, and online learning portals (UN Nepal, 2020c). However, large gaps remain in the provision and access of such material. Many schools lack the capacity to provide and distribute alternative learning resources, and, even if resources are provided, poor families often do not have internet access or relevant devices



A teacher running a class through radio in Banke during the lockdown period

(KII 5). In the absence of specific, relevant alternative educational material, many schools have simply provided children with textbooks. This provision can be frustrating and stressful if pupils and parents do not know how to use them, and may be counter-productive in contributing towards a disengagement from learning, and a sense that schools in general are not providing for them (KII 4). It is necessary to scale up alternative education resources that families without or with only limited internet connection and electronic devices can effectively use. Such resources should be aligned with the national curriculum and designed to provide psychosocial as well as educational support during the pandemic and beyond (UN Nepal, 2020a). The needs of vulnerable groups, such as girls, children living in remote rural areas and urban slum dwellings, as well as children with disabilities should be a particular focus during early recovery.

The limitations to education and the impact of school closures during the pandemic are likely to have long-term impacts on the ability of the poor to invest in human capital, making poverty and educational inequalities more persistent. The longer children stay out of school, the higher the potential of non-return is likely to be. An important focus is to ensure that children, adolescent girls in particular, do not drop out of school, thus preserving continued educational opportunities and reducing risks of child marriage, child labour and exploitation (KII 1). For boys, pressures to contribute towards family income during the unstable economic conditions in the aftermath of the pandemic might also be high. This may lead to boys permanently dropping out of school. Financial incentive programmes can encourage families to send their children back to school. In addition, youth empowerment programmes can also help to support educational engagement and school attendance post pandemic (World Bank Group, 2020b). It is important to build on school reinsertion and life skills programmes as part of the effort to prevent child marriages (UNICEF, 2020a). Remedial classes for children need to be conducted to ensure that children who have lost out on education can catch up and are encouraged to return to school (KII 4). To enable these aims of educational preparedness and response, it is necessary to strengthen coordination between education stakeholders at federal, provincial and local level (UN Nepal, 2020a).

In addition to formal learning, schools are important to aid nutrition through feeding programmes, to prevent stigma, counter discrimination and support public health measures, such as by keeping children, young people and their communities informed on hygiene practices (UN Nepal, 2020a). Schools are vital drivers towards ensuring equalities and human development. It is therefore essential that nutrition and health facilities that are part of school are provided elsewhere, and that vulnerable families are engaged, such as through media campaigns and local community leaders. The recovery phase of the COVID-19 pandemic is an opportunity to build on and improve existing initiatives and emerging programmes, and capture their potential as a response to the pandemic and future crisis situations. One example is the 'Beti Padhao, Beti Bachao' (Save the Girl, Educate the Girl) programme in Province 2, and a similar initiative in Province 6. These programmes give girl children a sum of money at birth that matures when they reach the age of 21 years without marrying and having continued in education.

In addition to the importance of schools, young people's skills development will play an important role in the aftermath of the pandemic. Nepal is in the middle of a period of demographic change, in which there is a demographic dividend from declining birth rates and low mortality leading to a declining dependency ratio. Nepal is a young nation with a median age of under 24 years and almost two-thirds of the population aged below 30 years. This demographic 'window of opportunity' began in 1992 and is expected to span until 2047 (Government of Nepal, 2017). The 'window of opportunity' has the capacity to boost economic growth following the pandemic, if sufficient investments in education and skills are made. It is likely that Nepali migrant workers, including both women and men, will continue to return to Nepal, creating opportunities for skills development. On the flip-side, if there is a failure to scale up Nepali workers' skills, they are likely to remain unemployed in Nepal.

WATER, SANITATION AND HYGIENE (WASH)

There is a continued need to ensure adequate provision of WASH services and management procedures. Local infrastructures need to be improved. These needed improvements include not only hand washing facilities and toilets, but also effective waste management, cleaning and disinfecting in health care facilities, especially those facilities that are caring for patients in isolation, as well as in schools and other community facilities (World Bank Group, 2020a). Adequate, accessible WASH services, organised and managed at central and local levels are essential to facilitate the protection agenda, enable equalities, and mitigate secondary impacts on wellbeing and livelihoods. Secondary impacts could include disruptions to WASH services and supply chains, and an inability to pay for water tariffs and purchase necessary WASH products, including for menstrual hygiene. The pandemic has negatively impacted the continuity and quality of water and sanitation services, at a time that these are of great necessity. Available WASH products, particularly those that are imported, have increased in price, and people have seen a reduction or loss of income. Many households are not able to access and purchase needed items, including soap and disinfectant, or pay for WASH services (UN Nepal, 2020d).

There is a significant and continued need for WASH support in quarantine centres. In addition, as people are increasingly being quarantined at home, and with community transmission increasing following the easing of lockdown, WASH behaviours and services need to be assured at the community and household level (UN Nepal, 2020d). Schools, health centres, workplaces and other public places will face challenges in maintaining effective hygiene protocols once they re-open. If not adequately considered and addressed across the country secondary impacts can increase the risk of further spreading COVID-19, as well as potential outbreaks of water borne diseases, such as diarrhoea, cholera, typhoid and jaundice. Identifying and collaborating with communities across Nepal to communicate essential information on personal hygiene while improving, reinforcing and sustaining long-term good hygiene practices such as handwashing with soap is critical to breaking the transmission of COVID-19 (UN Nepal, 2020a). This is a huge challenge as there are only limited budget allocations from federal and provincial governments for the WASH response to the COVID-19 pandemic, and there is a diversion in donor funding from on-going WASH activities (UN Nepal, 2020e).

However, these challenges also provide opportunities. There is a high level of awareness and practices with regards to handwashing with soap or the use of sanitiser amongst many groups of people in Nepal. One essential focus area is generating wider awareness among communities and households of the continued importance of preventative behaviours, including regular and careful handwashing. This has been described as a unique opportunity to achieve what is most needed to save lives now and in the future. For example, the UNICEF household survey on socio-economic impact of COVID-19 in Nepal shows that currently 92 percent of families practice handwashing with soap frequently. An important focus during early recovery is to ensure longer-term changes in attitudes and behaviours to encourage regular, thorough and effective handwashing across a diverse range of people. There have also been innovations associated with WASH during the pandemic that can be used to reinforce social and behavior change communication (SBCC) around handwashing, notably contactless handwashing stations. There is a need to encourage innovation and associated business opportunities around WASH that feed into SBCC (UN Nepal, 2020e), thus linking up the mentioned focus areas of protection, health, and economic revival.

CONCLUSIONS

In Nepal, the groups most affected by the COVID-19 pandemic and its aftermath are the chronically poor, women and girls, young people and children, persons with disabilities, as well as newly vulnerable people, such as daily wage labourers and migrant workers. Pre-existing societal structures, social norms, discriminatory practices and gender roles intensify the direct impact of the pandemic for many of these groups. The most important areas for early recovery focus on these groups, and include protection, health and wellbeing, economic security, education and skills development, and WASH. These areas overlap and there are cross-cutting themes.

It is essential that the response to the pandemic focuses not only on immediate needs, but also addresses prevailing socio-economic issues and problems that are now in danger of persisting and being amplified in the longer-term. Early recovery must focus on maintaining, adapting and expanding approaches to protect and build on gains made in human development rather than developing wholly new approaches or abandoning achievements made prior to the pandemic. Protecting recent human development gains in nutrition, family planning, education and health will be important for short term well-being and to maintain Nepal's progress towards achieving the Sustainable Development Goals (SDGs) and middle income status.

Engaging young people is likely not only to support their education and employment prospects, build and strengthen the post-pandemic economy, but also give them and others a sense of purpose and hope that will benefit mental health and wellbeing. Migrant workers are vital sources of experience and knowledge that can be harnessed for innovation, education and skills development. It is important to develop an appropriate response and programming to support equal opportunities, tackle discriminatory and harmful attitudes and practices, and promote human rights. These aims are likely to reduce exposure to future disasters and build community resilience to address physical, social, environmental, and economic vulnerabilities and shocks

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