

# Interim Impact Assessment of Covid-19 on Underrepresented (Indigenous, Dalit and Madheshi) People with Disabilities in Nepal

July 2021

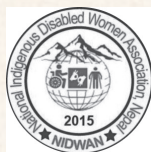




# **Interim Impact Assessment of Covid-19 on Underrepresented (Indigenous, Dalit and Madheshi) People with Disabilities in Nepal**



**July 2021**





**Published by:**

National Indigenous Disabled Women Association Nepal (NIDWAN)

**First Edition:**

2021 (500 copies)

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National Indigenous Disabled Women Association Nepal (NIDWAN)

**Supported by:**

United Nations Development Program (UNDP)- Nepal

Minority Rights Group International (MRG)

**Picture of the front cover page:**

Courtesy from National Indigenous Disabled Women Association-Nepal

**Layout and Design**

Nirmal Gaire

**ISBN:** 978-9937-0-9604-1

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## ACKNOWLEDGEMENTS

First and foremost, we are grateful towards the Underrepresented Indigenous, Dalit and Madhesi People with Disabilities from seven provinces of Nepal, who generously provided their time and information for the successful completion of this study. Moreover, we would like to express our gratitude to all other respondents, particularly Indigenous Peoples, Peoples with Disabilities, IPOs, OPDs Organizations, Civil Society Organizations, experts, local Government officials, National Human Rights Commission, relevant stakeholders, human rights activists, leaders and experts, who have provided their help and support, directly or indirectly. Without their assistance, support and collaboration, this study would not have been accomplished.

We are appreciative to the Minority Rights Group International (MRG) for the grant support to carry out this research in the critical time of the lockdown situation, and thankful to the UNDP-Nepal, UNPRPD Project for supporting us in this publication and disseminating it widely. We are grateful to Ms. Lauren Avery, Minority/Disability Intersectional Discrimination Project Officer of Minority Rights Group International as well as Ms. Binda Magar, Gender and Social Inclusion Advisor, UNDP-Nepal for supporting this research. We would like to thank the research team, Mr. Bibek Luitel and Ms. Pratima Gurung, for taking the lead and conducting this study in the critical time.

We would like to express our sincere gratitude to province level research enumerators Mr. Chandra Rai, Mr. Shivnath Raut, Ms. Sakun Chaudhary, Mr. Birendra Ray, Mr. Tikal Tharu, Ms. Lila Magar, Ms. Sajana Gurung, Ms. Chitra Rana Magar, Mr. Yub Raj Lama, Ms. Sochitra Chaudhary, Ms. Kesari Tamang, Ms. Ashrani Tharu, Ms. Ram Nani Chaudhary, Mr. Kiran Baram, Ms. Mira Tamang, Ms. Ganga Chantyal. Ms. Kopila Tamang and others, from the beginning to the finish of this study. We owe our gratitude to our advisor Dr. Shree Kumar Maharjan for giving required assistance, support and editing and to Ms. Sushila Thapa and Mr. Krishna Gahatraj for their comments and suggestions in the report.

We would like to thank NIDWAN's executive member, Ms. Jamuna Tamang, and the staff, Ms. Selina Nakarmi, Ms. Nuva Rai, Ms. Pema Wangmo Lama, Ms.

Bandana Rana Magar for supporting the research team as required and taking the necessary tasks for successful completion of the research on time.

Finally, we would like to thank the Executive Committee Members of the NIDWAN. Moreover, we extend our gratitude to the staff and the local and province level members and networks.

**National Indigenous Disabled Women Association (NIDWAN)**

Kusunti Lalitpur, Nepal, 2021



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## About the Organization

### **National Indigenous Disabled Women Association Nepal (NIDWAN)**

Established in 2015, the National Indigenous Disabled Women Association-Nepal (NIDWAN) is a non-profit organization dedicated to advocating for the rights and needs of young indigenous women with disabilities experiencing multiple and intersectional discrimination at the community level. Led by young indigenous women with disabilities, their families, advisors, and community members, NIDWAN functions by intensifying and accelerating the issues of gender, disability, and indigeneity as a most urgent issue and has been assisting in ensuring the social, economic, educational, cultural, sports, and environmental justice of young indigenous women with disabilities, ensuring their penetration with the duty bearers/relevant stakeholders at the community level by respecting “everything about us with us” and “leaving no one behind.”



## FOREWARD

The Interim Impact Assessment of Covid-19 on Underrepresented (Indigenous, Dalit and Madheshi) People with Disabilities in Nepal report demonstrates how emergencies exacerbate existing inequalities that make up the everyday reality for persons located at the intersection of multiple oppressions. For Indigenous, Dalit and Madheshi people with disabilities and their families in Nepal, the Covid-19 pandemic is having specific impacts on their economic, cultural and social rights. For women and girls with disabilities gender-based violence is an additional violation of their rights. Unfortunately, these patterns have been seen across minority and Indigenous communities worldwide adversely during the pandemic.

This report offers a rare and important insight into how taking an intersectional approach can and should inform policy to ensure that no one is left out in normal times, nor in planning for future emergencies, be they related to health, climate change or conflict. It also highlights the importance of collecting information and data disaggregated by multiple characteristics, extending beyond disability and gender to include minority or Indigenous status, language, religion and ethnicity.

MRG have been extremely proud to partner with NIDWAN and its network since 2019 and would like to thank them for their tireless efforts in pushing forward the disability rights and Indigenous rights agendas to be more inclusive of the other. We hope this work serves to inspire other organizations to follow their lead and build collaborations across movements for mutual benefit.

**Ms. Lauren Avery**

Minority/Disability Intersectional Discrimination Project Officer

Minority Rights Group International

minority  
rights  
group  
international



# Executive Summary

The Covid-19 pandemic was rapidly spreading across Nepal in the first quarter of 2020, and the government announced a sudden lockdown in March 2020 to break the chain of virus transmission. The sudden lockdown and the Covid-19 pandemic have negatively impacted underrepresented people with disabilities who belong to Indigenous, Dalit, and Madheshi groups in Nepal. People with disabilities from Indigenous, Dalit, and Madheshi communities are historically excluded and discriminated against intersecting the different identities (disability, group, gender, and ethnic intersects) of such groups face the worst situation in the Covid-19 pandemic because of inadequate policy and practice response by the government to these marginalized groups. This study aims to explore the social and economic impact of Covid-19 on underrepresented people with disabilities from Indigenous, Dalit, and Madheshi groups. This study is the interim impact of the Covid-19 pandemic on people with disabilities from Indigenous, Dalit, and Madheshi groups since the pandemic is still not over.

This study followed a mixed method of study design with collecting and analyzing both qualitative and quantitative data. Considering the multiple aspects of diversity, the sample has been chosen from all seven provinces, both genders, three (Indigenous, Dalit, and Madheshi) groups, nine types of disability, and four different severities of people with disabilities. The secondary data has been collected through desk review of different published and unpublished relevant reference materials. The primary data has been collected from 305 people surveyed across the nation through the KOBO toolbox, 15 semi-structured interviews, and 5 focus group discussions. The numeric data has been analyzed through R programming, and the qualitative data has been coded after transcription and done thematic analysis.

The study's findings are broadly classified into only a few aspects of social and economic impacts. The findings show that there was a serious lack of authentic and appropriate content and communication methods about the Covid-19 pandemic for underrepresented Indigenous, Dalit, and Madheshi people with disabilities. Moreover, the majority of quarantines had issues such as: not being disabled-friendly (infrastructure and language), not safe and secure, and not gender and culturally-appropriate.



Underrepresented people with disabilities groups did not receive relief as per their need as they were not associated with organizations, were not members of many OPDs, and had no access to government officials. The increased rate of violence among underrepresented girls and women with disabilities was higher and violence reduction and justice mechanisms have room for improvement. Psychological and psychosocial counseling remained crucial, however, it did not reach needy and underrepresented people with disabilities, which adversely impacted other aspects of their lives such as jobs and livelihood and food scarcity. The majority of underrepresented people with disabilities had difficulty receiving state-led services such as social security allowances, Covid-19 relief, and the opportunity of resuming their jobs or businesses, which remained critical. Governments, relevant stakeholders (UN agencies), and development partners should take additional and concrete progressive steps at all levels to address the issues of underrepresented people with disabilities, both in Covid and in normal times, to mainstream them in society so that they can enjoy and exercise their rights on an equal basis as others. Leaving no one behind associates to all people, including people with disabilities who are underrepresented among gender, disability, and indigenous constituencies and movement.

# Acronyms

AAAAQ	Available, Affordable, Acceptable, Accessible and Quality
BPFA	Beijing Declaration and Platform for Action
CBS	Central Bureau of Statistics
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CSOs	Civil Society Organizations
FPIC	Free Prior and Informed Consent
GoN	Government of Nepal
IDA	International Disability Alliance
ILO 169	International Labour Organization 169
IPOs	Indigenous Peoples Organizations
MoWCSC	Ministry of Women Children and Senior Citizens
NFDN	National Federation of the Disabled Nepal
NIDWAN	National Indigenous Disabled Women Association Nepal
OPDs	Organizations of People with Disabilities
SDGs	Sustainable Development Goals
SR	Special Rapporteur
UDHR	Universal Declaration of Human Rights
UN CRPD	UN Convention on the Rights of People/Persons with Disabilities
UNDP	United Nation Development Programme
UNDRIP	UN Declaration on the Rights of Indigenous Peoples
WHO	World Health Organization





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# 1. Introduction

Nepal is not an exception to the significant and adverse impacts of Covid-19 (CoronaVirus) as it has greatly affected the majority of the people in Nepal. It was first detected at in the beginning of 2020, which, later, had exponential growth in a very short period of time. The Government of Nepal (GoN) announced a nationwide lockdown in March 2020 to break the chain of Corona Virus transmission. The Increased transmission resulted mainly from cross-border mobility to/from India due to open borders between the countries and the significantly high incremental rate of infection in India. The effect of coronavirus and the lockdowns adversely impacted everyone, due to very short notice of lockdowns that went off for a few months. Among general people, marginalized groups like women, girls, people with disabilities, elderly people Indigenous Peoples, Dalit, Madheshi, Muslims and LGBTIQ communities were affected by it. However, if we delve deeper within disability constituencies, the Indigenous, Dalit and Madheshi people with disabilities were affected the most by the Covid-19 infections and the nationwide lockdowns as compared to the other groups. However, the GoN did not have disaggregated data based on ethnicity, caste, and disability, though they announced at least the gender-specific data. The situation slowly became normal after the lockdowns but was not fully normalized as there was still fear of infection and associated impacts due to a lack of reliable information on Covid-19 and the vaccines.

These Indigenous, Dalit, and Madheshi people with disabilities and other marginalized groups had limited access to reliable information about the Covid-19 pandemic. Therefore, they were severely affected by its impacts. Moreover, they have the least resilience capacity, which is further compounded by the existing exclusionary, structural, systematic, historical, and discriminatory policies and social practices for most ethnic and marginalized groups. The Covid-19 pandemic has entrenched systemic gaps, underlying structural inequalities and pervasive discrimination, made more visible with inadequate healthcare, access to information, employment and livelihoods, and social protection systems mainly for marginalized groups, and posed multiple threats to them (Gurung, 2021).

Whenever the condition of disability intersects with other ethnic and social identities like gender, class, Indigenous, Dalit, Madheshi, and gender, etc., in society, their status become worse because of stigma, exclusionary, and discriminatory behavior. These people with disabilities are marginalized and



segregated in the mainstream movement and social practices, beginning from the private to the public level. More importantly, within the disability constituencies, some groups are further excluded in terms of gender, indigeneity, severity of the disability, and other social categories as underrepresented groups who face different types of violence, exclusionary, and discriminatory practices that make them more marginalized and vulnerable.

Disasters and crisis easily and adversely affect these underrepresented groups since they are more at risk and their resilience capacity is relatively low than others. They require favorable situations, enhancement of their skills and capacities and also the external support of the government and non-government agencies to recover from the effects of these crisis. These requirements and support are not adequately reflected and addressed in the policies and practices at the central and local levels in previous disasters and crisis like the 2015 post-earthquake situation. The UNDP Report 2016 highlights that underrepresented people having intersectional identities related to caste, gender, ethnicity, disability, and class have proved to be adversely affected by the different post-earthquake experiences in Nepal.

However, there are relatively few or no studies carried out on people with disabilities with intersectional identities related to underrepresented groups during disaster and in the Covid-19 pandemic. So, the position paper was submitted by NIDWAN in April 2020 to five UN Special Rapporteurs on health, violence against women, people with disabilities, Indigenous Peoples and minority groups, highlighting the issues like lack of access to information, lack of access to sanitation and hygiene kits, lack of access to medical kits and clinical apparatus, lack of accessible, gender-specific quarantines and addressing marginalized groups and their intersections, lack of appropriately disaggregated data, lack of meaningful participation and consultations with people with disabilities and marginalized groups, lack of access to the government's services. However, the position paper was only able to reflect the major challenges faced by underrepresented groups during the 1st phase of Covid based on the observation but not a detailed and scientific study.

This study aimed to examine the impacts of the Covid-19 pandemic on people with disabilities from underrepresented groups such as Indigenous Peoples, Dalits, and the Madheshi community. The study explores the effect of the pandemic on social and economic dimensions of the Indigenous, Dalit and Madheshi people/women with disabilities. In social dimensions, it explores

information and communication during pandemic, precautionary activities, access to resources and information, information on quarantine and local government response to relief, the behavioral response by family members and society, institutional involvement and linkages with CSOs and government representatives, violence and psychological or psychosocial counselling services, meaningful participation during and Covid-19 response and Covid-19 context, including free, prior, and informed consent related to Indigenous peoples with disabilities. Similarly, in terms of economic dimension, it investigates the impact on work and business, problems caused by job or business loss, the continuation of social security, and future job and business expectations.

This is, perhaps, one of the first few studies focusing on the Covid-19 impacts on underrepresented groups, with particular attention on Indigenous, Dalit, and Madheshi groups in Nepal. Also, at the international level, very little information has been documented focusing on underrepresented groups, covering intersectionality and multiple ethnic groups, which enhances the scope of this study. During the study, it was difficult to gather data and information due to the lockdowns and travel restrictions. Moreover, it was also challenging to use the virtual platform, including the limited knowledge and use of the Kobo tool and the use and application of information and technology (IT) among the respondents. Hence, the study only reached underrepresented Indigenous, Dalit, and Madheshi groups who had access to mobile phones and internet services, and not all other underrepresented groups from grass root level. This study is a quest to bridge such a gap by recommending the necessary changes, feedback and corrections to the policies and practices, and also the formulation of the new policies, laws, and practices as appropriate based on the research findings and evidence. The findings of the study can be rationalized to provide support for reforming the policies and practices for Indigenous, Dalit, and Madheshi people/women with disabilities to enjoy a dignified life at equal level with others.

## 1.1 Study Questions

The study is guided by the following general and specific questions:

How are the social and economic impacts of the Covid-19 pandemic to underrepresented people with disabilities especially Indigenous Peoples, Indigenous Women, Dalit, Madheshi communities in Nepal?



The specific questions are:

- How do underrepresented people with disabilities deal with social issues during the Covid-19 pandemic?
- What are different aspects (in the private and public sphere) of social reality affected by Covid-19 to underrepresented people with disabilities?
- What are the economic impacts of Covid-19 on people with disabilities from the Indigenous, Dalit and Madheshi groups and their families?

## **1.2 Organization of the Report**

This report is organized with its main content to start from an introduction of the subject with its aims and the answers to the study questions it explores. Chapter two explains the methodology it followed in detail. Chapter three describes the current issues regarding the subject explored. Chapter four deals with existing national and international policy instruments about the studied subject. Chapter five explains the findings and discussions. And, finally chapter six highlights the lessons and recommendations followed by references and annexes.



## 2. Methodology

**Research Design:** The standard scientific methodology has been followed for this study to ensure its validity and reliability. People with disabilities representing the underrepresented groups of Indigenous, Dalit, and Madheshi from 7 provinces (Province 1, Province 2, Bagmati, Gandaki, Lumbini, Karnali, and Sudurpaschim) of Nepal were selected for the study. This study has considered the two major dimensions-social dimension and economic dimension of people with disabilities from the Indigenous, Dalit, and Madheshi groups. The study aims to investigate the effects of Covid-19 on the regular grassroots practices of people with disabilities from Indigenous, Dalit, and Madheshi groups in terms of social and economic issues. To grasp the comprehensive view underneath their practices, the mixed-method has been adopted to cover the breadth and depth and the pertinent issues of the study groups and area. The mixed-method allows the combination of both qualitative and quantitative data in the process of collection and analysis simultaneously and consequently to understand and achieve the study purpose correctly and completely. The study has maintained the standard ethical consideration of social science research (study) in Nepal.

**Sampling:** With conscious consideration of multiple diversities, non-probability (and probability as well in specific situations) sampling method has been adopted to suit the mixed method design for 305 respondents [province 1 (52), province 2 (61), Bagmati (61), Gandaki (37), Lumbini (37), Karnali (18) and Sudurpaschim (39)]. The stratified purposive sampling technique has been used to cover all multiple sectors to incorporate data from multiple units of inquiry. The sample has been carefully selected to represent seven provinces, ecological belt, Indigenous, Dalit and Madheshi groups, age, gender, types of disability, severity of disability etc. The study has a limitation to reach only those underrepresented who had mobile phones and were connected with the internet, so the study is not able to reach many of the most marginalized groups within underrepresented groups.

**Tools and techniques of data collection:** Different tools and techniques have been used to collect the data from the sampling units of inquiry. Desk review of secondary documents and primary data collection through survey, interviews and focused group discussions (FGDs) in virtual mode and information from the NIDWAN regular Discussion series on Covid-19 has been collected. The interviews and discussions have been recorded in a voice recorder with the

permission of the respondents, which has been transcribed for analytical purposes. Few data collection tools of study are briefly described below:

- **Desk Review:** The comprehensive desk research comprised of pertinent thematic documents, empirical study documents, national and international policy documents relating to health and natural crisis, documents and policies related to Indigenous, Dalit and Madheshi groups with disabilities, comprehensive review of the periodic plans, disability act, documents and reports produced by Ministry of Women, Children and Senior Citizens (MoWCSC), peer reviewed journal articles and other published and unpublished works on Indigenous, Dalit and Madheshi groups with disabilities and health crisis.
- **Survey:** The survey has been administrated to 305 respondents (Indigenous -207, Dalit-52 and Madheshi-46) people with disabilities including their family members and caretakers to capture their opinion, experiences, observation, behavior etc. Selection of the respondents has considered the multiple diversity in the society like a geographical, ecological belt, ethnic groups including age, gender, types of disability, the severity of disability etc. The questionnaire was designed to cover general and specific thematic information on social and economic dimensions. The survey was conducted through KOBO survey toolbox which is one of the widely used and trustworthy tools to collect survey responses. Most of the survey responses were received through the phone and recorded on the digital device.
- **Interview:** Fifteen in-depth interview were conducted with the sampled Indigenous, Dalit, and Madheshi people with disabilities, who were selected from diverse fields representing specific groups. The interview captured the breadth and depth of their experiences, opinions, and observations in social and economic aspects of their life during Covid-19 pandemic. The open-ended semi-structured questions were administered for the interview.
- **Focus Group Discussions (FGDs):** The FGDs have been conducted in both homogeneous and heterogeneous patterns to capture multiple perspectives. Five FGDs have been conducted with ten participants on average in one FGD from diverse fields including People with Disabilities



representing Indigenous, Dalit, and Madheshi communities and other stakeholders. Most of the FGDs and interviews were conducted through virtual interaction via Zoom.

**Data coding, analysis and interpretation:** The descriptive analytical method has been used to interpret the data collected from different sources. The survey data was processed through cleaning and analyzed by using R programming. Descriptive statistics were used to analyze the survey data. All the recorded conversations of interviews and FGDs were transcribed. The respondents' identity was coded to maintain anonymity to reduce the biases during analysis. The collected data from interviews and FGDs were coded and divided into themes and subthemes to analyze. Along with manifested data, latent content was also used to analyze the data for understanding a comprehensive view of the issues and situations. During analysis and interpretation, both qualitative and quantitative data were triangulated.

**Ethical Consideration:** Some of the required ethical concerns which have been followed by the study were: the purpose of the study has been fully disclosed with participants; the participant's identities, location and events were assigned aliases; free, prior informed consent (FPIC) has been taken from the respondents/participants; the study did respect the privacy, anonymity and confidentiality of respondents/participants and followed the mandate protection of respondents/participants and data. The collected data repository has been maintained at the NIDWAN office with confidentiality.



### 3. Current Issues

Nepal is a highly disaster-prone area in many ways and it is socially vulnerable as well because of its higher social diversity with relatively greater inequality. Despite knowing that diversity could be the asset of society, discriminatory social structures and practices based on multiple identities, like ethnicity, regional, gender, physical conditions, class etc., people have posed a threat to marginalized groups. The institutional mechanism of the state also deserves serious questions about its capacity and accountability to the general public, and especially to marginalized groups, which became aggravated during the pandemic of Covid-19. Furthermore, a lack of resources and poor governance systems impede marginalized and excluded people and groups, such as people with disabilities, who suffered the most during pandemic crisis. Marginalization based on impairment and other social categories exists among disability constituencies, placing them at the bottom of the disability hierarchy. Moreover, the underrepresented groups like; Indigenous, Dalit and Madheshi, severe and profound disabilities, and women and girls with disabilities fall in the lowest spectrum because of prevailing exclusionary, historical, structural, systematic, direct and indirect discriminatory social practices.

Considering the above context, some of the pertinent issues in relation to Covid-19 pandemic on people with disabilities from underrepresented groups Indigenous, Dalit and Madheshi lack multiple types of information regarding pandemic and vaccination in the language understandable to them; superstitious belief and practices about pandemic; lack of psychological counselling on its impact; inadequate government response; access to resources and information; shortfall of relief and regular goods (such as sanitary pads, Catheter pipes and other medical needs); lack of information to receive relief materials; discriminatory behavior of the family members and the people in the society; lack of meaningful participation during Covid-19 response and recovery, mobility restrictions, institutional involvement and linkages with CSOs and government representatives; violence against girls and women with disabilities; anxiety disorders; loses of jobs (personal and family) and businesses; shortfall of daily living goods; problem of rejoining the job markets; treatment, tracing and test of Covid-19; appropriate and adequate quarantine and isolation including disability friendly infrastructures including the covid response were available, accessible, affordable, acceptable and quality maintained for underrepresented groups with disabilities.

Limited reports at global level also highlights the same situation as Indigenous peoples with disabilities face greater inequalities in accessing healthcare during the pandemic, including due to inaccessible health information, and other obstacles and barriers such as discrimination in accessing healthcare facilities (Covid-19, Response Policy Brief, 2020) and other services. There can be many other issues, however, these concerns mentioned above are primary issues since these are not yet resolved and are anticipated to be addressed by the government and other primary stakeholders. The research aims to debate around the primary issues and then gradually deal with other issues that comes during the discourse of underrepresented groups.



## 4. Review of the Policies

The national government policies and international monitoring instruments have direct and indirect impacts on the different issues relating to response to disaster, crisis and pandemics to the people with disabilities representing underrepresented groups. The existing policies are insufficient and the gaps between policy and practice are rampant, which makes the situation more complicated or even aggravated. Some of the international policy instruments are also in action along with the national policies, which try to align on different fronts (though it is insufficient) of pandemic issues in particular to the people with disabilities. Some of the national policies and international policies are briefly analyzed here in relation to the people with disabilities and pandemic.

### 4.1 National Policies

The Constitution of Nepal (2015), as a fundamental law of the nation, has certain provisions for the different rights of people of the country. The constitutional provisions are for every citizen of the country; however, it has some special provisions for the marginalized people considering the contextual reality. In the section of fundamental rights, article 18 has mentioned the rights of equality which mentions that there should be equal treatment to all people regardless of belonging to any groups including women, Indigenous Peoples, Dalit, Madheshi, and people with disabilities. Furthermore, it opens the door to make the law and special provision to protect, empower and develop the marginalized groups like women, Indigenous groups, people with disabilities, Dalit, Madheshi, etc.<sup>1</sup> Article 35 of the same section mentions the rights to receive free basic health services and equal access to health services.

Likewise, the Disability Act (2017) has mentioned the health-related rights of the people with disabilities. Article 28 in section 7 of the same act mentioned the rights of free basic health services to all the people with disabilities, however, it has not mentioned any special provisions to the marginalized and underrepresented groups of people among disability groups.<sup>2</sup> Moreover, the Public Health Service Act (2018) has mentioned emergency health care and management in section 6 of Article 48. The article ensures the response to emergency health care requirements but does not prioritize the vulnerable

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<sup>1</sup> Constitution of Nepal 2015, Fundamental Rights Section-3

<sup>2</sup> Disability Rights Act 2017



and marginalized groups. Similarly, Article 49 of the same section explains the rights to response and necessary management provision about infectious disease prevention, information and cure in any case of such a disease outbreak.<sup>3</sup> However, both articles' provisions are questionable in the case of the Covid-19 pandemic.

Additionally, the Infectious Disease Control Act (1964) which was amended in 2018, has managed multiple provisions for the services and management of infectious disease outbreaks.<sup>4</sup> The provisions in the act lack the segregation of vulnerable groups for priority or special provision. Many provisions are not relevant in the contemporary national context however, this act is highly relevant in the pandemic situation. Furthermore, the Disaster Risk and Management Act (2017) has multiple provisions to manage and respond to different types of disaster risks. The act mentions three levels (federal, provincial and local) of institutional provisions to respond to the disaster, however, this act does not explicitly consider serious health crisis as a health disaster and did not consider the priority of service for the marginalized and underrepresented groups.<sup>5</sup>

The Covid-19 pandemic situation urges us to consider health crisis and disasters and needs to respond urgently with consideration of risk (like people with disabilities) groups as the priority groups. Overall, despite having many provisions in different acts for service response to the excluded and marginalized groups, especially people with disabilities from Indigenous, Dalit and Madheshi groups, are not addressed adequately and 'one size fits all' framework or 'blanket approach' was applied during the pandemic. So OPDs working for people with disabilities had to do strong and regular advocacy both nationally and internationally for disability inclusion like SLI services and accessible formats (simple, mother tongue and plain language) for information, need for regular medicines and regular needs, disability inclusion in quarantine and others. There is room for improvement in the statutory provisions for better response. The implementation part also has many questions, since the recent practices to respond to Covid-19 have shown many flaws in the ground-level actions.

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<sup>3</sup> Public Health Service Act 2018

<sup>4</sup> Infectious Disease Act 1964 amended in 2018

<sup>5</sup> Disaster Risk and Management Act 2017

## 4.2 International Policies

The General assembly of the United Nations adopted the Universal Declaration of Human Rights (UDHR) in 1948, which was one of the landmarks in the international socioeconomic and political ecosystem. The provisions mentioned in the document are significant to Nepal as a member of the United Nations. The rights of non-discrimination and equality mention in different articles for different aspects to every citizen of the states is one of the important things of this document. Specifically, in Article 25, rights of health and medical care to every individual and rights to security from sickness and disability are significant in the context.<sup>6</sup> Such provisions started to pave a path to move forward for better society and were specifically helpful to get mainstream the marginalized groups like people with disabilities belonging to Indigenous, Dalit and Madheshi. Other specialized UN agencies made many provisions to ensure the rights of the marginalized people in different social concerns to them.

Likewise, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) has mentioned multiple rights relating to people with disabilities in a comprehensive manner, which covers multiple dimensions concerning the group of peoples with disabilities. The UNCRPD preamble and principles clearly outline people with disabilities as a part of human diversity respecting the rights of multiple and intersecting identities and social categories irrespective of their sex, disability, class, age, ethnicity, indigenous identity, religion, geography and are in line with all articles of the convention. However, these issues and understandings are hardly debated in public discourse within the disability movement.

Similarly, Article 11 of UNCRPD mentions the rights of people with disabilities and the obligation of the state parties regarding the situation of risk and humanitarian emergencies. The article mentions, in such a situation, considering international humanitarian law, international human rights law, and necessary measures should be followed to ensure the protection and safety of people with disabilities in situations of risk and disaster. Nepal is also facing such health crisis during the Covid-19 pandemic and this provision is relevant in this situation.

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<sup>6</sup> Universal Declaration of Human Rights, 1948, The United Nations



Moreover, Article 25 mentions the non-discriminatory and mainstreaming of health services to people with disabilities. The article emphasizes providing health services on a priority basis with disabilities considering gender and other sensitivity measures.<sup>7</sup> In addition, the UNCRPD compliance must ensure that all these health measures protocols and services must be available, affordable, acceptable, accessible, and quality to all people including people with disabilities. The provisions in the article are relevant in the pandemic, however, the execution and implementation of this provision in practice are still questionable especially in health crisis situations. Also, Incheon Strategy (2012) has mentioned the provision of health services to people with disabilities in its 4<sup>th</sup> goal under the social protection category.<sup>8</sup> Following the strategy made for the Asia Pacific region will have a significant impact on the betterment of the people with disabilities.

Similarly, the Convention on Eliminating all forms of Discrimination against Women (CEDAW) also mentions the health rights including the sexual, health and reproductive rights during and emergency for all women and girls including indigenous women and women with disabilities, however this has remained crucial during the pandemic. In addition, the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) in Articles 21 and 22 mentions special measures for the protection and promotion of Indigenous Peoples with Disabilities but there is no such impact on the lives of Indigenous peoples with disabilities in normal and during pandemics. And the Sustainable Development Goals 2030 agenda highlights "leaving no one behind" and "reaching the furthest behind", which includes mainstreaming and inclusion of underrepresented people with disabilities during emergencies and crisis but so far these provisions are limited only on paper.

The UN Covid-19 Brief Report- June including other reports on Covid -19 outlines that the groups with multiple marginalized identities are at risk from viruses, so effective measures must be ensured. The June report clearly outlines that Indigenous peoples with disabilities face greater inequalities in accessing healthcare during the pandemic, due to inaccessible health information, and other obstacles and barriers such as discrimination in accessing healthcare facilities so supportive measures are crucial for their intervention both at global and national level (OHCHR, 2020).

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<sup>7</sup> Convention on the Rights of the People with Disabilities, 2006, The United Nations

<sup>8</sup> Incheon Strategy to "Make the Right Real" for People with Disabilities in Asia and the Pacific, 2012, The United Nations



In addition, one of the significant roles has been played by the World Health Organization (WHO) in this Covid-19. As a specialized organization of the United Nations, WHO has closely engaged Nepal to respond to the pandemic on different fronts. Working closely with the Government of Nepal (GoN), different health protocols and measures have been enacted for the precautionary and curative actions. Since the pandemic is massively widespread, these protocols also could not prioritize the groups who are at risk and the response became weak in implementing in the field.<sup>9</sup>

Besides, the Sendai framework for disaster risk response has given priority to other natural disasters, however, health crisis like Covid-19 pandemic are also one received as of the disasters and urge all the relevant stakeholders and humanitarian actors to bring in the larger framework of disaster risk response and management<sup>10</sup> however these mechanisms also could not function adequately and effectively during the pandemic to reach the most marginalized groups<sup>11</sup>. So ground realities during the Covid-19 for underrepresented groups have remained challenged in various way despite having different legal and mandatory provision.

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<sup>9</sup> World Health Organization

<sup>10</sup> Sendai Framework of Disaster Risk Reduction

<sup>11</sup> 10th NIDWAN Discussion Series on “Post Covid-19 Pandemic Situation relating with Marginalized Groups” presented by former Education Minister and Disaster Expert Dr. Ganga Lal Tuladhar on 1st August 2020.

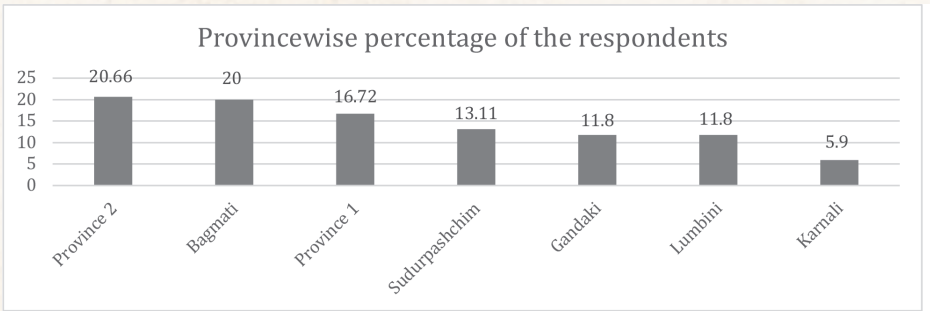
# 5. Findings and Discussion

This section describes the findings and discussion on the data gathered from the field survey, interview and other interaction with the key stakeholders. The finding and discussion section are organized into two broad aspects: social impacts and economic impacts of Covid-19 to the underrepresented groups of people with disabilities. Findings and discussion placed concurrently to make it easy to understand the complexity of the situation or phenomenon in the health crisis of the marginalized groups.

## 5.1 Demographic Representation

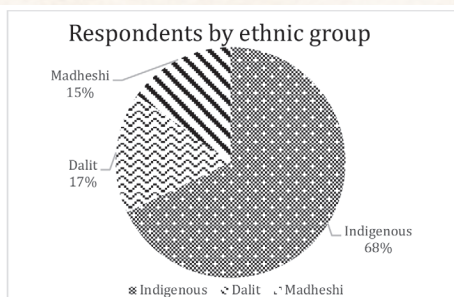
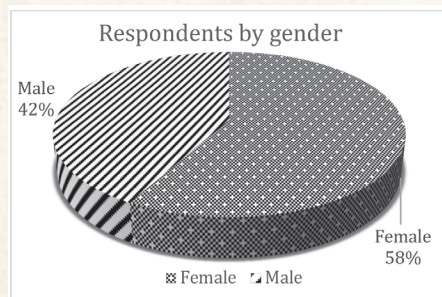
The demographic data of all 305 respondents collected through the survey is presented in the table and figure below.

Respondents  %	Response By	
	People with disabilities	Caretakers of people with disabilities
	80	20



Source: Survey 2021

Respondents %	Education						
	Illiterate	Literate	Pre-Primary	Basic	Secondary	Bachelors	Masters
	Higher than Masters						
	22	10	2	13	33	14	5
							1

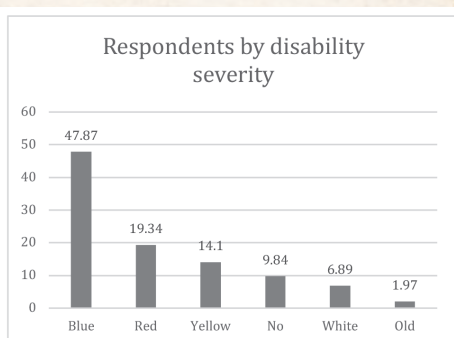
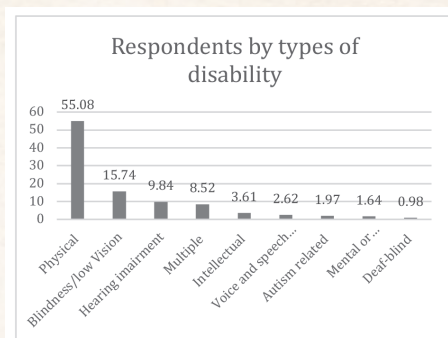


Source: Survey 2021

Source: Survey 2021

Respondents %	Employment								
	Unemployed	Student	Self-Employed	Agriculture	Private Employment	Daily Wage	Other	Teacher	Government Permanent
	Government Temporary								
	39	16	10	9	8	6	4	3	3
									2





Source: Survey 2021

Source: Survey 2021

Respondents %	Marital Status				Language				
	Unmarried	Married	Single	Divorce	Nepali	Nepali & Mother Tongue	Mother Tongue	Sign Language	Other
	53	42	4	1	40	28	14	12	6

Respondents %	Use of Assistive Devices		Age				
	Yes	No	< 16	16-24	25-40	41-60	> 60
	60	40	6	21	55	14	4

## 5.2 Social Impact

### 5.2.1 Information / Communication during the pandemic

The infection of the global pandemic was spreading widely and rapidly in the neighboring countries; however, the Government of Nepal didn't take it seriously in the initial phases. After the cases increased gradually, due to open borders in the South, the government announced a sudden lockdown in March 2020 across the nation. However, the government failed to provide the right and reliable information regarding the pandemic to the general public. Among the Indigenous, Dalit and Madhesi people with disabilities, there was a huge gap in the reliable and accurate information since the government has not provided information understandable to them communities.

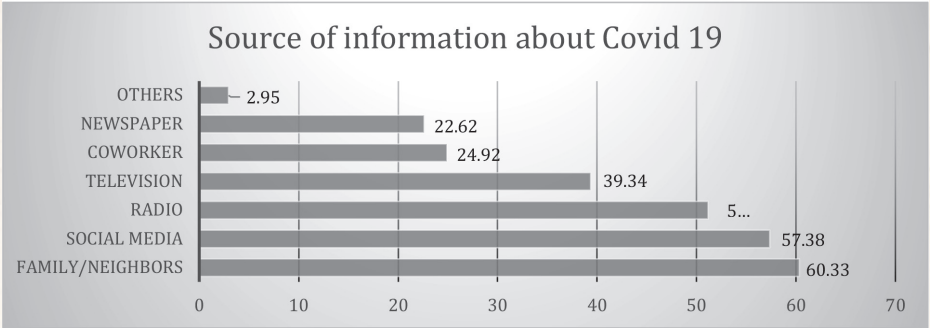
According to the study, only 70% of the respondents know about the Covid-19 pandemic, 24% of them know very little (which has a chance of misinformation) and 6% of respondents were completely unaware of the Covid-19. The respondents got information from different sources which helped them for cross-validation and authentication of the information. The majority of the respondents got received the Covid-19 information from family members and neighbors followed by social network/media, FM Radio, television, newspapers, colleagues and few other sources. Only a few respondents came to know about the pandemic from the health workers, schools, and also from sign language interpreters and the organizations of people with disabilities like NIDWAN during the lockdown. However, one of the respondents, a woman with a disability, shared her observations during a focus group discussion:

“There was no correct, clear and true information regarding pandemics among people and was not considered the people with disabilities in the information dissemination and their accessible language. We were not provided prior information about the lockdown in a proper manner, only those who were associated with community based organizations and had access to information. Some received information through technology but those who were not associated with organizations remained challenged to go back to the village. Because of unclear information many of us were in a dilemma and frustration because of incomplete, unknown information about Covid-19. There was lots of contradictory information, which made us more confused about the authentic information source and what to follow.”<sup>12</sup>

<sup>12</sup> Focus group discussion (virtual) on Challenges of women with disabilities in pandemic on 4<sup>th</sup> July 2020

The majority of people with disabilities got information about the pandemic from different sources, however a significant number of them got partial or no information. It is crucial for them to get reliable information in the language form they understand and proper control and preventive mechanisms, which are their fundamental rights mentioned in the constitution.

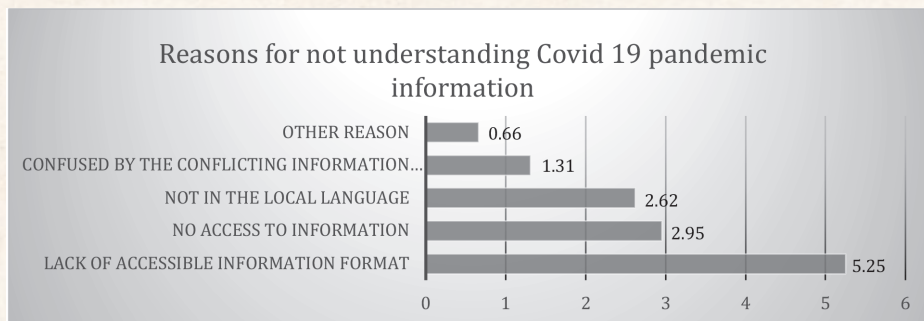
Respondents %	Understanding of information and communication about pandemic		
	Could not Understand	Understood	Irrelevant
	46	49	5



*Source: Survey 2021*  
*Note: On the question of the source of information about Covid-19 pandemic, the specific respondent might have got information from more than one source.*

Moreover, reliable information in the language they understand is important but not enough. Rather, it is more important how many of them understood that information properly. The information was disseminated regarding precautionary measures and curative measures announced by the government to deal with Covid-19. Only around 49% of the respondents understood the information properly and conveyed a message about Covid-19, 46% of the respondents did understand and for 5% of respondents the question was irrelevant. Partial understanding and no understanding of the information provided through different means may lead to the wrong direction and chances of less effective precautionary and curative measures of Covid-19 to the people with disabilities was higher.





*Source: Survey 2021*

*Note: On the question of not getting pandemic information, the question is irrelevant for other than mentioned in the figure.*

There can be multiple reasons for not being able to understand the information provided. On the response of the respondents, some of the major reasons that led not to understand the information were: the structure of the information about the pandemic, limited or lack of access of the people with disabilities from underrepresented groups, they were not associated with OPDs and did not know about the place where public information and services were disseminated. They did not have access to the government representatives who provided relief and Covid-19 safety measures that can properly convey the information to them, the information was not conveyed in local language (especially in their mother tongue and local language, this is significant in the case of Indigenous and Madhesi people with disabilities). Furthermore, it created confusion because different media convey different messages.

Moreover, there was almost no information provided in sign language. With all the responses, there is a big room for improvement in providing reliable information to the people with disabilities representing the underrepresented groups in terms of content of the information, the language of information and the method of conveying the message/information. Despite different provisions in the constitution and laws about the right to information, people with disabilities can not still enjoy such rights in critical times like Covid-19.

## 5.2.2 Precautionary Measures

Government and non-government sectors followed precautionary measures and approaches with priority to respond to the Covid-19 pandemic since there were no medicines developed to cure Covid -19. Getting information and following the precautionary measures were important aspects for all including

the respondents in such a pandemic. The survey responses showed that 25% of the respondents do not know about the precautionary actions and for 5% of respondents it was irrelevant. In precautionary actions, the information was provided to wear a mask, wash (sanitize) hands frequently and maintain social distance with other people. Only 50% of the respondents followed all these precautionary actions. 70% of respondents wore masks regularly, 68% of respondents washed their hands regularly, 60% of respondents sanitized their hands frequently, nearly 48% of respondents maintained the distance (it was recommended 2 meters) and nearly 2% of respondents did not do any of these precautionary actions. These precautionary activities/actions were not followed well in the common places and also in quarantine and small-scale health institutions. Two doctors actively engaged in the Covid-19 frontline shared in the discussion:

“Even all health workers are not fully aware of the precautionary activities and in a significant majority of the cases there is lack of protective gears like PPE and other materials. Moreover, there are no specific precautionary activities for people with disabilities based on their impairment particular to spinal cord injury and women with disabilities and to other marginalized groups. we have never thought about our medical services from a disability, gender and cultural inclusion perspective”.<sup>13</sup>

Two major things which directly affect the precautionary actions: one is the awareness regarding the pandemic and another is the affordability, accessibility and practical aspects of precautionary materials. 47% of the respondents are not fully aware of the precautionary measures and the majority of the respondents were not able to afford (lack of materials) the precautionary materials. Indigenous woman with the disability shared her experiences:

“Because of unaffordability, we could not do all precautionary measures and we are having challenges related to our hand to mouth problem and in this regard, we don’t have enough money to buy masks, sanitizer, soap and water. We are not used to washing hands frequently and have no water even to cook food. We have to walk for 2 hours for water so with a bucket of water shall we cook food or wash hands? How can we wash our hands frequently? This has created further confusion among us.”<sup>14</sup>

<sup>13</sup> Focus group discussion (virtual) on Information on Covid-19 and impact on marginalized group on 6<sup>th</sup> June 2020

<sup>14</sup> Interview with people with disabilities



Some of the respondents think that they are out of risk since they cannot come out due to their disabilities so just stay at home.

Respondents %	Precautionary Activities Done					
	Use of Mask	Wash Hand	Use Sanitizer	Maintain Physical Distance	All Done	All Activities Not Done
	70	68	60	48	53	47

Source: Survey 2021

*Note: On the question of the source of precautionary activities, the specific respondent might have done more than one activity.*

In addition to these precautionary measures some respondents also followed the traditional Indigenous culture and practices to remain safe during the Covid-19 pandemics, which also provided collective efforts and self-confidence and psychological support among the Indigenous peoples with disabilities. In many places, people still utilize traditional herbs and follow rituals like worshipping gods, forests and other cultural practices and boosting to remove bad spirits and evils that are creating problems to human beings as a precaution from Covid-19. Among the respondents, 8% have done such rituals to stay safe from Covid-19, 22% have seen the rituals done by others in their communities and 70% have not seen or not done such rituals to stay safe from the virus. Such 30% practiced indigenous cultural and spiritual practices are done during the time of disaster or emergency and have greater significance for Indigenous Peoples’ lives including other communities.

As a good practice during Covid-19, Indigenous Peoples from different communities like Dhimal, Thakali, Magar and Gurung and others have practiced those traditional practices for not allowing others to enter the village and worshipping god and forest and sharing all the needy things among themselves in their communities and are not infected by virus. Such practices have remained as a good example of Indigenous Peoples and have remained safe during Covid-19 in Nepal so those traditional customary practices of

indigenous communities are also part of Indigenous peoples with disabilities culture. Hence, those should be protected and promoted by the communities and state. As many Indigenous Peoples' customs, traditions and way of life are related to such rituals and cultural practices, those cultural value systems and cultural approaches to respond Covid-19 are crucial. And other scientific approaches include awareness, safety, and precautions provided by health professions are equally essential.

In addition, the extended lockdown situation has increased mental health problems and hypertension among peoples with disabilities and their family members due to the loss of their regular jobs, limited mobility and scarcity of basic needs, public restrictions of conducting socio-cultural rituals and ceremonies and others. Likewise, some respondents believed that they were safe. As per the information, 20% of the respondents think that they will not be infected easily, 14% of respondents think that they are less at risk and may be infected and 66% of respondents think that they are at risk and will be easily infected. The survey indicated that the majority of the respondents believed that they are at higher risk of exposure to the virus.

Studies show that people with disabilities are more at risk in different ways. Among them are regular medicines they use and face immunity challenges in their body. There can be other multiple ways to be infected. In reference to the study, 65% of the respondents think that they have more chances to be infected through the personal assistants whereas 52% of respondents think to be infected through their family members, 47% of the respondents think that they can be infected through the goods purchased, likewise, 46% of the respondents think that chances of infection through assistive devices, and 4% of the respondents do not know anything about virus transmission means. Many respondents had multiple answers to these questions so the % of being infected is higher. Despite all aspects of precautionary measures of Covid-19, the vaccine and its access to all people including marginalized people is crucial.

All these health measures and precautions should be available, affordable, acceptable, accessible and quality in (AAAAQ Framework) to all people including underrepresented peoples with disabilities. However, in reality only around 20% of the population got the opportunity to complete doses of vaccine in Nepal so far (22nd Sept, 2021).<sup>15</sup> Because of a lack of disaggregated data, it is difficult to figure out many underrepresented people with disabilities

<sup>15</sup> <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/nepal/>



have received vaccines to remain safe. So, to make all the services inclusive AAAAQ framework is fundamental and should be integrated into all services to all people.

### 5.2.3 Quarantine / Local Government Response on Relief

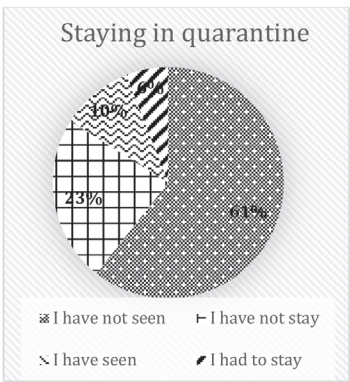
One of the curative measures of Covid-19 is to isolate from the infected persons to the non-infected people. The GoN also made such a health protocol to isolate the suspected or infected people from the non-infected people. To execute such a provision, local governments (municipalities or rural municipalities) were responsible to develop and manage quarantine and isolation centers in the respective areas, which help to break the chain of the Covid-19 infection. If the cases become more severe, they are referred to hospitals, otherwise they stay in quarantine and isolation centers for at least two weeks and go back to their homes. Indigenous woman with a disability who had Covid-19 shared her experiences:

“The quarantine and isolation centers are not disabled friendly. There were no safety measures, not enough medical supply, not a clean environment, not gender friendly as well as not accessible for different types of impairments. It was mainly difficult for Covid-19 test for indigenous woman with disability like me. When I went to the hospital, I was repeatedly asked whether I had money or not? When I went for covid test with money, I was not tested on time and I had too many hassles, later on I was tested with multiple requests and, I was positive. I was not in a situation to stay in quarantine. There were stigma, stereotypes, negative behavior and terror towards Covid-19 infected peoples so I thought I would also be neglected and isolated in my community so I chose to stay in home isolation. And while I stayed at home, I did not know what to follow? how to receive information? and there was a lack of food, nutrition, medicine and counseling so I had to take support from OPDs like NIDWAN and I received financial support, food, medicine support and psychosocial counselling from them. If I was in my village, I would not have this opportunity. After the home isolation, I went for Covid-19 test but the health professional denied my test a second time again so I stopped going to hospital. Later on, I assumed that I was fine and healthy so there were numerous challenges for women with disabilities during the pandemic”<sup>16</sup>

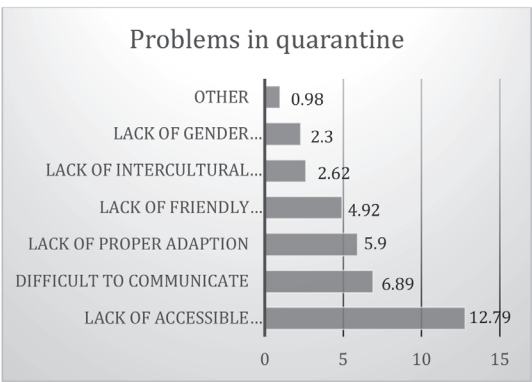
<sup>16</sup> Interview with People with disabilities

There were many issues regarding the quarantine in many places across the nation. Among the respondents, 16% of had experiences of quarantine run and managed by the local government. The data indicates around 16% of people with disabilities have observed or experienced the Covid-19 quarantine run and managed by the local government. Among them, significant respondents i.e., around 80% found that those quarantines were not accessible. Around 10% found that it is partially accessible and the other 10% found that the quarantines were disabled-friendly. Most of the quarantines were set in the government schools, which shows the conditions regarding disabled-friendly school infrastructure as well.

Based on the experience and observation of people with disabilities, many things were lacking in the quarantine such as: lack of disabled-friendly and accessible physical infrastructure, difficulties in communication (specific to the people with disabilities may need specific languages, for example sign and local language), lack of appropriateness, lack of enabling behavior, lack of local community and cultural environment, lack of gender-specific requirement, lack of hygienic environment, lack of psychosocial counselling and lack of required nominal medicine and test. However, one of the concerned ministers in the interview opined that ‘the government is working hard to develop enough quarantines and relief is distributed to the people with priority.’<sup>17</sup> Considering the realities of the quarantines run by the local governments, many areas that need to improve and require a more gender sensitive, disabled and culturally sensitive environment.



Source: Survey 2021



Source: Survey 2021

<sup>17</sup> Interview with Minister of Women, Children and Senior Citizens on 16<sup>th</sup> June 2020



The Covid-19 infection started exponential growth in Nepal and India (since there is an open border between two countries) in March 2020; the GoN decided a lockdown in the same month with a very short notice of three days. Such a sudden lockdown had various adverse effects on many people including the people with disabilities. One of the respondents said:

“Because of the lockdown and pandemic, we faced the problem of hand to mouth. We heard that some people got relief support like food and medical goods, but we did not get anything. We didn’t know where to get these reliefs, none has informed us. We were facing lots of problems, and not getting any support from anywhere. Some of the neighbors and community people helped us, but that was not sufficient and it was nominal and for a very short period of time.” <sup>18</sup>

Respondents%	Situation of accessible quarantine			Received relief provided by Government		
	Not Accessible	Partially Accessible	Accessible	Did not receive	Partially received	No Needed
	80	10	10	55	36	9

Many respondents in the study also responded about the problems and relief support they received. The survey shows that 84% of the respondents faced different difficulties because of sudden lockdown. Among these problems, some respondents faced single problem whereas others may face multiple problems such as: significant majority of the respondents i.e., 68%, of the people with disabilities faced the problem of food supply, 59% face the lack of medicine and medical goods, 51% face the lack of general hygiene goods, 31% face the lack of menstrual hygiene goods, 30% face the lack of required assistive devices and 13% face other kind of problems.

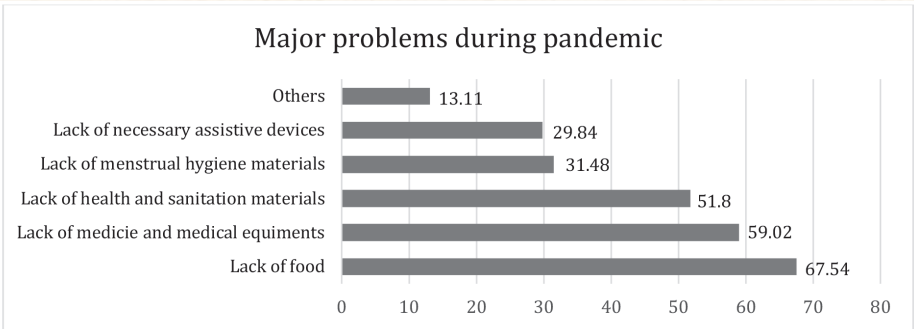
Similarly, access to regular health necessities, including Clean Intermittent Catheterization (CIC), incontinence products, diapers, urinary bags, medical supplies, incontinence products, hot water bag and other safety measures

<sup>18</sup> Interview with people with disabilities



have been unavailable or complicated to receive for spinal cord and severe and profound disabilities during the pandemic (Gurung, 2021). Some of the other social problems were: source of income which effect to pay rent, purchase of goods, lose jobs, and also some kind of psychological problem like anxiety, mobility restrictions, lack of transportation and some of them stock at the city and could not return back to their homes. There were mobility restrictions which had a disproportionate effect on underrepresented people with disabilities and who are at greater risk of infection and complications (MRG, 2020).

The priority of these problems were different for different people with disabilities based on their needs, types of disabilities, urgency and social identities they posses however, most of the people with disabilities face these problems to different degrees. In general, sudden lockdown has impacted drastically on the people with disabilities in many ways though it was mandatory for the government to control the pandemic.



Source: Survey 2021

*Note: On the question of a major problem during the pandemic, the specific respondent might have faced more than one problem.*

The Government of Nepal, especially the local government, tried to address the problems of the people faced by the sudden lockdown. The GoN provided basic relief distribution to the needy people, but was very limited and could not fulfill the basic requirements of all. Some of the non-government sectors including community-based organizations were also engaged in such relief distribution. However, 55% of respondents of the survey did not get any kind of relief, 37% respondents got some relief support from the government and 8% respondents did not need any kind of relief support. Significantly high respondents receive food supply, followed by health and hygiene goods,

medicine and medical goods, menstrual hygiene goods and required assistive devices. Among the respondents, who did not get relief have different reasons for not getting the relief support. Some of the major reasons for not getting relief were: not knowing about the relief distribution by the local government, some of them did not have access to relief distribution authority, lack of accessibility to the relief distribution place, lack of the priority given to the people with disabilities, women and marginalized and underrepresented people and groups, lack of legal document (such as citizenship and disability identity card) and etc. The distributed relief was not sufficient for the whole lockdown period and many needy people were left out and did not get the relief.

## **5.2.4 Behavioral Response by Family Members and Society**

The Covid-19 pandemic has posed many threats to human life. Because of the lockdown, many people lost their jobs, and faced other kinds of hardship in life. The behavioral patterns of human beings were also affected. Some of the effects had occurred to the people with disabilities as well, since all family members stayed at home during the lockdown. According to the survey, 31% of respondents faced some kind of different behavior change from their family members. Those different behaviors could be positive or negative, however in most of the cases, it was found to be negative behavior, which was from mild to intense. Primarily, those negative behaviors were: considered the peoples with disabilities as a family burden, treated differently than normal, hatred, avoidance, scold, gave more household work etc. Very nominal respondents had received good behavior from the family members. One of the government employees working at the municipal desk said:

“It has been seen and reported on very different types of behavioral responses by the family members and community people. Only very few people responded as usual and in a positive way, otherwise, most of the cases, people with disabilities faced different perception, behavior because of their disability and stigma associated with it and faced additional risk and stress during the pandemic. Some of the behavioral responses were extremely negative and even turned to violence and abuse to girls and women with disabilities when we saw them at the local level. Such cases often never come into the public domain and justice remained derailed.”



Respondents %	Behavior of family members						
	Some types of behavior change					Good behavior	Irrelevant
	Family Burden	Different Behavior	Hate	Ignored	Emotional Misbehavior		
	10	6	6	6	3	3	66

Respondents %	Behavior of people in community				
	Some kind of different behavior			Good Behavior	Irrelevant
	Ignored	Discriminated	Excluded		
	21	23	12	3	41

Likewise, the behavior of people from the community also varies to the people with disabilities during the pandemic. Reference to the survey data, 56% of respondents faced some kind of different behavior from the community. The common behaviors done by the community members were: avoidance, contempt, exclusion, bad behavior and use of bad or negative words, etc. Such behaviors of the family members and the community members negatively affected the lives of people with disabilities and more chances to be impacted in many forms.

### 5.2.5 Violence against Girls and Women with Disabilities

The violence against girls and women with disabilities is rampant across the nation which are mild or severe. Most of the cases are reported against women with disabilities. Some of the cases are reported for justice and many cases do not come to public notice because of multiple reasons. During the pandemic such issues of violence prevail, some of them did not come in the public domain for justice. Among the respondents, 23% of respondents heard about the violence against women with disabilities, 12% respondents did not know about violence, 10% respondents heard and seen violence against women with disabilities and nearly 1% of the respondents have faced violence against them. Different types of violence have occurred to different women with disabilities. Some to the major types of violence that respondents expressed are: sexual exploitation, rape, family dispute, scold, too much household work, tortures and beating etc. One of the members of the National Human Rights Commission (NHRC) shared during the discussion:

“During the pandemic, many cases of human rights violations have been reported. Among those cases, most of the cases are against the marginalized groups including Indigenous Peoples, Dalit and people with disabilities with severe and profound (intellectual, deaf, autism and others) disabilities. Many cases are not publicly brought and do not proceed to the legal mechanisms. So, the government mechanism including NHRC should study and analyze violence in a comprehensive way related to individuals and be sensitive towards the issues and work more. This will enable us to reduce violence that is happening against girls and women with disabilities and link with the justice process. There is still big room to work hard for justice to girls and women with disabilities from underrepresented groups.”<sup>19</sup>

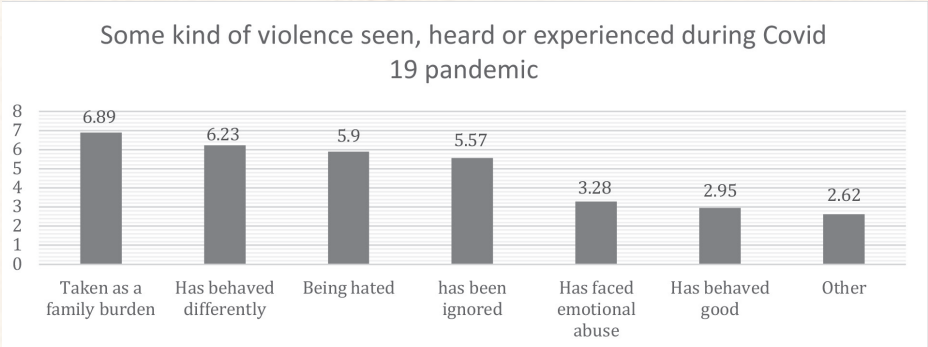
Some of the cases related with marginalized groups were violence with mild whereas others were severe criminal offences, but only very few cases come to public domain for justice and go for prosecution. The cases of violence against girls and women with disabilities are not only during pandemic time but also equally prevalent in other normal times as well as in most of the cases, victims do not realize justice. In case of the girls and women with disabilities from underrepresented groups have very less chance to go to the legal process due

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<sup>19</sup> Interview with former member of NHRC



to multiple reasons and no justice is provided till now. Hence, most of them do not want to open their cases and be public so there is minimal reporting on these issues from underrepresented girls and women with disabilities.



Source: Survey 2021

### 5.2.6 Psychological / Psychosocial Counselling

The pandemic and lockdown have massive adverse effects on people’s psychology and social psychology in general. The psychological effect of Covid-19 pandemic to Indigenous, Dalit and Madheshi people with disabilities had intense since these groups have already faced many psychosocial challenges due to some kind of impairment and social issues. As per the responses of the survey, some of them felt all types of psychological disorder whereas others felt only one or more than one such disorder. According to the survey, 72% of the respondents felt anxiety, 54% respondents felt acute worriedness, 46% respondents faced negative overthinking, 43% respondents felt restlessness, 31% respondents felt insomnia and 15% respondents did not felt any psychological disorder. Likewise, 31% respondents felt an acute level of psychological disorder, 19% respondent felt relatively higher level of such disorder, 18% respondents felt little and 18% respondents felt general psychological disorder. Acute psychological disorder may have serious health consequences and may lead to severe depression and in extreme cases, suicidal tendency may increase. One of the experts on psychosocial counselling said:

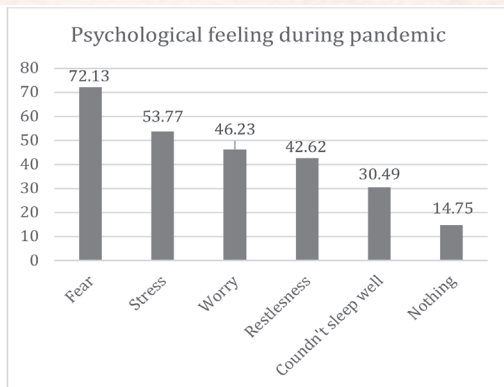
“Because of the pandemic, it was reported that there was a substantial increase in mental health issues and suicidal tendencies. Such a tendency was seen relatively higher among underrepresented people with disabilities. The family members of the people with disabilities felt more terror during the pandemic because of the risk of safety, economic crisis and other issues at the household level. In such a critical condition, psychological counselling, peer support services remained effective, however, such counselling was only limited to few people with disabilities. Very low number of psychological counselling support is conducted/provided, which is significantly insufficient and do not reach to most underrepresented people with disabilities. Furthermore, while providing psychosocial counselling, I realized there were a number of other issues and challenges related with underrepresented people with disabilities which need to be addressed acutely, so it is fundamental to realize the safe enabling environment first and provide counselling services accordingly by the government and other stakeholders realizing from this experience.”<sup>20</sup>

In such a context, psychosocial counselling is required for all which may help the sufferer to become usual and live a normal life. The survey data shows that nearly 79% of the respondents did not get any kind of psychological/psychosocial counselling from the government and non-government sector, 8% respondents did not know about psychosocial counselling and only 13% respondent got some kind of psychological/psychosocial counselling. Among three groups, indigenous group has faced relatively higher psychological problems during pandemic. Also, the same group receive lesser counselling service in compare with their counterpart.

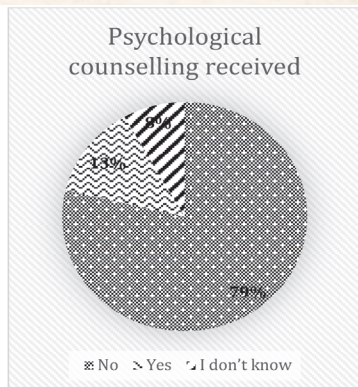
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<sup>20</sup> Group discussion on mental health and psychological counselling during pandemic on 20<sup>th</sup> June 2020





Source: Survey 2021



Source: Survey 2021

**Note:** On the question of psychological feeling during a pandemic, the specific respondent might have faced more than one psychological problem.

Psychological/psychosocial counselling was provided by some government agencies and non-government organizations through professional counselors. The counselling was found helpful for many of them and needs to continue in future in normal and during emergencies.

## 5.3 Economic Impacts

### 5.3.1 Effect on work and business

The Covid-19 pandemic and sudden lockdown had tremendous impacts on people's lives in Nepal. The immediate effects on multiple dimensions were seen and long-term effects are expected to come in future. One of the effects that occurred to the people with disabilities is an economic effect which has immediate and long run consequences. Most of the effects are related to their job and income, which have direct impacts on their food, livelihood and health. A study done by World Food Program-Nepal entitled "A Study on Access to Food of Indigenous Peoples with Disabilities in Nepal in 2021" highlights that nearly 45% of both indigenous women and men with a disabilities' monthly income is under 5000 NPR. And 80% Indigenous women with disabilities possess no land and only 1.1% rely on forest products and face significant barriers in accessing the forest for food and livelihood. Out of the total respondents, only 64% Indigenous peoples with disabilities from Karnali and Sudurpaschim provinces have got disability card that provides them to

receive social protection including disability services. Furthermore, the study highlights that 75% Indigenous women with disabilities use coping strategies like (reducing meals or compromising on culturally food by mixing grains or adding more water, wood) in order to cope with hunger and starvation. This is a grim reality of Indigenous peoples with disabilities and respondents during the research stated that this situation is similar in other provinces and among other underrepresented groups (WFP-Nepal, 2021).

Similar, is the situation of this present study where the survey shows that 52% of the respondents totally lost their jobs and income sources and 13% respondents partially lost their income sources because of the pandemic. This data indicated the effect of pandemics in the household economy is relatively higher to households having people with disabilities. Indigenous Peoples with disabilities shared his conditions as:

“My family members and we lost our jobs because of the pandemic. We used to sell liquor, which is our traditional skill but during covid -19, these liquors were destroyed by state representatives and my mother and father both had to leave the traditional job. I could not continue my work to sell liquor and now we require regular food, medicine and materials which are difficult to receive for us. Other disabled family members including me felt extremely challenged for us to survive, now we only have a single or half day meal in by replacing us. We are in a stressful condition to run our day-to-day livelihood. Though we do have hope to recover but bear additional hardship in life because of the pandemic, we anticipate some sort of government intervention.”<sup>21</sup>

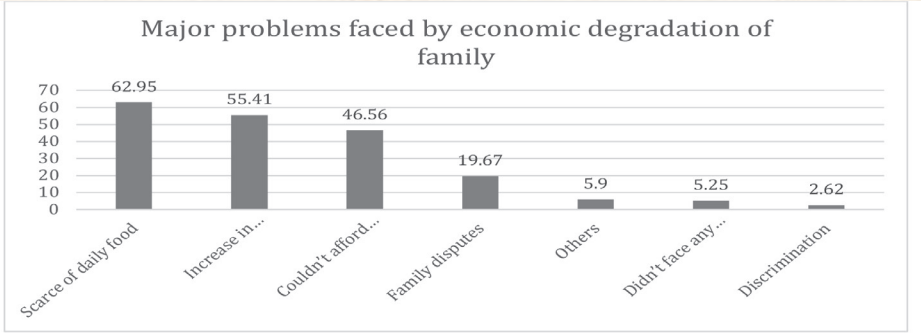
In the case of people with disabilities, their family’s income is also equally important to run a decent livelihood. Many family members of people with disabilities lost their job and income sources, which have direct impacts on people with disabilities. The survey shows that, 63% of the respondent’s family members lost their jobs, businesses or income sources by the pandemic and lockdown, 15% respondent’s family members have nominal effect on loss of jobs, businesses or income sources by the pandemic and lockdown and 22% respondent’s family members have no effect on their jobs, businesses or income sources during pandemic and lockdown. Among the three surveyed groups, indigenous group had relatively more effect on their work or business. In overall, Covid-19 pandemic has negatively affected the significant majority of

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<sup>21</sup> Interview with people with disabilities



the people with disabilities and their family members on their jobs, businesses and sources of income which eventually led to the compromise their decent livelihood.



Source: Survey 2021

*Note: On the question of a major problem during the pandemic, the specific respondent might have faced more than one problem.*

Respondents%	Employment of people with disabilities		Employment people with disabilities' family members	
	Affected	Didn't affect	Affected	Did not affect
	65	35	78	22

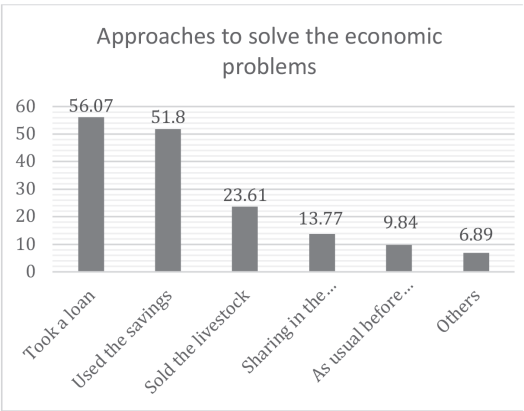
### 5.3.2 Employment and businesses

As the pandemic affects the majority of people with disabilities and their families, different types of problems have been encountered by them. Some of the problems were severe and some were minor whereas some of the people with disabilities face single problems and some of them face multiple problems. The survey responses showed that 63% of the respondents faced lack of daily consumption goods, 55% respondents faced increase in mental tension and stress, 47% respondents faced lack of capacity to purchase essential medicine, 20% respondents faced family disputes, 3% respondents faced contempt, 6% respondents faced other multiple problems whereas 5% respondents did not face any problem. In overall sense, the significant majority of the people with

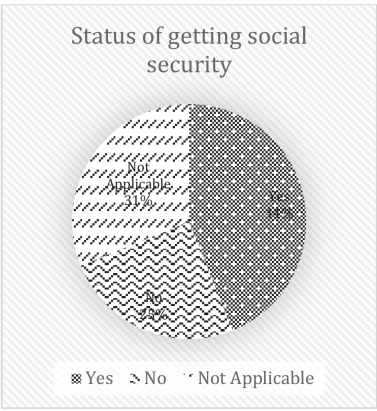
disabilities face single or multiple problems during the pandemic. Some of the people with disabilities said:

“We are facing lots of problems because of the pandemic and lockdown. We have faced a lack of enough food supply and could not have enough nutritious food. We are facing a shortage of the essential medical supply, which is required to maintain the existing health status. Moreover, we have faced a lack of money to buy masks, sanitizer and soap for precautionary measures. People said to use masks and sanitizer or soap but we cannot afford it since we are more worried about daily food and other essential medical supplies.”<sup>22</sup>

To tackle such sudden problems, different approaches have been carried out. As per the survey responses, 56% of the respondents took loan to solve the immediate problems, 52% of the respondents used the savings, likewise, 24% of the respondents sold their livestock, 14% of the respondents got support from the community and help each other, 7% of the respondents solved through distributed reliefs and credits, and 10% respondents resolved it as usual before the pandemic. It indicates that the significant majority of people with disabilities suffered and seek alternative solutions to tackle the immediate problems posed by the Covid-19 pandemic.



Source: Survey 2021



Source: Survey 2021

*Note: On the question of approach to solve the economic problem, the specific respondent might have done more than one approach.*

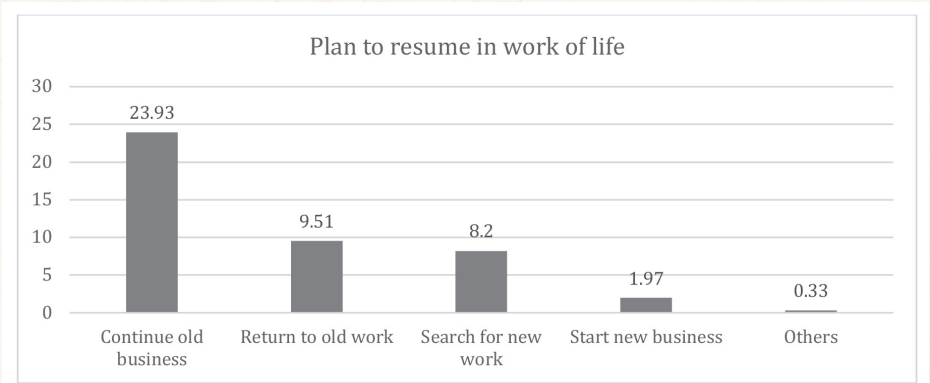
<sup>22</sup> Interview with Persons with Disabilities



### 5.3.3 Resilience Capacity in jobs and business

Every community has an expectation to bounce back after any kind of crisis that occurs in a specific period of time. The people with disabilities of the underrepresented groups also have such hope to come back to the normal situation, however, there can be more challenges since the Covid-19 pandemic is still not over. The vital things in this context were their own will power and the mechanism to support them to come back in the job market and resume their jobs and businesses. Some of the people with disabilities said:

“We wanted to come back to our regular work after the pandemic, however, it is still not sure when it will be over and the situation will become normal. We are hopeful for the future and anticipate receiving the support from the government, community and family. Resumption of our (including family members) work will be important for our dignified life and livelihood.”<sup>23</sup>



Source: Survey 2021

<sup>23</sup> Interview with people with disabilities

Respondents %	Capacity to start new work or business	
	Yes	No
	53	47

According to a survey, 47% of the respondents are not capable of resuming their job or businesses after the pandemic. Likewise, 24% respondents are thinking to continuation of their old business, 10% respondents are thinking to go back to previous job, 8% respondents wanted to search new job and 2% respondents wanted to start new business. The students who were studying would like to resume their study. It is not easy to find a new job as they have lost their traditional skills and to start new business because of the adverse conditions. Moreover, 20% of the respondents said they cannot start a new business because of the lack of funding, whereas others think that there is not a good environment to get a job and start a new business. Among three groups, indigenous group has relatively less resilient capacity because of many latent reasons. Despite having adverse conditions, there is still a chance to resume in the job market and in business for the people with disabilities, however, strong support is needed from different sectors like: government, non-government, community and family.

### 5.3.4 Continuation of social security

Social security is one of the important recognition and support to the people with disabilities. The policy of the Government of Nepal is to provide social security allowance to the people with disabilities based on their degree of severity of their disability. Disability severity identity cards (red, blue, yellow and white) were distributed depending on high to low severity. The survey shows that 44% of the respondents received social security whereas 25% of them did not receive any social security during the pandemic and lockdown. The local government is responsible for managing and distributing such social security. Some of the local governments incorporate the regular social security with the relief distribution saying that there is a lack of funds, however, the government has allotted the fund for relief and social security separately. Because of improper management of the relief system and social security, many marginalized people including people with disabilities representing from



underrepresented groups neither get relief nor social security. Some of the people with disabilities said:

“We could not get social security during the pandemic and we were told that services provided by the government were for relief and response. Even in the relief and response, we were not invited, participated and engaged so we could tell the challenges we had as women, as people with disability and as marginalized groups. We did not get anything nor were we consulted. We anticipate that we will get at least our regular social security and our engagement in future because in the policy paper we are told that marginalized groups are in priority but it doesn’t happen in reality. Because of not getting social security (though it is very nominal) on time, we are facing financial challenges and other challenges.”<sup>24</sup>

There could be multiple reasons for not receiving the social security allowance by the eligible people with disabilities. According to survey data, 11% of the respondents could not get social security because of lockdown since they could not move out from home. There was no transportation service, they were not informed properly and also didn’t have access/link with peoples. Similarly, 5% of the respondents could not receive social security because of some clauses of the relief distribution, which was changed in some municipality. And in some cases, there were no office staff and somewhere offices were closed. Social security is the rights of the people with disabilities, however the provided social security in a timely manner realizing their needs depending on thier hardships and challenges of thier life that is not sufficient to them for their decent livelihood. It is essential to provide social security to people with disabilities in a more easy and accessible way.

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<sup>24</sup> Group discussion with people with disabilities

## 6. Lessons and Recommendations

The Covid-19 pandemic has adversely impacted all Nepalese in their social and economic lives, which is even worse for the marginalized groups, particularly the people with disabilities, who represent Indigenous, Dalit, and Madheshi groups. This pandemic taught all of us, including those representing underrepresented groups, to understand how such a disaster and crisis affect different people in society in different ways and prepare ourselves to face such crisis in the future. Moreover, many exclusionary and discriminatory policies and social practices create additional challenges for marginalized and underrepresented groups even under normal conditions, which further aggravate disaster and crisis conditions like in the Covid-19 pandemic. With the realization of multiple and intersectional identities, some of these groups are further facing more intense exclusionary and discriminatory practices, and urge to address and improve such situations with the support of every stakeholder in society. People with disabilities who belong to Indigenous, Dalit, and Madheshi groups are facing more hardship and unjust treatment, health crisis, lack of medical care with limited participation in decision making, which is putting their human rights in peril during the pandemic. The issues and concerns faced by these underrepresented groups among people with disabilities need to be addressed urgently at both policy and practice levels by the concerned stakeholders by integrating intersectional lens at all levels.

Considering the importance of information and communication, there was a serious lack of the right, authentic, and appropriate content and communication about the Covid-19 pandemic for underrepresented groups. It did not consider the friendly language format for the Indigenous, Dalit, and Madheshi people with disabilities when conveying the message regarding the pandemic. In such disasters and health crisis, precautionary activities are even more important than curative measures. However, it seems like there are missing the standard precautionary activities for health workers and also underrepresented groups of people with disabilities. There is a lack of resources and knowledge on such precautionary activities, which is expected to be addressed by the relevant stakeholders.

Moreover, the majority of quarantines managed and run by the local governments have issues such as: not disabled and gender friendly (infrastructure and language), not safe and secured. These are the critical issues to be addressed by local governments. Relief distributions also had



many problems as most underrepresented groups were not associated with social organizations and had no link with local government services. Although it has been said that the distribution will be done on a priority basis, people with disabilities from underrepresented groups did not receive the relief support as per their needs. Family members, community members, and local government representatives need to be more responsive and sensitive, since in most cases, people are less sensitive towards underrepresented groups with disabilities. As usual, the cases of violence have increased significantly, with an increased number of victims from the girls' and women with disabilities groups. The violence reduction and justice mechanisms have lots of room for improvement. Psychological counselling and regular medicine are required on a regular basis for people with disabilities to mitigate potential severe harm to them. The Covid-19 health crisis has adverse effects on human life and is more severely affecting the jobs and businesses of people with disabilities. The alternative provisions should be provided by the government, community, and family to respond to the problems of livelihood faced by people with disabilities from underrepresented groups like Indigenous, Dalit, and Madheshi groups. Timely and sufficient social security is vital to respond to the consequences of a pandemic and disaster. However, such things are lacking during this Covid-19 health crisis. This situation has created a crisis within a crisis and exclusion within excluded communities of long-standing discrimination, inequality, invisibility and exclusion within marginalized communities (Gurung, 2021).

Despite having such a problem, people with disabilities from underrepresented groups have hope and expectations to raise again, and very importantly, all stakeholders (including the government and non-government sectors) should support them, giving them high priority. It is mandatory to reform and make necessary adjustments to the policies and practices related to the Indigenous, Dalit, and Madheshi people with disabilities to tackle the pandemic and make them safe from the multiple aspects of such health crisis and pandemics during Covid-19 and also in the future.

Based on the above study and analysis, some of the recommendations are for the government, non-government sectors, and other relevant stakeholders at all levels.

- The federal and local governments must develop and implement the appropriate mechanisms and systems to disseminate reliable information sharing, including in local, mother tongue, and sign languages as appropriate, to convey the crucial, right, and authentic information regarding any kind of disaster and pandemic to the people within their underrepresented groups. An intersectional approach needs to be integrated to reach the most marginalized groups, and a comprehensive framework needs to be designed.
- It is recommended that the government disseminate the information with the appropriate content and method, considering the format (Easy to Read Version) and language understandable by the people with disabilities representing Indigenous, Dalits, and Madheshi people, as well as the community and different types of impairments (like: visual impaired, hearing impaired, deaf blind intellectual disability and others).
- The government must increase the massive awareness-raising programs for people with disabilities and paramedical people as well, regarding precautionary activities. Moreover, it is also necessary to raise awareness on the issues of disability, Indigenous and other marginalized groups among the general public. People with disabilities and the non-disabled community, as well as family members and community members, must be sensitive and aware, and meaningful participation of underrepresented groups with disabilities in relief, response, and recovery.
- Sensitization and awareness on disability inclusion is required, especially for the local government and non-government sectors, so that they will be responsible for conducting such programs to reduce any emotional trauma of people with disabilities by recognizing their rights to a dignified life.
- The government of Nepal (essentially the local government) should prioritize the medical and precautionary materials for people with disabilities representing Indigenous, Dalits, and Madheshi groups, and their respective individual groups and their representative organizations in the pandemic and emergency on a priority basis.



- All people with disabilities, including underrepresented people, should be given first priority for vaccination considering their vulnerability and multiple marginalized identities. The AAAAQ framework is fundamental and should be integrated into all services to all people with disabilities, including underrepresented people with disabilities.
- The number and service quality of the quarantines should be significantly improved, and serious attention should be given to disabled-friendly infrastructure, language (disabled, local or Indigenous, cultural), and gender-friendly infrastructure and environment in each and every isolation center and quarantine managed and run by the local government.
- The government should extend special packages of safety measures and livelihood scheme to people with multiple identities, profound and severe disabilities, and their family members who have lost their jobs or businesses because of the pandemic.
- The relief support should be distributed on a priority basis and should give priority to highly marginalized groups such as people with disabilities from underrepresented groups like Indigenous, Dalits, Madheshi, and women from rural areas. The relief should be sufficient for the recipients, including the medical and non-medical goods.
- The local government and relevant stakeholders should conduct awareness-raising campaigns on disability diversity and focus on preventing higher violence occurrences among underrepresented girls and women with disabilities on a continuous basis. A strong and specific justice mechanism for them should be developed and enacted to ensure justice for the survivors of the violence against Indigenous, Dalit, and Madheshi girls, women, and people with disabilities from underrepresented groups.
- The local government should develop and execute the counselling mechanism on a regular basis from local to provincial and federal levels. Priority should be given to the most vulnerable people and underrepresented groups, who already face multiple layers of discrimination and historical injustices.

- The immediate and urgent problems (related to livelihood and medical needs) of the most needy people with disabilities in underrepresented groups should be addressed not only simply through relief but more comprehensive ways of sustaining their lives.
- The current social security allowance is not sufficient, and do not reach all people with disabilities and underrepresented people with disabilities, nor does it function in a timely manner. All local governments are urged to use intersectional approaches to reach the most marginalized groups with different marginalized identities so that they can exercise their rights to social security and live a dignified life.
- The government, non-government and private sectors should facilitate and prioritize providing equal opportunities and developing the quota system for people with disabilities, as well as resuming in the job market or businesses. It should give them different kinds of subsidies, including bank loans, market access, and other mechanisms to reestablish their businesses with short and long-term support.
- The government should revise the unworkable policy and strictly focus on the implementation of workable existing policies and provisions from the perspectives of the Indigenous, Dalit, Madheshi, and people with disabilities groups.
- The local government must take the lead in carrying out research and documentation of the violations and violence against women, Indigenous Peoples, Dalits, Madheshi, and people with disabilities that originate from the underrepresented groups and develop mechanisms to address these inhuman crimes and violence, including legal actions.
- People with disabilities representing Indigenous, Dalit, and Madheshi communities must have effective and meaningful participation and representation in processes, mechanisms, and bodies at the local, provincial, and federal levels, including policies and programs.



- The government, particularly local governments, should ensure, develop, and implement proper monitoring mechanisms on the status of people with disabilities from underrepresented groups on a regular basis, particularly in terms of their health status, social security, social and economic conditions, and other relief mechanisms, and act tactfully if policies and programs are not supported.
- Every local government and central government should develop a disaggregated database system based on age, gender, disability, and ethnicity, to learn about the social reality of most marginalized groups, like people with disabilities from underrepresented groups, which eventually helps to formulate appropriate policies and mitigate the flaws of implementation mechanisms,
- Every local and central government should prepare appropriate actions in advance for any kind of disaster, pandemic, or crisis in the future. The Covid-19 pandemic is still ongoing. Hence, the government of Nepal and other stakeholders need to be more cautious and need to prepare for another wave of pandemic with learning from previous flaws in responding to the Covid-19 pandemic. Meaningful participation of underrepresented groups with disabilities is crucial at all levels to achieve the SDG's aspiration of reaching the furthest far.
- The government and private sectors should develop and implement appropriate collaboration and partnership mechanisms with CSOs and constituencies representing Indigenous, Dalit, and Madheshi People with disabilities, as well as individual constituency groups and related organizations, as appropriate.
- It is important to ensure and prioritize access for people with disabilities, representing underrepresented groups in education, health, and other public service facilities. The government should ensure these facilities and services as enshrined in the international human rights instruments and mechanisms such as ILO Convention 169, UNCPRD, UNDRIP, and CEDAW, which have been endorsed and ratified by the government of Nepal as appropriate.

- The traditional knowledge, skills, and technologies of Indigenous Peoples, women with disabilities, and other underrepresented groups as appropriate, should be respected and promoted by the government and private sectors. The appropriate resources should be allocated and policies to protect, promote and respect should be promoted by the local government, with a particular focus on the people with disabilities who represent these groups.
- These under-represented groups should get the recognition of their identities and rights. The government must ensure that all people with disabilities, including Indigenous, Dalit, Madheshi, and other marginalized and minority groups, have access to citizenship and disability identity cards.



# Bibliography

BPFA (1994). Beijing Platform for Action. New York: United Nations

Bureau of Statistics, National Planning Commission, Government of Nepal

CEDAW (1979). *Convention on the Elimination of all form of Discrimination Against Women*. New York: UN

CEDAW Optional Protocol (1999). *Convention on the Elimination of all form of Discrimination Against Women*. New York: UN

Collins, Patricia H. (2019). Intersectionality: as critical social theory. USA: Duke University Press.

Dill, Bonnie T. and Zambrana, Ruth E. (2009) (eds). *Emerging Intersections: Race, Class, and Gender in Theory, Policy, and Practice*. USA: Rutgers University Press.

GoN (2016). Ten Years National Policy and Work Plan on Disability. Kathmandu: National Planning Commission.

GoN (2015). *Constitution of Nepal 2015*. Kathmandu: GoN

GoN (2017). Disability Rights Act. Kathmandu: Government of Nepal

GoN (2019). Fifteenth Plan Approach Paper. Kathmandu: National Planning Commission

Gurung, Pratima. (2021). *COVID 19 in Nepal: The Impact on Indigenous Peoples and Peoples with Disabilities*, Disability and the Global South, Open Access Vol.8, No. 1, 1910-1922, ISSN 2050-7364 [www.dgsjournal.org](http://www.dgsjournal.org).

Gurung, Pratima. (2021). The Indigenous World 2021: Indigenous person with Disabilities Global Network and its work during COVID available at <https://iwgia.org/doclink/iwgia-book-the-indigenous-world-2021-Incheon-Strategy> (2012).

Incheon Strategy “To Make the Right Real” for the Person with Disability in Asia and the Pacific. Bangkok: UN ESCAP

ILO 169 (1989). *Indigenous and Tribal People Convention*. New York: UN

McCall, Leslie. (2005). The Complexity of Intersectionality. *Signs*. 30. 1771-1800. 10.1086/426800.

Minority Rights International (2020). Statement on the Impact of the Global Covid-19 Pandemic on Persons with Disabilities from Minority, Indigenous and other Marginalised Communities <https://minorityrights.org/2020/04/27/statement-covid-19-pandemic-on-persons-with-disabilities-from-minority-indigenous-communities/>

OHCHR, (2020). Covid 19 and Indigenous Peoples Rights June, Covid Response [https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance\\_COVID19\\_IndigenouspeoplesRights.pdf](https://www.ohchr.org/Documents/Issues/IPeoples/OHCHRGuidance_COVID19_IndigenouspeoplesRights.pdf)

NIDWAN (2020) Covid-19 and Its impact on Persons with Disabilities and Marginalized Groups in Nepal. A Position Paper, Prepared by Pratima Gurung and Krishna Gahatraj on behalf of National Indigenous Disabled Women Association Nepal, submitted April 14, 2020.[https://nidwan.org.np/wp-content/uploads/2020/04/NEPAL-COVID\\_NIDWAN-April](https://nidwan.org.np/wp-content/uploads/2020/04/NEPAL-COVID_NIDWAN-April)

Wilson, Angelia R. (2013) (eds). The Politics of Intersectionality: Situating Intersectionality. USA: Palgrave Macmillan

UNCRPD (2013). General Discussion on Indigenous Women and Girls with Disability

UNCRPD (2018). Concluding Observation in Relation to the Initial Report of Nepal. New York: UN

UNWOMEN, IDA & IPDWGN (eds). Fact Sheet: Indigenous Women with Disabilities. UNWOMEN

UNWOMEN (2020). Women with Disability in Pandemic (Covid-19). Country Support Polity Brief 1

World Food Program, 2021 A Study on Access to Food of Indigenous Peoples with Disabilities in Nepal, WFP Report, Nepal.



## **Annex: Photographs**



**Underrepresented groups watching Covid-19 video**



**Indigenous girl with multiple disability**



**Family of Dalit woman with disability assisting her.**



**Dalit girl with disability who needs family support**



**Indigenous girl with disability being tied with rope**



**Madheshi woman with disability with relief**

# "Nothing About Us Without Us "



## For More Information



**National Indigenous Disabled Women Association Nepal (NIDWAN)**

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