

## **COVID-19 and Its impact on Persons with Disabilities and Marginalized Groups in Nepal**

### **1. Context**

Since last few months, the whole world is collectively fighting against the corona virus disease 2019 (COVID-19) pandemic to keep all safe. The COVID-19 has been already declared as an outbreak in more than 210 countries in the world. Comparatively, the European region is found badly affected yet as there are 799,696 people infected and 66,213 people have died. The situation shows higher risks to be further continued in all other regions as well. In recent days, the cases in South Asia Region are found gradually increased even with some already death cases in Pakistan, India and Bangladesh. In Nepal, the Ministry of Health and Population confirmed 9 people tested are found COVID-19 positive as of April 11, 2020.<sup>1</sup> WHO has already formally announced its alert to the South Asia region to be conscious by taking all the possible measures into consideration to stop the outbreak in the society and all the countries are under the countrywide lockdown since last two-three weeks. And, this seems to be prolonged furthermore.

### **2. Objective/Purpose of this research**

The main objective of this report is to document the current adverse situation created by COVID-19 pandemic in the lives of persons with disabilities and persons with disabilities from indigenous and minority groups. And to share with all the concerned stakeholders to draw their serious attention to make COVID-19 pandemic's control, response and recovery actions more disability, gender and inclusive specific. And to share and draw the immediate attention of the concerned stakeholders to be more disability, gender and inclusive oriented while attempting to control COVID-19 pandemic and during response and recovery actions.

### **3. Methodology:**

The report is prepared based on the primary and secondary sources of information. Primary sources of information are collected from people with disabilities and their organizations from seven provinces through interviews and informal discussions via telephone, messages

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<sup>1</sup> <https://covid19.mohp.gov.np/#/>

and emails. Case studies, experiences and opinions are taken from current situations and working experiences of persons with disabilities. Similarly, secondary sources of information are collected from different print and electronic media, news, links, videos and statements from different sources. Discussion and meetings with the researchers and relevant stakeholders (UN agencies, development partners and others) have been done and integrated for the report.

#### **4. COVID-19 Pandemic in Nepal**

Despite of COVID-19 cases spread over many countries, Nepal Government did not immediately take serious control measures on it. But, the first COVID-19 case was formally identified in Nepal on January 25, 2020 with a 32-year Nepali student who used to study in Wuhan city of China, and was tested positive while testing in Nepal.<sup>2</sup>

With this identified case in Nepal, the COVID-19 outbreak posed threat and created havoc to all people. Therefore, Nepal Government took immediate actions by alerting all and putting formal restrictions to the Chinese tourists followed by post ponding of international flights. Considering all these anxieties of COVID-19 pandemic, Nepal Government suddenly announced countrywide lockdown initially for a week commencing from March 24 to 31<sup>st</sup>, 2020.<sup>3</sup> But, it was again prolonged till April 5, 2020 for the second time and, then to April 15, 2020 for the third time. Analyzing the current scenario of the COVID-19 pandemic, prolonging lockdown is the best option for Nepal.

As of today, Nepal Government has tested 5,184 people suspecting of COVID-19, out of which 5,172 people were found with negative results. And, 85 suspected people are kept in isolation whereas 12 people are reported with positive test. Out of 12, 1 has already discharged from the hospital as he has been completely recovered. But, remaining 8 people are still under the quarantine<sup>4</sup>.

#### **5. COVID-19 and its impact on General People**

The COVID-19 has led to shutdowns all over the world. The only positive development of the lockdown has been the growth in the

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<sup>2</sup> Nepal's First Case of COVID-19 and public health response

<sup>3</sup> <https://thediplomat.com/2020/04/nepal-extends-ongoing-lockdown-to-combat-covid-19/>

<sup>4</sup> <https://covid19.mohp.gov.np/#/>

environmental quality.<sup>5</sup> COVID-19 is not just health pandemic as taking millions of people's lives instead it is also socio-economic and cultural pandemic as their lives have been put into crisis. Although the pandemic affects people across all walks of life, certain groups are more impacted than others. Many people from lower class who work in informal sector are badly affected from COVID-19 pandemic in Nepal. The excluded and vulnerable castes and ethnic communities like Dalits, indigenous peoples, Madhesis, Muslims and other minority groups are compelled to lose their daily wages from labor work and other types of work they were engaged in. And, this has created a critical situation to fulfill the basic and daily requirements.(resulted hardship for their hands-to-mouth). Similarly, greater/high numbers of youths from far west along with other provinces used to go to India as seasonal migrant workers for their livelihoods. They are now forced to return to their home country due to COVID-19 pandemic. While returning, they faced lots of challenges at boarder siders and coerced to stay under open sky without proper foods and safe quarantines.

## **6. COVID-19 and Its Impact on Persons with Disabilities and marginalized groups**

Although COVID-19 spreads indiscriminately, certain groups are disproportionately impacted. These include those already marginalized by structural barriers and gender inequalities before the pandemic: among them are elderly/older persons, women (including pregnant women) and girls, indigenous peoples (highly marginalized and excluded), persons living with disabilities, caregivers and migrant and informal sectors workers<sup>6</sup>. Globally, more than one billion people, who are roughly 15% of the world's total population – live with some form of disability. 80% of them live in developing and underdeveloped countries like ours. Persons with disabilities are among the world's most marginalized and stigmatized even under the normal circumstances. They do often have underlying health conditions, which make them more vulnerable to get infected by COVID-19.<sup>7</sup> According to the Central Bureau Statistics (CBS) of 2011, there are about 2% (1.94% i.e. 513,321) people with disabilities<sup>8</sup> however

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<sup>5</sup> <https://www.spotlightnepal.com/2020/04/03/covid-19-street-effects/>

<sup>6</sup> UNDRR Asia Pacific COVID-19 Brief, Leave no one Behind in COVID-19 Prevention, Response and Recovery, 9 April 2020. #PreventionSavesLives

<sup>7</sup> [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

<sup>8</sup> Central Bureau Statistics of 2011\_Disability Prevalence in Nepal

organizations working for persons with disabilities claims about 10-15% people are living with some forms of disability based on WHO report. In this regard there are 1.3 million indigenous peoples with disabilities in Nepal.<sup>9</sup>

Persons with disabilities are adversely affected due to the COVID-19 pandemic and their lives have been put in at most risks due to abruptly and unsystematically called off countrywide lockdown. Persons living with disabilities are heterogeneous group and, therefore, their needs or requirements differ based on their individual identity and condition. Like the needs and condition of women with disabilities differ based on their gender identities. Similarly indigenous peoples who are person with disabilities as well, their need and challenges differ accordingly. However, the Nepal Government's blanket approach to address the needs or requirements of people in such humanitarian crisis always seems to have complete ignorance on these facts. Hence, the current challenges faced by persons with disabilities due to this COVID-19 pandemic are categorized in following aspects and have its analysis and interpretation with selected evidences accordingly:

**a) Lack of access to information on an equal basis with others**

Access to information is the fundamental human right of every individual. Therefore, the Convention on the Rights of Persons with Disabilities 2006 (CRPD) in article 21 and 9 – freedom of expression and opinion, and access to information and awareness raising on accessibility. Despite of these provisions, there are many challenges faced by persons with disabilities. The communication and mass awareness raising informative materials developed and disseminated by Government were in accessible formats and easy-to-read versions. There were no sign language interpretations, appropriate captioning and information in mother tongue language in the COVID-19 pandemic media briefing organized by Ministry of Health and Population (MoHP). Deaf persons, persons with difficulties in/hard of hearing and native speaker of indigenous communities were completely left behind in this process.

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<sup>9</sup> NIDWAN et.al (2018) The Rights of Indigenous Persons with Disabilities in Nepal, submitted to The Committee on the Rights of Persons with Disabilities 19th Session of CRPD find in <https://www.indigenouspeoples-sdg.org/index.php/english/all-resources/resource-materials2/reports-and-publications/75-indigenous-peoples>

MoHP collaborating with different governmental and non-governmental national and international development agencies designed, published and disseminated various mass awareness raising informative materials on COVID-19 pandemic controls. However, these materials could not address people who are with autism, developmental disabilities, deaf, blind, hard of hearing and others could not access this information on an equal basis with others. According to CBS 2011, Nepal has 121 caste and ethnic communities with 123 lingual people.<sup>10</sup> Therefore, persons with disabilities from particular indigenous communities who need the information on their own local languages were are not considered at all in this crisis. The information provided was not easy to understand. Words like 'quarantine', 'isolation', and 'social distancing' are difficult to understand and completely new for the people who are illiterate, and especially indigenous populations and persons with disabilities.

The electronic media especially FM, Radio and televisions are frequently conveying message/messaging on COVID-19 pandemic control measures through different audio and visual materials. These informative materials also lack accessible formats, easy-to-read versions, multi-lingual messages and disability inclusive perspectives. Another example is Nepal Government abruptly called for countrywide lockdown since March 24, 2020 which was not informed widely as many persons with disabilities including other general public could not get adequate time for arranging their personnel needs and, thereby, facing various unexpected challenges for the right to live/to thrive or inhabit.

***b) Lack of access to sanitation and hygiene kits on an equal basis with others***

Persons with disabilities do not have access to sanitation and hygiene kits on an equal basis with others. For instance – hand sanitizers, face masks, hand gloves, hand washing soaps, adequate clean water are out of access mainly in rural areas. Ms. Bijaya Rai, who is a visually impaired indigenous woman living in the rural part of Lalitpur district has her small shop where she makes small things from bamboo and clay. Her friends left her and went her/their home in lockdown. (She

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<sup>10</sup> <https://www.indigenousvoice.com/en/indigenous-peoples/national.html>

does not know many peoples who come to her shop to buy things and gets near while selling products. She is told that she has to wash her hands.) She has been told to wash her hands frequently as many people visit her shop and she comes in contact with them while selling the goods. She doesn't have enough water to cook the food then how will she manage to wash her hands. Due to abruptly created shortage in the markets, she could not even get access to these materials in the market.<sup>11</sup> WASH, sanitizer, soap, access to water remains challenge to Biju including many other indigenous and Dalit communities especially those who are not used to and who cannot afford to buy these things.

In the same manner, Mr. Suman Palikhel, a self-advocate from Bhaktapur district, having severe type of cerebral palsy, does door-to-door education program for the children with severe types of health conditions and who cannot get formal education in schools. Mr. Palikhel shared that he is not able to continue his day care program at this situation due to the lack of sanitation and hygiene kits and children with disabilities are pushed towards greater risk in this crisis.<sup>12</sup> Likewise, Children with disabilities and their needs are mostly not prioritized both in normal and emergency situation.

### ***c) Lack of access to medical kits and clinical apparatus***

Persons with disabilities are heterogeneous groups. Some have chronic health conditions while some with severe types of disability requires continual/regular medical checkups, medical kits and clinical apparatus. The formal decision made by MoHP to postpone/shutdown (or can use relevant word) all the Outpatient Department (OPD) services in all the Government hospitals and covert them to the COVID-19 pandemic services, created (some) institutional barriers for these people to access their regular health checkups and other medicinal access. Persons who have hemophilia need factor and plasma regularly to stop the bleeding. Pushpalal Tamang, who has hemophilia and lives in rural part of country, has bleeding at least for four times in a month with severe pain. He has to use factor and plasma CRYO every time to stop. Since few days, he's been worrying as he has shortages of those things. He has been

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<sup>11</sup> Discussion with Bijaya Rai on 6th April, 2020, Lalitpur, Nepal.

<sup>12</sup> Interview with Suman Palikhel on 9 April, 2020, Bhaktapur, Nepal

having this bleeding since last four days and he has no other option rather to give up his life if the bleeding does not stop itself.<sup>13</sup> Likewise there are more than 563 cases of hemophilia and they are facing similar kinds of challenges in this pandemic situation.

Similarly, Devi Acharya, a woman with spinal cord injury, uses wheelchair for her mobility. She is facing challenge due to the unavailability of diaper, urine bag, gloves, Clean Intermittent Catheterization (CIC) pipes and her personnel assistant during the lockdown period. She is doing all the household chores herself and there are about 2-3 hundred women and girls with spinal cord injuries<sup>14</sup> who are facing similar challenges. Therefore, access to health is fundamental to live but these needs are in least priority.

**d) Lack of accessible, gender specific quarantines and addressing marginalized groups and its intersections**

The Government has built quarantine as preparatory works for the COVID-19 affected and suspected people. For eg. Nepal Army set up a quarantine zone at their headquarters in Tripureshwor, Kathmandu in preparation for a COVID-19 outbreak. The camp can accommodate 108 patients with 2 in each tent. In these quarantines, isolation rooms, regular check-up rooms and a tap water system has also been established.<sup>15</sup> While considering these quarantines from accessibility and gender specific requirements, these factors are not found adequately addressed. There are no accessible toilets that could easily access while in need. The beds are not accessible for disabled people and there is no provision of reasonable accommodation to address their needs.<sup>16</sup> Similarly, mechanism to address persons with disabilities, poor, pregnant woman vulnerable single women, indigenous peoples from rural areas for normal treatments have restricted by the concerned authorities so peoples have lost their lives in this pandemic situation.<sup>17</sup> Furthermore, the

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<sup>13</sup><https://ekantipur.com/health/2020/04/04/15859812816233785.html?fbclid=IwAR3UvRH2bOytj6o4Rzxh5xqi3DZY7kpwdjdjDbLWgvW7R-NzBg9rzNko-xFY>

<sup>14</sup>[https://www.himalkhabar.com/news/113056?fbclid=IwAR0b44Bbn1Exzfe\\_rdUmpyWY4fuSWjQ1eGrigX4\\_NyYk5O4t1MKygBtYT68](https://www.himalkhabar.com/news/113056?fbclid=IwAR0b44Bbn1Exzfe_rdUmpyWY4fuSWjQ1eGrigX4_NyYk5O4t1MKygBtYT68)

<sup>15</sup> <https://www.nepalitimes.com/latest/nepal-armys-quarantine-zone/>

<sup>16</sup> Gender in Humanitarian Action Task Team (GiHA TT) COVID-19 response Virtual meeting between MOWCS Government of Nepal and Civil Society Group, co-chaired by UN OCHA and UN Women on 2 April 2020.

<sup>17</sup> [http://annapurnapost.com/news/151945?fbclid=IwAR2ryE3BvM\\_DMchILbtFVffK6eHElum4wK8ahSGv](http://annapurnapost.com/news/151945?fbclid=IwAR2ryE3BvM_DMchILbtFVffK6eHElum4wK8ahSGv)

quarantine and other services related with COVID 19 does not address the specific needs of marginalized groups and the impacts of intersectional identities. Furthermore, these quarantines are gradually extended and these newly established areas have also the similar conditions. Therefore, accessible, understanding the complexities aroused with multiple identities and gender specific quarantines are must for persons with disabilities and other public.

**e) Lack of appropriate disaggregated data**

Data is very crucial not only at such crisis, but in other normal situations. While reviewing different sources of information to date there are no records of persons with disabilities who have been affected from COVID-19 globally and in Nepal. But in earlier pandemic situation, there was lack of disaggregated data on death, affected and survivors. Data disaggregation is connected with planning and development. Therefore, disaggregated data based on age, disability, sex, caste and ethnicity is crucial that can enable Government to plan, make response and control measures effective.

**f) Lack of access to government's relief packages on an equal basis with others**

As the lockdown extended, the cabinet announced decisions about relief packages and the local government is authorized to provide food to those working in informal sectors<sup>18</sup> but many persons with disabilities including indigenous peoples, single women and marginalized groups and poor people could not access these relief packages on an equal basis with others. In eastern part of country, indigenous *Majhi* and other communities are having acute shortage of food and found stating that after two days they don't have anything to eat. They are worried that they will die without food and water rather than Corona Virus.<sup>19</sup> Other marginalized groups have similar cases as people working in informal sectors and those depending on daily wages are mostly deprived in accessing these relief packages. Local governments demands/ask for various legal documents like citizenship, name registration that most marginalized groups like indigenous peoples, Dalits, Madhesis, Muslims, single women and

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<sup>18</sup> <https://kathmandupost.com/national/2020/03/30/these-are-the-relief-packages-introduced-by-the-government-following-extension-of-lockdown-for-another-week>

<sup>19</sup> <http://annapurnapost.com/news/152570>

others do not have and hence are excluded from such relief programs.<sup>20</sup>

***g) Lack of meaningful participation and consultations with persons with disabilities and marginalized groups***

Different international human rights frameworks state to ensure equal participation and consultations in COVID-19 control and response action. But none of the Nepal Government's current structures and mechanism from federal-to-provincial-to-local levels has ensured the meaningful participation and consultations of Organizations of Persons with Disabilities (OPDs). Due to the absence of OPDs, there are many gaps in terms of addressing the needs or requirements of persons with disabilities in their actions. There are some consultations among organizations of person with disabilities and types of impairment however those consultations have ignored the issues of underrepresented groups like indigenous peoples with disabilities and the cultural sensitive approach, local and simple language and their needs required as indigenous peoples. In the General Guidelines for Persons with Disabilities and All Stakeholders on Disability Inclusive Response Against COVID-19 Pandemic and in the Survey Questionnaire on COVID 19 developed by National Federation of the Disabled Nepal, information in local/mother tongue language, question on caste and ethnicity including integration of cultural sensitive approach has been left out<sup>21</sup> as usual. Furthermore consultations with these groups and their respective organizations have not been adequately carried out.

***h) Lack of personnel attendance and individual support system.***

Though 'social distancing' is considered as one of the most important measures to control the COVID-19 outbreak, which is not easy option for persons with disabilities who rely on personnel attendants. Persons who are with spinal cord injuries, muscular dystrophy, severe types of cerebral palsy, visual impairment, children who have Down syndrome, children with autism and intellectual disabilities need regular personnel attendant for their daily living. The government support system lacks the trained sign language interpreters, trained human resources and reasonable

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<sup>20</sup>[https://www.facebook.com/HimalayaTV/videos/1095599264128662/?\\_\\_](https://www.facebook.com/HimalayaTV/videos/1095599264128662/?__)

<sup>21</sup> <https://nfdn.org.np/nfdn-prepared-general-guideline-on-response-against-covid-19-pendemic-for-persons-with-disabilities-and-all-stakeholders>

accommodation provision for persons with disabilities and their caretakers.

**i) Lack of psychosocial support and increasing rate of discrimination and violence**

As time has passed, the COVID-19 pandemic's affected and death rates rapidly increased whole throughout the world remarkably. There are two aspects of direct effect on the lives of persons with disabilities – one is being more anxious of life threatening and another is hardship created by extended countrywide lockdown. Persons with psychosocial disabilities and mental illness have been facing a great challenge and doubling their stresses and anxiety. Those people who are suffering from mental illness might be deteriorating their health conditions. Nepal Government lacks such psychosocial support mechanism for supporting people's mental health wellbeing.

The girls and women with disabilities who are with poor health conditions from Dalits, indigenous and other minority communities have been adversely affected. They have lose their livelihoods and income sources and have no other means to sustain their lives, which has psychologically traumatized the situation as most of them are living in the rented house or dependent on others. The cases of discrimination and violence both at private and public places are higher for these groups. Three rape cases have been registered nation wide and rape of 10 years girl with disabilities from marginalized groups during the lockdown in Rautahat district has been registered.<sup>22</sup> During the lockdown situation, cases of discrimination and violence based on the class, sex, disability, work, caste, ethnicity and remoteness has been cumulative but these evidences and cases are not documented and not in priority. The increasing rate of discrimination and violence on girls and women with disabilities especially from underrepresented groups are increasing.

**7. Nepali OPDs Initiatives for Disability Inclusive COVID-19 Pandemic Control and Response Actions**

As stated above, the Government did not make any consultations and meaningful participation with Nepali OPDs at the initial stage. Realizing these gaps, Nepali OPDs immediately took some measures to draw the serious attention of the Nepal Government and other

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<sup>22</sup> <https://thehimalayantimes.com/nepal/man-held-for-raping-differently-abled-minor-in-rautahat/?fbclid=IwAR0OIJOLJnONefvnj6HLxqJcji1hRQjZ4EHDAfxzoWTQZvbFBRrmCax>

concerned stakeholders to make sure that the COVID-19 pandemic control and response actions are disability-inclusive. The National Federation of the Disabled-Nepal (NFDN) – a national umbrella organization of all persons with disabilities and their representations organizations of Nepal, made its first appeal to Nepal Government and all concerned stakeholders on COVID-19 pandemic control mass awareness materials accessible for all including persons with disabilities dated March 21, 2020<sup>23</sup>. After this, NFDN also developed a short informative video with sign language interpretation about the COVID-19 pandemic<sup>24</sup> followed by some additional appeals and precautionary information on it. On March 31, 2020, NFDN developed *A General Guidelines for Persons with Disabilities and All Stakeholders on Disability Inclusive Response Against COVID-19 Pandemic* and shared to its wider stakeholders through different electronic media.<sup>25</sup> Then after, on March 24, information and public appeal on persons with disabilities, women and other marginalized communities toward a gender, indigenous and disability inclusive COVID19 response was disseminated by National Indigenous Disabled Women Association Nepal (NIDWAN) and collected data, information on the need and requirement of marginalized groups of persons with disabilities<sup>26</sup>. Then Nepal Disabled Women Association (NDWA) made their public appeal on March 29, 2020.<sup>27</sup>

Following these initial initiatives by NFDN and NIDWAN, other OPDs also made their public appeal to not to leave persons with disabilities behind in COVID-19 control and response actions. Some of the OPDs like National Federation of the Deaf Nepal (NFDN) and NIDWAN made efforts to produce and disseminate COVID-19 pandemic videos with sign language interpretations and in different mother tongues/local languages. Some of the OPDs and disability leaders also organized facebook lives to broadly discuss and disseminate the advocacy strategies regarding COVID-19 pandemic control and its response actions. The advocacy efforts were also made at the federal level with sectoral line ministries because of which the Ministry of Women, Children and Senior Citizen (MoWCS)

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<sup>23</sup> <https://nfdn.org.np/press-release-on-corona-virus>

<sup>24</sup> <https://nfdn.org.np/awareness-video-on-corona-virus-by-nfdn>

<sup>25</sup> <https://nfdn.org.np/nfdn-prepared-general-guideline-on-response-against-covid-19-pendemic-for-persons-with-disabilities-and-all-stakeholders-on-disability-inclusion>

<sup>26</sup> <http://www.nidwan.org.np/news>

<sup>27</sup> <https://ndwa.org.np/news/covid-19-appeal/>

also had some influence on the MoHP in this regard. After that many news coverages and opinion articles were found to be broadcasted/covered and published in both electronic and print media regarding disability-inclusive COVID-19 pandemic control and response action.

## **8. Nepal Government's Initiatives for Disability Inclusive COVID-19 Pandemic Control and Response Actions**

As stated and explained above with various evidences that the Government completely excluded making COVID-19 pandemic control and response actions disability-inclusive and after the continual lobby and advocacy made by Nepali OPDs at federal and provincial levels, the MoHP began to disseminate COVID-19 media briefing by providing sign language interpretation since April 9, 2020. Similarly, the Right Honorable Prime Minister KP Sharma Oli addressed the Nation on control and prevention of COVID-19 pandemic making the availability of sign language interpretations for the first time in the history of Nepal on March 20, 2020.<sup>28</sup> Following these good examples, some of the other provincial governments have started to provide sign language interpretation in its COVID-19 media briefing. Nepal Television has also started to provide sign language interpretation mostly on COVID-19 pandemic and other relevant few mass awareness raising materials. These results have been achieved through the frequent lobby and advocacy being undertaken by various Nepali OPDs however some marginalized groups are still left behind. Despite these good deeds, there are many areas to make COVID-19 pandemic control and response actions disability, gender and culturally inclusive.

## **9. Conclusion**

The continually prolonged countrywide lockdown for more than a month has already created an adverse situation to the poor and most excluded communities who work in informal sectors. The migrant workers, people from ethnic and cultural minorities, poorest people have been mostly affected with this action taken without taking these into considerations. Nepali OPDs have adopted some proactive actions to provide support to the Nepal Government to make sure that persons with disabilities are also included importantly in this

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<sup>28</sup> <https://www.publichealthupdate.com/live-rt-honble-prime-minister-kp-sharma-oli-addressing-the-nation-nepal/>

crisis. These OPDs are supporting Nepal Government by providing all the necessary ideas and some sample works to control and response to the COVID-19 pandemic. The Nepal Government has also started to consider the suggestions from OPDs and therefore, has begun to exercise some good practices like ensuring sign language interpretations in its media briefing. But, there is still a huge space to work for ensuring disability inclusion in the COVID-19 pandemic.

## **10. Recommendations**

Based on the current situation of persons with disabilities and other marginalized groups during this COVID-19 pandemic in Nepal, following points are identified to take into consideration to make COVID-19 pandemic control and response actions disability-inclusive:

- Nepal Government and all the relevant stakeholders should immediately make sure that persons with disabilities and their OPDs have equal access to the information on an equal basis with others and they receive these mass awareness raising information of COVID-19 pandemic in an accessible format, local languages, easy to read versions and audio and visual materials.
- Nepal Government must ensure that persons with disabilities have access to the sanitation and hygiene kits on an equal basis to the others and focus on most marginalized groups.
- Nepal Government should take immediate actions to make available of medical kits and clinical apparatus to persons with disabilities that are in need. All people must have access to COVID-19 testing and treatment without discrimination based on their single or multiple identities.
- Nepal Government must make quarantines accessible to all including cultural/local and gender-specific requirements.
- The Government must ensure that biases, stereotypes and discrimination at the intersection of sex, age, caste, ethnicity, geography and disability should not influence healthcare decisions.
- The Government and all the other stakeholders must establish effective database mechanism based on age, disability, sex, caste, and ethnicity from local levels to provincial and to federal levels.
- The Government and relevant stakeholders should establish an appropriate mechanism to address all structural, institutional and

- other kinds of barriers faced by persons with disabilities and underrepresented groups like indigenous peoples with disabilities to access the local government's relief packages and health services on an equal basis with others.
- Nepal Government must include persons with disabilities and their representative OPDs into their mechanism and structures to better address the needs and requirements during this lockdown period of COVID-19 pandemic.
  - Nepal Government should establish a personnel attendance and individual support system during this COVID-19 pandemic.
  - Nepal Government must make availability of psychosocial support to those persons who are really in crisis for their mental health wellbeing and have effective measures (punishment) to address violence and discrimination that is occurred both in the private and public sphere. Civil society and women organizations need to work and act proactively to bring those cases, data and documents and do advocacy for punishing the perpetrators and implementing the laws and policies.

*Note: The report has been submitted to The Special Rapporteur on Persons with Disabilities, Indigenous Peoples, Minority Rights, Violence Against Women, Health section and OHCHR Office in Geneva on April 21, 2020. Based on this report, NIDWAN is collecting information of individual case studies of person with disabilities to include in the 2nd phase of report.*