



# **Impact of COVID-19 Pandemic and Lockdown**

**On**

**Persons with Disabilities**

**A Rapid Assessment Report**

**Special Focus:**

**Access to Information and Service**

Produced and Published by:

National Federation of the Disabled Nepal

Vrikutimandap, Kathmandu, Nepal

04/05/2020

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## Introduction of Organization

National Federation of the Disabled Nepal (NFDN) is the national umbrella body of the organizations of persons with disabilities. It is representing 331 member organizations throughout the country who are promoting the agendas of disability rights at local level and national level as well.

Since 1993, as the civil society organization NFDN has been leading the disability rights movement in Nepal with the support, cooperation and solidarity of its member organizations and various national and international stakeholders, partners organizations working on disability rights and Nepal Government. The key working strategies of NFDN are advocacy, capacity building, awareness raising and networking & collaboration. These strategies are mainly played to bring changes in the policy, behavior and action of government and various stakeholders of society towards addressing the rights of persons with disabilities enshrined in CRPD and other national legal frameworks. Currently NFDN is implementing multiple projects and programs in cooperation with various partners on disability inclusive development, livelihood, awareness, capacity building, access to justice, inclusive education etc.

## Acknowledgement

Obviously this assessment has been carried out in the leadership of NFDN but there are many supporting hands behind to the success of this endeavor. Along with financial cooperation, our partner organizations has provided their technical advice and feedback on the process, tools and methodology of the assessment. We express our gratitude to all our partners DPOD-Denmark, FFO-Norway, CBM, UNDP, Handicap International, MyRights and Christian Aid for their solidarity, technical and moral support and financial cooperation in this assessment. We appreciate the dedication and quality performance of our all enumerators and would like to thank for their hard work to collect the data on given time and criteria. The organization is thankful with the key authorities of NFDN board and staff member for their contribution to make the process and data collection tools and report more meaningful and practical. Similarly we are also equally thankful with our province boards and staff for their coordination to select the respondents and establish contact with them.

## Key Findings of the Assessment

- ✓ Due to the lack of accessible information and awareness materials 41.23% persons with disabilities have been found little known and 5.92% completely unknown about the general information of COVID-19 and the global pandemic. Similarly 42.18% were found little known and 6.88% completely unknown about the measures to be taken to stay safe from the infection of corona virus.
- ✓ Around 60% of the total number persons with disabilities who come under the groups of 'less known and completely unknown' on the measures to the

adopted to stay safe from the infections of COVID-19 are from the category of 'complete disability' and 'severe disability'. This indicates that, the more they have degree of severity the more they have to face barriers on getting access to information.

- ✓ Number of people with disabilities taking information via television is highest (67%) followed by radio and friends and relatives with 60% and 56% respectively.
- ✓ Approximately 46% people with disabilities think that the awareness materials and information disseminated on COVID-19 are very less accessible for them and 15% think that they are completely inaccessible for them. 69% among the people with disabilities who think that the awareness materials are inaccessible or less accessible for them represent the category of 'complete disability' and 'severe disability'.
- ✓ Due to the lockdown 40.08% persons with disabilities have lost their source of income and 19.89% think that they are going to lose it in near future. The sex ratio of those who have lost their job is 48.68% female and 51.32% male.
- ✓ 7.82% have no stock of food and some basic nonfood items at the moment which is quite serious. 27.01% have only for few days and 27.49% have stock for a couple of weeks which means 54.5% will be at the risk of the scarcity of food and essential non-food items in near future. This issues can be taken as critical because, for persons with disabilities, it is very hard to manage such items by themselves during lockdown as there is no transportation service, they are not allowed to go outside, all the market is closed and they cannot go each and every places as other people do due to many environmental barriers.
- ✓ 7.5% people with disabilities are in need of psychosocial support and 45% are in the urgent need of hygiene materials such as catheter, tube, mask, sanitizer, urine bag, diaper etc. 3.08% are suffering with different forms of violence and abuse.
- ✓ The health services or medicine (which persons with disabilities were getting in regular basis) of 45.12% has been interrupted in the situation of lockdown and 35.97% are not getting the services adequately. This situation demands an immediate response to ensure that such essential services are not interrupted.
- ✓ While talking about the access to relief package, 60.34% persons with disabilities are in need of relief materials but only 45.30% of them have confirmed that they are receiving it and remaining 54.69% are still out of the access to relief packages. We also checked the degree of severity of those persons who are not getting the relief package and found that 62% of them are among the 'complete disability' or 'severe disability' (red or blue ID card holders).

- ✓ In the situation of lockdown and COVID-19 pandemic around 79% are living with fear and 31.51 % are found extremely scared which seems to be alarming from the perspective of mental health. The people who are extremely scared need some kinds of support immediately. If we see the gender ratio of 'extremely scared' group 60.15% are female and 39.85% are male.

## **Chapter 1 : Background, Objectives and Methodology**

### **Background of Rapid Assessment**

Since December 2019 the world is fighting against a deadly virus COVID-19 which belongs to corona virus family. The outbreak of this virus begun from China and spread out rapidly to the other countries of the world. Currently, it has become a global pandemic which has already claimed the lives of 248000 people from the different part of the world. It has infected more than 3.5 million people of the world with a highest number in USA more than 1 million<sup>1</sup>. Most of the countries are almost or completely in the situation of lockdown and all people are strictly said to stay at home and not to get out without any urgent need. All people are said to maintain a social distancing at home and outside as well and apply some very important health related rules such as washing hands, using mask and sanitizer etc. All these strict measures have been imposed to the people to limit the transmission of virus from one person/place to others. According to WHO, despite lots of dedicated efforts by the governments there is not any reliable sign of control till the date. The world market and economy is getting worst day by day due to completely stopped social and economic activities of people and institutions, peoples' movement, production, transportation and so on. A huge number of people around the world have lost their job and income generating source.

Obviously, Nepal is not untouched from this pandemic. The first case of infection was identified in Nepal on 21<sup>st</sup> February 2020 and second cases found on 22<sup>nd</sup> March. Since March 23<sup>rd</sup> the government suddenly decided to lockdown the whole country all people were said to follow the rules of lockdown strictly staying at home. All market (beside few designated pharmacies, hospitals and shops of daily needs goods), schools, colleges, religious place, offices, entertainment centers, sports activities are strictly closed. All public and private transportation and travel were banned. All physical construction works and factories are closed and waged labors were out of job. After lockdown, many people are doing only those tasks from home which are possible by using electronic devices, internet, email, social media and telephone.

In each province, the government is carrying out the test of corona virus in those people who are suspects of being infected by using RDT and PCR testing methods and tracing the contact once it is found positive. So far (4<sup>th</sup> of May) there are 75 cases of infection have been identified out of which 16 are recovered. As of 4<sup>th</sup> May there is no case of death caused by corona virus.

Though, currently there is no big number of infection in Nepal, the risk of outbreak is very high due to the open boarder with India, poor health system and slow pace of test. On the other hand the situation of lockdown and fear of infection has affected

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<sup>1</sup> Data is taken from [https://www.worldometers.info/coronavirus/?utm\\_campaign=homeAdvegas1?](https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?) dated 4<sup>th</sup> May 2020.

people socially, culturally, economically, physically and mentally. Many people have lost their work and earning. People are not allowed to do their economic, social and cultural activities. Staying at home all the time and thinking about the possible infection has given a mental stress to the people.

Researches have shown that in the situation of emergency the condition of the people with disabilities is most likely to be vulnerable than other people because of their impairment, multiple barriers and discriminations that they have to face in the community and society on basis of disability. On the top of that, the situation appeared because of this new corona virus (COVID-19) is completely different and hard than other emergency situations where we can easily calculate the vulnerable condition of people with disabilities, likelihood to be exposed of infection, multiple types barriers and discrimination they might have to face. NFDN thought that, the persons with disabilities who are staying at rehabilitation center and special schools in group and getting regular service from different personnel are under the risk of infection. Just after the lockdown NFDN started to collect the data of persons with disabilities who are in rehabilitation center and hostels. Around 1290 people with different forms of impairment were found to have stayed in such place.

Considering all these facts NFDN conducted this rapid assessment of the condition of people with disabilities under the lockdown situation to know about the impact of such situation over most vulnerable population and to identify their problems, issues, barriers so that the organizations would be able to coordinate or take action to address those problems and barriers. This assessment has been carried out after 21 days of lockdown.

## **Objective of the Assessment**

**This rapid assessment has the following main objectives**

- To know the immediate impact of COVID-19 and lockdown in the life of persons with disabilities.
- To explore the problems, barriers and issues that persons with disabilities are facing in the situation of lockdown and stress due to the fear of possible outbreak.
- To generate facts to accelerate the evidence based advocacy with the government and other stakeholders to make the COVID-19 response disability inclusive.

## **Limitations**

- This is not any scientific or academic research, rather it is a quick assessment carried out to collect a basic information about the effect of COVID-19 pandemic and lockdown on the life of persons with disabilities.

- The interview was taken based on the availability of respondents on phone call and their interest to respond via phone. So, in some province the enumerators were able to contact with a good number of respondents but in some province they were able to meet only the minimum target.
- Due to the situation of lockdown the interview was taken from the distance using telephone so it is assumed that the information and the data provided by the respondent via phone are true.
- In case of persons with intellectual disabilities or those who have barriers to attend the interview or cannot express themselves because of their degree of severity, the parents or patrons are allowed to attend interview on behalf of the persons with disabilities.

## Methodology

This assessment has conducted among selected number of persons with disabilities from all seven provinces and leaders of selected Disabled Peoples' Organizations (DPOs) using a standard set of questionnaires. The agreed set of questionnaires are put in an online data collection form and information has been collected from the diverse respondent using interview techniques through trained and experienced enumerators. Considering the situation of lockdown the interview was conducted with the respondent from distance via telephone. NFDN selected the enumerators among NFDN's province level officers and outside who already have some level experiences of data collection, case study collection using interview methods.

Two different sets of structured questionnaires were applied to collect the information and data. One is to take interview with the individual with disabilities or their parents or patron and the other is to take interview with the DPOs leaders who are expected to respond as the representative of their organizations. In case of taking interview with individual with disabilities the female enumerators were designated to take interview with female respondents.

For the first set of questionnaire, the respondents were selected taking the district, province, geographical locations, types of disability and degree of severity into account with proper balance in the number of respondent. In case of persons with intellectual disabilities, autism or those who are not able to take part in the interview by their own the parents or patron are chosen as the respondent and expected to response on behalf of the persons with disabilities.

For the second set of questionnaire, the DPOs were selected as the respondent. While selecting the DPOs the balance of cross disability organizations, organizations leading single disability category, association of parents and service providers have been maintained properly.



Altogether 21 enumerators were selected and oriented on the data collection procedure and tools through joint skype meeting. The enumerators were also equipped with sign language interpreters to take interview with deaf respondent (if any), laptop and internet service to fill-up the online form. The minimum target was fixed at least 45 to 50 individuals and 10 DPOs in each province. However the enumerators were encouraged to take more interview and increase the district coverage whatever they can within the given 11 days period. The data collection was started from 4/12/2020 and ended on 22/04/2020 during the period of 11 days 422 persons with disabilities from different impairment group and 101 DPOs leaders were interviewed.

The data and information are presented using different ways of presentations such as paragraphs, table, bar diagrams and pie-charts. The numerically presented data are calculated in the forms of mean, ratio and percentage which are interpreted critically and descriptive ways using different logic to conclude the findings.

## Chapter 2 : Presentation Analysis of Data

### *A. Information about the characteristics of Individual respondents*

*Table 1 : Number of respondents by province and district coverage.*

SN	Name of province	Number of Resp.	District coverage
1	Province 1	104	13
2	Province 2	48	7
3	Bagmati	74	13
4	Gandaki	52	11
5	Province 5	50	13
6	Karnali	48	6
7	Sudurpaschim	46	8
8	Total	422	71

The above presented table shows that altogether 422 targeted respondents were interviewed from 71 districts. The enumerators were given minimum targets of 45 to 50 persons in each province however in some province they have taken interviews with more than that to increase the coverage. The highest (104) number of interviews have been conducted in province 1 covering 13 districts and second highest number of interviews have been taken in Bagmati province (74) covering 13 districts. The lowest number of interviews (46) have been conducted in Sudurpaschim province.

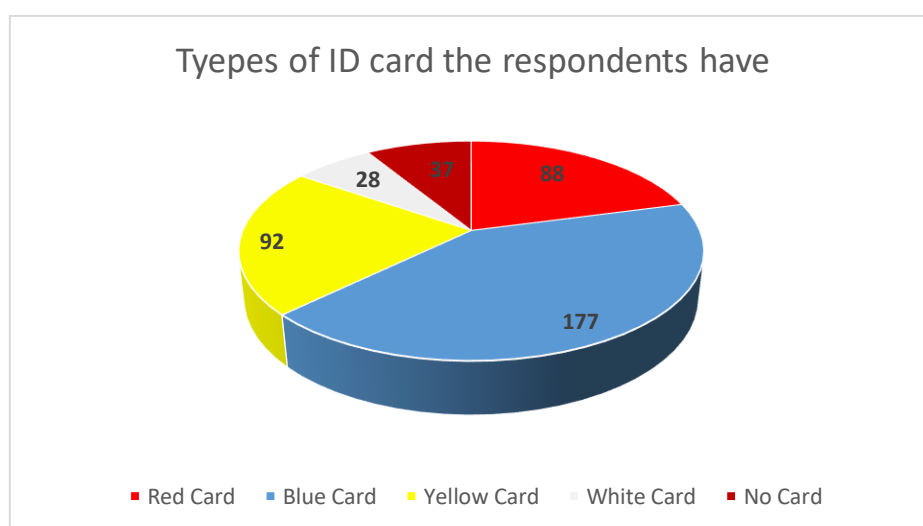
*Table 2 Number of respondent by disability and Sex*

Disability	Male	Female	LGBTQ	Total
Physical	66	73	1	140
Complete Blindness	20	17	0	37
Blindness	18	12	0	30
Low vision	14	11	0	25
Deafness	12	16	0	28
Hard of Hearing	7	8	0	15
Speech disability	8	6	0	14
Deafblindness	9	12	0	21
Intellectual disability	21	22	0	43
Autism	8	5	0	13
Psychosocial disability	5	11	0	16
Hemophilia	18	0	0	18
Multiple disability	10	11	0	21
Others	0	1	0	1
<b>Total</b>	<b>216</b>	<b>205</b>	<b>1</b>	<b>422</b>

The available disability related studies and researches show that there is the highest number of persons with physical disability because of its various dimensions. According to the national census report 2011 the number of persons with physical disability has occupied 36% share of the total number of persons with disabilities.

Persons with visual impairment and hearing impairment are in second and third position with 18% and 15% respectively. The remaining 31% of the total population is shared among rest of the categories<sup>2</sup>. So, in this assessment the respondents from different category are selected taking all those facts into account. A part from this, those categories, who are seemed to be underrepresented in the disability rights movement such as psychosocial disability, intellectual disabilities, autism, deafblindness, hemophilia are given special priority in interview. If we see the sex ration of the respondents 48.6% are from female 51.1% are male and 0.23% are LGBTQ. In the case of hemophilia, since it mostly occurs with male it was very hard to find female with hemophilia. Therefore there is no any female respondent in the category of hemophilia.

*Chart 1: Number of respondent by their disability ID cards*



Persons with disabilities gets disability ID card from the local municipalities which is provided in different four colors according to the degree of severity they have. The most severe category is called 'complete disability' in the definition of government which hold Red card and second category is called 'Severe Disability' that hold blue card. The moderate and mild category hold yellow and white card respectively. We decided to capture the red and blue card holders (62%) as much as possible in our assessment because the people with disabilities who fall under these two category are likely to be most vulnerable and discriminated in the situation of disaster and emergency. Similarly we also prioritized to other category and also those who don't have disability ID card so far.

<sup>2</sup> See the disability related data in the national census report 2011 published by CBS.

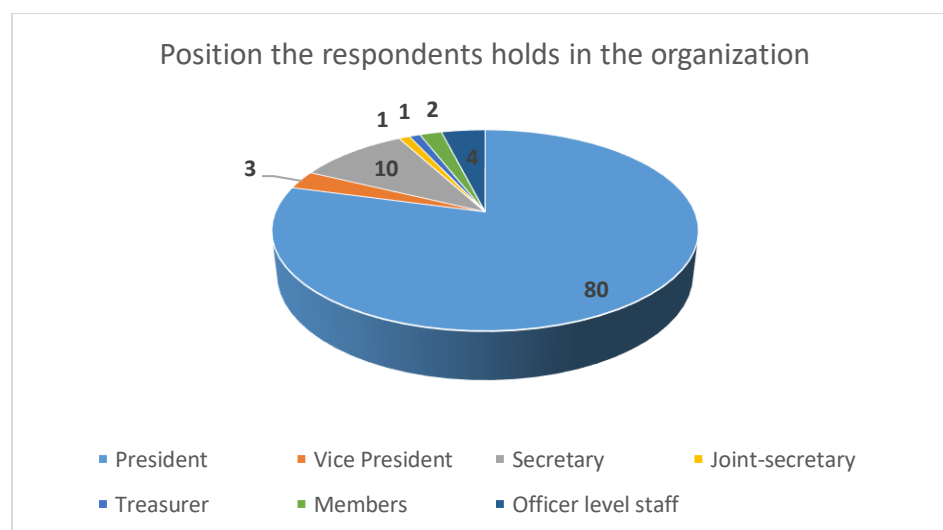
## **B. Characteristics of the Selected Disabled Peoples' Organizations (DPOs) and other organizations for interview.**

*Table 3: Number of DPOs Respondent by province and district coverage*

<b>Name of Province</b>	<b>No. of Org.</b>	<b>District coverage</b>
Province 1	15	10
Province 2	10	6
Bagmati Province	19	13
Gandaki Province	12	7
Province 5	10	9
Karnali Province	12	8
Sudurpaschim Province	23	8
<b>Total</b>	<b>101</b>	<b>61</b>

NFDN had set a minimum target of 10 organizations from each province and 70 organization in total to be consulted. But the enumerators were able to carry out interview with 101 organizations covering 61 districts throughout the country. The highest number of interviews (23) have been taken in Sudurpaschim province and second highest number (19) in Bagmati province. One person (either high level board authority or officer level staff) has been selected from each organization to respond on behalf of the organization.

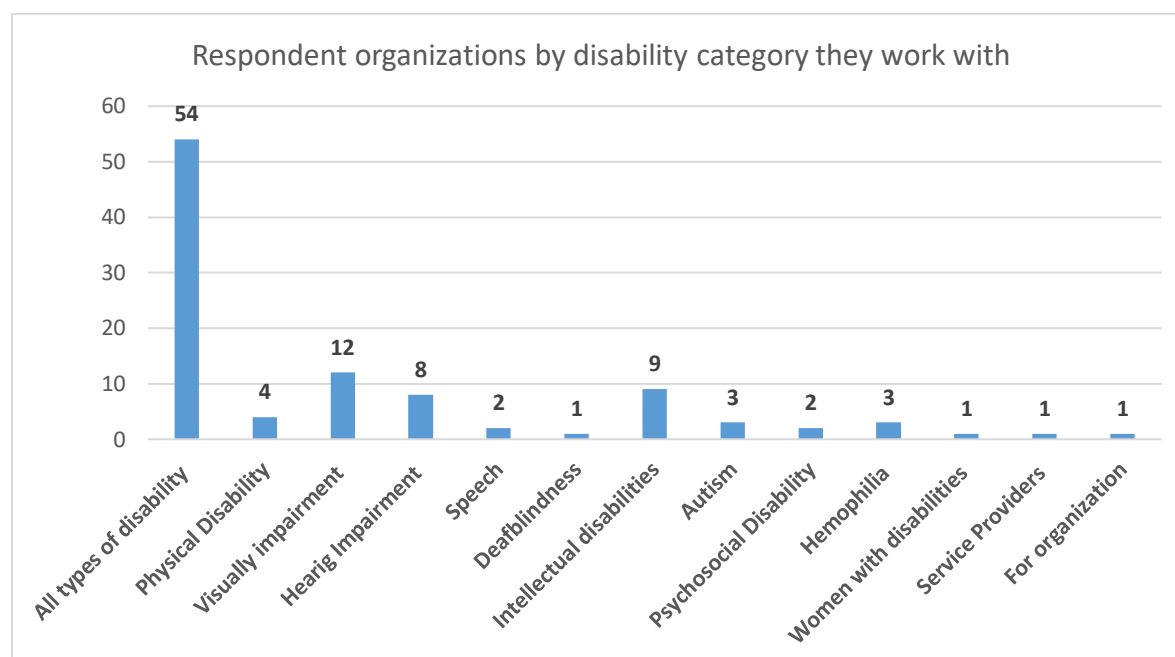
*Chart 2: Number of respondents by their position in the organization.*



The highest number (80) of the respondents out of 101 are president which is around 79% of total number of respondents. Secretary and officer level staff is in second and third position with 10 and 4 respondents respectively. Among the remaining 7 respondents 3 are vice-presidents, 2 are members, 1 is joint secretary and 1 is

treasurer. It also indicates that in most of the Disabled Peoples' Organizations (DPOs) the presidents are mostly active and available to represent the organization.

*Chart 3: Number of respondent organizations by the disability group they represent*



Generally, in the total number of DPOs actively working in disability rights movements in Nepal, the number of organizations working for all types of disability group are in first position and in such organization mostly the number of persons with physical disabilities is higher. The number of organizations working for visually impaired, hearing impairment and intellectual disabilities come in second and third position. So, here in this assessment also we can see the highest number of respondents from cross disability organizations. A part from this, along with the organizations representing visual impairment, hearing impairment, intellectual disabilities, physical disabilities, the organizations representing deafblindness, women with disabilities, hemophilia, autism, psychosocial disability, service providers and those organizations who are not formed by persons with disabilities but working on the issues of disability rights, are also consulted during the assessment to ensure the representation of different theme.

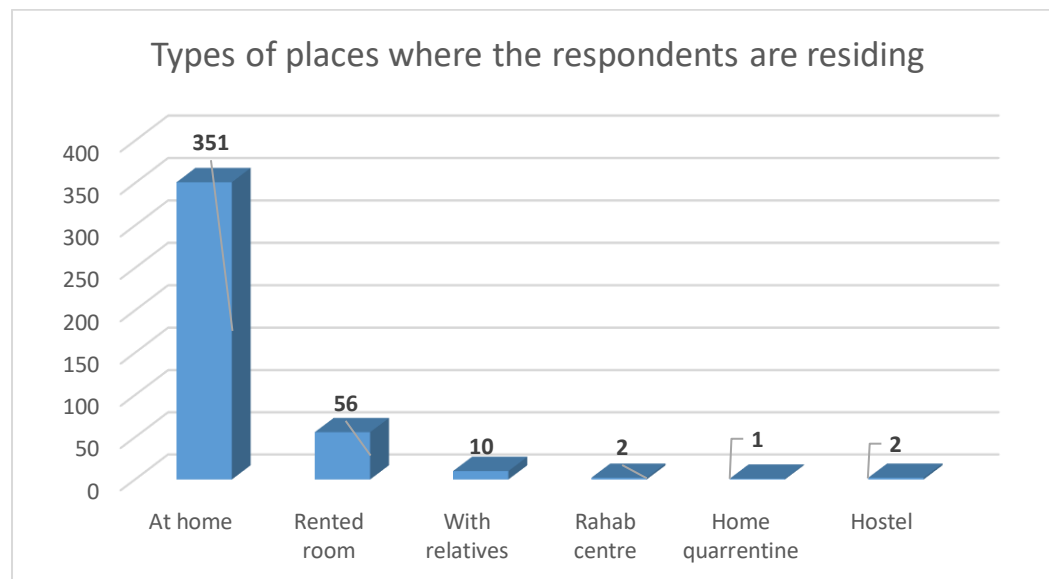
### ***C. Analysis of the responses from the respondents***

#### ***1. The place where the respondents are residing***

As the first new case of corona virus was appeared in Kathmandu, the government suddenly announced a complete lockdown all over the country on 23 March 2020 and issued strict rule to stay at home. All the travel and peoples' mobility was suddenly stopped and they were forced to stay where they were. Many people who were outside of their home could not return back. So, in this assessment we asked a

question to each respondent to know about the place where they are living at the time of assessment.

*Chart 4: Number of respondent by their current stay*



Responding the question, out of 422 respondent 83.17% (351) said that they are staying at their own home whereas 13.27% (56) informed that they are staying at rented room. Similarly 2.37% (10) respondents said that they are staying with their relatives and remaining 1.8% confirmed that they are staying in rehabilitation center and hostel. It indicates that almost all respondent are following the rules of stay at home.

## **2. Access to COVID-19 related information**

### **2.1. Getting access to information**

In the situation of disaster, pandemic or emergency, information and communication play significant role to stop outbreak, reduce the vulnerability, implement the preventive measures effectively and to save lives and properties. On other hand, the information and communication should be not only as much as detail and authentic but also accessible for all people regardless of their language, culture, religions, geography, disability, ages, sex, economic condition and so on to ensure that all are in the coverage of information. Moreover, in the case of COVID-19 infection, the correct and authentic information about the measures to be adopted to stay safe from the infection of virus is one and only main way to prevent people from its outbreak. However, people with disabilities and particularly persons with hearing impairment, visual impairment, intellectual disabilities, autism and learning disabilities are always face barriers and discriminatory practices in getting access to information. Visually impaired persons needs information in braille, accessible text and audio form whereas the persons with hearing disability needs it in sign language, sub-title or signs. The

persons with intellectual disabilities needs information in easy-to-read form whereas the persons with autism needs it more in pictorial or visual form. So only one or two methods of disseminating information is not enough to ensure that each people have had access to information. Each type of information should go to public in different alternative format. But in our context, most of the publicly shared information are not accessible for persons with hearing impairment. Similarly they are not accessible for visually impaired persons and persons with autism and intellectual disabilities as well. For example if there is information in video, it has absence of sign language interpretation, sub-title or complete audio narration. Similarly there are information in info-graphic but they are not translated in audio or sign language. The authorities are giving many information in print form but they are not translated in audio form or accessible text. All these practices create many problems and confusion because persons with disabilities do not get a complete information about the situation and a clear instruction about the measures to be taken to prevent from the infection. In our assessment we have asked few questions to our all respondents to know how far they have access to information.

***Questions asked to the respondents***

- *Do you know that there is pandemic of COVID-19 or corona virus all over the world ? (Options with single choice)*
- *Do you know that the government has implemented lockdown all over the country to stop the infection ? (Options with single choice)*
- *Are you getting the information about the different types of works that the government is doing to prevent the people from the outbreak of this virus ? (Options with single choice)*
- *Do you know about the measures or rules to be followed in the situation of lockdown or to prevent from the infection of virus ? (Options with single choice)*
- *From what types of medium are you getting the information about COVID-19 and the works of government ? (Options with multiple choice)*
- *Are the format, procedures, means or methods of communication or disseminating information accessible for you ? (Options with single choice)*

Analyzing the responses of first question, 52.84% (223) of the total respondents were found 'well known' about COVID-19 pandemic whereas 41.23% (174) were found 'little known' and around 5.92% (25) were found 'unknown' about this. This indicates that a significant number of people with disabilities are not well informed about general news of the COVID-19 pandemic around the globe.

The second question was related to the information of lockdown. After analyzing the response on second question, 74.14% were found 'well known' which is good. The

reason behind this is the information was related to lockdown and its rules to be followed inside the country. The government shared this information massively throughout the country and the security forces were deployed everywhere to implement the lockdown. So, most of the people were able to know that there is lockdown everywhere and everyone must stay at home and follow some strict rules. However in case of persons with disabilities still 21.56% were found little known and remaining 4.30% were found unknown on this information which cannot be overlooked in the situation of pandemic.

The third question is seeking the answer on the knowledge or awareness level of respondents about the measures to be taken to stay safe from the infection of virus and the works that the government is doing on it. In the response of this question only 50.94% of the respondents were found 'well known' which is less than the ratio of 'well known' in the first question. Similarly 42.18% were found little known and 6.88% were found 'unknown'. In this question the percentage of unknown has been increased.

Every persons has to get information in the situation of emergency so the significant number of response in 'little known' and 'unknown' have given a concern to the assessment team and further create new question – actually who are the 'little known' and 'unknown' ? We further tried to explore if there is/are any special disability category which the 'little known' and 'unknown' respondent belongs to. Going through the number of responses on 'little known' and 'unknown' in each question separately by the disability category the following figure has been produced.

*Table 4: Number of respondents with level of access to information by disability category.*

<b>Disability</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Total</b>
	little known+Unknown	Little known+Unkown	Little known+Unknown	
Physical	58 (41%)	29 (21%)	61 (43%)	140
Visually Impaired	36 (39%)	16 (17%)	32 (35%)	92
Deaf and Hard of hearing	24 (56)	9 (21%)	26 (60%)	43
Speech disability	7 (50%)	5 (36%)	10 (71%)	14
Deafblindness	6 (29%)	3 (14%)	10 (48%)	21
Intellectual disability	30 (70%)	25 (58%)	29 (67%)	43
Autism	4 (31%)	2 (15%)	5 (38%)	13
Psychosocial disability	9 (56%)	6 (38%)	9 (56%)	16
Hemophilia	8 (44%)	4 (22%)	7 (39%)	18
Multiple disability	16 (76%)	9 (43%)	17 (81%)	21
<b>Total</b>				<b>421</b>

*Note: the percentage of each category has been calculated on the total number of respondents of respective category.*



Various researches and empirical facts have shown that the more a person has severity of impairment the more he/she has to face discrimination and barriers. So we also tried to analyze the degree of severity among the respondents who are in the group of 'little known' and 'unknown' about COVID-19 related information. This is possible by checking the disability ID card of the respondents who come under 'little known' and 'unknown' of the COVID-19 related information. We checked the disability ID card of the respondent and found that majority (60%) of them have either red card or blue card. In case of access to information, once again, this finding justifies that the more severity of persons the more barriers they have to face to have access to information.

The above presented figures and analysis conclude the following major key points.

- a) More or less all types of persons with disabilities have limited access to information related to COVID-19.
- b) Mainly persons with hearing impairment, visual impairment, intellectual disabilities, psychosocial disability, multiple impairment have very less access or no access to COVID-19 related information.
- c) The more severity of disability of persons the more barriers in getting access to information.

As the civil society organization leading the disability issues at local level the DPOs or other organizations working for disability issues can play important role to increase awareness on COVID-19 pandemic among persons with disabilities. But before this the organization should take enough information about it. We asked a question to all the selected DPOs leaders or respondents from the organizations to explore whether they have had adequate information about the COVID-19, measures to be adopted to stay safe from the infection of virus and the government initiation against it. Responding the questions only 58 (57.42%) leaders were able to say that they have taken adequate information on it and 38 (37.62%) said that they know very less about it. The remaining 5 leaders of organization said that they don't have any information about COVID-19 and safety measure to be adopted against it.

## *2.2. Medium to take information and level of accessibility.*

The government, private sectors and civil society organizations are disseminating COVID-19 related information to the public. Print media, social media, online news portals, radio, television, telephone message and email are the key means which are used for information dissemination. In this assessment we tried to find out how people with disabilities are taking information using different means and if the means of communication or measures adopted to share the information are accessible for persons with disabilities. For this we asked following two questions to all 422 respondents;

### *1. How did you get the information?*

*2. Are the means of disseminating information and communication are accessible for you ?*

In the first questions we gave some key options with multiple choices along with a freedom to give answer if there is any other means they are using but that is not in the choice list. The calculation is presented in the following table.

*Table 5: Key means of communication that the respondents have used to take information about COVID-19*

SN	Options	Response
1	From Friends and relatives	56%
2	From Radio	60%
3	From Television	67.8%
4	Newspaper	36%
5	Social Media	No response

The above figure shows that most of the respondents are taking information from television and the number of respondents using newspaper for information is less than other means. Similarly number of respondents taking information about COVID-19 from radio and friends and relatives is also significant. No respondents indicates the social media as the key means to take information about COVID-19. A part from the choices listed out the respondent were also found to have information form police, municipality, and Nepal Telecom.

In the second question we have given four options to the respondents with single choice. The options are (a) all are accessible (b) most of them are accessible (c) Less are accessible (d) not accessible. Let's have look on the following table.

*Table 6: Level of accessibility of the means of communication based on the perception of respondents.*

SN	Options	Response
1	All are accessible	11%
2	Most of them are accessible	28%
3	Less are Accessible	45.9%
4	Not accessible	14.9%

The above presented data shows that the number of respondents who think that 'the information are accessible' is very low (11%) and majority of respondents (46%) think that the information related to COVID-19 are less accessible for them. 15% of the respondents think that they are not accessible at all for them. Analyzing further the degree of severity of those who think the information is not accessible or less

accessible for them we found that more than 69% are red or blue disability ID card holders which means the high degree of severity.

We asked same types of questions to the DPOs leaders and representatives of disability related organizations to know their perception or experiences on the COVID-19 related information from accessibility point of view. Out of total 101 respondents 89% think that the information are less accessible for the persons with visual impairment, hearing impairment, intellectual disabilities, psychosocial disabilities, deafblindness and autism whereas 7% think that they are completely inaccessible.

Further we also wanted to know about how far the DPOs have actively worked to disseminate the information to their members and groups of persons with disabilities residing in their catchment area. Responding the questions only 33 respondents were able to say that they have done it well and 63 said that they have done it to some extent but not well. Most of the DPOs leaders have also confirmed that they used phone and sms to share the information.

Based on the above discussion, we can conclude that the information and awareness materials are not made and disseminated considering the special needs of persons with disabilities and particularly persons with visual impairment, hearing impairment, intellectual disabilities, psychosocial disabilities, deafblindness and autism. Similarly the DPOs were also found not able to do as expected due to the lockdown.

### *2.3. Knowledge on the measures to be taken to stay safe from the infection of COVID-19.*

In the current situation, correct and authentic information about the measures to be taken to stay safe from the infection of COVID-19 and measures to be adopted when one is exposed of infection are most important. We asked all respondents a question to know how far they are aware of the measures to be taken to stay safe from the infection. This question was asked with few key options of multiple choices and a part from the listed options the respondents were also given a freedom to share any other measures they know.

Going through the analysis it was found that 93.9% of the respondents are found aware of washing their hands with soap frequently and 86.4% know that they have to stay at home. Similarly 85.2% know about the use mask while going outside and talking with others but only 65.1% know about social distancing. 49.4% know about the use of sanitizer and 75.6% know that they don't have to go in crowd but only 44% knows that they have to inform to the nearby health institutes if they suspects any symptoms of virus infection. Similarly only 53.4% know that they have to cover their nose and mouth with hands, elbow or tissue paper while sneezing or coughing. This findings indicate that people with disabilities are not aware equally in each measures to be taken to stay safe from the infection. They know about some measures very well but there is still gap in some other measures. The reasons behind this might be the lack of

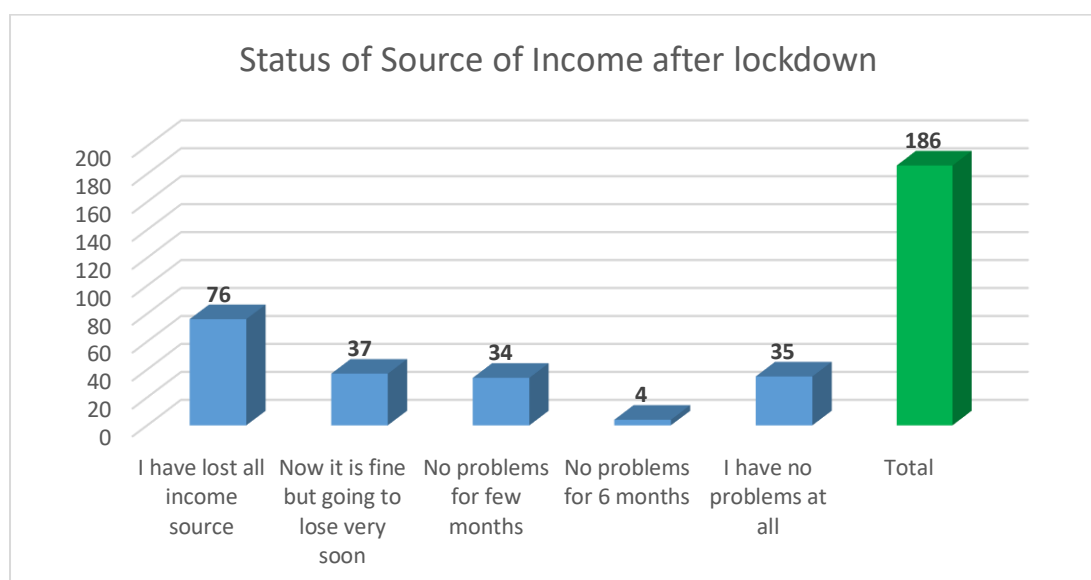
information and awareness materials in accessible format and lack of dissemination by giving priority to all types of people regardless of their race, gender, community, language, culture, disability, education, economic condition and so on.

### 3. Impact of lockdown on the income of people with disabilities

The situation of lockdown has suddenly detached or terminated many people from their regular source of income. Mainly those who are depended with their daily wages or small shops are out of their income. Additionally the uncertainty of lockdown has also given many people a fear of losing income in near future. In this assessment we have asked few questions to the respondents to know about the status of their source of income after the lockdown and their perception about future.

Responding the question 'Do you have any job or source of income ?' 186(44.07%) with 110 male, 75 female and 1 LGBTQ out of total 422 respondents were found to have engaged in some kinds of income generating work. The respondents having some kinds of job or income source are further asked to describe about the status of their source of income after the lockdown by giving some options with single choice. The results is presented below;

*Chart 5: Number respondents with different experiences about their source of income lockdown.*



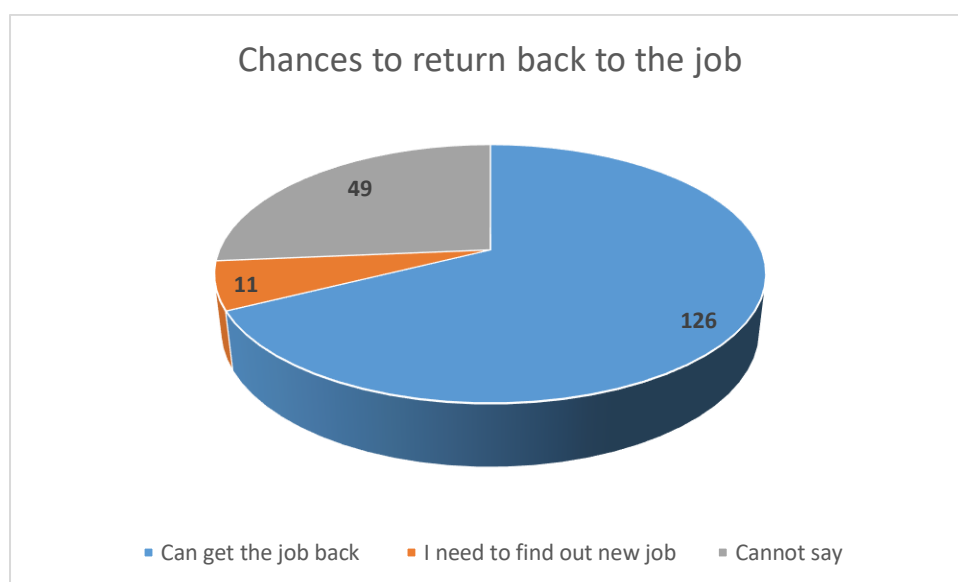
The above presented chart shows that majority (40.08%) of the respondents have lost their source of income after lockdown and 19.89% think that they are going to lose it in near future. Only 18.81% respondent think that they don't have any problem of income at the moment. Among total 186 respondent 18.27% have no problems for few months and only around 2.15% respondent think that they won't have any problems up to six months even if the lockdown continues.

Based on the above discussion, we can conclude that significant number of the people with disabilities have lost their income due to lockdown who needs immediate response from the government or concerned stakeholders. Similarly, the number of those who are going to lose their income in near future or number of those who can only sustain few months is also alarming toward new challenges.

We also checked the gender ratio of number of respondents who have lost their job due to the lockdown. Out of total 76 respondents who have lost their job 48.68% are female and 51.32% are male.

We also tried to map out the possibility to return to any job or income generating work after the lockdown is over on the basis of their perception. We asked a question '*What is the possibility to return to the job/income source?*' to those 186 respondents. The response is presented below;

*Chart 6: Number of respondents by their chances to return back to the job or income generating work.*



Majority (67.74%) of the respondent are confident that they will get the job back after the lockdown is over whereas 26.34% cannot say about it. 6.02% people think that they have to seek new job after the lockdown is over.

#### **4. Situation of Stock of food and other necessary items**

In the situation of lockdown all the market and offices are closed. People have to stock some food and necessary non-food items for day to day consumption in such situation. Moreover, persons with disabilities has to expose of lots of problems to manage food and other necessary items in the time of emergency due to their functional limitations and environmental barriers. So in this assessment we tried to take information about how far they are able to manage their stock or if there is any problems. We asked to all respondents a question with different five options giving single choice criteria –

*'Have you managed food and non-food items for the period of lock-down ? if yes ! for how long ?'* The responses are as follow;

*Table7: Number of respondent by the level of stock of daily needs items*

<b>Options</b>	<b>Number</b>	<b>%</b>
I don't have any problem	41	9.72
I have only for few days	114	27.01
I have only for a couple of week	116	27.49
I have for few months	118	27.96
I have nothing	33	7.82
<b>Total</b>	<b>422</b>	

The figure on the table indicating that 7.82% have no stock of food and some basic nonfood items at the moment which is quite serious. 27.01% have only for few days and 27.49% have stock for a couple of weeks which means 54.5% will be at the risk of the scarcity of food and essential non-food items in near future. This issues can be taken as critical because, for persons with disabilities, it is very hard to manage such items by themselves during lockdown as there is no transportation service, they are not allowed to go outside, all the market is closed and they cannot go each and every places as other people do due to many environmental barriers.

We asked another supplementary question to all respondents – *"What is your immediate needs ?"* to know about their urgent requirements. We provided some options with multiple choice criteria. The responses are presented below;

*Table 8: Number of respondents by their immediate needs*

<b>SN</b>	<b>Item Need</b>	<b>Number</b>	<b>%</b>
1	Food	208	50.6%
2	Medicine and treatment	143	34.8%
3	Psychosocial Counseling	29	7.1%
4	Health and Hygiene Materials	185	45%
5	Detail information about COVID-19	54	13.1%
6	I don't need anything immediately	81	19.7%
7	Assistant Service	24	5.8%
8	Assistive Devices	29	7.1%

The figure on the table clearly indicating that the food items are in high demand followed by the health and hygiene materials and medical treatment in second and third position respectively. The demand of psychosocial counseling seemed to be small (7.1%) in ratio but it is giving a serious alarm about the situation of mental health of

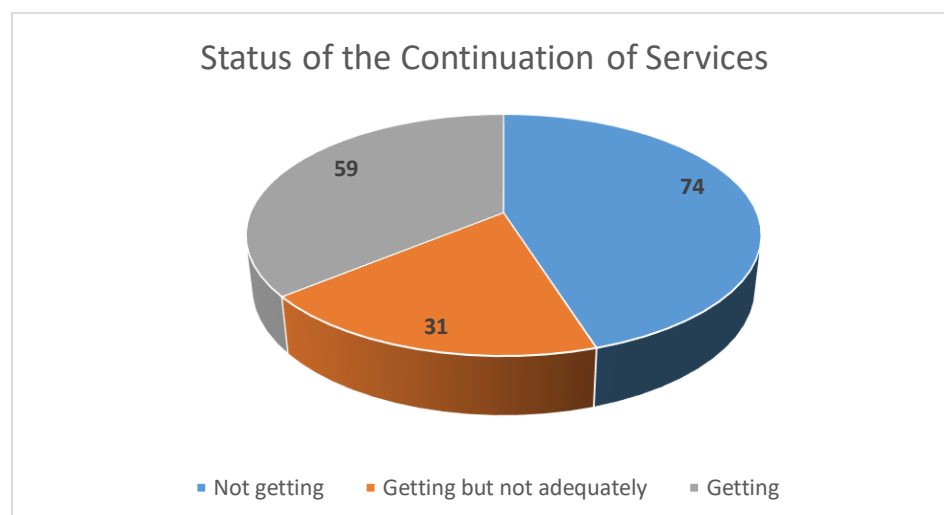
the people with disabilities which should be taken seriously. A part from this, the persons with disabilities also need assistive devices and assistance service.

## 5. Situation of health services that persons with disabilities need in regular basis.

Many persons with disabilities are taking various health services such as therapeutic services, medication and counseling or using assistive devices and equipment because of their impairments. In the situation of lockdown such services may have been interrupted or they may have had problems on getting such services when they need. People living with some forms of impairments such as hemophilia and epilepsy need regular medicine and it is life threatening living without medicine. Similarly persons living with spinal cord injury, intellectual disabilities, psychosocial disabilities need certain types of medicine in a regular basis. In Nepal, currently there is lack of medicine namely "Factor" which is used by persons with hemophilia to control their internal and external bleeding when they need. There are various news and reports in media about the serious health problems that the persons with hemophilia are facing caused by the scarcity of 'Factor'.

We asked all respondents a questions – *"Are you using any of the listed medical/health services because of your impairment ?"* with the list of services to find out the number of persons with disabilities who are taking such services in regular basis. Out of total 422 respondents 164 (38.36%) were found taking some kinds of health services, medicine or using assistive devices. Majority of them are taking medicine and some of them are taking psychosocial counseling and therapeutic services. However our purpose in this section is to know how far the lockdown has interrupted their regular services and whether it is serious or not. We further asked next question – *"Are you getting the services regularly even in the situation of lockdown?"* with some options where they had option to choose single option. The responses are presented below;

*Chart 7: Number of respondents by status of the continuation of services.*



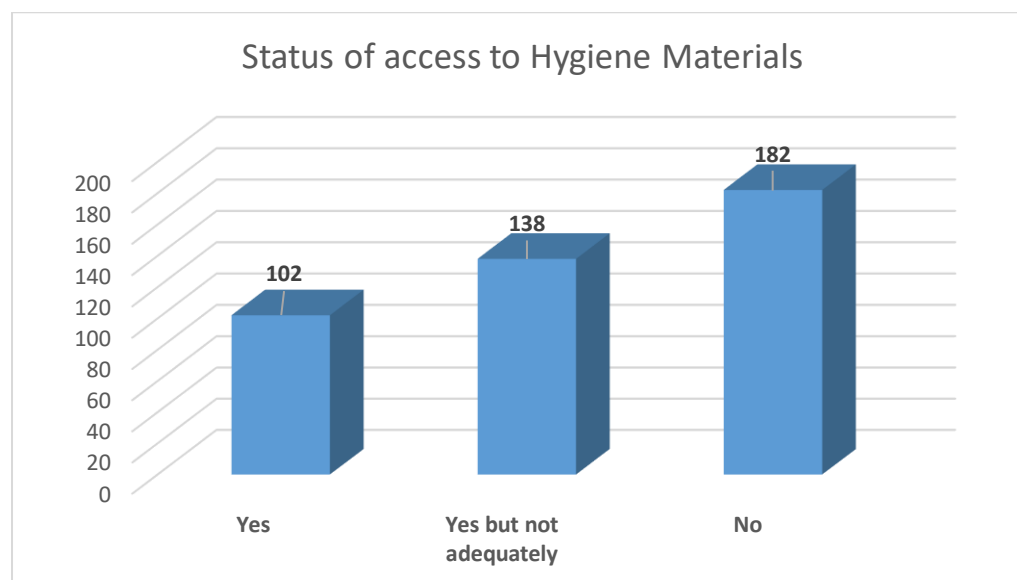
Above chart shows that only 18.90% are getting services in the situation of lockdown as they were getting it before whereas the services of 45.12% of the respondents has been interrupted due to the lockdown and 35.97% are not getting the services adequately. This situation demands an immediate response to ensure that such essential services are not interrupted.

## **6. Access to relief package and hygiene material.**

Various researches and studies has claimed that people with disabilities are always left behind in relief distribution, medical treatment and other many humanitarian services in the situation of disaster or humanitarian emergency. In the case of COVID-19 pandemic the hygiene materials such as soap, mask and sanitizer are most important to stay safe from the infection of corona virus. Each household and person has to ensure that they have secured this materials and are using properly.

We asked the question *"Have you received the hygiene materials such as mask, sanitizer to be used to stay safe from the infection of virus ?"* to all respondents giving three options with the criteria of single choice. The response is presented below;

*Chart 8: Number of respondents by their status of access to hygiene materials.*



The figure express that only less than one-third or 102 (24.17%) persons have received the hygiene materials. Nearly one third or 138 have received it but not adequately whereas 182 or 43.13% have not received at all. If we observed the degree of severity of those who falls under "not received at all" majority of them (67.03%) are from high degree of severity i.e. red or blue ID card holders. This fact further tells that the people having high degree of severity have low access to services.

Relief materials may not be necessary every persons. Those persons who are in extreme crisis of basic food or non-food items and urgent need of health services due to any humanitarian emergency are the eligible of relief materials. This principle is



equally applied also in the case of persons with disabilities. In case of COVID-19 pandemic and lockdown many persons with disabilities or their parents or bread winner might have lost their job or regular income sources which might have created a situation of crisis in their day to day survival. Principally such people with disabilities are eligible for relief packages. In the course of assessment we tried to explore how far the people with disabilities, those who are in need, are having access in the relief and hygiene materials in an equal basis without any discrimination.

The government, other many humanitarian and civil society organizations are distributing relief package of food and medicine for those who are in need due to the strict lockdown. Mostly the relief package are distributed through the local municipalities. As we have already discussed that many persons with disabilities have lost their job or source of income in the current situation. In this situation they need relief package to cope the situation of lockdown and should have equal access to the relief package. In this section we tried to explore how far the people with disabilities in need are getting access to relief packages. We asked a questions to all respondents to ensure that if the relief package is being distributed or not in their locality. Responding the question 300 (71%) have ensured that the relief package are being distributed in their municipality whereas 81 persons or 19.19% said that there is no any relief distribution program has carried out in their municipality. Only 41 or 9.71% said that they don't know about it.

Further we asked next question to know whether they are receiving the relief package or not and how many of them are in need of relief package. This question was asked to only those who said that the relief is being distributed in their municipalities. Among the 300 respondents 119 (39.66%) said that they don't need any relief package at the moment which means 181 (60.34%) are in need of relief materials. Among the people who are in need 45.30% confirmed that they are receiving it and remaining 54.69% said that they need relief packages but not receiving it at all. We also checked the degree of severity of those persons who are not getting the relief package and found that 62% of them are red or blue card holders.

In total number of respondents the number of female respondents is 205. Analyzing the data from gender perspective, among the total number of female 140 (68.29%) confirmed that the relief is being distributed in their municipalities and out of those 140 (40.71%) female respondents said they don't need any relief package at the moment which means 59.29% (83) are in need. Out of those who are in need 56.62% are found not receiving the relief package.

Similarly in the case of male, the total number of male respondents is 216. Out of the total number of male 159 confirmed that the relief package is being distributed in their municipalities and 61(38.36%) of them confirmed that they don't need any relief

package at the moment. Out of the total number (98) of the male respondents who are in need 61.22% are not receiving the relief package. There is one respondent with disabilities from LGBTQ who falls under the group which don't need any relief package at the moment.

DPOs are also the main sources to know about how far the persons with disabilities in need are having access to relief package. We asked a question all respondents from organizations to confirm whether the relief package is being distributed in their catchment area or not. Responding the questions 77 out of 101 said "yes", 20 said "No" and 4 said "don't know". We further asked next question to those who said "Yes" to know whether the persons with disabilities who are in need have received the relief package or not. In this question, 10 DPOs leaders responded that persons with disabilities have not received any relief package whereas 24 respondents confirmed to have received the relief package. 33 respondents said that people with disabilities are getting relief package but that is not adequate but remaining 34 respondents said that they are unknown about it.

## **7. Problems that persons with disabilities are facing during lockdown**

DPOs are the key informant to provide reliable information about the problems, grievances and barriers of persons with disabilities from grassroots level. We simply asked to all DPOs leaders to describe about the problems that persons with disabilities are facing at local level due to the lockdown and COVID-19 pandemic. In an average 50% to 65% DPOs answer the following;

Persons with disabilities;

- *are not getting relief and hygiene materials*
- *have lost regular therapy and medical treatment.*
- *have lost their income and source of income*
- *need psychosocial counseling*
- *are not receiving medicine which they need*
- *have also lost their caretakers and the deaf people are not able to take the support of sign-language interpreter.*

DPOs are also known as the local platform where the people with disabilities can register their complaints if any. We asked all the respondents from organizations whether there are any complaints of persons with registered in DPOs or not. Responding this question 72(71.28%) said "Yes" and only 29 (28.72%) said "No". We further asked next question to know about the types of complaints to those who said "Yes". The types of complements are listed below.

*Table 9: Number of respondents by the types of complaints they have*

SN	Complaints	Ratio of Responses
1	Not having food	75%
2	Not having medicine	52%
3	Not getting hygiene materials	48.6%
4	Not having health materials which they need in regular basis	37.8%
5	Not having information	16.2%
6	Have scared and mental stress	21.6%
7	Have faced abuse and violence	4.1%

The role of DPO is also expected in solving the problems of persons with disabilities at local level by providing referral service, doing advocacy with government and also establishing coordination and networking with other various relevant stakeholders. In this context we asked next question to all DPOs leaders to know how far they are actively engaged in doing advocacy and coordination with local government to get the problems of persons with disabilities addressed. Analyzing the responses from DPOs leaders 83% DPOs were found to have engaged somehow in advocacy and coordination to address issues of persons with disabilities however 25% DPOs leaders said that they are not heard at all by the local governments. Similarly 10 DPOs leaders said that they are heard by the local governments and the issues are addressed whereas 66 DPOs leaders said that they are less heard and the issues are also not addressed adequately.

## 8. Status of violence and abuse under the situation of lockdown

Various media reports and studies carried out in the situation of COVID-19 pandemic focusing to the issues related to abuse and violence have shown the violence against women, children and persons with disabilities has increased globally. In Nepal, a recently published news referring to the data collected by Women Rehabilitation Center (WOREC) has claimed that during the period of lockdown 128 cases of violence against women has been recorded<sup>3</sup>. Persons with disabilities are most likely to be vulnerable in such situation. In this assessment we asked two questions to all respondents if they have experienced any forms of violence, abuse or discrimination in the situation of lockdown. Out of total number of respondents 13 (3.08%) respondents said that they are facing some forms of violence or abuse. Among the 13 respondents 6 are male and 7 are female. While asking about the types of violence they are facing 2 respondents said that they are suffered with mental torture and 11 respondents said that they are facing abuse, disrespect and insults.

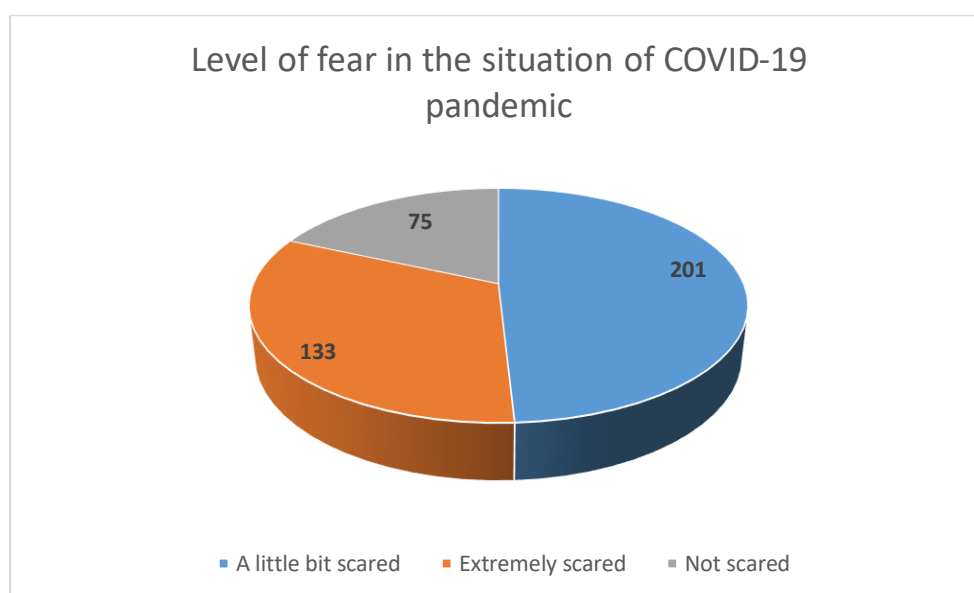
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<sup>3</sup> Cloud Partika, Baisakh 16, 2077, <https://cloudpatrika.com/25041?fbclid=IwAR3XzPF-rhScZYOhZhsurE9FOtyP4RJRDVyz84Ech1bQOfrKtOaFLS9kbhE>

## 9. Status of mental health

The situation of lockdown and COVID-19 pandemic has not only created a great fear in people but also stopped every social and economic activities. Most of the people are locked inside their home and many have lost their income source. Nobody knows about the end of this pandemic. Such situation help to increase anxiety and stress in people. However, in this assessment we have not assessed the situation of mental health of people with disabilities in depth but tried to explore few basic facts about the mental health situation asking few questions. Our purpose is only to know whether they are scared or not and if they are scared what is the level of fear. The responses are presented below;

*Chart 9: Number of participants by their level of fear*



The above chart clearly express that nearly half (47.63%) of the respondents are little bit scared and 31.51 % are extremely scared. Only 17.77% respondents think that they are not scared at all. It indicates that 79.13% are living with some kinds of fear which is significant and the people who are extremely scared need some kinds of support immediately. If we see the gender ratio of 'extremely scared' group 60.15% are female and 39.85% are male.

## 10. Status of accessibility in the place made for quarantine and isolation

Anyone can be infected by corona virus since it is an infectious diseases which transmit from one person to another. No matter which race, age group, caste, gender, ethnicity, disability, community or economic condition the person belongs to. So the places made or managed for quarantine and isolation should be accessible or friendly for all including persons with different forms of impairment and disabilities. The places and provided facilities should be at least accessible for wheelchair user, visually impaired, deaf and hard of hearing, intellectual disabilities, autism and may other forms of

impairments to ensure that they are not left behind and are provided all required facilities and treatments in an equal basis without any discrimination.

The government has made many such places in the different part of the country where many people have been kept. Due to the situation of lockdown NFDN is not able to monitor the places directly to observe the status of accessibility physically. So, we tried to get information about the status of accessibility from respondents representing DPOs and other organizations. We asked a question to all respondents to confirm whether the government or any other stakeholders has made or managed any places to keep people in quarantine or isolation in their catchment area. In the response to this question 84 (83.16%) respondents confirmed that there are such places in their area, 9 (8.91%) DPOs leaders said there are no such place and 8(7.92%) respondents said that they are unknown about it.

We asked next question to those 84 respondents who have confirmed that such places have been made or managed in their areas to get the information about whether they are accessible for persons with disabilities. Responding this question 10 (11.90%) respondents out of 84 said that the places are accessible whereas 50 (59.52%) respondents said that they are not accessible at all. However remaining 24 (28.57%) respondents said that they are unknown about it. This figure indicating that most of the places made for quarantine and isolation are not accessible for persons with disabilities.

## Conclusion and Recommendations

Summarizing the overall analysis we can claim that, under the unprecedented situation of COVID-19 pandemic and panicking lockdown persons with disabilities are suffering with lots problems and barriers. Their condition seemed to be more vulnerable and they are being left behind in regular service, information, relief package, health facilities and so on. Persons with disabilities are also found to have exposed with violence and abuse and likely to be more suffered with mental health problems due to the growing fear of pandemic and future impact of lockdown. The information related to COVID-19, hygiene materials, some very important medicine (such as 'factors' for persons with hemophilia ) and relief package are so urgent issues to be addressed at local level. They are not only left behind in the services but also detached from the source of income which is another issues the government and relevant stakeholders needs to consider in their future planning.

### Key Recommendations:

1. Right and authentic information is most important to fight against COVID-19 pandemic. No one should be left behind from any types of COVID-related information. However, a significant number of persons with disabilities are out of access of COVID-related information. The government and all institutions

and agencies working on COVID-19 response should produce and disseminate each COVID related information in accessible and inclusive ways such as using sign language, audio, braille, captioning, accessible text, pictorial form, easy to read version and other available alternative formats. They have to produce awareness material and messages in close collaboration with the organizations representing persons with disabilities.

2. The lockdown has unexpectedly detached many persons with disabilities from their source of livelihood and many are likely to lose their source of income in near future. The government and the organizations who are planning for livelihood support for the COVID-19 affected people should make their livelihood program disability inclusive and persons with disabilities should be kept in high priority.
3. The suddenly enforced lockdown has deprived persons with disabilities from very essential services, regular health care, medicine, counseling, health materials, hygiene materials and therapy which they need to take in regular basis. Absence of such services will give a serious threat to their health and life as well. So the Ministry of Health and Population and all relevant organizations who are working in health sectors should take this issues seriously and plan to supply such services urgently. Persons with spinal cord injury, hemophilia, intellectual disabilities, psychosocial disabilities, epilepsy, and persons having severe physical impairments are most vulnerable conditions in this situation.
4. The data is showing that, many people with disabilities are in need of relief package. Majority of them have been deprived from relief package fall in the category of "Complete Disability" and "Severe Disability" and it is very hard for them to go to the place where the relief is distributed. The government and the organizations engaged for relief distribution should plan to supply relief package to persons with disabilities at their home. For this the Disabled Peoples Organizations and service providers should support for coordination and data collection of people with disabilities who are in need.
5. Abuse and violence against women, children and persons with disabilities have increased in the situation of lockdown. Women with disabilities are in very high risk of different forms violence and abuse. Similarly children and persons with disabilities are also most likely to be exposed of different types of discriminatory practices such as isolation, abandonment, physical torture and so on. In this case the local police, human rights organizations, justice committee of municipality, women rights organizations should be in high alert. An accessible complaint registration and immediate response mechanism should be established.
6. The global pandemic of COVID-19 and situation of lockdown has created a deep fear in the mind of people with disabilities and their stress seems to have

increased. The data shows that the number of extremely scared people is significant. This needs an immediate psychosocial support to them. Ministry of health in cooperation with the organizations working for mental health and psychosocial issues should promote and start to provide psychosocial counseling in an inclusive and accessible ways so that all types of persons with disabilities would be able to take such service.

7. Analyzing the data and information collected from DPOs and individual with disabilities we can claim that the places made/managed/designated to keep suspected or infected people in quarantine or isolation are not equally accessible for persons with disabilities particularly for those who are wheelchair users, visually impaired, deaf and hard of hearing or persons having intellectual disabilities, autism and psychosocial disabilities. The government or relevant agencies should review their work and make necessary correction. The local Disabled Peoples' Organizations and disability rights activists/experts should raise this issues and support to make such places accessible and inclusive.
8. The government should provide orientation or training to the staff or volunteer serving in quarantine and isolation ward on how persons with disabilities should be cared in such places and the minimum requirements to be ensured while giving services to people with disabilities in quarantine and isolation.
9. If the persons with disabilities found infected by corona virus they should not be discriminated or less prioritized in treatment and providing required facilities and support during treatment. Further they should not be deprived from any forms of special facilities or services that they deserves to have because of their impairment such as assistive devices, assistant, sign language interpreters etc. So, the health personnel working on COVID-19 response, should be oriented/trained properly by the government on how persons with disabilities should be treated or behaved during treatment and the minimum requirements to be ensured while providing treatment to persons with disabilities.