



IMPACT OF COVID-19 PANDEMIC AND LOCKDOWN

On Persons with Disabilities

A Rapid Assessment Report

Special Focus:

Access to Information and Service

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Introduction of the Organization

The National Federation of the Disabled Nepal (NFDN) is the national umbrella body of organizations of persons with disabilities. The NFDN represents 331 member organizations throughout the country that promote disability rights agendas at local and national levels.

Since 1993, 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, partner organizations working on disability rights, and Nepal's Government. The key working strategies of NFDN are advocacy, capacity building, awareness-raising, networking, and collaboration. These strategies are mainly designed to bring changes in the policy, behavior, and governments and stakeholders' actions to address the rights of persons with disabilities enshrined in Convention on the Rights of Persons with Disabilities (CRPD) and other national legal frameworks. NFDN is currently implementing multiple projects and programmes in cooperation with partners on, for example, disability-inclusive development, livelihoods, awareness, capacity building, access to justice, and inclusive education.

Acknowledgements

This Assessment has been carried out under the leadership of NFDN, but there are many supporting hands behind the endeavour. Our partner organizations have provided their technical advice and feedback on the assessment process, tools, and methodology, along with financial cooperation. We express our gratitude to all our partners – DPOD-Denmark, FFO-Norway, CBM, Handicap International, MyRights, and Christian Aid – for their solidarity, technical and moral support, and financial cooperation in this Assessment. We express our gratitude to UNDP for the financial support for this rapid assessment. We appreciate all our enumerators' dedication and quality performance and would like to thank them for their hard work in collecting the data. The organization is thankful to the NFDN board and staff members' key authorities in making the process, data collection tools, and report more meaningful and practical. We are also thankful to our province boards and staff for their coordination in selecting the respondents and establishing contact with them.

Key Findings of the Assessments

- ✓ Due to the lack of accessible information and awareness materials, 41.23 percent of persons with disabilities have been found to know little, while 5.92 percent know nothing about the general information of COVID-19 and the global pandemic. Similarly, 42.18 percent were found to know little and 6.88 percent to know nothing about the COVID-19 safe taking measures.

- ✓ Around 60 percent of persons with disabilities who come under the 'less known and completely unknown' groups are in the 'complete disability' and 'severe disability' categories. This indicates that the greater the severity of a disability, the greater the barriers to accessing information.
- ✓ The number of people with disabilities taking information via television is highest (67 percent) followed by radio, friends and relatives with 60 percent and 56 percent, respectively.
- ✓ Approximately 46 percent of people with disabilities think that the awareness materials and information disseminated on COVID-19 are less accessible to them, and 15 percent think they are entirely inaccessible. 69 percent of persons with disabilities think that the awareness materials are inaccessible or less accessible to them from the 'complete disability' and 'severe disability' categories.
- ✓ Due to the lockdown, 40.08 percent of persons with disabilities have lost their income source, and 19.89 percent think that they will lose it in the near future. The sex ratio of those who have lost their job is 48.68 percent female and 51.32 percent male.
- ✓ 7.82 percent have no stock of food or essential non-food items at the moment, which is quite a serious finding. 27.01 percent have food only for a few days, and 27.49 percent have enough for a couple of weeks, which means 54.5 percent risk having little food and essential non-food items in the near future. This issues can be taken as critical because, in the case of persons with disabilities, it is challenging to obtain such items by themselves during the lockdown, as there is no transportation service, they are under home quarantine, all markets are closed, and their personal mobility is restricted due to many environmental barriers.
- ✓ 7.5 percent of persons with disabilities need psychosocial support, and 45 percent are in urgent need of hygiene materials, such as catheters, tubes, masks, sanitizer, urine bags, and diapers. 3.08 percent experience various forms of violence and abuse.
- ✓ The health services or medicine that persons with disabilities were regularly obtaining, 45.12 percent have been interrupted by the lockdown, and 35.97 percent of affected individuals do not get adequate services. This situation demands an immediate response to ensure that such essential services are not further interrupted.

- ✓ In reference to the access to relief package, 60.34 percent of persons with disabilities need relief materials, but only 45.30 percent have confirmed that they are recipients while the other 54.69 percent are still without access to relief packages. We also checked the degree of severity of those who are not getting the relief package and found that 62 percent of them are in the 'complete disability' or 'severe disability' categories (red or blue ID cardholders).

- ✓ During the lockdown and COVID-19 pandemic, around 79 percent of persons with disabilities live with fear, and 31.51 percent are found to be 'extremely scared.' This is an alarming finding from the perspective of mental health. The people who are 'extremely scared' need support immediately. 60.15 percent of those 'extremely scared' belong to females, and 39.85 percent are males.

Chapter 1: Background, objectives and methodology

Background of the Rapid Assessment

Since December 2019, the world is fighting a deadly virus, COVID-19, which belongs to the coronavirus family. The outbreak of this virus started in China and spread rapidly to other countries. It has become a global pandemic, which has already claimed the lives of more than 248000 people worldwide. It has infected more than 3.5 million people, of which the highest number is in the United States of America – more than 8 million.¹ Most countries are almost or entirely in lockdown, and people are strictly required to stay at home and not venture out without an urgent need. People must maintain social distancing at home and outside and observe important health-related rules, such as hand washing, masks wearing, and frequent sanitizer use. These strict measures have been imposed to limit the transmission of the virus. Despite many governments' dedicated efforts, there has been no method consistent enough to curve the spread of COVID-19. The world market and global economy are worsening by each day due to suspended social and economic activities, restricted movement of people, restricted production and transportation, et al. A vast number of people worldwide have lost their jobs and income.

Nepal is not untouched by this pandemic. The first case of infection identified in Nepal was recorded on the 21st of February 2020. On the 23rd of March, the government imposed a countrywide lockdown, with strict rules to be followed. All markets (apart from a few designated pharmacies, hospitals, and shops for daily goods), schools, colleges, religious places, offices, entertainment centers, sports activities were strictly closed. All public and private transportation and travel were banned. All physical construction works, and factories were closed, and waged laborers found themselves without work. After the lockdown, many people have been working via electronic devices, internet, email, social media, and telephone.

In each province, the government is carrying out COVID-19 tests on those suspected to have been infected by using RDT and PCR testing methods. The contact back tracing is also conducted if the person is found positive. So far (4th of May) there are 75 cases of infection have been identified out of which 16 are recovered. As of 4th May there is no case of death caused by corona virus.

Infections in Nepal are rising at present, and the risk of further outbreaks is very high due to the open border with India, a poor health system, and the slow pace of testing. On the other hand, the lockdown situation and fear of infection have affected people socially, culturally, economically, physically, and mentally. Many people have lost their work and means of earning. People are not allowed to conduct their economic, social,

¹ Data taken from www.worldometers.info/coronavirus dated 4 May 2020.

and cultural activities. Continuously staying at home and thinking about the possible infection has exposed people to increased mental stress.

Research shows that people with disabilities are more likely to be vulnerable than other people in an emergency because of their disability, multiple barriers, and the various forms of discrimination they face in the community and society. On top of that, the COVID-19 situation is entirely different and more challenging than other emergencies. We can more easily calculate the vulnerabilities of people with disabilities, their likelihood to be exposed to infection, and the multiple barriers and discrimination they might have to face. NFDN understood that persons with disabilities who stay at rehabilitation centers and special schools in groups and receive regular services from different personnel are at risk of infection. Just after the lockdown, NFDN started to collect the data of persons with disabilities in rehabilitation centers and hostels. Around 1,290 people with different forms of impairment were found to have stayed in such places.

Considering all these facts, NFDN conducted this Rapid Assessment of the condition of persons with disabilities under the lockdown situation to understand better the impact of the situation on the most vulnerable population and to identify their problems, issues, and barriers so that organizations may be able to coordinate or take action to address found problems and barriers. This Assessment was carried out after 21 days of the first enforced lockdown in Nepal.

The objective of the Assessment

This rapid Assessment has the following main objectives

- To understand the immediate impact of COVID-19 and lockdown in the lives of persons with disabilities.
- To explore the problems, barriers, and issues that persons with disabilities face in the lockdown situation due to the stress accumulated based on the fear of a possible outbreak.
- To generate facts to accelerate evidence-based advocacy with the government and other stakeholders towards making the COVID-19 response disability-inclusive.

Limitations

- This paper is of no scientific or academic research; instead, it is a quick assessment carried out to collect necessary information about the effect of the COVID-19 pandemic and lockdown on the life of persons with disabilities.
- Phone interviews were taken based on the availability of respondents and their willingness to participate. Thus, in some provinces, the enumerators could

contact many respondents, but they could meet only the minimum target elsewhere.

- Due to the lockdown, phone interviews had to be taken, so it is assumed that the respondent's information and data are accurate.
- In the case of persons with intellectual disabilities or those for whom it was difficult to attend the interview or cannot express themselves because of their disability, the parents or patrons were allowed to attend an interview on behalf of the respondent.

Methodology

This Assessment has conducted among a 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. Due to the physical distancing in the lockdown situation, the interview was conducted with the respondent from a distance via telephone. NFDN selected the enumerators among NFDN's province-level officers and those further away who already had some level of data collection experiences and case study collection using interview methods.

Two sets of structured questionnaires were used to collect data. One involved interviewing individuals with disabilities or their parents or patron, and the other interviewed the DPOs leaders who are expected to respond as the representative of their organizations. In interviews with individuals with disabilities, female enumerators were designated to conduct interviews with female respondents.

For the first questionnaire, respondents were selected taking the district, province, geographical locations, types of disability, and degree of severity into account, with a proper balance in the number of respondents. For persons with intellectual disabilities, autism, or those who cannot participate in the interview independently, the parents or patron were chosen as the respondent and expected to respond on their behalf.

For the second questionnaire, the DPOs were selected as the respondent. While selecting the DPOs, a balance of cross-disability organizations, organizations leading a single disability category, parents, and service providers' association was appropriately maintained.

Altogether 21 enumerators were selected and oriented on the data collection procedure and tools through a Skype meeting. The enumerators were also equipped with sign language interpreters to conduct interviews with deaf respondents (if any),

laptops, and internet services to fill-up the online form. The minimum target was at least 45 to 50 individuals and 10 DPOs in each province. However, the enumerators were encouraged to take more interviews and increase the district coverage as far as possible within the given 11-day period. The data collection started on 4/12/2020 and ended on 04/22/2020: a total of 11 days. 422 persons with disabilities from different impairment groups and 101 DPOs leaders were interviewed.

The data and information are presented using paragraphs, tables, bar diagrams, and pie-charts. The numerically presented data are calculated in the forms of mean, ratio, and percentage, interpreted critically and descriptively with a logical flow to conclude the findings.

Chapter 2: Presentation Analysis of Data

A. Characteristics of individual respondents

Table 1: Number of respondents by province and district coverage

SN	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

Table 1 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, but they conducted more interviews in some provinces to increase the coverage. The highest (104) number of interviews was conducted in Province 1, covering 13 districts. The second-highest number of interviews was taken in Bagmati province (74), covering 13 districts. The lowest number of interviews (46) was conducted in Sudurpaschim province.

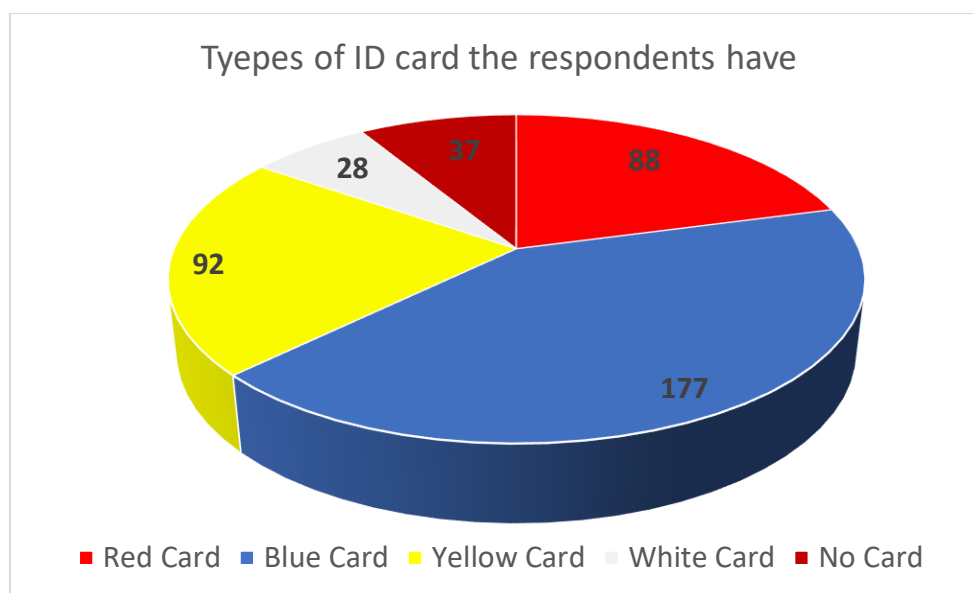
Table 2: Number of respondents by disability and sex

Disability	Male	Female	LGBTIQ	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
Haemophilia	18	0	0	18
Multiple disability	10	11	0	21
Others	0	1	0	1
Total	216	205	1	422

Available disability-related studies and research points to persons with a physical disability as being represented in the highest numbers because of various inherent dimensions of disabilities. According to the National Census Report 2011, the number of persons with physical disability accounts for 36 percent of the total number of persons with disabilities. Persons with visual impairment and hearing impairment are in second and third positions, with 18 percent and 15 percent, respectively. The remaining 31 percent of the total population is presented through the rest of the categories². Thus, in this Assessment, respondents from different categories are selected, taking all those facts into account. Apart from this, categories that seemed to be underrepresented in the disability rights movement, such as psychosocial disability, intellectual disabilities, autism, deaf blindness, haemophilia, are given special priority in the interview. If we look at the sex ratio of the respondents, 48.6 percent are female, 51.1 percent are male, and 0.30% are LGBTIQ. In the case of haemophilia, since it mostly occurs in males, females with haemophilia were underrepresented. Therefore, there are no female respondents in the haemophilia category.

² See the disability related data in the national census report 2011 published by CBS.

Chart 1: Number of respondents by their disability ID cards



Persons with disabilities get disability ID cards from local municipalities. These are provided in four different colors according to the degree of severity of the disability. The most severe category is called 'complete disability' by the government and is assigned the red card. The second category is called 'Severe Disability' (blue card). The moderate and mild category holds yellow and white cards, respectively. We decided to capture the red and blue cardholders (62 percent) as much as possible in our Assessment because people with disabilities who fall under these two categories are likely to be most vulnerable and discriminated against in disaster and emergency times. We also prioritized other categories and those who do not yet have a disability ID card.

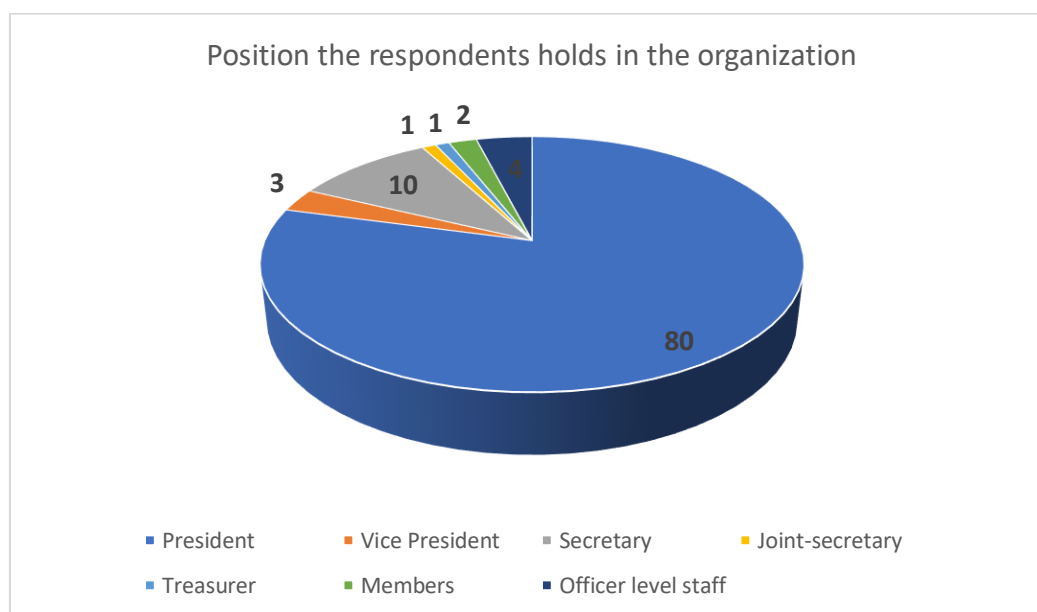
B. Characteristics of the Selected DPOs and other organizations for interview

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

Name of Province	No. of Org.	District coverage
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
Total	101	61

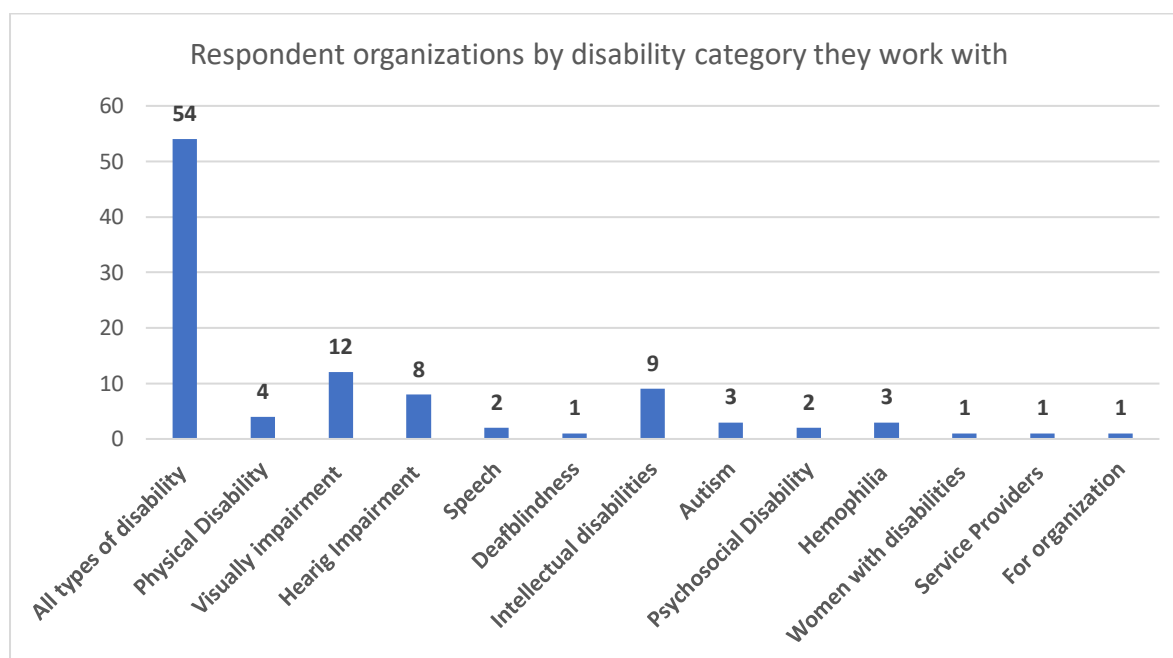
NFDN had set a minimum target of 10 organizations from each province and 70 organizations in total to be consulted. But the enumerators were able to carry out interviews with 101 organizations covering 61 districts throughout the country. The highest number of interviews (23) were taken in Sudurpaschim province and the second-highest number (19) in Bagmati province. One person (either high-level board authority or officer level staff) was 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 101 respondents are in the president's position, which is around 79 percent of the total. Secretary and officer level staff are in second and third positions, with 10 and four respondents respectively. Of the remaining seven respondents, three are vice-presidents, two are members, one is a joint secretary, and one is treasurer. It also indicates that in most DPOs, the presidents are mostly active and available to represent the organization.

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



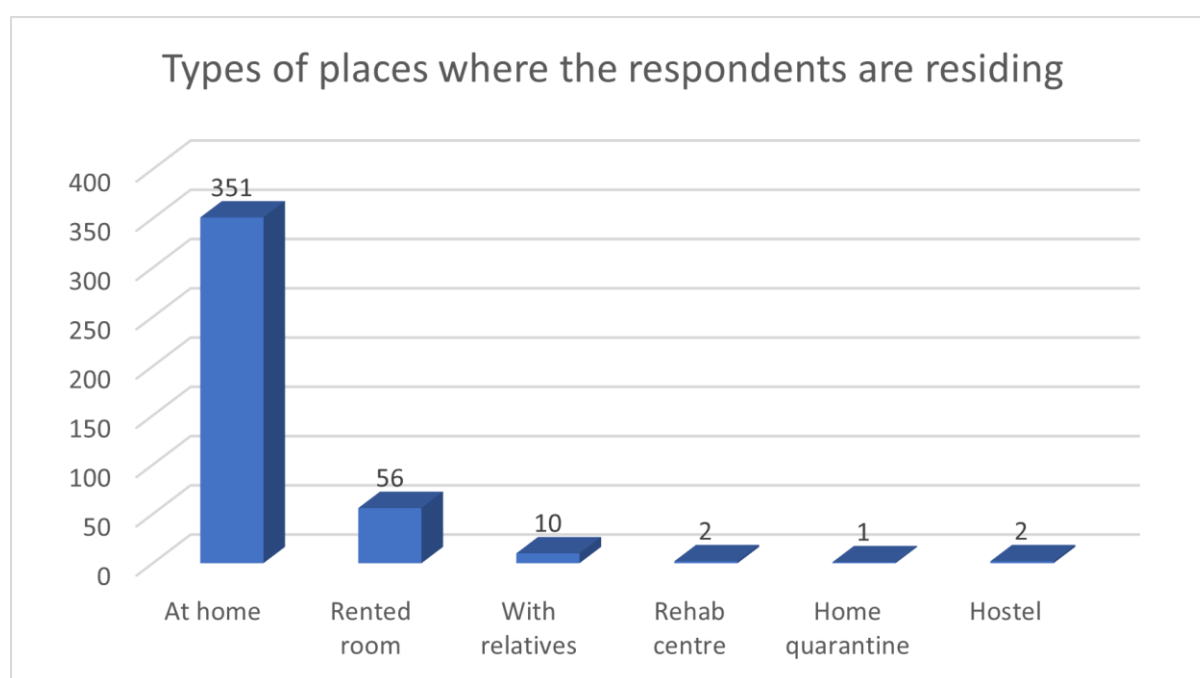
Generally, in the total number of DPOs actively working in disability rights movements in Nepal, the number of organizations working on all types of disability groups is in the leading position. In such organizations, persons with physical disabilities are represented in higher numbers. The number of organizations working with visually impaired, hearing impaired, and intellectual disabilities come in second and third position. Thus, we can see the highest number of respondents from cross-disability organizations. Apart from this, along with the organizations representing visual impairment, hearing impairment, intellectual disabilities, physical disabilities, organizations representing deaf blindness, women with disabilities, haemophilia, autism, psychosocial disability, service providers, and those organizations not formed by persons with disabilities but working on disability rights, were also consulted during the assessment to ensure the variability in the representation.

C. Analysis of the responses from the respondents

1. The place where the respondents are residing

As the first new case of coronavirus appeared in Kathmandu, the government suddenly announced a complete lockdown all over the country on the 23rd of March 2020. It issued strict rules requiring everyone to remain at home. All peoples' mobility and travel opportunities were suddenly taken to a halt, being forced to stay where they were at the time of the announcement. Many people could not return to their homes. Thus, in this Assessment, we asked each respondent about their residency location at the time of the Assessment.

Chart 4: Number of respondents by their current location



Out of 422 respondents, 83.17 percent (351) said they stayed in their own home, while 13.27 percent (56) said they lived in a rented room. 2.37 percent (10) respondents said they stayed with their relatives, and the remaining 1.8 percent said they were staying in a rehabilitation center or hostel. This indicates that almost all respondents were following the stay-at-home rules.

2. Access to COVID-19 related information

2.1. Getting access to information

During any disaster, pandemic, or emergency, information and communication play significant roles in preventing outbreaks, reducing vulnerabilities, implementing preventive measures effectively, and saving lives and property. But information and communication should not only be about detail and authenticity. However, these should also be accessible to all people regardless of their language, culture, religion,

geography, disability, age, sex, economic condition, et al., to ensure that all have proper access to information. Moreover, correct and authentic information on precaution measures is the primary way to protect people from Covid-19. However, people with disabilities and those with hearing impairment, visual impairment, intellectual disabilities, autism, and learning disabilities always face barriers and discriminatory practices in accessing information.

Visually impaired persons need information in braille, accessible text, or audio form, whereas those with hearing disabilities need it in sign language, subtitles, or signs. Persons with intellectual disabilities need information in an easy-to-read form, whereas those with autism needs it more in a pictorial or visual form. Just one or two disseminating information methods are not enough to ensure that all people have access to appropriate information. Each type of information should be made available in appropriate formats. But in our context, most publicly shared information is not accessible to persons with hearing impairment. Information is also not accessible to visually impaired persons and persons with autism and intellectual disabilities. For example, a video's information may lack sign language interpretation, sub-titles, or complete audio narration. Similarly, there may be infographics that are not translated into audio or sign language. The authorities give much information in printed form, but it is not translated into audio or accessible text. These practices create problems and confusion because persons with disabilities cannot access complete information about the ongoing situation or receive clear instructions on protecting themselves against infection. In our Assessment, we have asked all respondents questions to determine the extent of their access to information.

Questions asked to the respondents

- *Do you know that there is a pandemic of COVID-19 or coronavirus 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 undertaking in protecting the people from the outbreak of this virus? (Options with single choice)*
- *Do you know about the measures or rules to be followed in a lockdown situation or prevent virus infection? (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)*

Analysing the responses to the first question, 52.84 percent (223) of respondents replied 'well aware' of the COVID-19 pandemic, whereas 41.23 percent (174) replied 'little aware,' and around 5.92 percent (25) were found to be 'unaware' of COVID-19. This indicates that a significant number of persons with disabilities are not well informed about the COVID-19 pandemic.

The second question relates to information about the lockdown. After analysing the second question's response, 74.14 percent replied 'well aware,' which is good. This result concerns the lockdown information and the lockdown rules to be followed inside the country. The government shared this information massively throughout the country, and the security forces were deployed to implement the lockdown. Most people had heard that there is total lockdown and that everyone must remain at home and follow strict rules relating to movement and social contact. But for persons with disabilities, 21.56 percent replied, 'little aware,' and the remaining 4.30 percent replied 'unaware' of this information.

The third question sought answers about the respondents' knowledge or awareness level of the prescribed measures on staying safe from infection and the government's response to the pandemic. In response to this question, only 50.94 percent answered, 'well aware,' which is less than the ratio of 'well aware' in the first question. Similarly, 42.18 percent replied, 'little aware,' and 6.88 percent replied 'unaware.' In this question, the 'unaware' percentage is higher.

As accurate and current information in emergencies is crucial, the significant number of responses in 'little aware' and 'unaware' segments is a cause for concern and raises further questions – who are the persons who are 'little aware' and 'unaware'? We tried to identify any disability category that the 'little aware' and 'unaware' respondents belong to, and the following figure has been produced.

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

Disability	Q1	Q2	Q3	Total
	Little known + Unknown	Little known + Unknown	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
Haemophilia	8 (44%)	4 (22%)	7 (39%)	18
Multiple disability	16 (76%)	9 (43%)	17 (81%)	21
Total				421

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

Research and empirical data have shown that the more severe someone's impairment, the more he/she is exposed to discrimination and barriers. Therefore, we tried to analyse the degree of severity among respondents who answered, 'little aware' and 'unaware' about COVID-19 related information. This has been possible by checking the disability ID card of those respondents. We found that a majority (60 percent) of them had either a red card or a blue card. In the case of access to information, once again, this finding justifies that the more severe a person's disability, the more barriers they have to navigate through to access information.

The above figures and analysis give rise to the following major key points.

- a) Comparably, 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, and those with multiple impairments have little or no access to COVID-19 related information.
- c) The more severe a person's disability, the more barriers he/she is to overcome to gain access to information.

As the civil society organization leading the disability issues at the local level, the DPOs or other organizations working on disability issues can play essential roles in increasing awareness of the COVID-19 pandemic among persons with disabilities. But before this can happen, the organization should ensure it owns enough information. We asked all the selected DPO leaders or respondents to determine whether they have had adequate information about the COVID-19, measures to be adopted to be protected from infection, and the government initiatives undertaken to combat it. Only 58 (57.42 percent) of leaders were able to say that they have acquired adequate information about it, and 38 (37.62 percent) said that they know very little about it. The remaining five organization leaders said that they don't have any information about COVID-19 or about safety measures to be adopted.

2.2. Medium to take information and level of accessibility.

The government, the private sector, and civil society organizations (CSOs) are disseminating COVID-19 related information to the public. Print media, social media, online news portals, radio, television, phone messaging, and email correspondence are necessary for information dissemination. In this Assessment, we tried to discover how people with disabilities are obtaining the information via different communication channels and if the means of communication or measures adopted for information sharing are accessible to persons with disabilities. For this, we asked the following two questions to all 422 respondents:

1. *How did you get the information?*
2. *Are the means of disseminating information and communication accessible for you?*

In the first question, we gave some key options with multiple choices along with the freedom to add any other means they are using that is not on the 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%

SN	Options	Response
4	Newspaper	36%
5	Social media	0%

Table 5 shows that most respondents get their information from television, while the number of respondents using newspapers for their information is less than by other means. The number of respondents getting their information on COVID-19 from the radio and friends and relatives is also significant. No respondents indicated social media as the key means of information intake about COVID-19. Apart from the choices listed, respondents were also found to get information from police, municipalities, and Nepal Telecom.

In the second question, four options were given. The options are: (a) all are accessible; (b) most of them are accessible; (c) less accessible, and (d) none are accessible.

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 accessible	45.9%
4	None are accessible	14.9%

The data in Table 6 show that the number of respondents who think that 'the information is accessible' is very low (11 percent), and nearly half of all respondents (46 percent) think that the information related to COVID-19 is accessible to a lesser extent for them. 15 percent of respondents think that they are not accessible at all for them. Analyzing the degree of severity of those who think the information is not accessible or is less accessible for them, we found that more than 69 percent are red or blue disability ID cardholders (high degree of severity).

We asked the same types of questions to the DPO leaders and representatives of disability-related organizations to understand their perceptions and experiences of COVID-19 related information from an accessibility point of view. Of 101 respondents, 89 percent believe that the information is less accessible for persons with visual impairment, hearing impairment, intellectual disabilities, psychosocial disabilities, deafblindness, and autism, whereas 7 percent feel that it is entirely inaccessible.

We also wanted to know how far the DPOs have actively worked to disseminate information to their members and groups of persons with disabilities residing in their catchment area. Only 33 respondents were able to say that they have done it well,

while 63 said that they had done it to some extent but not well. Most DPO leaders have also confirmed that they used phone and messaging to share 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, those with visual impairment, hearing impairment, intellectual disabilities, psychosocial disabilities, deafblindness, and autism. The DPOs were also found unable to perform as expected due to the lockdown.

2.3. Knowledge of measures to be taken to stay safe from COVID-19 infection

In the current situation, correct and authentic information about the measures to be taken to protect against COVID-19 and measures to be adopted when exposed to infection is most important. We asked all respondents a question to understand how far they are aware of the measures to be taken to protect themselves against infection. This question was asked with multiple-choice answers and, apart from the listed options, respondents were also given the freedom to share any other measures they were aware of.

It was found that 93.9 percent of respondents know the importance of washing their hands with soap frequently, and 86.4 percent know about the home quarantine necessity. 85.2 percent know that they should use a mask when going outside and talking with others, but only 65.1 percent know about social distancing. 49.4 percent know about the importance of sanitizer use, and 75.6 percent understand that they should not go into crowded areas, but only 44 percent know that they have to inform the nearby health institutes if they suspect that they have any symptoms of infection. Only 53.4 percent know that they have to cover their nose and mouth with their hands, elbow, or tissue paper while sneezing or coughing. These findings suggest that people with disabilities are not equally aware of each safety measure. They know a good deal about some measures but little about others. This might be due to the lack of information and awareness materials in accessible formats and/or lack of information dissemination.

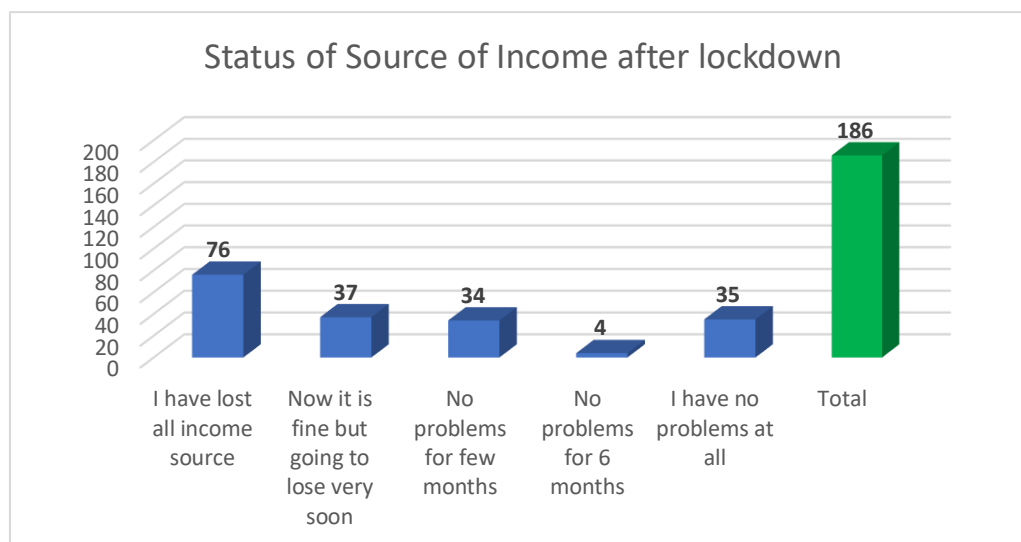
3. Impact of lockdown on the income of people with disabilities

The lockdown has suddenly detached or terminated many people from their regular source of income. It is mainly those dependent on daily wage labor or small shops that have lost their income. The lockdown's uncertainty has also given many people fear of losing income in the near future. In this Assessment, we have asked questions to better understand income sources' status after the lockdown and the respondents' perception of the future.

Responding to the question, 'Do you have any job or source of income?' 186 (44.07 percent), with 110 male, 75 female, and one LGBTQ from 422 respondents, were engaged in some kind of income-generating work. Respondents with a job or other

income source are further asked to describe the status of their source of income after the lockdown by being given some options with a single choice. The results are presented in Chart 5.

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



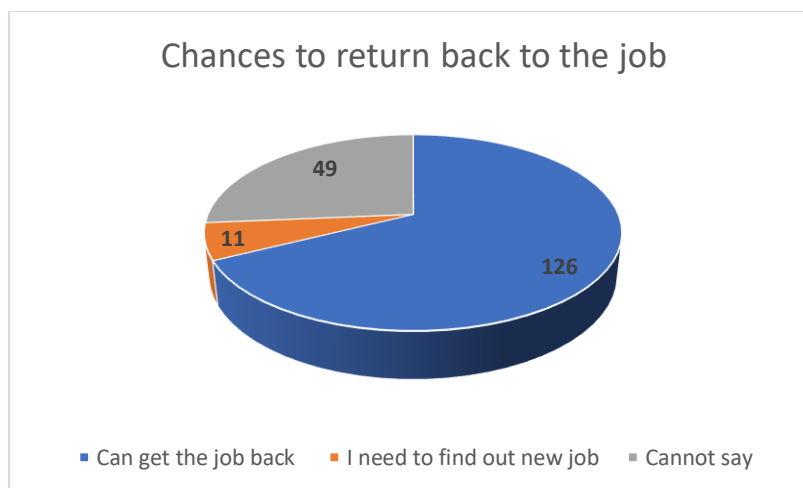
The above chart shows that 40.08 percent of respondents have lost their income source after lockdown, and 19.89 percent think that they will lose it in the near future. Only 18.81 percent of respondents stated that they do not have any problems with income at present. From the 186 respondents, 18.27 percent have no income problems for a few upcoming months, and around 2.15 percent think they won't have any problems even if the lockdown continues for up to six months.

Based on the above discussion, we can conclude that a significant number of people with disabilities have lost their income due to lockdown. They require an immediate response from the government or concerned stakeholders. The number of those who will lose their income in the near future or those who can only sustain themselves for a few months is also alarming.

We also checked the gender ratio of respondents who have lost their job due to the lockdown. Of 76 respondents who have lost their job, 48.68 percent are female, and 51.32 percent are male.

We also tried to gauge respondents' perceptions of the possibility of returning to any job or income-generating work after the lockdown. We asked the question, '*What is the possibility to return to the job/income source?*'. The responses are presented below.

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



Most respondents (67.74 percent) are confident that they will get their job back after the lockdown is over, while 26.34 percent are unsure. 6.02 percent think that they have to find a new job after the lockdown is over.

4. Situation of stock of food and other necessary items

All markets and offices have been closed by the lockdown. People have had to stock food and necessary non-food items for day-to-day consumption. Persons with disabilities experience many problems in managing food and other necessary items in emergency times due to their functional limitations and environmental barriers. In this Assessment, we tried to gather information on the extent to which they can manage their stock and the problems they have faced in connection to it. We asked a question with different five options giving single choice criteria – *'Have you managed food and non-food items for the period of lockdown? If yes, for how long?'* The responses are as follows:

Table7: Number of respondents by the level of stock of daily needs items

Options	Number	%
I don't have any problem	41	9.72
I have only for a few days	114	27.01
I have only for a couple of weeks	116	27.49
I have for a few months	118	27.96
I have nothing	33	7.82
Total	422	100

The table shows that 7.82 percent currently have no stock of food in addition to some basic non-food items, which is a quite alarming finding. 27.01 percent have supplies only for few days, and 27.49 percent have stock for a couple of weeks, which means that 54.5 percent will be threatened by food insecurity and a scarcity of essential non-

food items in the near future. These issues can be taken as critical because it is particularly challenging for persons with disabilities to secure such items during the lockdown as there is a lack of transportation, no permission for free movement, markets being closed, and environmental barriers restricting the normal mobility of a person.

We asked all respondents a supplementary question – "What are your immediate needs?" in an attempt to better understand their immediate requirements. We provided options with multiple-choice criteria. The responses are presented below.

Table 8: Number of respondents by their immediate needs

SN	Item Need	Number	%
1	Food	208	50.6%
2	Medicine and treatment	143	34.8%
3	Psychosocial Counselling	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 table clearly indicates that food items are in high demand, followed by the health and hygiene materials and medical treatment in second and third positions, respectively. The demand for psychosocial counselling seemed small (7.1 percent), but it alerts about the mental health situation of people with disabilities. This should be taken seriously. Apart from this, persons with disabilities also need assistive devices and assistance services.

5. Situation of health services that persons with disabilities need on a regular basis

Many persons with disabilities use health services such as therapeutic services, medication, counseling, or assistive devices and equipment because of their impairments. The lockdown has interrupted many such services, or people may have had problems obtaining services when needed. People living with some forms of impairments, such as hemophilia and epilepsy, need regular medications without finding themselves in life-threatening situations. Persons living with spinal cord injury, intellectual disabilities, and psychosocial disabilities need regular medication supplies. In Nepal, there is a current lack of medicine called 'Factor VIII,' used by persons with

hemophilia to control internal and external bleeding. There have been media reports about severe health problems due to the scarcity of 'Factor VIII' for persons with hemophilia.

We asked all respondents, *"Are you using any of the listed medical/health services because of your impairment?"* with a list of services to determine how many persons with disabilities are using those services regularly. Of the 422 respondents, 164 (38.36 percent) were found using some kind of health services, medicine, or assistive devices. Most are taking medicine, and some are using psychosocial counseling and therapeutic services. However, our purpose in this section was to know how far the lockdown has interrupted their regular services and the situation's seriousness. We asked– *"Are you getting the services regularly, even in the situation of lockdown?"* The responses are presented below.

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

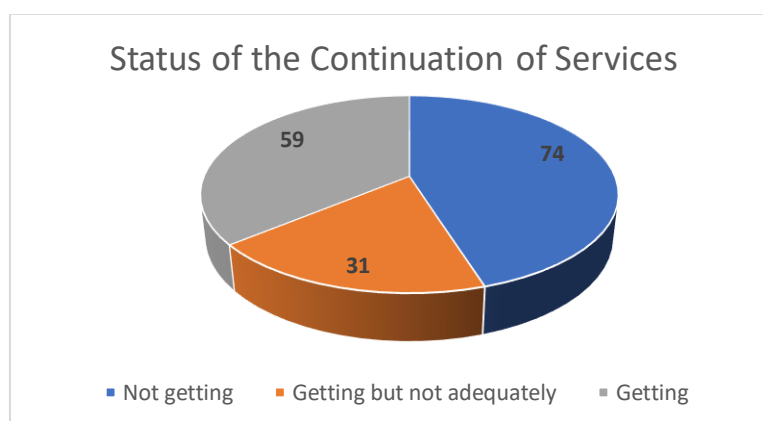


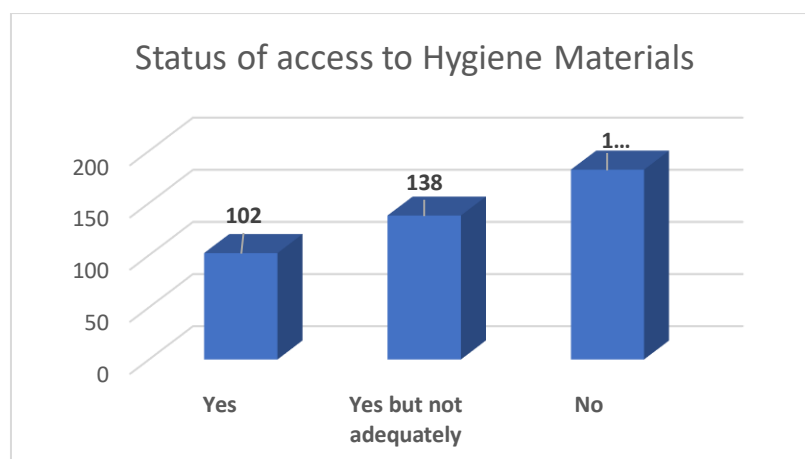
Chart 7 shows that only 18.90 percent are receiving services during the lockdown as before, whereas the services of 45.12 percent of respondents have been interrupted by the lockdown, and 35.97 percent are not receiving adequate services. This situation demands an immediate response to ensure that such essential services are not further interrupted.

6. Access to relief package and hygiene material

Research and studies have claimed that people with disabilities are always left behind in relief distribution, medical treatment, and other humanitarian services during a disaster or humanitarian emergency. In the COVID-19 pandemic, hygiene materials such as soap, masks, and sanitizer are among the most essential requirements. Each household and person has to ensure that they have secured these materials and are using them correctly.

We asked, *"Have you received the hygiene materials such as masks, sanitizer to be used to stay safe from the infection of the virus?"* giving three options. The responses are presented below.

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



This chart shows that less than one-third of 102 (24.17 percent) of people have received hygiene materials. Nearly one-third, or 138 people, have received them inadequately, whereas 182 people, or 43.13 percent, have not received them at all. If we observed the degree of severity of those in the "not received at all" category, most (67.03 percent) would represent a high degree of severity, i.e., red or blue ID cardholders. This further underlines that those with a high degree of severity have low access to services.

Relief materials may not be necessary for everyone. People facing an extreme crisis due to the lack of basic food or non-food items and those who are in urgent need of health services are eligible for relief materials. This principle is equally applied also in the case of persons with disabilities. In the case of the COVID-19 pandemic and lockdown, many people with disabilities or their parents or other breadwinners might have lost their job or regular income sources, which might have created a crisis for their day-to-day survival. People with disabilities are eligible for relief packages. In this Assessment, we tried to explore how far people with disabilities, those in need, have access to relief and hygiene materials on an equal basis and without discrimination.

Along with other humanitarian and CSOs, the government is distributing relief packages of food and medicine for those in need due to the strict lockdown. Relief packages are generally distributed through local municipalities. In a context where many people have lost income, relief packages are needed to cope with the lockdown, and all people should have equal access to this relief effort. In this section, we tried to explore how far the people with disabilities who are in need have actual access to relief packages. We asked all respondents if the relief package is being distributed or not in their locality. 300 (71 percent) said that the relief packages are being distributed in their municipality, while 81 persons, or 19.19 percent, said no relief distribution programme had been carried out in their municipality. Only 41, or 9.71 percent, said that they don't know.

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

There were 205 female respondents. Analyzing the data by gender, of the female respondents, 140 (68.29 percent) confirmed that relief is being distributed in their municipalities. Of those, 140 (40.71 percent) female respondents said they don't need any relief package at the moment, which means 59.29 percent (83) do need them. Of those that do need them, 56.62 percent were not receiving relief packages.

The total number of male respondents is 216. Of these, 159 confirmed that relief packages are being distributed in their municipalities, and 61 (38.36 percent) confirmed that they don't need any relief package at the moment. Out of the total number (98) of male respondents in need, 61.22 percent do not receive the relief packages. One respondent with disabilities from the LGBTQ group does not need a relief package at the moment.

DPOs are one of the primary sources for data collecting on how far persons with disabilities in need have access to relief package. We asked a question to all organization respondents to confirm whether the relief package is being distributed in their catchment area or not. 77 out of 101 said, "Yes," 20 said, "No," and four said, "Don't know." We also asked those who said "Yes" if persons with disabilities who are in need have received the relief package or not. 10 DPO leaders responded that persons with disabilities had not received any relief package, whereas 24 respondents confirmed that they had received the relief package. 33 respondents said that people with disabilities are getting relief packages. That is inadequate. The remaining 34 respondents said that they did not know.

7. Problems that persons with disabilities are facing during the lockdown

DPOs are the key informant for reliable information about the problems, grievances, and barriers of persons with disabilities at the grass-root level. We asked all DPO leaders to describe the problems that persons with disabilities face at the local level due to the lockdown and COVID-19 pandemic. On average, 50 percent to 65 percent of DPOs answered as follows:

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 deaf people are not able to take the support of a sign-language interpreter.*

DPOs are also known as the local platform for people with disabilities to register complaints. We asked all respondents from the organizations whether there are any complaints from persons registered in DPOs. 72 (71.28 percent) said, "Yes," and only 29 (28.72 percent) said, "No." We also asked about the types of complaints. These 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 regularly	37.8%
5	Not having information	16.2%
6	Have scared and mental stress	21.6%
7	Have faced abuse and violence	4.1%

A DPO is also expected to help solve the problems of persons with disabilities locally by providing referral services, doing advocacy with government, and establishing coordination and networking with other relevant stakeholders. In this context, we asked all DPO leaders how far they are actively engaged in advocating and coordinating with the local government to get the problems of persons with disabilities addressed. 83 percent of DPOs were found to have engaged in some way in advocacy and coordination to address the issues raised by persons with disabilities. But 25 percent of DPO leaders said that they are not heard at all by the local government. 10 DPO leaders said that local governments hear them, and the issues are addressed, while 66 DPO leaders said that they are little heard and that the issues are not adequately addressed.

8. Status of violence and abuse during the lockdown

Media reports and studies focusing on the issues related to abuse and violence have shown that the violence against women, children, and persons with disabilities has increased globally. In Nepal, a recent publication referring to data collected by the Women Rehabilitation Centre (WOREC) reported that 128 cases of violence against women were recorded during the lockdown.³ Persons with disabilities are most likely to be vulnerable in such a situation. In this Assessment, we asked if respondents had experienced any forms of violence, abuse, or discrimination during the lockdown. 13 (3.08 percent) said they face some forms of violence or abuse. Of those, six are male, and seven are female. Speaking about the types of violence they are facing, two respondents said they experienced mental torture, and 11 said they face abuse, disrespect, and insults.

9. Status of mental health

The lockdown and COVID-19 pandemic have not only created great fear in people, but they have also stopped all social and economic activities. Most people are contained inside their homes, and many have lost their income source. Nobody knows when this pandemic will end. This situation increases anxiety and stress in people. However, in this Assessment, we have not assessed people with disabilities' mental health in-depth but have tried to explore some basic facts about the mental health situation. 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

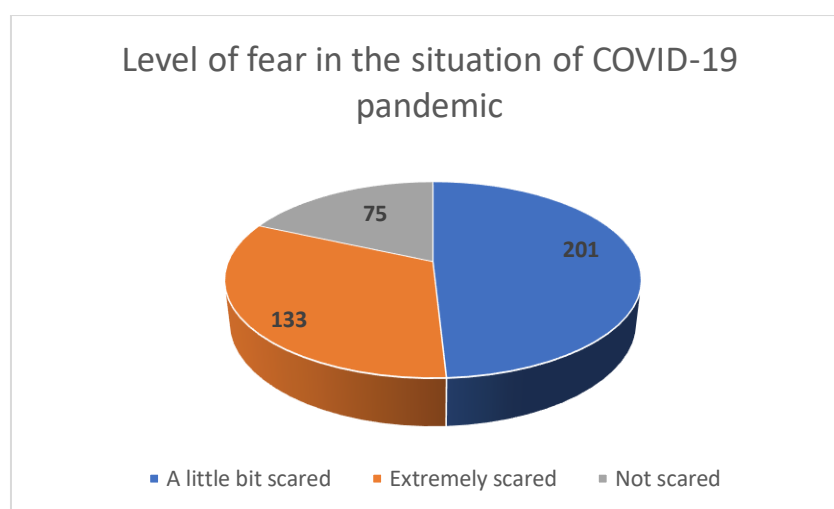


Chart 9 clearly shows that nearly half (47.63 percent) of respondents are a little scared, and 31.51 percent are extremely scared. Only 17.77 percent of respondents say that they are not scared at all. This indicates that 79.13 percent live with some kind of fear,

³ Cloud Partika, Baisakh 16, 2077, cloudpatrika.com

which is significant, while the extremely scared people require immediate support. In the 'extremely scared' group, 60.15 percent are female, and 39.85 percent are male.

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

Covid-19 can infect anyone since it is an infectious disease that does not care about the race, age group, caste, gender, ethnicity, disability, community, or economic condition. Thus, the places made or managed for quarantine and isolation should be accessible and friendly for all, including persons with different forms of impairment and disabilities. The places and facilities should be at least accessible for wheelchair users, the visually impaired, deaf and hard of hearing, those with intellectual disabilities, autism, and other forms of impairment to ensure that they are not left behind and are provided all required facilities and treatments on an equal basis and without discrimination.

The government has made many such places in different parts of the country where many people have been kept. Because of the lockdown, NFDN cannot monitor the places directly to observe physical accessibility status. So, we tried to gather information on accessibility from respondents representing DPOs and other organizations. We asked all respondents to confirm whether the government or any other stakeholders have made or managed any places to keep people in quarantine or isolation in their catchment area. 84 (83.16 percent) of respondents confirmed that there are such places in their area, nine (8.91 percent) DPO leaders said there is no such place, and eight (7.92 percent) of respondents said that they did not know.

Those 84 respondents that confirmed that such places had been made or managed in their areas were then asked whether such places are accessible for persons with disabilities. 10 (11.90 percent) said that the places are accessible, but 50 (59.52 percent) said that they are not accessible at all. The remaining 24 (28.57 percent) of respondents said that they did not know. This figure indicates 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 in the unprecedented situation of the COVID-19 pandemic and associated lockdown, persons with disabilities face many problems and barriers. Their condition seemed to be more vulnerable, and they are being left behind in regular services, receipt of information, relief packages, health facilities, and more. Persons with disabilities are also found to have been exposed to violence and abuse and are likely to suffer more mental health problems due to the growing fear of the pandemic and the continued impacts of lockdown. The information related to COVID-19, hygiene materials, some critical medicine (such as 'Factor VIII,' which is a crucial need for persons with haemophilia), and relief packages are emergent issues that should be addressed at the local level. Persons with disabilities are not only left behind in the provision of services, but many have also lost their source of income. This is a critical issue that the government and other stakeholders need to consider in their future planning.

Key Recommendations:

1. Correct and authentic information is important in the fight against the pandemic. No one should be left behind from any type of COVID-19-related information. However, a significant number of persons with disabilities cannot access COVID-related information. The government and all institutions and agencies working on COVID-19 responses should produce and disseminate all COVID-19-related information in accessible and inclusive ways, such as sign language, audio, braille, captioning, and accessible text, pictorial form, easy-to-read versions, and other formats. They have to produce awareness materials and messages in close collaboration with the organizations representing persons with disabilities.
2. The lockdown has unexpectedly detached many persons with disabilities from their livelihoods, and many are likely to lose their source of income in the near future. The government and organizations planning livelihood support for COVID-19-affected people should make their livelihood programmes disability-inclusive, and persons with disabilities should be made a high priority.
3. The suddenly enforced lockdown has deprived persons with disabilities from essential services, regular health care, medicine, counseling, health materials, hygiene materials, and regular therapy. The absence of such services poses a serious threat to their health and life. Thus, the Ministry of Health and Population and all relevant organizations working in health sectors should take these issues seriously and plan to supply such services urgently. Persons with spinal cord injuries, hemophilia, intellectual disabilities, psychosocial disabilities, epilepsy, and persons having severe physical impairments are among the most vulnerable.

4. The data show that many people with disabilities are in need of relief packages. Most of those deprived of relief packages fall in the category of 'Complete Disability' and 'Severe Disability,' and it is particularly difficult for them to travel to the place where relief is distributed. The government and organizations working in relief distribution should plan to supply relief packages to persons with disabilities at their home. For this, the Disabled Peoples' Organizations and service providers should provide support and coordination.
5. Abuse and violence against women, children, and persons with disabilities have increased during the lockdown. Women with disabilities are at a very high risk of multiple forms of violence and abuse. Children and persons with disabilities are most likely to be exposed to discriminatory practices, such as isolation, abandonment, and physical torture. The local police, human rights organizations, municipality justice committees, and women's rights organizations should be in a state of high alert. Accessible complaint registration and immediate response mechanism should be established.
6. The global pandemic and associated lockdown have created a deep fear in the minds of people with disabilities. Their levels of stress seem to have increased. The data show a significant number of extremely scared people. These persons require immediate psychosocial support. The Ministry of Health, in cooperation with the organizations working for mental health and psychosocial issues, should promote and start to provide psychosocial counselling in inclusive and accessible ways so that all types of persons with disabilities can make use of those services.
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 to persons with disabilities – and particularly to wheelchair users, the visually impaired, deaf and hard of hearing, and persons with intellectual disabilities, autism and psychosocial disabilities. The government and relevant agencies should review their work and make the necessary correction. The local Disabled Peoples' Organizations and disability rights activists/experts should publicize these issues and advocate for support to make such places accessible and inclusive.
8. The government should provide orientation or training to staff and volunteers serving in quarantine and isolation wards on how persons with disabilities should be cared for with the minimum requirements to be ensured while giving services to people with disabilities in quarantine and isolation.
9. If persons with disabilities contract Covid-19, they should not be discriminated against or receive lower priority in treatment and the provision of facilities and support during treatment. They should not be deprived of access to special

facilities or services they deserve because of their impairment. These include assistive devices, assistant, sign language interpreters, and more. Health personnel working on COVID-19 response should be adequately and appropriately oriented and trained by the government on how persons with disabilities should be treated and cared for during treatment, plus minimum requirements should be ensured while treating persons with disabilities.