

As of 23rd April, Nepal has reported 48 confirmed cases of COVID-19. On 14th April, the Government of Nepal has extended a nationwide lockdown, which started on March 24th, until April 27th. The COVID-19 situation is an unprecedented health crisis, in Nepal and globally. It also exacerbates social inequalities, with a multiplied negative impact on the most vulnerable, including persons with disabilities. Persons suffering from specific health conditions, chronic diseases and older persons, amongst them persons with some type of disabilities, are at higher risk of contracting and developing severe cases of COVID-19, as this infection exacerbates existing health conditions. They are also at higher risks of being discriminated against when seeking care and support, and at higher risks of isolation.

The Rapid Need Assessment (RNA)¹ survey conducted by Handicap International shows that **persons with disabilities face significant barriers to protect themselves and their family from the COVID-19 and its broader impacts:** access to accessible information, access to COVID-19 protective equipment and specific sanitary/hygiene materials, continuity of and access to healthcare services, interruption of caregivers' services and social support, food insecurity and loss of livelihood. **The needs are urgent,**

and these needs have not been addressed yet, creating a risk for people with disabilities to be left behind from the response to the current crisis.

The Government of Nepal has encouraged local governments to address the needs of vulnerable groups including persons with disabilities, older persons in this crisis situation. Indeed, as highlighted by the National Federation of Disabled of Nepal in its appeal of March 22nd, **additional protective and specific measures must be taken along with additional social protection measures and cash transfer for persons with disabilities.** At local level, safe access for persons with disabilities to the relief package (cash or food), during the lockdown period, is essential.

During the Rapid Need Assessment (RNA), 686 individual respondents with different types of disability, and a variety of age, gender and location were surveyed. The sample consisted of 44% of women and girls, 78% respondents aged 18-59 years, 17% of children. Looking at households' size, the RNA reached 3,952 members of households. Data was collected from 14 districts across Nepal, including urban and rural contexts. For 39%, the caretaker responded on their behalf of the person with disabilities who could not be interviewed directly.

QUICK FACTS

Among persons with disabilities surveyed in Nepal:

- Only 78% mentioned having understood the messages on protection and safety measures for COVID-19 received. 2/3 mentioned that they received messages through friends and family (67%), radio (66%), mobile messages/SMS/ringtone (63%) and TV (54%).
- 48% responded having masks and soaps stocked and available for next two weeks, however, 49% do not have any stocks.
- Almost 40% have mentioned the needs for specific sanitary/hygiene materials (sanitary pads, catheter, adult diapers for people who are suffering from spinal cord injury).
- 50% of the respondents expressed needing caregivers to support them in their daily activities. In that sample, caregivers are almost always a family member.
- 32% mentioned that services usually provided by caregivers had to stop because of the lockdown. In 50% of the cases, caregivers could not be replaced which means that persons with disabilities are at risks of having very important services interrupted indefinitely.
- 29% responded having felt hopelessness/nervousness/ anxiety/sleeping difficulties/physical reactions in the previous week, due to the COVID-19 pandemic and the lockdown situation.
- Only 2% of the respondents mentioned that there are health programs and actions from local government for persons with disabilities. 52% have no idea about the existence of such programs while 46% mentioned that there are not yet such actions from local government yet.
- The lockdown has negatively affected 76% of the respondents' family income, 49% in personal income while 27% have seen an interruption in medical and assistive devices' services, 17% mention interruption of therapeutic services.
- More than 40% have reported facing challenging situation with regards to food security. Among them, 35% are coping by reducing the number and quantity of meals, 37% have resorted to low-priced meals while 44% are borrowing money from relatives and friends. Only 5% of the respondents are coping by the support from local municipalities, consuming stored food and spending from their savings.
- 78% do not have access to information about the relief packages distribution by the government and NGOs, among them will be most vulnerable groups.

1. For the full Rapid Needs Assessment, please contact w.bergogne@hi.org.

Birendra's testimony

Birendra, a 12 year old from Nuwakot, has been diagnosed with cerebral palsy and referred to HI a year ago. At that time, he lived with his mother and brother in a thatched hut.

Birendra's mother Bimala, had a voice impairment and was the sole income-earner of the family. As a daily laborer, she was working on farms and in construction sites. With HI and partner's support, he acquired a red disability card, opening right to receive disability allowance from the government. Additionally, he

was enrolled in a school for children with intellectual disabilities, where he received free lodging and food, which had reduced the financial pressure on his mother.

Now, the schools are shut, Birendra had to come home and his mother cannot go out to earn a living. His impairment doesn't allow him to understand the current pandemic and the situation that it has created. The lack of money creates an immense pressure for Birendra's mother. Birendra's sanitation and hygiene has become a secondary priority, as his mother's only concern is to provide food for the family.

Recommendations

Our key recommendations towards local and national government, donor and humanitarian stakeholders to ensure effective, inclusive and principled response to COVID-19 in Nepal:

Communication and awareness

- Scale up the awareness campaign on COVID-19 prevention, advised precautions and other important messages, especially for red card holders, who are facing the most acute challenges to access information, and should be targeted by specific communication. Ensure messages are easily understandable by everyone, delivered in different formats and different local languages.
- Share inclusive information through a diversity of accessible formats with use of accessible technologies. TV and Radio seems to be an efficient media to convey prevention messages, efforts should also be pursued in terms of digital volunteering in order to reach out to a maximum of people...
- Ensure that persons with disabilities know exactly who to contact in order to have reliable information about COVID-19. Information on public phone numbers to call (hotline) or phone numbers of OPDs should be shared with persons with disabilities, and also be known by ward and municipality levels stakeholders.

Prevention

- Ensure persons with disabilities, caregivers and personal assistants have access to stocks of hygiene materials and protective equipment and are adequately informed on prevention measures. Specific efforts should be made to reach out to women and girls to ensure that their concerns are addressed in the messaging and that they have access to protective equipment.
- Communicate on the importance of the appropriate use of the protective equipment, namely masks. Masks of bad quality or not changed regularly could expose persons with disabilities to unnecessary risks. Messages should also concentrate on "how to effectively and regularly wash hands" and awareness on other precaution messages should be reinforced, especially regarding the regular cleaning/maintenance of assistive and mobility devices.

Health, mental health and psychosocial support

- As much as possible and as safety allows, ensure health services for persons with disabilities continue to operate and is adapted to the spread of the virus. In case of disruption, alternative solutions should be developed and considered to ensure continuity (tele-rehabilitation for example to address rehabilitation needs of persons with disabilities). Information on the availability of these services should be shared as widely as possible.
- Personal assistants, caregivers and health care personnel should not be subject to travel restrictions and containment, and be provided with specific passes in order to continue providing essential services to persons with disabilities.
- Ensure persons with disabilities and their caregivers are aware of and have access to Mental Health and Psychosocial support (MHPSS) support with trained professionals, through hotline phone numbers, to address their anxiety, sleeping disorders, stress created by the inability to fulfill role as breadwinner due to the lockdown, and potential violence or abuse.
- Make sure that health staff, especially staff dedicated to the pandemic, is aware of the different referral possibilities, including MHPSS support, specialized organization/psychologist (TPO) and sexual and reproductive health care services, notably for gender-based violence survivors.

Food security & relief distribution

- Ensure that the resilience and protection of the most vulnerable against the economic shock is a priority. In terms of income, it could be interesting for Nepal to follow the example of India where three months of "disability allowance" were given in advance in order for persons with disabilities to be able to cope with the negative effect of a reduced livelihood. This should be complemented with protective measures and support services to ensure that the most vulnerable have access to inclusive social protection mechanisms.
- Ensure that relief packages are provided, be it in the forms of food distribution or cash (if markets and availability of essential items allows it) and ensure that persons with disabilities are aware of ongoing efforts being implemented at municipality level.