

# Impact of COVID-19 on Women with Disabilities, Efforts and Further Needful Actions in Nepal

## POLICY BRIEF

# **A policy brief on Impact of COVID19 on women with disabilities, efforts and further needful actions in Nepal**

**Developed by Prayatna Nepal**

**Lead consultant Mr. Binod Basnet**

**Peer reviewers: Mr. Bimal Paudel & Ms. Nira Adhikari**

## **Acknowledgements**

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Prayatna Nepal is a self-help organization working for empowering the living conditions of women and girls with visual impairments. The organization is established by the composition of both women with and without visual impairments. Among the seven board members, five of them (71%) are with visual impairments where the organization is led by totally blind women as the President. The idea of inclusion of women with and without disabilities in the organization is to make equal efforts from every individual with better understanding in improving the social, cultural, economic and political life of women with visual impairments. The moto of Prayatna Nepal is 'no things without us.' By following this moto Prayatna Nepal has always advocated on right base approach rather than welfare approach.

Prayatna Nepal empowers visually impaired women to take their lives in their own hand.

**This organization empowers visually impaired women in five major areas:**

- 1) Daily living skills,
- 2) Self-Sustainability,
- 3) Strength,
- 4 sexuality
- 5 disaster risk management

The organization conducts awareness program to create employment opportunities and raises the concurrent issues of visually impaired women.

In this regards, Prayatna Nepal has developed the policy brief on **Impact of COVID-19 on women with disabilities, efforts and further needful actions in Nepal**. This policy brief has been developed through work and support of many individuals. we would like to acknowledge everyone. Firstly Mr. Binod Basnet lead consultant of this policy brief. Our thanks goes to MR. Bimal Paudel who supported us since the conception of the policy brief idea until the peer review and document finalization process. As well as MS. Neera Adhikari for peer review on this policy brief. Our acknowledgement also goes to participants of policy brief consultation meeting with organization of person with disabilities who provided feedback for recommendation part. This policy brief is aimed not just for policymakers but all the enthusiasts willing to make a change for better society. We hope this document will be imperative for developing inclusive practices for women with disabilities in COVID response and any other unforeseen crisis.

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Sarita Lamichhane, founder/ Chairperson

## Key Points

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- Disability is an evolving concept and the paradigm has shifted from disability being medical implication to social and furthermore to right-based implication.
- The major barriers that make women with disabilities most vulnerable in society are lack of adequate policies and their effective implementation, negative attitude of people towards women with disabilities, inaccessible environment and lack of their meaningful participation in policy decisions.
- There are various national policies for women with disabilities in Nepal but they are neither enough nor effectively implemented.
- Women and girls with disability are likely to experience “double or triple discrimination”, which includes gender-based violence, abuse and marginalization. As a result, women with disability often face additional disadvantages when compared with men with disability and women without disability
- When we look at various studies of COVID-19 effects, it can be expected that this pandemic will have hardest impact on the lives of most vulnerable population and that certainly includes persons with disabilities and more specifically women and girls within that group.
- Pre-existing health conditions of women with disabilities makes them more susceptible to being infected with coronavirus.
- The immediate risk faced by women with disabilities during COVID-19 pandemic are increased vulnerability, higher risk for infection, social isolation and economic insecurity, heightened psychosocial trauma, prone to abuse and violence and adaptational delay in the ‘new normal’.
- The major impact of COVID-19 for women with disabilities is felt upon health and nutrition, WASH, education, livelihood and social protection.
- The role of government, sectorial heads, Organizations of Persons with Disabilities (OPDs), development partners and donors are most crucial in safeguarding the minimum rights and entitlements for women with disabilities in COVID-19 response.
- The immediate consideration for women with disabilities in COVID-19 response are:
  - **Making information of COVID-19 response accessible to diverse needs of women with disabilities regardless of their impairment types, age, education status, and so on.**
  - **Inclusive application complying the web accessibility guidelines by online public service providers like e-commerce vendors, online banking services and media portals.**
  - **Protection measures of COVID-19 response to be specific to the diverse needs of women with disabilities.**
  - **Mass awareness about disabilities and provision of training for personnel involved in response to provide inclusive service. Make convenient medium to report discrimination and violence and immediate response mechanism to such issues.**
  - **Regular and specific medical care during COVID-19 should be made accessible for women with disabilities. Furthermore, quarantine facility with its service must be accessible, inclusive and safe.**

- All restriction measures imposed by local or central government should contain the necessary considerations made for women with disabilities by actively involving OPDs while taking such decisions.
- OPDs should proactively engage in awareness and advocacy of inclusive COVID-19 response strategy for women with disabilities along with keeping track of GBV and disability related discrimination that may occur during the period.
- The long-term considerations for women with disabilities for any unforeseeable crisis are as follows
  - It is imperative for all stakeholders and society to understand the right-based approach of disability and how the barriers created can be bridged or eliminated in lieu of locating problems at individual level.
  - The national data on disability needs to be more precise with clear disaggregation so the service delivery, relief packages and social security packages reach out to all needy women with disabilities without leaving anyone behind. More research in understanding and developing strategies to remove barriers should locally be conducted.
  - Internet and technology have become part of many people's lives but digital accessibility is still a big issue. Web Content Accessibility Guidelines (WCAG) must be adhered by all online service providers.
  - Policies and programs that are solely dedicated to empower women with disabilities to restore social and economic independence should be implemented. Mainstreaming women with disabilities by involving them in all activities together with others is the first step of empowering women with disabilities.
  - All personnel who are involved in providing public service to general people should be well trained on inclusive practice.
  - Investments on policies, strategies, infrastructure and technologies ought largely to be increased that promote and create enabling environment.
- Every crisis requires slightly tailored implementation of policies, programs and stakeholder's intervention. But the most important part is being resilient in any disaster situation with effective mitigation strategy, proper preparedness, proactive response and sustainable recovery. When we have learned to make all 4 of these phases inclusive, there will be no need for special consideration of persons with disabilities along with women with disabilities in any crisis. That is the goal we ought to attain.

## Table of Contents

<b>Acknowledgements .....</b>	<b>1</b>
<b>Key Points .....</b>	<b>2</b>
<b>Table of Contents .....</b>	<b>4</b>
<b>Abbreviations .....</b>	<b>6</b>
<b>The Context .....</b>	<b>7</b>
<b>Understanding Disability .....</b>	<b>8</b>
<i>Persons with disabilities according to the problem and difficulty in any organ or system of the body: .....</i>	<i>8</i>
<i>Person with disability on the basis of severity.....</i>	<i>8</i>
<i>The Disabling Barriers .....</i>	<i>9</i>
<b>National Policies for Disabilities in Nepal.....</b>	<b>9</b>
<b>COVID-19 And Prominent Issue of disability.....</b>	<b>10</b>
<b>COVID-19 Impact on Persons with Disabilities.....</b>	<b>12</b>
<i>COVID-19 impact on Girls and Women with Disabilities.....</i>	<i>13</i>
<b>Methodology .....</b>	<b>14</b>
<b>Considering Rights of Women with Disabilities in Crisis Response .....</b>	<b>14</b>
<b>Ensuring Rights of Women with Disabilities During COVID-19 Response.....</b>	<b>16</b>
<i>Education .....</i>	<i>17</i>
<i>Health, Sanitation and Nutrition.....</i>	<i>17</i>
<i>Livelihood .....</i>	<i>19</i>
<i>Social Protection.....</i>	<i>19</i>
<b>Sectorial Responsibilities.....</b>	<b>21</b>
<i>Government.....</i>	<i>21</i>
<i>Sectoral Heads .....</i>	<i>21</i>
<i>OPDs.....</i>	<i>21</i>
<i>Donors and Development Partners .....</i>	<i>22</i>
<b>Recommendations .....</b>	<b>22</b>

<i>Immediate Consideration</i> .....	22
<i>Long Term Consideration</i> .....	25
<b>Conclusion</b> .....	27
<b>References</b> .....	28

## Abbreviations

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CBS	:	Central Bureau of Statistics
CCMC	:	COVID-19 Crisis Management Centers
COVID	:	Corona Virus Disease
CRPD	:	Convention on the Rights of Persons with Disabilities
DDR	:	Disaster Risk Reduction
EFA	:	Education for All
GBV	:	Gender Based Violence
HSERP	:	Health Sector Emergency Response Plan
I2i	:	Innovation to Inclusion
IDA	:	International Disability Alliance
IIDS	:	Institute for Integrated Development Studies
ISAC	:	Inter-Agency Standing Committee
MDG	:	Millennium Development Goals
MoCIT	:	Ministry of Communication and Technology
MoE	:	Ministry of Education
MoHP	:	Ministry of Health and Population
NDWA	:	Nepal Disabled Women Association
NFD-N	:	National Federation of the Disabled Nepal
NHSS	:	Nepal Health Sector Strategy
NIDWAN	:	National Indigenous Disabled Women Association in Nepal
NPC	:	National Planning Commission
NPRP	:	COVID-19 Nepal Preparedness and Response Plan
OPDs	:	Organizations of Persons with Disabilities
OSCMC	:	One Stop Crisis Management Centers
PPE	:	Personal Protective Equipment
SARS-CoV-2	:	Severe Acute Respiratory Syndrome Coronavirus 2
SDG	:	Sustainable Development Goals
SOP	:	Standard Operating Procedure
SSDP	:	School Sector Development Plan
SSRP	:	School Sector Reform Plan
TV	:	Television
UN	:	United Nations
UN-ESCAP	:	United Nations Economic and Social Commission for Asia and the Pacific
UN-OHCHR	:	United Nations High Commission for Human Rights
UNISDR	:	United Nations Office for Disaster Risk Reduction
USAID	:	United States Agency for International Development
VAW/G	:	Violence Against Women and Girls
WHO	:	World Health Organization
WCAG	:	Web Content Accessibility Guidelines
W3C	:	World Wide Web Consortium
WAI	:	Web Accessibility Initiative

## The Context

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In December 2019, first human case of Corona Virus Disease (COVID-19) caused by novel corona virus was reported in Wuhan City of China. Since then, the virus has spread around the world like uncontrolled wildfire. The World Health Organization (WHO) declared COVID-19 as a global pandemic on 11 March 2020 subsequently naming the virus as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The virus has been seen to cause range of symptoms from mild illness to pneumonia, most common being fever, cough, sore throat, diarrhea and headache. In most severe cases, it has been seen to be causing difficulty in breathing and eventually causing death.

The coronavirus being contagious is transmitted from one person to another. Various studies suggest that the virus is transmitted between people through direct or indirect contact with infected people through respiratory secretions which are expelled when an infected person coughs, sneezes, talks etc. (World Health Organization [WHO], 2020a). As the numbers surged all across the world, WHO recommended quick isolation of suspected patients and those testing positive for COVID-19. The contacts of such patients were recommended to quarantine in safe facility. Furthermore, WHO (2020b) suggested the practice of social distancing, avoiding closed space, close contact, crowded places and wearing of proper mask particularly in public places or poorly ventilated indoor settings. In order to break the chain and contain the incremental rate of coronavirus cases, governments of different nations implemented nationwide lockdown, shutdown and prohibitory orders to travel, but all of those efforts have been a temporary solution whereby adding more socio-economic problems to different members of society and specially the vulnerable ones.

Despite of various efforts, the Covid-19 outbreak has severely impacted all nations around the world in the past 11 months. As of November 14, 2020, 53.66 million people around the world have been infected with 1.3 Million deaths (Worldometer, 2020). In Nepal, first case was reported on 23 January 2020 (Ministry of Health and Population [MoHP], 2020). Seeing the potential risk and threat posed by the virus, Nepal Government suspended all international flights followed by nationwide lockdown on 23 March 2020. The lockdown initially intended for two weeks went on for four months until 21 July 2020. After lifting and relaxing of nationwide lockdown, there has been a rapid growth in number of COVID-19 cases in Nepal. As of November 14, 2020, 206,353 people have already been infected with coronavirus and among them 1,202 people have already lost their lives fighting the same disease (Worldometer, 2020).

The impact of COVID-19 is likely to be severe for Nepal if we consider the incremental growth rate that is taking place now and with only few interventions and control mechanism. Most restrictions for travel, markets and offices have been pulled off considering the declining status of economy. We will only be able to know the full extent of impact after a holistic analysis of socio-economic impact of COVID-19 in Nepal. But with reference to previous experiences in crisis, it can be expected that this pandemic too will have hardest impact on the lives of most vulnerable population (United Nations Nepal, 2020) and that includes persons with disabilities along with others, women and girls in particular. So, this document explores the impact of COVID-19 on women with disabilities, important policies and dimensions and necessary interventions to promote, protect and ensure their independent and quality lives during and on the aftermath of this crisis.



## Understanding Disability

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Disability is complex, dynamic, multidimensional and contested (WHO, 2011) phenomena for rigid comprehension. The Act Relating to the Rights of Person with Disabilities (2017) in Nepal and Convention on the Rights of Persons with Disabilities (2006, chap. 1) define person with disability as a person who has long-term physical, mental, intellectual or sensory disability or functional impairments or existing barriers that may hinder his or her full and effective participation in social life on an equal basis with others. Furthermore, the Act classifies person with disabilities as follows;

**Persons with disabilities according to the problem and difficulty in any organ or system of the body:**

**1. Physical disability**

Problems that arise in operation physical parts of the body due to issues with bones, muscles, nerves, joints or in composition including excessively lower height than average person having attained sixteen years of age.

**2. Disability related to vision**

Inability of a person to identify objects' figure, shape, form and color due to blindness, low vision or total absence of sight.

**3. Disability related to hearing**

Problem arising in an individual in distinguishing and composing of hearing and voice. On the basis of severity of the problem, it is further categorized into deaf who need sign language for communication and hard of hearing who needs hearing aid.

**4. Deaf-Blind**

A person having joint disability in both hearing and vision.

**5. Disability related to voice and speech**

A person having difficulty in speaking or clarity in speech.

**6. Mental or psychosocial disability**

One's inability to behave in accordance to age due to problems with mental awareness, orientation, alertness, memory, language and calculations.

**7. Intellectual disability**

A person having a condition that results in problem in carrying out activities relative to the age due to issues with intellectual development.

**8. Disability related to haemophilia**

A person having genetically passed physical condition of clotting of blood and problems associated with it.

**9. Disability related to autism**

A person with developmental issues of veins and tissues resulting in problems in functionality, communication and comprehension to apply general social rules.

**10. Multiple disability**

A person who has two or more of above-mentioned disabilities.

**Person with disability on the basis of severity**

**1. Profound disability**

Person having difficulty to perform day to day activities even with continuous support from others.

**2. Severe disability**

Person who needs continuous support from others to carry out personal and social activities.

**3. Moderate disability**

Person who can carry out daily activities and participate in social activities with adequate training and removal of environmental barriers.

**4. Mild disability**

Person who can carry out daily activities and participate in social activities upon removal of environmental barriers.

There seems to be a need for broader understanding of disability in Nepalese context too as CRPD (United Nations, 2006) acknowledges it to be evolving concept. Disability and bodily impairments have different interpretations. Bodily impairments refer to medical consequences while disability in recent years is more of social consequence. Thomas (2007) defines disability as beliefs and actions that oppress and exclude disadvantaged people with impairments. There is seemingly clearer distinction between what disability is and what impairment is although both usually exist together in an intersection of health condition and multitude of influencing factors in their environment (WHO, 2015). The social model of disability seeks to redefine disability as more of a social and political construct rather than a medical approach (Oliver, 2009). Since disability is created by social environment, bodily impairments must be compensated through medical practice and technology while disability ought to be completely eliminated (Gaffney, 2012) through equitable and inclusive practices by all members of society.

### **The Disabling Barriers**

The International Classification of Functioning, Disability and Health has classified following to be the barriers that make a person disabled (WHO, 2011).

- Policies and standards that do not take in account the diverse needs of every individual.
- Negative attitude of people, friends, family teachers who do not believe in the abilities of people with physical and cognitive differences.
- The environment and infrastructure built are not accessible and do not accommodate the specific needs of an individual.
- Exclusion from decision making practices and lack of knowledge about what diverse needs of individuals can be addressed.

The barriers mentioned above make a person experience disability. The consequence of having disability leads to further plight. It leads to a person being economically passive which is oblivious to result in experiencing poverty. This is where girls, women and children with disabilities become prone to abuse and sexual violence. Further, women and girls with disabilities have been leading more vulnerable and dependent life due to the exclusion of family, community and society as well.

## **National Policies for Disabilities in Nepal**

### **1. The Constitution of Nepal 2015**

The Constitution of Nepal 2015 is the apex document that upholds the rights of people with disability and protects from any form of discrimination based on gender and/or disability. Some specific and remarkable provisions are dedicated for target population. The political rights are enshrined first ever in the history of the country. Right to education, rights of children, right to social justice and some other articles specifically try recognizing and addressing their specific needs. It has also provisioned National Commission on Inclusion, albeit the effective transformation of those provisions onto the lives of the target population remains still to be questionable.

### **2. The Act Relating to the Rights of Persons with Disabilities 2017**

The Act Relating to Rights of Person with Disabilities 2017 has been formulated with the spirit of CRPD. The Act classifies various forms of disabilities and states the rights of persons with any forms of disabilities along with women with disabilities for different circumstances. The core approach of this Act is to prohibit discrimination based on disability and violence and facilitate equal access for persons disabilities with regards to education, health, employment, physical infrastructure, transportation and information communication services. It also has provisions for disability cards for different severity of disability along with facilities for such cardholder. It is also to be noted that this is the first act in Nepal where the rights of women and girls with disabilities has been stated in separate section and also has raised their issue of reproductive health rights.

### **3. Accessible Physical Structure and Communication Service Directive for People with Disabilities, 2069**

The Government of Nepal adopted a 'Directive for Accessible Physical Structure and Communication Service for People with Disabilities' in 17th February 2013 with the aim to remove the barriers for Persons with disabilities and increase their access to the public physical infrastructures, facilities and information and communication service. The directive, a first ever of its kind has guidelines and minimum standards, with technical specifications for constructing buildings, road lanes, public spaces, transport services and associated facilities considering the need of the Persons with disabilities. The guidelines act as standards and codes for all those directly/indirectly concerned with the construction, development and preparation of public structures and communication services. Other national and sectorial standards including The National Building Code also have adopted some key standards such as ramps, “disabled toilet” and so on.

## **COVID-19 And Prominent Issue of disability**

WHO (2011) reports that 15% of global population, i.e., over a billion people lives with some form of disability and by 2050 the number is estimated to double to 2 billion. In Nepal, a total of 513,321 persons are reported to be living with some form of disability which is 1.94% of total population (Central Bureau of Statistics [CBS], 2011). The next census might see an increase in that number as it is believed that the real number of persons with disabilities is much higher than reported. The 2011 census has also reported physical disability to be 36.3% visual disability to be 18.5%, deaf or hard of hearing to be 15.5%, speech related disability to be 11.5%, mental disability to be 8.9%, multiple disability 7.5% and deaf-blind to be 1.8% (US Agency for

International Development [USAID], 2017, p. 6). Around 45% of total population with disability are women and girls. These numbers can be crucial in identifying the most vulnerable areas for intervention during the times of crisis. Moreover, elderly people, pregnant/lactating women, children, and so on within the same statistical group, in any way, face barriers at a higher magnitude which thus needs even wider intervention.

Every person has been affected by COVID-19 in some aspect or other but the above-mentioned population are disproportionately threatened due to attitudinal, environmental and institutional barriers created during the response of this pandemic (United Nations Office of the High Commissioner for Human Rights [UN-OHCHR], (2020). Even within the population of disability, the impact can be observed to be spread irregularly based on the severity of disability, gender and other factors among target population.

Women and girls with disability are likely to experience “double discrimination”, which includes gender-based violence, abuse and marginalization. As a result, women with disability often face additional disadvantages when compared with men with disability and women without disability (WHO, 2015, p. 2).

WHO further elaborates that women are more likely to experience disability than men and older people more than young, low- and middle-income countries have higher rates of disability than high-income countries, and the impact of disability on people in poorer areas is compounded by issues of accessibility and lack of health care services. So, even within disability it is equally important to identify the nature and magnitude of impact faced by persons with disabilities during, in response and on the aftermath of coronavirus pandemic (National Federation of the Disabled Nepal, 2020).

UN-OHCHR (2020) further states that the pre-existing health conditions of women and girls with disabilities makes them more susceptible to being infected with coronavirus. In such cases, women with disabilities, partial or full are often dependent upon support of others in their daily activities. Accessing livelihood options and income is another challenge in COVID-19 environment. The government’s prohibitory measures of lockdown and shutdown have left many people with disabilities stranded making them further vulnerable. The lockdown imposed gave birth to a new paradigm of doing most of the things online. People started working from home, children started taking classes online, people started buying goods online and moreover the major source of accessing information primarily became online. The 2019 Digital Nepal Framework (2019) has made some promising attempt to make inclusive education, health, agriculture and communication system digitally, but it is at a very crude stage. In such conditions, accessibility of women with disabilities to health facility, education, work and information has raised questions to the readiness of digital resilience and its existing barriers. The immediate risk faced by women and girls with disabilities during COVID pandemic are as follows:

- **Increased vulnerability due to pre-existing health conditions (UN-OHCHR, 2020).**
- **Higher risk for infection for women with disabilities needing social support or living in institution (Santos, 2020a).**
- **Greater adverse impact of social isolation and economic insecurity (Brown, 2020).**

- **Higher vulnerability due to lack of social, medical/assistive and rehabilitation services including SRHR (Charter of Demand-GESI Responsive COVID-19 response, 2020; National Federation of the Disabled Nepal, 2020)).**
- **Heightened psychosocial traumatic and mental health issues (Dhakal et al., 2020).**
- **The risk for most vulnerable population, specially, children and women with disabilities are compounded during the pandemic in forms of discrimination, violence and sexual abuse (Santos, 2020b).**
- **Difficulty in accessing stimulus packages, information about COVID-19, public health and practicing the protocols set forth for the ‘new normal’ during and post pandemic phase.**
- **Access to newly adjusted or alternative education, health facility including mental health aspects, jobs etc, which is seriously impacted.**
- **Disruption of goods and services WOMEN WITH DISABILITIES regularly rely on (WHO, 2020c).**
- **The risk being compounded as newly built physical infrastructures and risk communication contents and channels are not prepared complying with the minimum accessibility standards and safety measures (National Federation of the Disabled Nepal 2020B).**

There could be more diversified impact of COVID-19 on women with disabilities which can only be identified with further research, but for the information we already have, there is a need to implement inclusive practices in a way to eliminate all the barriers created during the pandemic. The roles of all key stakeholders are quintessential in response and combatting COVID-19 the inclusive way.

## **COVID-19 Impact on Persons with Disabilities**

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Women and girls in Nepal even prior to the COVID-19 pandemic were characterized by low levels of access to education, healthcare, economic, social and political opportunities. The girls and women with disabilities have been overlooked when it comes to accessing relief and recovery assistance. The stakeholders hardly recognize the active participation and potential contribution of women with disabilities in community development initiatives. The women with disabilities are stigmatized with deep rooted presumption that disability brings inability in performing social roles and responsibilities like livelihood activities, taking care of children and family, and leading an independent life. Further they are perceived as recipients rather than active members of the society. This scenario ultimately leads to their socio-economic exclusion resulting in their being trapped in the poverty cycle.

In a report published by i2i (2020) based on the survey conducted in Kenya and Bangladesh among persons with disabilities, over 90% of the participants’ daily lives had been immensely affected in COVID-19 response limiting transport, restricted movement, lack of daily necessities, restriction to education, social function, reduced income and or loss of job. Over 65% respondents reported of not being able to work in lockdown. Around 80% respondents had difficulty in accessing public information about COVID-19, 40% of the respondents reported not having access to any Personal Protective Equipment (PPE) for themselves and their families or support workers, 45% reported that they stopped receiving vital support required to live life

safely and independently whereas 40% participants reported experiencing disability discrimination, including exclusion from vital services. The survey gives an insight to how majority of the women with disabilities are being adversely affected in this pandemic and how various stakeholders need to consider the important areas to create inclusive COVID response strategies.

### **COVID-19 impact on Girls and Women with Disabilities**

SDG-5 seeks to achieve gender equality and empower women and girls regardless of any disability. Women and girls with disability are likely to face double discrimination (WHO, 2015), one stemming from gender and another from disability. But it does not stop there. Women and girls with disabilities also have to face negative societal attitude which restricts them from a fulfilled family life. A study by Nepal Disabled Women Association (NDWA) (2019) found majority of women with disability to be unmarried and reason for it was their disability. The impact of COVID-19 is likely to cause women with disability to face discrimination, sexual violence, denied access to sexual and reproductive health, lack of legal action etc. (UN WOMEN, 2020). The violence on women with disability are usually inflicted by their partners, family members and person whom person with disabilities are dependent on which makes seeking for justice immensely difficult (NDWA, 2019). The imposition of lockdown and home confinement makes women with disability further prone to these forms of abuse without ever being reported.

Similarly, in Nepal, a rapid assessment report by NFDN (2020) found that 41% of persons with disabilities surveyed knew very little about COVID-19 and its precaution measures to stay safe while around 6% knew nothing at all. 60% of the respondents having less knowledge about COVID-19 were found to have more severe forms of disability making them further marginalized and extremely vulnerable. 46% of the surveyed persons with disabilities felt that the information disseminated about COVID-19 was inaccessible. Furthermore, 40% of the respondents lost their source of income during the lockdown period while 20% felt they would be losing it soon in the near future. It was also found that 45% of respondents were in dire need of their regular supplies to live life independently including medical supplies and 3% reported of suffering from some form of violence during the lockdown period. In terms of relief packages, 60% confirmed their needs to certain relief during the lockdown and among those 54% reported to not having access to relief that was provided. In the whole period of lockdown 74% reported to be living in fear and 31% with concerning mental health issues. The

same report also concedes women and girls, from underrepresented types i.e., intellectual disability, autism, psychosocial disability, deaf-blindness and so on are more left behind. The study by Dhakal et al (2020) also found elevated levels of anxiety, stress and depression amongst persons with disabilities during this period of COVID-19 lockdown. Despite these reports being a quick assessment report, it certainly provides significant need to immediate action with the specific focus on the larger population of women and girls with disabilities by government and related stakeholders.

In other aspects, COVID-19 and its response mechanism has added further risks and challenges to women with disability with the start of lockdown, quarantine and home



confinement. The architectural codes of the National Building Code (2015) only covered very few accessibility standards for the physical infrastructures: it had sheer emphasized on the needs of people on wheelchair. Moreover, it does not talk any women specific standards. Documents like Quarantine standards 2020, Guideline for preparing basic hospital 2020 and other documents prepared during COVID-19 response and prevention are referring to the same building code, which is not surely going to ensure the rights of women and girls with disabilities from those newly prepared infrastructures.

## Methodology

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This policy brief reviews various national and international policies, reports and research papers in order to study the impact of COVID-19 on women and girls with disabilities in Nepal along with the meaningful efforts and existing gaps that needs to be addressed immediately or in long run. The core interpretation of this study mainly focuses around the need of women with disabilities along major sectors of Education, Health, Livelihood and social protection during COVID-19 response. The findings of the study are extensively looked upon through a right based approach as adopted by United Nation General Assembly in 2006 in convention on rights of person with disability. The study is extensively oriented towards the efforts needed for girls and women with disabilities in COVID-19 response rather than persons with disabilities. The recommendations are derived from existing international practice and guidelines for inclusive COVID-19 response and localized for Nepalese context upon the review of existing policies and response strategies.

## Considering Rights of Women with Disabilities in Crisis Response

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The Convention on Rights of Person with Disability (CRPD) was adopted by United Nations General Assembly in 2006 and carried forward for its realization in Millennium Development goals (MDG) and Sustainable Development Goals (SDG). Nepal ratified CRPD in 2010 and thus it has been adopted by Nepal in the Act Relating to the Rights of Person with Disabilities 2017. The guiding principles of the convention ensure respect for inherent dignity, non-discrimination, effective participation and inclusion in society, respect for human diversity, equality of opportunity, accessibility, gender equality and respect for rights of children with disabilities. It also recognized the specific rights of women and girls with disabilities to be obliged by the state parties in its article-6.

However, the major rights that are highly relevant for women with disabilities during the time of this pandemic are as follows;

### **1. Article 5: Equality and non-discrimination**

States Parties to prohibit all forms of discrimination on the basis of disability with appropriate steps and reasonable accommodation.

### **2. Article 6: Women with disabilities**

Women and girls with disabilities are to be recognized as subject to multiple discrimination and therefore appropriate measures to ensure full development, advancement and empowerment of women are to be taken.

**3. Article 7: Children with disabilities**

All necessary measures are to be ensured for the full enjoyment of children with disabilities of all their fundamental human rights on an equal basis with other children.

**4. Article-8 Awareness-raising:**

The State Parties are obliged to raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities.

**5. Article 9: Accessibility**

States Parties are to take appropriate measures including identification and elimination of obstacles and barriers to ensure persons with disabilities have access to physical environment, transportation, information and communication/information and communications technologies and facilities provided to public on equal basis with others in order to live independently and participate fully in all aspects of life.

**6. Article 11: Situations of risk and humanitarian emergencies**

States Parties are to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disaster in accordance to international law.

**7. Article 16: Freedom from exploitation, violence and abuse**

States Parties are to take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home from all forms of exploitation, violence and abuse including their gender-based aspects.

**8. Article 21: Freedom of expression and opinion, and access to information**

All appropriate measures are to be ensured so that person with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information on an equal basis with others through all forms of communication of their choice. This includes providing of information intended to general public to person with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner without any additional cost. Mass media and online information providers are also encouraged to impart information accessible to person with disability.

**9. Article 24: Education**

States Parties are to ensure inclusive education system at all levels on equal basis with others by accommodating individuals' requirements, environment and support



required to facilitate effective education in order to maximize academic and social development.

#### **10. Article 25: Health**

Persons with disabilities have the right to enjoy highest attainable standards of health without discrimination on the basis of disability. States Parties are to ensure access to quality health services for person with disabilities that are gender sensitive as close as possible to their communities including rural areas.

#### **11. Article 26: Habilitation and Rehabilitation**

States Parties are to take effective measures to enable person with disabilities to attain and maintain maximum independence in all aspects of life through habilitation and rehabilitation programs particularly in areas of health, education and social services. This also states to promote adequate training for professionals and staff working in habilitation service while also promoting availability and knowledge of using assistive device and technologies designed for person with disabilities.

#### **12. Article 27: Work and Employment**

States Parties recognize the right of persons with disabilities to the opportunity to gain a living by working freely in a chosen labor market with inclusive and accessible work environment without discrimination and harassment. State parties to also ensure persons with disabilities to have effective access to general technical and vocational programs. It also states to provide employment opportunities for persons with disabilities by providing jobs in public sector, by prompting jobs in private sector and by promoting self-employment opportunities.

#### **13. Article 29: Adequate standard of living and social protection**

States Parties recognize the adequate standard of living and social protection of persons with disabilities without any discrimination. This also ensures persons with disabilities, in particular women/girls and older person with disabilities have access to social protection programs including adequate training, counselling, financial assistance, respite and care.

## **Ensuring Rights of Women with Disabilities During COVID-19 Response**

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In March 2020 WHO declared the outbreak of novel coronavirus disease to be a pandemic due to the speed and scale of its transmission. On one hand, authorities around the world are trying their best to contain the virus, on the other, certain population, especially those with disability are probably being exposed to more significant risk in the whole response process (WHO, 2020c). In order to mitigate the adverse impacts of COVID-19 on women with disabilities, it is imperative to take certain preventative and protective measures by different stakeholders in various areas.

## Education

SDG-4 ensures inclusive and equitable quality education and promotes lifelong learning opportunities for all. Education, be it formal, non-formal or informal is quintessential for life and its significance rises higher in the times of crisis. Education can teach individuals the key survival skills and risk reduction strategies including how to protect themselves from sexual abuse, infection etc. (Inter-Agency Standing Committee [ISAC], 2019). It also makes people aware of their rights during the crisis and build a coping strategy to become resilient during crisis like COVID-19. The Sendai Framework (UN, 2015) highly emphasizes inclusive and equitable education to be effective for government in the process of ‘build back better’ to irradicate exclusion created in emerging crisis.

The education Act in Nepal which was amended for the 8<sup>th</sup> time in 2016 has provisions for accommodating children with disability for quality education. The School Sector Development Plan (SSDP) (2016-2023) has made a remarkable provision for inclusive education deviating from the provisions of special education in its previous edition of School Sector Reform Plan (SSRP). SSDP highly emphasizes on the need of inclusive education as a strategic intervention (Ministry of Education [MoE], 2016) for providing equitable access to education. The Consolidated Equity Strategy for the School and Education Sector in Nepal (2014) focuses on meaningful access, functional participation and meaningful learning outcomes of children with physical and intellectual disabilities. The National education Policy 2019 also reinforces on accommodating the learning needs of children with disability as far as possible in general classroom settings or separately in more severe cases of disability. However, this policy document removed other so many specific provisions by replacing Inclusive Education Policy for Persons with Disabilities 2017.

The objective of NPRP document by United Nation Nepal (2020) had an objective to ensure continuity of learning in case of longer period of school closure by preparing and pre-positioning of resources like internet, radio, TV and print with primary focus on children with disability. It also intended to provide teachers with training to effectively implement distance learning for all children. The education cluster further planned to strengthen coordination between education stakeholders at federal provincial and local level. but how much of it was implemented is still to be known.

There were three kinds of barriers for education during the outbreak of COVID-19 for children with disabilities. Firstly environmental barriers consisting of inaccessible infrastructure, unavailability of assistive device or alternative augmented communication system and inadequate location for disability friendly learning; secondly, attitudinal barriers consisting of stigmatizing or undervaluing the learning needs of disability and education staff’s doubt on capacity of learners with disability; Finally, institutional barrier consisting of lack or ineffective technical capacity for inclusive education in educational policies, lack of budget for inclusive education and lack of disability data to make effective implementation during COVID-19 response (ISAC, 2019). Programs that are intended to break these barriers could be effective way implement education in line with Education for All (EFA).

## Health, Sanitation and Nutrition

Health system is closely connected to crisis like COVID-19 as infection directly attacks the wellbeing of a person physically or mentally. Health services may too be disrupted during disasters worsening the situation of marginalized and women with disabilities. Those people have the right to access mainstream health services and make their own decision about their

treatment (ISAC, 2019) and thus should not be treated as dependent population. Similarly, when women with disability are mostly perceived as asexual by many people, they become denied of sexual and reproductive health services resulting in unwanted pregnancies and sexually transmitted disease. Moreover, Pregnant and lactating women with disabilities lack access to regular treatment, proper hygiene and availability of nutritious food, even though the health emergency fund is clearly provisioned by Act on Public Health (2018) to support such groups. Women with disabilities ought to be given more priority while delivering the services on motherhood and child health (National guideline for disability inclusive health services, 2020). However, girls and women with disabilities do not have adequate information on menstrual hygiene. Similarly, the economic condition of majority of women with disabilities is weak resulting in food insecurity and lack of proper nutrition. So, during a crisis, the need of health service and food security for women with disabilities is more important than ever as they are already most vulnerable during such times.

Health system in Nepal has another aspect that might need drastic intervention to make it inclusive and accessible for women with disabilities. The National health Policy 2014 acknowledges the right of persons with disabilities for basic health aims to increase funding to make health services more accessible. The Safe Motherhood and Reproductive Health Rights Act 2018 ensures disability friendly health services for women with disabilities. The Rights Relating to Person with Disabilities, 2017 facilitates disability cardholders with subsidies in government hospitals. Nepal Health Sector Strategy (NHSS) 2015-2020 (2015) emphasizes quality and equitable health services for all. It plans to make health service of quality by making it effective, safe, client-centered, timely, equitable, culturally appropriate, efficient and reliable. NHSS despite promising to move towards universal health coverage through persistent emphasis on four strategic pillars of equity and access, quality, reform and lastly multisector approach, it may still need a disability-oriented intervention strategy.

The Health Sector Emergency Response Plan [HSERP] (2020) made a strategic approach in public health and social measures for COVID-19 by complying with quarantine guideline which made special consideration for person with disabilities along with women with disabilities. The health cluster of NPRP (2020) emphasized on proactive health system preparation with well-organized screening points, real time surveillance for effective case detection, capable laboratory system, effective mechanism for isolation, adequate hospital beds and efficient medical logistics and supply chain management for response to COVID-19 pandemic. The propriety preparedness for response system included call centers and text messaging of reporting and follow up to be disability friendly. Second mention of prioritizing disability has been made with regards to sexual and reproductive health care for women with disabilities. On the other hand, nutrition cluster looks to ensure preventative and curative nutrition intervention for immediate and long-term effects of COVID-19 on children and pregnant or lactating women to mitigate risks that could cause acute malnutrition or disability in future.

Similarly, messages on Health Promotion of Persons with Disabilities regarding COVID-19 Pandemic (Department of Health Care, 2020) has adequately suggested healthy behaviors which are more focused on people with different impairment types. It indicates that even those safety and hygiene behavior recommended to general public, in many case, would not suffice the needs of people with different impairment types. The ministry and concerned stakeholders ought to further think to spread those messages to the people who are furthest behind.

ISAC (2019) advises women with disabilities and respective organization of person with disabilities OPDs to be a proactive member in planning and decision making of health intervention programs during crisis. It is a paramount importance that the health workers are well trained to practice inclusive health services including the accessibility of health check points even in rural areas. The sexual and reproductive health of women with disabilities should not be regarded as of lower priority. There is also a need for inclusive and accessible medium of communication for nutrition and food security programs to ensure the basic right of adequate food for everyone including persons with disabilities along with women with disabilities .

## **Livelihood**

Livelihood are the means by which people are able to satisfy their basic and daily needs. According to the international human rights law everyone has the right to work based on their choice of employment but the unemployment rates for persons with disabilities, women in particular, all around the world is extremely high (ISAC, 2020). The reasons for unemployment are often regarded to be due to inaccessible work environment or employer's doubt on capacity of persons with disabilities along with women with disabilities. COVID-19 introduced a system of work from home which also caused many women with disabilities lose jobs or stay in a fear of losing the jobs soon in the near future. The employment regarding informal sectors is really in the worst situation. Women with disabilities are already marginalized economically and losing a job for a prolonged time worsens every aspect of life. Therefore, consideration of livelihood during crisis response and restore economic independence of women with disabilities must be one of the high priority areas.

In Nepal, Local Self Governance Act, 1999 made provisions in which each ward was responsible for making livelihood for persons with disabilities along with women with disabilities. The National Employment Policy of 2015 and Labor Law 2017 make almost no mention of women with disabilities unfortunately. It only mentions to compensate people developing disability during employment. There is reserved quota for persons with disabilities in civil service and Rights of Person with Disability that provides for non-discrimination of persons with disabilities at workplace (Rohwerder, 2020). This could be the most shadowed area in ensuring livelihood rights of women with disabilities now specially in disaster response period.

NPRP (2020) has highlighted on the need of technical assistance for promotion of entrepreneurship through the offering of various fiscal measures like relief, grants or low interest loans to uplift the declining economy and support individual livelihood. Such measures should also be implemented with regards to women with disabilities by identifying their level of vulnerability. Employment policies, programs and vocational trainings which are oriented towards providing livelihood opportunity for women with disabilities are imperative for COVID-19 response.

## **Social Protection**

Right of women with disabilities can only enforced only when there is protection for it. The Sphere Handbook sets four principles of protection in humanitarian response (ISAC, 2019);

1. Enhance safety, dignity and rights of people, and avoid exposing them to harm.
2. Ensure accessibility to assistance according to their needs without discrimination
3. Help people recover from physical and psychological effects, violence and deprivation.
4. Help people claim their rights.

Furthermore, according to ISAC (2019), protection activities are either responsive, remedial or environmental. Responsive protection aims to prevent any ongoing violation of human rights. Remedial protection readdresses or provides justice with regards to past violations, and lastly environmental protection aims to build legal and institution framework, capacity and awareness required to promote respect for human rights.

Social security is a fundamental right of every Nepali citizen according to the Constitution of Nepal 2015. The Social Welfare Act of 1992 acknowledged the importance of equitable practice of social protection and guided the government to formulate program for the protection of women with disabilities. Social Security Allowance (SSA) for women with disabilities is Nepal government's approach to promote welfare for women with disabilities by providing them with cash allowance and numerous discounts on various services (Holmes, Samuels & Ghimire, 2018). Women with disabilities holding red or blue disability cards are eligible for the disability allowance. The cards are based on the severity of disability where red denotes complete and blue denotes severe disability. Women with disabilities with red cards receive Rs 3,000 per month while those holding blue cards receive Rs 1600 per month as government disability allowance. Various researches show that the number of people actually receiving this social protection facility is comparatively low. Even so, these allowances could be life savers during crisis response period like now.

The COVID-19 outbreak has been linked with incremental violence against girls and women with disabilities.

Emerging data shows that domestic violence against women and girls has increased since the COVID-19 emergency began. It's a "shadow pandemic." -Melinda Gates

As vulnerability of household economics is strongly correlated to discrimination, domestic violence, Gender Based Violence (GBV) and mental health risks, especially during crisis (NPRP, 2020), special attention to most marginalized or vulnerable women with disabilities seems obligatory. Various researches mentioned earlier show that women and girls with disability, women with disabilities if they are in institutions and individuals with severe psychosocial disabilities are likely to experience more violence (ISAC, 2019). These individuals have low power status in society and are much dependent upon other for survival and hence the violence continue for a longer period without being reported anywhere. So, protection is another dimension which needs strong intervention to ensure rights of women with disabilities during this global pandemic.

Moreover, Recently, government has abruptly decided to cut off the social security allowance for all persons with severe disabilities and single women below the age of 60. However, the supreme court in 2013 issued a stay order in the name of government that those of persons with disabilities must be provided with the sufficient monthly allowance which adequately address their basic needs. It means the court has declared the existing allowance insufficient and obliged the government of Nepal to increase the amount and prepare a specific plan as well. However, government was back from its decision due to the pressure of civil society.

## Sectorial Responsibilities

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ISAC (2020) Recommends following responsibilities of stakeholders in humanitarian program response cycle for welfare of persons with disabilities and their effective participation throughout crisis response.

### Government

1. Ensure that the contingency plans specify the needs of women with disabilities and that the plans are inclusive and accessible
2. Have OPDs participation in formulating Disaster Risk Reduction (DRR) and humanitarian policies, plans programs, processes and framework.
3. Map disability resources at local level like sign language interpreters, inclusion experts etc.
4. Ensure the participation/representation of PWDs including WWDs from state to local DRR management or committee. Prepare guideline about how to provide support in such pandemic. Ensure to make available of relief package which also include their assistive devices or personal attendants.
5. Nominate disability focal point in to liaise with country team and inter cluster coordination by consulting with OPDs.
6. Give humanitarian actors access to data about women with disabilities.

### Sectoral Heads

1. Involve national and local OPDs in sectors to seek their advice.
2. Appoint disability focal point in each cluster
3. Assess the capacity of women with disabilities and ensure they are included in sector specific contingency plans.
4. Ensure communication system from warning to response and feedback follow inclusive mechanism.
5. Ensure that the need assessment considers impact of the situation on women with disabilities and also their families.
6. Ensure the data collected for need assessment of women with disabilities use tools tested for humanitarian contexts. Involve OPDs representing diversity of women with disabilities in the whole process of analysis of data.
7. Develop appropriate indicators to measure inclusion.
8. Develop twin track response strategy. Standard Operating Procedure (SOP) based on sector specific guidelines and standards on inclusion of women with disabilities. Take approach with an account of intersectionality of gender, disability age and other relevant diversity.

### OPDs

1. Advocate for the rights of women with disabilities in situation of risk and emergencies. Advocate also for all DRR programs to be fully accessible for women with disabilities.
2. Raise awareness by providing training to community members, women with disabilities and humanitarian stakeholders.
3. Participate in need assessment of women with disabilities and help identify barriers that cause exclusion and that facilitate inclusion.



4. Help develop tools and design required for need assessment.
5. Apply right based approach to disability to make government and stakeholders when they design response plans and tools.
6. Reach out to women with disabilities from marginalized or displaced population and involve them in local DPO networks.
7. Support the development of budget to fund activities promoting inclusion of women with disabilities in all sectors.
8. Advocate to increase investment for women with disabilities in crisis response.
9. Facilitate resource mobilization in provincial, state and local levels.

### **Donors and Development Partners**

1. Inclusion of policies related to disability in calls of proposals
2. Trained staff in inclusion of women with disabilities along with preparation of disability guidelines for implementing partners.
3. Invest to support capacity development of humanitarian stakeholders and for inclusion of women with disabilities in humanitarian action.
4. Require implementing partners to design strategies on disability inclusion as part of funding requirement.
5. Promote and assist implementing partner to find innovative approaches to identify, analyze and address the risks faced by women with disabilities.
6. Ensure funding appeals are accessible to OPDs.
7. Monitor implementing partners' performance using the criteria drawn from CRPD and provide relevant recommendations.

## **Recommendations**

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### **Immediate Consideration**

#### **1. Make Information of COVID-19 Response Accessible**

Mass Media and communication should include captioning, national sign language and larger prints with simple language while digital media should use accessible formats for visually impaired persons. Public information should be delivered with sign language interpretation and real time captioning. Sign language interpreters must be available for emergency and other health facility with transparent mask if possible. Such interpreters must also be provided with Personal Protective Equipment (PPE). (International Disability Alliance [IDA], 2020). Assistive technologies must be used wherever it is needed. Special care must be taken to ensure that the public communication do not discriminate or reinforce stigmatization of women with disabilities (UN-ESCAP, 2020). The document and awareness-raising materials ought to be prepared in easy-to-read format preferably with Unicode, targeting to people with learning disabilities, like in other alternative formats.

#### **2. Inclusive Online Services and e-commerce**

The lifestyle of every individual has significantly changed during the lockdown and restrictions imposed during the COVID response period. Online banking, online classes, online meetings and online markets have started becoming regular tools of daily life. The mobile apps used by these services or web platforms should follow Web

Content Accessibility Guidelines (WCAG) strictly to make services inclusive to women with disabilities. World Wide Web Consortium (W3C) and Web Accessibility Initiative (WAI) has set forth international standards and resources for creating accessible web pages. Simple examples of web accessibility are having provision for larger texts. Some websites and application use a images and infographics for their content which is not accessible for visually impaired people. Such images should include alternative texts so that text reader can read the content of the page. Similarly, web content that use audio information should have text transcribing service for persons with hard of hearing.

### **3. Disability Specific Protection Measures**

As discussed in earlier sections, we already know that COVID-19 has poised a higher risk for women with disabilities, but it is also notable to understand that the impact of this pandemic is spread through women with disabilities at different levels of intensity. There is diversity in disability and therefore, some persons are affected more than the others. Strict preventive measures for groups of women with disabilities who are most susceptible to infection due to added respiratory health complication (IDA, 2020) or women with disabilities who need caretaker for most of their daily jobs or those with psychosocial disabilities require special protection measures including proactive testing and safety guidelines. Special arrangement and regular inspection of women with disabilities in institutional facilities, specially girls and women should be of high priority to prevent any abuse or unlawful isolation or issues related to cleanliness and hygiene. women with disabilities in these facilities should also receive information and prevention measures of COVID-19 in the way that is accessible to them.

### **4. Awareness and Training of People in Response**

Another important recommendation from (IDA, 2020) is that the government officials and people involved in COVID response should be well trained on making their activities inclusive to women with disabilities and should also have understanding of their rights. Secondly raising awareness about disability and the risk involved during COVID-19 must be an important part of response plan. NFD-N (2020) has mentioned the likelihood of discriminatory practice such as isolation, abandonment and physical torture for children, and women with disabilities to be prevalent during the restriction period. Government, human rights organization and OPDs should initiate convenient medium of reporting abuse, discrimination, GBV, sexual violation that is prone to take place during lockdown or then onwards with immediate response mechanism.

### **5. Accessible Medical Care and Inclusive Quarantine Service/Facility**

When women with disabilities is infected with coronavirus no negligence or discrimination in health service is acceptable. All the barriers that may exist for women with disabilities to reach out for health facility for treatment or testing should be eliminated. When the vaccines for COVID-19 become available, women with disability should be at higher priority in receiving them without any costly measures. Similarly, it has been a general practice that people travelling or suspected of being infected with coronavirus are put in quarantine facility for around two weeks. The physical environment of the facility must be inclusive for any women with disabilities. During quarantine physical and communication accessibility and support service with personal



assistance when require should be ensured (IDA, 2020). Those quarantine have made a gender space where women with disabilities do not suffer much due to lack of specific need for them. If possible, the personal attendant should be female that creates comfortable environment to those women with disabilities.

#### **6. Restriction Measures with Special Consideration of women with disabilities**

Various forms of restriction measures have been used in response to minimize the spread of coronavirus in Nepal. When such public measures are imposed, it is imperative that the authority makes sure the women with disabilities are supported to meet their daily living requirements which may include access to food (or specific dietary requirements for their condition), housing, healthcare, education, maintaining employment and accessible transportation. Furthermore, IDA (2020) strongly recommends against any sort of discrimination based on disability when women with disabilities seek medical attention during the response period.

#### **7. Flexible Work Environment for women with disabilities**

The rapid assessment of condition of women with disabilities in COVID-19 response has shown that many persons with disabilities are losing jobs or are under an imminent threat of losing it. The new paradigm of work from home should include flexible work environment and assistive technologies to facilitate the continuation of their jobs. The companies and institutions who have employees with disability should provide enough training and necessary accessible digital infrastructure for women with disabilities to work from home and give them time to get accustomed to the changing work environment. If the job involves relative risk of infection for women with disabilities or it is not possible for the employee to work from home due to their condition or environment, employer must consider giving them paid leave.

#### **8. Social Protection and Security of livelihood**

We know that women with disabilities are amongst the most vulnerable population during a crisis like COVID-19. Government in such times must enact stricter labor laws to safeguard against discriminatory dismissal of women with disabilities during this period (UN-ESCAP, 2020). Government must also ensure that the women with disabilities continue to receive social security allowance or other disability benefits uninterruptedly even during the lockdown phase. NFD-N (2020) recommends better relief packages for women with disabilities to meet the increased cost of living and for health service that may be needed anytime. In addition, the government should also pave way for interest free loans targeted to sustainably empower women with disability through self-employment opportunities.

#### **9. Proactive Role of OPDs**

OPDs have a very crucial role during the times of crisis. Firstly, OPDs must play a key role in raising awareness of women with disabilities and their families. The instruction guidelines of COVID-19 response should be prepared in various accessible formats and languages by OPDs. OPDs must also organize trainings on disability inclusion for responders and service providers (IDA, 2020). It is also important for OPDs

to watch out for kinds of GBV or discrimination that may occur in response period through their networks at local level.

Secondly, OPDs should be proactively involved in advocacy. They should participate in all policies and frameworks and programs that are meant COVID-19 response. It includes reaching out to government authorities, health authorities, media and disaster risk reduction committee and voicing out the obligatory need for inclusive and non-discriminatory COVID-19 response plan. Beside this, OPDS who have been working with women with disabilities needs to broaden its engagement on the issue of Violence against Women and Girls (VAW/G) with disabilities. For this, they should develop linkages with organizations and networks working on VAW/G and the existing referral pathways coordinated by the Nepal Government's One Stop Crisis Management Centers (OSCMC).

OPDs should ensure that the inter-sectionality of the issue of disabilities, however, needs to keep reminding all stakeholders that, specific focus must also be maintained on the issue by itself through a sex, age, "Caste", geography etc. OPDs should engage in constant advocacy and partnership with COVID-19 Crisis Management Centers (CCMC), as the ultimate accountability mechanism and also with other relevant stakeholders on the issues of girls and women with disabilities, inclusion, access to friendly infrastructure, protection/human security.

## **Long Term Consideration**

### **1. Expand the Understanding of Disability Beyond Impairment**

Nepal has been gradually moving towards an inclusive culture but we cannot deny the prevalence of stigmatization of disability in most of social aspects. One reason for this is due to a mentality of judging people on the basis of their physical attributes and functionality. This notion needs to be changed by deconstructing our prior understanding of disability merely as medical implication. Disability is ability when barriers are removed. Inclusion is nothing but eliminating those barriers so that everyone can live life equally. Our education system, policies and culture should embrace this idea and redefine disability through a socio-environmental perspective. We should inculcate inclusive thinking in new generation of children so that it is integrated in their lifestyle. We ought to imagine the world with zero barriers.

### **2. Improve National Disability Statistics and Research**

The first step of intervention is knowing the real situation as it is. Many studies have challenged the national data on the status of disability in Nepal. Policies and program development is never effective without proper statistics and research (Brown, 2020). Internationally standardized tools must be used in collecting data on women with disabilities and such should be applied consistently. The national census is not enough to understand the situation of women with disabilities and therefore, a separate dedicated survey exclusively for women with disabilities must be conducted at national level to gain information about the condition of women with disabilities and how they may be impacted by disaster (WHO, 2011). Programs that are well tailored to the needs of women with disabilities based on their condition, socio-economic status, geography etc. is only possible with correct data on disability. Investment upon research is another

aspect that can increase public understanding of disability and help make meaningful policies.

### **3. Adherence to Web Content Accessibility Guidelines**

The COVID-19 pandemic has divulged the importance of being digitally connected and use of technology to be of paramount importance in crisis. Internet has become another daily driver tool through which intensity of lockdown grievance could be mitigated. Now that Nepal has developed digital framework in 2019, it is time to comply with web content accessibility guidelines. Currently there are neglectable web developers who adhere to the inclusive needs of people while making websites. Government should implement compulsive inclusive web content framework to be followed specially by media and government and public service websites and applications. The website designing and development guideline 2068 BS does not talk anything regarding accessibility for people with diverse needs and abilities. So, this is imperative to revise such guideline in line with the international standards called WCAG.

### **4. Ensure the meaningful participation and Empower women with disabilities**

The lived experience of women with disabilities cannot be acquired from elsewhere. The insights required to make policies and laws for disabilities must be consulted extensively with women with disabilities and OPDs. For women with disabilities to be able to speak up openly, they need to be empowered. Women with disabilities must be empowered by the process of mainstreaming where government and other stakeholders ensure that women with disabilities participate equally with others in all activities intended for general public such as education, health and other social services (WHO, 2011). It should not be segregated process but integrated approach. Government and civil societies should come up with relevant entrepreneurial and vocational trainings for women with disabilities that assist them to make their livelihood by being employed or self-employed. OPDs advocacy in eliminating barriers to proactively involve women with disabilities in all activities of society is equally important.

### **5. Improve Human Resource Capacity**

Sometimes policies are well framed but yields comparatively low output when implemented because the people enforcing those may not be well trained about inclusive practices. The attitude and knowledge of people working in sectors of education, health, social protection etc. when trained can really make a huge difference in creating inclusive society (WHO, 2011). So, human resources capacity and attitude must be improved through effective education, training and by letting them observe well implemented inclusive practices around the world.

### **6. Investment on Strategies to Promote Enabling Environments**

Enabled environments are those where barriers of disabilities are bridged or eliminated physically and socially. All public infrastructure like school, hospitals, hotels, shopping centers, parks, roads etc. should at least be given a minimum mandatory inclusion guideline when they are constructed. The provision of penalties also seems to be crucial at this stage. Investment upon recent technologies that serve as assistive device

should be made. Enterprise that are working to build localized assistive technologies must also be supported and motivated. Same implies for public services too. On the other hand, the existing policies on education, health, social protection and livelihood have not made remarkable impact in making their service inclusive. More investment on strategies to improve these policies and make effective implementation is necessary. The return on these investments will definitely be a just and inclusive society.

## Conclusion

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It is important that we follow all the inclusive measures to safeguard the wellbeing of women with disabilities in any disaster response. COVID-19 is a newer crisis but Nepal has had its experience of disaster in forms of earthquake, floods amongst many other. When strategies are being made to combat the issues of COVID-19, it is important that it has sustainable impact on vulnerable population and serves as a learning for other unforeseeable crisis in the future. Finding inclusive solutions to COVID-19 alone is not enough, but institutionalizing the same good practices in our policies and culture is rather a long run achievement.

The policies available have come a step closer to eliminate existing barriers but it is still not enough, specially in livelihood sector. The implementation of each policies however is below par. More researches and data collection need to establish true and fair conditions of women with disabilities all over Nepal so that their accessibility to social protection and other opportunities may be delivered. The level of awareness and low expectation of society from women with disabilities still needs a drastic change. This is a huge step and requires all stakeholders to take initiative towards same direction. Every crisis requires slightly tailored implementation of policies, programs and stakeholder's intervention. But the most important part is being resilient in any disaster situation with effective mitigation strategy, proper preparedness, proactive response and sustainable recovery. When we have learned to make all 4 of these phases inclusive, there will be no need for special consideration of women with disabilities in any crisis. That is the goal we ought to attain.

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