

COVID 19 in Nepal: The Impact on Indigenous Peoples and Persons with Disabilities

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The COVID 19 pandemic crisis is unfolding against the backdrop of several important milestones for equality and the human rights of various marginalized groups including women and girls, indigenous peoples and persons with disabilities in all their diversities and intersections in Nepal. The COVID-19 pandemic has entrenched systemic gaps, underlying structural inequalities and pervasive discrimination, more visible with inadequate healthcare, access to information, employment and livelihoods, and social protection system mainly for marginalized groups. This study aims to understand the challenges and impacts of the COVID 19 on marginalized groups including persons with disabilities in Nepal. Based on qualitative research with primary and secondary information, the paper emphasizes the experiences and realities of marginalized groups during the lockdown and pandemic situations. Some of the existing challenges faced by marginalized groups include access to information and health measures related to COVID 19, access to livelihoods and employment, increasing rates of suicide, violence against women from marginalized groups, women with disabilities, and others. The study will integrate these components and deal with intersections with concrete recommendations.

Keywords: Marginalized groups; persons with disabilities; discrimination

Introduction

The UN COVID-19 Brief Report- June states that indigenous peoples with disabilities face greater inequalities in accessing healthcare during the pandemic, due to inaccessible health information, and other obstacles and barriers such as discrimination in accessing healthcare facilities (UN, 2020:1). Similarly, the UN COVID 19 Brief Report - May states that the global crisis is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative (UN, 2020:3). Persons with disabilities experience intersectional and multiple discrimination as a result of their gender identity, age, ethnicity, race, sexual orientation, origin, location, and legal status, among other factors, and carry a heavier burden of the immediate and long-term economic and social consequences of

the pandemic (UN, 2020:8).

In Nepal, the government data states that 35.8 percent of the national population are indigenous peoples¹ and 1.94% are persons with disabilities. However, the data strays significantly from the 50 percent and 15 percent respectively, articulated in the WHO guidelines and framework. Indigenous peoples with disabilities are estimated to be approximately 54 million, of who 28 million are indigenous women with disabilities and 45 million of who live in Asia and the Pacific (UN Women, 2015) and 1.3 million in Nepal alone (IPWDAN and NIDWAN, 2020).

Historically, Nepal has been an exclusionary state based on structural discrimination dominated by high caste, hill origin, male elites, despite a very heterogeneous population. The 2011 census lists 126 different caste and ethnic groups with 123 languages spoken. Political, social, and economic powers are interlinked with the Hindu caste system, and there is deeply entrenched social hierarchy. Women, indigenous peoples, Dalits², and Madhesis have suffered longstanding marginalization, which continues to date. Structural inequalities and discrimination have led to an intersection of factors that increase marginalization: gender, caste, ethnicity, religion, age, disability, language or geographical remoteness (DFID & World Bank, 2006; Bennet et. al., 2006). Although indigenous peoples constitute a significant proportion of the population, throughout the history of Nepal, they have been socially excluded and exploited in their own land, territories, resources, language, culture, customary laws, and political and economic opportunities. They have lost their traditional land, language, territories, self-governing system and collective way of life, directed by Hindu-dominated political, cultural, social, and religious ideology and forced to assimilate. Though the country is not colonized by an external power, internal colonization existed historically for indigenous peoples who have been forced to accept and practice one language, one religion, one culture/tradition, customs and other value systems till now.

Person with Disabilities are diverse with a wide range of impairments and social categories like gender, caste, ethnicity, class, and others that are evolving in different contexts and situations with their own individual history, experiences, and narratives. Both indigenous peoples and persons with disabilities are heterogeneous groups with a wide range of impairments as well as different identity markers (UNHCR, 2020). Marginalized identity markers overlap and create disparities and enable systemic, structural discrimination, and oppression due to the barriers in society related to these multiple identities and its intersections.

Furthermore, groups like indigenous women with disabilities who occupy several marginalized identities, often experience multiple and intersectional discrimination and have remained invisible within the women, disability, and indigenous rights and movements. The existing laws, policies and the Constitution of Nepal 2015 define all marginalized groups as a similar group, for example, women as a homogenous group, and do not provide for equal rights and justice for all. As our research illustrates, the existing silo approach of individual and group

categorisation has created a wide systematic and structural gap and exclusion among the groups having multiple identities and questioning the milestones achieved for equality and the human rights of various marginalized groups during the recent years.

In this article, I draw on qualitative research with indigenous peoples and persons with disabilities during the COVID 19 response process in different forms and address the complex and lockdown impacts on marginalized groups. Findings highlight how the uncertain extended lockdown situation meant that marginalized groups faced challenges related to access to information, safety and health measures, serious adverse economic impacts related to food, employment and mental wellbeing, including increasing rates of discrimination and violence. In highlighting these themes, the aim of this article is to contribute to policy discussions on how groups who have multiple identities are excluded and what is the best approach to address the needs of the most marginalized groups in rapid relief response and recovery post-COVID 19.

Methodology

The data is drawn from qualitative research conducted between March and August 2020 based on primary and secondary sources of information. Data was collected from indigenous peoples and persons with disabilities and their organizations from seven provinces while working on COVID during the lockdown in Nepal. The analysis draws upon interviews, informal discussions via telephone, messages, emails, and opinions shared on Weekly Virtual Discussion Series on COVID 19 and weekly training on disability and human rights conducted by the National Indigenous Disabled Women Association Nepal (NIDWAN). Case studies, experiences, and opinions are taken from the online counseling support provided by NIDWAN and based on working experiences. Similarly, the secondary sources of information are from different print and electronic media, news, videos, and reports prepared by NIDWAN and submitted to different Special Rapporteurs of the United Nations during COVID. Different discussions and meetings with the researchers and relevant stakeholders UN agencies, development partners, and others have been integrated. To protect the participants interviewed, throughout the paper, we refer to interviewees using pseudonyms only to ensure that all participants remain anonymous. Interviewees have given their consent to have their interviews documented and reported in this paper and other references are taken from published documents produced during COVID at local and national level.

Findings

The following subsections present the main findings.

COVID-19 multiplies burden and vulnerabilities of indigenous peoples and persons with disabilities

Even under normal circumstances, marginalized groups like women, children, elderly people, persons with disabilities, indigenous peoples, Dalit³, and other sexual orientations are less likely to access health care, education, employment and participate in the community. They are more likely to live in poverty, experience higher rates of abuse, neglect, violence and are excluded and discriminated. COVID 19 has further compounded the situation, disproportionately impacting marginalized groups directly and indirectly. The COVID impacts of health risks, burdens, experiences, and outcomes aren't the same for everyone as the recent news published on Kathmandu Post-June 9 mentions, 'The lockdown is killing the poor and the marginalized' (Kathmandu Post, 2020).

Marginalized groups like indigenous peoples are facing aggravated health risks, food insecurity, loss of employment and livelihoods, increased violence, poverty and persecution to their lives due to the military campaign and intensive attack on their lands and territories that are happening in different parts of the country and fueling threats to indigenous peoples, particularly indigenous women who have additional responsibilities and challenges when it comes to coping with the pandemic. Persons with disabilities, too, are heterogeneous and require different needs based on their disability identities and condition experienced. Furthermore, they are generally more likely to have poor health largely on account of deficiencies in health care services. Many of them do have specific underlying conditions that make a disease like COVID-19 more dangerous. The limited access to culturally appropriate information, personal assistance, and medical care has impacted persons with disabilities and indigenous groups, and limited participation in decision making is putting human rights in peril during the pandemic. However, a lack of local government coordination with organizations of persons with disabilities and local community leaders and bureaucratic barriers have prevented this group from being counted and included in relief efforts, which can result in starvation, and prevention of passing on intergenerational knowledge (Minority Rights Group International, 2020).

A different complex emergency that we never had before

Person with disabilities experienced differently the pandemic measures, as they were advised to stay home to reduce the risk of transmission. Many women and girls with disabilities, people with intellectual and severe impairments have already limited mobility in normal times but are now furthermore restricted in the extended lockdown. They are facing an increased risk of threat, isolation, dilemma, anxiety, indifference, abuse, and violence. In the month of June 2020, during the COVID relief distribution process, different persons with disabilities

expressed how their experience is different, as outlined by one of our interviewees in her statement below:

Our experience during the pandemic is different; my life has ended up in confinement within four walls and I have become more vulnerable without support. All my family members are at home and there is no attention and support paid to me as the lockdown has been extended. I cannot even take fresh air, all the time it is crowded and every time I feel insecure, I have no information on health and safety measures and we have no ways/means to share, whom to ask, where to go, how to say, totally isolated and silenced. I feel that I am totally locked up.

Throughout the peer and telephone-counseling support services provided, we found most of the persons/girls/women with severe disabilities are unaware of the broader pandemic as they have been forced to remain inside. They often reflected how they have nothing to do and relied upon family members to obtain information on safety measures and regular updates on basic health measures. Access to regular health necessities, including Clean Intermittent Catheterization (CIC), incontinence products, diapers, urinary bags, medical supplies, incontinence products, and other safety measures have been unavailable or complicated to receive. In addition, the extended lockdown situation has increased mental health problems and hypertension among persons with disabilities and their parents due to the loss of their regular jobs and the public restrictions on conducting socio-cultural rituals and ceremonies. General public and marginalized groups have had no choice in these public directives. As a result of the ongoing impacts on their socio-economic, cultural, psychological wellbeing, it is estimated that more than 1600 people from across Nepal have committed suicide during the pandemic (The New Indian Express June, 2020). It is predicted that these rates will only increase during the pandemic period (Sharma and Raut, 2020:1). With this uncertain turmoil, people with disabilities and their families expressed frustration given the huge adverse effects on them and all household members.

People are losing hope

During the pandemic, the local, provincial and federal governments have been less responsive and remained unreachable for many marginalized indigenous communities such as the Chepang, Raute, Danuwar, Hayu, Bankariya communities. The Chepang community, one of the highly marginalized groups whose standing on the Human Development Index (HDI) is very low, are facing military campaigns and the mobilization of state forces. They have been confronting severe consequences including displacement, vilification, harassment, intimidation, threats, false accusations, arrests, imprisonment, and killings with gross human rights violation (The Record, 28 July 2020). In Rapti Municipality - 2 of Chitwan, Raj Kumar

Chepang, a Nepalese Army Soldier recently beat a young indigenous man to death because he was caught inside the forest in search of Ghongi, a type of snail, to fill his family's stomach (The Kathmandu Post, 24 July 2020). He was working as a manual laborer, but during the lockdown, it became difficult to earn a daily wage and his family members were suffering from hunger. Tears brimming in her eyes, his mother explained that the only crime her son had committed was not to see them hungry (Pokharel, 2020). Due to the extension of the lockdown, it became increasingly difficult for her to pay the rent and she was forced out of the house. Her families are now living precariously on the bank of a river, which is unsafe. On top of suffering the devastating loss of family members without any compensation, the government is now accusing them to be spies for the state (Cultural Survival, 2020: 2).

Likewise, the pandemic is seen by the state as a propitious time to counter and violate indigenous persons' rights and suppress the indigenous people's movements. These actions have remained unreported and undocumented, which is not uncommon in Nepalese reporting in the media. On July 18, 2020, a group of peoples tortured and vandalized more than 10 huts, 60 families had their homes allegedly burned in a Chepang settlement built in Kusum Khola, Madi. The displaced families have claimed that the Chitwan National Park authorities have violated their rights to live as human beings (The Kathmandu Post, 24 July, 2020). In the midst of monsoon seasons, these families find themselves homeless and without food/clothes and further exposed to COVID 19 (International Land Coalition, 2020:1). More than a month has passed but the government hasn't published any official report/statement about the severe human violations and the burning of the shouse of Chepang communities, and no measures have been taken so far (Basnet, 2020).

As lockdown continues, indigenous peoples who already face food insecurity, loss of their traditional lands and territories, now confront even graver challenges to access food. With the loss of their livelihoods, which are often land-based, many indigenous peoples who work in traditional occupations and subsistence economies or in the informal sector, are adversely affected. The situation of indigenous women who are often the main providers of food and nutrition to their families, is even graver. The food crisis is a common fate of the Chepang, Danuwar and other communities. Before the pandemic started in March 2020, Kamala Chepang from Ichakamana village committee ward no 7 had no food in her house for 2 months already and was depending on forest products such as tubers and roots. The subsistence of her family became even harder with the lockdown (Ichaakamana News, 2020). Those communities are experiencing a severe economic crisis, as most of them depend on daily wages, contributing to rising famine. Some of them who cultivate seasonal vegetables are not able to sell their products in Gorkha and their only source of income has been taken away (Chepang, 2020). The lives of persons with disabilities are similar and face critical situations when it comes to the basic and daily requirements, resulting in hardship, with many living hand to mouth (Gurung and Gahatraj, 2020).

Indigenous peoples already experience poor access to healthcare, significantly higher rates of communicable and non-communicable diseases, lack of access to essential services, sanitation and other key preventive measures such as clean water, soap, disinfectant, etc. The pandemic has exposed them to bigger threats of dying from starvation, lack of health services, and violations of human rights. Most communities got infected by measles-rubella during the COVID outbreak. Two children have died, and more than 150 have been infected by measles-rubella in Benighat Rorang Rural Municipality in Dhading since its spread one and a half months ago. Since the Chepang settlements are in remote areas and difficult to reach for health workers, most Chepang families do not receive regular immunization services. 'None of their children are immunized, and this lockdown has made it harder for them to seek medical treatment' says Soltimaya.

Similarly, an indigenous man with disabilities who has hemophilia and lives in a rural part of the country, has been worrying as he has shortages of regular medicines, which can be life-threatening for him. He has no other option than to give up his life if the bleeding does not stop itself (Gurung and Gahatraj, 2020). Even when Indigenous Peoples are able to access healthcare services, they face stigma and discrimination and have lost their lives in moving from one hospital to another during COVID (Annapurna Post, 2020). Despite these adverse circumstances, indigenous peoples are being resilient, seeking their own solutions with a 'new normal' to this pandemic and are practicing traditional customary knowledge such as voluntary isolation, sealing off their territories in Thakalis, Dhimal and Tharu indigenous communities, as well as preventive measures in their own languages in some places which are taken as good practices to remain safe during the pandemic.

Information leading to confusion and anxiety

Throughout the lockdown period, indigenous peoples and persons with disabilities who are not acquainted with the information systems have remained overwhelmed. Information was lacking in the local languages, inaccessible to deaf people, and even the general public were confused and faced a challenge to understand new words such as quarantine, self-isolation, hand sanitizer, social distancing and had difficulties in understanding the meaning of these new words (Gurung, 2020) and anxiety and fear related to information on safety soon kicked in. The information was not disseminated properly nor available in an accessible format or in local languages in a coordinated manner with accurate safety measures, which confused and terrorized people, leaving them with no answers. COVID is a thing on their mind, creating a lot of chronic anxiety, stress, and/or trauma and lack of accurate information is an additional one. The parents of person with disabilities and indigenous peoples were not provided adequate information on COVID so they were not able to synthesize and understand properly the situation and the precautions to be taken. With confusing information, data of death rates of

people globally, impairment and support system needs for their disabled children, parents expressed stress, dilemma, and tension. Some indigenous peoples applied their customary practices for the dissemination of information, but those practices are limited within some communities and the government has failed to promote those traditions.

Indigenous peoples with disabilities require indigenous, disability, culturally friendly, and intersectional approaches in receiving information on safety. However, these measures are not integrated. Access to information is held by mainstream media by certain peoples who are in power and have control over it. The mainstream media are controlled by able/male/dominant groups who have influence in state mechanisms and have the power to exercise the right and disseminate the information which reinforces access, strengthens capacity and empowers groups who are already privileged. And other groups remain further excluded since having access to information in their own local language including access to state structures, remains a challenge. However, sign language is practiced recently in a few places. Indigenous peoples resisting the existing information system have faced layers of discrimination when it comes to the right to information which increases the risk of contracting and transmitting the virus as well as other risks during the pandemic but also in times of normality.

During the confinement, the high rate of misleading information about COVID on the many news media outlets and social media pages have made persons with disabilities very vulnerable to infection or harming themselves in attempts to protect themselves (COVID 19 Statement, 2020). Similarly, respondents opined that it's hard for anyone to keep up with the data and safety measures, which are constantly changing in the rapid evolving pandemic. There is a sense of helplessness among the general public that even if they were to get infected, nothing could be done about it. So ultimately, misinformation can harm people, psychologically or mentally, or lead to people's death. Thus, health and public campaigns around COVID-19 should be disability, gender, indigenous, and culture friendly.

Increasing rate of violence and abuse

Women and girls are at a high risk of sexual assault and exploitation every day and this risk has become even higher during the pandemic crisis. During this lockdown period, women are being physically and psychologically exploited as many women find themselves forced to be confined with their domestic abusers with the public directive for social isolation (Dahal Minakasi et al., 2020). Indigenous women and women with disabilities who are further marginalized than other women, live in poverty, lacking awareness and education and are often considered as weak, worthless and sometimes sub human, which is putting them at a heightened risk of neglect, abuse, domestic and sexual violence (NIWF et. al, 2020). This phenomenon has been compounded by the COVID-19 situation, disproportionately impacting girls and women with disabilities both directly and indirectly related to the safety and security with an

increase in gender-based violence such as domestic violence, harassment, threat, assault, and rape within families and communities even in public quarantine centers.

There has been increased reporting of violence against young girls across Nepal such as the eight-year-old girl who had her sensitive body organs lacerated by her neighbors, a case known to be compromised (The Kathmandu Post, June 8, 2020). Similarly, information from the ground, reported that a house owner abused an indigenous woman with a disability repeatedly and while trying to protect herself had an accident leading to multiple disabilities (Interview with Province Focal Person, 13 August 2020). The interviewee advised that she is suffering from mental health problems and was put into quarantine without any physical, mental, or any other kind of support (Field, 2020). Her multiple identities exacerbate and unfold with different layers in social, cultural, economic, health, class, gender, disability, ethnicity, access, and other impacts that intersect with increasing vulnerability. Likewise, a 54-year-old man raped a ten-year-old girl with a disability from a marginalized group during the lockdown in Rautahat district (The Himalayan Times, 2020). The case has been reported and registered, but no effective action has been taken. Similarly, an eight year old girl from an indigenous group has been raped, but the incident report states that she fell down from a tree (NIWF et al., 2020). A 31-year-old woman from Lamkichuwa Municipality-1 was gang-raped while she was in quarantine (NIWF et al., 2020).

Significant increases in the number of such cases have been seen during the pandemic, but those cases have not been highlighted with full information. More than 624 cases of violence against women and girls and 61% violence inside the home from 55 districts are reported (WOREC, 9 June 2020) however the degree of impact of violence caused to different women based on caste, ethnicity, disability, class remains unknown. The cases and reporting of discrimination and violence on multiple and intersecting identities have not been part of the discussion and reporting, and which pushes one to question the justice system. Most of the cases are not reported, and even if they are, the report is registered after 2-3 weeks and frequently the victim's family members are suggested to have a mutual understanding as a solution to the case (IPWDAN and NIDWAN Report, 2019). The lack of disaggregated data of the reported cases is again an issue.

Frequently, victims from groups with multiple identities like indigenous women with disabilities experience abuse and violence, over a longer period of time. They often suffer from mental and physical injuries and will struggle even more to access the legal services and support system. In the pandemic situation, most women with multiple identities need individual support, but in reality, their needs and voices have been disproportionately suppressed in the name of lockdown and security measures. With limited access to phones for women and girls, gathering and movement restrictions, disruption of public services like police, justice systems and social work, issues of discrimination and gendered-based violence have been less of a priority during the pandemic. Evidence shows that the circumstances created by the pandemic

have provided a safe environment for domestic abusers to commit crimes, which should be addressed with strong legal measures of punishment.

Specific needs of groups with multiple identities and lack of disaggregated data

People with different impairments and groups with multiple identities like indigenous women with disabilities bear the brunt of the pandemic. Some reported to be unaware of relief distribution in their local areas and they don't have a disability card/citizenship and live in remote areas which makes it impossible for them to receive support. A woman with severe spinal cord injury explained that she lives alone and is left without information. She can't have access to relief as she doesn't have citizenship/another card, cannot walk to the place where relief is distributed, and speaks only her local language; the distributor does not come to her house. She needs food and regular medicines and there is no one to help and she needs continual personal assistance to take care of her needs. She fills her stomach with water brought by one of her far relatives. Having urine infection, bedsores and pain, she has no modes to explain to anyone and no one believes and supports her.

Similarly, people with different impairments especially persons who need formalized support and care such as people living with spinal cord injury, intellectual disability, autism, psychosocial disability and women with disabilities are facing greater risks in potentially contracting COVID19. Due to their impairments and inadequate support, they are facing barriers in maintaining social distance, frequent hand washing, accurate information, wearing masks and remaining in isolation. People with multiple and mental disabilities are facing a lack of adequate medical supplies and care support. Parents who are supporting them are facing different challenges such as mental health problems and access to medication during the pandemic. With no choice, some people with disabilities are left as usual without any support, which poses more risk and threat.

Likewise, the government representatives declared that the number of COVID-19 infections have been increased but there is a lack of disaggregated data on infection and deaths. There is also stigma about getting tested for COVID-19, and mostly marginalized communities from the villages/rural areas, persons with disabilities, indigenous peoples, Dalit, sexual and other minorities, LGBTIQ and others, are not receiving sufficient medical attention. Health professionals highlighted the daily routine for COVID-19 such as check-up, tests, isolation. However, these specialist COVID-19 services, such as quarantine services, are not gendered, do not consider accessibility for persons with disability and are largely, culturally inappropriate for indigenous peoples.

Conclusion

The explained cases serve as a sobering example in many ways that the COVID 19 crisis has further intensified the barriers faced by both indigenous people and persons with disabilities, and understanding the specific inequalities experienced by indigenous peoples living with different impairments and social categories that cut across multiple and intersecting identities remains a priority. A prolonged and unsystematic COVID-19 pandemic lockdown hits hardest the lives of indigenous peoples and persons with disabilities from marginalized groups. The COVID-19 government responses have reinforced that both persons with disabilities and indigenous peoples are situated within the lowest hierarchy of society. Inclusive, intersectional approaches and meaningful participation of individuals with multiple identities with priority must be framed both in COVID and in normal situations to respect the value of leaving no one behind.

The COVID-19 crises has also revealed the ways in which some very simple strategies can be implemented to address the rich diversity of Nepalese society, such as ensuring that health communications and messages are clear, concise and tailored for different groups alongside issuing targeted support services and household resources including sanitation and hygiene kits. The implementation of targeted, culturally appropriate and impairment specific supports, would ensure that indigenous persons living with disability would be able to maintain a level of dignity and minimize their forced dependence on others who may be abusive, unsafe and violent. Most importantly, the COVID-19 pandemic and state responses reveal that there is an urgent need to address long standing structural inequalities to enable indigenous persons living with disability to live a life of respect.

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Notes

¹ Indigenous peoples are distinct collective identities, having their own mother tongues, religions, traditional cultures, written and unwritten histories, traditional homeland and geographical areas, plus social structures and other dimensions. They have no decisive role in the politics and government of modern Nepal.

² Dalits are those left behind in social, economic, educational, political and religious spheres and deprived of human dignity and social justice due to caste-based discrimination and untouchability in Nepal. 'Caste-based Untouchability' refers to those communities, who have

been discriminated against as water polluting, or touching whom requires purification, untouchables or any community that was identified as untouchable before the promulgation of the New Civil Code, 1963.

³ 59 Indigenous Peoples are legally categorized by the state in Nepal and there are others to be recognized yet. Indigenous and Dalit are categorized as marginalized group in constitution.

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