**Submission by EcoHimal:**

COVID 19 has huge impact upon community people who have malnutrition, pre-existing conditions, and lack of access to quality healthcare. People with chronic disease and vulnerable to exposed situation has higher rate of virus being transmitted. Indigenous people too are not far away suffering due to COVID 19 pandemic situation. The death toll has reached to 19 as of June 14, 2020 whereas number of active cases is 4,442. The neighboring country India has mortality rate of 3 percent. Nepal, being adjacent to India and China, it has mortality rate less than 3%.

Indigenous people comprises of 36% of total population. It remains the challenge to stay alert in the pandemic to those marginalized, excluded, subjugated, dominated and exploited in terms of land, territories, resources, language, culture, laws customary and political and economic opportunities.

In Nepal, we do not have Centre of Disease Control and division (CDC) in national and provincial level. Having such entities can help us to ensure adequate preparedness and research in possible epidemic and pandemic cases. If we had CDC in present time, we can do research in probable vaccines and deal with new viruses like corona, as well as train healthcare workers, and inform the public. They will empower health workers in dealing with new viruses. Such entities also conduct research on future pandemics. According to this context, no any communities are well pre- prepared for any form of disaster. Since lockdown, private hospitals are a sort of temporarily shut down, they are not taking any chronic and pre-existing diseased person, if they belong to corona affected district. Another major obstacle was unavailability of PCR machine, initially was available in central level, but now it has been spread to district hospitals. Sanitation is another big issue, which is left unsolved during pandemic. The government hospitals have no enough capacity to deal with sanitation related issues that occurs. As hospitals began to occupy with migrant workers mostly from India, personal hygiene and sanitation has worst scenario. Health services are not accessible to every people, lockdown has imposed people to worsen their illness in degradable condition.

Until this time, people were desperate to the shortage of hand sanitizer, proper masks and PPE equipment to keep themselves protected. Health facilities were too facing lack of basic amenities to protect against COVID19.

Official information and communications on COVID-19 are disseminated in the national language and remains mostly inaccessible. Many government bodies and different development partners which are disseminating information did not take into consideration the perspective of persons with indigenous persons. Many technical words were used such as self-isolation and quarantine that are difficult to explain. Nowadays, disabled friendly information and PSAs are being produced in national television. But when it comes to awareness in remote communities, information is still lacking to reach in every community.

Due to movement restrictions and lack of available food, people are experiencing starvation. Quarantines and isolation outside the Kathmandu have no proper management of food, so many people are experiencing threat to compete with starvation. This has also imposed the situation to leave from their quarantine place. This has increased the chances of transmission in the community. Food has been distributed by government of Nepal but it has no access to needy people.

Many people have lost their jobs and has created hilarious situation of hardship among daily wages labour. Small business holders have greater economic loss, employers are getting cut off remuneration from their regular jobs. Many people left from city to village just for the sake of food. The number of migrant worker coming from neighboring especially India and golf countries has been increased. Low paid workers are affected the most.

Schools are still not opened, since there is no any circumstances to keep our children safe to send school and get them back to home. Community schools have started online classes, but every children has no access to internet and basic computer/laptop amenities. Radio is playing important role to disseminate information, but there exists some poor and marginalized who don’t have either of smartphones, radio or television. So it has been difficult for schools to formally start their classes.

The situation is worse in developing countries among women, elders, children and persons with disabilities. Women facing increased work of caring of children and other members of family more than past days. Health pandemics can make it more difficult for women and girls to receive treatment and health services. The state of being away from health services has resulted in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies. Elderly people and children are more vulnerable to prevent their health condition in corona pandemic. Not only physically, social distancing has emerged mental disturbances among them. Health services are not disabled friendly in current time neither the relief work. Women are the one who gets exposed to market, so they might have chances of being infected ,But for the time being, in Nepal, most of the cases even though imported one, more men are likely to be affected.

Since there is limitation to number of PCR test by Government of Nepal, all Nepalese are forced to stay at their home voluntarily. Those families who expose themselves are at greater risk of developing symptoms. Regardless of their profession and being stacked due to halt of transportation, maximum number of members in each family are having their time inside their home. Including indigenous people, all caste groups are following lockdown. If we go by definition of isolation, the number of isolation bed is quite few if the increasing trend of people being infected with corona remains increasing day by day. Except countable number of private hospitals, they have not started OPD until now. Government hospitals capacity is significantly less compared to risk group.

As an example of traditional behavior from indigenous group, when Nepalis people were facing shortage of hand sanitizers amidst the coronavirus crisis, a municipality in the Kathmandu Valley has turned to an indigenous method of manufacturing the gel that could effectively disinfect our hands. The Office of Lalitpur Metropolitan City is now promoting home-made hand sanitizers laced with liquor produced by local indigenous Newar people. In Lalitpur, many Newar families brew alcohol at home. Some even brew alcohol for commercial purpose. This local indigenous knowledge of brewing liquor has come handy in producing home-made hand sanitizers at a time of crisis.

Government preparations are not strong enough to cope with COVID-19 in terms of health facilities, medical suppliers and insufficient well-equipped infrastructure. The economic crisis owing to the pandemic is going to be a huge problem. Due to the shrinking economy and lack of access to economic markets, combined with a significant proportion living hand to mouth, most Indigenous Peoples and Indigenous women are facing a problem of surviving even when not infected with the virus. Indigenous peoples can contribute to seeking solutions. Their good practices of traditional healing skills and knowledge, such as healing of communities to prevent the spread of diseases and of voluntary isolation, are being followed throughout the world today.

In COVID 19 Nepal Preparedness and Response Plan(NPRP), Priority preparedness activity engages gender actors, women’s groups (Women Friendly Disaster Management Group), excluded groups (eg: gender and sexual minorities, people living with disabilities, Dalit, ethnic and Madhesi minorities, etc.) and networks. The NPRP ensures that the most excluded women and girls including disabled, LGBTQI, displaced persons, migrants, and other have equal access to GBV prevention and response services.

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