Report

On

Indigenous Women’s of Nepal on COVID 19

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# **INTRODUCTION**

Indigenous Peoples of Nepal are officially described as Indigenous Nationalities (Adivasi Janajati). They make up for 35.81 per cent of the country's total population (approximately 8.5 million out of the 26 million Nepalese) and 19% Indigenous women. But, Indigenous People's Organizations claim that their population could be as high as 50 percent of the country's population. Despite constituting such a significant portion of the population, indigenous peoples have been marginalized in terms of language, culture and political as well economic opportunities throughout the history. Indigenous Peoples possess their own distinct tradition, culture, and religion. (*UNDP Human Development Report 2014, page; 17, 18)[[1]](#footnote-1)*. Nepal is a party to ILO Convention no. 169 and the Unite National Declaration on the Rights of Indigenous Peoples (UNDRIP). Similarly, recent impact analysis of UNDRIP 2019 reveals that UNDRIP seriously unable to improve situation of Indigenous Women, Children and Youth.[[2]](#footnote-2)

During COVID-19, Indigenous Peoples are suffering from lack of access to food, clean water; healthcare, sanitation kits and medicine. There are 7840 cases of COVID-19, 22 death, 1186 recovered cases as per the record from 19thJune 2020[[3]](#footnote-3). Nepal government preparedness is not effective and even responding pace is not sufficient to cope with COVID 19 in terms of providing health facility, medical supplies and well equipped health infrastructures. 88 days lockdown has severe consequences and amplified human rights violation, shortage in relief packages, loss in livelihood means. NPC Vic-Chair Mr.Swarnim Wagle has stated on setopati interview pointing the service sector that makes a contributes 60% GDP, hardly hit by the pandemic and resulting lockdown[[4]](#footnote-4) Due to the worsening socio-economic situation, most of Indigenous Peoples, women, elderly peoples and person with disabilities struggle has been multiplied due to intersectionality and insensitive responding mechanism to even survive.

Similarly, lack of participation and representation of Indigenous Peoples especially women in the decision making level, the respond mechanisms follow blanket approach without considering their specific need. Further, they do not have access to information in all COVID 19 availed measures.

The report highlights the situation of Indigenous Women and girls and women with disabilities amidst Covid-19 to draw attention and reflect on the actions taken by government and other stakeholders to ensure Indigenous Women’s rights. Most importantly, the report recommends the UN Special Rapporteur for the Rights of Indigenous Peoples’ for assurance of good health and well-being of Indigenous Women and Indigenous Women with Disability of Nepal.

# **OBJECTIVES:**

The main objectives of this report are to-

* explore the situation of Indigenous Women and Indigenous Women with Disability (IWDs) to them.
* document evidences on the adverse impact of COVID 19 pandemic to IWDs for evidence based advocacy
* support and equip UNSRRIP to provide the strong recommendations to government to cope with COVID 19 pandemic and future disaster preparedness .

# **METHODOLOGY:**

The report is prepared primarily based on the secondary data supplemented by partial primary data collected by NIWF through its member organizations representatives at Districts and Province chapters through telephone interview and informal discussions website, social media and statements. Similarly, NIWF forum, INWOLAG, NIDWAN and INYWN have also collected information using same methods on the thematic areas they are working. NIDWAN additionally conducted two Focus Group Discussion (FGD) with Indigenous Women with disabilities at national and Asia region level.

**ISSUES OF INDIGNEOUS WOMEN ON COVID-19**

## **Lack of access to Information**

COVID-19 presents a new and multi-dimensional challenges/threat to the survival of Indigenous Peoples including Indigenous Women in developing countries like Nepal. The rate of COVID-19 infection is significantly higher among Indigenous communities compared to non-indigenous communities[[5]](#footnote-5). Lack of access to information in their own mother languages with cultural sensitivity amplify their risk to be aware, take precautionary and preventive measures. United Nation, Nepal prepared Nepal Preparedness and Response Plan (NPRP) on COVID- 19[[6]](#footnote-6), and Nepal Government has been disseminating the COVID- 19 awareness information only in Nepali and English Languages.

Ministry of Health and Population has prepared Information, Education & Communication materials[[7]](#footnote-7)on COVID- 19 (Nepali language). NIWF District Chapter representative stated: The *information on COVID 19- has not been disseminated with appropriate medium and mother tongue languages by the Local Government.* Some NGOs, media and activists have produced COVID- 19 messages in the mother tongue and shared through the social media, radio and YouTube channels. This was widely distributed and broadcasted through 21 different indigenous community radio stations.[[8]](#footnote-8)

According to NIDWAN, the first PSA for person with disabilities from Indigenous Deaf Peoples have been integrated from organizational level only.[[9]](#footnote-9).

 **Increased health risks and issues:**

Indigenous women have reflected limited access to water, food, healthcare, and many other services*.* In the situation, they lack sufficient water to cooking food, frequent hand wash to maintain hygiene and sanitation required for fighting COVID-19 has become more challenging. They are worried about water rather than safeguarding themselves from COVID 19 at this season.[[10]](#footnote-10) More than 1,200 suicide cases have reported in Nepal within 88 days of lock down and the number is increasing every day. The data compiled by the Nepal Police shows that suicide cases across the country have increased by a staggering 20 percent, which mental health experts say have connection to the global pandemic[[11]](#footnote-11). The government has not taken any specific initiatives for Indigenous Peoples’ health, including IPs rights to FPIC and neither any gender, disability and culturally appropriate measures are adopted. Quarantine beds and spaces build for COVID measures don't have provision of safety measures, enough beds and proper treatment.[[12]](#footnote-12)All the marginalized groups including many Indigenous Peoples are losing their lives without regular treatment[[13]](#footnote-13).

In 88 days of lockdown period, officials have announced that around Rs 10 billion has been spent on combating the pandemic. The federal government is said to have spent Rs 6.03 billion while the provincial and local governments spent Rs 1.08 billion and Rs 2.76 billion, respectively. Narayan Prasad Bidari, a secretary at the Office of the Prime Minister and Council of Ministers, shared that Rs 9.87 billion has been spent so far, without giving a breakdown of the expenditure. The Kathmandu post, June 5)[[14]](#footnote-14).

The formal decision made by MoHP to postpone/shutdown all the Outpatient Department (OPD) services in all the Government hospitals and convert them to COVID-19 pandemic services, created (some) institutional barriers for these people to access their regular health checkups and other medicinal access. Pushpa Lal Tamang, who has hemophilia and lives in rural part of country, has been worrying as he has shortages of those things which can be life threatening for him. He has no other option rather to give up his life if the bleeding does not stops itself. [[15]](#footnote-15)Likewise there are more than 563 cases of hemophilia cases.

Similarly women with disabilities require special needs based on their impairments. Kanchi Maya Tamang, from Nuwakoth as spinal cord injury, life is expensive for her, faces aggravated forms of mental problems. There are about three hundred women and girls with spinal cord injuries[[16]](#footnote-16)who are facing similar challenges and 45% person with disabilities are in the urgent need of hygiene materials such as catheter, tube, mask, sanitizer, urine bag, diaper etc.[[17]](#footnote-17)

## **Issues of Migrant workers**

There are more than 2 millions of Nepal immigrant works from India[[18]](#footnote-18)are coming back to their home walking more than 100 kilometer for the home destination without food and water. They have a big challenge of food security for their family back home because they lose their jobs and no alternative options for livelihood in their respective village. The recent Nepal Government budget announced[[19]](#footnote-19) that “labors of affected sectors by COVID pandemic will be provided training in local and provincial level.

Over 62 percent of the employed workforce is in the informal sector and about 85 percent of them are employed informally.[[20]](#footnote-20) Nepal’s projected pre-COVID GDP growth rate of 8.5 percent will decline to well below 2.5 percent in 2019-2020, and severely constrain a rebound in 2020-2021.[[21]](#footnote-21)As per the analysis by the Asian Development Bank, the outbreak of this deadly disease will hit almost every sector of the Nepali economy, shaving up to 0.13 per cent off the gross domestic product and rendering up to 15,880 people jobless. [[22]](#footnote-22) Three in every five employees of both formal and informal micro, small and medium enterprises (MSMEs) in Nepal have lost their jobs as a result of coronavirus (COVID-19) pandemic, according to a study commissioned by the United Nations Development Program (UNDP) in Nepal.[[23]](#footnote-23)Surya Bahadur Tamang, who’d spent several decades hauling goods in Kathmandu, was found dead on the sidewalks of Kirtipur without food.[[24]](#footnote-24) News highlights that Chepang Indigenous Peoples did not have rice in their homes before 2 months of the lock down started.[[25]](#footnote-25)

## **Human Rights and Access to Justice:**

Nepal Women Commission has received 1,145 telephone calls and registered 604 cases from 24th March to 23rd May 2020. Among them 77% were domestic violence and 23% violence against women.



There is almost 200 percent increase in maternal mortality rate since the lockdown and Nepal has already missed its own [2020 target](https://myrepublica.nagariknetwork.com/news/saving-women-from-deaths/)to reduce maternal mortality to 125 per 100,000 live births. The current ratio is 239 deaths per 100,000 live births. An official at the family welfare division told that more women are dying without proper and timely health facilities as hospitals are refusing to admit them without a Covid-19 test report.[[26]](#footnote-26)
A total of 856 people have committed suicide during the lockdown period in Nepal. The highest number, 742 died by hanging themselves followed by 114 people who committed suicide by consuming poison. Rest used burning, stabbing, drowning, jumping from heights as major ways of attempting suicides during the review period.[[27]](#footnote-27)

Poor, indigenous children, persons with disabilities mostly from public schools in the rural areas; where there is no access to internet and disabled friendly computes services are being deprived from education. A writ petition has been filed in Supreme Court for treatment, rescue, repatriation and reintegration of Nepal migrant workers affected by COVID-19. (The Kathmandu Post, June 4, 2020)[[28]](#footnote-28)

## **Food insecurity and loss of employment:**

Nepal has taken easy action to limit the COVID 19 infection by announcing nationwide lock down. Recent news published on Kathmandu Post Daily on June 9, 2020[[29]](#footnote-29) says, “*The lock down is killing the poor and the marginalized”****.*** Annapurna post June 9, 2020[[30]](#footnote-30).

According to the report published by My Republica[[31]](#footnote-31), a national daily Newspaper, on June 3, 2020, Nepal government has already spent nearly 10 Billion Nepali Rupees for the COVID 19 response. Nepal government distributing low quality and dated expired food. Most of the highly marginalized Indigenous communities still lacking access to relief packages. The Kathmandu Post June 9, 2020 reports, ‘Chepang face a Humanitarian Crisis’[[32]](#footnote-32)as the impact of the lockdown on vulnerable communities does not appear on the government’s radar. 60.34% persons with disabilities are in need of relief materials; only 45.30% of them have confirmed receiving it whereas 54.69% are still out of the access to relief packages. 62% of Red Disability Card holder (severe types of disabilities) and Blue Disability Card holder (moderate disability) are still excluded from the relief package.

The NFDN survey reflects 40.08% persons with disabilities have lost their source of income and 19.89% think that they are going to lose in near future. Similarly, 48.68% women with disabilities and 51.32% men with disabilities have lost their jobs[[33]](#footnote-33) and the survey has not integrated ethnicity in the questionnaire so there is lack of disaggregated data from indigenous perspective.

## **Deteriorating situation on right to Land, territories and resources:**

Indigenous Peoples are fully dependent on the lands, forest, water and natural resource for their livelihood and culture continuation and have a symbiotic relation. Their lands and forest are fundamental to the existence, livelihood and identify of IPs. Customary rights to land and resources, for IPs are clearly recognized in the UNDRIP and ILO C. 169.

Nepal government has introduced many forest areas as National Parks, Conservation Areas, Protected areas, hunting and wild life conservation and many Indigenous land are converted into Cement Factories, Hydropower plant, mining and other used for the development process without FPIC. COVID- 19 has also impacted in the land tenure and access to resources. According to Raj Kumar Bote, NIWF secretary and NIWF local officer, during nationwide lockdown, 12 Bote indigenous young boys were caught while fishing by the Chitwan National Park Army and they were charged NPR 5000 (Five Thousand) each to free them. Bote Indigenous Peoples reside near Chitwan National Park and are depend on forest products their livelihood from but National parks denies them to access those resources. Due to the COVID-19, Indigenous Peoples especially IP women who highly dependent in forest and lose their jobs, were not allowed to use the wild vegetables to provide food for their family.

**Increased Violence against Indigenous Women**

Violence against Indigenous girls, women and women with disabilities is rampant and face high risk. Ten years girl with disabilities from marginalized groups during the lockdown in Rautahat district has been raped by 54 old man and the case has only been registered[[34]](#footnote-34) but no such effective actions have been taken. Similarly, eight years old girl from indigenous communities has been rapped and the incident was recorded as falling down from the tree.[[35]](#footnote-35) So during the pandemic situation most human rights violation cases are not seriously addressed. Recently the rape case in quarantine has created intolerance environment. (My Republica, June 15, 2010) [[36]](#footnote-36)

Incidents happened in Rupandehi District during Lockdown period. (March 24-May 21, 2020)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.N. | Incident | Numbers | Brahamin | Chhetri | Indigenous | Dalit | Madhesi | Others |
|  |  |  | F | M | F | M | F | M | F | M | F | M | F | M |
| 1 | Rape | 12 |  |  | 2 |  | 5 |  | 1 |  | 4 |  |  |  |
| 2 | Child Exploitation | 3 |  |  |  |  | 1 |  |  |  | 2 |  |  |  |
| 3 | Suicide | 30 |  | 3 | 2 | 1 | 4 | 2 | 4 | 1 | 11 | 2 |  |  |
| 4 | Homicide | 1 | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Domestic Violence | 5 |  |  |  |  | 1 |  |  |  | 3 |  |  |  |

## **Lack of Participation and Representation of Indigenous women**

The government of Nepal has formed a High-Level Coordination and Prevention Committee to control the outbreak of COVID-19. The government has not included and no consultation with any Indigenous People/Indigenous women and traditional institution.

## RECOMENDATIONS

* Respect right to self-determination and collective rights of Indigenous Peoples enshrined in the UNDRIP while addressing the COVID 19 pandemic crisis at all levels.
* Ensure that Indigenous women and women with disabilities are effectively engaged in decision making related to COVID 19 measures to protect the communities and engage with IPs representatives, leaders and customary institutions of IPs in emergency and health entities in their communities.
* Respect IPs right to FPIC in the prevention, development, and implementation and monitoring of measure to address COVID-19.
* Ensure all information in mother tongue, public announcement; messages on COVID- 19 are accessible to IPs person with disabilities timely with cultural sensitivity.
* Ensure the access to and management of clean water; sanitation, WASH measures and hygiene kits are integrated particularly for Indigenous women and women with disabilities in remote areas to avoid risk of infection.
* Prioritize Indigenous Women, youth, girls, women with disabilities who are at high risk to violence, abuse and threat and take immediate and necessary steps and measures in fast track to address both public and private violence’s related cases through sustainable social protection measures and rehabilitation.
* Ensure disaggregated data of Indigenous Peoples by sex, age, disability, ethnicity in all preventive measures of COVID infection, health impacts, and strengthen community health centers to address local communities.
* Ensure IPs customary livelihood skills, knowledge and practices are promoted and protected to address the pandemic
* Ensure access to education for Indigenous children, girls, youth, women with disabilities for remote learning in close cooperation with customary institutions of Indigenous Peoples.
* Work in partnership with Indigenous women’s organizations and play a key role in awareness raising of IPs food, tradition health practices and sustainable approach to build resilience in pandemic situation.
* Coordinate and partner with Indigenous customary self-governance systems mainly Ghampa (Mukhiya), Badghar, Majhiharam, Guthi, etc in line with UNDRIP and Convention ILO 169.
* Ensure access to relief materials without requiring for citizenship certificate, name registration or disability card.
* Integrate intersectional lens in all measures of COVID 19 and have vulnerability assessment to reach out to the most marginalized group and intervene accordingly.
* Ensure psychosocial support available to those who are facing mental health issues
* Effective measures (punishment) to address violence and discrimination that is occurred both in the private and public sphere.
* Ensure plan and policy of recovery phase of post COVID-19 situation and future disaster preparedness are sensitive towards Indigenous People and address specific need of Indigenous Women, Elderly and person with disability
* Document and consolidate Indigenous Knowledge and practices of particularly indigenous women which can be adapted and replicated in global crisis like COVID-19 in future
1. <http://www.hdr.undp.org/sites/default/files/nepal_nhdr_2014-final.pdf> [↑](#footnote-ref-1)
2. <https://social.un.org/unpfii/sowip-vol4-web.pdf> [↑](#footnote-ref-2)
3. <https://www.worldometers.info/coronavirus/country/nepal/> [↑](#footnote-ref-3)
4. <https://en.setopati.com/market/152533> [↑](#footnote-ref-4)
5. <https://www.un.org/development/desa/indigenouspeoples/covid-19.html> [↑](#footnote-ref-5)
6. [https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/covid-19-nepal-preparedness-and-response-plan-(nprp)-draft-april-9.pdf?sfvrsn=808a970a\_2](https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/covid-19-nepal-preparedness-and-response-plan-%28nprp%29-draft-april-9.pdf?sfvrsn=808a970a_2) [↑](#footnote-ref-6)
7. <https://heoc.mohp.gov.np/update-on-novel-corona-virus-covid-19/> [↑](#footnote-ref-7)
8. https://www.indigenousvoice.com/en/covid-19:-indigenous-peoples-lack-access-to-live-saving-messages.html [↑](#footnote-ref-8)
9. Virtual Focus Group Discussion held among indigenous women with Disabilities on 7th June 2020, Organized by NIDWAN. [↑](#footnote-ref-9)
10. ww.nayapatrikadaily.com/news-details/41377/2020-04-16?fbclid=IwAR0mxPYI2iDq 8AUj3S4jbu090S \_I30nPISrFpTh9bwL66sJISR8CLVRWHJ0 [↑](#footnote-ref-10)
11. https://myrepublica.nagariknetwork.com/news/suicide-cases-on-the-rise-mental-health-experts-warn-of-a-grim-situation [↑](#footnote-ref-11)
12. https://kathmandupost.com/sudurpaschim-province/2020/06/04/sudurpaschim-sees-steady-rise-in-coronavirus-cases-but-hospitals-d [↑](#footnote-ref-12)
13. http://annapurnapost.com/news/151945?fbclid=IwAR1U8w4rM6eeAJFd1vStPqM\_oiRrb3pXenkRXInSqlpvVGl\_ufBMwoWb7hE [↑](#footnote-ref-13)
14. <https://kathmandupost.com/national/2020/06/05/pandemic-and-lockdown-provide-veil-for-government-to-withhold-information> [↑](#footnote-ref-14)
15. https://nidwan.org.np/publications [↑](#footnote-ref-15)
16. Virtual Focus Group Discussion held among indigenous women with Disabilities on 7th June 2020, Organized by NIDWAN. [↑](#footnote-ref-16)
17. . [https://nfdn.org.np/impaof-covid-19-pandemic-and-lockdown-on-persons-with-disabilities-a-rapid-assessment-report](https://l.facebook.com/l.php?u=https%3A%2F%2Fnfdn.org.np%2Fimpaof-covid-19-pandemic-and-lockdown-on-persons-with-disabilities-a-rapid-assessment-report%3Ffbclid%3DIwAR0xX8c2SmJdKLfkYSyLri901WzrEsDqzqyhVHgbDohFLc4daAa2e15F6CQ&h=AT0MlBAFqsMC0FZXycCby3j-LfD9p6xVAN0qIGw4ilbX-BJ0ONFCOZQyEbvOEZ7PtFd_XGQxZY_xf0rnw0sFC-QxxlaVIKNmlJ67zKpHDluoNdy9MK3ejJSgEDb2Qxy4TdeLc3RgGw). [↑](#footnote-ref-17)
18. <https://www.aljazeera.com/news/2020/04/hundreds-nepalese-stuck-india-border-covid-19-lockdown-200401031905310.html> [↑](#footnote-ref-18)
19. <https://www.sharesansar.com/newsdetail/major-budget-207778-announcements> [↑](#footnote-ref-19)
20. https://kathmandupost.com/columns/2020/05/03/covid-19-impact-and-response [↑](#footnote-ref-20)
21. Nepal’s projected pre-COVID GDP growth rate of 8.5 percent will decline to well below 2.5 percent in 2019-2020, and severely constrain a rebound in 2020-2021. [↑](#footnote-ref-21)
22. https://www.wto.org/english/tratop\_e/covid19\_e/sawdf\_nepal\_e.pdf [↑](#footnote-ref-22)
23. https://myrepublica.nagariknetwork.com/news/every-three-in-five-employees-lost-their-jobs-in-nepal-due-to-covid-19-crisis/ [↑](#footnote-ref-23)
24. https://theannapurnaexpress.com/news/famine-or-feast-in-nepal-2533 [↑](#footnote-ref-24)
25. https://ichchhakamananews.com/2020/05/33368/?fbclid=IwAR2hTbZ7Uhw72lKxh8H1mcZwjfRd5gPBMLkirfBadz 1Swog pAvo8he5Rf0 [↑](#footnote-ref-25)
26. 8th June 2020, Kathmandu Post [↑](#footnote-ref-26)
27. http://www.xinhuanet.com/english/2020-05/26/c\_139089729.htm [↑](#footnote-ref-27)
28. <https://kathmandupost.com/national/2020/06/04/migrant-rights-groups-slam-government-plan-to-charge-migrant-workers-for-their-repatriation> [↑](#footnote-ref-28)
29. <https://kathmandupost.com/province-no-2/2020/06/04/the-lockdown-is-killing-the-poor-and-the-marginalised?fbclid=IwAR0f7hp7y8T4Mi2HshIaPJLCwwxE9NfreL7O3PgMzkAoJpHDKQ5Z15TZ-GA> [↑](#footnote-ref-29)
30. <http://annapurnapost.com/news/152570> [↑](#footnote-ref-30)
31. <https://myrepublica.nagariknetwork.com/news/nearly-rs-10-billion-spent-for-covid-19-response-in-nepal/?fbclid=IwAR1eddTuf7bU8U7EIxOFvqhXQStLnIb0XkmpVLwXUmh-pvRhgHPBSuf9oeo> [↑](#footnote-ref-31)
32. <https://kathmandupost.com/columns/2020/04/21/chepangs-face-a-humanitarian-crisis> [↑](#footnote-ref-32)
33. https://nfdn.org.np/impaof-covid-19-pandemic-and-lockdown-on-persons-with-disabilities-a-rapid-assessment-report [↑](#footnote-ref-33)
34. https://thehimalayantimes.com/nepal/man-held-for-raping-differently-abled-minor-inrautahat/?fbclid=IwAR0OlJOLJnONefvnj6HLxqJcji1hRQjZ4EHDAfxzoWTQZvbFBRrmCax [↑](#footnote-ref-34)
35. https://ekantipur.com/pradesh5/2020/06/08/159163436052946781.html?fbclid=IwAR39e HIpbW2Mh9P ApePKiEbpfxRRwI0PtTHC9fui0FOyXdG3LqjXuTXtPw0 [↑](#footnote-ref-35)
36. <https://myrepublica.nagariknetwork.com/news/woman-in-quarantine-in-kailali-gang-raped/> [↑](#footnote-ref-36)