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Multifold Impact of COVID-19 on Vulnerable Communities in Nepal

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Abstract

This paper brings out the pressing issue of Corona Virus Disease (COVID-19) pandemic and its multifold impact on the vulnerable communities such as women, children, elderly people, persons with disabilities, and marginalized groups in Nepal. The study identifies the groups corresponding with the kinds of problems and effects in relation to caste/ethnicity, gender, and age. It also categorizes groups in terms of socio-economic conditions such as employment, income, livelihood, access to basic food, shelter, health and education. The analyses based on these issues contribute to highlighting the protection measures for reducing the level of vulnerability. Both the primary and secondary data were collected through desk review and telephonic interviews among the selected women and underprivileged people of the study area. Findings of this study suggest that the pandemic has serious effects that have been seen on vulnerable communities in the area. Curtailment, reduction and/or stop of regular salary or income of the employees from enterprising sectors can have lasting impact on the overall livelihoods of the vulnerable groups unless they are offered special packages to promote their conditions. The research indicates the pandemic as a humanitarian crisis. In such a crisis, only legal treatment and actions may have adverse effects on the poor and helpless people who have lost their resources due to unavoidable situations like lockdown, prohibition order, and insecurity of their jobs.

Keywords: COVID-19, pandemic, vulnerable communities, livelihood, effect

Multifold Impact of COVID-19 on Vulnerable Communities in Nepal

The Corona Virus Disease (COVID-19) pandemic has left lasting socioeconomic effects both globally and locally. Although the direct severity was less in Nepal in early days in comparison to other American, European and South Asian countries, the impact on the vulnerable communities is very high in terms of their day to day earnings and maintaining household economy. It is in this context that this study is done in some detail.

One of the major issues of the present debate is the identification of vulnerable communities in relation to COVID-19. Available literatures can be classified as clinical, social, and economic interpretations of the communities affected by the COVID-19. Clinically, certain groups of individuals are at higher risk for COVID-19 infection, including older adults, people with underlying conditions like heart disease, diabetes, and lung disease, and pregnant women (WHO, n.d.). Socially, women, youths, children and people like persons with disabilities, sexual minorities, and people in special need were found deprived of legal documents like citizenship card, old age certificate, relationship paper and so on (Institute for Strategic and Socio-economic Research [ISSR], 2020). Economically, the COVID-19 pandemic manifests 'a tragic outlook 'especially for the vulnerable communities around the globe.

Two priority areas for global and regional stakeholders are suggested by the Global Economic Forum: building trust and awareness as well as supportive government response through innovative partnerships. High income countries with strong healthcare systems are in a better off position while struggling to detect and contain COVID-19. However, the low-income countries like Nepal have to suffer from the existing imperfect and often fragile healthcare systems, to which large swathes of the population do not currently have access (Akram & Galizia, 2020).

Theoretical Framework

The term COVID-19 is an abbreviated form of Corona Virus Disease defined first by the World Health Organisation (WHO) on February 11, 2020. The virus is a new flu which has a link to the Severe Acute Respiratory Syndrome (SARS) and some types of common cold (WHO, n.d.). Facts about COVID-19 are still unknown to the experts in the field despite a huge programmatic and financial efforts made so far to identify the causes and treatment measures. Although vaccines have been developed to reduce the impacts, their effectiveness is yet to be verified and rectified. Till then, as WHO (n.d.) guesses, the pandemic continues to spread and the communities have to prevent further transmission and reduce the impacts of the outbreak.

The COVID-19 pandemic has abruptly changed the lives of the people and most vulnerable among them are the women, youths, children, persons with disabilities, sexual minorities and those in special need. The children and youths were deprived of school and university education. Socializing with friends and wider family were highly discouraged for them. Women were confined at home due to the three months long complete lockdown facing a lot of burden. All of these impacts are further amplified in contexts of fragility, conflict, and emergencies where social cohesion is already undermined and institutional capacity and services are limited (UN, 2020). Most vulnerable among them are from the poverty stricken communities.

Although the details of COVID -19 impacts is yet to come out awaiting both time and issues, recent ones reveal that a larger number of men are dying as a result of COVID-19 but the health of women generally is more affected through the reallocation of resources and priorities. These reports further reveal that maternal and neonatal mortality rate has increased to a larger extent reaching over 60,000 women being deprived of needful check-up and other services (Karuna

Foundation Nepal, 2020). Adhikari (2020) suggests that institutional delivery rates have largely been cut down to a half due to the cut of health care services.

The COVID pandemic has compelled the vulnerable communities to make a living with limited resources. Those from the migration exposure are totally dependent on remittances (Akram & Galizia, 2020). Ministry of Foreign Affairs (2020) suggests more than half (56%) of Nepalese households are remittance-dependent. The condition of such families with the shrinkage of informal sectors is severe as revealed by International Labor Organization [ILO] which suggests the share of workers earning below 50 percent of the median could increase by more than 50 percentage points (ILO, 2020). Another study suggests that one-third workers have been laid off, and over two-fifths of women have lost their jobs due to COVID pandemic (United Nations Development Program [UNDP], 2020).

People's style of making their living has drastically changed due to the COVID pandemic. Since they are far from the public contact due to lockdown, a culture of techno-work from home has emerged as a newer phenomenon. Unpaid care work where women have to get their exposure to the extent male members can hardly imagine and realise has increased tremendously. Not only their children are at home due to school closure, but also the husbands and the working age adults. The elderly and the lactating children were already under their liabilities. This all shows the added burdens of the women at households brought out due to existing inequalities in the gender division of labour (UN, 2020). Women have been thus affected due to domestic violence, stigma and discrimination (Relief web, 2020). The girl children deprived of basic education are treated as the burden of the family and thus get exposure to child marriage (Sharma, 2020).

Poor people's capacity to buy nutritious food has been reduced resulting in the potentiality of being less immune towards the virus and more likely to be

infected. The food supply chain has been severely disturbed and thus the market has witnessed a huge price hike depriving many households with poor resources to cope with limited foods at home. As male exposure to employment in a patriarchal country like ours is higher, that is, only 59 employed females against every 100 males (Central Bureau of Statistics [CBS], 2018), women are more deprived of access to basic food.

Research Questions

Based on the above cursory review of the COVID-19 context on the issues of vulnerable communities, such research questions have been set-forth: what kinds of problems and impacts COVID-19 pandemic have particularly on vulnerable groups in relation to employment, income, livelihood, access to basic food, shelter, health and education of the vulnerable communities, and what can be the remedial measures for reducing the level of vulnerability.

Methodological Approach

This study was conducted in 2020 as a part of the survey/research at the request of ISSR. Based on both primary and secondary data, the compact learnings on the impact of COVID-19 on vulnerable communities were first generated through desk review and these learnings were validated with the primary data collection. This study is based on cross-sectional design which employed mixed methods, that is quantitative and qualitative. In order to fulfil the quantitative needs, the telephone interview with the selected women and poor people of Kathmandu, Udayapur, and Kapilvastu were conducted during the lockdown period of July and August 2020. Priority in selecting the sample was given to the vulnerable groups.

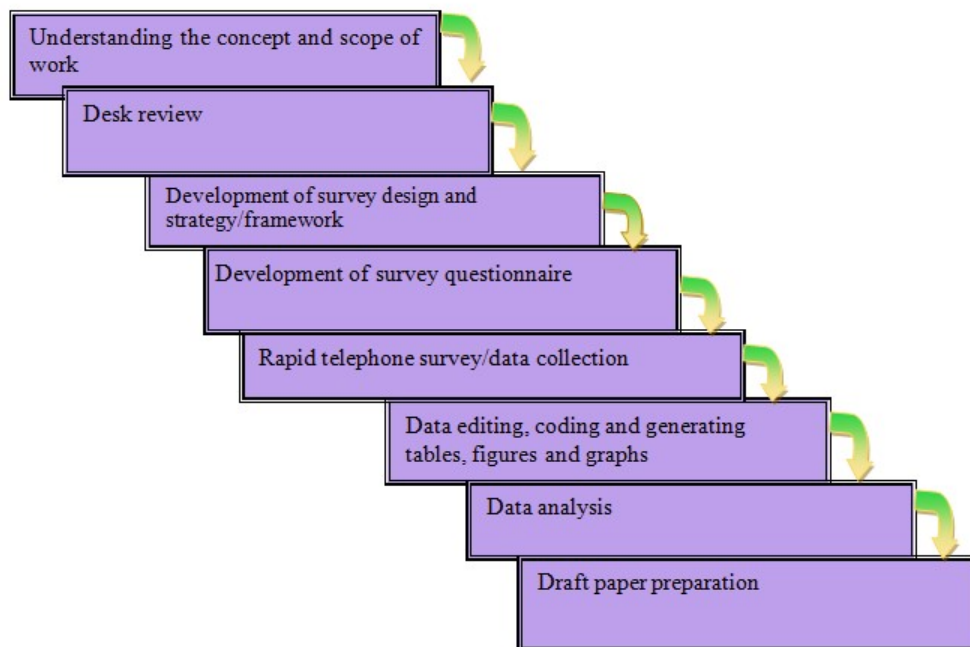
Sample Size

The total sample size of the rapid phone survey was fixed slightly over 300 people following a purposive sampling procedure. List of potential respondents was first prepared on the basis of records of those who have stayed in

quarantines, holding centres and isolation centres, provincial offices, district administrative offices, concerned local government and from different networks and organizations and federations such as Human Rights Alliance.

Figure 1

Methods and Study Approaches



Research Tools

Research tools designed online were basically the structured questionnaire constructed to fulfil the objectives which were developed in excel format so that data would be collected at the same time while performing the phone conversation with the respondents. The data collection strategy was focused on the in-depth analysis of the right respondents' situation and status on education, economic empowerment, health and access to local governance and decision making

Data Editing, Coding and Analysis

The data collected from the telephone survey were edited and coded using SPSS software. Two levels of data editing were used to ensure the reliability and

quality of the data. After editing and coding the data, the required tables, graphs and figures were generated in line with the objectives. The primary data collected from the survey were further verified from the secondary sources.

Results and Discussions

More than half (51.5%) of the selected sample were female which ranged by district from 42 percent in Kapilvastu to 54 percent in Udayapur. Almost half of them belonged to the age group 30-44 years which was observed the highest (52%) in Kathmandu against 46 percent in Udayapur as given in Table 1 below.

Table 1

Background Characteristics of Respondents

Characteristics	Kapilvastu		Kathmandu		Udayapur		Total	
	N	%	N	%	N	%	N	%
Gender								
Male	44	41.9	50	50.0	54	54.0	148	48.5
Female	61	58.1	50	50.0	46	46.0	157	51.5
Age Group								
<19 Years	3	2.9	3	3.0	0	0.0	6	2.0
20-24	7	6.7	15	15.0	1	1.0	23	7.5
25-29	9	8.6	16	16.0	3	3.0	28	9.2
30-34	12	11.4	21	21.0	13	13.0	46	15.1
35-39	21	20.0	19	19.0	16	16.0	56	18.4
40-44	19	18.1	12	12.0	17	17.0	48	15.7
45-49	14	13.3	5	5.0	9	9.0	28	9.2
50-54	12	11.4	3	3.0	11	11.0	26	8.5
>55 yrs	8	7.6	6	6.0	30	30.0	44	14.4
Caste/Ethnicity								
Brahman/Chhetri	24	22.9	31	31.0	39	39.0	94	30.8
Dalit	6	5.7	12	12.0	9	9.0	27	8.9
Janajati	39	37.1	53	53.0	4	4.0	96	31.5
Tharu	33	31.4	0	0.0	0	0.0	33	10.8
Madhesi/Muslim	3	2.9	4	4.0	48	48.0	55	18.0
Marital Status								
Married	92	87.6	81	81.0	88	88.0	261	85.6
Unmarried	11	10.5	10	10.0	2	2.0	23	7.5

Divorced	1	1.0	0	0.0	0	0.0	1	0.3
Separated	1	1.0	5	5.0	0	0.0	6	2.0
Widow/Widower	0	0.0	4	4.0	10	10.0	14	4.6
Level of Education								
Illiterate	13	12.4	16	16.0	52	52.0	81	26.6
Lower than Primary	11	10.5	15	15.0	13	13.0	39	12.8
Primary	17	16.2	18	18.0	10	10.0	45	14.8
Lower Secondary	21	20.0	23	23.0	13	13.0	57	18.7
Secondary	31	29.5	21	21.0	9	9.0	61	20.0
Intermediate/10+	11	10.5	7	7.0	3	3.0	21	6.9
Bachelor	1	1.0	0	0.0	0	0.0	1	0.3
Total Sample	105	100.0	100	100.0	100	100.0	305	100.0

Source: ISSR, 2020

Of the total sample, nearly one third (31%) belonged to the Brahman/Chhetri and Janajati communities each whereas nearly one in every 10 were Dalit. One-fifth (18%) belonged to Madhesi/Muslim communities and 11 percent were Tharu. An overwhelming majority (86%) of the respondents were married, representing 88 percent from Kapilvastu and Udayapur each, and 81 percent from Kathmandu. An overwhelming majority (93%) had obtained secondary level or less against seven percent who had obtained intermediate (equivalent to 11 & 12 grades) whereas very few respondents (0.3%) were bachelors. The proportion of illiterate respondents is nearly one-third (27%). This was observed highest (52%) in Udayapur against those with lower than primary level of education in Kathmandu (15%).

Agriculture is the main occupation for many of the respondents. Nearly 43 percent respondents were involved in agriculture. Manufacturing stands out as the second most cited occupation comprising 26 percent. Majority of the respondents (74%) from Kapilvastu were involved in manufacturing whereas the proportion of respondents engaged in agriculture is observed highest in Udayapur (90%) followed by Kathmandu (38%).

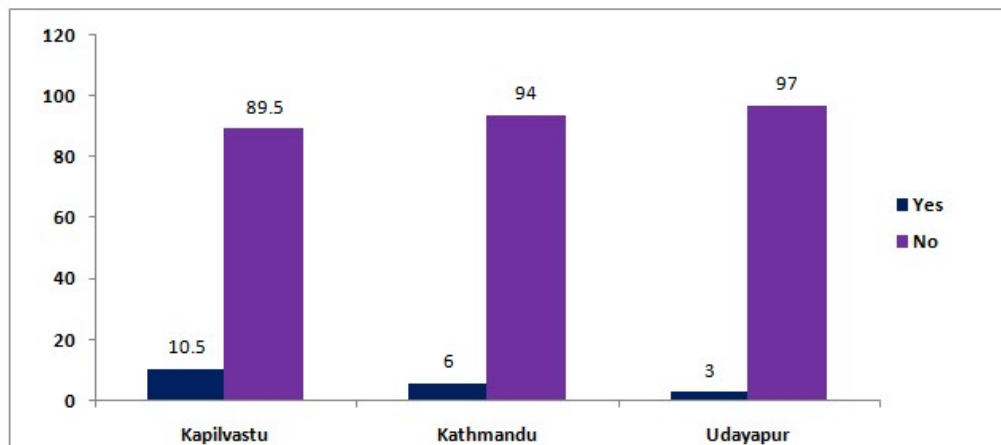
Safety Measures for COVID-19

Almost all of the respondents were found exposed with COVID-19 as they shared that they had heard and known about COVID-19. Three primary measures, i. e., physical distancing, adopting sanitizers and others were adopted by respondents to be safe in the study districts. The proportion of respondents who adopted physical distancing is highest in Udayapur (100%) followed by Kathmandu (96%) and Kapilvastu (57%). The respondents who adopted sanitizer and other measures i.e. masks are observed highest in Udayapur.

Safety measures adopted by the respondents at the workplace were also observed. This is justified by their versions that 84 percent respondents reported of having the condition of safety measures at work and living place was acceptable whereas 7 percent reported that it was adequate and 9 percent expressed that it was inadequate. By caste/ethnic groups, significant number of respondents reported that the condition of safety measures was acceptable as reported by 80 percent Brahman/Chhetri, 85 percent Dalit, 88 percent Janajati, 79 percent Tharu and 85 percent Madhesi/Muslim. Some of the respondents also reported the safety measures being inadequate as reported by Tharu (15%), Brahman/Chhetri (11%) and Janajati (8%). This suggests that safety measures were still inadequate.

Effects of COVID-19 on Livelihoods

Almost all the respondents, i. e., 94 percent expressed that they did not have a regular salary or income from employment/source. This response was almost the same for Udayapur (97%), Kathmandu (94%) and Kapilvastu 89%) (Figure 2). They said they did not get a regular salary or income. This finding reveals the cut off in regular salary/income corresponding with a negative effect on livelihoods of people who need special packages to promote their livelihoods. Figure 2 below displays the regularity of salary or a regular income from an employment by source.

Figure 2*Regularity of Salary/Income from Employment by Source*

Source: ISSR, 2020

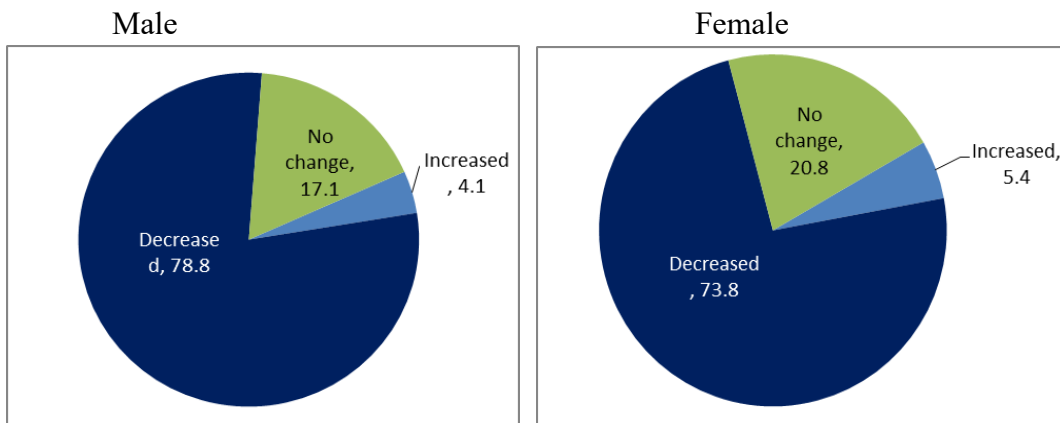
Overall findings suggest that the COVID pandemic has affected all the caste/ethnic groups. Most severe among them are the Dalit and Madhesi/Muslim communities as all of the Dalit and Madhesi/Muslim respondents reported that they did not have regular salary or income after COVID-19. Only a small proportion of respondents from other caste/ethnic groups like Brahman/Chhetri (11%), Janajati (8%) and Tharu (6%) reported that they had regular income.

With regards to reduction in salary/income, an overwhelming majority (93%) of the selected respondents expressed that their salary/income had reduced. Among them, more female (95%) respondents were found experiencing reduction in salary/income after COVID against slightly lower number of male counterpart (92%). Data further reveals the fact that almost all the respondents from Dalit and Madhesi/Muslim had to make their living with reduced income against the observed lower proportion of the Brahman/Chhetri groups (89%). All of the respondents who were engaged in production, security guard and domestic work reported that their salary/income had decreased.

The irregularity of salary/income is directly proportional to reduction in salary. About 31 percent respondents whose salary had decreased for more than 90% whereas 35 percent expressed that their salary/income decreased by 50-59%. Only a small proportion (5%) of respondents reported that their salary/income decreased by less than 19 percent. Due to the effect of COVID-19, most of the respondents experienced a decrease in workload in all three districts (i.e. 98% in Kathmandu, 77% in Udayapur and 53% in Kapilvastu). Only a small proportion of respondents (15%) from Kapilvastu experienced an increase in workload. The comparison of workload among male and female reflects that there is a slightly higher decrease in workload among male than their female counterparts (79% vs. 74%) whereas there is a higher proportion of female respondents who expressed there was not any change in workload (21%) (Figure 3).

Figure 3

Workload Situation after COVID by Gender



Social security scheme has the greater role to uplift the worse situation of the targeted population in terms of poverty, vulnerability, stigma and discrimination. COVID -19 has given more chances to fall people in this condition. In this study, over three quarters of the respondents opined of not having any such options to relive from the immediate effect of the COVID pandemic. This version of expression was given by over 98 percent of the

respondents in Kathmandu and 75 percent from Kapilvastu. Very few of them, that is, less than 10 percent in the selected districts expressed of receiving economic assistance during lockdown.

Problems Caused by COVID-19

COVID-19 has caused a lot of social, economic and cultural problems globally and locally. In this study, the targeted population were found mostly affected by financial (34%) problems. Nearly one-fifth (20%) of them expressed that they witnessed the loss of their regular income. One in every 10 shared their experiences of losing the employment and many had lost the opportunity to physical presence for education.

With the onset of COVID-19, the government announced lockdown and by which people were compelled to maintain physical as well as social distancing. This situation has created far-reaching effects in the lives of the people. Although the Corona Virus Crisis Management Centre (CCMC) managed quarantine facilities for safety at all local levels, the non-migrants were confined to their own homes and those in quarantine had to sit inside with scarce resources for their day to day living.

Identification of Health Problem after COVID-19

Health problems during the pandemic was a significant concern for many people. I present a case study, taken from ISSR (2020) where mental health problems with an individual led to loss of all family property.

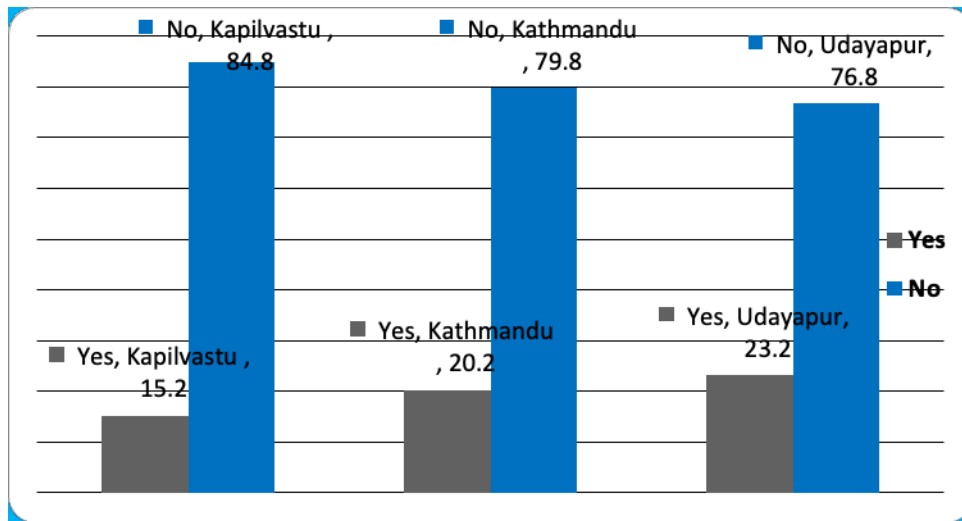
Mahammad Lal Mahammad, a 48 year old man is living in Udayapur with his 6 children and wife. Literate upto the primary level, Mahammad, used to work in the farm. There were no any problems in their family before COVID-19. When the pandemic occurred they were unable to manage hand-to-mouth as they turned jobless. Mahammad's one of the sons has been suffering from mental problem since last 7-8 months. Since the family was not too able to manage the son's treatment, they took loan from neighbour for his treatment. He visited various

hospitals and used different medicines but those all attempts went in vain. Then, Mahammad took his son to India but the son could not get alright there too. The family used up all their borrowings, the savings as well as the fixed assets on son's treatment. He even sold his house but the son's treatment is not possible. The loaners took their home away. They got some financial help from government but it wasn't sufficient for 8 people to fulfil their basic needs. They are now deprived of eating healthy foods. They are going through their hard moments and he is requesting for some financial help from the government to get back to their normal life.

One fifth (20%) of the selected respondents from the three districts expressed that they faced health related problems. Among them, Brahman/Chhetri communities were in a higher position (25%) followed by very few (6.1%) Tharu communities. Figure 4 identifies health problems after COVID-19 in the three districts.

Figure 4

Identification of Health Problem after COVID-19



Source: ISSR, 2020

Reduced Access to Treatment

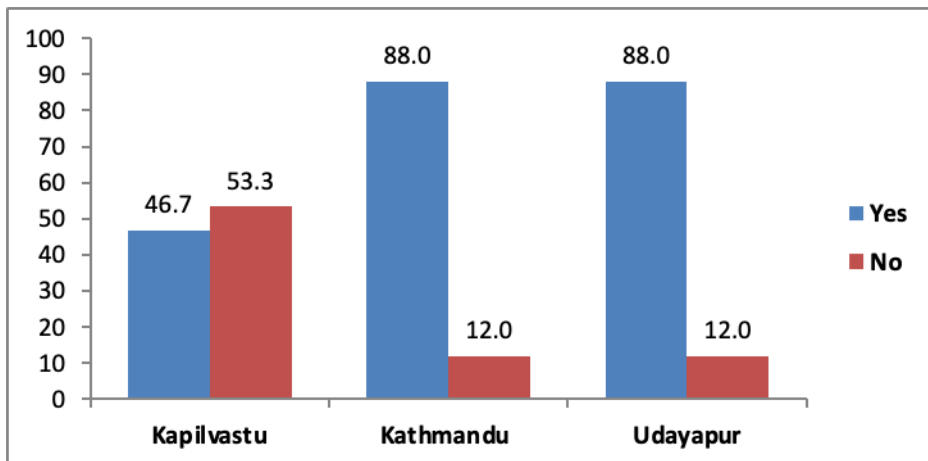
COVID-19 pandemic has invited problems to the people in special need. Among them those in the pregnancy situation had to face many problems. Not having smooth operation of the health facilities and medical services was one of the major barriers faced by the vulnerable communities. This was expressed by nearly one quarter (24%) of the respondents from Kathmandu.

Decrease in Income

Direct effect of COVID pandemic on income was manifest in the study area as expressed by a large majority (88%) of the respondents in Kathmandu and Udayapur and comparatively by lower proportion (47%) of the respondents in Kapilvastu (see Figure 5).

Figure 5

Daily Income Related Problems Due to COVID-19



Source: ISSR, 2020

Income related problems due to the effect of COVID-19 has direct linkages with the day to day occupations like job, employment, business. In this regard, an overwhelming majority (over 95% from Kathmandu and Udayapur) of the respondents expressed that the faced problems related to income had a close

association with the day to day jobs. Curtail of job had invited a huge problem of employment as expressed by the respondents from Kapilvastu.

The COVID-19 is not only limited to welcome the economic problem but also the humanitarian crisis as a whole. The day to day functioning of the legal, social and economic sectors do not function during this crisis. The issues of legal actions or treatments did not help to provide justice of the people who faced unprecedented crisis welcomed by the COVID.

Unemployment

Significant proportion of respondents (77%) reported that they had problems related with employment of family. The highest proportion of respondents (93%) from Udayapur shared that they had problem related to employment of family which is followed by Kathmandu (92%) and Kapilvastu (45%). The main problem related with employment of family in Udayapur was no work (100%) whereas unemployment was the main problem of Kathmandu (100%). In the case of Kapilvastu, shut down of business and other relevant work was reported as the main problem.

Discontinued Education

The COVID-19 has a direct effect on education sector. Almost all the educational institutions from the basic to the higher levels remained close during the lockdown period. Continuity of the children's education was the major problem faced by the respondents in the selected districts. A large majority (87%) of the respondents from Udayapur expressed having a severe effect of COVID on education. This was expressed by less number of respondents from Kapilvastu (58%) and Kathmandu (47%). The main problems expressed by them was such as closure of school for a longer period as expressed by over half (57%) of the respondents from Kapilvastu and nearly half (49%) from Kathmandu and comparatively by higher proportion (87%) from Udayapur.

Loss of Livelihoods

Making the day to day availability of food was expressed as the major problem related to livelihood in the study area. This was expressed by a large majority (88%) of the respondents from Udayapur followed by 73 percent from Kathmandu and comparatively by less (24%) number of the respondents from Kathmandu.

There was a negative effect observed in the reduction in workload and curb in salary/income due to COVID crisis which was more clear on Dalit resulting in shelter problem (18.5%) followed by Madhesi/Muslim (18%) and Janajati (18%). On the average over three quarters (77%) shelter related problems were the rent dues which was highest among the Janajati group (94%) followed by Brahman/Chhetri (91%), Dalit (80%) and Madhesi/Muslim (44%). One-fifth (20%) respondents from Dalit community reported that they had no house.

Problem Solving Measures

Nearly one-third (32.5%) respondents explained that sufficient employment opportunities should be given to solve the problems. Similarly, one-fifth of them reported that financial assistance is needed to get rid of these tensions. Almost equal of them expressed that the role of the local government is crucial to solve the existing problems.

Very few of them (7%) said that the role of the private sector can be important for minimizing the problems. The respondents from Kapilvastu said that the role of the local government is crucial whereas respondents from Kathmandu and Udayapur reported that the creation of employment opportunities would be of greater value for solving the problems.

Table 2 below presents the problem solving measures used by the concerned respondents in each of the three districts, which the study found while interacted with them on the issue.

Table 2*Problem Solving Measures*

Measures	Kapilvastu	Kathmandu	Udayapur	Total
Employment	0.0(0)	59.0(59)	40.0(40)	32.5(99)
Local Government	54.3(57)	0.0(0)	0.0(0)	18.7(57)
Provincial Government	10.5(11)	0.0(0)	0.0(0)	3.6(11)
Financial Help	0.0(0)	21.0(21)	37.0(37)	19.0(58)
No Lockdown	0.0(0)	8.0(8)	5.0(5)	4.3(13)
Private Sector	20.0(21)	0.0(0)	0.0(0)	6.9(21)
Control Corruption	0.0(0)	1.0(1)	4.0(4)	1.6(5)
Proper Development	0.0(0)	0.0(0)	7.0(7)	2.3(7)
Not Stated	14.3(15)	0.0(0)	0.0(0)	4.9(15)
Other	1.0(1)	11.0(11)	7.0(7)	6.2(19)
Total	100.0(105)	100.0(100)	100.0(100)	100.0(305)

Source: ISSR, 2020

Discussions on Findings

Some specific areas of effect shown by this study are acute health problems, particularly, mental health and depression. Some remedial portions of the problems were also identified such as the timely treatment of the sick and infected people. Severely marred were the pregnant women and women in their delivery period who complained that the medical services and facilities were not in smooth operation. Similarly, people suffered from chronic diseases and their families involved in small business, informal wage earning works and household activities with low-income source were also found lacking financial aid for their treatment of diseases like kidney dialysis, regular blood transfusion for cancerous patients, and many other problems.

The respondents depending the informal enterprises like grocery were found fallen in the serious crisis of bankrupting when multiple crises added up like continuity of children's education, treating the patient with chronic disease and so on. Those depending on the daily income related problems were also found facing with curtailment of job, employment, business etc. Although they were distributed with some relief packages by the local government channels, accesses to these resources by the vulnerable communities like women, children, persons with disabilities, sexual minorities and those in special need were found problematic due to having no legal documents like citizenship card, old age certificate, and relationship paper and so on.

Similarly, unemployment of the persons involved in the informal sector has further added up the vulnerability as a direct effect. The school going children, particularly, the girls were compelled to drop the school study. Since parents turned unemployed, the girls were compelled to assist them in joining hands and mouths and thus bear vulnerabilities of many kinds.

Lives of people have drastically changed with the emergence of a new lifestyle during the COVID pandemic. The government facilitated isolation centres in the hospitals lack cleanliness and hygiene. There was no proper care, lack of regular check-up, and poor quality food. Infected people were compelled to use the same washroom without proper mechanism of disinfection. Problems after coming back from the isolation centre are equally acute: negative response from neighbours, friends and family members. The reduction in workload and curb in salary/income due to COVID-19 crisis had negative effect on shelter of the family.

The problems identified and raised are crucial for livelihood security and enhancing human development. Creation of sufficient employment opportunities could be the way to solve the problem which is followed by financial help by harnessing cooperation and coordination among government, non-government

and and private sectors. Whereas the role of the local government is important at the programmatic level, coordinating role can be played by the provincial governments and the policy level coordination by the federal government.

The data and cases presented in this study show the pathetic life of the city area in Kathmandu where the wage earning family lost the jobs and went in crises of varied nature. The case presented here highlights the condition of the isolation centres in hospital which are not neat and clean. The virus has not only put the health of people at risk, but problem solving measures also made living and shelter insecure. With constant rise in poverty during this period, exacerbating food insecurity has been observed.

Conclusion

COVID-19 has a direct effect seen on the women, marginalised, and vulnerable communities in the study area. Although they had sufficient exposure on the effect of COVID -19 pandemic and measures to follow for the protection, the level differed with respect to geographical locations, community's socio-economic and cultural conditions. The field level observation showed the lack of safety measures at work and living place being inadequate. The direct effects like curtailment, reduction and stop of regular salary or income from enterprising sectors have lasting effects on the overall livelihoods of people indicating special packages to promote their condition. Due to COVID crisis, Dalit, Madhesi and Muslim communities were found severely marred.

This study presents data based on the univariate analysis of the selected socioeconomic variables as an impact of COVID. It does not compare the pre-pandemic status of these variables in the study. However, the case referred to as above symbolises how the helpless families are bearing a crisis due to having no legal documents like citizenship card. The COVID -19 is a humanitarian crisis. It comes under neither a basic need nor a right based approach but a special situation. In such a crisis, legal treatment and action cannot help the poor and

helpless people who have lost their resources due to unavoidable situation like lockdown and shut down of enterprises.

Acknowledgements

This paper is developed from the findings of a research conducted by the Institute for Strategic and Socio-economic Research (ISSR) in late 2020 to which I had contributed as the team leader. I have used the data of that research to do critical analysis of the findings mentioned in this paper. I would thus like to thank the entire team of the Institute for offering this responsibility as a lead researcher on the basis of which this paper has been possible.

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