COVID-19
Reaching people with disabilities

Progress report to FCDO about the Disability Inclusive Development programme’s COVID-19 response portfolio
November 2020
Summary

People with disabilities are disproportionately impacted by COVID-19. They are more vulnerable to infection from the virus and are more significantly impacted by COVID-19 responses and restrictions. As FCDO’s flagship disability inclusion programme, Disability Inclusive Development (DID) is supporting some of most marginalised communities during the pandemic in Bangladesh, Nepal, Nigeria, Kenya and Tanzania, and through a global initiative led by the International Disability Alliance.

Health
We are distributing hygiene packages, personal protective equipment and psychosocial counselling to people with disabilities. We are working with partners to make COVID-19 services disability inclusive and accessible.

Work
Entrepreneurs with disabilities facing additional hardship are being supported with grants, guidance from industry experts and offered training to develop resilient businesses which can survive during and after the pandemic.

Education
We are strengthening the inclusion of children with disabilities in home learning through practical support and adapting information to make it accessible, as well as providing training to government officials, NGO staff and OPD members.

Stigma and discrimination
We are working to make sure people with disabilities are treated equitably by ensuring health information is available in accessible formats and reaches people with disabilities, and we are working with the media to challenge stigma.

Advocacy
We are advocating for an inclusive approach to COVID-19. Inclusive Futures partner, the International Disability Alliance (IDA), is leading a global campaign calling for an accessible and inclusive response and recovery.

OPD engagement
Organisations of People with Disabilities (OPDs) are central to defining the interventions and prioritising project work. They are key partners in implementation and decision making on all COVID-19 projects.

Evidence
We are gathering evidence and conducting research about how to deliver an inclusive response to both the crisis and post pandemic recovery, as well as the impact of COVID-19 on people with disabilities.
Key achievements so far

- **Immediate relief** has been given to 3,256 people with disabilities in crisis, including cash transfers, hygiene kits and food parcels. 52% of recipients were women with disabilities.
- 749 of the most marginalised people with disabilities have been reached, including people with deafblindness, intellectual disabilities and multiple disabilities.
- **Hygiene** facilities have been built to serve 2,700 people in Bangladesh.
- We are collaborating with Organisations of People with Disabilities (OPDs) across the seven projects.
- After identifying the impact of COVID-19 on livelihoods we are providing vocational training to young people with disabilities and have helped 144 entrepreneurs with business support, making them more resilient to crisis in the future.
- 13 helplines have been set up in Nepal to provide psychosocial support and information about COVID-19 to people with disabilities.
- Close collaboration between OPDs, INGOs and government is encouraging a disability inclusive response and recovery, as well as disability inclusion in wider government policies and plans.
- **Communication** about disability inclusion and information about COVID-19 has been provided in accessible formats in five countries.
- TV and radio programmes and public service announcements have reached more than 15 million people in Nigeria. Shows include interviews with people with disabilities or discuss the impact of COVID-19 and stigma and discrimination.

John, 39, micro-entrepreneur

*In Kenya we are working to mitigate the impact of COVID-19 on the livelihoods of people with disabilities. The pandemic has severely disrupted the economy and the way micro-entrepreneurs can operate. Many have lost their income or had to close their businesses.*

John, who is deafblind, has built a successful dairy and poultry business with support from his mother Penina. Hotels were the main customers for their chickens, but demand dried up when they closed to comply with COVID-19 restrictions.

A business mentor, provided to John and Penina through an Inclusive Futures project, found demand 100km away at a market in Uganda. Despite the additional transportation costs, this solution provided the family with much needed income during the pandemic. Hotels have now reopened but John is continuing to supply chickens to the Ugandan market and has also diversified to sell eggs, further protecting their income for the future.

A project spokesperson said: “We have worked to ensure their business can continue to grow despite the numerous challenges brought on by an unstable market due to lockdown. Together with the business mentors we continue to support John and his mother so they can be financially empowered, and their capacity developed, so they can thrive independently in the future.”
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Why this work is vital

A global report from Inclusive Futures partner the International Disability Alliance found there has been a “catastrophic failure” to protect the lives, health and rights of persons with disabilities during the COVID-19 pandemic.

The Inclusive Futures-funded Disability Inclusion Helpdesk found there are also significant secondary impacts of COVID-19 on people with disabilities:

- People with disabilities in low- and middle-income countries are more likely to experience food insecurity.
- People with disabilities are less likely to be included in social protection systems.
- Previous pandemics have had severe impacts on mental health.
- Children with disabilities experience additional barriers to education while schools are closed.
- Stigma and discrimination are likely to increase.

People with disabilities are not systematically and consistently included in humanitarian responses. There is also a lack of statistical data in these settings, which means the number of people with disabilities affected is unknown, their range of disabilities are not understood and the myriad of barriers they face are not accounted for.

Evidence gaps in humanitarian settings include:

- How to effectively include people with disabilities in mainstream services.
- The effectiveness of psychosocial first aid and the impact of emergencies on mental health.
- Whether cash transfers can ensure people with disabilities are reached effectively.

An assessment of the impact of COVID-19 on people with disabilities in Nepal found:

- 76% families lost income
- 49% people lost all income
- 27% could not access medical and assistive device services
- 98% people were unaware of any local government work to protect people with disabilities

The Disability Inclusion Helpdesk provides a research and advice service about disability inclusion for the UK government, including the FCDO.

The helpdesk was an important resource for DFID at the start of the COVID-19 response by providing specific evidence and tailored technical assistance to government teams working on research and programmes for economic development, inclusive education and social protection.

A helpdesk paper on the likely impacts of COVID-19 on people with disabilities was used by DFID and the wider government, as well as being cited in reported by Unicef and the UN.

If you are an HMG staff member and have questions on disability inclusion, email enquiries@disabilityinclusion.org.uk
What we’ve learnt so far

Cash transfers and livelihoods

- Training should be given to Organisations of People with Disabilities (OPDs) before they meet with and support recipients of cash transfers.
- Many micro-entrepreneurs with disabilities have used a seed capital relief loan to adapt their existing business, while some have moved into new business fields.
- Families of some people with multiple or severe disabilities need support finding additional livelihoods, which requires a different approach to relief.
- Young people with disabilities have been referred for vocational training after receiving immediate relief to support them and their families through crisis.

Providing households in Bangladesh with cash support addresses an evidence gap in inclusive humanitarian responses. It was also advocated for by leaders of Organisations of People with Disabilities (OPDs) who encouraged the prioritisation of under-represented groups, such as persons with multiple or severe disabilities, people with intellectual disabilities and people with psychosocial disabilities. Disability Inclusion Facilitators, OPD members and Deafblind Field Educators played a key role in supporting people with disabilities. They have also collected household data, monitored the use of cash and provided safety guidance about fraud and safeguarding risks. In the future, we will aim to provide training before a first visit or phone call to build peoples’ capacity, ensure their time is used efficiently and all required information is gathered from recipients in one interaction.

In Kenya small grants and training are being given to micro-entrepreneurs with disabilities to adapt their businesses. Some business fields are becoming saturated and further adaptation is needed. For example, more people in Kakuma refugee camp are making liquid soap, so micro-entrepreneurs with disabilities have diversified to bar soap.

Urmi, 16, Bangladesh

Urmi’s family lost their income when COVID-19 struck their village. The family had symptoms of COVID-19 and, despite testing negative, Urmi’s mother’s work in villagers’ homes was cancelled as people feared contracting the virus.

Urmi, who has an intellectual disability and limited speech, and her family were given a hygiene kit and a cash transfer of BDT 3,000 (around £27 GBP) a month, enabling them to buy food.

Urmi has also enrolled on the Inclusive Futures-funded vocational skills training programme where she is learning tailoring.

Her mother Sahida said: “I am very happy to see Urmi operating sewing machines. I have also started learning so I can help her as well. I cannot afford a sewing machine for her hence I saved BDT 3,000 (from the first two months of cash payments) to buy a sewing machine.”
Data collection and identifying people with disabilities

- The participation and leadership of Organisations of People with Disabilities in identifying and selecting people to receive support proved crucial to the quick distribution of relief and avoided unnecessary duplication of efforts.
- The use of disability disaggregated data and the Washington Group questionnaire by governments and mainstream humanitarian organisations is essential to support the quick identification of people with disabilities and provide relief that meets diverse needs.
- Data collection is not always coordinated between the multiple actors responding to COVID-19. This has led to gaps, especially in disability disaggregation.

Identifying people with disabilities and their needs through data collection and surveys has been a major activity and source of learning in project design and implementation. In Bangladesh, Nepal and Kenya national and community Organisations of People with Disabilities (OPDs) took the lead in data collection and identification.

People with disabilities, including people from under-represented groups, were identified in Bangladesh in three ways: a consultation and collaboration with 51 OPD leaders who represent nearly 10,000 people with disabilities, a questionnaire of livelihoods project participants using the Washington Group short-set enhanced questionnaire, and using registers from self-help groups. Engaging OPDs in recipient identification and selection proved crucial to the quick distribution of relief and avoided unnecessary duplication of relief efforts.

Data collection in Nepal was hampered by multiple sets and by data from two district governments which was not disaggregated by disability. This resulted in a duplication of efforts between the project and the government and extended the time it took to identify and select recipients.

Globally, the International Disability Alliance (IDA) learning on data collection and coordination echoes experience at the national and local level. Their first COVID-19 Disability Rights Monitor found that a lot of data has been collected about people with disabilities, but this work has not always been coordinated and there are gaps. Some survey tools have been inaccessible, leading to the exclusion of under-represented groups.

“We will have to live with great difficulty.”

“I had to cut down some of meals. Also the standard of meals also goes down. I am survive with small earnings that I have by selling milk of my cows.”

“Will keep looking for alternative income source. However still hoping that things will get better soon.”

**COVID-19: Double Jeopardy for Persons with Disabilities**
OPD leadership at global, national and grassroots level

- National Organisations of People with Disabilities (OPDs) and their members were often the first and only organisations identifying and responding to the needs of people with disabilities.
- Capacity building is needed for national and grassroots OPDs so they can effectively respond to demand for accessible resources and technical guidance.
- A long-term strategic view, developed in partnership and with leadership from OPDs, is needed for a disability inclusive COVID-19 response and recovery.

Inclusive Futures partner the International Disability Alliance (IDA) found that national Organisations of People with Disabilities (OPDs) and their members were often the first and only organisations identifying and responding to the needs of people with disabilities. They provided relief, connected people to government or INGO relief packages and provided information in accessible formats. The participation of OPDs will continue as work moves to recovery. However, IDA reported that OPDs were not visible in early national discussions about COVID-19 responses.

In Bangladesh OPDs helped to prioritise support that was not covered by other emergency relief initiatives, avoiding duplication of efforts. They were also integral partners in developing and delivering training and workshops about including people with disabilities in humanitarian responses.

In Kenya national OPD, the United Disabled Persons of Kenya, led the selection of 28 community OPD partners to support with the distribution of relief to people with disabilities and conduct community awareness raising. Setting up a Memorandum of Understanding and Standard Operating Procedures with the OPD partners at the beginning of the project took longer than expected and delayed some activities, but this time investment was critical to establish a clear working relationship.

Supporting international frameworks

Our COVID-19 portfolio links to international frameworks including The Grand Bargain agreement to improve the effectiveness and efficiency of humanitarian action. Our work supports the workstream for a participation revolution by ensuring the meaningful participations of people with disabilities and their representative organisations (OPDs) in the design and management of projects. Our emerging learnings show this is vital for a prompt crisis response to meet immediate needs, to reach the most marginalised people with disabilities and create a coordinated response between humanitarian actors.

We are also building on the International Disability Alliance’s (IDA) Key Recommendations toward a Disability Inclusive COVID-19 Response, by collaborating with OPDs and ensuring they lead awareness raising and advocacy for a disability inclusive response. Project work, including providing people with disabilities information about COVID-19 in accessible formats and ensuring the inclusion of women with disabilities, also supports IDA’s recommendations.
Partnerships between OPDs, INGOs and government

- Establishing and maintaining strong working relationships with Organisations of People with Disabilities and government partners has proved essential to build sustainable response strategies and to lay the foundation for a recovery partnership to build back better.

Having national Organisations of People with Disabilities (OPDs) in a leadership role has allowed them to collaborate with INGOs and prevent duplication of work. Connecting our OPD, INGO and government partners is pivotal to our sustainable approach to COVID-19 response. The programme works to ensure OPDs have a seat at the table with government partners when decisions are made and continue to take part in recovery.

In Tanzania, OPD SHIVYAWATA’s leadership role on a COVID-19 group to coordinate a disability-inclusive response and recovery has led to strong relationships with INGOs and the Prime Minister’s Office Disability Unit. As a result, the group has been invited by the Prime Minister’s Office to support the development of inclusive COVID-19 school re-opening guidelines. The government will also use learning about the impact of the pandemic on people with disabilities to support livelihood, education, health and social services.

Close collaboration with the district government in Nepal has led to disability inclusion being integrated into both the test and trace service and support for people who have COVID-19 and are isolating at home. A COVID-19 hotline set up to provide information and counselling will be adopted and funded by the district government.

In Bangladesh, relationships have been established and maintained between OPDs, Union Parishads (local councils) and Community Based Organisations. Collaboration with OPDs and local councils on the location, use and maintenance of the project’s two WASH facilities in the communities is a positive step to the amenities being community-owned and operated when the project ends.

We collaborated with people with disabilities on radio shows in Nigeria. As guests, interviewees and contributors they shared their experiences of COVID-19 and the impact of the pandemic on them.

Supporting FCDO’s COVID-19 response

Inclusive Futures has funded the secondment of disability inclusion experts into the UK government in a selection of roles.

Disability Inclusion Technical Adviser Tom Palmer is a specialist in disability and gender and is based in the FCDO Conflict, Humanitarian and Security (CHASE) department. He provides advice and support to FCDO teams to enhance programming and policy development related to humanitarian work.

Tom has already provided expert guidance on engaging with Organisations of People with Disabilities (OPDs), disability disaggregated data and disability and gender sensitive needs analyses. He has also been supporting the COVID-19 Rapid Response Facility, working with key UN stakeholders to advance inclusion and has identified opportunities to integrate disability inclusion in the humanitarian sector.

To contact Tom email Tom.Palmer@fcdo.gov.uk
Evidence and research

All COVID-19 projects are producing evidence and learnings. In addition, Inclusive Futures partner the Institute of Development Studies (IDS) is carrying out research in Bangladesh and Nepal focusing on the experience of people with intellectual disabilities, deafblindness or multiple disabilities during COVID-19. It will document their lived experiences, focusing on their priorities and perceptions, to inform understanding of the pandemic. It is also asking people with disabilities what is needed to ensure inclusion.

An evaluation of our disability inclusive COVID-19 response in Bangladesh is being carried out by the BRAC Institute of Governance and Development to provide much needed evidence on the effectiveness of inclusive interventions. It will inform inclusive responses and will provide recommendations for best practice in future programmes.

**Final findings and recommendations about how to make humanitarian responses inclusive of people with disabilities will be published in the second quarter of 2021.**

Inclusive Futures is a disability-inclusive development initiative working to ensure people with disabilities have equal access to quality education, health and work opportunities and reduce stigma and discrimination.

The Disability Inclusive Development (DID) programme brings together a consortium of 11 organisations over six years working in six countries to improve the long-term wellbeing and inclusion of people with disabilities.


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