

Adjust and Respond

The experience of organisations
working with people with disabilities in
adapting to the COVID-19 pandemic



Credits

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Acronyms

Acronym	Stands for
ASHA	Accredited Social Health Activist
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CEDAW	Committee on the Elimination of Discrimination against Women
COSP	Conference of State Parties
CRPD	Convention on the Rights of people with disabilities
CSO	Civil Society Organisation
DRRA	Disabled Rehabilitation and Research Association
EU	European Union
EMB	Election management body
FAMOD	Forum das Associações dos deficientes de Moçambique
FCDO	Foreign, Commonwealth & Development Office
FOAL	Fundacion ONCE América Latina
G7	Group of 7
GRETNALTES	Greater Tenali Leprosy Treatment and Education Scheme Society
HI	Humanity and Inclusion
HLPF	High Level Political Forum
ICT	Information and communication technology
IDA	International Disability Alliance
IDDC	International Disability and Development Consortium
IFES	International Foundation for Electoral Systems
ILEP	International Federation of Anti-Leprosy Associations
INGO	International Non-Governmental Organisation
ITV	Independent Television
MDT	Multi-drug therapy

Acronym	Stands for
MNCHN	Maternal, Newborn, Child Health & Nutrition
MOH	Ministry of Health
NGO	Non-Governmental Organisation
NHR	until No Leprosy Remains Brazil
NLR	until No Leprosy Remains
OHCHR	Office of the High Commissioner for Human Rights
OPD	Organisation of people with disabilities
PCR	Polymerase chain reaction
PPE	Personal protective equipment
SDG	Sustainable Development Goals
SHIP	School Health Integrated Programme
SHN	School Health and Nutrition
UK	United Kingdom
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNPRPD	United Nations Partnership on the Rights of people with disabilities
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Executive summary

This report has one central purpose: To provide guidance to support United Nations (UN) agencies and government structures to ensure disability inclusion and abide by the Convention on the Rights of people with disabilities (CRPD) even in challenging and disruptive contexts such as the COVID-19 pandemic.

The report draws lessons from analysing the impact of the COVID-19 pandemic and the related emergency measures implemented by authorities to curb its spread on civil society organisations, with a particular focus on projects and programmes and the continuation of service provision for people with disabilities run by IDDC members and its partners in the Global South.

Supported by the United Nations Partnership on the Rights of people with disabilities (UNPRPD) through its global programme on COVID-19 inclusive response and recovery, the report records IDDC members' experiences of how they adapted and are still adapting to challenges posed by the pandemic.

While the COVID-19 pandemic tested Civil Society Organisations (CSOs) in a huge variety of ways, it has shone a clear and harsh light on the realities of discrimination and human rights abuses that people with disabilities experience on a daily basis across the globe. Data and testimonies collected, through surveys such as the COVID-19 Disability Rights Monitor, indicate that the pandemic has had a devastating impact on the rights of people with disabilities. Everyday barriers such as physical accessibility, barriers to implementing basic hygiene measures, affordability of healthcare, inaccessible health communications, limitations

on access to health insurance have had direct negative impacts, and the discriminatory laws and stigma in many countries have proved to be life threatening for many people with disabilities.

Supporting the rights of people with disabilities during the COVID-19 pandemic has required adaptations within organisations for the working patterns of staff, and the ways in which programmes are run. Experiences from IDDC members and their partners revealed that the majority of programmes tailored towards people with disabilities have been adapted, and have focused on direct responses to the COVID-19 pandemic and the needs of people with disabilities, incorporating social distancing measures, moving programmes online and providing telehealth, adapting education programmes, adopting an immediate risk mitigation and reduction response to the needs of people with disabilities and taking a disaster risk reduction approach due to unforeseen events such as Cyclone Amphan, which struck as the pandemic developed.

Support provided to people with disabilities through programmes has included:

- Support provisions at home and in health care settings;
- Enabling the use of mobile platforms and telehealth;
- Specialised support for health needs tailored towards specific groups;
- Supporting access to employment and income and education;
- Dietary support;
- Provision of WASH services;
- Support for participation in political activities during the COVID-19 pandemic.

Building on existing partnerships, IDDC members have worked with organisations of people with disabilities (OPDs), which facilitated awareness raising activities on

COVID-19 by providing accessible information and data collection on the needs of people with disabilities. Making sure that OPDs are heard helps to ensure services and programmes are inclusive and addresses the needs of people with disabilities.

Working with national and local governments has been an important factor in ensuring that organisations can continue to meet the needs of people with disabilities through programmes. National clusters, regular meetings, and training with the support of ministries has helped responses to be effective during the COVID-19 pandemic.

Community programmes with effective advocacy and communication strategies run in collaboration with local authorities have enabled social protection and financial support measures to be put in place for people with disabilities.

Overview of the report

The report is organised around four themes, which emerged during the process of analysing responses received to the survey. These themes are:

1. Organisations' experiences of adapting to the COVID-19 pandemic
2. Type of support provided to beneficiaries through programmes during the COVID-19 pandemic
3. Engagement with national and local governments
4. Engagement with UN organisations

Part One and Two present the background of this report, and in particular the approach taken in designing and disseminating the survey it is based on. The survey aimed to collect quantitative and qualitative data, with a mixture of 'closed' and 'open ended' questions. Organisations were also invited to share any case studies on their experience illustrating good and innovative practice on inclusive pandemic response and recovery plans.

Part Three provides a detailed description of the 41 organisations that responded to the survey and submitted case studies, looking inter alia at their organisation type, geographical scope and focus areas.

Part Four explores the ways in which respondents adapted to the pandemic at an organisational and programme level. Gathered data highlighted that organisations changed their working patterns in order to adapt their work around local lockdowns. 48% of organisations adapted their programmes during the crisis phases of the COVID-19 pandemic, whilst 38% delayed their programmes. The majority of respondents underlined that they engaged in new areas of work as a result of the pandemic.

Part Five focuses on the support provided to people with disabilities through programmes during the COVID-19 pandemic. Respondents reported that the pandemic affected the number of people with disabilities supported by their programmes, some negatively but others positively: 44% of them indeed reached fewer people with disabilities while 32% reached more. Implemented in collaboration with OPDs, COVID-19 related activities included inter alia the development and dissemination of accessible information, the provision of services such as medicines and hygiene products, support for women and girls with disabilities, and data collection.

Part Six discusses experiences of engaging with national governments and local authorities during the COVID-19 pandemic. 88% of organisations declared that they have been able to engage to a certain extent with national governments and local authorities during the COVID-19 pandemic. Respondents highlighted that partnerships with authorities and the private sector supported their responses to COVID-19, especially at the community-level.

Part Seven discusses organisations' engagement with UN organisations. This engagement was mainly occurring at a global level for advocacy purposes, information sharing, and data collection and analysis.

Conclusions and recommendations

If nothing else, this past year has been a stark reminder that there is still a long way to go to ensure the full and effective enjoyment of human rights by all persons with disabilities, including those living in economically poor communities in lower and middle-income countries. Being realistic, the COVID-19 pandemic is going to remain a part of our existence for some time to come and will continue to affect CSOs and their beneficiaries.

Although countries are at different stages in their fight against COVID-19, recovery is on everyone's lips and the concept of 'Build Back Better' is trending. However, recovery efforts will only be effective where they are genuinely inclusive and grounded in human rights.

Only by including all communities, and in particular the most marginalised, can recovery plans successfully help countries recovering from the COVID-19 triggered crises but most importantly build sustainable resilience to any future shocks.

The findings of this report provide several recommendations, based on the experience of IDDC members and their partners, that should be taken forward by national, regional and local authorities as well as international organisations in their responses to the COVID-19 pandemic and beyond, in order to be inclusive of people with disabilities.

Although the present report has a strong focus on the Global South, we consider the recommendations relevant to any country, independent of its geographical localisation.

Recommendations

1. Ensure that COVID-19 vaccinations are available in free or low-cost targeted programmes to all people including people with disabilities and support networks of their choice. Receiving a COVID-19 vaccination must be based on free and informed consent of persons with disabilities.
2. Provide accessible information. Persons with disabilities have been unable to access vital information about COVID-19 on an equal basis with others. Government and UN agencies should publish and share their information in accessible formats, all the more when people's safety is at stake. Accessible formats mean that shared materials are accessible online for persons using screen reader software, and presentation materials are accessible using universal design elemental and additional formats, such as the use of sign languages, Easy Read, plain language, captioned media, Braille, augmentative and alternative communication, and other accessible means.
3. Engage meaningfully with the civil society at all levels. Where engagement with national and local authorities and international organisations took place, activities aimed at supporting people with disabilities have been facilitated and helped, at least to a certain extent, mitigate the pandemic impact on their daily life. Engagement with the civil society should be further reinforced and capacity building provided to grassroots OPDs to support their participation.
4. Guarantee full participation, meaningful involvement, and leadership of people with disabilities and their representative organisations at every stage of planning and decision-making processes in COVID-19 responses, including recovery.

More generally, people with disabilities and OPDs should be meaningfully involved in the design and implementation of any public policies and programmes, not just those targeting specifically disability. Intersectionality between disability, gender, race, poverty, etc. are indeed often overlooked leading to non-inclusive policies.

5. Evaluate the implementation of the COVID-19 responses, their shortcomings and successes in terms of inclusion, in order to set guidelines for future emergency action plans. The lack of preparedness to face a pandemic such as COVID-19 led to major disruptions in services, discrimination, human rights abuses and reversed hard won progress for people with disabilities. The pandemic has highlighted the need for disability inclusive disaster risk reduction (DDR) strategies to strengthen countries' preparedness to address future crises. DRR strategies shall be disability-inclusive and take into account the diverse and individual needs of persons with disabilities, in particular those experiencing intersectional forms of discrimination and marginalisation, such as women and girls with disabilities or children with disabilities. When developing their DRR strategies, authorities shall include provisions on social protection measures including basics such as food and medicine, lockdown, limitations to education, livelihoods and social outlets as well as access to wider services, investment in accessible ICTs.
6. Allocate adequate financial and human resources to ensure that persons with disabilities are not left behind in the COVID-19 recovery process and beyond. Donors should provide some level of flexibility to enable the redirection of allocated unused financial resources to allow CSOs and OPDs to respond to emergencies such as pandemics and provide immediate support to people with disabilities.
7. Support and carry out global, regional and national data collection, capacity building and disaggregation of data by disability in all relevant sectors, including but not limited to the sectors of healthcare, education, employment. Ensuring that no one is being left behind, especially in times of crisis such as a pandemic, requires having an exact picture of the existing gaps and the most marginalised populations based on updated, qualitative and comparable statistics. As a minimum standard and recognising the existing capacities of national statistical systems, we recommend using the Washington Group Short Set of Questions and the Washington Group/UNICEF Child functioning model for SDG data disaggregation as a basis for data collection.

Introduction

The COVID-19 pandemic is a global public health emergency, with over 159 million cases reported globally as of 11th May 2021.

Available evidence indicates that people with disabilities are at greater risk of contracting COVID-19 due to wide-ranging factors including barriers to accessing information, lack of access to water, sanitation and hygiene infrastructure and services, challenges in maintaining social distancing due to the need for carers to be in close contact to meet their needs, and living in institutional settings and often in unsanitary conditions where they are often in close contact with other people. COVID-19 poses greater risks of developing serious illness for people with disabilities.

This report was commissioned as part of the COVID-19 Programme of the UNPRPD and illustrates the experiences of IDDC member organisations and their partners in adapting to the ongoing COVID-19 pandemic.

The report is divided into seven parts. Part One introduces and provides the contextual background for the report. Part Two presents the methodology used to conduct a desk-based survey to generate the findings of the study. Part Three presents an overview of the organisations who responded to the survey and their programmatic focus.

Part Four explores the ways in which respondents adapted to the pandemic at an organisational and programme level. Part Five focuses on the support provided to people with disabilities through programmes during the COVID-19 pandemic.

Part Six discusses experiences of engaging with national governments and local authorities during the COVID-19 pandemic, before Part Seven discusses organisations' engagements with UN organisations.



About the International Disability and Development Consortium (IDDC)

The International Disability and Development Consortium (IDDC) which is a global consortium of disability and development non-governmental organisations (NGOs), mainstream development NGOs and organisations of people with disabilities (OPDs) supporting disability and development work in more than 150 countries around the world.

IDDC and its members aim to promote inclusive development internationally, with a particular focus on promoting the full and effective enjoyment of human rights by all people with disabilities living in economically poor communities in lower and middle-income countries.

Methodology

This report is based upon a desk-based study conducted on behalf of the IDDC in March 2021, to explore the impact of the COVID-19 pandemic on IDDC members and their partners. Data was collected through desk-based research.

An online survey was designed collaboratively through IDDC with involvement from secretariats at the UNPRPD and the International Disability Alliance (IDA).

The survey aimed to collect quantitative and qualitative data, with a mixture of 'closed' questions with choices for respondents to select from a drop-down list or checkboxes, and 'open ended' questions in which respondents could share their views.

The survey was hosted on the Jotform platform in four languages, English, French, Spanish and Portuguese, and was disseminated to IDDC members and their partners by email through mailing lists. Data was collected through the survey over a period of three weeks. Respondents were asked to share case studies over email, some of which are featured within this report.

The data were analysed in April 2021. The quantitative data were analysed mainly in tables, showing the distribution of the different variables/response alternatives among the responders in numbers and in percentages. The correlation between the responders according to their geographical scope and their focus of work is shown in a graph. A thematic analysis approach was taken to analyse the qualitative responses to the survey.

The emergent themes of the data were used to structure the different parts of the report according to the questions of the survey, providing depth and context to the quantitative findings. Case studies received during the data collection phase were reviewed and added to relevant sections of the report, to illustrate some of the points made by respondents.

Overview of the organisations

A diverse range of organisations responded to the survey. Respondents were from different types of organisations, with different scales of geographical scope and different focus areas within their programmes.

3.1 Types of organisations and geographical focus

Table 1 shows the type and geographical scope of the 41 responding organisations. Responses from country or regional offices/branches of international organisations have been classified as national or regional organisations, to separate them from the responses given by the headquarters of the same organisation, and to give credit to the different experiences of the two different parts of the organisation.

14 of the 16 local/national organisations participating in the survey were either members of the same alliance/network or country offices of an IDDC member, as were 3 of the 4 regional organisations.

Table 1 shows that the majority of the organisations were or belonged to the network of an international civil society organisation. 12 of the respondents were mainstream organisations, the remainder were either organisations of or for people with disabilities. Six of the respondents were anti-leprosy associations.

Table 1: Types of organisations who responded to the survey

Type of organisation	Number
A local/national organisation of people with disabilities	2
A regional organisation of people with disabilities	0
An international organisation of people with disabilities	2
A local/national civil society organisation	16
A regional civil society organisation	4
An international civil society organisation	14
A network	3

Please note that in table 1 some revisions and corrections have been made to the data due to ambiguity from some of the respondents as to whether they were international or national organisations.

The regional and national organisations were based in the countries/regions shown in table 2.

Table 2: Locations of national and regional organisations

Continent	Location type	Location name	Number
Asia	Region	South Asia	1
Asia	Country	Papua New Guinea	3
Asia	Country	Bangladesh	2
Asia	Country	Indonesia	2
Asia	Country	India	2
Asia	Country	Philippines	2
Asia	Country	Sri Lanka	1
The Americas	Region	Caribbean, Central and Latin America	1
The Americas	Country	Brazil	1
Africa	Region	Northern Africa	1
Africa	Region	Eastern and Southern Africa	1

3.2 Programme focus

Respondents' programmes cover many sectoral areas (Table 3). Some areas are more common than others: 90% of the organisations work with or support programmes where advocacy is a central part. 71% are involved in programmes that either have livelihood/economic empowerment or support to CSOs as one main component. On the other side of the scale, only three organisations are involved in peacebuilding/conflict resolution and four organisations work with deinstitutionalisation.

Figure 1 shows that while the focus of the organisations is almost equal independent of their geographical scope when it comes to those areas that are emphasised by many of the respondents, in some areas there are marked differences in the focus of the international, the regional and the national organisations.

According to this survey, none of the regional organisations works with data, sexual and reproductive health rights, and deinstitutionalisation.

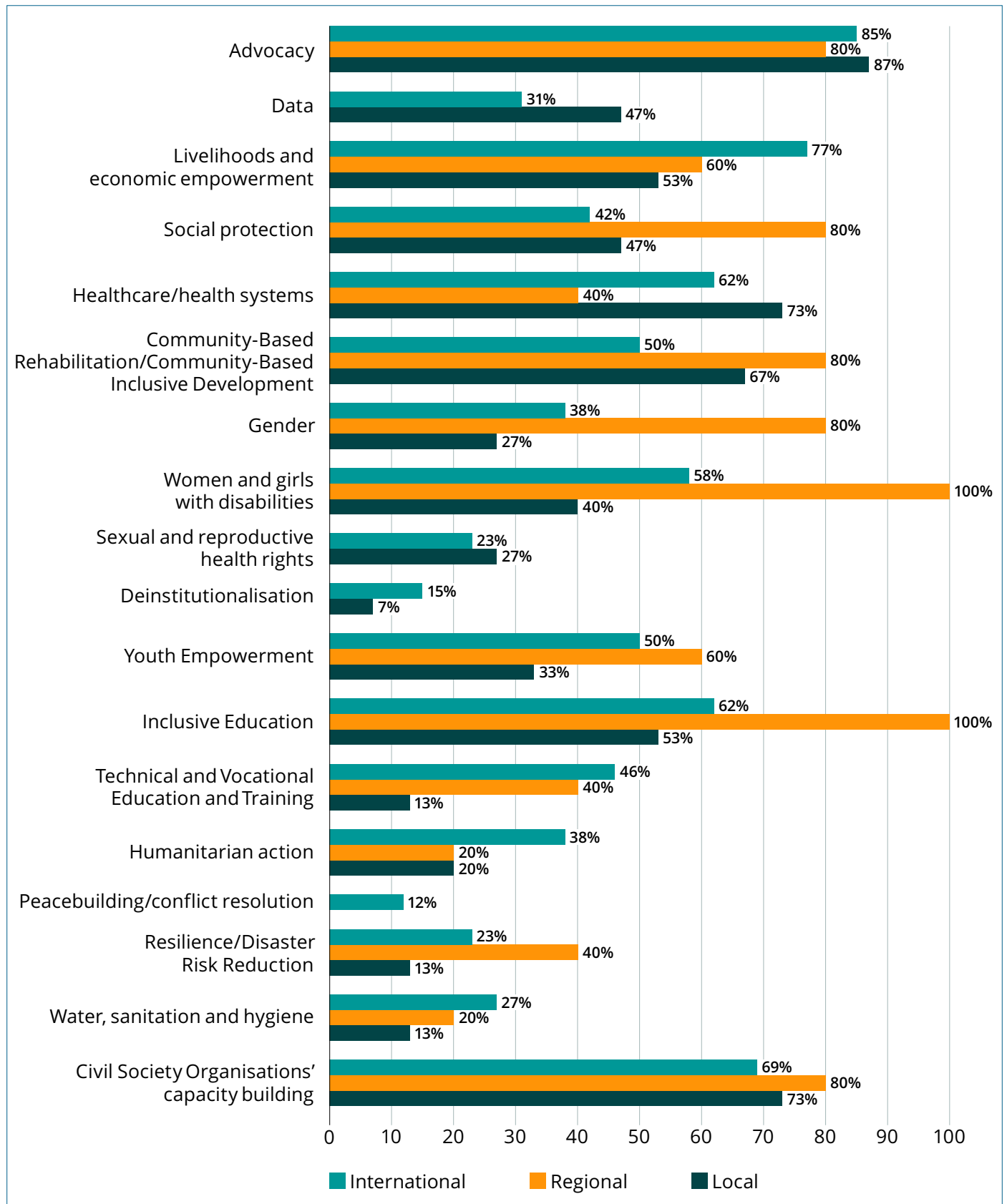
The survey also shows that the national level respondents are not involved in peacebuilding/conflict resolution and only rarely in resilience/disaster risk reduction.

Table 3: Programme focus of the respondents

Project/programme focus	Number of organisations involved	Percentage of organisations involved in the focus area
Advocacy	37	90%
Data	15	37%
Livelihoods and economic empowerment	29	71%
Social protection	21	51%
Healthcare/health systems	28	68%
Community-Based Rehabilitation/ Community-Based Inclusive Development	26	63%
Gender	18	44%
Women and girls with disabilities	24	59%
Sexual and reproductive health rights	9	22%
Deinstitutionalisation	4	10%
Youth Empowerment	20	49%
Inclusive Education	27	66%
Technical and Vocational Education and Training	15	37%
Humanitarian action	14	34%
Peacebuilding/conflict resolution	3	7%
Resilience/Disaster Risk Reduction	10	24%
Water, sanitation and hygiene	10	24%
Civil Society Organisations' capacity building	29	71%
Other ¹	4	10%

¹ Research and Evidence collection, Leprosy, Hospital services & disability management, Child protection & Education & MNCHN & SHN & Child governance & child poverty.

Figure 1: Focus areas and geographical scope of respondents



Adapting to the COVID-19 pandemic

The COVID-19 pandemic had an impact on the way in which respondents were able to work within their organisations and through their programmes. This section discusses the adaptations made at an organisational level, and within existing programmes hosted by the organisations.

4.1 Organisational adaptations to COVID-19 restrictions and lockdowns

The survey identified that there were ways in which adaptations were made at an organisational level. These adaptations mainly related to working patterns for staff.

4.1.1 Working from home

Organisations increasingly worked from home. In Bangladesh, a government-imposed lockdown from March 2020 led staff of the Disabled Rehabilitation and Research Association (DRRA) to work from home for the first time in its 25-year history. The focus of DRRA and its 25 partner organisations however was on service delivery at community level along with government hospitals, which continued in an adapted form, whilst DRRA staff conducted administrative work from home.

4.1.2 Working around lockdowns

Organisations adapted to lockdown restrictions over the course of the COVID-19 pandemic. For example, NLR Mozambique adapted their working approach within the organisation, by adopting resilience strategy approaches through focussing on sponsor systems and home care during the lockdown. Working patterns for staff of IDDC member organisations shifted by making more home visits to deliver their services to people with disabilities at home during lockdowns.

FAIRMED India reported how the organisation had to adapt to a significant degree of confusion when the national government imposed a lockdown in March 2020:

“At the onset of the year 2020, the whole world came to a standstill uniting to fight against the pandemic, revealing a lack of preparedness. The initial days of lockdown from the third week of March were confusing. People were afraid or mostly uninformed about the consequences, news channels were continuously broadcasting about the rise in cases and death rates, making people more scared than vigilant.

“There were restrictions on regular movement of the public and public gatherings. In the initial there was scarcity of food and generic supplies due to restrictions on vehicles at the borders. These restrictions made it almost impossible for persons affected by leprosy to access urgently needed leprosy services in the general healthcare system or in the tertiary care hospitals supported by FAIRMED India.

“One of FAIRMED India’s supported partners is GRETNALTES, who provide tertiary care leprosy services at their hospital in Guntur district, stepped ahead and helped the ones in need.

“Bunny Nagar colony is located near the town of Chilakaluripet and 43 families affected with leprosy live there. In the wake of this situation, GRETNALTES arranged for a medical treatment camp in the area wherein Micro Cellular Rubber footwear were distributed (to prevent ulcers at the feet) and a donation of dressing materials for ulcers and medicine was carried out. People affected by leprosy with visible conditions need additional care to manage it and do normally often visit the tertiary care centres.

“In East Godavari district, due to the ban on public transportation, people with ulcer or any other form of deformities could not visit the hospitals; therefore the conditions became critical.

“Another partner of FAIRMED India, the Rural India Self Development Trust (RISDT) hospital in Kathipudi, came to the rescue of these people and started moving out of the hospital to the doorstep of the people who were in urgent need of tertiary care leprosy services.”

4.2 Adapting programmes to the COVID-19 pandemic

Organisations have had to make many substantial changes to how they work and to the content of their work. The responses to the question ‘To what extent could existing programmes for people with disabilities continue during any crisis phase?’, are presented in Table 4.

Table 4 The extent to which programmes were adapted due to the COVID-19 pandemic

Status of the programmes	Number
Programmes were cancelled	3
Programmes were delayed	25
Programmes were adapted	32
Programmes continued as planned	6
All programmes were cancelled ²	1
All programmes continued as planned ³	2

Overall, as a result of the COVID-19 pandemic, the majority of programmes were either adapted (48%) or delayed (38%). Only 9% of programmes were able to continue as planned. 5% of respondents’ programmes were cancelled as a consequence of the COVID-19 pandemic.

4.2.1 New areas of work within programmes

As a result of the pandemic, 39 of the 41 organisations have undertaken new tasks and have engaged in new, unplanned areas of work through their programme activities, as shown in Table 5.

² Organisation did not report any other consequences.

³ Organisations did not report any other consequences.

Table 5: New tasks organisations have engaged in as a result of the COVID-19 pandemic

Answer	Number of organisations	Percentage of reported engagement in the different areas
We have not engaged in new activities	2	5%
Translation of COVID-19 related information (in Sign language, in easy-to-read, etc.)	24	59%
Services (Food delivery, provisions of equipment – gel, masks, etc.)	28	68%
Financial support (cash, vouchers, loans)	11	27%
Awareness raising	33	80%
Others	6	15%

Organisations' other new areas of work included:

- Sharing advocacy strategies for COVID-19;
- COVID-19 screening;
- Insurance schemes for people with disabilities and their families;
- Online health and rehabilitation services;
- Supporting people with disabilities due to in-patient services being stopped and working to improve referrals;
- Education services and health system strengthening;
- Data collection on the needs of people with disabilities within a COVID-19 context; and analysis and sharing data to support people with disabilities and OPDs to advocate to stakeholders to meet these needs;
- Research and training-related work;
- Human rights monitoring and reporting.

The next sections of this report provide detail on how programmes were adapted to respond to COVID-19, to focus on meeting the needs of people with disabilities, to continue with social distancing measures and online platforms, to provide education services and to incorporate humanitarian elements, followed by a discussion of experienced delays to programmes and the anticipated changes to programmes in the future among respondents.

4.2.2 Shifting programmatic focus to the COVID-19 response

The focus of programmes being run by some organisations changed to directly responding to COVID-19. DRR Bangladesh has been working in collaboration with OPDs, the Bangladesh Ministry of Health and Family Welfare and the ambulance service to arrange sample collection from people with disabilities who have been tested for COVID-19. DRR Bangladesh has also worked with the Government of Bangladesh to increase access to PCR COVID-19 tests at hospitals.

Programme funds were diverted to the COVID-19 response. CBM Ireland reported that funding for work, which was planned before the pandemic but was no longer possible to implement was diverted to the COVID-19 response, which included awareness-raising about COVID-19 and ensuring that people with disabilities were able to access food, healthcare and education during the lockdown.

In Tanzania and Uganda, Able Child Africa adapted their large institutional programmes (such as the Foreign, Commonwealth and Development Office Youth Empowerment programmes and Comic Relief Inclusive Education programmes in Uganda and Tanzania). The budgets for Able Child Africa's projects were reviewed, and activities, which could not take place, were suspended. Missed meetings in the March, April, May, June and July period saved some of the budget, enabling the funding and programme focus to be pivoted towards urgent COVID-19 support through accessible information and the provision of personal protective equipment (PPE) for key stakeholders.

Provision of PPE for staff and people with disabilities was a key aspect of HelpAge International's programme adaptations.

Projects being led by organisations were re-designed to incorporate elements about COVID-19 and appropriate measures to be taken, providing this information on a regular basis through mass awareness campaigns and meetings.

Sightsavers' Ascend programme incorporated elements on COVID-19 messaging. In light of budget cuts, Able Child Africa's programmes focused on the design and distribution of leaflets, posters and audio-graphic content to raise awareness of disability needs and rights during COVID-19, and sharing public health information in accessible formats.

EU-CORD noted that in their experience, these adaptations focused on changing the focus of messages and identifying new ways of carrying out the programmes within the limitations posed by the crisis.

In India, NLR provided mentoring and monitoring for people with disabilities through audio and video calls, and also used these calls to identify the challenges people with disabilities were facing in accessing essentials such as food, hygiene and medicine, and mobilised support through the government and donors.

Liliane Foundation allowed partners to partly adapt their programmes in response to needs arising from the COVID-19 pandemic, including information campaigns, protection mechanisms and the provision of food supply.

Case study

Spreading the word on social and behaviour change: Sightsavers' Ascend programme in West and Central Africa.

As the implications of the COVID-19 pandemic were beginning to come to light, the Ascend programme run by Sightsavers in West and Central Africa needed to shift their focus at the end of its first year, and planned activities were rapidly adapted.

Ascend funding was repurposed in 11 countries for approximately nine months to deliver activities that support Pillar 2 of the World Health Organisation's COVID-19 Strategic Preparedness and Response Plan, focusing on risk communication and community engagement.

The project focused on delivering COVID-19 health messages on a large scale, in line with national public health containment recommendations, and making social and behaviour change (SBC) campaigns inclusive and accessible to marginalised groups, particularly people with disabilities who are often missed out in response measures.

At the start of the project, Ascend country teams undertook a rapid and intensive

consultation with government partners to develop concept notes for the COVID-19 response. Interventions were prioritised based on gaps identified in national plans, and the concept notes were finalised in ten days.

The SBC component of the concept notes focused on combating misinformation, encouraging behaviour change, and facilitating community participation.

Each country team included objectives for inclusion and accessibility in the concept notes, which were further developed at design stage. In some countries, inclusion features were actively requested by government partners; in other countries, guided discussion led to the consideration and adoption of recommendations.

Following the development of the concept notes and funding approval, Sightsavers provided technical guidance to the Ascend COVID-19 response partners to mainstream disability.

4.2.3 Focusing more directly on under-represented groups of people with disabilities

Several adjustments have been made to ensure that under-represented groups of people with disabilities were reached during the pandemic. Table 6 also shows, however, that some groups are less targeted than others, like LGBTQI people with disabilities, persons with albinism and indigenous people with disabilities. On the other side of the scale, 71% of the respondents reported about adjustments made to reach women and girls with disabilities, and 56% have made extra efforts to target persons with intellectual disabilities.

Groups specified under “Other” included:

- Displaced people with disabilities
- People with Down Syndrome
- People with unaddressed refractive error
- People affected by leprosy and leprosy patients
- People with multiple disabilities
- Deaf children. CWDs in remote areas
- Deafblind
- Those at risk of disability with no official diagnosis
- Lactating mothers
- People affected Lymphatic Filariasis with disability

Table 6: Under-represented groups engaged in programmes

Category of under-represented groups of people with disabilities	Yes	No	I don't know
Person with deafblindness	13	17	11
Person with intellectual disabilities	23	13	5
Person with psychosocial disabilities	17	14	10
Person on the autism spectrum	15	14	12
Person with albinism	8	22	11
Women and girls with disabilities	29	7	5
Older person with disabilities	21	14	6
Indigenous person with disabilities	10	20	11
LGBTQI person with disabilities	4	22	15
Other	17	17	7

Adaptations to existing programmes significantly focused directly on ensuring that the rights of people with disabilities could be continually met during the pandemic. NLR Indonesia and Leonard Cheshire Disability reported how their programmes adapted to address the changing needs of people with disabilities in contexts with varying levels of COVID-19 restrictions. NLR Indonesia has actively worked to provide COVID-19 information to people with disabilities in every activity and meeting being conducted. Leonard Cheshire Disability adapted their programmes to ensure that COVID-19 information was provided in an accessible format. Programmes needed to remain accessible and to realise the rights of people with different disabilities. Save The Children reported how whilst most of their activities were being conducted remotely

and online, accessibility through effective communication and using various aids in the activities have been key to maintaining an enabling environment.

Christian Blind Mission (CBM) created the 'COVID-19 Disability Inclusive Community Action Matrix' to ensure that they could respond to the changing needs of people with disabilities and their families. The matrix (Figure 2) provides guidance on possible action points that can be taken for community development and mobilisation for preparedness and response activities for COVID-19, including ensuring compassion, communication, networking, enabling participation in community conversations and responses to the pandemic, and providing access to essential services.

Figure 2: CBM's COVID-19 Disability Inclusive Community Action Matrix



Photo © CBM

4.2.4 Programmes continued with social distancing measures

Some programmes run by organisations were able to continue with social distancing measures being implemented. In Bangladesh, DRRRA worked to ensure that existing programmes could continue in a socially-distanced manner, with adequate provision of PPE, transport, training, health insurance for frontline community-based rehabilitation workers and security for field teams. Sightsavers' refractive services in hospitals and community settings were delivered in line with WHO and national guidelines on social distancing. Sightsavers' advocacy team explained how their school-based eye-health programmes were adapted in accordance with guidelines to ensure safety for all who were involved:

"As schools started reopening during the Covid-19 pandemic, school eye health programmes' practices were redesigned to prevent the spread of the virus among children, teachers, support staff and ultimately the communities.

"A guidance for relaunching the vision screening programmes was developed and shared with the country teams and partners. The guidance was aligned with the World Health organisation and UNICEF's advice and guidelines. The clinical standards remain aligned with the Sightsavers' School Health Integrated Programme (SHIP) guidelines."

PPE was provided to staff and people with disabilities through HelpAge International's programmes. Organisations reported an awareness of needing to follow health protocols in face-to-face meetings. DeafBlind International noted the need to adapt or delay meetings to next year, as the organisation mainly works with networks and conferences. OVCI la Nostra Famiglia reported how they

have tried to conduct training sessions with fewer numbers of participants if being conducted in-person rather than online.

4.2.5 Programmes moved online

Programmes run by organisations were moved online. Sightsavers needed to adapt their accessibility audit training methodology in line with COVID-19 restrictions. Sightsavers said:

"Before the pandemic, we used to run two- or three-day long in-person training sessions. Due to the COVID-19 situation, however, we could not organise in-person sessions anymore, and we had to adapt the training methodology to be delivered online. Since the beginning of the pandemic, we have facilitated online accessibility audit training sessions for over 100 representatives of organisations of people with disabilities, government partners and private sector companies in Nigeria, Kenya, Malawi and Ghana."

Conducting programme delivery online through applications such as Zoom, increased email exchanges and conversations with clients over phone were considered the 'new normal'. NLR India for instance provided COVID-19 behaviour programmes, mentoring and monitoring for clients and identified needs for basics such as food and medicines over video calls.

In Bangladesh, DRRRA created an online communication platform for families of people with disabilities to enable them to send weekly updates to DRRRA. DRRRA was then able to arrange support based on these reports to meet the needs of people with disabilities through OPDs and provided health and rehabilitation consultation sessions over WhatsApp. DRRRA also supported people with disabilities and their families to access micro-health insurance for the first time in Bangladesh.

Telehealth services were continued by DRRRA through an interactive website. DRRRA secured a memorandum of understanding with a large telehealth company to introduce telehealth services through the website. Doctors and rehabilitation specialists were also trained on how to use the online platform to address the needs of people with disabilities. Internet connections were essential for programmes to continue online. FOAL emphasised that in adapting activities to be hosted virtually:

“it was necessary to provide connectivity and accessibility to virtuality, as well as knowledge and new ways of working”.

CBM conducted training and workshops online, and were able to facilitate online interventions between teachers, parents and students. Able Child Africa noted how holding meetings digitally by pivoting more funding to increased airtime and data helped them to make progress towards their programme outcomes whilst keeping people safe and saving money. OVCI La Nostra Famiglia and Inclusion International were also among the organisations using online platforms for almost all of their training and workshops.

4.2.6 Adapting existing education programmes

Existing education programmes were adapted by organisations. DRRRA Bangladesh worked to provide home-based education for persons with neuro-developmental disabilities.

Humanity & Inclusion (HI) made various adaptations to their Disability Inclusive Development programme in Kakuma refugee camp in Kenya:

“The HI team proposed activities and a corresponding budget to adapt current education and livelihood activities in Kakuma Refugee Camp.

“They worked with existing OPD partners through all of their activities on inclusion, accessible awareness raising and mitigation. OPDs collected stories of people with disabilities on their experience during COVID-19 for data and advocacy purposes.

“The team also worked with OPDs to develop messages and conduct radio awareness sessions, print accessible materials and share sign language videos. OPDs also mobilized and provided hygiene packs and PPE for people with disabilities and their caregivers.”

HI's Building Peaceful Futures Project in Iraq continued their Convention on the Rights of people with disabilities monitoring on their field assessments on aspects including education through phone interviews.

4.2.7 Disaster risk reduction measures in response to the needs of people with disabilities and wider natural hazards

Disaster risk reduction responses became a feature of programmes led by respondents. Existing programmes were either changed to operate in a humanitarian style in order to respond to the rights of people with disabilities in the context of the COVID-19 pandemic, or to operate within a humanitarian context arising from natural hazards as the COVID-19 crisis developed.

Liliane Foundation for example reprogrammed their existing activities towards a humanitarian response to the loss of livelihoods, including the provision of food and hygiene kits to help people with disabilities and their families, and enabled staff to respond to the needs of people with disabilities as they emerged over the course of the pandemic.

NHR Brasil's humanitarian response incorporated the delivery of self-care kits for people with disabilities, containing food and hygiene supplies.

CBM built crisis modifiers into their programmes, which enabled them to respond to the impact of COVID-19 on people with disabilities, particularly through their water, sanitation and hygiene (WASH) projects.

Light for the World initiated an international emergency response to adapt their programmes. Their response focused on accessible messaging and protection mechanisms, advocating for the inclusion of the needs of people with disabilities in the COVID-19 response of other mainstream organisations, providing PPE and other protective equipment to health partners, distributing food aid and providing economic support through loans and setting up livelihood opportunities such as soap making, within their existing programmes.

As the COVID-19 pandemic emerged, Cyclone Amphan hit parts of South Asia in May 2020. DRR Bangladesh's programmes were significantly adapted, to focus on meeting the needs of people with disabilities through support in provision of shelter and meeting essential needs as the impacts of the cyclone were emerging.

Case study

Disaster risk management approaches during COVID-19: Disabled Rehabilitation and Research Association (DRRA) Bangladesh's response during Cyclone Amphan.

Super Cyclone Amphan struck Bangladesh in May 2020 in midst of a pandemic when both COVID-19 patient and death cases were on the rise and the country was in lockdown. The situation could not be worse, especially for the population residing in the coastal region. At that period, it was crucial to maintain social distance and personal hygiene to stop the spread of the highly contagious disease, but the number and capacity of existing cyclone shelters was not sufficient. Therefore, the traditional emergency response protocol was not adequate to bring desired results in this unforeseen circumstance and an alternative approach was needed.

DRRA came-up with an innovative approach and implemented in collaboration with local government and disaster management agencies. The first step was identifying relatively stronger infrastructures in the area, which are less vulnerable than the traditional houses to the disaster. After identification, owners/authorities of these establishments were contacted and convinced for letting these buildings to be used as temporary shelters specially for people with disabilities living in the vicinity as prevailing transportation facilities are not that much accessible. This approach has positively resulted in three ways, first reducing the burden of travel for people with disabilities, secondly, reduced pressure on cyclone shelters and lastly, maintenance of safety measures for COVID-19 were comparatively easy. DRRA continued to undertake

post-disaster and COVID-19 response activities in such a way that all government and health regulations were maintained. In Cyclone Amphan post disaster response, we did cash transfer through a mobile banking system to avoid mass gathering and travelling. This approach was appreciated by both the beneficiaries as well as local government authorities as the Bangladesh Government is promoting a mobile banking system for cash transfer for transparency and convenience.

This mechanism was also replicated in cash assistance to help people with disabilities and their families to revive from the economic impact of COVID-19. In addition to this, food and hygiene material support were also provided through door-to-door delivery by our frontline workers. DRRA arranged complete PPE and health insurance for the staff to ensure their safety and bring positive energy to work during the pandemic and micro insurance for people with disabilities and their families. Another DRRA initiative is to facilitate collection of samples of people with disabilities and testing for COVID-19 in collaboration with the government health system through engagement of Organisations of people with disabilities (OPDs) by providing ambulance and other logistical support to strengthen the health system.

As a result of these multidimensional approaches, DRRA was able to reach more people and come to their assistance amidst this pandemic effectively and plans to continue to do so in future.

4.3 Delays to programmes

Organisations delayed some of their programmes in the wave of the pandemic. Inclusion International explained that it was challenging to conduct capacity-building programmes in person due to lockdowns and travel restrictions. In some countries, technological barriers such as low bandwidth and poor access prevented Inclusion International from conducting their programmes online, and decisions were made to delay capacity-building programmes which we planned. Local lockdowns and travel restrictions led EU-CORD members to delay some of their programmes. Delays in programmes posed barriers for Light for the World in provision of training and conducting monitoring visits, leading to a renegotiation of deadlines for reporting to donors.

4.4 Anticipated changes to programmes in relation to COVID-19

As shown in Table 7, organisations reported that they expected to include COVID-19 related activities in future responses in several areas and began planning for them. Only one organisation did not have any plan, whilst the 40 others expected to do COVID-19 related work in the future in an average of nearly eight different areas each. 46% were also planning to work on access to vaccines, which is a new area to most of them.

Table 7: Expected COVID-19 related activities in future responses

Areas	Number of respondents	Percentage of organisations anticipating COVID-19 related activities in the different areas
We do not have any future plan	1	2%
Access to vaccines	19	46%
Advocacy	25	61%
Data	17	41%
Livelihoods and economic empowerment	26	63%
Social protection	19	46%
Healthcare/health systems	24	59%
Community-Based Rehabilitation/ Community-Based Inclusive Development	24	59%
Gender	15	37%
Women and girls with disabilities	22	54%
Sexual and reproductive health rights	9	22%
Deinstitutionalisation	2	5%
Youth Empowerment	12	29%
Inclusive Education	22	54%
Technical and Vocational Education and Training	12	29%
Humanitarian action	13	32%
Peacebuilding/conflict resolution	3	7%
Resilience/Disaster Risk Reduction	12	29%
Water, sanitation and hygiene	13	32%
CSO capacity building	21	51%
Other (please specify)	0	0

Support provided to people with disabilities through programmes during the COVID-19 pandemic

The impact of the COVID-19 pandemic on people with disabilities is demonstrable through the extent to which they could continue to access their rights and their specific support requirements.

This section explores how COVID-19 has affected the ability of organisations to provide support to people with disability, outlining examples of how programmes have worked to meet the needs of people with disabilities in a variety of ways.

5.1 Impact of the COVID-19 pandemic on the number of beneficiaries supported

Table 8 shows the impact of the COVID-19 pandemic on the overall number of people (e.g. people with disabilities, families, Organisations of people with disabilities, etc.) supported by the respondents’ existing programmes.

Table 8: Impact of the COVID-19 pandemic on the number of beneficiaries supported by organisations

Level of impact	Impact according to number of organisations	Impact according to the percentage of organisations
More people were supported	13	32%
Less people were supported	18	44%
The pandemic had no impact	6	15%
I don't know	4	10%

5.2 Accessible and innovative COVID-19 messaging

Ensuring that messaging and communication about COVID-19 was accessible was important in the work of many organisations. Liliane Foundation, for instance, created tailored COVID-19 messages for children with intellectual disabilities and deaf children. CBM used innovative communication techniques,

such as mobile communication teams travelling to remote areas with loud speakers to provide information on COVID-19 prevention in local languages during social isolation. In Uganda, Light for the World created a series of five accessible videos about COVID-19 with sign language interpretation and subtitles, whilst also sharing this information in different accessible formats in South Sudan.

Case study

Accessible information materials on COVID-19 from Light for the World for people with disabilities and their carers in South Sudan and Uganda.

In South Sudan, Light for the World prepared a two pager rehabilitation guide for parents to continue with rehabilitation during the absence of CBR field workers. The aim was to ensure that the right information about COVID-19 is passed to the people with disabilities by ensuring that only facts that have been proven are given to them.

Light for the World felt that this information should be developed in formats that do not discriminate against people with disabilities e.g. braille and podcasts, sign language, easy read and child friendly, where appropriate in cooperation with people with disabilities and their representative organisations. Light for the World also used dissemination channels to reach out to people with disabilities through organisations of people with disabilities, radio, TV, SMS, as well as to caregivers. The goal was to equip focal points in communities with the means to receive information for people with disabilities and to report back on the situation of people with disabilities as the COVID-19 emergency develops.

Light for the World in Uganda also used a multi-faceted approach to provide information for people with disabilities about the COVID-19 pandemic. Five accessible videos, all in sign language, provided basic information about COVID-19 and the measures outlined by the President of Uganda to curb the spread of the virus. The videos have a voice over and subtitles. Audio files that are easy to share, covering the same topics were also produced.



Picture 1: Ambrose (L) and Robert (R) discuss common myths around COVID-19 in Uganda

5.3 Support after COVID-19 infections

Programming was tailored in response to the needs of people with disabilities for support after they had contracted COVID-19. In Nepal, FAIRMED's support provisions extended to people with disabilities within isolation centres.

Measures of support included spaces for people with disabilities to stay in quarantine, and the provision of essential items such as hygiene and nutrition products.

Case study

Support after COVID-19 infections: FAIRMED meets Sita Tamang at an isolation centre in Nepal.

Sita Tamang was travelling with her husband to Kathmandu from Panchpokhari Rural Municipality by a local bus on 28th May 2013. The bus was involved in an accident and rolled down the hills. Sita and her husband survived, however, Sita's life changed completely when she learned that she had lost her left leg, and would now be wheelchair bound and require physical support.

Sita and her husband sought treatment for her leg in India in January 2020. As Sita continued her treatment in India, the Government of Nepal announced a nationwide lockdown as a preparedness and response against COVID-19 on 24th March 2020.

After the lockdown was partially lifted, Sita and her husband decided to return to Nepal. On 24th June 2020, the couple travelled back with a group of 43 people. As the returnees were requested to stay in 14 days' mandatory quarantine, Sita and her husband stayed in FAIRMED supported quarantine space in Chhetrapalesori Secondary School.

FAIRMED provided logistic support including bedsheets, pillows, and dustbins for example, to Panchpokhari Rural Municipality, to help them to establish quarantine spaces. On the



Picture 2: Logistic support provided by FAIRMED to establish quarantine space
(Photo: FAIRMED Nepal)

6th day of their stay in quarantine, Sita tested positive for COVID-19. Sita, was referred to Melamchi Municipality as the Panchpokhari Rural Municipality lacked an isolation centre. As Sita required support in her daily life, her husband accompanied her in the isolation centre and followed all the safety protocols.

During her stay at the isolation, FAIRMED provided her with a hygiene kit which included a mask, sanitary napkins, nail cutter, mosquito net, and soap, and a nutrition kit of 30 pieces which included eggs, local peas and flour.

5.4 Support at home and in home care settings

Support was provided for people with disabilities at home and for those in home care settings, through visits, provision of medical services and adaptations to the home environment to meet their needs. The Callan Services for people with disabilities Unit continued to visit children with autism at home throughout the COVID-19 pandemic to provide speech therapy services on a one-to-one basis.

In Indonesia, No Leprosy Remains (NLR) conducted home visits to patients with reactions and implemented chemoprophylaxis to patients by door-to-door visits. The organisation lobbied stakeholders to ensure that treatment and self-care activities for patients with leprosy could continue at home to avoid the need to visit health care centres, and to place people with leprosy higher up in the priority list for vaccinations. Organisations adapted their existing services to reach people with disabilities at home as a key focus area of their work.

Case study

Delivering medicines at home in Ethiopia: how Dorcas is supporting older people.

Establishing volunteer groups can enable medicines to be delivered at home for older people and people with mobility disabilities who cannot reach a health centre. Health centres also however face challenges with access to medicines due to supply chain challenges.

In Ethiopia, Dorcas has mobilised different local resources from community members, different organisations and the government. This resulted in the project being able to collect in cash support, supplementary food items, different sanitary material including sanitiser hand soap, facemasks and different supportive items for distribution to older people who were participating in their project.

Support at home for older people was a particular area of importance. Dorcas has worked with a range of people to put support in place for older people and people with disabilities in Ethiopia to ensure that essentials such as medicines and hygiene products could be delivered to them at home.

Psycho-social support in home care settings for people with disabilities and carers needed to increase, as HelpAge International explained:

“Older people with disabilities in home care settings have been challenged with the COVID guidance as with others needing care. With an increasing number of reports of older people with disabilities feeling depressed and not able to cope, the psycho-social support services increased and for many broke the cycle of isolation and neglect.

“Likewise, carers are compromised here – how to maintain the guidelines when your family member needs daily handling. By talking to people and helping to understand the reasons for the messaging and finding coping strategies a lot of pressure has been removed.”

Case study

Going the extra mile for Mr Cader: ensuring hidden people with disabilities receive the medical attention they need in Sri Lanka through FAIRMED.

Mr.M.A. Cader residing in Colombo 12 is 76 years of age, reported to us on 01/04/2019 as a Leprosy MB patient with Grade 1 (feet) deformity. During the COVID-19 pandemic, in March and April Persons Affected with Leprosy were unable to attend the clinics due to the island wide curfew imposed in the country. As a solution to this, with the help of the Public Health Inspectors in the area, a decision was taken to post the drugs after verifying the address.

As Mr. Cader could not be reached via his phone to verify his postal address, we had to find an alternative way to ensure that he received the drugs without an interruption. To address this matter, the health officials of the Colombo Municipal Council with the support of the Public Health Inspector for Leprosy made arrangements to deliver the drugs to his doorstep through the Range Public Health Inspector of the area.

Therefore, in spite of the situation faced as a result of the pandemic and the health staff being involved in PCR testing, contact tracing and quarantine efforts, they made sure that a multidisciplinary team was provided for all the patients without any interruption. These officials were humane and duty conscious to address this most important need of the persons affected with leprosy whilst fighting the battle against COVID-19.

5.5 Online platforms and mobile technologies

Online platforms and mobile technologies were used by organisations to respond to the needs of people with disabilities. In Bangladesh for example, DRRAs were able to provide health, rehabilitation, and education services through developing an online platform. DeafBlind International explained how due to the need for physical contact through touch as a form of communication, the COVID-19 pandemic has been a difficult period of time as a result of extended periods of isolation for the deafblind community.

DeafBlind International received support to make contact with members of the deafblind community using online platforms. This contact was more frequent than usual and mostly by the initiative of people who are deafblind. Increased contact with people who are deafblind through online platforms was reflected through higher attendance rates at webinars hosted by DeafBlind International.

Mobile technologies played a role in enabling organisations to support beneficiaries during the COVID-19 pandemic. Kupenda for the Children explained how the development of a mobile application enabled staff and community volunteers to monitor the health and wellbeing of children with disabilities in Kilifi County, Kenya:

“Kupenda and Kuhenza (our Kenyan affiliate) partnered with Dimagi, Boston University School of Public Health, Massachusetts Institute of Technology, and Sabrams Consulting LLC to develop a Child Case Management mobile app that allowed staff and community volunteers to track the health and wellbeing of more than 500 vulnerable children with disabilities across 35 wards in the Kilifi County of Kenya.

“The app guided users to track COVID-19 exposure among the children and their household members and then provide counselling on COVID-19 prevention and care. Using Measure Evaluation’s Child Status Index (tailored for children with disabilities), the app also supported staff in monitoring and managing overall the physical, social, academic and emotional health of the children.

“Kupenda and Kuhenza will continue to use this tool after the pandemic ends and will train more community leaders to do the same so we can more efficiently and effectively support children with disabilities in Kilifi, Kenya.”

5.6 Disability-specific health support

Organisations provided specialist support focused towards disabilities and the management of specific conditions.

In Venezuela for instance, HI focused on supporting children and adults with disabilities with accessible messaging on wellbeing:

“HI Venezuela supported the messaging on safety and physical and psychological wellbeing of children and adults with disabilities and their parents.

“The messaging was produced and shared with communities through accessible videos (6 short accessible videos on how to manage anxiety during the quarantine for children with and without disabilities and their parents or caregivers were distributed and shared through social media). Different and parallel strategies were used to ensure information reaches persons with different disabilities: Accessible videos (with easy-to-understand messages, captioning and local sign language) was produced by an OPD in addition to a guideline on how to produce accessible material for digital media.

“Both materials were presented and disseminated within the humanitarian cluster coordination. More in-depth technical advice and training was provided to partners, in order to roll-out the guidance within their interventions.”

Organisations aimed to ensure that people with disabilities caused by leprosy were able to have their rights realised, such as through the provision of medicine (e.g. as part of NLR Mozambique’s work in communities). For NHR Brasil, it was important that measures of support for people affected by leprosy spanned across all ages and included the elderly, and extended to female heads of households which were affected by leprosy. In Andhra Pradesh in India, FAIRMED worked with their partners to support people with leprosy to meet their basic needs during the COVID-19 pandemic. FAIRMED India underlined that it:

“supported their partner GRETNALTES in Guntur district, who stepped ahead and helped the ones in need. Bunny Nagar colony is located near the town of Chilakaluripet and is a village area outside the city limits. It houses nearly 43 families affected with leprosy and during the corona pandemic these families were left unattended with general and basic leprosy care.

“Since all the health care staffs were busy with COVID-19 related program, the basic leprosy support was lacking in the area, hence making the daily lives of the population affected by leprosy difficult. In the wake of this situation GRETNALTES arranged for a medical treatment camp in the area wherein Micro Cellular Rubber footwear (to prevent ulcers) were distributed and a donation of dressing materials for ulcers and medicine was carried out on 15th October 2020.”

Case study

“I received leprosy medicine for three months”: Support from NLR Mozambique.

This is Gonçalves Armando, 45 years old. He lives in Ambrósio village, Namanda locality, in Ile District-Zambézia with his family (wife and five children) and he tells NLR Mozambique how he is accessing leprosy drugs during this COVID-19 time.

“I realized that I had skin spots three years ago. After participation in a community sensitization meeting, I joined a screening session and I was identified as a suspected case by the community volunteer. Then, the nurse confirmed that I am a leprosy affected person.

“Now I am in the 6th month of treatment and I joined the Nnóweherani Yenhu self-care group where I have regular assistance and advice. We got information about the coronavirus and the prevention measures through the local community radio and also by our local leader. Then, we were informed that we could not meet at the group until the new orientation. Before the coronavirus outbreak, I used to lift my medication at the self-care group.

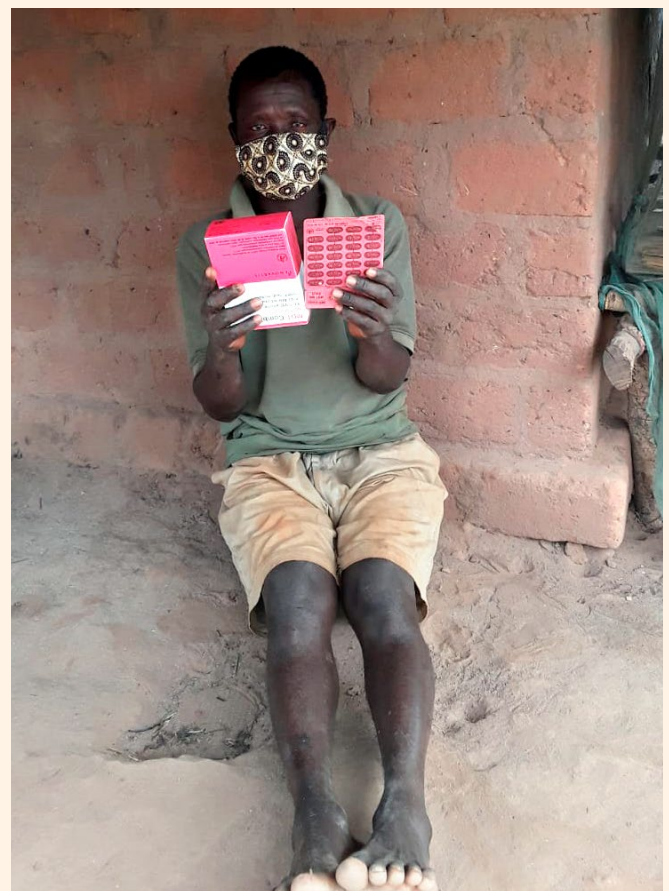
“I was worried when I saw that the medicine was running out in a situation where all group meetings were suspended and did not even have a mask that I would use to go to the health unit.

“Today, the health technician came to my house accompanied by the volunteer who left these three wallets to ensure that I have medicines to take for three months.

“He also offered me this mask saying that it was supported by NLR. It will help me get out if necessary.

“I am very grateful for this gesture and I would like the same for all people who are in treatment since we cannot go out on the streets without a mask.

“Thank you very much.”



Picture 3: Gonçalves Armando

Community-based rehabilitation has been a key avenue of support for people with different disabilities during the COVID-19 pandemic. In Sri Lanka, FAIRMED's programme has enabled them to support people with leprosy-related disabilities, poor mental function, autism, Down Syndrome, and spinal cord injuries.

Organisations facilitated access to health services as part of providing disability-specific support. In Nepal, FAIRMED worked to ensure that people with disabilities could access the referrals they needed for their medical conditions during the COVID-19 pandemic. Access to health care for children and young people with disabilities has been a priority for Able Child Africa.

Case study

Access to healthcare for children and youth with disabilities: a priority for Able Child Africa.

There have been several reports from our partners describing how many children and youth with disabilities with complex and life-threatening conditions have been unable to access the vital healthcare they need.

Many children and youth with disabilities depend on peer networks, schools and other community structures to access health services. Lockdown measures, particularly the closure of schools, has made this especially difficult for children with disabilities who are wholly dependent on others to attend medical appointments and collect prescriptions. The closure of key services, most importantly schools, has also meant many children and youth with disabilities who rely on therapy sessions for mobility or growth in early childhood are experiencing setbacks in their developmental milestones.

Where services are still functioning, many parents of children with disabilities are failing to get their children to appointments. This is mostly due to increased levels of poverty experienced by families of children with disabilities (who tend to be single parent families), alongside national travel restrictions.

Worryingly, our partner in Zambia has reported mothers of children with disabilities locking themselves and their children indoors for weeks on end, missing appointments and avoiding food shopping due to fear of infecting children with already weakened immune systems.

5.7 Support for older people with disabilities

Organisations provided support for older people with disabilities during the COVID-19 pandemic. HelpAge International declared:

“We prioritise older people with disabilities in our programming especially the COVID related activities as they are more vulnerable to the COVID.”

It was noted that greater awareness of the various challenges faced by older people with disabilities during the pandemic was needed. In Ukraine, Dorcas has worked to highlight the needs of older people living under COVID-19 restrictions and the importance of access to pensions during lockdowns to ensure their wellbeing.

Case study

Challenges in access to pensions for older people: Dorcas shares Ecaterina’s story from Ukraine.

“At the beginning of the quarantine, when the government introduced fines for non-compliance with restrictions, Ecaterina, an older woman living alone, went to the store for a loaf of bread. She was stopped on the way by two policemen who scolded her for not staying at home.

“Frightened by their aggression, she tried to explain to them that she needed bread and that she had no one to buy it for her, as she lives alone. The police told her that she had to pay a fine of several thousand LEI, as she broke quarantine rules.

“She told them through tears that she did not have such a large amount of money and

nowhere to borrow them. Then they asked her how much money she had with herself.

“She told them that she had only 100 lei (5 euro) in her pocket to last till her pension is paid out, hoping that they will have enough empathy to let her go, but the police abusively took this money from her and banned her to return home without anything to eat.

“After this case, Ecaterina stayed in bed for two days due to the stress that had severely affected her emotionally and physically. She says that during quarantine you can die from stress by paying a fine rather than COVID-19.”

5.8 Support for women and girls with disabilities

Support measures tailored towards realising the rights of women and girls with disabilities were put into place by organisations. As lockdowns increased the risk of Gender-Based Violence (GBV), Liliane Foundation created awareness of and support for women and girls with disabilities who are experiencing sexual abuse. FOAL took action to enable women and girls to remain aware of the risks of violence and explained:

“Actions were developed so that women with visual disabilities were united in a network to avoid possible situations of violence and isolation, and the issue of rights was being worked on. Thus, they were previously trained to be able to access the media.”

Organisations recognised the role of gender in the everyday responsibilities of women and girls with disabilities in supporting their households and families. Sightsavers have attempted to reach school girls and women over the course of the COVID-19 pandemic to keep them engaged in their programmes. Inclusion International highlighted how the overlapping factors of age and gender warrants attention to be paid to older women with disabilities and underlined:

“We have increasingly been reaching to older persons, women and girls with disabilities in the context of supporting families during the pandemic. It is often women who themselves have a disability who are caregivers in the home and as people with disabilities age, their role in the family changes. Our member organisations in the COVID-19 response have taken a broad approach to advocacy that includes attention to these different roles of caregiving.”

In Cambodia, Light for the World worked with the Women with Disabilities network and provided them a platform on national radio to talk about GBV during COVID-19 among other issues.

5.9 Support for people with intellectual and psycho-social disabilities

Measures were put into place by organisations to work with persons with intellectual and with psycho-social disabilities. Inclusion International highlighted:

“Our work already focused on people with intellectual disabilities, but we amplified the messaging and demonstrated how people with intellectual disabilities and their families were disproportionately impacted by COVID.”

5.10 Psycho-social support for vulnerable groups

Psycho-social support for vulnerable groups of people with disabilities has been provided by respondent organisations during the COVID-19 pandemic.

In Lebanon, Save the Children revised their outreach and targeting strategy to look for people with disabilities who they viewed as the most vulnerable and marginalised. Save the Children said that:

“We have also done a gender and disability focus group discussion analysis to capture views from these groups on their needs, priorities, surrounding risks and opportunities to inform our programming.

“These steps have taken into consideration reasonable accommodations since we had people with disabilities represented at the outreach and analysis levels.

“Moreover, our mental health and psycho-social support sessions have been reviewed in a way to ensure accessibility of information and that varied aids are used so that we address people with diverse ability/disability backgrounds. Complaint and Feedback Reporting Mechanism have been made accessible and inclusive.”

Liliane Foundation’s psycho-social support programme has targeted children and young people with various disabilities up to the age of 25 years. The programme has resulted in positive impacts on inclusive education, access to health care and rehabilitation, and domestic violence. Able Child Africa worked to address safeguarding risks for children and young people with disabilities in Uganda.

Light for the World has taken different measures to provide psycho-social support during the COVID-19 pandemic. In Kenya, working with the Red Cross helped them in providing a helpline for people with disabilities to access during the lockdown.

Case study

Increased safeguarding risks for children and young people with disabilities in Uganda.

Able Child Africa has worked to highlight how children with disabilities are at higher risk of all types of abuse. The COVID-19 pandemic has put children with disabilities at more risk of abuse or sexual assault in their own homes and are more likely to be abused by their carers, particularly as schools close during lockdown. In Uganda, reports of abuse by caregivers of children have included the removal of wheelchairs and restricting movement and access to WASH facilities. A girl with intellectual disabilities was also raped on a road which is usually busy near to her house.

Able Child Africa recommends that effective consultation and engagement with children and youth with disabilities when planning current and post COVID-19 responses is needed to ensure they are fully protected. OPDs can act as key structures for providing community-based safeguarding.

Case study

Light for the World's psycho-social support provisions.

"Through our in-country COVID-19 impact assessments we know that people with disabilities are especially concerned about their livelihood/income-making ability. This concern is more pronounced among people with disabilities than those without. People with disabilities asked themselves how they should feed their families when little economic activity was possible during the lockdowns. Indeed we have since seen a higher dependency on others helping them to meet their basic needs in comparison to people without disabilities.

"What's more, the fear caused by the threat of contracting the virus, isolation caused by the lockdown, the breakdown of social support structures, the increase in violence and disruption of everyday life impacted and still impacts the mental health of everyone and especially people with disabilities.

"In our response we made a deliberate effort to hand out food packages together with hygiene products and COVID-19 awareness materials. We coordinated the distributions together with organisations of people with disabilities and our partners who have worked at the community level for a long time to ensure that the support would reach the people most in need. This support was very much welcomed by beneficiaries who reported it has helped them through some difficult months.

"Where field workers used to do home visits, COVID-19 measures meant frequency had to be drastically reduced. To tackle this challenge, we bought phones to follow-up and provide psycho-social support to women and men with disabilities but also family members or caregivers. This facilitated continuity and also helped address concerns in these uncertain times. For children with disabilities we distributed adapted and accessible learning materials for home based learning in Cambodia and Mozambique.

"We are aware that the COVID-19 pandemic will not go away soon. Food distributions were necessary but it is not sustainable in the long run. Therefore we have started to support people with disabilities (especially women) to set up their business or learn new skills to produce products that are in high demand. This includes the production of face masks, e.g. in Kenya they had a transparent window to make people's facial expressions visible for persons who are deaf and hard of hearing. Also liquid soap and sanitary pad production has now started in many places".

5.11 Working with organisations of people with disabilities

Respondents had some engagement with OPDs. Sightsavers have engaged with OPDs directly through their programmes over the course of the COVID-19 pandemic. CBM Vietnam supported OPDs to access easy to read versions and sign language versions of COVID-19 prevention. Government was also influenced to have a handbook on COVID-19 prevention for people with disabilities and their caregivers. Other organisations were able to work with OPDs as part of their response in different ways. HI Venezuela said:

“By working with OPDs, different and parallel strategies were used by HI Venezuela to ensure information reaches persons with different disabilities Accessible videos (with easy-to-understand messages, captioning and local sign language) was produced by an OPD in addition to a guideline on how to produce accessible material for digital media. Both materials were presented and disseminated within the humanitarian cluster coordination. More in-depth technical advice and training was provided to partners, in order to roll-out the guidance within their interventions.”

HI experienced support for and mobilisation of OPDs and other CSOs through awareness raising in communities and advocacy towards local and national authorities to include people with disabilities in the response.

Some authorities supported advocacy efforts to ensure their information on COVID-19 was accessible for different disability types and shaped COVID-19 response policies to be disability inclusive.

HI worked with OPDs in Kenya and Iraq to mobilise their COVID-19 awareness-raising activities by adapting their programmes and highlighted in particular that:

“In Kenya, through the Disability Inclusive Development (DID) Program, new task orders were submitted to respond to COVID-19. The HI team proposed activities and a corresponding budget to adapt current education and livelihood activities in Kakuma Refugee Camp. They worked with existing OPD partners through all of their activities on inclusion, accessible awareness raising and mitigation. OPDs collected stories of people with disabilities on their experience during COVID-19 for data and advocacy purposes. The team also worked with OPDs to develop messages and conduct radio awareness sessions, print accessible materials and share sign language videos. OPDs also mobilized and provided hygiene packs and Personal Protective Equipment (PPE) for people with disabilities and their caregivers.”

In Iraq, the Building Peaceful Futures Project shifted their community inclusion awareness campaigns to focus on COVID -19 information and key messages around inclusion. This included door to door posters/flyers, and media campaigns. The CRPD monitoring field assessment on health, education and livelihoods continued through phone interviews, with discussion of adapting the monitoring tools to be changed to monitor access to services during COVID-19.”

Leonard Cheshire also worked with OPDs to translate information on COVID-19 into sign language and easy-to-read formats. Leonard Cheshire's collaboration with OPDs also supported their awareness-raising activities through data collection on the needs of people with disabilities within a COVID-19 context, and analysis and sharing data to support people with disabilities and OPDs to advocate to stakeholders to meet these needs.

Organisations such as Able Child Africa worked with OPDs to support young people with disabilities during the COVID-19 pandemic.

As part of their Inclusion Works programme, Sightsavers worked with OPDs in different settings to provide skills and employment support for people with disabilities, and to support both the employment readiness of people with disabilities who were looking for work and the understanding and accessibility of prospective employers.

OPD engagement officers have been key to ensuring the success of this programme and realising wider impacts and benefits, such as through the development of employment modules and ensuring people with disabilities can effectively use online platforms.

Case study

Involving local OPDs in supporting children and youth through investment: Lessons from Able Child Africa.

Able Child Africa believes that the most effective way of combating the challenges faced by children and youth with disabilities is to listen to them. This remains true in the current global health crisis. If we empower children and youth with disabilities to understand and explain the multifaceted challenges they experience, we are better equipped to combat them.

We believe the best way to achieve this is to support and empower local Disabled People's Organisations of people with disabilities (OPDs) and disability-focused organisations working with children and youth with disabilities. These organisations are best placed to engage with these groups, providing them with the individualised support they need, and to advocate directly to those who can make a positive impact on their lives. Through this crisis, we will be working with our partnership network to ensure that our funded work, advocacy and future plans take into consideration the voice and unique set of experiences of children and youth with disabilities.

Case study

Working with OPDs to prepare people with disabilities for employment during the COVID-19 pandemic: Sightsavers' Inclusion Works programme.

The escalation of the COVID-19 pandemic had a significant impact on the Inclusion Works programme implementation and forced us to rapidly adapt programme approaches to strategic opportunities and methods of delivery.

Our mitigation strategy to the risks posed by the pandemic has been to capitalise on the intrinsically adaptive programme framework; we have identified opportunities to adapt activities for remote delivery where possible, and strategised approaches to future proof alternative methods in the case of future restrictions. It is important to note that it is difficult to separate the early stages of COVID-19 with the consequential programmatic impact of the FCDO budget cuts.

Naturally, the coronavirus halted any face-to-face contact in a programme originally structured as an in-person capacity building programme. But more catalytic was probably the budgetary changes which caused us to think very differently, and very quickly, to prioritise activities in core output areas. We recognised that we needed to protect the employment readiness of jobseekers, the disability confidence of employers and capacity of Organisations for people with disabilities (OPDs) to engage in both of those and influencing of policy and regulatory frameworks.

Pre-COVID we had been looking into the potential of technology and online learning, specifically through Accenture's

Skills-to-Succeed Learning Exchange platform – not because of an imperative to deliver capacity building online but more because of the relevance of the content for pre-employment soft skills capacity development. We quickly realised the platform offered us a solution – that we had (and still have) an imperative to find systems solutions that can be delivered through technology.

We ran a pilot of the Jobseeker Mobile modules in April-June 2020 (a set of 15-30 minutes modules specifically focused on career planning, CV, and application letter writing, in person and social media networking, and preparing for interviewing) which quickly led to an initial scaling and subsequently scaling-up and scaling-out. Scaling up, has been focused on the number of people being able to access online learning.

Initially we focused on supporting data packages and human support for those with smart devices and the potential for internet connections, and more recently with mobile money for those without but who could access through commercial solutions (internet cafés). Now we are exploring the inclusion of those who have neither but could access offline through solutions like SD plugins.

(Case study continues on next page)

Case study continued

In parallel to this, employers had immediately, and understandably, moved into a stage of business continuity, with recruitment suspended. Employers we had begun conversations with pre-COVID-19 very quickly recognised the opportunity to capitalise on downtimes in business activity to invest in diversity and inclusion capacity building; under the condition of delivering this virtually through technology.

These opportunities are perhaps the legacy of the programme's investment in labour market analyses and the selection of largely resilient sectors. We first piloted this with Unilever in Bangladesh in the very early stages of the coronavirus pandemic, but then rapidly began to roll out with other companies in Nigeria, Kenya, Bangladesh, and Uganda. Through the programme we have delivered training to many hundreds of HR managers and line managers using virtual platforms, covering a range of training needs from introductions to disability – to unconscious bias – to Diversity & Inclusion strategy and operational planning.

While this was underway, the programme accelerated the development of its employers' disability-confidence toolkit, an initial range of resources from accessibility auditing to guidance on accessible communications, reasonable adjustments with recruitment processes to investments in human potential through corporate social responsibility programming.

Those resources developed in collaboration with the International Disability Alliance (IDA) Inclusive Livelihoods Task Team and launched with the support of the International Labour organisation's Global Business and Disability

Network, now average 600+ downloads each month and increase reach far beyond initial expectations.

Within that has been an acceleration of OPD participation, not least through the anyway foreseen, OPD engagement officers, which have been fundamental to more inclusive programming. This is not directly attributable to COVID-19, as the intention was always there, but they have been instrumental to the relative success of our COVID adaptations continued journey to inclusive programming.

Where we come out is with an accelerating preparation of jobseekers, much better prepared for a far more competitive job market than perhaps ever before. But also, with disability championing employers ready to role model more inclusive labour market systems, and OPDs with capacity to engage with them far more positively either directly or as resource members of national business and disability networks.

Now the work begins on collaboratively influencing supporting functions and regulatory frameworks to embed that within core labour market systems.

Both affected by COVID-19 and the budget reduction, our work with government, influencing regulatory frameworks and labour market supporting functions engagement has been significantly scaled back; recognising that these interactions tend to be more face-to-face, and that ministries and departments have focused on other immediate and pressing priorities for health.

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Case study continued

This doesn't mean rules and regulations were unimportant to systems change but does reflect that influencing inclusive response was more immediately relevant than longer term recovery, the latter now becoming a priority as health systems recover and attention shifts to economic recovery.

Through Inclusive Futures, we supported the IDA led global task-force on inclusive COVID-19 response and our OPD partners continued to support their members through facilitating linkages with government departments, local donors and safety net support services.

In Nigeria, the Inclusion Works team worked with the Nigeria Presidential Task Force on COVID-19 to provide sign language

interpretation of daily televised briefings to ensure the national COVID-19 briefings were as accessible as possible. After the programme funded the sign language interpreter for a few months the Minister for Information and Culture subsequently negotiated with Nigeria Television Authority to maintain the interpreter as a permanent service for more inclusive broadcasting of national daily news bulletins.

Through Inclusive Futures, we supported the BBC Media Action Nigeria COVID-19 health messaging programme to mainstream disability inclusion and the voices of people with disabilities.

HelpAge International stated that whilst they are not an OPD, they would see benefits in being able to engage with OPDs who work with older people during the course of the COVID-19 pandemic, due to overlapping challenges and ambiguity around disability and older age.

A representative from HelpAge International underlined that:

“The grouping of people with disabilities is important but I see in the pandemic there are many overlapping challenges with other family members such as carers sharing similar challenges.

“Also the discussion around older people is not very clear on the diversity of older age and not a homogenous group – a huge gap; likewise, a lot of the messaging around disability relates to person and misses the wide differences that person from 0 to 30 [years] to 60 to 80 [years].”

5.12 Entrepreneurial, employment and income support through organisations

Organisations worked to provide entrepreneurial and employment support for people with disabilities, to ensure that they were able to sustain a livelihood during lockdowns. Light for the World's programme in

Uganda supported people with disabilities to set up small businesses. Developing a Business Support Package in collaboration with other organisations provided opportunities and guidance for setting up businesses such as soap making in order to maintain an income.

Case study

Entrepreneurial support for people with disabilities in Uganda through Light for the World.

In March 2020, a nationwide lockdown was imposed in Uganda, significantly increasing the existing barriers to employment and livelihoods faced by people with disabilities. Light for the World developed a Business Support Package in partnership with Mango Tree Uganda and Finding XY, targeted towards people with disabilities in Uganda.

The package listed five businesses that people with disabilities could establish as sources of income for themselves and their families during the lockdown, which were based on their high demand, minimal capital investment and the ability to provide food security and cater for hygiene needs.

The packages focused on making liquid soap (an investment of up to 150,000 Ugandan shillings), book making (an investment of up to 500,000 Ugandan shillings), growing vegetables (up to 5000 Ugandan shillings for a packet of seeds), making reusable sanitary pads for women and girls (700,000 Ugandan shillings as a capital investment and 300,000 Ugandan shillings as monthly operational costs) and rearing and distributing poultry (an investment of up to 700,000 Ugandan shillings).

In Lebanon, employment support extended to safeguarding the rights and protecting children with disabilities in unsafe working conditions. Save the Children took action to protect a young girl with Down's Syndrome from undertaking child labour in a supermarket, where she was also sexually abused.

Save the Children's programmes include livelihood activities for parents and carers with disabilities, and referral mechanisms for services such as education.

Case study

Samar's success story with Save the Children Lebanon.

"Samar is an eleven year old female with Down's syndrome. Her mother attended Save the Children's centre in the Khaldeh area of Lebanon with the individual of concern and her two younger siblings.

The child was engaged in worst forms of child labour. When we first started working with the child she was working a supermarket for around 5 hours a day where she was being emotionally and sexually abused by one of the people who attend the supermarket regularly.

As part of our work with the family, we focused on conducting activities with the child in order to be able to communicate and interact better with her through drawing and games of her choice.

The mother is a single headed household mom who lives with her in laws. Through our case management process, we worked on positive parenting and awareness so the mother is able to communicate better with the individual of concern and on encouraging

better interaction between the siblings and the individual of concern, in addition to empowering the mom so she can find work that allows her to stay close to her residence. This was also supported through the parenting sessions delivered by the child protection officer.

During this transitional phase the family was supported through cash for protection, which helped stopping the child completely from work and helping the mom in the phase while she was still looking for work.

In the meantime, the child has stopped working while the mom is working now in cleaning households and her in-laws are helping her in taking care of the children. The mom will be also referred to livelihoods activities once the program is launched again and also once a service provider for education of children with disability is available the individual of concern will be referred directly."

5.13 Education

Respondents provided support to people with disabilities to access education during the COVID-19 pandemic. Sightsavers have focused their work towards facilitating access to education for children with different disabilities through their country offices. The organisation stated:

“Our country teams continued to liaise with partner organisations to make sure people with vision impairment including unaddressed refractive error are able to receive the support they need. In Senegal, we are working with the Directorate of Primary Education to set up an adapted distance learning approach via WhatsApp, with a focus on children with disabilities including vision impairment.

“Sessions are held to help students improve their academic performance, particularly for those who are preparing for exams.”

Leonard Cheshire in Kenya has developed a support package for parents on how to support their children with disabilities to be able to learn from home. The package includes information on understanding how children with disabilities learn, safeguarding practices, how to overcome communication barriers and useful resources. ALRES-PHILS from the Philippines are currently mapping learners with disabilities from indigenous peoples and their access to alternative learning systems. Able Child Africa has worked to highlight the need for accessible education for children with disabilities as e-learning gains greater focus as social distancing measures are implemented.

Case study

How Able Child Africa is highlighting the need for inclusive education for children with disabilities.

We are seeing global gains made in inclusive education being threatened by the current pandemic. Global school closures have seen a rise in alternative education and edtech (Internet, TV, radio etc.) being used to support access to remote learning during the pandemic. All our partners have reported that resources being shared through edtech are not disability inclusive.

In Kenya, the Institute for Curriculum Development (KICD) has provided e-learning materials nationwide, but has failed to distribute these materials in accessible formats. In Malawi, the government is working with mobile networks to provide free online courses, but again these are not provided in accessible formats. In Tanzania and Kenya, educational radio broadcasts have been the main way through which the majority of children are receiving an education; a service almost entirely inaccessible for children with hearing impairments.

In our education projects, many children with disabilities are provided with individualised learning plans adapted to suit their needs, and the generic content of the curriculums being provided through edtech are failing to address their specific learning requirements.

Within the contexts where we work, the education of children with disabilities is often not prioritised, particularly for families who are forced to choose between educating one child over another. Children with disabilities are also more likely to drop out of school than their peers, and there is a real risk that those who leave school now may not return. All of this means the education of children with disabilities is disproportionately deteriorating during the pandemic, putting them at an increased disadvantage and further reducing their ability to fully participate in society in the future.

5.14 Dietary needs

Programmes focused on meeting the dietary needs of people with disabilities during the COVID-19 pandemic. Liliane Fonds worked to provide special dietary supplements for children with Cerebral Palsy and other severe disabilities.

In Sudan, packages including beans were provided to people through the National Christian Development Organisation who were: deafblind; with psycho-social disabilities; women and girls with disabilities, including lactating mothers; older people with disabilities and indigenous people with disabilities.

5.15 WASH

Facilitating access to water, sanitation and hygiene (WASH) featured in some of the programmes run by respondents during the COVID-19 pandemic. Able Child Africa reported:

“As part of our FCDO Rapid Response project, a new government fund designed to quickly respond to local COVID-19 issues, we provided funds for gender-specific hygiene kits for girls and young women with disabilities to give them the hygiene tools and support at a time where good hygiene resources were unavailable during the COVID-19 pandemic.”

Case study

Providing accessible WASH for children with disabilities through Able Child Africa’s programmes.

Many of the hygiene packs provided to prevent infection of COVID-19, or for example, the hand-basins, sinks and communal water pumps people are expected to use for handwashing during the pandemic, are inaccessible and only provided in adult sizes.

In Zambia, our partner reflects that many children with disabilities are unable to wear the government-provided face masks as they are too big, or are easily removed by children with disabilities who do not understand their purpose. For this reason, our partner in Rwanda is providing their own child-friendly and disability inclusive emergency packs for families of children with disabilities, as government emergency packs are not suitable.

Case study

NLR Mozambique: “We are no longer meeting at the self-care group” – Hand hygiene promotion for people with leprosy in Mozambique.

My name is Elicete Miqueias, 28 years old, a student in grade 7. I live in Maua District, Niassa and I am a member of the Muandee self-care group. I was diagnosed with leprosy two years ago. I received and finished treatment. After school, I go to a farm where we produce cassava and lentils for our family consumption. Our group also has a communal land.

I receive information about coronavirus through the local leader and also at school. Because of this situation, the lessons were stopped and all students were recommended to stay home as a way to avoid getting the infection. Our church is also closed.

Our group facilitator and community activists also sensitised villagers about the disease and how to prevent it. Thus, we are no longer meeting in our group as we were taught that it is very easy and fast to get infected by the virus. We practice hygiene such as regular hand washing and not hand shaking. We also use the face mask when we go out and also in crowded places.



Picture 4: Elicete Miqueias

5.16 Support for political participation during the COVID-19 pandemic

Support for people with disabilities provided through organisations during the COVID-19 pandemic also had political aspects. In Malawi, the International Foundation for Electoral

Systems (IFES) created accessible videos for people with disabilities to ensure that they were aware of COVID-19 measures to take into consideration when voting in the June 2020 presidential elections.

Case study

Keeping people with disabilities politically engaged during COVID-19: IFES's support in elections in Malawi.

In May 2020, the Malawi Electoral Commission (MEC), with support from IFES, produced a series of inclusive voter education videos as part of the “My Country, My Choice” campaign to inform voters of electoral procedures ahead of the June 2020 presidential elections.

The videos, which included sign interpretation, provided information about MEC measures to mitigate the spread of COVID-19 and enhance the effectiveness of the electoral process. The initiative was supported by USAID.



Picture 5: Screenshot of a voter education video produced by the Malawi Election Commission ahead of the June 2020 elections which included sign language interpretation

Engagement with national governments and local authorities during the COVID-19 pandemic

National governments and local authorities have been at the fore-front of COVID-19 responses around the world. Organisations who run programmes relating to issues such as disability have sought to work in collaboration with local authorities and governments to ensure that the needs of people with disabilities are addressed during the pandemic.

As Table 9 illustrates, 88% of the organisations surveyed were able to engage either fully or somewhat with national governments and local authorities.

Engagement with the government was limited for some organisations such as NHR Brasil, as a large part of the government sectors that they tried to establish a partnership with were overloaded in responding to the crisis generated by the COVID-19 pandemic. Other organisations engaged with national governments and local authorities in a variety of ways as part of their COVID-19 responses.

6.1 Partnerships

Partnerships built with local governments before the COVID-19 pandemic began were useful for organisations in being able to deliver and manage their responses. OVCI la Nostra Famiglia's long-standing good cooperation with local governments as an international OPD was useful for them to be able to conduct their activities. Working actively to develop good relationships with local governments before COVID-19 struck ensured that CBM Ireland's OPD partners could join local and regional COVID-19 steering groups, and representatives from local governments were able to join the COVID-19 response group led by CBM Ireland.

Table 9: The extent to which respondents were able to engage with national governments and local authorities in their COVID-19 response to make them disability inclusive

Extent of engagement	Number of organisations	Percentage of organisations able to engage with government/authorities
Fully able to engage	8	20%
Somewhat able to engage	28	68%
Not able to engage at all	1	2%
I don't know	3	7%
Not relevant	1	2%

This resulted in members of OPDs being able to strongly influence regional responses and ensure that people with disabilities could access support through government schemes.

Respondents built partnerships with local health bodies. For instance, NLR India Foundation built links with local health workers and health facilities to support their beneficiaries. FAIRMED India described how partnerships with local health bodies were important in enabling access to treatment for multi-drug therapy (MDT) through Accredited Social Health Activists (ASHAs) during the COVID-19 lockdown in 2020:

“Every individual who is in continuation of MDT treatment needs to continue it without any interruption for a complete cure. During the lockdown, people who were on treatment of leprosy faced challenges in visiting the hospitals, collecting MDT for continuation of the treatment.

“It was the ASHAs who used to collect the MDTs from the nearest primary health centres and supply the people at their doorstep, thus ensuring uninterrupted services for people affected by leprosy. Similarly, people who are having ulcers in their hands or feet need regular wound care and during this period it was very tough to visit hospitals and get their wound dresses.

“FAIRMED supported hospital partners, made arrangements to send dressing materials through the medical staffs, carried out mobile WhatsApp chats with the people, collaborated with the nearest National Leprosy Eradication Programme paramedics for follow ups to ensure that wound care is managed to stop further deterioration.”

Nationally, FAIRMED India was in constant touch and close collaboration with the ILEP Foundation members and the Central Leprosy Division (Ministry of Health & Family Welfare) for any deliberation and plan for the people affected by leprosy during the COVID-19 pandemic period.

Multi-stakeholder partnerships were needed for COVID-19 responses to be effective. ALRES-PHILS highlighted the need for the public and private sector to work together to be able to meet the needs of children with disabilities in the challenging circumstances raised by the COVID-19 pandemic.

Connections with Ministries of Health were important for IFES to ensure that elections could be managed safely to enable the participation of people with disabilities in elections. IFES shared that it:

“works with government institutions, such as election management bodies (EMBs), and civil society organisations, including DPOs. EMBs often did not have connections with Ministries of Health, which quickly became necessary as the pandemic unfolded. In several cases, OPDs were able to make the connection between EMBs and Ministries of Health so that elections could be run in line with national health and safety guidelines. This provided a unique opportunity for OPDs to demonstrate their leadership and connections to the EMB.”

Sightsavers’ engagement in NGO and CSO networks at a country level helped to develop a coordinated advocacy response to the COVID-19 pandemic. Local CSOs and OPDs were empowered by partnerships with the ILEP Foundation in India to look to the needs of people affected by leprosy and other disabilities in their communities, even though there were practical limits to what they could do.

In Nepal, partnerships between the government and external development partners helped to shape FAIRMED's response. Light for the World were able to engage with national governments on advocacy by teaming up with national umbrella organisations of people with disabilities (e.g. FAMOD Mozambique), and in providing accessible messages through sign language to health authorities (e.g. Uganda).

6.2 National clusters

Participation in national-level clusters and networks helped organisations to co-ordinate their COVID-19 response to realise the rights of people with disabilities. The Callan Services for people with disabilities Unit in Papua New Guinea engaged in national clusters such as the Education in Emergency and Child Protection cluster to ensure that their responses were disability inclusive. Inclusion International was able to participate in government working groups as part of their response to COVID-19. National level task forces supported the National Christian Development Organisation to manage their WASH and awareness-raising programme in Sudan. The National Christian Development Organisation explained:

"The Taskforce in the area of our operation was working closely with us. Even directed our NGO where to install washing facilities, where to conduct awareness raising so that the message is disseminated to all. Some of the NGOs in the areas which were directed by the government were asked to partner with our NGO."

In a number of countries and contexts, CBM was able to influence the government to make their response accessible and successfully highlighted the specific needs of people with disabilities.

6.3 Training

Organisations were able to provide disability-related training at a government level, through engagement with ministries. For instance, Save the Children shared:

"We have collaborated lately with the Ministry of Social Affairs in Lebanon to train them on the basics of disability inclusion and other disability inclusion related topics. Additionally, we have been trying to ensure linkages between the government and Centre of Lebanese studies (Disability Hub in Lebanon)."

Similarly, Sightsavers explained:

"Since the beginning of the pandemic, we have facilitated online accessibility audit training sessions for over 100 representatives of organisations of people with disabilities, government partners and private sector companies in Nigeria, Kenya, Malawi and Ghana."

6.4 Meetings

Engagement with national and local governments through online meetings helped respondents to coordinate their responses by inviting policy makers to join their discussions. Organisations such as Sightsavers found planned meetings useful to move their activities forward.

Hosting webinars on platforms such as Zoom enabled respondents to engage in webinars from different locations. FOAL noted how teletraining could be conducted over WhatsApp.

6.5 Community engagement

In Papua New Guinea, engagement with local community leaders supported The Leprosy Mission International in their COVID-19 efforts. The Leprosy Mission International's field workers were able to work with community leaders to carry out COVID-19 awareness activities in different communities.

6.6 Advocacy and communication

Organisations were able to engage with governments in advocacy activities. Sightsavers' advocacy approach at a national government level enabled them to produce accessible government communication materials about COVID-19 in a number of countries. The Policy and Advocacy Team was able to provide briefings for and support country offices in their advocacy work, including offices in Pakistan, Nigeria, Senegal, Mozambique, Bangladesh and India.

Case study

Advocating the rights of people with disabilities at government level during COVID-19: Sightsavers' response around the world.

We approached the challenges presented by Covid-19 in two ways: firstly, we sought to mitigate the problems created by Covid-19, mainly through moving activities online; and secondly, we focused attention on ensuring that governments' response to Covid-19 was inclusive and participatory. The Policy and Global Advocacy team provided briefings, and through the Global Advocacy Advisers, provided day-to-day support for country offices in their influencing work. This case study briefly outlines some of the impact Sightsavers had through our work.

In Pakistan, the country office worked with the Community Based Inclusive Development network to influence the Ministry of Human Rights on inclusive communication, because often information about public health and safety were not communicated accessibly. As a result, the Ministry developed a set of

"COVID-19 safety measures for people with disabilities" and made them available in braille and sign language.

The Nigeria country office took a similar approach, working to ensure the daily media briefing of the Presidential Task Force (PTF) on COVID-19 accessible to the deaf community; and with the Ministry of Information and Culture to mainstream sign language interpretation in the Nigeria Television Authority (NTA) daily news – NTA is the widest television network in Nigeria and sub-Saharan Africa. The Minister responsible is one of the committees of the PTF and has made a public commitment on how the federal government will become more disability inclusive across its communications.

(Case study continues on next page)

Case study continued

In Senegal, the country office worked with the national OPD to enable them to participate in Covid-19 response committees at regional and national level. As a result, messages on Covid-19 have been made inclusive and accessible, and people with disabilities have had their need included in the government food aid program.

The National Office for Education and Information at the Ministry of Health have also mainstreamed disability inclusion in their communication strategy – this now includes sign language, accessible communication formats, awareness posters focusing on discrimination, stigma, gender-based violence and barriers measures. As part of the roll out, TV and radio spots raised awareness of the rights of people with disabilities during this challenging time.

In Mozambique, the country office was able to promote disability inclusion in the Covid-19 response through networks created to influence the government's implementation of the Sustainable Development Goals (SDGs). Sightsavers are part of the Disability Strategic Group, a national level working group composed of disability-rights organisations and stakeholders.

This group prepared a review of the disability inclusion in the SDGs to input into the government Voluntary National Review – this was used to then advocate for inclusion of people with disabilities in the national response to Covid-19. As a result, the government ensured that all Covid-19 updates were available in sign language and the training manual produced by the Ministry

of Health for community health workers included issues related to the inclusion of people with disabilities.

In Bangladesh, during the early emergency response phase, the country office worked with partners, including Access Bangladesh Foundation, on a campaign to promote a disability inclusive Covid-19 response. This included awareness raising initiatives among people with disabilities in Bangladesh, and influencing television, electronic, print media, traditional media, and community radio stations to promote disability inclusion.

The country office organised significant media coverage, including features on television, resulting in national coverage at peak times to highlight the impact of Covid-19 on people with disabilities. As a result of widespread advocacy and outreach efforts, the Ministry of Social Welfare allocated additional funding to promote the inclusion of people with disabilities in the social protection emergency response.

Sightsavers also conducted assessments of how government responses to the Covid-19 pandemic were affecting people with disabilities. In India, the country office conducted a survey with more than 600 people with disabilities in Madhya Pradesh on their experiences during Covid-19. Another study in India focused on the qualitative impact Covid-19 on women with disabilities. This was conducted through a series of consultations in collaboration with Rising Flame, a national organisation focused on the rights of persons with disabilities especially women with disabilities.

In Cambodia, Light for the World used radio to advocate the experiences of women with disabilities during the COVID-19 pandemic to the government. A dialogue directly between women with disabilities and a representative from the Ministry of Social Affairs, Veterans and Youth Rehabilitation helped to highlight how the needs of women with disabilities need to be met during the pandemic.

Case study

Over the radio waves of Cambodia: Light for the World highlights the experiences of women with disabilities during the pandemic to the government.

"In Cambodia we explored the impact of COVID-19 on women with disabilities during one of our radio shows. We invited Mr. Sem Sokphanha from the Department of Welfare for people with disabilities at the Ministry of Social Affairs, Veterans and Youth Rehabilitation and a representative from the Network of Women with Disabilities to discuss this topic with our colleague Ms. Chheun Tevy. Over 3,200 people listened through facebook and even more on the radio, to understand the challenges that women and people with disabilities face during the COVID-19 outbreak, what is needed to address this and what the government's response is."

Inclusion International were among the organisations who engaged with governments for their media engagement and awareness campaigns. Inclusion International's country offices were very active in advocacy to ensure people with intellectual disabilities were not left out of COVID-19 responses. In Ivory Coast, Save the Children's advocacy activities led to the establishment of health, educational and administrative protocols and their monitoring and evaluation. HI explained that the success of the advocacy activities with the government was dependent on:

"the context and how active/supportive authorities were. Overall success that HI experienced were support for and mobilization of OPDs and other CSOs through awareness raising in communities and advocacy towards local and national authorities to include people with disabilities in the response. Some authorities supported advocacy efforts to ensure their information on COVID-19 was accessible for different disability types and shaped COVID-19 response policies to be disability inclusive."

Gathering evidence and information from the field was an important aspect of advocacy at government level in HelpAge International's work on the rights of older people and people with disabilities. The organisation underlined:

"In this pandemic, older people and people with disabilities have been isolated due to the guidance and other discriminatory practices; this sadly became more evident as the number of deaths and long term COVID-19 cases were recognised. With UN actors making serious efforts to report on these gaps in the regions, stronger messaging and advocacy is in place; however at the face level, still older people of which 46% have a disability or more are still marginalised from the disability and ageing activities."

For example, in Pakistan [the] government announced emergency cash transfers for the vulnerable poor people. We studied the program and collected evidence that older people and people with disabilities are facing problems in getting access to the program and also in receiving cash. Older people and some people with disabilities fingerprints were not visible and they were unable to get cash as the whole system was based on biometric. So we did advocacy with the government and they developed alternate mechanisms for older people and people with disabilities.”

NLR’s offices in Indonesia and India found working with government task force teams useful for producing accessible information and communication materials. These materials were provided guidance on appropriate behaviours relating to COVID-19. In NLR India Foundation’s work, this included guidance on handwashing, social distancing and wearing masks.

6.7 Implementing social protection measures

Collaborating with governments enabled organisations such as Sightsavers, DRRA and NLR to put inclusive social protection measures into place. In Bangladesh, DRRA’s engagement with the government helped them to identify:

“vulnerable people with disabilities to link them with services, like making health services available and free of cost COVID-19 patient management at government hospitals as well as supporting with logistics to maintain safety and hygiene. Online rehabilitation and education support with parents’ assistance.”

FAIRMED Sri Lanka was able to work with the government and through the health system, and hence:

“to follow up on the people with disabilities and identify those most in need and provided a selected group income generation methods.”

In India, working with the government helped NLR with the delivery of essentials like food, hygiene items and medicines to people with disabilities. FAIRMED’s success in providing relief packages to people with disabilities in Nepal was partly as a result of good partnerships with local governments.

6.8 Employment and financial support

Organisations worked with governments to consider the employment needs of people with disabilities during the pandemic. For example, in Kenya, Leonard Cheshire supported the country’s Directorate of Occupational Safety and Health Services to produce and publish a COVID-19 advisory for employees with disabilities.

6.9 Adaptive management

Engaging with governments as part of their COVID-19 responses enabled organisations to use adaptive management approaches. Sightsavers shared:

“Having a collaborative and adaptive management approach worked well. We monitored the situation closely, conducted risk assessments, and developed programmes’ reopening plans accordingly. We are adapting our strategy as the pandemic evolves in different countries. We also modify our implementation plans as cases rise and fall in consultation with relevant ministries and partners.”

ILEP noted that engagement with governments helped community-based teams in their network to adapt their activities.

Light for the World provided a framework for the COVID-19 response by collaborating with in-country authorities, to ensure that their strategies could be adapted to: prevent the spread of COVID-19, prepare people with disabilities to cope with the economic and social impact, treat COVID-19 patients and increase health care capacity, advocate for a disability-inclusive response, and protect their teams and remain operational.

Engagement with UN organisations during the COVID-19 pandemic

UN organisations have played a major role in the response to the COVID-19 pandemic. Table 10 shows that 70% of respondents were able to engage with relevant UN organisations either somewhat or fully in their COVID-19 response to make them disability inclusive.

Table 10: Extent to which respondents could engage with UN organisations during the COVID-19 pandemic

Level of engagement	Number of organisations able to engage with relevant UN organisations	Percentage of organisations able to engage with relevant UN organisations
Fully able to engage	6	14%
Somewhat able to engage	23	56%
Not able to engage at all	4	10%
I don't know	4	10%
Not relevant	4	10%

Engagement with UN organisations was mainly at a global level of respondents' organisations, for advocacy purposes, to share information and gather and analyse data, and to facilitate training.

7.1 Global level engagement

UN organisations were engaged to some extent at the global level by organisations who responded to the survey. Whilst CBM Ireland was unable to engage with UN organisations, the federation, CBM Global, was able to work with the UN as part of its response to COVID-19. CBM was able to leverage a number of UN relationships and were also requested to contribute and review response activities, such as the WHO COVID Platform West

and Central Africa. Las Piñas Persons with Disability Federation were able to participate in international and global conferences as a result of their engagement with the UN.

Some organisations such as ILEP however stated that it was difficult to measure the success of their engagements with UN organisations. ILEP were able to engage in submissions and oral interventions with two of the WHO regional committees, the WHO Strategic and Technical Advisory Group on Neglected Tropical Diseases and the opening session of the March 2021 CRPD Committee on the topic of leprosy/disability inclusive response. Participation in various organised clusters, such as on health and disability was useful for OVCI la Nostra Famiglia.

7.2 Advocacy

Engaging with UN organisations and the International Disability Alliance (IDA) supported respondents in their advocacy responses during the COVID-19 pandemic, and being able to ensure that their programming was inclusive. HI shared:

“Coordinated advocacy efforts, such as the IDDC/IDA efforts seemed to have a wider impact on UN systems and responses. Awareness was also increased at remote UN conference such as CoSP and HLPF. HI was also able to influence the global Humanitarian response plan development by ensuring it was disability inclusive.

“HI also contributed to design of inclusive humanitarian strategies through global coordination mechanisms, sensitization of humanitarian stakeholders on inclusive humanitarian action, through provision of inputs to global sensitization events and consolidated and shared evidence from our country teams and partners on their needs, risks, barriers and success factors in promoting inclusive humanitarian action. In sum, evidence collected at the local and national levels were successfully used for international advocacy efforts with different UN entities.”

Involving organisations such as IDA helped to strengthen advocacy activities through the compilation and collection of case studies. HelpAge International stated:

“Advocacy work at global to national level strengthened the voice of older people and people with disabilities. Case studies collected by IDA were really impressive and thought provoking; their accessibility guidelines were also very useful.

“The COVID-19 challenge has helped to polarise certain issues where we say people becoming invisible.”

The Callan Services for people with disabilities National Unit engaged with UN organisations to distribute COVID-19 awareness messages to Inclusive Education Resource Centres.

7.3 Sharing information, data collection and analysis

Respondents engaged with UN organisations to share and facilitate access to information, and in data collection and analysis. In Brazil, NHR supported NLR to provide the UN Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members with information about the ways in which people with leprosy have been affected by the COVID-19 pandemic, and highlighted the impact on women with disabilities to the Committee on the Elimination of Discrimination against Women (CEDAW).

Inclusion International helped to increase UN responsiveness on inclusive education, access to information, and access to healthcare for people with disabilities by providing an analysis of the impact on them at a country level.

Leonard Cheshire Disability collaborated with the International Labour Organisation to design data collection tools to assess the impact of COVID-19 on the labour market in Kenya with the Federation of Kenya Employers and the Ministry of Labour and Social Protection. Liliane Fonds worked with the WHO during the COVID-19 pandemic to gather data from the field through local partners.

7.4 Training

In Lebanon, collaboration with UN organisations has helped Save the Children to facilitate training for partners on disability and gender inclusion. Working with UN organisations also supported the organisation in training partners on accessibility in the built environment and the use of accessibility checklists, the Washington Group Questions, information and communication technology (ICT) and inclusive education. This training and ongoing coaching with UN organisations supported Save the Children's partners in terms of data collection and analysis.

Concluding remarks

The COVID-19 pandemic and the emergency measures adopted to curb its spread has had a significant impact on the work of civil society organisations and the work of the IDDC.

Organisations have had varied experiences of engaging with local and national governments as well as UN bodies, in their efforts to ensure that the rights of people with disabilities continued to be accessed during the first year of the pandemic.

The information and messages presented within this report should inform more disability inclusive responses to future pandemics. Response measures need to be wide-ranging in scale, from being able to support individual physical and health needs of people with disabilities on a day-to-day basis, through to informing policies and wider strategies for effective responses to the challenges COVID-19 brings.

Actions need to support inclusive programming for people with disabilities, and ensure that government structures and organisations are able to work effectively to run their activities and to deliver services through programmes either tailored towards people with disabilities or wider programmes which incorporate disability within their agenda.

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