

## Disability Inclusion Helpdesk Report No: 42

Query title	The financial and economic impacts of COVID-19 on people with disabilities in low- and middle-income countries
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Query	What evidence and data is available on the potential financial and economic impacts of COVID-19 on people with disabilities? What measures can be taken to limit the negative economic consequences for people with disabilities?
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#### 1. Overview

The global economy is experiencing major disruptions as a result of the COVID-19 pandemic, lockdown and containment measures. Hundreds of millions of people have lost their jobs and sources of income. Businesses of all sizes are closing, many temporarily and some permanently, and consumption patterns and global supply chains have been disrupted by financial uncertainty and logistical constraints. **People with disabilities in low- and middle-income countries (LMICs) are likely to experience the same financial and economic impacts as people without disabilities, but they are at risk of experiencing more severe and long-term impacts due to the exacerbation of pre-existing socio-economic exclusion during the pandemic.** Many people with disabilities experience a range of barriers to economic inclusion that have now been intensified by restrictions on movement and the significant additional pressures on markets and public services. For example, **environmental barriers** to economic inclusion such as physically inaccessible workplace facilities and equipment, physically inaccessible markets and financial services, inaccessible communications, and inaccessible transport systems are now exacerbated for people with disabilities by lockdown and containment measures. **Institutional barriers** to economic inclusion such as a lack of access to inclusive healthcare, a lack of inclusive education and training opportunities, and limited knowledge and confidence of employers and service providers on disability-inclusive practices are now exacerbated for people with disabilities due to increased pressure on markets, increased demand for public services, and in some cases a lack of attention to disability inclusion by institutions in states of emergency. **Attitudinal barriers** to economic inclusion such as discrimination or negative attitudes towards people with disabilities are also likely to be exacerbated during the pandemic and the long-term economic recovery.

As a result of these pre-existing barriers, people with disabilities in LMICs were already more likely to be living in poverty than people without disabilities, more likely to be unemployed, and if they were employed they were more likely to be working in the informal sector, self-employed and in low-wage work (UNDESA, 2019). Women with disabilities commonly experience double discrimination, and are more likely than men with disabilities to be unemployed and live in poverty (UNDESA, 2019). Many people with disabilities in LMICs were therefore already significantly disadvantaged, and evidence shows they are now experiencing extreme financial hardship during the pandemic.

**There is substantial evidence available showing that people with disabilities in LMICs are losing work and income**, and those who were working in the informal sector or already experiencing extreme poverty have been particularly severely impacted. Many people with disabilities and their households are reporting that they are concerned about their financial security during the pandemic. Many are resorting to informal financial support mechanisms, which in some cases may put them at heightened risk of financial abuse and violence. Some are reporting that they have increased costs during the pandemic (particularly health-related costs) but reduced income available to cover those costs; and due to a lack of access to finance, some people with disabilities are also reducing food consumption and experiencing food insecurity.

**Many people with disabilities are reporting that formal social protection schemes during the pandemic are not accessible or sufficient for people with disabilities.** Research prior to the pandemic showed that social protection coverage of people with disabilities in many LMICs was very limited and often insufficient to cover the extra costs of people with disabilities (UNDESA, 2019; Kidd et al., 2019). Current evidence from April to June 2020 shows that many people with disabilities are now experiencing the same barriers to accessing social protection as prior to the pandemic, but these are exacerbated by restrictions on movement and the significant increase in demand for social assistance. The most commonly referenced barriers to social protection include inaccessible communications about social protection schemes, physically inaccessible or unsafe collection points, barriers to registration, and ineligibility for support in addition to disability benefits.

**Research findings from previous economic crises suggest that unless mitigated, the economic recovery from the pandemic may be longer for people with disabilities in LMICs and lead to increased inequalities between people with and without disabilities.** In the long term, people with disabilities may experience higher unemployment rates, and find it more difficult to return to or find work in the years following the economic downturn. There may be long-term negative economic impacts for young people with disabilities who were in education, transitioning out of education, or in their early years of work when the pandemic hit, as they may face more difficulty returning to school or work. There is also a risk that the economic downturn and austerity measures could lead to reductions in budgets for key public services including health and disability services, which would have disproportionate and severe health and economic effects for people with disabilities in the long term. Finally, there is a risk that a lack of explicit planning and resourcing for disability inclusion in programmes and services during the pandemic may lead to further socio-economic exclusion and entrenched poverty for people with disabilities in LMICs, and greater inequalities between people with and without disabilities in the long term.

**The evidence on the financial and economic impacts of COVID-19 on people with disabilities points to a number of recommendations for a disability-inclusive economic response:**

1. **Engage people with disabilities** in all of their diversity, their families and disabled people's organisations (DPOs) to assess the financial and economic impacts and barriers they are experiencing, and to identify and implement the most appropriate measures to address them.
2. **Plan and budget for disability inclusion across all programmes and recovery measures**, taking a twin-track mainstreaming approach to disability inclusion to ensure that people with disabilities are included in all mainstream programmes and recovery measures, while also providing targeted support.
3. **Collect and monitor disability and gender disaggregated data, including employment and social protection data, using the [Washington Group Questions](#).** Ensure disability inclusion is monitored and evaluated across all programmes, and share findings on lessons learned and what works.
4. **Consider the intersections between age, gender, disability and other factors that may mean some people with disabilities are less likely to be included in response and recovery measures.** The data and evidence on these intersections is currently limited.
5. **Build in accessibility and/or reasonable accommodation from the outset of all response and recovery measures.** For example, food distribution stations, adaptations to social protection schemes, employment programmes, and communications about financial assistance and economic recovery programmes must be made accessible to people with all types of impairments.
6. **Expand coverage of social protection for people with disabilities, and ensure disability benefits cover all disability-related extra costs.** Collaborate with other agencies, programmes and DPOs to expand the population receiving payments across programmes efficiently, effectively and transparently, and explore alternative methods for beneficiary identification that do not require travel or complex processes.
7. **Collaborate with governments, employers, employment service providers, DPOs and people with disabilities to promote employment that is disability-inclusive.** Support employers to put in place labour

and working conditions to allow people with disabilities to safely continue working, return to work, or secure new employment. Support governments to improve implementation of anti-discrimination laws and to strengthen safeguards against discrimination. Work with employer federations and National Business and Disability Networks to design and implement a disability-inclusive socio-economic response.

8. **Ensure feedback and complaints mechanisms during the COVID-19 response and recovery are accessible to people with disabilities.** Feedback mechanisms can be used to monitor whether people with disabilities are receiving financial or in-kind assistance, safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent safeguarding-related calls.
9. **Encourage communication and coordination between sectors and with the disability sector and movement,** including between social protection and employment initiatives, and between the health and social sectors.
10. **Identify opportunities to build back better with and for people with disabilities in the long term, using the CRPD as a guiding framework.** Ensure people with disabilities are included in new and growing economic opportunities that emerge through the crisis, including in recovery efforts that address climate change.

### Box 1: Key definitions

#### Persons with disabilities are:

*“...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”*  
(Article 1, UN Convention on the Rights of Persons with Disabilities, CRPD)

#### Reasonable accommodation means:

*“necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”*

(Article 2, UN CRPD)

## 2. Methodology

This rapid research query has been conducted as systematically as possible within 4 days of researcher and expert time. The methodology is described below.

**Search strategy:** Studies were identified through a variety of search strategies;

- **DFID Disability Inclusive Development Programme consortium partners<sup>1</sup> and relevant experts were contacted** for evidence recommendations (see Section 8 for experts who responded).
- **Google and relevant electronic databases** (PubMed, Science Direct, and Google Scholar) for priority sources using a selection of key search terms<sup>2</sup> used in other systematic reviews to identify more recent materials.
- **Review of key disability portals and resource centres**, including the Leonard Cheshire Disability and Inclusive Development Centre, Disability Data Portal, Source, International Centre for Evidence in Disability, the Impact Initiative, and Sightsavers Research Centre.
- **Disability-focused journals**, such as Disability & Society, and the Asia-Pacific Disability Rehabilitation Journal.

<sup>1</sup> The Disability Inclusion Helpdesk is funded under the DID programme. The DID consortium partners are ADD International, BBC Media Action, BRAC, Institute of Development Studies (IDS), International Disability Alliance (IDA), Humanity & Inclusion, Leonard Cheshire Disability, Light for the World, Sense, Sightsavers and Social Development Direct.

<sup>2</sup> Key search terms included: Disabled/disability/disabilities, women, impairment, deaf, blind, mental health conditions, psychosocial, intellectual, AND Coronavirus, COVID-19 AND economic impacts, financial impacts, employment, work, social protection AND low and middle income countries, developing countries.

### 3. Availability of evidence and data

**There is substantial evidence available** from research prior to the pandemic and previous economic crises, as well as surveys and interviews with people with disabilities during the COVID-19 pandemic, which demonstrate that people with disabilities in LMICs are currently experiencing extreme financial and economic impacts, and that they may experience disproportionate long-term socio-economic impacts. **There is no large-scale quantitative statistical data available on the economic impacts of COVID-19 on people with disabilities.** The main quantitative data available on the economic impacts of COVID-19 are unemployment figures, which have not been disaggregated by disability status; estimates of business closures; and losses of gross domestic product (GDP). **There are particular evidence and data gaps** on the financial and economic impacts of COVID-19 on people with disabilities by gender, people with psychosocial disabilities, people with disabilities working in agriculture, people with disabilities working in sheltered workshops<sup>3</sup>, and older people with disabilities.

### 4. What evidence and data is available on the potential financial and economic impacts of COVID-19?

**Broader economic analyses highlight that there have been and will continue to be significant global economic impacts as a result of the pandemic.** The global economy has been significantly disrupted by **reductions in the workforce** due to lockdown or containment measures, and people contracting or caring for people with COVID-19; **temporary and permanent closures of businesses**, particularly for businesses that rely on in-person service delivery; **disruptions to consumption patterns** due to heightened financial uncertainty and reduced incomes; and **disruptions to global supply chains**, including agricultural supply chains. While it is not possible to predict with accuracy the long-term economic impacts of these disruptions, it is recognised that they are likely to have dramatic effects on poverty, food security, and access to essential services such as healthcare and education in LMICs (World Bank, 2020; Evans and Over, 2020). The World Bank has expressed particular concern about economies that have extensive informal sectors, which make up an estimated one-third of GDP and about 70% of total employment in emerging market and developing economies (World Bank, 2020). When these analyses and predictions are combined with pre-existing evidence of the links between poverty and disability it becomes clear that people with disabilities in LMICs are likely to experience extreme and disproportionate economic impacts from the pandemic, both in the immediate- and long-term.

#### a) Evidence that people with disabilities are at risk of experiencing more severe financial and economic impacts from the pandemic.

**People with disabilities will experience the same financial and economic impacts of the pandemic as people without disabilities, but they are at risk of experiencing more severe and long-term impacts due to the exacerbation of their pre-existing socio-economic exclusion.** Many people with disabilities experience **environmental barriers** to economic inclusion such as physically inaccessible workplace facilities and equipment, physically inaccessible markets and financial services, inaccessible communications, and inaccessible transport systems. They experience **institutional barriers** to economic inclusion such as a lack of access to inclusive healthcare, a lack of inclusive education and training opportunities, a lack of or ineffective anti-discrimination legislation, and limited knowledge and confidence of employers and service providers on disability-inclusive practices. Many people with disabilities also commonly cite **attitudinal barriers** such as discrimination or negative attitudes towards people with disabilities as the most persistent barrier to economic inclusion (Banks and Polack, 2014; Mizunoya and Mitra, 2013; WHO and World Bank, 2011; Heymann et al., 2014; UNESCAP, 2015; Wickenden et al., 2020). As a result of these barriers, people with disabilities were already at a significant socio-economic disadvantage prior to the pandemic, which now puts them at risk of experiencing more severe financial and economic impacts from the COVID-19 pandemic.

**People with disabilities are more likely to be employed in the informal sector, be self-employed, and in low wage work** (UNDESA, 2019), which puts them at greater risk of losing their work and sources of income during the COVID-19 pandemic as a result of restrictions on movement and reductions in economic activity. Many people with disabilities in LMICs also depend on family support and begging for financial support (Groce et al., 2014), which is less likely to be a viable source of income while family members have reduced income, and while there are restrictions on movement. Furthermore, research from LMICs shows that there are significant gaps between people with and without disabilities in the use of information and communications technology (ICT), likely due to the unaffordability and inaccessibility of devices, internet services and digital literacy (UNDESA, 2019), which makes working from home during the pandemic less likely to be a viable option for people with disabilities in LMICs.

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<sup>3</sup> Sheltered workshops provide vocational training and employment for people with disabilities in segregation from the open labour market. This practice has been discouraged by the Convention on the Rights of Persons with Disabilities (CRPD) but still exists in some countries.

**People with disabilities in LMICs, particularly women with disabilities, were already more likely to be living in poverty, and more likely to experience food insecurity** (UNDESA, 2019), which makes it more likely that they will experience extreme financial hardship and food insecurity during the pandemic. Many people with disabilities do not have access to formal finance services, for example in some countries more than 30 percent of banks were not accessible to people with disabilities prior to the pandemic (UNDESA, 2019), and now with additional restrictions on transport and movement they are likely to be even less accessible. Similarly, in some LMICs more than 80 percent of people with disabilities who needed social protection services were not receiving them prior to the pandemic (UNDESA, 2019), and where people with disabilities were receiving them they were often insufficient (Kidd et al., 2019). Common barriers to accessing social protection include physically inaccessible collection points, complex and inaccessible registration procedures, and discrimination by service providers (Kidd et al., 2019), all of which are likely to be exacerbated during the pandemic while there are restrictions on movement and significantly increased demand for social protection services.

## **b) Evidence of the immediate financial impacts on people with disabilities.**

**There is substantial evidence that many people with disabilities in LMICs are currently experiencing loss of work and income, extreme financial hardship and food insecurity, and limited access to social protection as a result of the economic disruptions caused by the pandemic.**

Many surveys, interviews and DPO reports provide evidence that **people with disabilities and their households are losing work and income**. There is very limited comparative data available on the rates at which people with and without disabilities are losing work and income,<sup>4</sup> however the evidence that is available shows that people with disabilities who were working in the informal sector and those who were already experiencing extreme poverty have been particularly severely impacted. For example:

- **Bangladesh:** in a rapid needs assessment<sup>5</sup> conducted with 91 people with disabilities (55 male, 36 female) **93%** of the respondents reported that their livelihood activities have been impacted by the COVID-19 pandemic. **89%** are facing challenges in reaching their workplace or conducting work because of restrictions on travel and movement. 22% are experiencing reduced demand for goods and services due to customers' fear of contracting the disease and restrictions on travel and movement. 30% do not know how to adapt their business practices to protect themselves and their customers and prevent the spread of COVID-19.
- **Bangladesh:** another survey<sup>6</sup> of 100 households that include people with disabilities working in skilled trades, agriculture, teaching, trading, transport and household help found that **74%** reported a complete loss of income up to 13 April 2020. Of the balance, two-thirds reported a decrease and one-third no-change, with private sector employees most likely to maintain work.
- **Egypt:** in a survey<sup>7</sup> of 240 households (including or headed by people with disabilities) in April 2020, **95%** of respondents stated that their overall income was negatively impacted as a result of the COVID-19 pandemic. Of households that included one or more member who had a paid job before the COVID-19 pandemic, 87% of those living in Assyut and 49% of those living in Greater Cairo lost their jobs, and **84%** of those in informal work lost their work compared to 28% of those in formal employment.

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<sup>4</sup> This rapid evidence review only found one study providing comparative data from the USA: a survey conducted in the USA in April 2020 with 568 respondents (118 people with a disability, 450 people without a disability) found that 29% of people with disabilities had been laid off or furloughed due to COVID-19 compared to 17% of people without disabilities; 13% of people with disabilities believed they would lose their job in the next 1-3 months compared to 5% of people without disabilities; and 33% of people with disabilities said there will be little financial impact to their life because of COVID-19, compared to 48% of people without disabilities. Respondents with disabilities made up approximately 20% of all survey question respondents, which is representative of the U.S. population. Source: Global Disability Inclusion (2020).

<sup>5</sup> A survey conducted by Humanity and Inclusion with 91 people with disabilities from an ultra-poverty graduation project funded by DFID that had been aiming to "graduate" persons with disabilities and their families out of poverty. The individuals surveyed were in the process of receiving a series of interventions from HI, and their poverty levels ranged from extremely poor to poor. Source: Humanity and Inclusion (2020a).

<sup>6</sup> Survey of 100 households of people with disabilities, conducted by Innovision and Young Power in Social Actions (YPSA), an implementing organisation in the Inclusion Works programme funded by DFID. Results provided by Simon Brown, Sightsavers.

<sup>7</sup> The survey was conducted in April 2020 via phone with 240 households. The surveyed households were drawn from on-going Humanity and Inclusion projects that target different groups including vulnerable households, marginalized women including women with disabilities, youth with disabilities and young children with disabilities. As such, the survey respondents were formed of persons with and without disabilities as well as their family members, and results from this assessment should be used as reference rather than representation for the needs of households with people with disabilities in Egypt. Source: Humanity and Inclusion (2020b).

- Jordan: a survey<sup>8</sup> of 942 households, including 524 households with adults with disabilities and 418 households with children with disabilities, found that **78%** of households surveyed had one or more member lose a job due to movement restrictions.
- Mali: People with disabilities working in the informal sector have reported that they have lost their source of income due to closures of non-essential businesses and lockdowns (IDA, 2020a).
- Nigeria: People with leprosy have reported that people are not buying their produce because customers suspect that their produce is contaminated with COVID-19 (IDA, 2020b).
- Uganda: monitoring data from Sightsavers' Economic Empowerment programme in Uganda<sup>9</sup> shows that of 540 youth with disabilities in the programme, it appears none have been able to maintain any self-employment activity as a direct result of COVID-19 and the closure of public spaces and restriction on movement.
- Uganda: people with albinism in Uganda have reported<sup>10</sup> that they are struggling to cover basic needs such as water and bread, many have lost their income, and many have felt forced to accept jobs in the agricultural sector to secure an income. One man reported, "many persons are working in the fields, being exposed to the sun and with no sun protection [while there is a lack of transport to collect sun lotion]". According to this report, women with disabilities who have to provide food for their children and single mothers are the most impoverished during the pandemic. Those who obtain an income through informal work have been severely impacted due to lockdown measures.
- USA: A report shows that nearly one million working-age people with disabilities lost their jobs in the USA in the month of April. That represents a 20 percent reduction of the number of workers with disabilities in the USA. (Kessler Foundation, 2020).
- Viet Nam: a survey of people with disabilities<sup>11</sup> found that 30% of respondents became unemployed due to COVID-19, and 28% of respondents saw their income decrease in March 2020. Among those who work, 49% saw their working hours reduced and 59% received a pay cut. Only 3% of respondents are actively looking for another job, and 19% are exploring additional ways to generate income.

**Many people with disabilities and their households are reporting that they are concerned about their financial security during the pandemic.** Many are resorting to informal financial support mechanisms, which in some cases may put them at heightened risk of financial abuse and violence. Some are reporting that they have increased costs during the pandemic, but reduced income available to cover them. Due to a lack of access to finance, some people with disabilities are also reducing food consumption and experiencing food insecurity. Examples include:

- Bangladesh: a rapid needs assessment,<sup>12</sup> found that some households of people with disabilities have started reducing costs on food, reducing food consumption and changing their diets. In the long-term households of people with disabilities are intending to make use of credit, loans and community aid.
- Bangladesh: a survey<sup>13</sup> of 100 households that include people with disabilities working in skilled trades, agriculture, teaching, trading, transport and household help found that households' coping strategies during the pandemic have included reducing household expenses, primarily on food, and specifically protein.
- Egypt: in a survey<sup>14</sup> of 240 households (including or headed by people with disabilities) in April 2020, respondents' top barrier to meeting basic needs was a lack of cash. 65% of households were at risk of being evicted for not paying rent. 93% of households surveyed did not have savings, and 49% of households surveyed were in debt. Furthermore, 76% of households said their needs for medication increased because of the pandemic and 58% said their need for medical check-ups increased. 94% said a lack of cash was the greatest barrier to accessing healthcare services, 45% said they were unavailable, 33% said they were physically inaccessible, and 5% said information about them was inaccessible. 54% of respondents said they received social assistance from NGOs, 27% said they received it from family, friends or neighbours, 16% said they received it from others and 3% said they received it from government.

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<sup>8</sup> The purpose of this survey was to assess the needs and impact of COVID-19 on persons with disabilities and their families in Jordan. HI conducted the assessment in April 2020 via a phone survey with 942 households including 524 households of adults with disabilities and 418 households of children with disabilities. HI used purposive sampling to select the respondents from the currently active beneficiary dataset. Due to the large size of rehabilitation project, 93% of respondents were people with physical impairment. The results should be used as reference rather than representation for the needs of people with disabilities in Jordan. Source: Humanity and Inclusion (2020c).

<sup>9</sup> Expert contribution from Simon Brown, Sightsavers.

<sup>10</sup> Source: IDA (2020c).

<sup>11</sup> A survey conducted between 14 and 28 April 2020 that received 986 responses from people with disabilities. Phone and face-to-face interviews were also conducted with people with disabilities living in remote areas or who had difficulties completing the survey online. Source: UNDP Viet Nam (2020).

<sup>12</sup> Source: Humanity and Inclusion (2020a).

<sup>13</sup> Survey of 100 households of people with disabilities, conducted by Innovision and Young Power in Social Actions (YPSA), an implementing organisation in the Inclusion Works programme funded by DFID. Results provided by Simon Brown, Sightsavers.

<sup>14</sup> Source: Humanity and Inclusion (2020b).

- Jordan: a survey<sup>15</sup> of 942 households, including 524 households with adults with disabilities and 418 households with children with disabilities found that 96% of respondents reported they had no savings and 50% of respondents believed they were at risk of eviction from their homes.
- Kenya: people with disabilities have reported<sup>16</sup> that they have reduced support from family members who are no longer working. A young man with a disability reported that he has reduced food consumption to one meal per day because his parents are no longer able to support him financially.
- Uganda: programme staff from Sightsavers' Economic Empowerment programme in Uganda<sup>17</sup> have reported their yet to be confirmed fears that several, potentially many young people with disabilities will have had to sell or pawn their means of livelihood (livestock, tools of trade), as well as liquidating savings in community savings and credit groups in order to eat. This can only be confirmed after national movement restrictions are lifted and a rapid impact assessment activity completed. The programme fears also that several will be at a safeguarding risk, not necessarily only within the household but also through outstanding debts within the community, not least from unregulated money lenders.
- Uganda: a survey<sup>18</sup> of people with disabilities and their families found that 45% of people with disabilities worried about how they would feed their family compared to 14% who worried that they might get infected by COVID-19. In a poll conducted with people with disabilities and their families on 18 May 2020 on the question "How are you managing to cater to your basic needs during the lockdown?" 702 respondents said they depend on what others give them, 453 respondents said they grow food in their own garden, 261 respondents said their business or job still provides for them, and 219 respondents said they are living on their savings.
- Viet Nam: a survey of people with disabilities<sup>19</sup> found that **96%** of respondents expressed concern for their financial security. 28% of respondents are using their savings during this time. When asked about their immediate needs, respondents focused on food, cash allowance or other financial support.
- Zimbabwe: People with disabilities are reporting food insecurity, especially amongst people who were working in the informal sector and have lost their livelihoods (IDA, 2020e).

**Many people with disabilities are reporting that formal social protection schemes during the pandemic are not accessible or sufficient for people with disabilities.** As previously noted, research prior to the pandemic showed that social protection coverage of people with disabilities was already very limited in many countries, and often insufficient, as many people with disabilities have additional costs around medical requirements, transport and care (UNDESA, 2019; Kidd et al. 2019; ILO, 2019). Current evidence from April to June 2020 shows that many people with disabilities are experiencing barriers to accessing social protection as prior to the pandemic, but exacerbated by restrictions on movement and the significant increase in demand for social assistance. **The most commonly referenced barriers to social protection were inaccessible communications about social protection schemes, physically inaccessible or unsafe collection points, barriers to registration, and ineligibility for support in addition to disability benefits.** For example:

- India and Nepal: Minority Rights Group International has reported<sup>20</sup> that the COVID-19 cash transfer programme provided by the Ministry of Social Justice and Empowerment in India and relief packages provided by local government in Nepal have excluded peoples with disabilities from marginalised groups such as single, poor, Indigenous women and women with severe disabilities. The packages are inaccessible to many who are unable to get a certificate proving their disability. This is particularly affecting ethnic and religious minorities, refugees and internally displaced persons who face additional barriers in registering. Barriers to registration include a lack of information and availability in minority languages, discrimination, lack of accessible education, lack of road transport and lack of health centres where disability certificates can be obtained.
- Bangladesh: Interviews<sup>21</sup> with seven DPO leaders in Bangladesh noted that local governments are disqualifying people with disabilities who receive a disability allowance from receiving other forms of relief. Two DPOs report: "If [persons with disabilities] get disability allowance, then they are not allowed to receive the food ration. If they receive one benefit from the government, then they are not eligible to receive another one. With 750 taka, life is not going smoothly. ... disability allowance (750 Bangladeshi Taka [£16.81 GBP1] monthly) cannot help to run a family, where the full family is depending on that money". Day labourers no longer have a livelihood and without alternatives, depending on 750 Bangladeshi Taka (GBP 16.81) of monthly disability allowance and struggling to survive. DPOs have also reported that some relief has been one-off, but needs to continue to be provided.

<sup>15</sup> Source: Humanity and Inclusion (2020c).

<sup>16</sup> Source: IDA (2020d).

<sup>17</sup> Expert contribution from Simon Brown, Sightsavers.

<sup>18</sup> A survey conducted on 19 April 2020 by Light for the World and TRAC FM on the impact of COVID-19 on people with disabilities in Uganda, among 10,000 persons with disabilities and their family members. Source: TRAC-FM (2020).

<sup>19</sup> Source: UNDP Viet Nam (2020).

<sup>20</sup> Source: Minority Rights International (2020).

<sup>21</sup> Expert contribution from ADD International.

- Ecuador: it has been reported<sup>22</sup> that people with disabilities have continued working despite restrictions on movement because of a lack of financial support. A voucher scheme was established by the government to secure food for poor people, however these vouchers only last for a few days. A DPO member notes, “As a DPO, we are helping the government by providing the contact details of persons with disabilities that are in need of those vouchers, however only 20% were taken into consideration. We also receive funds to share with our DPO members”. He explains that if a person with a disability lives in a household in which another member already receives a social benefit or government allowance, or if they have a formal profession or own a business, they are automatically refused this voucher. Many people with disabilities are also not registered to receive support due to a lack of official data on disability.
- Nepal: Indigenous people with disabilities in Nepal have reported<sup>23</sup> that the government has made a provision to obtain relief packages containing food (for example rice and lentils), but in order to obtain it, one must have proof of citizenship and/or disability. This poses an issue for indigenous persons with disabilities, who often do not have official documentation for either. One woman explains that the reason for this can be attributed to socioeconomic factors such as family members not accepting persons with disabilities, many being part of a low caste, or due to poverty and illiteracy. She is also aware of local government representatives denying relief packages for people with disabilities.
- Viet Nam: a survey of 986 people with disabilities<sup>24</sup> found that 24% of respondents do not have a disability certificate, which might limit their access to services and assistance they need. 71% of the respondents who were working had seasonal/informal jobs or were informal business owners, thus at risk of being ineligible to receive allowances from the social welfare package announced by the Government. Currently, only persons certified as with severe and extremely severe disabilities are automatically entitled to receive from the package, leaving out those with mild disabilities. Only 16% of respondents have been supported with food and 13% with different forms of financial support. 20% have received masks and hand sanitizers.
- Zimbabwe: People with hearing impairments have reported<sup>25</sup> that food distribution has been inaccessible. One person reported that, “the government has registered some people to receive help but most people who are Deaf do not hear the information. They do not know the process. So the food available is not a lot so there is pressure for food.” There is also a lack of information regarding the measures to avoid food shortages.
- Kenya: People with disabilities have reported<sup>26</sup> that food collection processes are inaccessible. One woman reported, “in many occasions where the food is offered by the government, everyone is scrambling for the few resources so there are queues. I might send someone to represent me, but where they are queueing no one is going to recognise that this person is a care giver for someone living with disabilities. Because resources are scant and the population is high you find many people don’t get the opportunity to get served, even those people that come earlier.” She noted that food has been distributed in buildings that are not accessible: “so I have to send someone to represent me, but the person will return empty handed because he or she was not served”.
- Mali: People with disabilities have reported<sup>27</sup> that they receive very little food from distributions, and many people with disabilities choose to stay at home because the travel costs to collect food are too high and they also have to compensate people who accompany them (eg. a personal assistant).
- Philippines and Indonesia: a survey<sup>28</sup> of young people with disabilities found that 37% of respondents said the process to receive goods, quarantine passes and other forms of aid is too difficult, and 34% said they are not included in the list of beneficiaries for support. In Manila, 79% of respondents had received assistance from local government, compared to Jakarta, where only 6% of respondents had received support.
- Uganda: People with disabilities in Uganda have reported<sup>29</sup> that the government has distributed food but it has not reached people with disabilities. Details about when and where food will be distributed is announced through a megaphone, which is not accessible for people with hearing impairments.
- Uganda: DPOs have reported<sup>30</sup> that despite having compiled lists of persons with disabilities and shared with the local authorities, only a few of their members accessed food distributed as relief by the government. The food distribution in Uganda mainly targeted the capital city of Kampala to support people who lacked alternative sources of food such as gardens. People with disabilities also reported having to spend money on essential non-food items such as soap and face masks from shops since this was not part of government provisions.

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<sup>22</sup> Source: IDA (2020f).

<sup>23</sup> Source: IDA (2020g).

<sup>24</sup> Source: UNDP Viet Nam (2020).

<sup>25</sup> Source: IDA (2020e).

<sup>26</sup> Source : IDA (2020d).

<sup>27</sup> Source: IDA (2020a).

<sup>28</sup> A survey conducted with participants of the Forward Together: Empowering youth with disabilities in Asia project, implemented by Humanity and Inclusion. The survey received responses from 73 young people with disabilities from Manila and Jakarta. Source: Humanity and Inclusion (2020d).

<sup>29</sup> Source: IDA (2020c).

<sup>30</sup> Expert contribution from ADD International.

- Lessons from Ebola: A common complaint during the Ebola response in West Africa in 2014 was that people with disabilities could not nominate a proxy to collect cash payments (Guluma, 2018).

### **c) Evidence pointing to the potential long-term economic impacts of the pandemic on people with disabilities.**

**Research findings from previous economic crises suggest that unless mitigated, the economic recovery from the pandemic may be longer for people with disabilities in LMICs and lead to increased inequalities between people with and without disabilities.**

**In the long term, people with disabilities may experience higher unemployment rates, and find it more difficult to return to or find work in the years following the economic downturn.** As previously noted, people with disabilities in LMICs already experience much higher rates of unemployment compared to people without disabilities, due to various barriers to inclusion. Some barriers are exacerbated during the long-term economic downturn, as employers are less likely to be recruiting, the supply of labour exceeding demand, and a more competitive labour market. There is also a risk that diversity and inclusion are not prioritised by businesses while they focus on survival (expert contribution from Simon Brown, Sightsavers; Leonard Cheshire, 2020). Research on previous economic crises in high income countries shows that people with disabilities are more severely impacted by unemployment in the long term. For example:

- USA: Research<sup>31</sup> using survey data from 2007 to 2013 in the USA found that men and women with disabilities were respectively 75% and 89% more likely to experience an involuntary job loss than those without disabilities during the recovery from the global financial crisis. The researchers hypothesised that employer discrimination may have been a possible explanation. A similar study found that the decline in employment from 2006 to 2012 was greater than for people without disabilities, and that job loss amongst people with disabilities was concentrated in blue-collar and manufacturing jobs (Livermore and Honeycutt, 2015).
- Spain: Research found that after the global financial crisis of 2008, the unemployment rate among people with disabilities rose at a faster pace, especially for women and young people, and the wage gap between people with and without disabilities increased in the years following the crisis (Garrido-Cumbrera and Chacon-Garcia, 2018). The researchers suggested that these effects could have been mitigated if more attention had been given to disability inclusion policies during the recovery planning.

**There may be long-term negative economic impacts for young people with disabilities who were in education, transitioning out of education, or in their early years of work when the pandemic hit.** UNESCO research prior to the pandemic found that across 49 countries people with disabilities are less likely to ever attend school, more likely to be out of school, and less likely to complete primary or secondary education (UNESCO, 2018). It is possible that school closures during the COVID-19 pandemic may exacerbate these pre-existing disparities and have long-term negative economic consequences for people with disabilities, as a lack of inclusive education and training is one of the most significant barriers to employment for many people with disabilities. There is some evidence to show that young people with disabilities are currently being excluded from education during lockdowns. For example, DPOs in Uganda have reported<sup>32</sup> that while schooling is currently available online, on TV or radio, it is often not in accessible formats for children with disabilities, and many children with disabilities do not have access to the internet, TV, radio or electricity. Additional effort may also be required to support young people with disabilities to return to education after school closures end, as was the case after the Ebola outbreak in Sierra Leone, when parents of children with disabilities were reluctant to send them back to school after the state of emergency was lifted because parents were fearful of Ebola infection and held negative attitudes about the perceived cost and value of education for children with disabilities (Humanity and Inclusion, 2020e).

**There is a risk that the economic downturn and austerity measures could lead to reductions in budgets for key public services including health and disability services, which would likely cause disproportionate and severe health and economic impacts for people with disabilities in the long term.** Research from high income countries in the years following the 2008 global financial crisis found that many people with disabilities could no longer access support they needed. For example, in the UK, disability benefits were reduced during the global financial crisis and eligibility criteria for social care was further restricted, which significantly reduced the numbers of people receiving support (McInnis et al., 2012; Runswick-Cole and Goodley 2015). In Sweden, further restrictions on eligibility for disability benefits during and after the global financial crisis led to a reduction in claimant numbers from 66,000 to 20,000 between 2004 and 2015 (Andersen et al., 2017). A systematic review of 11 studies (4 in the Netherlands, 5 in the UK, 1 from Canada and 1 from the USA) found that reduced budget allocations for disability services in the years following the global financial crisis have adversely affected the wellbeing of people with learning disabilities and their carers (Malli et al., 2018).

<sup>31</sup> Source: Mitra and Kruse (2016).

<sup>32</sup> Source: IDA (2020c).

Finally, there is a risk that a lack of explicit planning and resourcing for disability inclusion in programmes and services during the pandemic may lead to further socio-economic exclusion and entrenched poverty for people with disabilities in LMICs, and greater inequalities between people with and without disabilities in the long term. In the past decade international attention on disability inclusion has been increasing, partly due to the introduction of the Convention on the Rights of Persons with Disabilities (CPRD) in 2008, which includes recognition of the right of people with disabilities to an adequate standard of living for themselves and their families. However international economic development programmes and policies have not always included a focus on disability inclusion and there is a risk that this trend continues and worsens. The less attention there is to disability inclusion in the COVID-19 response and recovery, and the longer the economic crisis continues, the more likely it is that people with disabilities in LMICs will experience further socio-economic exclusion, entrenched and multidimensional poverty, and greater inequality in the long term.

## **5. What measures can be taken to limit the negative economic consequences for people with disabilities?**

**The evidence on the financial and economic impacts of COVID-19 on people with disabilities points to a number of recommendations for a disability-inclusive response:**

- 1. Engage people with disabilities** in all of their diversity, their families and DPOs throughout programme planning, implementation and evaluation, to assess the financial and economic impacts and barriers they are experiencing, and to identify and implement the most appropriate measures to address them. This should be done as part of all mainstream policy and programme planning, rather than as a segregated response for people with disabilities.
- 2. Plan and budget for disability inclusion across all programmes and recovery measures.** Take a twin-track mainstreaming approach to disability inclusion to ensure that people with disabilities are included in all mainstream programmes and recovery measures, while also providing targeted support. Maintain funding for DPOs and disability services, and continue to develop support services for persons with disabilities throughout the health and economic crisis.
- 3. Collect and monitor disability and gender disaggregated data, including employment and social protection data, using the [Washington Group Questions](#).** Ensure disability inclusion is monitored and evaluated across all programmes, and share findings on lessons learned and what works. The recently established OECD Development Assistance Committee (DAC) disability marker can be used to assess disability inclusion of projects and programmes.
- 4. Consider the intersections between age, gender, disability and other factors that may mean some people with disabilities are less likely to be included in response and recovery measures.** The data and evidence on these intersections is currently limited.
- 5. Build in accessibility and/or reasonable accommodation from the outset of all response and recovery measures.** For example, employment programmes, communications about financial assistance and economic recovery programmes and adaptations to social protection schemes must be made accessible to people with all types of impairments.
- 6. Expand coverage of social protection for people with disabilities, and ensure disability benefits cover all disability-related extra costs.** Collaborate with other agencies, programmes and DPOs to expand the population receiving payments across programmes efficiently, effectively and transparently, and explore alternative methods for beneficiary identification that do not require travel or complex processes. Ensure there is a process for people with disabilities to nominate a proxy to collect or receive assistance on their behalf, and enhance communications with people with disabilities and DPOs to identify if they have nominated a proxy. Ensure that food provision schemes include people with disabilities and are responsive to their needs, including logistical measures to deliver food to their homes.
- 7. Collaborate with governments, employers, employment service providers, entrepreneurs, DPOs and people with disabilities to promote employment that is disability-inclusive.** Support employers to put in place labour and working conditions to allow people with disabilities to safely continue working, return to work, or secure new employment. Support governments to improve implementation of anti-discrimination laws and to strengthen safeguards against discrimination, including unfair or discriminatory dismissal of people with disabilities by employers. Work with employer federations and National Business and Disability Networks, which can provide useful guidance to governments and other stakeholders in the design and implementation of a disability-inclusive socio-economic response. For example, Business and Disability Networks in Bangladesh and the Philippines are providing employment services and re-skilling initiatives for people with disabilities who have lost their jobs or are looking for their first jobs during the pandemic (ILO, 2020). Do not establish segregated employment for people

with disabilities – prior to the pandemic the CRPD committee had raised concerns about segregating the labour market, emphasising that all sheltered employment programmes must transition to open employment (UNDP, 2017).

- 8. Ensure feedback and complaints mechanisms during the COVID-19 response and recovery are accessible to people with disabilities.** Work with DPOs to build trust in the feedback mechanism so that people with disabilities use it without fear of losing support. Feedback mechanisms can be used to monitor whether people with disabilities are receiving financial or in-kind assistance, safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent safeguarding-related calls. Strengthen coordination between DPOs, women's rights organisations, gender-based violence (GBV) service providers and organisations representing women with disabilities to share information on updated GBV referral pathways and GBV risks related to accessing financial assistance.
- 9. Encourage communication and coordination between sectors and with the disability sector and movement,** including between social protection and employment initiatives, and between the health and social sectors.
- 10. Identify opportunities to build back better with and for people with disabilities in the long term, using the CRPD as a guiding framework.** Ensure people with disabilities are included in new and growing economic opportunities that emerge through the crisis, including in recovery efforts that address climate change.

## 6. Current examples of government responses (April – July 2020)

Below are some examples of how governments and the private sector have been responding to the risks and disproportionate impacts of COVID-19 on people with disabilities in relation to employment and social protection. There is currently no research or evaluations available on the effectiveness of these responses.

### Responses related to employment:

- **International:** According to a survey conducted by the ILO Global Business and Disability Network (GBDN) in May 2020, the most frequent company practices to prevent COVID-19 infections among employees with disabilities are telework, flexible working hours and paid leave (ILO, 2020).
- **Bangladesh:** the Bangladesh Business and Disability Network is facilitating job matching services during the pandemic for people with disabilities who have lost work or are looking for their first job (ILO, 2020).
- **Philippines:** the Philippine Business and Disability Network is launching a reskilling initiative to help workers with disabilities acquire skills for post-crisis work (ILO, 2020).
- **Canada:** Canadian unions have been coordinating with Disabled Women's Network Canada (DAWN), to hold employers accountable and enable them to continue hiring, retaining and promoting persons with disabilities within their businesses, including by providing a fund to support small and medium sized to provide reasonable accommodations for people with disabilities (DAWN Canada, 2020).

### Responses related to social protection:

- **South Africa:** Government has increased the value of a range of social grants including the Old Age Grant and the Disability Grant for 6 months and advanced payment of these grants (Centre for Inclusive Policy, 2020).
- **Sierra Leone:** Distributed 25kg bags of rice and a cash payment of \$25 to people with disabilities in coordination with the National Commission for Persons with Disabilities. The expectation is support will be provided to 10,000 people with disabilities (Centre for Inclusive Policy, 2020).
- **Rwanda:** Expanded coverage of cash transfers to increased numbers of households with older people, people with disabilities and those with serious medical conditions (Centre for Inclusive Policy, 2020).
- **France, Kyrgyz Republic, and Saudi Arabia:** have ensured continued access to disability benefits by relaxing administrative requirements (Centre for Inclusive Policy, 2020).
- **Bulgaria, Malta and Lithuania:** have increased funding to their social protection systems to cover more beneficiaries, including people with disabilities (Centre for Inclusive Policy, 2020).
- **Pakistan:** The government is disaggregating data by disability status in cash transfer programmes, allowing for monitoring of disability inclusion (IDA, 2020h).

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## 8. References

- Andersen, J. G., M. A. Schoyen, and B. Hvinden. (2017). "Changing Scandinavian Welfare States: Which Way Forward?" In *After Austerity: Welfare state transformation in Europe after the great recession*, edited by Peter Taylor-Gooby, Benjamin Leruth, and Heejung Chung, 89–114. 1st ed. Oxford: Oxford University Press.
- Banks, M., L. & Polack, S. (2014). The economic costs of exclusion and gains of inclusion of people with disabilities: Evidence from low and middle income countries. CBM, International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine. <http://disabilitycentre.lshtm.ac.uk/files/2014/07/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>
- DAWN Canada (2020). A message from DAWN about COVID-19. <https://www.dawncanada.net/news/covid-19-18-03-2020/>
- Elwan A. Poverty and disability: A survey of the literature: Social Protection Advisory Service; 1999.
- Evans, D. and Over, M. (2020). The economic impact of COVID-19 in low- and middle-income countries. Center for Global Development. <https://www.cgdev.org/blog/economic-impact-covid-19-low-and-middle-income-countries>
- Garrido-Cumbrera, M. and Chacon-Garcia, J. (2018). Assessing the impact of the 2008 financial crisis on the labor force, employment and wages of persons with disabilities in Spain. *Journal of Disability Policy Studies*, 29(3): 178-188
- Global Disability Inclusion (2020). The impact of COVID-19, people with disabilities compared to those without disabilities. [https://b390139f-ba1e-4e48-a143-3848ae8a8f3f.usrfiles.com/ugd/b39013\\_977f2250be0247b0b519e1075dfbfd9f.pdf](https://b390139f-ba1e-4e48-a143-3848ae8a8f3f.usrfiles.com/ugd/b39013_977f2250be0247b0b519e1075dfbfd9f.pdf)
- Groce, N., Loeb, M. and Murray, B. (2014). The disabled beggar – a literature review: begging as an overlooked issue of disability and poverty. ILO. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/---ifp\\_skills/documents/publication/wcms\\_310228.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_310228.pdf)
- Guluma, Y. (2018). 'Outcome analysis : cash transfer programming response to the Ebola crisis in Sierra Leone and Liberia'. <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-outcome-analysis-ebola-web-4.pdf>
- Heymann, J., Stein, M.A., and Moreno, G. (Eds.) (2014). *Disability and equity at work*. Oxford University Press.
- Humanity and Inclusion (2020a). Rapid Need Assessment of Persons with Disabilities in COVID-19 crisis: UKAID Direct Project.
- Humanity and Inclusion (2020b). Rapid survey: socio-economic impact of COVID-19 on households of Humanity and Inclusion's project beneficiaries in Egypt (April 2020).
- Humanity and Inclusion (2020c). Needs Assessment: impact of COVID-19 on people with disabilities and their families in Jordan, April 2020.
- Humanity and Inclusion (2020d). Survey results: Impact of enhanced community quarantine on persons with disabilities in Manila, Philippines and Jakarta, Indonesia.
- Humanity and Inclusion (2020e). 'Protecting Children with Disabilities During the Ebola Crisis'. Available at : <https://www.hi-us.org/protecting-children-with-disabilities-during-the-ebola-crisis>
- IDA (International Disability Alliance) (2020a). The story of Rose Rokiatou: COVID-19 Pandemic and Financial vulnerability of persons with disability in Mali. <http://www.internationaldisabilityalliance.org/rose-covid19>
- IDA (2020b). From Leprosy to Coronavirus: a domino-like chain reaction of discrimination and exclusion. [www.internationaldisabilityalliance.org/blog/leprosy-coronavirus-domino-chain-reaction-discrimination-and-exclusion](http://www.internationaldisabilityalliance.org/blog/leprosy-coronavirus-domino-chain-reaction-discrimination-and-exclusion)
- IDA (2020c). Voices of some under-represented groups from Uganda. [www.internationaldisabilityalliance.org/blog/voices-some-under-represented-groups-uganda](http://www.internationaldisabilityalliance.org/blog/voices-some-under-represented-groups-uganda)

- IDA (2020d). “If I just had a job...”, story of a young man with a physical disability from Kenya. <http://www.internationaldisabilityalliance.org/kenya-covid19>
- IDA (2020e). When accessible information is far from a reality: Zimbabwe during COVID-19. [www.internationaldisabilityalliance.org/covid19-story-zimbabwe](http://www.internationaldisabilityalliance.org/covid19-story-zimbabwe)
- IDA (2020f). “We either die of hunger or coronavirus”, COVID-19 in Ecuador. [www.internationaldisabilityalliance.org/covid19-ecuador](http://www.internationaldisabilityalliance.org/covid19-ecuador)
- IDA (2020g). COVID-19 in Nepal: What are the challenges for indigenous persons with disabilities? [www.internationaldisabilityalliance.org/covid19-indigenous](http://www.internationaldisabilityalliance.org/covid19-indigenous)
- IDA (2020h). Disability and Coronavirus: Weekly Briefing with a Focus on the Asia-Pacific #15. [https://www.facebook.com/137015439710383/videos/624274274857620/?so\\_channel\\_tab&rv\\_all\\_videos\\_card](https://www.facebook.com/137015439710383/videos/624274274857620/?so_channel_tab&rv_all_videos_card)
- ILO (2019). Measuring financing gaps in social protection for achieving SDG target 1.3: Global estimates and strategies for developing countries.
- ILO (2020) Disability inclusion in company responses to COVID-19: results of a survey among National Business and Disability Networks and their members
- Kessler Foundation (2020). nTIDE April 2020 Jobs Report: COVID recession hits workers with disabilities harder. <https://kesslerfoundation.org/press-release/ntide-april-2020-jobs-report-covid-recession-hits-workers-disabilities-harder>
- Kidd, S., Wapling, L., Schjoedt, R. and Gelders, B. (2019). Leaving no-one behind: building inclusive social protection systems for persons with disabilities. *Development Pathways*.
- Leonard Cheshire (2020). Leonard Cheshire Policy Briefing: Mitigating the global impact of COVID-19 whilst fulfilling the rights of persons with disabilities. <https://www.leonardcheshire.org/sites/default/files/2020-04/LC-International-policy-briefing-Covid-19.pdf>
- Livermore, G. A. and Honeycutt, T.C. (2015). Employment and economic well-being of people with and without disabilities before and after the great recession. *Journal of Disability Policy Studies*, 26(2)
- Malli, M.A., Sams, L., Forrester-Jones, R., Murphy, G. and M. Henwood. (2018). Austerity and the lives of people with learning disabilities. A thematic synthesis of current literature. *Disability & Society*, 33:9, 1412-1435.
- McInnis, E. E., A. Hills, and M. J. Chapman. (2012). “Eligibility for Statutory Learning Disability Services in the North-West of England. Right or Luxury? Findings From a Pilot Study.” *British Journal of Learning Disabilities* 40 (3): 177–186.
- Minority Rights International (2020). Statement on the impact of the global COVID-19 pandemic on persons with disabilities from minority, indigenous and other marginalised communities. <https://minorityrights.org/2020/04/27/statement-covid-19-pandemic-on-persons-with-disabilities-from-minority-indigenous-communities/>
- Mitra, S. and Kruse, D., 2016. Are workers with disabilities more likely to be displaced? *The International Journal of Human Resource Management*, 27(14), pp.1550-1579
- Mizunoya, S. & Mitra, S. (2013). Is there a disability gap in employment rates in developing countries? *World Development*, 42, 28– 43. <http://dx.doi.org/10.1016/j.worlddev.2012.05.037>
- Runswick-Cole, K., and D. Goodley. (2015). “Disability, Austerity and Cruel Optimism in Big Society: Resistance and “The Disability Commons”. *Canadian Journal of Disability Studies* 4 (2): 162–186.
- TRACFM (2020). The Impact of COVID19 on persons with disabilities in Uganda. <https://tracfm.org/s/campaign/210/the-impact-of-covid19-on-persons-with-disabilities-in-uganda/>
- UNDESA (United Nations Department of Economic and Social Affairs) (2019). Disability and Development Report: realising the Sustainable Development Goals by, for and with persons with disabilities. <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

UNDP (2017). Evaluation of Disability-Inclusive Development at UNDP.  
<http://web.undp.org/evaluation/evaluations/thematic/disability.shtml>

UNDP Viet Nam (2020). Rapid assessment of the socio-economic impact of COVID-19 on persons with disabilities in Viet Nam. [https://www.vn.undp.org/content/vietnam/en/home/library/democratic\\_governance/ImpactPwDs.html](https://www.vn.undp.org/content/vietnam/en/home/library/democratic_governance/ImpactPwDs.html)

UNESCAP (2015). Disability at a Glance 2015: Strengthening employment prospects for persons with disabilities in Asia and the Pacific.  
[https://www.unescap.org/sites/default/files/publications/SDD%20Disability%20Glance%202015\\_Final\\_0.pdf](https://www.unescap.org/sites/default/files/publications/SDD%20Disability%20Glance%202015_Final_0.pdf)

UNESCO, (2018). 'Education and Disability: Analysis of Data from 49 Countries'. Available at:  
[uis.unesco.org/en/news/education-and-disability-analysis-data-49-countries](http://uis.unesco.org/en/news/education-and-disability-analysis-data-49-countries)

WHO and World Bank. (2011). World report on disability. Geneva: WHO.  
[http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf)

Wickenden, M.; Thompson, S.; Mader, P.; Brown, S. and Rohwerder, B. (2020) Accelerating Disability Inclusive Formal Employment in Bangladesh, Kenya, Nigeria, and Uganda: What are the Vital Ingredients?, Brighton: IDS.  
[https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15198/Accelerating\\_Disability\\_Inclusive\\_Formal\\_Employment.pdf?sequence=1&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15198/Accelerating_Disability_Inclusive_Formal_Employment.pdf?sequence=1&isAllowed=y)

World Bank (2020). The Global Economic Outlook During the COVID-19 Pandemic: A Changed World.  
<https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-covid-19-pandemic-a-changed-world>

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