

## Evidence of the impacts on and risks to people with disabilities from the COVID-19 pandemic and how international development actors are responding

### November 2020-March 2021

This digest lists the latest evidence published between November 2020 and March 2021. Earlier editions are available at the [Disability Inclusion Helpdesk website](#).

## Executive Summary

### Key Findings

This evidence review has identified the following key impacts and risks faced by people with disabilities since the start of the COVID-19 pandemic:

1. **Increased financial hardship:** Evidence globally finds that people with disabilities have been at particular risk of increased financial hardship due to loss of income. Many people with disabilities work informally and/or are self-employed which leaves them particularly vulnerable to loss of income. [A survey in Indonesia](#) of 1683 people with disabilities found that 87% of working respondents experienced income reductions during the pandemic. For those working in the informal sector, 97% experienced an income reduction with an average of 51% drop in income, compared to 67% of those working in the formal sector who experienced an income reduction, which was on average a 23% reduction.
2. **Food insecurity:** Due to increased financial hardship, food insecurity has increased amongst people with disabilities. [A study by UNESCO in Zimbabwe](#) found that before COVID-19, 71.4% of respondents with disabilities would have at least three meals per day and none had less than two meals per day. During COVID-19, most people (80%) are having 2 meals per day, and now only 14.3% have at least 3 meals per day.
3. **Barriers to healthcare:** Several reports found that people with disabilities faced barriers to healthcare due to unaffordability, transportation restrictions, a lack of accessible virtual services, and long queues outside of medical facilities. In a [global survey by Women Enabled International](#) of women with disabilities 61% of respondents reported that COVID-19 had affected their access to their usual health services, medications, and equipment. Telehealth platforms such as [Sehat Kahani](#), funded by UNDP in Pakistan, may improve accessibility for people with disabilities who have access to technology.
4. **Increased risk of violence:** The risk of violence has increased for people with disabilities. A study by ADD International (referenced in a [CBM International report](#)) found that in Cambodia, 40% of OPD members said they were at increased risk of psychological, economic, physical and/or sexual violence during the pandemic.
5. **Barriers to education:** Children with disabilities are experiencing significant barriers to accessing education, which is impacting learning outcomes. Teaching methods and materials used during lockdowns have often not been in accessible formats, individual attention has not been available for students with disabilities, and financial barriers to education have been exacerbated by the pandemic. [A survey of 99 parents of children with disabilities in Malawi](#) found that 86% of respondents had no contact with their children's school or teachers during the pandemic; 31% said their children were not studying at all; about one quarter said their children were missing out on essential physio or speech therapies and other services that are only available at school; and 16% expressed concern about the safety of girls with disabilities, especially the increased risk of sexual exploitation, teenage pregnancies and early marriage.
6. **Worsening mental health:** Mental health and distress has increased during the pandemic due to social isolation and increased stress from worsening finances, home schooling and worries about health. The [Turkish Federation of the Blind](#) found that in Turkey, 43.9% of women with a range of disabilities stated that they needed psychological support during the pandemic but only 7% actually received it.
7. **Isolation and reduced independence, autonomy, and dignity:** Several reports have found that increased financial hardship, a lack of social protection, lack of access to transport and health restrictions have led to people with disabilities becoming more dependent on other people. The [World Blind Union](#) found that a lack of independence, autonomy and dignity was the second most commonly reported challenge for people with visual impairments (49% of 853 respondents).
8. **Women with disabilities:** Women with disabilities have been particularly affected by the COVID-19 pandemic. [A survey in Indonesia](#) found that women with disabilities were more likely than men with disabilities to become highly vulnerable from reduced income due to the pandemic. A [global survey by Women Enabled International](#) responded to by 100 women, non-binary, and trans persons with disabilities and respondents and covering all regions, found that gendered barriers to healthcare have increased such as significant barriers to sexual and reproductive health screenings.

9. **Lack of social protection:** government social protection measures are not adequately covering people with disabilities in many countries. Many people are depending on their families, communities, and support from NGOs to meet their basic needs, which reduces independence and further compounds stress and negative mental health effects. A [survey in Bangladesh](#) found that among 200 respondents (family members of people with disabilities), only 7% answered that support was arranged and distributed in their area. In a [study in Albania](#), more than 90% of people with disabilities stated that they did not benefit from the Government's financial packages.
10. **Access to vaccines:** to date, no research has been published on access to vaccines for people with disabilities, however some organisations ([International Disability Alliance and International Disability and Development Consortium](#), [the Centre for Citizens with Disabilities in Nigeria](#)), are advocating for people with disabilities to be prioritised, have access to, and be actively involved in the roll out of vaccinations. People with disabilities have been prioritised for vaccinations in Brazil (excluding people with autism) and Austria. The [US government](#) has published vaccine considerations for people with disabilities including accessible resources in formats such as sign language and braille.

## Policy Implications

This evidence review has identified the following policy implications from the key impacts and risks faced by people with disabilities since the start of the COVID-19 pandemic:

- Include people with disabilities in decision making on the design, implementation and monitoring of COVID-19 response and recovery plans, including access to vaccines.
- Ensure the COVID-19 response is sensitive to and reflective of the multiple and overlapping ways that people with different disabilities and who face multiple and intersecting discriminations are impacted by COVID-19, particularly women with disabilities and youth with disabilities.
- Ensure social protection measures and food security interventions are accessible to and inclusive of people with disabilities. Ensure that informal workers and women with disabilities can access social protection.
- Ensure appropriate violence prevention and response systems and services are in place to support people with disabilities who are at increased risk of violence during the pandemic.
- Ensure that children with disabilities and parents with disabilities can access education materials and support, whether virtual or in-person, during the pandemic.
- Ensure that disability-accessible public transportation is maintained and at reasonable cost throughout the pandemic.
- Ensure that people with disabilities have continued access to essential healthcare linked to their disability, as well as other health services including sexual and reproductive health services and mental health services.
- Ensure that people with disabilities are prioritised for, have access to, and are actively involved in the roll out of vaccinations, and that disability-disaggregated data is collected and utilised in vaccination initiatives. Provide guidance on vaccine considerations for people with disabilities, and publish these in accessible formats.

## Evidence Summaries

### The impacts of COVID-19 on people with disabilities

[‘Evidence Summary: Experiences of People with Disabilities During COVID-19 in Asia and the Pacific’](#), CBM, March 2021

#### Methodology

Evidence was synthesised from global and national surveys conducted during the previous 12 months on the impact of COVID-19 on people with disabilities, focussing on evidence from Asia and the Pacific. No primary data.

#### Key Findings

- **Reduced access to disability supports and services:** The Stakeholder Group of Persons with Disabilities for Sustainable Development found that people with disabilities commonly reported issues accessing regular services and support, including personal assistants (required for daily care and hygiene), sign-language

interpreters, and repairs of assistive devices. Personal assistants were not always considered "essential services", leading to a decrease or cancellation of services. As a result, living independently has become much more difficult.

- **Access to health and information:** People with disabilities had difficulties accessing critical public health information about COVID-19; and regular health care and medicines. In some locations (including Canada, the UK, US, France and South Africa), unprecedented challenges in responding to the scale of need for healthcare during the pandemic led to the development of discriminatory triage policies or practices that directly or indirectly denied access to treatment on the basis of disability.
- **Economic impacts:** People with disabilities reported a severe reduction in employment and income because of COVID-19 restrictions. For example, research by ADD international found that people with disabilities lost 52% of their household income in Cambodia, and 65% in Bangladesh.
- **Social protection:** There are substantial gaps in coverage, with research by Aggarao & Bernardino into the Philippine government scheme finding that the vast majority (>85%) of those affected by lockdowns are yet to receive financial assistance. Cash subsidies, where available, were insufficient to meet the higher costs of having a disability.
- **Mental health:** Psychological distress increased during the pandemic, yet people faced increased difficulties accessing services and supports.
- **Lack of involvement in response planning:** There has been a lack of meaningful inclusion of people with disabilities in the planning of COVID-19 responses, both at national and global levels, which undermines inclusion gains in recent years.
- **Increased gender-based violence:** A global survey by Women Enabled International of women and non-binary people with disabilities found nearly one in four people feared for their personal safety. A study by ADD International found that in Cambodia, 40% of OPD members said they were at increased risk of psychological, economic, physical and/or sexual violence during the pandemic.
- **Access to education:** A global survey by World Blind Union with 853 respondents from 75 countries, found that almost universally, children with disabilities did not have equal access to education when schools switched to remote learning. This was often because those planning had not considered accessibility for children with disabilities.

[‘Covid-19 at the intersection of gender and disability: Findings of a global human rights survey’, March to April 2020, Women Enabled International, May 2020](#)

## Methodology

A global survey was conducted in March and April 2020, targeted at the personal experiences of women, girls, non-binary, trans, and gender non-conforming persons with disabilities. The survey was made public and distributed via social media channels, listservs, and through other organisations working on women's rights and/or disability rights. The survey received 100 responses from women, non-binary, and trans persons with disabilities and respondents covered all regions, including 10 from Asia-Pacific and 13 from Sub-Saharan Africa, whilst the majority (41) came from North America.

## Key Findings

- **Access to Health:** 61% of respondents reported that COVID-19 had affected their access to their usual health services, medications, and equipment. Many reported that their usual medical appointments and procedures were being cancelled or pushed back, with resources in some cases being diverted to the COVID-19 pandemic instead.
- **Gendered barriers to health:** Respondents reported significant barriers to accessing, for instance, regular sexual and reproductive health check-ups, breast cancer screenings, pregnancy-related services, menopause services, and abortion. Two out of 100 respondents were non-binary individuals who identified that their access to hormones has become more difficult.
- **Economic impacts:** 57% of respondents reported that access to employment and income had been impacted by the COVID-19 crisis, including several who had lost their jobs or had to take sick leave due to the pandemic, and/or who were having financial hardships because of the pandemic. Those who are self-employed or in informal arrangements expressed difficulties related to work and income.
- **Access to services:** At least 32 (of 100) respondents indicated that the COVID-19 crisis has affected their ability to access needed disability-related support services due to lockdown restrictions. This has included a decrease in access to personal assistance, wheelchair replacement and repair, and accessibility services such

- as Sign Language interpreters and public transportation.
- **Mental health:** 10% of respondents highlighted that decreased support services meant decreased access to the outdoors, community, and social life, and some particularly noted the impact of such isolation on their mental health. Mental health was also impacted by increased barriers to healthcare.
- **Risk of Violence:** Most respondents did not feel at increased risk of violence at home or in their communities but nearly 1 in 4 did report fear for their personal safety. Several respondents reported risk factors for violence and personal safety including increased dependence on others to meet basic needs and financial obligations or the inaccessibility of information about the crisis.

## Intersectionality and responses to Covid19, Birchall, J., Covid Collective, March 2021

### Methodology

This helpdesk report responded to two questions via a literature review:

1. What literature is there on the benefits, challenges, and opportunities of intersectional responses to socioeconomic impacts of Covid-19?
2. Are there examples of policies or programmes that have taken an intersectional approach in selected Covid Collective countries? (Afghanistan, Bangladesh, Ghana, Iraq, Kenya, Malawi, Pakistan, Rwanda, South Sudan, Syria, Uganda, Yemen, Zambia and Zimbabwe)

### Key Findings

- The ongoing pandemic, and responses to it, affect different social groups differently such as women, men, ethnic minorities, people with disabilities, older people and those working in frontline occupations.
- Evidence is available to demonstrate the intersectional impacts of the pandemic, and the need for responses that recognise intersectionality across six priority areas: gender-based violence; mental health; sexual and reproductive health and rights; livelihoods and social protection; and education.
- **Emerging good practice on disability and gender:**
  - A Women Enabled International statement based on their survey (above) includes recommendations for women with disabilities such as targeting gender-based violence, ensuring basic needs, ensuring no rationing of healthcare, ensuring the provision of sexual and reproductive health services, maintaining support services for people with disabilities and including women, girls, non-binary and gender non-confirming people with disabilities in Covid response efforts. Women Enabled International are currently working in partnership with UNFPA to update this statement.
  - The Inter-Agency Working Group on Disability Inclusive Covid-19 Response and Recovery has produced a checklist for planning a disability-inclusive socioeconomic response and recovery, including considering the specific needs of women and girls with disabilities in plans and budgets, and disaggregating official data by disability (as well as disability type).
  - In a GBV AoR helpdesk report, recommendations relating to disability inclusion in programming during the pandemic include: establishing partnerships with OPDs, particularly those focussed on women and girls and caregiver groups; supporting sensitisation and training of GBV staff on disability; establishing a plan for continuation of support services and personal assistance; and GBV practitioners adopting adapted and remote approaches when responding to the GBV-related needs of persons with disabilities and their caregivers during the Covid-19 pandemic.

## Social inclusion and immunisation, K4D Helpdesk Report, Tull, K. February 2021

### Methodology

This helpdesk report responded to three questions via a literature review mostly of grey and academic literature:

1. What are the social and cultural challenges related to the equitable roll-out, distribution and access of COVID-19 vaccines, tests and treatments?
2. How does this impact upon excluded and marginalised groups (e.g. women and girls, people with disabilities, LGBTI communities)?
3. What have we learned from previous pandemics and vaccine roll-out on this issue?

### Key Findings

- Successful COVID-19 vaccine roll-out will only be achieved by ensuring effective community engagement, building local vaccine acceptability and confidence, and overcoming cultural, socio-economic, and political barriers that lead to mistrust and hinder uptake of vaccines.

- **Lack of acceptance and discrimination:** These are the main social/cultural challenges related to equitable roll-out of COVID-19 vaccines, tests, treatments.
- **People with disabilities are likely to be in “hardly reached” groups:** “Hard-to-reach” groups focus on vaccine delivery (high levels of demand, but face low supply), whereas “hard-to-vaccinate” groups centres on vaccine uptake and acceptance (low levels of demand despite high supply). Both groups are impacted by social challenges, resulting in adverse health outcomes (including those with co-morbidities) and socio-economic inequalities, e.g. due to lockdowns. However, the difference between “hard-to-reach” and “hard-to-vaccinate” populations is unclear based on current literature. For example, people with disabilities can be hard-to-reach (e.g. due to poverty, their living circumstances, or lack of mobility) and hard-to-vaccinate (e.g. due to mistrust of health systems). A more accurate term for these groups would be “hardly reached”.
- **Other minority groups:** Certain minority groups may be more at risk of being left behind in COVID-19 vaccination programmes, as hard-to-reach groups were at a greater risk of exposure and transmission of Ebola, for example the BaTwa indigenous group due to gender norms and discrimination on basis of ethnic group (Lenhardt, 2020). This also made them hard-to-vaccinate.
- **Assessments of vaccination coverage for the general population may not be sufficient:** Spatial heterogeneity (i.e. uneven distribution within an area) has been used to determine the success of immunisation programmes, as well as risk of disease persistence. Gap analysis, such as that by EBODAC, can identify vaccine roll-out supply and demand needs and adherence.
- **Lessons learned:** The roll-out of the H1N1 or swine flu vaccine in 2009 was plagued by shortages and miscommunication, which led to a drop in public confidence. A lot of lessons learned about roll-out involve communication - including that the government should under-promise what it can do and then over-deliver. Any campaign must aim to create trust and involve local communities in planning processes. One important lesson from Ebola is that understanding social dynamics is essential to designing robust interventions and should be a priority in public health and emergency planning.

[‘Amplifying voices: our lives, our say, Learning from COVID-19 through the experiences of blind and partially sighted persons across the world’, World Blind Union, August 2020](#)

## Methodology

The World Blind Union launched an open online survey for seven weeks from April 2020. 853 people with vision impairments responded, of which 454 were women, 375 men, 3 other and 21 prefer not to say. The respondents were from 75 countries including all global regions, with 12% living in rural areas and 87% in urban areas. In addition to difficulty seeing, 18% of respondents noted having at least one other significant level of difficulty from among the Washington Group questions asked. Respondents were first asked to select the three most difficult challenges they were facing during the outbreak from a list of options. Alternatively, they could enter their own challenges or simply leave the field blank. For each of the three challenges noted, respondents were then invited to share further details on how their lives were being impacted by those challenges.

## Key findings

- The most common challenge experienced by people with vision impairments was transportation and mobility (50% identified this issue as a key challenge), followed by independence, autonomy, and dignity (49%), mental health and wellbeing (49%), accessibility (25%), health (20%), physical distancing (20%), attitudes (11%) and inequitable policies and practices (10%).
- **Transportation and mobility:** New transport regulations due to lockdown (such as reduced bus timetables, bans on public transport, bans on motorcycle taxis, requirement to not use the front door on a bus) did not consider blind and partially sighted people, with many reporting on how this stopped them from leaving their homes and needing to depend on others. Issues like mask wearing, not touching surfaces, other pedestrians not being supportive, guide dogs not knowing how to observe physical distancing, and changes in street noise levels caused additional challenges with orientation. Overall, women reported more challenges around transportation and mobility than any other gender group.
- **Independence, autonomy, and dignity:** The loss of access to personal assistance, including sighted guides, took away many people’s independence and dignity, forcing them to turn to others for help. People repeatedly described feelings of frustration, anxiety, anger, low self-esteem, and demotivation from losing their autonomy and independence, and not having the same access and opportunities as others.

- **Mental health:** Anxiety increased whilst people with existing mental health difficulties faced double the barriers as they faced challenges in accessing their support systems and medication. COVID-19 left many blind and partially sighted people feeling more isolated as they were not able to connect with their social networks.
- **Accessibility:** New regulations failed to consider accessibility features for people with visual impairments. Inaccessible information on COVID-19 and the new measures introduced raised anxiety and fear among many blind and partially sighted people. Poor accessibility prevented people from carrying out essential tasks independently. Home-schooling teaching materials were not accessible to blind and partially sighted parents, who expressed concerns about the effect this would have on their children's education.
- **Health impact:** Existing barriers to accessing medical services and treatment were heightened by the pandemic and the new regulations that came into place, particularly poor accessibility features, which made access for people without their personal assistance very challenging.

## [‘Rapid impact assessment of COVID-19 on persons with disabilities in Zimbabwe’, UNESCO, November 2020](#)

### Methodology

A mixed methods approach was used, consisting of a desk-review, informant interviews and e-mailing a questionnaire. Respondents of the questionnaire were drawn from persons with disabilities, umbrella organisations of persons with disabilities, organisations of persons with disabilities, caregivers/families, and line Ministries. There was a limited time and budget to undertake the study which limited the number of persons with disabilities who were reached, particularly marginalized rural groups. There were 80 respondents, the majority of whom (49) are people with disabilities.

### Key Findings

Challenges faced by people with disabilities in Zimbabwe include:

- **Economic impacts:** Most people with disabilities are informally employed and due to COVID-19 movement restrictions and the banning of vending and begging in the city centre, are not able to undertake their usual income activities. Of the respondents with disabilities, 41% are no longer employed, formally or informally.
- **Food and nutrition:** 71.4% of the respondents with disabilities self-reported that before COVID-19 they had at least three meals per day and none had less than two meals per day. During COVID-19, most people (80.9%) self-reported having 2 meals per day, and now only 14.3% have at least 3 meals per day, representing a risk to nutrition.
- **Risk of violence:** 19.1% of the respondents with disabilities indicated that they are experiencing physical or sexual violence during the lockdown period. The physical violence is mainly perpetrated by husbands during arguments about shortage of money and food. Some respondents experienced verbal, physical and emotional abuse from their household during COVID-19 isolation. Statistics from the Zimbabwe Republic Police show 44 cases of rape of women and girls with disabilities, 1 of aggravated indecent assault and 1 of domestic violence, whilst the figures for men with disabilities are 1, 0 and 1 respectively.
- **Access to health care:** Only 27% of respondents with disabilities have medical aid. Many of the 73% who do not have medical aid have other means of accessing free medical care (such as letters from Social Welfare Services, disability cards and assisted medical treatment orders) but often have to buy medicine with their own money due to the unavailability of drugs from designated service providers.
- **Access to education:** Schools were closed from March to September 2020, with radio lessons beginning in mid-June for primary school students, excluding those with difficulty hearing as well as those with mental impairments. In addition, not everyone has access to a radio set and radio frequency coverage is limited.
- **Access to information:** 96% of persons with disabilities interviewed have received information on COVID-19 pandemic in various formats, with 65% receiving information frequently, and 82% finding the information a little useful. Respondents with disabilities preferred COVID-19 information to focus on how best they can protect themselves from contracting COVID-19.
- **Mental health:** 90% of persons with disabilities do not enjoy staying at home during COVID-19. Mental stress is experienced by adults and children with disabilities brought about by idleness, being confined in the house and the pressure of not being able to generate money for their household.

## [‘COVID-19 and Exclusion of Children with Disabilities in Education’, India, Vidhi Centre for Legal Policy, December 2020](#)

### Methodology

A combination of in-depth and semi-structured interviews were conducted via telephone with a sample of 164 students with disabilities and their parents/caregivers, 50 teachers, 10 Civil Society Organisations (CSO) and 5 government officials across the four states of Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu between September – October 2020.

### Key Findings

- **Access to education:** Modes of education instruction used during the pandemic were inaccessible due to unavailability of appropriate teaching learning materials, unaffordability of digital devices and high-speed internet, and lack of technological know-how amongst parents and students. Most were unable to understand lessons and complete assignments, even among those who could access classes regularly. Students with visual and hearing impairments reported unique issues of accessibility of materials. Children with intellectual disabilities reported greater need for individual attention, social interaction, and routine. Experiences primarily varied based on categories of disability and socio-economic background of households.
- **Economic impacts:** Many parents faced losses income and housing, increased debts, and inadequate nutrition.
- **Access to social protection:** Households reported being reliant on government support schemes for access to basic services, and there were some instances of disruptions in the delivery of support, which in the worst circumstances impacted allocation of resources between children in the home.
- **Access to healthcare:** There was an inability to access medical care, with some children being forced to discontinue medical treatments for illnesses such as epilepsy or forego regular medical checks up and rehabilitation therapy.
- **Mental health:** Caregivers reported increased household responsibilities and stress levels, taking a toll on their mental health. Disrupted routines affected mental health of children, especially those with intellectual disabilities.

## [‘The impact of COVID-19 measures on children with disabilities and their families in Uganda’, Mbazzi et al., January 2021](#)

### Methodology

A qualitative study as part of the Ubuntu bulamu intervention, a peer-to-peer support intervention for children with disabilities, non-disabled peers, parents, and teachers. The study assessed participants’ knowledge and concerns as well as the impact of COVID-19, on participants and actions participants have taken in response to COVID-19. During the first round of interviews (May 2020) data was collected over the phone from 39 parents (27 parents of children with disabilities and 12 peer parents) and 9 of their children (5 children with disabilities and 4 peer children). During the second round of interviews (July 2020), 32 of the 39 parents and 2 of the 9 children were available for the follow-up phone interviews.

### Key Findings

- **Access to information:** All participants reported good basic knowledge on Covid-19 prevention and measures taken and mentioned adhering to the President’s directives, although some reported misinformation. During the second round of interviews, the majority said they have received less information in June and July compared to the first three months of the outbreak.
- **Access to health care:** All participants with children with disabilities reported challenges in accessing health and rehabilitation services and medication. During the lockdown and ban on public transport, all those not living within walking distance from the facility were unable to attend their appointments and access medication. Participants were greatly distressed about this as they noticed their child’s health regress.
- **Access to education:** All parents struggled with home schooling and worried about their children’s education. The majority mentioned that their children were unable to concentrate well on TV or radio broadcasted lessons because they are not used to that method of learning. In addition, many faced difficulties accessing the lessons on TV and radio as they frequently experienced electricity outages. Only 8 out of 39 had received materials from school to continue learning at home, and four children were able to access TV and newspaper

pull outs for learning. Parents of children with intellectual disabilities found it very hard to teach their children at home, as they did not know how best to manage behaviour and help them learn.

- **Economic impact:** All families were unable to work during the lockdown, and this had compromised their standards of living. The majority mentioned that due to financial constraints, they are unable to meet the family needs especially food as they used to. All caregivers (39/39) mentioned experiencing food shortages and rationing food, and a few skipped meals.
- **Mental health:** Participants reported experiencing a lot of emotional distress due to the financial difficulties as well as home schooling. Some of them reported sleepless nights, loss of appetite and anger due to stress related to lack of food and finances. They also noticed their children are distressed.

[‘Because of COVID, everything is a mess’ How have people with disabilities experienced the pandemic in Nepal and Bangladesh?](#), Institute of Development Studies, March 2021

### Methodology

35 people with disabilities in Bangladesh (20 people) and Nepal (15 people) were interviewed during the COVID-19 outbreak, using a narrative approach. Although limited by a smaller sample size in two countries, the teller-focused method meant that evidence could be generated on what mattered most to the participant rather than the researcher. The participants were people with various disabilities including deafblindness, intellectual disabilities and psychosocial disabilities and two participants were parents who had children with disabilities.

### Key findings

- **Economic impacts:** Interviewees descended into deeper poverty due to loss of jobs, businesses, or other income. Families where at least one person was still working were in a slightly better position as they still had some income on which to survive.
- **Food and nutrition:** Interviewees reported reduced food consumption and hunger.
- **Social protection:** Some interviewees were provided with state social protection assistance, which was seen as crucial. However, government social protection assistance was often only the pre-existing disability assistance, and state support (both COVID-19 specific and from prior programmes), was not provided to many people with disabilities. NGOs, and particularly Organisations of Persons with Disabilities (OPDs), played an important role in supporting people with disabilities.
- **Mental health:** A lack of social assistance, restricted access to health services, financial impacts and food insecurity led to anxiety, especially for people with psychosocial disabilities and their families.
- **Accessibility:** People with visual impairments faced challenges due to their reliance on touch, which puts them at increased risk of infection and changes the way people interact with them during the pandemic, leading to mobility challenges and increased isolation.
- **Discrimination:** Many participants reported experiencing negative discrimination at either the same or increased levels since the pandemic began, and there was some evidence of bullying and violence towards people with disabilities.
- **Access to education:** Those with intellectual impairments have been particularly badly affected by the pausing of education. The closure of day care centres has also placed great pressure on parents.

[‘Experiences of vulnerable urban youth under covid-19 in Ethiopia: the case of youth with disabilities’](#), Emirie, G., Iyasu, A., Gezahegne, K., Jones, N., Presler-Marshall, E., Tilahun, K., Workneh, F. and Yadete, W., August 2020

### Methodology

Qualitative interviews were carried out by phone in June 2020 with vulnerable urban youth in local languages. The youth were residents of the major urban centres of the three largest regional states in Ethiopia as well as Addis Ababa. In total, 154 youth were included in the research, of whom 100 were female and 54 were male; 79 aged 15–19 years and 75 aged 20–24 years. Among these, 31 were adolescents with disabilities. Key informants from the city bureaus of health, labour and social affairs, women, children, and youth affairs as well as NGOs working with vulnerable urban youth in each city were also interviewed virtually.



## Key Findings

- **Access to information:** Youth with disabilities generally have reasonable access to information about covid-19 transmission and prevention mechanisms through the TV (either their own or their neighbours'), radio on their mobile phones and in some cases – especially male youth – internet.
- **Accessibility:** Social distancing is found to be challenging for young people with visual impairments or those in wheelchairs who typically rely on community members to help them navigate the city and cross the streets. Due to a fear of the virus, fewer people are willing to help them. Economic constraints hinder the use of soap, alcohol, sanitisers, and masks, and several had no running water supply.
- **Access to health:** Many youth with disabilities emphasised that they often faced accessibility barriers to health facilities, and that these constraints had become exacerbated during COVID-19 because of the large queues outside hospitals due to mandatory temperature checks.
- **Risk of violence:** Key informants anticipated heightened vulnerability among adolescent girls to sexual assault following the pandemic. Youth with disabilities expressed fears about violence on the streets, both from police who are trying to clear the streets for social distancing, and from youth gangs.
- **Mental health impacts:** The closure of schools and universities was seen as especially problematic by youth with disabilities as education had allowed them to socialise on a regular basis. Several emphasised that they find not having any contact with peers very stressful and are experiencing symptoms of depression including sleeping more and experiencing loss of appetite. Several respondents noted that their relationships with family members were fraying due to extended time at home and that this added to their stress.
- **Economic impacts:** Youth with disabilities who make a living on the street (e.g., renting scales or shoe shining) emphasised that their income had been significantly reduced, in some cases by more than 300%, while some had lost all work. Many felt trapped between struggling to ensure their economic survival and protecting themselves from the pandemic. Some noted that they had had to move rental accommodation to secure cheaper living arrangements but that these had less accessibility to basic services and transportation, while others said that the economic impacts meant they did not have the means to access online education as they could not afford internet fees.
- **Access to social protection:** Young people with disabilities were unaware of their rights to social protection, and only a minority of youth with disabilities reported that they had received one-off support from the city administration or NGOs (food items and sanitary products). Some youth had been receiving school stipends for students with disabilities prior to the pandemic but noted that this has been suspended now that schools were closed. Many young people with disabilities emphasised that they were compelled to depend on relatives and neighbours for charitable support and that this dependency was very stressful.

[‘Effects of COVID-19 Pandemic on Persons with Disabilities in Bangladesh’](#), Diba, S. A., and Zakaria, M., January 2021

## Methodology

A survey was carried out among 200 respondents who were family members of people with disabilities. 66% respondents were male and 34% were female, and they were spread across 8 districts in Bangladesh. Secondary data was also collected from sources such as research articles and documents, journal articles, government and non-government research and policy documents and websites from national and international organizations.

## Key Findings

- **Economic impacts:** 98% of the respondents (family members of people with disabilities) answered that they have faced financial losses with 88% of them responding that their earnings have decreased, and other expenses have increased. For 17% their salary has decreased substantially, 16% found lower numbers of customers in their shops has decreased income, 15% said that they had to open their shops for a limited period leading to decreased income and 6% lost their jobs. 98% of the respondents failed to manage daily necessities and adequate food consumption due to a decrease in income.
- **Mental health impacts:** 76% of respondents reported feeling frustrated, 59% of them feel like they had less stamina to do their daily work, 36% are suffering from lack of sleep, 26% talk less than before with their family members or others, and 18% have noticed a significant change in their weight.
- **Risk of Violence:** 8% of female respondents reported gender-based violence by their husband and 19% reported being neglected by their family.
- **Access to social protection:** Among 200 respondents, only 7% answered that support was arranged and

distributed in their area. Of the 93% of respondents who did not receive any support, 96% responded that this was because their name was not on the recipient list of relief distribution, 7% of did not get the opportunity to receive the relief support amidst the crowd of people due to their disability, 6% could not be present at the distribution place because of their physical disability, and for 4% the distribution place was too far away from their house.

[‘Impact of COVID-19 to People with Disabilities in Albania’](#), Westminster Foundation for Democracy, January 2021

#### Methodology

A quantitative field survey was conducted with 360 individuals in Albania. 199 (55.3%) of the participants were people with disabilities while the remaining 161 persons (44.7%) were guardians or parents of a person with a disability.

#### Key Findings

- **Economic impacts:** About 20% of people with disabilities lost their jobs and 40% were temporarily laid off. For about 30% of people with disabilities, income was reduced during the pandemic because of salary reduction. In total, the COVID-19 pandemic reduced the incomes of employees with disabilities by 72.5%. Beyond employment, more than 80% of people with disabilities have had direct financial problems because of the COVID-19 pandemic.
- **Access to social protection:** More than 90% of people with disabilities stated that they did not benefit from the Government’s financial packages. Instead, the financial support of people with disabilities has come from organisations or foundations (in 41% of cases), public institutions (in 25% of cases), and from family or relatives in 21% of cases. 20% did not receive support from any source during COVID-19, mainly those who are over 60 years old, who live in urban areas and have more than one disability. About 90% have experienced delays in disability payments during the pandemic, mainly due to late allocation of funds from the state budget, isolation, and physical inability to withdraw the funds.
- **Access to healthcare:** Health assistance during the pandemic was sought by over 50% of people with disabilities. About 17% of people with disabilities think that the health service deteriorated during the pandemic. The percentage of people who had difficulty accessing medicines increased significantly compared to the pre-pandemic period (70.4% vs. 38.1%), and this trend was present in every group in the study. More than 90% of people with disabilities reported at least one barrier to obtaining medical supplies during the pandemic. The main effect of the pandemic on planned interventions was the postponement or re-planning of the intervention (in about 70% of cases), the switch to remote consultation (21%), or the cancellation of the consultation in about 10% of cases. There was a discontinuation of treatment in 15% of cases. Health deteriorated during the pandemic for about 40% of people with disabilities, possibly reflecting a shift in services and treatment from specialised centres to in-home care.
- **Mental health impacts:** More than 70% of people with disabilities experienced high levels of anxiety (above average) during the pandemic, and this percentage was higher among older people, women, those living in rural areas, those with multiple disabilities.
- **Access to information:** About 80% suggested that simply “providing clearer information and guidance” would help better manage their situation during the pandemic. More than 70% think that the Government’s response to treating the pandemic for them has been ineffective.

[‘Violations of the rights of women with disabilities during the COVID-19 pandemic’](#), Turkey, The Turkish Federation of the Blind, November 2020

#### Methodology

A questionnaire of 49 questions was answered online and by phone in July and August 2020. 225 women with disabilities and mothers of people with disabilities from different disability groups and different regions in Turkey participated in the survey.

#### Key Findings

- **Working from home:** 32% of women with disabilities in the study were unemployed. Of those who were employed and worked from home, 15% stated that their workload increased, and 27% increased their working

hours.

- **Social protection:** 22% of women with disabilities participating in the study stated that they applied to public institutions, local administrations, private companies, and Non-Governmental Organizations (NGOs) for social assistance. Social assistance applications made by women with disabilities to different authorities were met at a rate of 69%. The demands of 31% of women with disabilities for social assistance were not met.
- **Access to information:** 54.7% of women with disabilities stated that they were adequately informed about health services, whilst 45.3%, stated that they were not informed enough about this issue. 80.9% stated that they were concerned about their health during the pandemic.
- **Risk of violence:** There has been an increase in violence during the pandemic, with 33.4% answering that before the pandemic they had been exposed to violence, whereas 39.6% answered that they had been exposed during the pandemic. The types of violence that women with disabilities reported being exposed to during the pandemic included threatening behaviour (10.2%), physical assault (4%), seizure of income (6.7%), sexual violence (5.8%) and controlled communication (6.2%).
- **Mental health:** 43.9% of women with disabilities stated that they needed psychological support during the pandemic but only 7% received it. This is due to the suspension of healthcare providers' services and low incomes. Negative mental health impacts were felt because of isolation, not being able to socialise, having difficulties in meeting needs, decreased health, unemployment, increased domestic workload and domestic violence.

[‘Economic Impacts and Access to Social Protection during the COVID-19 Crisis: The Experiences of People with Disabilities in Indonesia’, Australian funded MAHKOTA programme, August 2020](#)

### Methodology

This assessment analyses data from a quantitative survey conducted in between 10 and 24 April 2020. The survey was organised collectively by the Disabled People’s Organisations (DPO) Network for More Inclusive COVID-19 Response and was conducted mainly via online survey platforms, plus a small number by phone to accommodate respondents with limited access. Using snowball sampling through contacts from DPOs, the survey received 1,683 responses from all over Indonesia. 80% of respondents were between the age of 20 and 59 years, 53% were a person with a physical disability, 27% with a sensory disability, 11% with an intellectual disability, 3% with a mental disability and 6% with multiple types of disability.

### Key Findings

- **Economic impact:** 87% of working respondents experienced income reductions after the COVID-19 crisis, with more severe reductions in income experienced in urban areas with stricter social distancing regulation. For those working in the informal sector, 97% of respondents experienced an income reduction with an average of 51% drop in income, compared to 67% of those in the formal sector who experienced an income reduction which averaged a 23% drop. The combination of low baseline income and large income reduction has made 41% of respondents “highly vulnerable” to falling below the poverty line and another 28% “vulnerable” to falling into poverty.
- **Gendered impact:** Men experienced a slightly higher income reduction during the COVID-19 crisis, because the baseline income of women with disabilities is significantly lower compared to men with disabilities, women faced higher income vulnerability.
- **Access to food:** Of the items reported most difficult to afford due to income reduction, staple food was found the most difficult to afford by an overwhelming majority at 81% of respondents, whilst phone/internet was found difficult to afford by 36% of respondents, electricity/water by 38% of respondents, debt/credit payment by 38% of respondents and rent by 11% of respondents.
- **Access to social protection:** The governments’ electricity subsidy reached 35% of respondents, the Family Hope conditional cash transfer program reached 13% of respondents, and the food voucher scheme reached 12% of respondents. The social protection programmes generally reached more highly vulnerable people with disabilities than vulnerable or not vulnerable people with disabilities. 41% of people with disabilities have access to social protection, whilst 51% of those in the highly vulnerable category have access.

## [‘Gender, Disability and Inclusion Analysis for COVID-19 and Tropical Cyclone Harold, Solomon Islands’ CARE, November 2020](#)

### Methodology

This analysis involved a secondary data review and face-to-face interviews with 91 key informants in the Solomon Islands, including from one DPO. An additional 80 interviews were conducted with people from communities across Honiara. The sample included nine people with disabilities (six female, three male), including sensory and physical disabilities.

### Key Findings

- **Civic participation:** When asked specifically about the role of people with disabilities in community decision-making about COVID-19, many interviewees without disabilities acknowledged that they do not usually participate. Of the nine community members with disabilities interviewed, three participated in some way in community decision-making forums, through church or youth groups, and indirectly through a family member.
- **Improved access to services:** One male participant with a sensory disability noted that since COVID-19 “people with disability have more free access to services now compare to before, people with disabilities are now prioritised.” It was not clear how widespread this view is.

## [‘Impact of COVID-19 on the education of children with disabilities in Malawi: results from a survey with parents’ The Education and Development Forum, March 2021](#)

### Methodology

Using phone surveys, from October to December 2020, 99 parents or carers of children with disabilities in Malawi were interviewed to gain insight into the educational experiences of their children during the pandemic. The survey included a mix of closed and open-ended questions, including multiple choice questions and rating scales.

### Key Findings

- 86% of respondents reported that they had no contact with their children’s school or teachers during the pandemic.
- 31% of respondents reported that their children were not studying at all.
- 80% of parents/carers were concerned about their child falling behind in their learning, and 46% explicitly said it will impact their future life and opportunities.
- About one quarter of respondents said their children were missing out on essential physio or speech therapies and other services that are only available at school.
- 16% of respondents expressed concern about the safety of girls with disabilities, especially the increased risk of sexual exploitation, teenage pregnancy and early marriage.
- 63% of respondents said that their child being bored was one of their biggest concerns.
- 59% of respondents said that they believed their child was sadder than usual, while nearly half noted changes in behaviour, and 37% that their child was angrier than usual.
- The main barriers to learning were identified as a lack of accessible materials and parents’ inability to support their children with study.
- 93% of respondents were confident that their child would return to school, while six expressed some doubts due to financial constraints.
- Respondents recommended that the government prioritise learning for children with disabilities by making programmes accessible, increasing support from schools for children’s learning and their parents, and investing in educational technologies for children with disabilities.

## [‘Let’s break silos now! Achieving disability-inclusive education in a post-COVID world’, Humanity & Inclusion, November 2020](#)

### Methodology

A report making recommendations on disability-inclusive education post-COVID, based on recent evidence and

including case studies from disability inclusion programmes.

### Key Findings

- Some 50% of children with disabilities in low- and middle-income countries are excluded from education. Only 42% of girls with disabilities completed primary school, compared to 51% of boys with disabilities.
- The exclusion of many children from quality, inclusive education impacts negatively on their lives and their futures, as well as on national socio-economic development. Inclusive education has been shown to be cost-effective and to improve the quality of teaching and learning for all children, not just those with disabilities.
- Reforms to inclusive education must be accelerated to reach SDG 4 on education by 2030.
- The COVID-19 pandemic has exacerbated the already significant challenges for many children with and without disabilities in accessing quality, inclusive education but is an opportunity to address weak and exclusionary education systems.
- The 2030 SDGs provide momentum for multi-sectoral, inclusive education strategies with SDG 4.5 specifically requiring equal access to education for vulnerable groups, including persons with disabilities. A number of interdependencies exist between SDG 4 and other SDGs, which can either impact negatively, or enable, inclusive education. Working with the education sector is a critical factor in most other SDGs meeting their own targets.
- Strengthening multi-sectoral education frameworks should be a universal priority. Transformation towards disability-inclusive education systems should be led by an empowered ministry of education that is systematically collaborating with other ministerial departments and other sectors.
- Key considerations for multi-sectoral, disability-inclusive education systems includes: putting children at the centre, using a twin-track strategy, collaborating with civil society, enhancing cooperation between central and local authorities, using interagency service delivery, collecting more and better data on disability, and exploring strategies to include the youngest children.

### Pivoting to Inclusion: Leveraging Lessons from the COVID-19 Crisis for Learners with Disabilities, World Bank, 2020

#### Methodology

Mixed methods were used to draw data and information from various sources between March 12, 2020 and May 24, 2020. Data sources were drawn from the IEI COVID-19 Survey on Children with Disabilities with 3,993 responses, five focus group discussions with World Bank country teams, and data from the Global Partnership for Education's (GPE) and Education Cannot Wait's (ECW) COVID-19 Accelerated Funding Windows. OPDs were also involved from the initiation stages all the way through to the finalization of the paper.

### Key Findings

- The digital divide between learners related to access to equipment, electricity, the internet, and teacher ability is further exacerbating the learning divide in every country, especially for learners with disabilities who have the additional barrier of inaccessible learning content.
- Like many other children, those with disabilities may depend on school meals for nutrition, which have ceased to be accessible in many countries.
- Children with disabilities may have behavioural support needs and may be particularly sensitive to changes in routines.
- Recommendations include: designing remote learning which is disability inclusive using the principles of Universal Design for Learning (UDL); preparing and supporting teachers; providing social protection and community support; ensure accessible food ration sites; target learners with disabilities with additional financing in the recovery response; ensure safety, protection and inclusion when reopening schools.

## Government and INGO responses to COVID-19 and their impacts on people with disabilities

### Access to information:

- **Nigeria:** A programme under BBC Media Action, financed by FCDO and CSSF Nigeria, ran from April to September 2020 and set out to make trusted radio and TV content to help support Nigerians in their response to the COVID-19 pandemic. An estimated 14.1 million people (35% of adults) across the 10 states, including 2.7 million people with disabilities (19% of all listeners) listened to radio programmes/public service announcement made by BBC Media Action between April and September 2020.
- **Zimbabwe:** In partnership with Leonard Cheshire Disability Zimbabwe, UNDP set up awareness workshops for women and girls with disabilities, caregivers, and local workers. The workshops included information about the virus itself, as well as on GBV and law and policy making processes.
- **Sierra Leone:** Supported by MADRE, Women with Disabilities Yearning for Equal Opportunities (WoDYEO) is dispersing aid and PPE and raising awareness of COVID-19 with posters, flyers and video clips that target the diverse needs of people with disabilities, including information on sexual and reproductive health.

### Access to financial assistance:

- **Gambia, Morocco, and Togo:** Cash transfers are being distributed by mobile phone applications, which may improve access due to mitigating the need to travel. Alternatives need to be available for people without access to mobile technology or with sensory impairments.
- **India:** One off top up cash transfer to the Indira Gandhi National Disability Pension (IGNDP -NSAP) of Rs. 1000 at the Union level. Some provinces delivered cooked food/ grain to the doorsteps of persons with disabilities.
- **Sri Lanka:** Expansion of the existing disability cash allowance to persons with disabilities already registered but currently on the waitlist.
- **Nepal:** With MADRE's support, the National Indigenous Disabled Women Association (NIDWAN) in Nepal is training young women through Zoom to collect local data surrounding the experience of young Indigenous women with disabilities during the pandemic and distribute essential food and hygiene supplies to women and girls with disabilities.
- **United States of America:** Tax cuts were made for disabled individuals.
- **West Bank:** After undertaking a needs assessment of refugees with disabilities living in camps in the West Bank, UNRWA organised home delivery of items they needed. A social safety net programme, targeting the poorest families in the West Bank, was brought forward to help refugees with disabilities to buy basic items and pay bills. Deferral of monthly loan repayments was also offered.

### Accessibility:

- **Panama:** Certain hours of the day were reserved for people with disabilities to do their shopping.
- **France:** Arrangements were made to allow children with autism and other intellectual disabilities and their attendants to go out at certain times of the day.

### Access to healthcare:

- **Pakistan:** Telehealth platforms have reportedly improved access to healthcare for people with disabilities. The UNDP has partnered with social enterprise Sehat Kahani which connects patients to qualified doctors via a mobile and web solution and is free for consultations. This may improve accessibility for patients with disabilities, although only for those patients with access to technology.

### Mental health:

- The **World Health Organisation** noted that relatively high rates of symptoms of anxiety (6-51%), depression (15-48%), post-traumatic stress disorder (7-54%) and non-specific psychological distress (34-38%) have been reported in China, Denmark, Iran, Italy, Nepal, Spain Turkey and the United States of America, but it is too early to know if this is illustrative of an overall pattern. It has published guidance on mental health preparedness and response for the COVID-19 pandemic.

### Access to Vaccines

Although currently no studies have been published on people with disabilities' access to COVID-19 vaccines, organisations and activists have published statements on the importance of ensuring access.

- **International Disability Alliance and International Disability and Development Consortium** have called for the prioritisation, accessibility, and active involvement of people with disabilities, as well as inclusive data collection and dissemination.

- [Centers for Disease Control and Prevention](#), US government, have published vaccine considerations for people with disabilities including accessible resources in formats such as sign language and braille.
- [International Disability Alliance](#) have made recommendations to governments, UN agencies and the private sector for the prioritisation of people with disabilities in accessing COVID-19 vaccines.
- [Nigeria](#): the Centre for Citizens with Disabilities issued a statement calling for people with disabilities to be prioritised in the first groups for vaccination, for vaccination venues to be accessible, and communications about vaccinations to be in accessible formats.
- [Brazil](#): the government has included people with disabilities in the priority group for COVID-19 vaccinations, excluding people with autism.
- [Austria](#): the government has prioritised people with disabilities for vaccination, after Austrians with disabilities led a successful advocacy campaign. In some parts of Austria information about vaccinations is not yet available in accessible formats.