

# Inclusive Futures Brief, Bangladesh:

## Experiences of people with disabilities and organisations of people with disabilities during the COVID-19 pandemic

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### 1. Introduction

This brief summarises the key findings and implications related to Bangladesh from three studies conducted as part of the Inclusive Futures Programme, funded by UK Aid:

- **Consequences of Exclusion: A Situation Report on Organisations of People with Disabilities (OPDs) and COVID-19 in Bangladesh, Nigeria, and Zimbabwe** (available in English [here](#), in Bangla [here](#) and in Easy Read versions [here](#) and [here](#)). This report is based on a rapid assessment conducted by the Disability Inclusion Helpdesk, which involved a rapid literature review, interviews with 16 OPD representatives (5 in Bangladesh, 5 in Nigeria and 6 in Zimbabwe) and focus group discussions with 27 representatives from an additional 23 OPDs. The assessment focused on how the COVID-19 pandemic has affected OPDs' operations and objectives, particularly organisations of women with disabilities and of under-represented groups of people with disabilities.
- [A disability-inclusive response to COVID-19: Four lessons learned about including people with disabilities in humanitarian aid](#). This learning paper published by Sightsavers summarises the lessons from pivoting planned activities under the Inclusive Futures programme in 2020 to deliver disability-inclusive responses to the COVID-19 pandemic in Bangladesh, Kenya, Nepal, Nigeria, and Tanzania.
- [Taking a disability-inclusive approach to pandemic responses](#). This policy brief draws on the findings from the Institute of Development Studies' (IDS) qualitative research with 35 people in Nepal and Bangladesh (32 people with disabilities and 3 parents of people with disabilities). Participants were interviewed twice about their experiences of the pandemic and their recommendations for future action during crises.

### 2. Findings from the three reports related to Bangladesh:

- a) **People with disabilities and OPDs were largely excluded from governments' planning and delivery of responses to the COVID-19 pandemic.** The requirements of people with disabilities were not adequately considered in pandemic planning and delivery, despite Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) stating that governments must ensure the protection and safety of persons with disabilities in humanitarian emergencies. For example, information on COVID-19 was not in accessible formats. OPDs in Bangladesh developed and delivered training and workshops about including people with disabilities in humanitarian responses.
- b) **A lack of official data about people with disabilities was a major barrier to providing support to people with disabilities.** While there are pre-existing registers of people with disabilities in Bangladesh (and Nepal), many people with disabilities have not been registered due to a range of barriers, therefore there was a need to collect additional disability data during the pandemic. The Inclusive Futures programme collected data at the beginning of the response to help identify people with disabilities, using the Washington Group Questionnaire- Enhanced Set. It learned that the questions need to be contextualised to make the meaning of each question clear, and data collectors need to be trained to ask questions about functioning. Similarly in Kenya, OPDs

identified gaps in government data and service delivery, supported data collection to identify people with disabilities.

- c) **The exclusion of people with disabilities and OPDs from the planning and delivery of COVID-19 responses resulted in severe material impacts for people with disabilities. OPDs played a critical role in the pandemic response, sometimes interceding to provide direct support with severely limited resources. OPDs also drove advocacy with the Bangladesh Government to increase, target or change their support to people with disabilities.**
- **Government information:** Government-provided information on TV and radio was often not accessible to people with hearing impairments, people with deafblindness and groups that do not speak the majority language. Some people with intellectual disabilities or deafblindness found it hard to understand what COVID-19 is and why they must remain indoors. Poverty, living remotely, reduced community support and ongoing stigma and discrimination are important factors to determining access to information for people with diverse impairments. Many OPDs in Bangladesh filled the gaps by providing information on Facebook.
  - **Social protection:** People with disabilities in Bangladesh often do not have official disability identity cards and therefore could not access government-provided assistance, and many people who had previously received disability assistance prior to the pandemic were denied access to COVID-19-specific social protection. OPDs distributed food packages and cash responses to fill these gaps. The Inclusive Futures programme worked with OPDs to identify marginalised people with disabilities for mobile cash support. The National Council of Disabled Women advocated to government to include people with disabilities in its cash and food distribution, regardless of whether they have a disability ID card or not.
  - **Health:** Access to health services was restricted for people with disabilities due to the COVID lockdown, and this was on top of pre-existing barriers they faced. Access to perinatal and sexual reproductive health care was hard to gain in ordinary times and the risk that they might not resume was felt to be high.
  - **Gender-based violence (GBV) response:** OPDs observed that incidences of GBV have risen during the pandemic, yet they were unable to respond due to limited funds, and OPD phone calls to service providers went unanswered. One OPD noted the challenge of supporting women with disabilities who had experienced financial abuse during the pandemic and highlighted that one woman with a disability had died by suicide after her family stole her money. [Research by ADD International in Bangladesh](#) found that 4 of 10 interviewed OPD leaders reported that their members are at greater risk of experiencing GBV due to COVID-19. The National Council have organised for peer responders to provide counselling support to survivors.
  - **Education:** Two OPDs in Bangladesh had to stop their work on disability-inclusive education, because schools were closed. OPDs tended to re-allocate resources from education activities in schools to pandemic response activities, often under pressure from funders. People with disabilities in education were unhappy that schools closed and were worried for their future opportunities. Students with intellectual impairments have been particularly badly affected, as it may take them longer to catch up than other students and the specific support they need may not be available.
- d) **OPDs adapted to using digital technology for outreach and information sharing, however it has been difficult to reach people with disabilities during lockdowns due to their limited access to digital technologies.** OPDs wanted and attempted to hold online

meetings and one tried to provide cash through an online platform, but it was challenging to reach the most marginalised people as they do not have access to digital technologies. This has meant that meetings and training workshops that used to take place in person no longer happen. Staff have become more comfortable using software for online video calls, are aware of the growing importance of digital access and have strengthened their skills in this area. An OPD in a FGD in the DID Knowledge Product mentioned that they have lobbied the government and the banking sector for online platforms to be more accessible.

- e) **Many OPDs experienced dramatic reductions in funding and operational capacity, and access to sustainable funding continues to be a critical priority.** Donors or INGOs had often requested OPDs to redirect funds from existing activities to respond to the pandemic, such as providing food and blankets. Corporate Social Responsibility (CSR) funding also stopped due to the downturn in the economy, although for one OPD CSR funding resumed in early 2021. International funding for an OPD supporting Indigenous people was impossible because they were not able to register with the Government; this OPD is no longer implementing any projects. OPDs that were reliant on global awareness days as a source of fundraising, such as World Down Syndrome Day in March each year, were particularly hard hit.
- f) **The material impacts of the pandemic and the exclusion of and discrimination against people with disabilities had psychological impacts on people with disabilities and OPD staff trying to assist them.** OPD representatives expressed the sadness and empathy they felt for people with disabilities who were contacting them in desperation. A survey carried out by the Inclusive Futures programme found that 45% of participating households had no form of income during the pandemic, compared to just 1% who had no form of income prior to the pandemic. To cope, 45% of all respondents had reduced their number of meals to two per day, and the sudden loss of work and resulting poverty precipitated extreme anxiety, fear and uncertainty. Like in Zimbabwe, people with disabilities in Bangladesh had evidently been excluded from government provision of food and cash assistance and this had psychological impacts on OPD staff and volunteers. OPD staff and volunteers also spoke about their own challenges. Donors commonly provided no-cost extensions, but they did not account for salaries and staff often did not get paid for months. This was coupled with concern about contracting COVID-19, and about needing to maintain social distance when physical touch is vital for some people with disabilities' communication and movement. Despite these challenges, OPDs created opportunities to socialise and discuss problems, and provided psychosocial support. Access Bangladesh Foundation set up a helpline to provide mental health support to people with disabilities.
- g) **The pandemic highlighted the importance of long-term, co-operative relationships between OPDs, governments and civil society.** OPDs played a critical role advocating for a more disability-inclusive response from governments. OPDs in Bangladesh expressed disappointment at the slow, uncoordinated, and mixed responses from government. They shared information about the severe impacts on people with disabilities with district commissioners and advocated at the Union Parishad and national levels for disability inclusion in food and cash distributions. One larger OPD coordinated with 26 other OPDs to advocate with different levels of government, with some district commissioners and union parishads more receptive than others. The Government of Bangladesh recently introduced its eighth five-year plan (2020 to 2025) in June 2020 and this was seen as a critical opportunity to improve cooperation between government and OPDs, and the inclusion of OPDs in planning, implementation, monitoring and evaluation. However, challenges to influencing remain,

including increased staff turnover in the Government because of shifting COVID-19 responsibilities and priorities.

### 3. Implications for governments, donors, and development and humanitarian actors in Bangladesh

- a) Include people with disabilities and OPDs in all their diversity in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery. Umbrella OPDs can act as a focal point for collating and sharing lessons from the pandemic response and play a coordinating role with governments, donors, and other development and humanitarian actors.
- b) Partner and collaborate with OPDs to ensure COVID-19 responses are underpinned by disability, gender and age disaggregated data collection, needs assessments and inclusive registration across key services and sectors, including communications, social protection, GBV services, physical and mental health services, and education. The current requirement for people with disabilities to have disability identity cards needs to be reconsidered, and government-provided essential information is to be accessible to people with a wide range of disabilities.
- c) Foster engagement with OPDs in the long-term across the breadth and diversity of OPDs, including organisations of women with disabilities and under-represented groups of people with disabilities.
- d) Consult people with disabilities and OPDs at national and local levels on how to provide disability-inclusive information, and accessible communications from service providers. Inequality of access to and usage of digital technologies for people with disabilities also needs to be addressed.
- e) Provide financial and other relief to people with disabilities and to parents and carers of children with disabilities on an equitable basis and in addition to any ongoing disability-related social protection schemes.
- f) Strengthen mental health responses to the pandemic and other humanitarian emergencies and ensure they are inclusive of people with disabilities, including people with pre-existing mental health conditions and psychosocial disabilities.
- g) Coordinate between OPDs, GBV service providers, governments and others on disability inclusive GBV prevention and response, ensuring that service providers continue to operate during a crisis such as COVID-19.
- h) Identify and remove barriers to education experienced by people with disabilities, including barriers to remote and online learning. Alternative educational arrangements made during crises need to be inclusive of people with the whole range of impairment types and severities.
- i) Provide additional flexible, core, and long-term funding for OPDs that meets the rights, needs and priorities of people with disabilities during and after COVID-19 recovery. Consult with people with disabilities and OPDs to develop funding mechanisms that cover core operational costs, organisational capacity strengthening and staff funding as well as project-based funding.
- j) Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.
- k) The evidence base on the impact of the COVID-19 pandemic on OPDs and under-represented groups of people with disabilities is limited. Invest in addressing evidence gaps to better understand issues affecting people with disabilities and OPDs, including OPDs

representing women with disabilities and under-represented groups of people with disabilities.

**About Helpdesk reports:** The Disability Inclusion Helpdesk is funded by the UK Foreign, Commonwealth and Development Office, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, Humanity & Inclusion, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact [enquiries@disabilityinclusion.org.uk](mailto:enquiries@disabilityinclusion.org.uk)

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