

Evidence of the impacts on and risks to people with disabilities from the COVID-19 pandemic and how international development actors are responding July-November 2020

This digest lists the latest evidence published between July and November 2020. 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, working in the informal sector have been at particular risk of increased financial hardship due to loss of income. A study by [Save the Children](#), covering a representative sample of 17,565 parents and caregivers and 8,069 children from 46 countries, 81% of female and 78% of male caregivers with disabilities had lost income since COVID-19, as compared to 77% and 75% of female and male caregivers without disabilities. Of those who reported losing income, 83% lost more than half of their income compared to 66% of those without disabilities, while 64% reported losing more than three quarters of their income as compared to 47% of those without disabilities. Not all social protection programmes have been inclusive of people with disabilities, leaving them at further risk of exacerbated financial challenges. For example, the [UNPRPD](#) found that of 195 countries that announced social protection benefits during the pandemic, only 75 mentioned inclusion of people with disabilities.
- 2. Barriers to accessing information:** Multiple reports reviewed for this evidence digest highlighted that information on preventing and responding to COVID-19 is not always available in accessible formats, excluding some people with disabilities from accessing this information. Many Organisations of Persons with Disabilities (OPDs) have stepped in to support governments address this barrier. For example, the Rwanda National Union of the Deaf, local government authorities and the Office of the Prime Minister released [sign language videos](#) with information about how to prevent the spread of COVID-19. The National Union of the Deaf also committed to translating all information about COVID-19 into sign language and simplified video, and sharing these on social media.
- 3. Increased risk of violence:** Global evidence finds that people with disabilities are at increased risk of violence since the start of the COVID-19 pandemic but government responses to this increased risk has been limited. For example a telephone survey conducted by [ADD in Uganda](#) found one in three women respondents reported an increased risk of physical and/or sexual violence linked to COVID-19 [see below for more detailed summary of methodology, limitations and findings].
- 4. Barriers to education:** Global evidence finds that children with disabilities face significant barriers to accessing education linked to financial barriers, exacerbated by the COVID-19 pandemic. In response to this, the government of [Peru](#) introduced a law that makes explicit provisions for students with disabilities, to ensure that they have access to education over the course of the pandemic.
- 5. Barriers to healthcare:** Multiple reports reviewed for this evidence digest found that people with disabilities faced barriers to healthcare linked to unaffordability, transportation restrictions, and a lack of accessible virtual services. For example, a study by [Save the Children](#), covering a representative sample of 17,565 parents and caregivers and 8,069 children from 46 countries, found 44% of households with disability reported struggling to pay for healthcare due to income lost since COVID-19 as compared to 35% of households without disabilities. An example of best practice regarding government response is that through the Disability Inclusive Development programme funded by FCDO, Sightsavers has supported the Nigerian government to conduct [accessibility](#) audits of four COVID-19 treatment and testing centres in Abuja and renovations are currently underway to make COVID-19 facilities more accessible and inclusive for people with disabilities.

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:

- Ensure people with disabilities are included in decision making on the design, implementation and monitoring of COVID-19 response and recovery plans.
- 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.
- Ensure social protection measures are inclusive of people with disabilities.
 - Ensure up to date information related to COVID-19 is available in accessible formats.
 - Ensure appropriate violence prevention and response mechanisms are in place to protect people with disabilities from the increased risk of violence they experience during and beyond COVID-19.
6. Ensure that children with disabilities are able to access education, whether virtual or in-person, during the pandemic.
- Ensure that people with disabilities have access to adequate COVID-19 hygiene kits and have continued access to essential healthcare linked to their disability.

Evidence Summaries

The impacts of COVID-19 on people with disabilities

“The Hidden Impact of COVID-19”, Save the Children

Methodology

This report from Save the Children draws on data from a representative sample of 17,565 parents and caregivers and 8,069 children from 46 countries, who are in Save The Children’s programme participants groups. It examines the impacts of COVID-19 on the household economy, health and nutrition, child education and learning, child rights, relationships between children and their parents/ caregivers, psychosocial wellbeing, family separation and household violence.

Key Findings

- **Barriers to accessing healthcare:** 44% of households with disability reported struggling to pay for healthcare due to income lost since COVID-19 as compared to 35% of households without disabilities. 31% of caregivers with disabilities had an adult family member who had become sick and 21% had a child who had fallen sick since the COVID-19 outbreak. This compares to 14% and 15% of caregivers without disabilities.
- **Financial hardship:** 81% of female and 78% of male caregivers with disabilities had lost income since COVID-19, as compared to 77% and 75% of female and male caregivers without disabilities. Of those who reported losing income, 83% lost more than half of their income compared to 66% of those without disabilities, while 64% reported losing more than three quarters of their income as compared to 47% of those without disabilities.
- **Barriers to education:** 41% of households of people with disabilities reported struggling to pay for learning resources for children during the pandemic, compared to 31% of households without people with disabilities. In addition, 73% of caregivers with disabilities reported that their child had no contact from teachers as compared to 66% of those without disabilities.

“Disability Rights During the Pandemic: A Global Report on Findings of the COVID-19 Disability Rights Monitor”, COVID-19 Disability Rights Monitor

Methodology

This study from the COVID-19 Disability Rights Monitor draws the on survey data with responses from 2,152 individuals from 134 countries, analysed using a mixed-methods approach. Limitations of this study include that the survey was unavailable in easy-to-read format or in sign language, it was only available online, which limited responses to those with online access, and it was not equally representative of different regions. This study is indicative of experiences in multiple countries rather than representative of the situation globally and was based on a self-selected targeted sample of key stakeholder groups.

Key Findings of

- **Access to healthcare:** 52% of respondents were denied or deprived of healthcare during the pandemic and 30% of respondents did not have access to medication or food. The barriers faced by people with disabilities to accessing food, healthcare and essential services were similar across high, middle and low income countries,

with unaffordability being cited as one of the main barriers to access. In Colombia, virtual health services have not made reasonable adjustments such as providing a sign language interpretation service for people with disabilities during the pandemic. In South Africa, the lack of accessible transport from rural areas to hospitals and clinics and the shortage of medication has hindered people with disabilities from accessing healthcare and other essential services.

- **Access to survival support:** 6.5% (138) of respondents reported that governments had provided cash-based financial assistance to people with disabilities during the pandemic; only 10% (205) reported that governments had provided some form of financial assistance to people with disabilities during the pandemic; and only 12% (258) reported that people with disabilities had access to social protection.
- **Access to information:** 26% of respondents reported that no measures had been taken to inform people with disabilities living in institutions about COVID-19 or related public health measures. 30% of respondents reported that people with disabilities had not received enough information about how to prevent COVID-19 infection and 21% of respondents said information had not been made available in accessible formats. 77% of respondents said they had not received accessible information about the penalties for breaking restrictions, which included fines, sanctions and arrest.
- **Access to food:** 25% of respondents with disabilities from Belgium, Canada, France and the United States of America reported not having access to food during the pandemic.
- **Mental Health:** Respondents report increased levels of fear and anxiety due to concerns they may not be able to access medical treatment, concerns that the virus will have a more significant impact on them if they contract it, and that they will be denied treatment or deprioritised in contexts of healthcare rationing.
- **Risk of violence:** In countries with strict curfews and a significant presence of state security actors, people with disabilities were particularly vulnerable to exploitation, violence and abuse. The survey found that women and girls with disabilities were at heightened risk of sexual assault, intimate partner violence and domestic violence during the COVID-19 pandemic.
- **Women and girls with disabilities:** Since the outbreak of COVID-19, many women and girls with disabilities have experienced multiple human rights abuses, including different forms of violence, assault, and brutality. Respondents felt that government-imposed restrictions placed women and girls with disabilities at greater risk of violence because the restrictions isolated girls and women from their support networks.
- **Homeless people with disabilities:** 51% of respondents (667 people) reported their government had taken no action to protect the life, health and safety of people with disabilities living on the streets or in homeless shelters. In Uganda, Nigeria, Tanzania and India, respondents were particularly concerned about the lack of protection for children living on the streets. In Uganda, street children had reportedly been quarantined in boarding school facilities, which raised concerns about safeguarding and human rights. Responses from people in Kenya found that people with intellectual disabilities were at higher risk of being neglected by their families and subsequently made homeless.
- **Children with disabilities:** 55% of respondents said their governments had not taken action to support families of children with disabilities. In the majority of cases, governments reportedly did not make disability-specific or child-specific measures. In addition, 44% of respondents said that no measures had been taken to protect children living in residential schools.
- **People with disabilities in rural areas:** 59% of respondents (792 people) reported their government had taken no action to protect people with disabilities in rural and remote areas. This was the case despite the additional barriers people with disabilities face in rural areas to accessing food, medication, healthcare, and information.
- **Prisoners with disabilities:** the research found that governments have not taken adequate steps to protect prisoners with disabilities' access to food, basic medical supplies, PPE, or to ensure their ability to implement safety measures such as social distancing.

["Coronavirus and Disability: Let's Talk", Light for the World and TRAC.FM](#)

Methodology

This data from Light for the World and TRAC.FM, draws from a series of opinion polls conducted in Uganda via six radio shows with an estimated combined reach of 28 million people and an estimated 15 million people per episode of the talk show. The study used a mixed-method approach to collect quantitative and qualitative data through SMS polls and telephone surveys. An average of 12,917 responses were received per poll question. 21.7% of phone survey respondents were female as compared to 78.3% who were male. 26.8% of survey respondents were between the ages of 26-30, while 19.8% were between 21-25. 78% of Uganda's population are youth and youth are the most represented group in livelihood activities, employment and education. 4.7% of survey respondents were over 45 years old. 92.5% of

respondents reported some form of impairment with 60% of respondents reported having a physical impairment or being a caretaker of someone with a physical impairment.

Key findings

- **Access to information:** 54% of respondents with disabilities or who are caregivers report knowing what they need to do to stay safe and reduce the spread of coronavirus, compared to 50% of respondents without disabilities who were not caregivers.
- **Fear of violence:** 22% of all female respondents expressed concern about increased violence in their home or community, compared to 25% of all male respondents. Data for this particular poll was aggregated based on the gender of the respondent rather than disability.
- **Financial hardship:** 43% of respondents with disabilities or who are caregivers report that they depend on what others give them in order to meet their basic needs, compared to 31% of people without disabilities who are not caregivers.

[“COVID-19: Violence Risk and Income Loss among Persons with Disabilities”, ADD International](#)

Methodology

This data from ADD international draws on telephone interviews with 87 members from OPDs and 10 OPD leaders from organisations with 1,998 members in 10 districts across 7 provinces of Cambodia. This study experienced time and sampling constraints and restrictions to travel, preventing the study from being fully representative of the impact of COVID-19 on people with disabilities in the target areas. This study also highlighted limitations in engaging either OPDs led by and for women with disabilities or reaching women with disabilities, or both.

Key findings

- **Increased risk of violence:** 40% of respondents reported an increase in risk of psychological, economic, physical and/or sexual violence since the start of the pandemic. Seven out of the ten OPD leaders reported this increased risk was felt at home and in the community. Psychological and economic violence accounted for 77% of the reported risk increase linked to COVID-19. There was a statistically significant ($p < 0.1$) positive association between age and reported violence risk linked to COVID-19.
- **Financial hardship:** Respondents reported a loss of 52% of their monthly household income since the start of the COVID-19 pandemic. Estimates from this study suggest men with disabilities have lost more income than women with disabilities since the pandemic began. One in three respondents report that they never or rarely receive the same survival support as others. 58% of respondents report they are eating less or have a ‘lack of food’, with one third relying on farming for their food intake.
- **Access to information:** 93% of respondents get their information about COVID-19 from the government and 98% feel the information they receive is reliable.

[“COVID-19: Income loss, risk of violence and the response of persons with disabilities and their representative organisations in Uganda”, ADD International](#)

Methodology

This report from ADD international draws on data gathered from telephone interviews with 40 members of five OPDs in Uganda. These interviews involved questions around the impact of the crisis on their livelihoods, their risk of experiencing violence, their access to relief and their response to COVID-19. The study had several limitations linked to travel restrictions, time and sampling constraints, preventing the study from being fully representative of the impacts on persons with disabilities in the target areas.

Key Findings

- **Increased risk of violence:** 75% of respondents reported an increased risk of violence since the start of COVID-19. 77% of women and 80% of men reported an increase in economic, physical, psychological and/or sexual violence since the start of COVID-19. One in three women respondents reported an increased risk of physical and/or sexual violence linked to COVID-19. 76% of respondents found that livelihood support would be a useful tool for reducing the risk of violence they experienced due to COVID-19.
- **Financial hardship:** Respondents reported losing 64% of their monthly household income since the start of the

COVID-19 pandemic. One in three respondents say that the support they receive does not meet their needs, while one in four report that they do not receive the same survival support as others in the community.

[“Action on COVID-19: Evidence on the Response of Disabled People’s Organisations during Pandemic”, Inclusive Futures](#)

Methodology

This report from Inclusive Futures draws on data from structured interviews with leaders from ten OPDs participating in the Inclusion Works programme in three districts across Bangladesh. Each interview involved questions about access to information, protection, livelihood, relief support and risk of violence during COVID-19 for members of OPDs. The ten OPDs are made up of a 2,174 members, 48% of whom are women. The key informants were able to speak to 94% of their membership to inform this report, 45% of whom were women.

Key Findings

- **Access to sanitation materials:** most members had not received sanitisation materials or personal protective equipment (PPE) and a higher proportion of male members (45%) had received these as compared to female members (39%).
- **Financial hardship:** An estimated 63% of female and 87% of their male members are informal day labourers with limited or no savings and two-thirds of their members had lost most of their income as a result of COVID-19 restrictions.
- **Heightened risk of domestic violence:** Key informants reported that members of four OPDs were at greater risk of gender-based violence as a result of COVID-19.
- **Survival support:** Eight out of the ten OPDs interviewed said their members received survival support such as food or cash fortnightly or once a month. 38% of OPD members reported that the survival support they receive is adequate.
- **Technological and connectivity barriers to work:** Three out of the ten OPD leaders reported facing technological and connectivity barriers to carrying out their work during COVID-19.

[“Disability inclusiveness of government responses to COVID-19 in South America: a framework analysis study” Sakellariou, D, Malfitano, A, Rotarou, E](#)

Methodology

This study involved documentary research, using framework analysis. It analysed reports, legislation, decrees and other official documents communicating measures taken in response to the pandemic. 72 documents were analysed in total.

Key Findings

- **Access to healthcare:** in Argentina and Peru authorities enabled telehealth services for people with disabilities and ensured COVID-19 related services were offered free of charge to protect disabled people’s access to healthcare. However, in Chile the Explicit Guarantees in Health (GES) programme, which supports people with chronic conditions and guarantees health coverage for priority health conditions, was suspended for one month over the COVID-19 pandemic, leaving the people who rely on it without access to financial support. Priority testing policies for people with disabilities and their carers were reportedly widely ignored.

[“The Impact of COVID-19 on people with disabilities- emerging findings” Rohwerder et al.](#)

Methodology

This study draws on narrative interviews with a group of 40 jobseekers with disabilities in Bangladesh, Kenya, Nigeria and Uganda who are involved in the Inclusion Works programme.

Key findings

- **Financial hardship:** In Bangladesh, respondents report that government relief for people with disabilities is not sufficient to meet their needs. This has prevented some respondents from being able to afford food, medicine and COVID-19 hygiene kits, which this study highlights has been linked to domestic violence, depression and stress. In Kenya, respondents reported weak social protection programmes from the government. Many had lost their incomes because they worked in the informal sector, which had collapsed due to COVID-19 restrictions. In Nigeria, respondents were concerned about the loss of income for people with disabilities and the lack of recognition of their specific needs by government and non-governmental provision of aid. Respondents without access to technology and the internet are also unable to access employment and training opportunities that require virtual access.
- **Access to healthcare:** In Bangladesh, respondents with disabilities have experienced a deterioration of physical and mental health. This is linked to the lack of access to health services, especially among those who need various therapies, to unaffordable hygiene products, and to the stress caused by the COVID-19 pandemic.
- **Access to information:** In Kenya and Uganda, information around COVID-19 is often not in accessible formats. In Uganda this is worse in rural areas.

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

Access to healthcare, food and medicines:

- [Nigeria](#): through the Disability Inclusive Development programme, funded by FCDO, Sightsavers has supported the Nigerian government to conduct accessibility audits of four COVID-19 treatment and testing centres in Abuja and renovations are currently underway to make COVID-19 facilities more accessible and inclusive for people with disabilities.
- [Malta](#): The Ministry of Social Policy created a helpline to support older and people vulnerable to COVID-19 access food and medicines by coordinating and delivering these to their homes. They also established an email address to ensure the Deaf community could request food and medicine. This evidence review could not find information about the impact of this helpline or email address.
- [Bulgaria](#): NGOs and UN agencies combined efforts to ensure the continuity of health and mental health service provision during the pandemic. This included the development of a mental health support line and local government support to people with disabilities who needed to purchase medicine.
- [The United Arab Emirates](#): A national programme to test people with disabilities for COVID-19 in their homes had tested 650,000 people by mid-April.

Access to social protection:

- [Argentina](#): Disability registrations in Argentina were automatically renewed during the COVID-19 pandemic and people with disabilities were included in an [additional cash transfer programme](#) in light of the pandemic.
- [Peru](#): People with disabilities were able to self-certify as having a disability and received an [additional social benefit](#) in light of the COVID-19 pandemic. This was a one-off payment for people collecting a non-contributory pension of [\\$3,000](#).

Access to education:

- [Peru](#): The Government of Peru introduced a law that makes explicit provisions for students with disabilities, to ensure that they have access to education during the pandemic.
- The INGO [Sense International](#) runs virtual training sessions for teaching and non-teaching staff supporting people with deafblindness.
- [Ecuador](#): The Government of Ecuador provided guidance for teachers working with children with disabilities who had to remain isolated at home.

Access to information:

- [Rwanda](#): The Rwanda National Union of the Deaf, local government authorities and the Office of the Prime Minister released sign language videos with information about how to prevent the spread of COVID-19. The National Union of the Deaf committed to translating all information about COVID-19 into sign language and simplified video, and sharing these on social media.

Access to support for survivors of gender based violence:

- [Global findings](#): Through the survey conducted by the Disability Rights Monitor, respondents expressed concern at the lack of government interventions focused on supporting women and girls with disabilities who had experienced gender based violence. Levels of violence against women and girls were already high before the pandemic, with women and girls with disabilities at increased risk, however risks of violence have been exacerbated during the pandemic and support systems strained. For example, women and girls with disabilities have been less able to access the police, social workers, shelters or psychosocial support since the start of the pandemic.