Inclusive Futures Brief:
Experiences of people with disabilities and organisations of people with disabilities during the COVID-19 pandemic

1. Introduction

This brief summarises the key findings and implications 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

1. **People with disabilities and OPDs have been largely excluded from governments' planning and delivery of responses to the COVID-19 pandemic.** OPDs did not receive replies to their requests to engage with government as the pandemic began to unfold, and the requirements of people with disabilities were not adequately considered, 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. There are, however, promising examples of governments proactively and more systematically engaging with OPDs during the pandemic in Bhutan, Samoa, Georgia, Canada and Australia.

2. **Official data about people with disabilities were insufficient in Bangladesh, Nepal and Zimbabwe, which was a major barrier to providing people with disabilities with support.** OPDs played a key role in working with governments and NGOs (for example in the Inclusive Futures Programme) to identify people with disabilities and direct support more effectively and efficiently.

3. **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 - and/or to advocate for governments to increase, target or change their support to people with disabilities.**

   - **Government information** about the pandemic was commonly not accessible to people with disabilities in the early months of the pandemic. OPDs played a key role in advocating for, producing, and disseminating accessible information. People with disabilities' limited access to the internet and digital technologies was also a major barrier to communicating with them, thus OPDs have highlighted the urgency of addressing digital exclusion to prevent growing inequality during the pandemic.

   - **Social protection** was often inaccessible to people with disabilities due to institutional barriers, for example not having a register of people with disabilities, or gaps in registration; attitudinal barriers, for example increased discrimination and stigma; and exacerbated environmental barriers, for example a lack of accessible transport and restrictions on movement.

   - **Health:** pre-existing barriers to health services have been exacerbated by the pandemic. Health services have been reduced and access has become increasingly difficult for people with disabilities, including women and girls with disabilities accessing sexual and reproductive healthcare.

   - **Gender-based violence (GBV):** OPDs observed an increase in incidences of GBV against women and girls with disabilities during lockdowns and as economic situations deteriorated. OPDs experienced challenges in helping survivors access support because existing barriers were exacerbated by the pandemic, for example services being unresponsive, discriminatory or physically inaccessible.

   - **Education:** Some OPDs had to stop their work on disability-inclusive education because schools were closed. In some cases, funds for education activities were re-allocated to pandemic response activities due to pressure from funders.

   - There are numerous examples of OPDs successfully advocating to governments to make these services more inclusive of people with disabilities, for example in Indonesia, Uganda and Zimbabwe.

4. **The material impacts of the pandemic and the exclusion of and discrimination against people with disabilities had psychological impacts on people with disabilities and the OPD staff trying to assist them.** People with disabilities experienced anxiety, depression, and feelings of loss, shock, fear and destabilisation due to loss of income; poverty; food insecurity; lack of access to information, health care, education, livelihoods and support; increased gender- and impairment-related abuse and violence; and exacerbated discrimination. OPDs received influxes of calls for help, and OPDs were a key source of peer support and mental health support for people with disabilities and their families. OPD staff themselves experienced severe psychological and financial impacts as they worked overtime and often without pay for months at a time to support people with disabilities who had been excluded from the COVID-19 response.

5. **OPDs experienced dramatic reductions in funding and operational capacity, and access to sustainable funding remains a critical priority.** As a result of the financial and economic impacts of the pandemic, many institutional, corporate, and public donors as well as INGOs made decisions to end funding to OPDs' projects early, reduce project

budgets, delay payments, or provide 'no-cost' extensions for activities. Many OPDs were already chronically under-funded and only receiving funds for discrete activities, therefore these funding reductions caused severe financial strain, and some had to shut down temporarily.

6. **The Inclusive Futures programme engaged with people with disabilities and OPDs to design COVID-19 responses** that were relevant to the rights, needs and priorities of people with disabilities in each context, and responsive to the specific barriers to goods and services that people with disabilities were experiencing.
   - In Kenya, OPDs identified gaps in government data and service delivery, supported data collection to identify people with disabilities, and helped mentor micro-entrepreneurs with disabilities adapt their business models during the pandemic.
   - In Bangladesh, OPDs identified the most marginalised people with disabilities and provided mobile cash support.
   - In Nigeria, OPDs and people with disabilities designed accessible communications about the pandemic, and led community awareness-raising about disability and COVID-19.

7. **The pandemic highlighted the importance of long-term, co-operative relationships between OPDs, governments and civil society.**
   - OPDs played a critical role in advocating for a more disability-inclusive response from governments. They reflected on the need to strengthen their collaboration with other OPDs continue to build more cohesive and inclusive disability rights movements, and develop new ways to engage with governments in future.
   - OPDs noted the vital importance of collaborating with other civil society actors and social movements, particularly women's rights organisations and GBV service providers.
   - As part of the Inclusive Futures programme, OPDs worked with governments to strengthen relationships and outcomes beyond the pandemic response. For example, in Nigeria OPDs worked with health service providers to assess and improve accessibility of health facilities during the pandemic and into the future. In Tanzania the programme established a working group with OPDs and government representatives to coordinate a disability-inclusive COVID-19 response, and the Prime Minister's Office has invited the group to continue planning the recovery.

3. **Implications for governments, donors, and development and humanitarian actors**

a) Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.
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.
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. Address inequality of access to and usage of digital technologies for people with disabilities.

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e) Identify and remove barriers to social protection experienced by people with disabilities. Financial and other relief should be provided 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) Identify and remove barriers to accessing health services experienced by people with disabilities. Specific attention must be paid to ensuring that women and girls with disabilities, who often experience both disability and gender related discrimination, can access inclusive quality healthcare, including sexual and reproductive health services.

g) 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.

h) 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.

i) 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.

j) Provide additional flexible, core, and long-term funding for OPDs that meets the actual 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.

k) Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.

l) 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.