



Inclusive Futures

Promoting disability inclusion

ACTION ON COVID-19

*Evidence on the Response of
Disabled People's Organisations
during Pandemic*

October 2020



Funded by the UK Department for International Development (DFID) UK Aid Connect, the Inclusion Works (IW) programme is a consortium of 11 partners, including ADD international, focusing on promoting formal employment of women and men with disabilities. It brings together a diverse range of partners to develop and test innovative approaches to improve the long-term economic empowerment and inclusion of people with disabilities in Bangladesh, Kenya, Nigeria and Uganda, in line with the UNCRPD and SDG8.

ADD International is an Inclusion Works consortium partner and has gathered this evidence together with leaders of Disabled People's Organisations (DPOs) in Bangladesh who are partners in the consortium.

METHOD

ADD International conducted structured interviews with leaders from ten Disabled People’s Organisations which are participating in the Inclusion Works programme in three districts in Bangladesh: five in Chattogram, three in Khulna and two in Dhaka. We discussed their priorities, response and requests for support during Covid-19. Each discussion included open and closed questions about DPO members’ access to information, protection, livelihood and relief support, and risk of violence during Covid-19.¹ The date of the latest information gathered for this report was mid-June 2020. Interviewed DPOs validated and updated portions of the report in September 2020.



PARTICIPANTS

The sample was purposeful. All interview participants were key informants in DPO leadership positions. Of the ten key informants, seven were men and three were women. The ten DPOs have a combined total of 2,174 members, 48% of whom are women. DPO informants were able to contact or find out about approximately 94% of their membership for this report, 45% of whom were women. Nine of the ten interviewed leaders were from cross-disability organisations and one was a leader from a DPO of persons with Down Syndrome.

LIMITATIONS

Women are under-represented in this report, which may in part be due to women being under-represented in DPOs and possibly also because women are under-represented in reporting systems. During DPO validation of this report, it was noted that under-representation may be also due to participation norms and mobility restrictions on women. One DPO respondent said:

‘We can’t reach to them [women], who are vocal only consider them always. Male can go out anyhow, but women are not allowed for security; thus they can’t present themselves’

The purpose of this action research is to understand impact of and response to Covid-19 among DPOs, and we recognise that this will not be a comprehensive reflection of all persons with disabilities and marginalised groups.

¹ Evidence gathering tool available here: https://docs.google.com/forms/d/e/1FAIpQLSczk-e7RfEo-mnh_YROkCnpTiln5FA5Ykk3EzpVmbm-kUDNcg/viewform

EXECUTIVE SUMMARY

In June 2020, ADD International conducted structured interviews with leaders from ten Disabled People's Organisations which are participating in the Inclusion Works programme in three districts in Bangladesh to understand impact of and response to Covid-19 among DPOs.

Evidence from these interviews suggest that the economic impact of Covid-19 on persons with disabilities has been acute, and Disabled People's Organisations are taking critical action. **DPOs are engaging with power holders to make relief, livelihood support and information accessible to persons with disabilities.** DPOs are in touch with their members, but they face barriers in doing their work during this time, and more could be done to reach the most excluded.

- **Most members have lost most of their income.** Interviewed DPO leaders estimate that two-thirds of their members have lost most of their income as a result of Covid-19. This reported income loss by DPO leaders is consistent with a concurrent survey of DPO members,² which shows that respondents, on average, report losing 65% of their income since the Covid-19 crisis began. In absolute terms, after adjusting for purchase power parity, this loss is equivalent to moving from £167 to £58 in monthly earnings.
- **Covid-19's economic shock on persons with disabilities is acute, but also widespread,** as most are daily wage earners. Interviewed DPO leaders estimate that 63% of their female members and 87% of their male members are informal day labourers who have minimal or no savings.
- **DPOs continue to take critical action.** Interviewed DPO leaders report that their DPOs have supported more people than they have members in getting access to Covid protection and medical support, 47% of those helped were females.
- **DPOs engage with providers to access emergency survival support and longer term livelihood support for their members:** Six of ten interviewed leaders report that their DPOs manage lists of vulnerable persons with disabilities who are more affected by the crisis. They submit those lists to providers so the most vulnerable can access longer term livelihood support.

² **Covid-19: Double Jeopardy for Persons with Disabilities.** July 2020. ADD International: https://www.add.org.uk/file/4225/download?token=jFGRN8_7

- **DPO leaders request more relief and protection support and ask that the government distribute aid more equitably and inclusively.** Two leaders ask that the government distribute directly to households and through DPOs as many persons with disabilities cannot wait in line at distribution points. When we asked what other support (from government or others) they need to carry out their work, seven of ten interviewed DPO leaders mention cash, six mention food, five mention sanitiser and four mention awareness raising.
- DPO leaders report that **most members have recently received and regularly receive survival support** (ie food, cash). Eight of ten interviewed DPO leaders mention that their members receive survival support fortnightly or once a month.
- **Most interviewed DPO leaders report survival support meets need, but most interviewed DPO members report that survival support does not meet need.** Where data is comparable, seven of ten interviewed DPO leaders report support meets need, compared to 38% of DPO member respondents.³
- Four of the ten interviewed DPO leaders report that their **members are at greater risk of experiencing gender-based violence due to Covid-19.** Interviewed leaders report that their **DPOs are taking action to support women and girls with disabilities who may be at risk of violence during this time.** Eight of ten said they are taking on an advisory role and six of ten said they are taking on a psychosocial support role for their members.
- **Most members have not accessed protection support and a larger proportion of men than women have received sanitization/personal protection materials.** Interviewed DPO leaders estimate that most members have not received sanitization/personal protection materials and that a higher proportion of male members (45%) have received these materials than female members (39%).
- **More can be done to reach the most excluded members.** Half of the interviewed leaders report that they are not reaching the most excluded with Covid-19 information during this time, while three of ten report that they are reaching the most excluded. To stay in touch with the most excluded members, two DPO leaders report communicating through mobile phone, sending money, doing online training and conducting safe in-person visits in cases of urgency.

³Ibid. Differences may be due to biases arising from sample selection method.

- **DPOs face barriers in carrying out their work.** All ten DPO leaders report facing mobility barriers to carry out their work during Covid-19. Three report technological and connectivity barriers.

Based on these findings, we make the following recommendations, which are further elaborated at the end of this report.

- **Build toward long-term recovery, but do not forget immediate relief.**
- **Strengthen DPOs.** They are taking action and requesting support.
- **Remove transport and technological barriers to DPO work.**
- **Find the missing women.** Women are under-represented, at greater violence risk and have lower access to Covid-19 support than men.
- **Cross-learn to reach the unreached.** DPOs who reach the most excluded should share

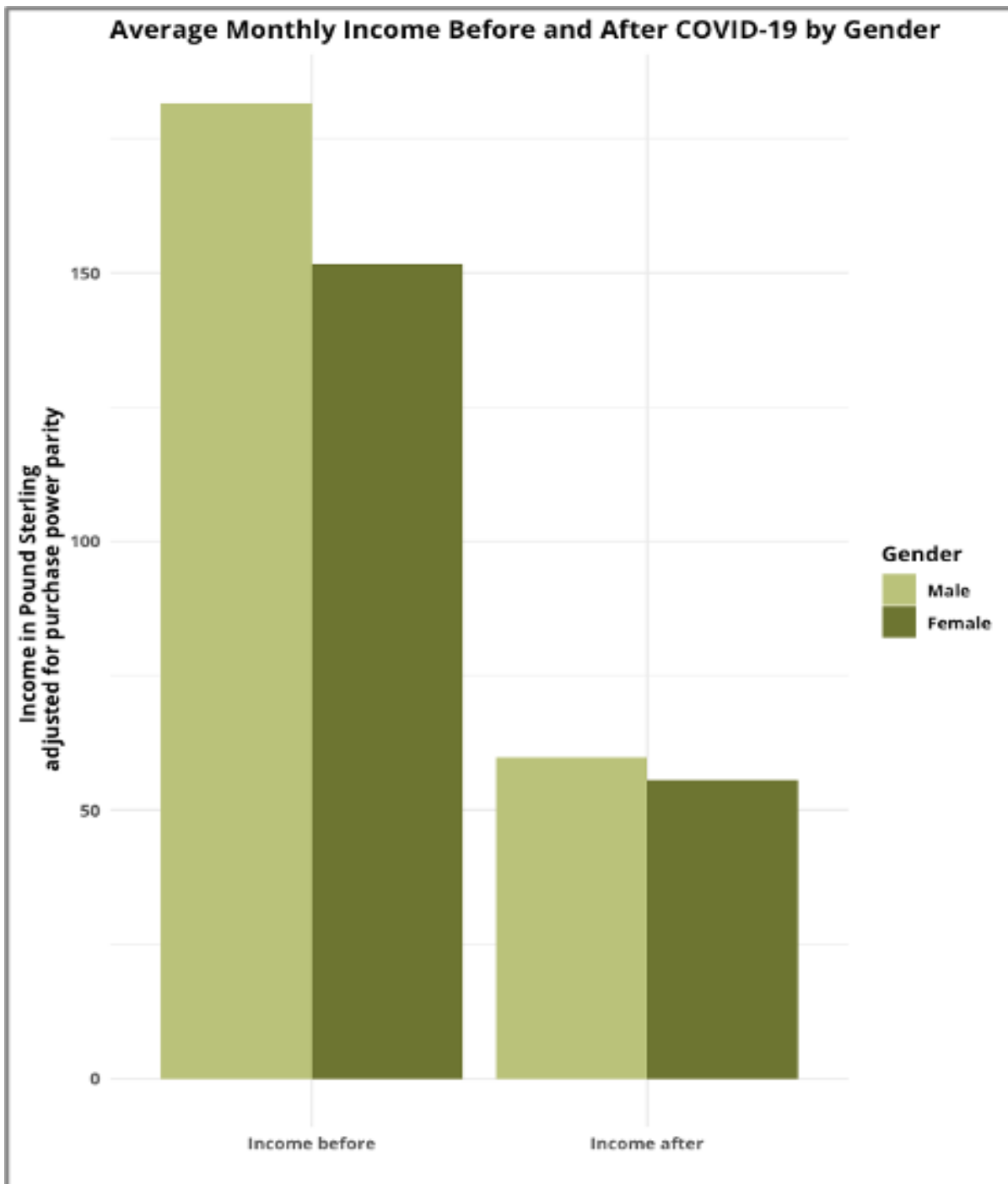
The remainder of this report summarises findings and concludes with a set of recommendations.

FINDINGS SUMMARY

MOST DPO MEMBERS HAVE LOST MOST OF THEIR INCOME, AND MOST MEMBERS ARE IN THE INFORMAL SECTOR

Most DPO members have lost most of their income. Interviewed DPO leaders estimate that **two-thirds of their members (66% of females and 65% of males) have lost most of their income** as a result of Covid-19. These estimates from DPO leaders precisely match reports from members of IW DPOs and others, which show that respondents lost 65% of their income on average (see figure below).⁴

⁴ Ibid.



The figure above shows the average reported monthly income before and after Covid-19 among 91 members in 15 DPOs.

The economic impact of Covid-19 is acute and widespread among informal workers.⁵ Most members of interviewed DPOs are daily wage earners, with more men than women. Interviewed

⁵Meaney-Davis, J. (2020) *The financial and economic impacts of the COVID-19 pandemic on people with disabilities in low- and middle-income countries*, Disability Inclusion Helpdesk Research Report No. 42. London, UK: Disability Inclusion Helpdesk. Available: <http://www.sddirect.org.uk/media/2063/query-no-42-economic-impacts-of-covid-19.pdf>

DPO leaders estimate that 63% of their female members and 87% of their male members are informal day labourers who have minimal or no savings. Economic loss exposes members to health risks:

'The people who are daily wagers are putting all effort to survive, don't looking for or observe safety measures'

DPO response during validation of this report suggests that persons with disabilities are often the first to be made redundant, and that vendors are particularly affected economically by the crisis.

SOME DPOS ARE ENGAGING WITH PROVIDERS TO ACCESS EMERGENCY SURVIVAL SUPPORT AND LONGER TERM LIVELIHOOD SUPPORT FOR THEIR MEMBERS

In order to access emergency survival support, some DPO leaders regularly communicate about the situation of persons with disabilities and closely coordinate with local government (ie Social Service Officers, Union Parishad Chairmen) and local affluent people.

'We are trying to get help by highlighting the plight of the poor people of our organization in various offices including government offices.'

To access longer term livelihood support for their members, 60% of interviewed leaders report that their **DPOs manage lists of vulnerable persons with disabilities who are more affected to submit to providers**. Two DPOs report that they have not engaged with providers on livelihood, but one of which reports that they continue to engage on supporting access to disability identity cards. One DPO reports difficulty in obtaining commitments,

'trying to be connected with potential supporters, but no commitment yet.'

DPO MEMBERS ARE AT GREATER RISK OF VIOLENCE DURING COVID-19, AND DPOS ARE TAKING ACTION

Four of the ten interviewed DPO leaders report that their **members are at greater risk of experiencing gender-based violence due to Covid-19**. All interviewed leaders report that they are aware of existing support services for gender-based violence, and that those services are accessible to their members. DPOs report that they do not have capacity to support survivors adequately, eg due to financial and human resource constraints.

Figure 2. What actions are you taking to support women and girls who may be at risk of violence during this time? Number of mentions among 10 DPO leader respondents



DPOs act to reduce violence. Interviewed DPO leaders report that their organisations are taking action to support women and girls with disabilities who may be at risk of violence during this time. As in Figure 2, 80% said they are taking on an advisory role and 60% said they are taking on a psychosocial support role for their members:

One DPO leader reports that they are:

‘Keeping close communication with each member to inform right away risk of violence and trying to connect with other organization who deal with these matters.’

Another leader said they are in contact with community leaders, and another said they had selected a safeguarding focal person to handle matters of violence during this time. DPO response during validation of this report suggests that some DPOs receive law enforcement support to protect themselves against local perpetrators (*‘local terrorists, local goons’*).

DPOS ARE SUPPORTING THEIR MEMBERS AND OTHERS IN GETTING ACCESS TO COVID-19 PROTECTION AND MEDICAL ATTENTION

None of the interviewed DPO leaders reported that any of their members have tested positive for or think that they have Covid-19. 80% of the interviewed DPO leaders report they are providing health instructions to members, 30% report providing personal protective equipment support and 20% report providing emotional/psychosocial mental support. One DPO leader reports that they: *Orient the members through phone, text message, awareness building to comply with health procedures.* Interviewed DPO leaders report that their DPOs **have supported more people than they have members in getting access to Covid protection and medical support**, 47% of those who

were supported were females. DPOs report that medical help was not provided for a period as all facilities were closed to everyone, members and non-members alike.

MOST DPO MEMBERS HAVE NOT RECEIVED PROTECTION MATERIAL SUPPORT

Interviewed DPO leaders estimate that **most members have not received sanitization/personal protection materials**, and that a higher proportion of male members (45%) have received these materials than female members (39%).

Most protection support has been soap and masks. When we asked DPO leaders about what type of sanitization/personal protection materials are being distributed locally, 100% mentioned soap, 90% mentioned masks, 40% mentioned gloves and 20% mentioned other things, such as aprons.

Protection support is mostly coming from government. When we asked DPO leaders about what the sources are of the supplies and support being distributed locally, 70% mentioned government, 50% mentioned wealthy people and private resources, 40% mentioned social services and 30% mentioned NGOs and DPO initiatives.

DPOS ARE TAKING ACTION TO MAKE INFORMATION MORE ACCESSIBLE

DPOs are reaching many with critical information. Interviewed DPO leaders report that they have reached more persons with disabilities with information than they have members - they are cascading information from official sources widely and in accessible ways (ie easier wording) through mobile phone, but also sharing health messages as relief was distributed. But a few leaders mentioned their limited contact with women, saying things like *'my contact with women is low, thus I think their access is limited therefore'*. 80% mentioned that they are doing this through phone, 40% mentioned through text messages, 40% through community leaders, 20% through direct contact (ie home visits) and 20% mention through online meetings.

DPOs mostly cascade information, but some of the interviewed DPOs engage local providers to make Covid-19 information accessible with the accompaniment of ADD Bangladesh. Eight of ten interviewed DPO leaders report engaging with local providers to try and make public information more accessible. Most mention engaging with the public sector in some form: 50% of respondents said they engage with local government officers, 40% through members of parliament, 40% through UP chairmen, 30% through departmental officers (ie social service office), 20% through local rich men, and 40% mention others (ie influential people, NGOs, local providers).

DPO MEMBERS ARE ACCESSING INFORMATION ON COVID-19

Interviewed DPO leaders report that information is available and largely coming from government (ie through video sent by EMO group and personal messenger). All interviewed DPO leaders report that they are receiving official and up-to-date Covid-19 health/prevention messages and that the information is accessible to all of their members. It is not clear whether information is

truly accessible for all groups as respondents might not be representing persons with all types of disabilities (ie intellectual or neuro-developmental disabilities). To the author's knowledge, the government did not publish/telecast/broadcast any information targeting persons with intellectual or neuro-developmental disabilities.

6 of 10 of the interviewed DPO leaders report that government is the source of where persons with disabilities mostly get their life-saving information. 4 mention television and 3 mention radio as their source for information. Interviewed leaders initially report that DPO members are able to act on the information they receive. In the survey, respondents report that most of their members are able to act on received information, but during validation, some DPO leader respondents think that is not the case.

'Wheel chair has difficulty, different impairment don't understand easily, accommodation small, many people, scarcity of water, soap for financial crisis.'

In the survey, nine of ten interviewed DPO leaders report that their members are able to act on the information they receive to protect themselves from Covid-19. One leader reports:

'All members are able to act as regular hand washing, using mask when go outside, stay home if not necessary to go outside, stay mentally strong as preventive method of reduce tension/anxious.'

'Though one leader mentioned, some members need more interventions to transform the knowledge into practice.'

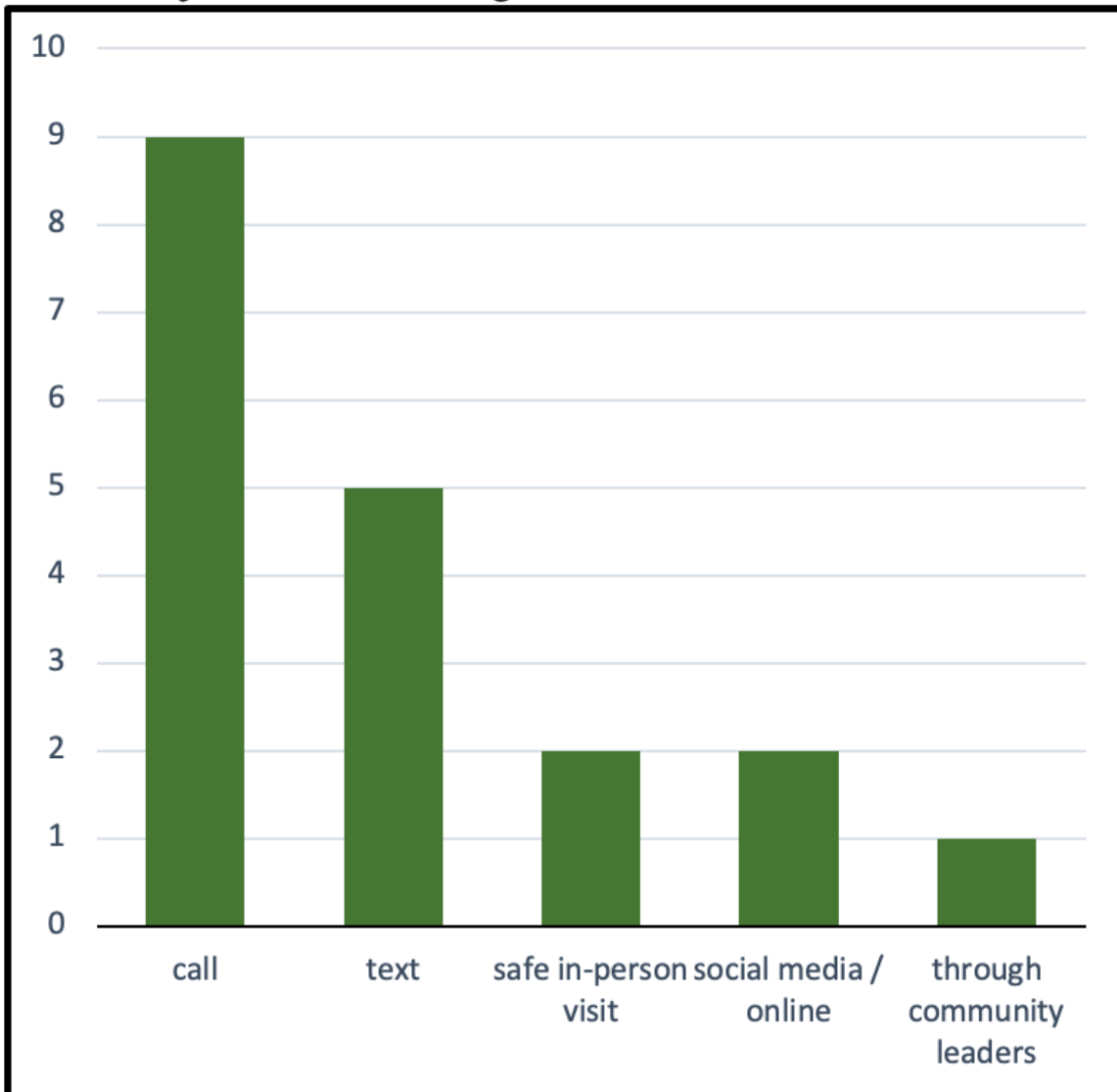
In addition, all DPO leaders and volunteers try to observe personal protection (e.g. gloves, masks) while **they** move around the community to support members.

It is possible that DPO member access to information is high in part because DPOs engage local providers to make information more accessible.

DPOS ARE STAYING IN TOUCH WITH THEIR MEMBERS, BUT THEY FACE BARRIERS

DPOs stay in touch in multiple ways, from a distance. Of 10 interviewed leaders, 9 mention staying in touch with members through mobile phones, 5 through text, 2 through social media or online, and 2 mention through safe in-person visits, as presented in Figure 3.

**Figure 3. How are you staying in touch with your members?
Number of mentions among 10 DPO leaders**



DPOs face barriers in carrying out their work. All ten DPO leaders report facing mobility barriers to carry out their work during Covid-19, such as the unavailability of transport. Three report technological and connectivity barriers:

'We could not have access to many of our member because of lack of smart devices like mobile phone, Tab and internet facilities. Lack of public transportation and costlier the private one.'

Three of ten DPO leaders mentioned that they use PPE in order to operate. Five of ten mentioned using mobile phones in order to operate; and five mentioned complying with health rules or using social distancing in order to operate.

[DPOs working in urban areas are facing a different type of problem. Most members of urban DPOs are slum dwellers or floating people. During COVID-19 pandemic, most of these shelterless people went back to their villages (cause lock down for months, and a workless situation). Therefore, the

self help group members, DPO members could not arrange regular meetings/ gatherings. Due to this non availability of DPO members negatively impacted on the regular activities and disability rights movement as well. One member DPO of ADD working at Dhaka reported this today]

MORE COULD BE DONE TO REACH THE MOST EXCLUDED

To stay in touch with the most excluded members, two DPO leaders report communicating through mobile phone, sending money, doing online training and conducting safe in-person visits in cases of urgency. All DPO leaders report using some form of personal protection equipment (such as masks, gloves, hand sanitizer) in order to move around safely.

DPOs report financial and human resources barriers to reach the most excluded.

'Need financial help to reach & have no ability'

'Require more volunteers to reach them, like deaf-blind people are fully isolated'

They also spoke about time:

'There need to spend more time, government information don't reach to grass roots level.'

Some DPOs are not reaching the most excluded with Covid-19 information. Half of the interviewed leaders report that they are not reaching the most excluded with Covid-19 information during this time, while three report that they are reaching the most excluded and two did not respond. One DPO leader said that there is a difference between women and men in terms of the information that they are able to access. The same respondent said that he has less contact with women.

DPO MEMBERS HAVE ACCESS TO REGULAR SUPPORT, BUT THE QUALITY OF THAT SUPPORT DOES NOT MEET NEED

Most DPO members have recently received support. Interviewed DPO leaders estimate that 93% of their female members have received food or cash support from any source in the last two weeks. Based on estimates, DPO leaders report that more males than females have received survival packs. **Survival support seems to be more food than cash.** Eight of ten interviewed DPO leaders report that survival support consists of food, and two mention cash. This is consistent with findings from a concurrent survey among DPO members.⁶

Eight of the ten interviewed DPO leaders report that their **members receive survival support fortnightly or once a month.** One reports once a week and one is not sure. Interviewed DPO leaders estimate that 90% of their members have received survival support multiple times. All interviewed DPO leaders mention that survival **support recipients are selected based on economic loss or vulnerability.**

Support reaches many regularly, even multiple times based on their level of poverty and type of loss in earning, but most interviewed DPO members report that the quality of the survival support does not meet need.

⁶ Ibid.

'Rice received rice with bad smell, insufficient rice, required disability card to get relief, no cash provided as relief'

Where data is comparable, 75% of interviewed DPO leaders report that support meets need, compared to 38% of DPO member respondents.⁷ This difference is likely due to DPO leaders reporting on coverage/quantity of survival support, whilst DPO members are reporting on the quality of that support.

DPOS REQUESTED RELIEF AND TRAINING, AND NOW PERMANENT WORK

We asked the ten DPO leaders about what support they need (from ADD, government and others) in order to carry out their work during Covid-19. As seen in Figure 4, six mention food support; five, training and five, financial relief:

'More food relief and cash support is needed for low income communities'

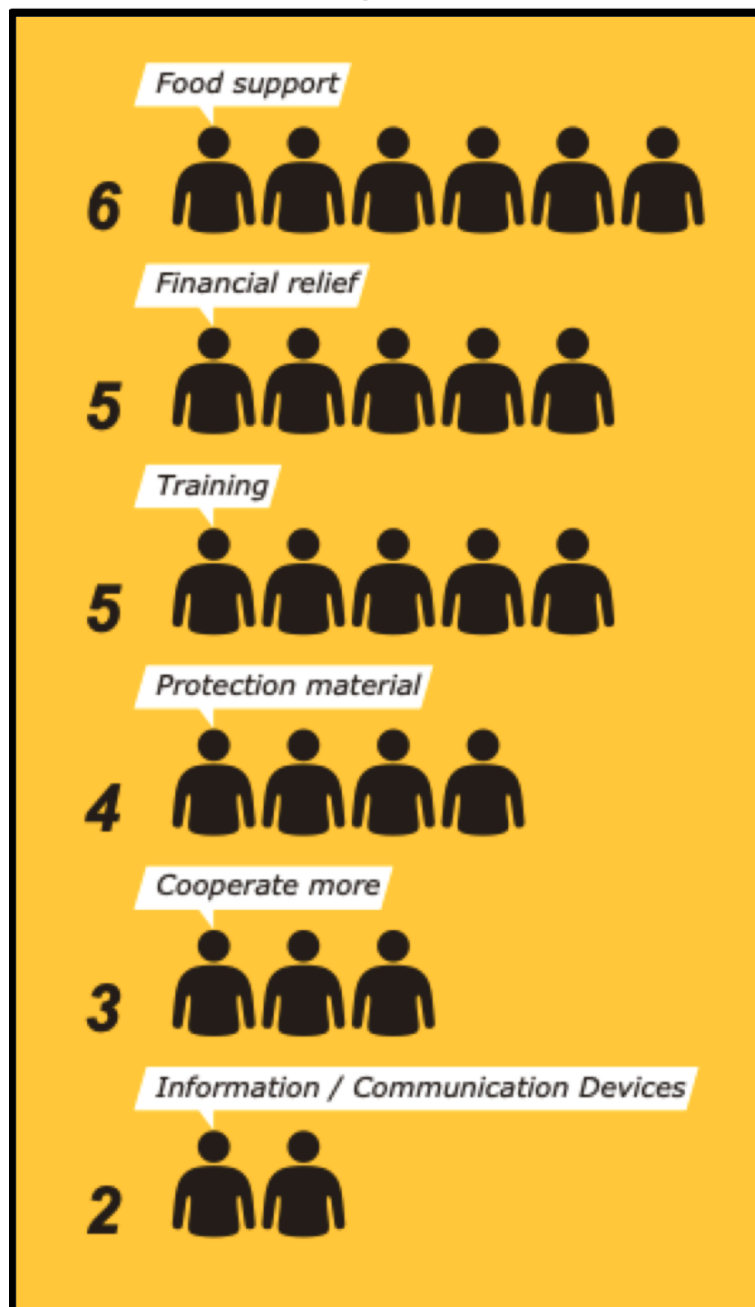
Two DPO leaders ask that the government distribute aid more equitably and inclusively:

'Government can support those material fairly to the persons with disability through DPO.'

'Many disabled people could not stand in line, the government could find them and deliver aid to their homes.'

⁷ Ibid. Differences may be due to biases arising from sample selection method.

Figure 4. What do you need to continue your work?
Number of mentions among 10 DPO Leaders



Two DPO leaders mentioned a need to *cooperate more and more from all levels*.

When asked what other support they need to carry out their work, seven of ten interviewed DPO leaders mention that they need some type of personal protection equipment (ie sanitizer, mask) and three said cash or food support. One DPO leader reports:

'It would have been better to provide ADD mask, gloves, soap.'

When we ask what other support (from ADD, government or others) they need to carry out their work, 70% of interviewed DPO leaders mention cash; 60%, food; 50%, sanitiser and 40% mention awareness raising. One DPO leader suggests that:

'ADD can support cash for the vulnerable persons with disabilities, training for the DPO staffs, government can provide food in regular basis'

Another DPO leader gave more specific recommendation on livelihood and information support:

'livelihood support for low income families with cash incentive/microfinance, ensure formal and informal employment, strengthening information system, provide communication devices'

Upon review of these results, DPOs report that these findings were accurate at time of reporting (the date of the latest information gathered for this report was mid-June 2020 and was reviewed in September 2020), but that they now mostly need permanent work. DPOs say that information on Covid-19 is not enough, and that other relief is needed, such as through transport and mobile phone cost support.

INCLUSION WORKS IS HELPING DPOS CARRY OUT THEIR WORK

Through Inclusion Works, ADD supports DPOs through training, protection materials and relief support. When we asked⁸ how ADD is helping them carry out their DPO work, 60% mentioned training or technical support, 50% said protection materials, 50% talked about being in touch (ie counselling, mobile phone, online meetings) and 40% mentioned some form of input support (cash, food, poster, financial).

All ten DPO leaders report that ADD [which is working through Inclusion Works] is helping them to support their members through providing information, with several mentioning regular communication and having received counselling, advice, guidelines and essential instruction.

'We spend some of the money ADD gives us on management to communicate with members. In addition, ADD is providing psychological support.'

'ADD is always in touch with us.'

Leaders report that helpful ADD support includes counselling, training and sharing government circulars regarding survival. One DPO leader said that ADD supports by:

'Communicating over phone with the leaders and regular counseling to protect the DPO members from COVID-19.'

RECOMMENDATIONS

⁸ NB this information was not collected by an independent third-party.

Build toward long-term recovery, but do not forget immediate relief. Food and cash were most commonly requested by DPO leaders and their members, followed by requests for training.

Strengthen DPOs. DPOs are taking action, and they are requesting support. DPOs engage with providers to access emergency survival support and longer term livelihood support for their members, and they are also taking action to support women and girls with disabilities who may be at risk of violence.

Remove transport and technological barriers to DPO work. All ten DPO leaders report facing mobility barriers to carry out their work during Covid-19 and three report technological and connectivity barriers.

Find the missing women. Women are under-represented in this report, at greater risk of violence and the data that does exist shows that women access less Covid-19 related support than men. One DPO leader said that there is a difference between women and men in terms of the information that they are able to access.

Cross-learn to reach those who are most excluded. Some DPOs report reaching the most excluded (sending relief to homes multiple times and disseminating messages to guardians), but half report not reaching the most excluded. Those that are reaching the most excluded could share learning with those that are not.

ACKNOWLEDGEMENTS

This report draws on evidence gathered with and validated by DPO leaders in Bangladesh. Data was collated and DPO validation facilitated by ADD Bangladesh MEL manager Nilima Ahmed. Overall analysis and preparation of this report was done by Andrew Christensen, Learning and Accountability Advisor at ADD International. The views, thoughts, and opinions expressed in the text belong solely to the author, and not necessarily to the authors' employer, organization, consortium, committee or other group or individual.

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