



Supporting persons with disabilities and their families in response to COVID-19: Measures implemented by Bond Disability and Development Group

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

Contents

Introduction	3
COVID-19 responses so far	5
Annex 1: Details of measures implemented by Bond DDG members	7

About Bond

Bond is the civil society network for global change. We bring people together to make the international development sector more effective. bond.org.uk

About the Bond Disability and Development Group

The Bond Disability and Development Group (DDG) is a consortium of UK-based mainstream and disability-specific organisations. Organisations within the DDG represent a large body of experience based on direct work with people with disabilities and the disability movement in lower and middle income countries, as well as advocacy and policy engagement with service providers and policymakers.

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Introduction

In March 2020, the World Health Organization's (WHO) Director-General declared COVID-19 a global pandemic, the first pandemic sparked by a coronavirus. At that time, more than 118,000 COVID-19 cases and more than 4,000 deaths had been reported in 114 countries¹. Over one year later, the impact of COVID-19 has grown significantly. By April 2021, the total number of COVID-19 cases worldwide surpassed 130 million and close to three million deaths had been reported².

While the pandemic started as a health crisis, it has also become a social and economic crisis that is expected to negatively affect many communities for years, derailing and reversing progress made towards the Sustainable Development Goals (SDGs)³. While COVID-19 has impacted all corners of society, it is the most marginalised who are especially impacted by COVID-19. Persons with disabilities are among those most at risk from the impacts of COVID-19:

- Persons with disabilities are at greater risk of contracting COVID-19. Public health information on prevention measures is often inaccessible⁴; water, sanitation and hygiene facilities are often inaccessible to some persons with disabilities⁵; social distancing and self-isolation measures are frequently unfeasible for persons with disabilities who depend upon carers⁶; and, people with disabilities in residential institutions and some humanitarian contexts often live in close proximity to large numbers of people reliant on carers and officials to prevent or respond to cases of COVID-19⁷.
- Persons with disabilities and those with underlying health conditions are also more likely to develop serious illness from COVID-19. According to the WHO, COVID-19 can exacerbate underlying health conditions which can result in more severe illness or death⁸. Older people are also at higher risk of developing serious illness or dying from COVID-19⁹. World Health Survey data shows that across 43 Lower and Middle Income Countries (LMIC) one third of people aged 50 or older have a disability, which suggests potentially compounded risk¹⁰. Attitudinal, environmental, and institutional barriers may also increase the risk of persons with disabilities developing serious illness or dying from COVID-19, including physically inaccessible health infrastructure, a lack of healthcare worker capacity to treat people with disabilities, or existing stigma and discrimination in the health sector¹¹. Some country governments also introduced guidelines and practices that could lead to discrimination by permitting persons with disabilities to be deprioritised for treatment when health systems reach full capacity¹².
- Mental health conditions and psychosocial impairments could be exacerbated due to fear and anxiety over contracting COVID-19, as well as economic and financial pressures, long periods of social isolation causing departures from established routines, family pressures and conflict.
- Persons with disabilities are also at greater risk of secondary impacts of COVID-19. They may have decreased access to necessary healthcare and medications due to pressure on the health systems and supply chains¹³. Persons with disabilities' livelihoods and/ or food security may also be disproportionately impacted by restrictions on movement, especially in LMICs where they are more likely to be in informal work or self-employed, with limited labour protections¹⁴. Persons with disabilities may also have limited access to or inadequate social protection as pressures on schemes increase¹⁵, and may face increased stigma, discrimination, neglect, violence, and abuse¹⁶.

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

People with disabilities are disproportionately represented amongst those living in poverty¹⁷. We know that people experiencing social disadvantage and marginalisation are disproportionately impacted by ill-health¹⁸ and that the impacts of COVID-19 are likely to be worse for people in lower socio-economic groups. Pre-existing barriers to healthcare, livelihoods, social protection, and education are likely to worsen both during and after this crisis.

Civil society organisations (CSOs) have played, and continue to play, a critical part in response to the pandemic. Civil society has worked to fill gaps left by governments and businesses by providing essential services and safety nets for marginalised communities, they have also worked to defend their rights, enable political participation, and challenge disinformation¹⁹. In doing so, both individual CSO's and the broader civil society sector has changed. Organisations have adapted modes of delivery such as moving work online or shifted their focus (e.g. from long-term development projects to emergency relief). Broader sectoral changes include the emergence of new voluntary associations and new partnerships, some of which focus on meeting immediate needs within communities while others seek to strengthen community resilience and/or create new social movements for political and economic change; in many cases local CSOs have stepped into a space left by larger international non-governmental organisations who evacuated staff at the start of the pandemic.

This paper is a first attempt to review the types of measures taken by members of the Bond Disability and Development Group to mitigate the impact of COVID-19 on persons with disabilities and their families, either directly or by influencing the actions of third parties. This paper is based upon the self-reported activities of members of the Bond Disability and Development Group. By sharing these activities, this paper intends to inspire and strengthen the inclusion of persons with disabilities in further responses to COVID-19, and in response to future pandemics. The report presents a summary of responses to COVID-19 that target and/ or include persons with disabilities, it does not provide technical guidance.

COVID-19 responses so far

As of 01 September 2020, Bond Disability and Development Group members had reported undertaking 46 separate measures to mitigate the impact of COVID-19 on persons with disabilities and their families. Table 1 provides a summary of the Articles in the United Nations Convention of the Rights of Persons with Disabilities (CRPD) each reported response aligns with; some responses align with multiple CRPD Articles.

Table 1: Summary of reported responses by CRPD Articles

CRPD Article	Number of responses
Article 8: Awareness raising	11

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

Article 16: Freedom from exploitation, violence and abuse	6
Article 21: Freedom of expression and opinion and access to information	11
Article 24: Education	7
Article 25: Health	8
Article 28: Adequate standard of living and social protection	7
Article 29: Participation in political and public life	1

Many more responses will have been undertaken by Bond’s Disability and Development Group members and other organisations that target or include persons with disabilities and their families. The 46 responses included in this paper are those self-reported by members of the Bond’s Disability and Development Group. Of the 46 responses reported, most align with Articles 8 (awareness raising) and 21 (freedom of expression and opinion and access to information). The responses that align with Article 8 centre around surveys, media campaigns and public service announcements designed to nurture receptiveness to and support for the rights of persons with disabilities during the pandemic as well as Organisations of Persons with Disabilities (OPD)-led advocacy for governments to address the negative impacts of COVID-19 on the rights of persons with disabilities. Responses that align with Article 21 all aim to ensure persons with disabilities have access to health information regarding COVID-19. Bond Disability and Development Group have produced information in accessible formats, including sign and audio formats and delivered it in situ or remotely, including through mobile phones and via the radio. Each response produced information directly for persons with disabilities, but to expand the reach of the information produced some Bond Disability and Development Group members shared the information with other organisations to standardise the quality of accessible information being provided to persons with disabilities and their families. In Lebanon, for example, audio versions of all COVID-19 health information issued by the World Health Organisation and Ministry of Health were shared online with humanitarian actors for further dissemination.

Eight responses align with Article 25 (health); Bond Disability and Development Group members have provided health services directly to persons with disabilities. Responses include making videoconferencing with a doctor available to persons with disabilities in lockdown, as well as eye-health centres that visit communities in lockdown to provide COVID-compliant eye-health services. A focus on the mental well-being of persons with disabilities in lockdown is a common feature in the reported responses. In the UK and Kenya, Bond Disability and Development Group members have facilitated ‘online buddying’ that links persons with disabilities for ongoing peer support and to prevent individuals from feeling isolated.

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

Articles 24 (education) and 28 (adequate standard of living and social protection) of the CRPD were also a focus of several responses reported by Bond Disability and Development Group members. The responses aligned with Article 24 mostly focused on supporting home learning; for example, through online classes and distance learning as well as providing materials for home learning. In Romania, one response focused on making school environments COVID-compliant by providing transparent face masks to school staff to mitigate the potential impact of COVID-19 prevention measures on children with hearing impairments' learning. The responses aligned with Article 28 varied widely, focusing on providing accessible water and sanitation facilities, transport, cash transfers and social protection. Several responses aligned with Article 28 focused on providing persons with disabilities in lockdown adequate food, including through emergency food parcels.

Four responses aligned with Article 16 which focuses on freedom from exploitation, violence and abuse. The responses share a common recognition of the additional safeguarding risks posed by the pandemic and the associated lockdown measures put in place. All four responses sought to strengthen understanding of the risks or abuse, as well as strengthening the reporting of abuse. In Rwanda, one Bond Disability and Development Group member established a safeguarding helpdesk designed to facilitate the anonymous reporting of cases of abuse by children with disabilities.

Finally, one reported response sought to strengthen the participation of persons with disabilities in COVID-19 response and recovery planning by facilitating their inclusion in COVID-19 response planning committees.

Half (n.23) of the reported responses were undertaken in Africa, especially Eastern Africa. Of the nine reported responses undertaken in Asia, most were undertaken in South Asia (specifically Bangladesh and India). Five responses were undertaken in Europe (including one in the UK) and three responses undertaken in both the Middle East and South America. Two of the reported responses focused on multiple countries and/ or had a more global focus.

Annex 1: Details of measures implemented by Bond DDG members

Country	Geographical coverage	Summary description	CRPD Article/ key theme
Bangladesh	National	Ensured representation of Organisations of Persons with Disabilities (OPDs) in COVID-19 response planning committees.	Article 29/ Participation
Bangladesh	National	Conducted a national survey of persons with disabilities to obtain evidence of the impact of COVID-19 on persons with disabilities, to	Article 8/ Awareness raising

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		influence the Government's COVID-19 response and recovery and to improve understanding of community members.	
Bangladesh	National	Translated COVID-19 awareness and prevention information into accessible, easy to understand Bengali, in print, audio and video formats; disseminated it to persons with disabilities through OPDs and social media.	Article 21/ Access to information
Bangladesh	National	Strengthened access to health services via a digital health platform that provided video calls to doctors, including mental health and psychosocial support.	Article 25/ Health
Bangladesh	Regional	Accessible and individually adapted hygiene solutions for COVID-19 prevention distributed to persons with disabilities and older people in refugee camps; complemented by hygiene awareness and COVID-19 prevention information.	Article 28/ Adequate standard of living
Cambodia	Regional	30 activists deployed with smart phones to help identify and support women and girls with disabilities at risk of violence.	Article 16/ Freedom from exploitation, violence and abuse
Cambodia	Regional	Conducted a survey of persons with disabilities to obtain evidence of the impact of COVID-19 on persons with disabilities, levels of violence against women and girls with disabilities and survival strategies adopted by persons with disabilities, to influence the Government's COVID-19 response and recovery	Article 8/ Awareness raising

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		and to improve understanding of community members.	
Gaza Strip	National	Remote eClasses and psychosocial support provided to children with disabilities and their families to support education and mental well-being while in lockdown.	Article 24/ Education
Georgia	National	A series of public service announcements that featured young women with different types of disabilities used to raise awareness of how persons with disabilities have been impacted by COVID-19 and the resulting stay-at-home orders.	Article 8/ Awareness raising
India	Regional	Four community-based Vision Centre's have been deployed to deliver eye tests and provide corrective glasses to people with disabilities unable to travel because of lockdown and unable to access the main hospital which is at full capacity because of the number of COVID-19 cases.	Article 25/ Health
Kenya	National	Safeguarding guidance, communication and physical therapy advice provided to parents/ carers of deafblind children.	Article 16/ Freedom from exploitation, violence and abuse and Article 25/ Health
Kenya	National	Taskforce of persons with disabilities established to monitor and advocate for disability-targeted and disability inclusive Government responses to COVID-19 and to raise awareness of challenges faced by	Article 8/ Awareness raising

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		persons with disabilities because of the pandemic.	
Kenya	Regional	Forum theatre is a creative, participatory methodology used in a university mental health project where students give drama performances interspersed with group discussions, performance interventions and narrative revisions to generate deep, personal engagement with mental health. With universities closed, online versions of forum theatre are being piloted using Instagram and Facebook complemented by online 'buddy groups' to provide peer support between students.	Article 25/ Health
Lebanon	National	Parents mentored to strengthen how they communicate with their children about the increased safeguarding risks and challenges posed by COVID-19, and to help them protect their children. Materials adapted for different age groups and impairment types, targeted especially at children with learning and intellectual difficulties.	Article 16/ Freedom from exploitation, violence and abuse
Lebanon	National	Audio versions of all COVID-19 health information issued by the World Health Organisation and Ministry of Health were shared online with all humanitarian actors for dissemination.	Article 21/ Access to information
Malawi	National	Peer support groups supported in 5 districts for people with mental health problems and their families, to create a Buddy	Article 25/ Health

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		System where individuals 'buddy up' either by phone or in person (socially distanced) to provide consistent and regular support during the pandemic. Support groups are linked to District Mental Health coordinators to provide supervision.	
Malaysia	National	Advocacy conducted to ensure Government communications on COVID-19 are interpreted using Malaysian Sign Language and that food deliveries are made to older persons with disabilities.	Article 21/ Access to information and Article 28/ Adequate standard of living
Peru	National	Food baskets provided equivalent to Government support.	Article 28/ Adequate standard of living
Peru	National	Accessible information disseminated regarding COVID-19.	Article 21/ Access to information
Peru	National	Online training and teaching provided.	Article 24/ Education
Romania	National	Accessible information regarding COVID-19 and how to stay safe distributed to persons with disabilities.	Article 21/ Access to information
Romania	National	Educational games and activities shared with parents to ensure children with disabilities continue to learn while out of school.	Article 24/ Education
Romania	National	Face masks with transparent front panels distributed to schools to assist lip reading of teachers.	Article 24/ Education

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

Rwanda	National	A safeguarding helpdesk established to facilitate the anonymous reporting of cases of abuse by children with disabilities, with accessible means of communicating incidences via phone, text message or video call for those with differing impairments. The helpdesk is complemented by national media campaigns which promote the helpdesk, inform communities of the rights of children with disabilities and advise on how to spot and report safeguarding concerns.	Article 16/ Freedom from exploitation, violence and abuse
Rwanda	National	Mentors, trained by a psychologist, provide monthly wellbeing sessions to children with disabilities during home visits to safeguard the mental health of children with disabilities. In severe cases, children with disabilities will be supported to access professional psychological support.	Article 25/ Health
Rwanda	National	Working with local governments to ensure the recent national Government commitment to construct 22,505 new classrooms and 31,932 new latrines across the country to reduce overcrowding, improve hygiene and to allow better social distancing in the wake of COVID-19 are accessible and disability inclusive.	Article 24/ Education
Rwanda	National	A child-friendly and disability-inclusive comic book resource with COVID-specific information was printed and distributed to	Article 21/ Access to information

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		help spread the message of inclusive hygiene.	
Rwanda	Regional	Delivered emergency food packages including essentials such as cooking oil, maize, beans and rice to families of children with disabilities deemed by local mentors to be most adversely affected by COVID-19.	Article 28/ Adequate standard of living
South Sudan	National	OPD led assessment conducted on the impact of COVID-19 on persons with disabilities, to generate evidence to help build a disability inclusive COVID-19 response and recovery and to improve the understanding among community members.	Article 8/ Awareness raising
Sudan	Regional	Disseminating accessible information regarding COVID-19 (including through short videos with sign language, audio messages, radio shows, public announcements from cars using microphones and information sheets), focusing on persons with disabilities in the most isolated communities.	Article 21/ Access to information
Tanzania	National	Media-focused advocacy calling for Government response to include persons with disabilities.	Article 8/ Awareness raising
Tanzania	National	Advocacy calling for Government response to be disability inclusive and to secure funding to deliver disability-inclusive/ disability-targeted responses.	Article 8/ Awareness raising
Tanzania	National	OPDs supported to lobby local Government to write off business	Article 8/ Awareness raising

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		loan debts for persons with disabilities.	
Tunisia	National	Information regarding COVID-19 in local sign language shared with persons with disabilities.	Article 21/ Access to information
Uganda	National	Practical day-to-day support provided to persons with disabilities, including transport and access to Government benefits.	Article 28/ Adequate standard of living
Uganda	National	Disability-inclusive COVID-19 information shared through radio programmes leading to pledges of funding for food and emergency supplies as well as expressions of solidarity.	Article 8/ Awareness raising
Uganda	Regional	Delivered emergency food packages including essentials such as cooking oil, maize, beans and rice to families of children with disabilities deemed by local mentors to be most adversely affected by COVID-19.	Article 28/ Adequate standard of living
Uganda	Regional	Food relief programmes are disability inclusive, with further funds raise to purchase food for persons with disabilities.	Article 28/ Adequate standard of living
Uganda	National	Online platform created for disability activists to share information about what is working in their area and what critical needs remain.	Article 21/ Access to information
Uganda	Regional	Directly supporting teachers to deliver inclusive and disability-friendly distance learning, including by printing accessible educational materials and	Article 24/ Education

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

		providing tablets to enable teachers to communicate more effectively with children (especially those who use sign language or visual cues to communicate) at home or during home visits when allowed.	
UK	National	Online platforms used for 'virtual buddying' to reduce isolation and loneliness.	Article 25/ Health
Zimbabwe	National	Network of over 400 community volunteers and school staff mobilized to reinforce preventative messages through accessible health information (including visual materials and audio information) as well as provide individual support (including through peer-to-peer support, psychosocial counselling and remote coaching to aid home-based learning).	Article 21/ Access to information, Article 24/ Education and Article 25/ Health
Zimbabwe	National	Disseminated accessible COVID-19 awareness messages in local languages through mobile phones, complementing efforts by the Ministry of Health and Child Care (MoHCC).	Article 21/ Access to information
Global		Coronavirus: My Story is a series of eight video diaries filmed by individuals from Nepal, Indonesia, Zimbabwe, and Bangladesh (and a short summary film) designed to improve understanding of the issues facing people with disabilities during the pandemic.	Article 8/ Awareness raising

Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

Global	Developed the 'community action evidence tool' for use with OPDs, and persons with disabilities, to gather evidence on the impact of COVID on persons with disabilities, their responses and survival strategies.	Article 8/ Awareness raising
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Overview of specific measures implemented by Bond Disability and Development Group members for persons with disabilities and their families in response to COVID-19

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