



ACTION BY ORGANISATIONS OF PERSONS WITH DISABILITIES ON COVID-19: EVIDENCE ON THE RESPONSE OF 39 OPDS IN BANGLADESH

This report presents evidence gathered from May to June 2020 from structured interviews with leaders from 39 Organisations of Persons with Disabilities (OPDs) in Bangladesh about their response to and the impact of Covid-19. Results were validated by OPDs in December 2020.

KEY FINDINGS

There is evidence that, as a response to Covid-19, OPDs are taking action—but they are also requesting support to do their work.

OPD ACTION

OPDs report that they are supporting women and girls with disabilities who may be at risk of violence during this time. OPDs are raising awareness on the COVID-19 pandemic and providing advice and information to their members on the nature of the virus, how it is transmitted, and how to comply with government advice on self-protection and limiting infection. OPDs are advising/counselling on violence risk, making referrals for local health services and for survivors of gender-based violence, as well as providing psychosocial support and safeguarding for its' members of persons with disabilities. To secure short term emergency survival support, OPDs are communicating with government & non-government providers¹ with regular follow-up over the phone and in-person. To reach the most excluded with information, OPDs report using phone and social media, and also informing family and friends, and meeting in person.

COVID-19 IMPACT

Leaders estimate that 60% of their members have lost most of their income as a result of Covid-19. They estimate 54% of female members and 66% of male members have lost most of their income as a result of Covid-19.

54% of OPD leaders report that their membership has not been able to get the support they need during this time. This is consistent with data from OPD member surveys, where 84% of respondents (n=91) said that Covid-19 support has not met needs. Two OPD leaders report that while relief distributions have been made, persons with disabilities were not included.

A few of the interviewed OPD leaders (8%) said that their members are at greater risk of gender-based violence due to Covid-19. 47% report that their members are at greater risk of violence at home and/or in the community during Covid-19. OPD leaders report that risk of violence is greater among those with less food and/or no income.

OPD CALL TO ACTION

In order to continue their work, OPDs request support from ADD, government and others. In their request, OPD leaders mentioned relief, including cash and food (23% of mentions), but also financial organisational support (13%) followed by information/awareness campaigns on Covid-19 (34% of mentions); sanitization and PPE supplies (13%); advice, training and technical support (10%); and medical support (7%).

¹ Social service office, District commissioner's office, Police station, Elected individuals - Ward commissioner, Parliament member & some local affluent people

METHODOLOGY

From May to June 2020, ADD International conducted structured interviews with leaders from 39 Organisations of Persons with Disabilities in Bangladesh about their response to and the impact of Covid-19 on their membership. Results were summarised and validated by OPD leaders in December 2020. These OPD leaders report a total membership of 6,699, of which 3,052 are female (46%) and 3647 are male (54%). 304 were contacted for this report which represents 4.5% of the total membership. Of these 304, 136 were female (45%) and 168 were male (55%). We discussed their priorities, response and requests for support during Covid-19. Each discussion included open and closed questions about OPD member access to information, protection, livelihood and relief support, and risk of violence during Covid-19.

FINDINGS

Do you notice a difference in levels of testing or accessing medical care between your members depending on their disability type?

Of the 13 that answered 9 said 'no', 3 said 'yes' and 1 said 'sometimes'

- *Yes, Because some disabled people have their own problems like moving, blindness and others. They need assistants but in this Corona situation assistants are not available.*
- *We haven't seen such arrangement. But what we they are doing, they are serving persons with disabilities first while attending a patient in some cases.*

What action are your members taking when they think they may have Covid-19?

Many of the answers to this question focused more on what members are doing to prevent infection, such as staying at home, hand washing etc. while some reported that no members have become infected so the question is not relevant. Those that answered reported that persons with disabilities with Covid-19 symptoms are seeking advice from primary medical providers, and sometimes getting tested, but this is often not an option. In general individuals are recovering from their symptoms, and it is assumed that many have had regular colds.

- *Communicate to get report for sample test, provide medicine support, food support & mental support, & look after for overall well being of his family*
- *No because it's difficult for test*
- *Taking the advice of a local doctor. For example, someone's fever is actually being treated by a doctor. But he has a normal fever.*

What action has your organisation taken to support your members in getting access to Covid protection and medical attention?

Of the 41 responses to this question, most (22) responded that they are raising awareness of the COVID-19 pandemic and providing advice and information to their members on the nature of the virus, how it is transmitted, and how to comply with government advice on self-protection and

limiting infection. 7 responded that they are carrying out advocacy with service providers to ensure that support reaches PWD and that medical services are accessible to PWD, with 5 DPOs reporting that they are referring their members to local health services and helping them to get attention. 2 report that they are providing sanitation supplies, 2 are providing psychosocial support, and 3 are distributing homeopathic medicine.

- *Orient the members through phone, text message, awareness building to comply with health procedures*
- *We have contacted MPs, DC Office, Chairman of Rajshahi District Council, Social Service Officer, City Corporation Mayor, ward commissioners, representatives of NGOs, local elite person in getting access to Covid protection and medical attention.*
- *We [have] motivated [members] to follow the rules of health, such as maintaining social distance, washing your hands frequently with soap and water, and wearing a mask when go out for emergency work.*
- *Helped to do sample test & get report, give mental support & look after the wellbeing of family*

How many women and girls / men and boys with disabilities has your organisation assisted in getting access to Covid protection and medical support?

Of the 39 OPDs, 27 have assisted a total of 2720 members (1342 women and girls; 1378 men and boys) to access Covid protection and medical support, while one has provided life-saving Covid information to a further 60 members. The total figure of those supported includes 1468 documented individuals assisted (177 women and girls; 1291 men and boys), plus 1252 estimated to have been assisted, where there was no documentation (1165 women and girls; 87 men and boys). In some OPDs, females get more support than males, eg in Rajanigandha OPD.

How is ADD helping you to carry out this work?

ADD supported OPDs to responded to the COVID pandemic in 5 ways, depending on local identified needs:

1. Dissemination of information & health advice: This was done through virtual communication in order to raise members' awareness of COVID 19 and to provide psychosocial support. 100% of sampled DPOs provided regular communication, support materials, virtual training, life-saving information & instructions. OPD leaders described support from ADD as follows: '*ADD field staffs make us aware to follow hand washing norms and social distance norms; ADD staff regularly with us over phone, and give us advise to follow hygiene rules.*'
2. Financial support: 56% of OPDs provided direct or indirect cash relief to their members as a result of ADD's support. ADD provided 500 taka cash relief payments to 1300 members to meet survival needs during the pandemic, in addition to project implementation support costs to help OPDs to meet the additional communication costs.
3. ADD provided medical support or helped to communicate with health service providers.
4. ADD supported 5 (12.8%) OPDs in engaging with relief providers, including gathering up to date information on members and submitting their details to relief providers in order to

access support: *'ADD staffs also give us different advice for building linkage with Local Government Institution, Non-government sources or local elite or social activists for managing support.'*

5. 8% of OPD respondents reported that ADD directly contacted service providers to encourage them to provide them support directly to OPDs.

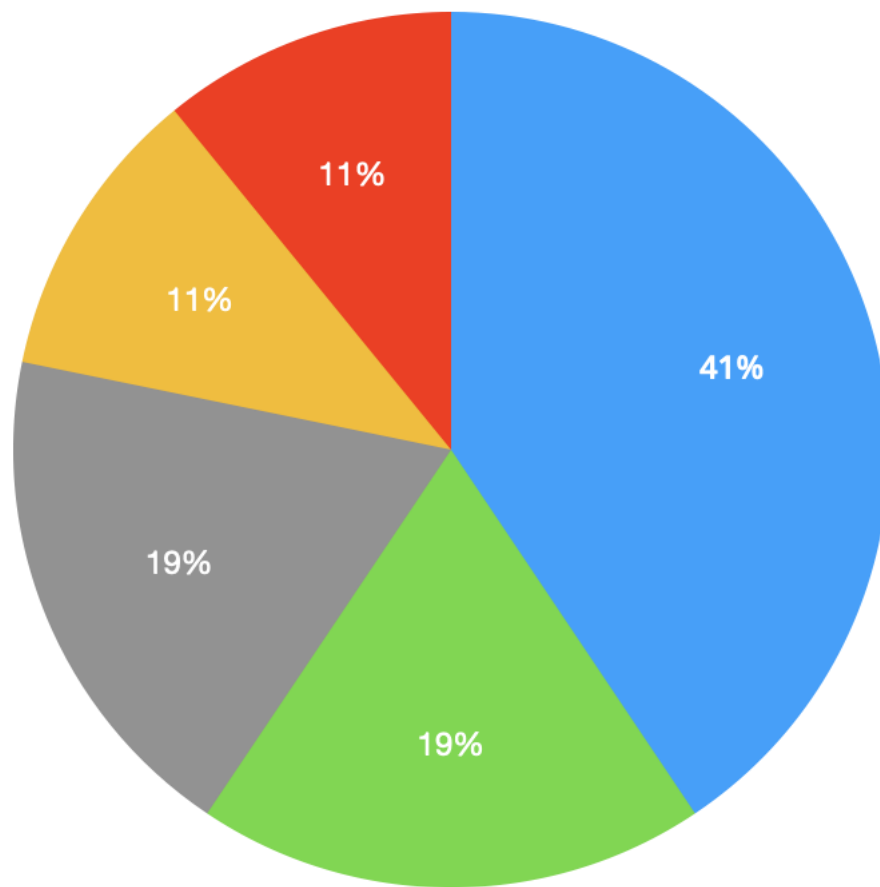
What other support (from ADD, government or others) do you need to carry out this work [on medical access and protection]?

Responses to this question from 27 out of 39 OPDs can be grouped into 5 categories:

1. Financial help with medical support (11 responses)
2. Access to free treatment & medical support provided by government & NGOs (5 responses)
3. Negotiating special arrangements for persons with disabilities (5 responses)
4. Training of DPO executive members on COVID prevention and providing protection materials (sanitizer, soap, mask, PPE) (5 responses),
5. Other support: cash and food relief; protection materials; awareness raising

Among these answers, a significant proportion (59%) of respondents mentioned medical support with financial help or free medical support and treatment for other conditions. It was expected that this support should come mostly from the Bangladesh government, but also from non-governmental organizations. As one respondent mentioned: *'Government should provide full medical support to persons with disabilities if anyone of them is affected with COVID-19. Also carry on awareness programme. If possible, ADD can do awareness campaign & can provide treatment support.'*

OPD support needs to carry out their work on medical access and protection (proportion of mentions)



- Financial & Medical support with protection materials/Medical support
- Training of DPO executive members & arrange protection materials
- Free treatment & medical support by governemnt & NGOs with other facilities
- Special arrangements for persons with disabilities
- Others (financial & food support, protection materials, awareness rising)

How are you staying in touch with your members during this time?

All but one OPD respondents answered this question, and they mentioned the following means of staying in touch with members:

- Mobile phone – mentioned 30 times
- Texting – 7
- Social media/ online – 17
- Via community leaders or neighbours – 6
- In person (maintaining distance) - 5

What are you doing to stay in touch with the most excluded members (because of their age, gender, location, disability type etc)?

Of the 39 DPOs, only 14 responded to this question. Responses here were similar to the previous question, and no specific information was given about measures taken to respond to the specific barriers faced by more excluded persons with disabilities, other than to communicate through family members. One respondent mentioned that lists of persons with disabilities in need of support are prioritised according to need.

- *We are also trying to reach them with cell phone. Sometimes we communicate with their family members. If not possible we try to visit their places.*
- *To get relief & other support, provided list of names on priority basis*

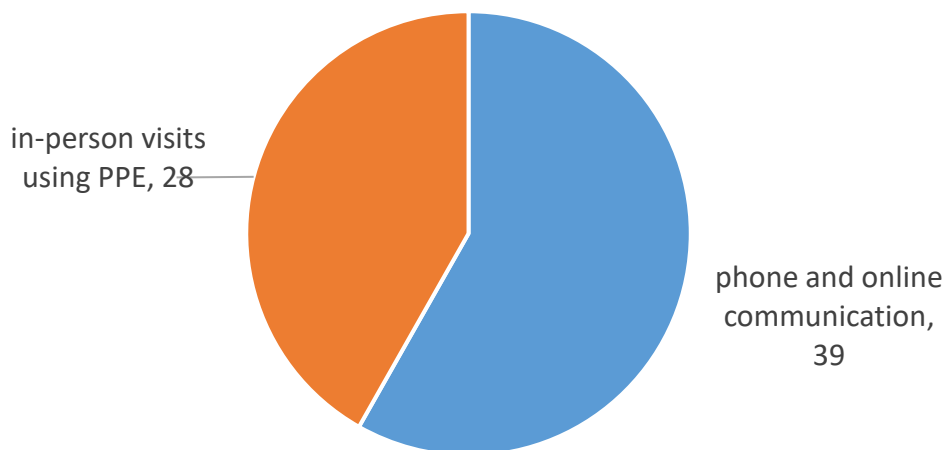
Upon OPD validation of this report, leaders indicate that they also visit households to solve any unusual problems.

How is your organisation operating during Covid-19 restrictions? (e.g. how are leaders or staff communicating with each other / carrying out DPO work?)

Respondents report that they are trying to work as much as possible by phone and social meetings, or online for meetings and trainings. While these forms of communication were essential in keeping activities going during the COVID-19 restrictions, 85% of OPDs found difficulty using them because of the cost of frequent contact, connectivity problems, and lack of smart phones. Sometimes they meet briefly at the office or at relief distributions, and it is also necessary to engage with powerholders in person. They try to manage face to face meetings in a way which observes social distancing, using PPE, or keeping meetings short.

- *We are operating our organization to maintain social distance, avoid people gathering and insure communication over the internet and phone call.*
- *In this situation, we are doing our most organization activities by mobile. But to influence & to advocate different government officials or non-government suppliers we are needed to meet with them in person*
- *DPO members, service providers are persons and organizations to communicate with the phone. And sometimes physically is going to work. Such as submitting the list of names of members to get support, contacting Upazila and Union Parishad etc.*
- *DPO leaders are staying in touched by online meetings and social networks , group calls and also if needed they are psychically communicating with each other maintain social distance*

OPD means of communication with members during COVID-19 (number of mentions)

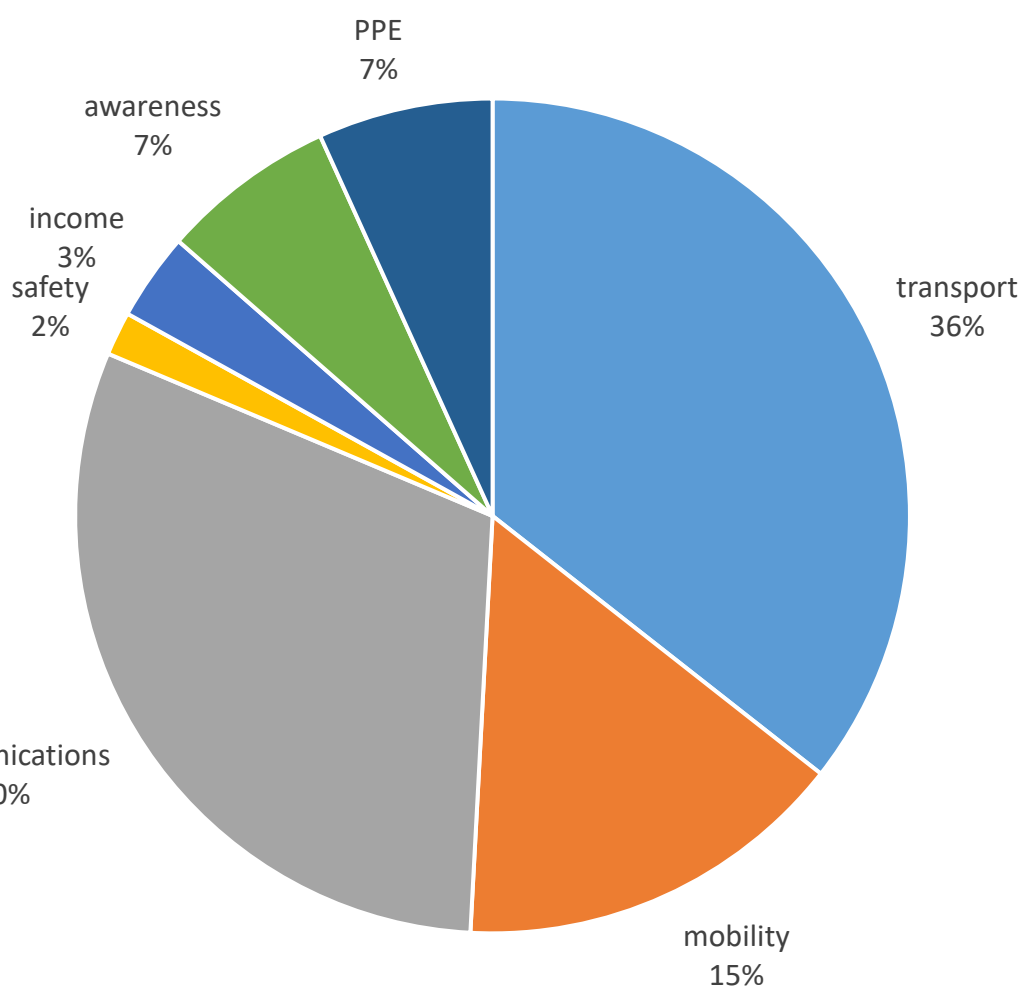


What are the practical barriers you face in carrying out DPO work during Covid-19? (e.g. mobile phone / internet / transport and mobility)

The main barrier mentioned was lack of transportation (mentioned 20 times) as transport systems were adversely affected by the pandemic in all regions. Furthermore, there were fears associated with using public transport during the pandemic where it is common for 4 or more people to share a small rickshaw. A further barrier was the range of communication difficulties (mentioned 18 times) including access to equipment and a reliable network, and problems charging devices. Mobility challenges were mentioned 9 times but it is not always clear if this relates to lack of transport or other mobility barriers related to impairment. Difficulty getting the personal protective equipment needed to protect themselves was mentioned 9 times, while lack of awareness of the importance of social distancing among the general population was mentioned 4 times as a barrier to OPDs carrying out their work in a safe way, particularly in situations where persons with disabilities need support from others when moving around. 2 people mentioned that their own lack of income during the crisis was a barrier to carrying out their work.

- *Our main barrier is transportation problem. So the things become more harder for us. As mentioned above we don't have much protection materials while going out. May be few of us have smart phone but most of our members don't have smart phone to communicate. It is also to mention about low or no mobile network, slow and costly internet connection etc.*
- *Our main barrier is transportation problem. It takes quite a lot of time to get a transport. Also the places are not accessible for us for doing DPO work. Sometimes we need support from people, which is not safe during the COVID situation.*

Practical barriers faced in carrying out OPD work during COVID-19 (number of mentions)



In what ways is your organisation engaging with providers to get emergency survival support & long term livelihood support to your members?

OPDs are using 3 strategies to communicate with government & non-government providers² to secure short term emergency survival support:

1. Regular phone contact with service providers to build good relationships and inform them about the needs of OPDs and their members. A small number of OPDs are also making in-person visits for this purpose.
2. In-person visits to service providers offices when there are specific opportunities for emergency survival support to be distributed
3. Regular follow-up by phone to check the progress of survival support.

² Social service office, District commissioner's office, Police station, Elected individuals - Ward commissioner, Parliament member & some local affluent people

Respondents described how they had engaged with providers:

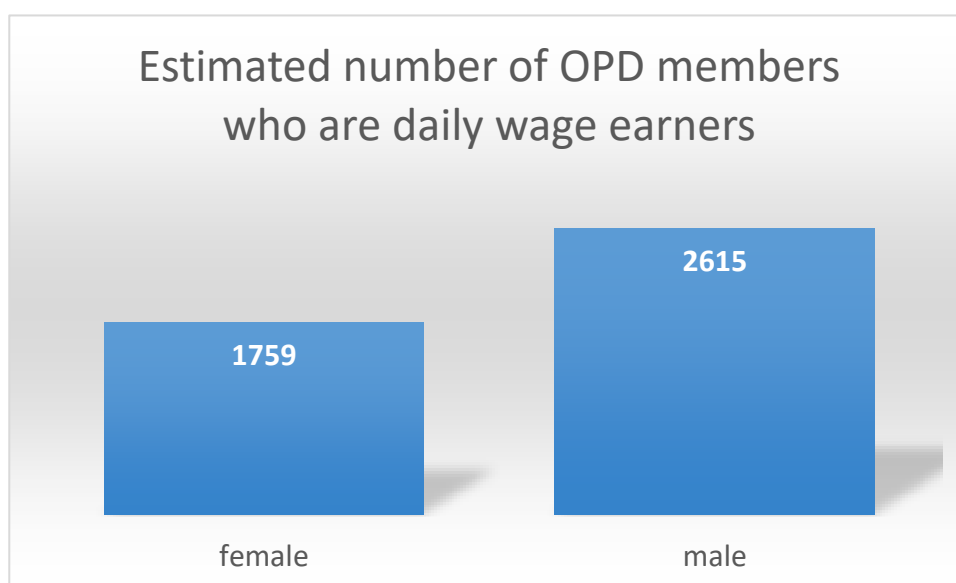
- *We leaders sometimes physically visit MPs, City mayors office or residence, ward commissioner's office, DC office, Police commoner's place to convince and sensitize them for arranging assistance for persons with disabilities.*
- *Regular contact, listing names, making written applications and contacting the district administration hotline number etc.*
- *DPO's leaders are engaging local government, NGO and high profile business person to provide survival support the dpo's members.*
- *We have talked about the plight of people with disabilities in various organizations, they have helped people with disabilities in terms of cards and applications*

These same strategies are used to try and secure longer-term livelihood support, with OPDs using the same contact opportunities to seek both short and long-term support. Most of the OPD's efforts are currently concentrated on short term emergency support, as this is currently the source of most assistance.

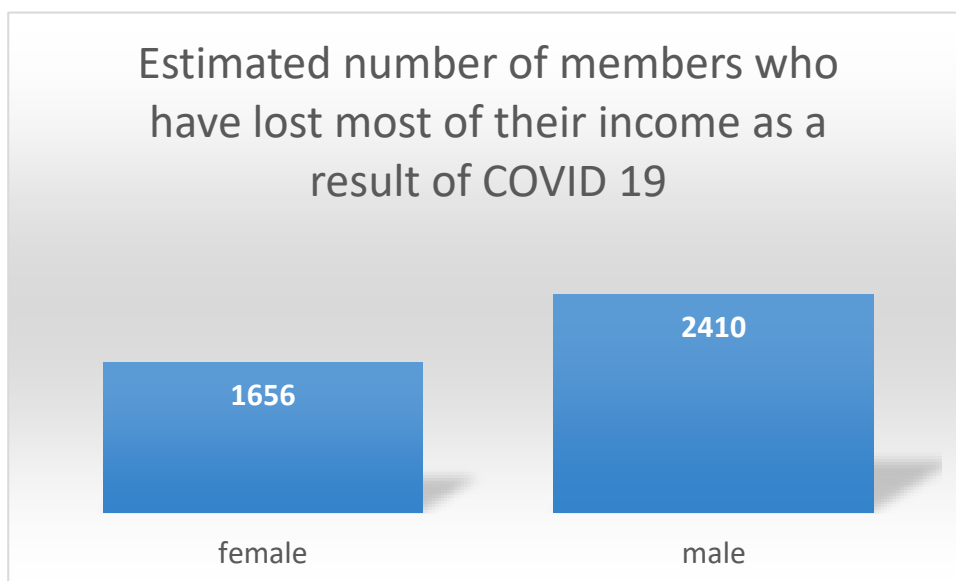
One OPD leader reflected on their efforts to get both short and long term support:

- *Short term help: We mainly engaging with service providers via mobile phone. We leaders sometimes physically visit MPs, City mayors office or residence, ward commissioner's office, DC office, Police commoner's place to convince and sensitize them for arranging assistance for persons with disabilities.*
- *Long term support: Same way we are trying to influence the local government to get longer term livelihood support to our members. We are look at the other resources also.*

How many of your female/male members are daily wage earners (informal day labourers who have minimal or no savings)?

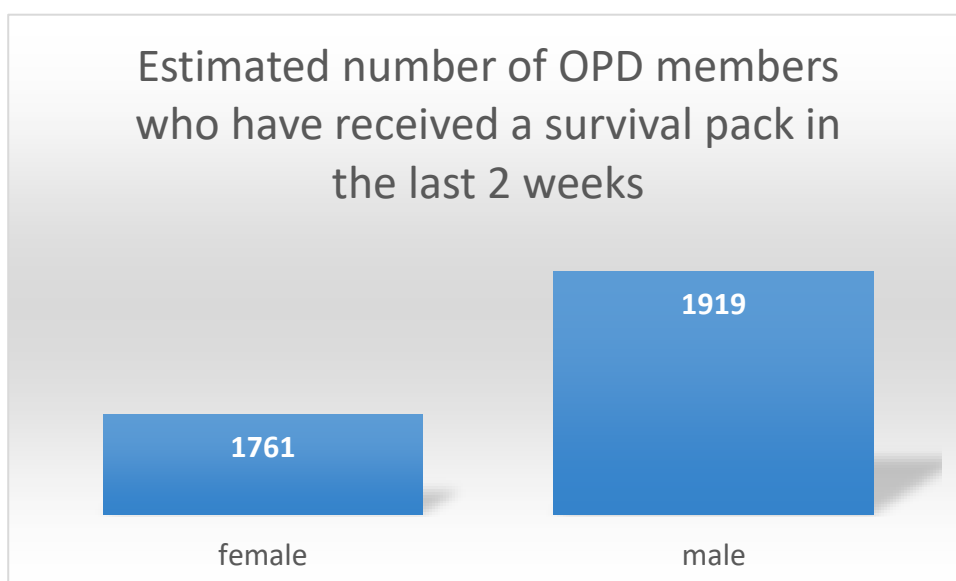


How many of your female/male members have lost most of their income as a result of Covid-19?



How many of your members have received a Survival Pack (food or cash support from any source) in the last two weeks?

Some OPD respondents were able to give exact numbers of members who had received a survival pack, while some reported estimated numbers. 6 OPDs replied that they were 'not sure', and this has been logged as '0'.

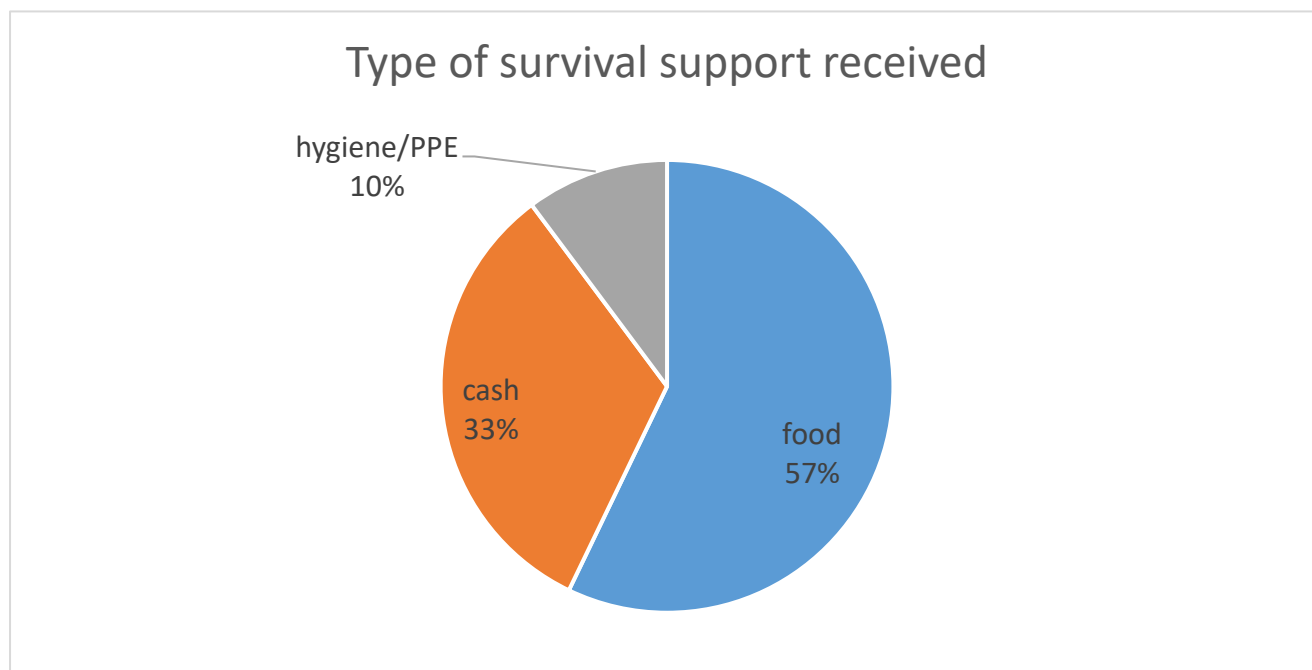


Upon OPD validation of this report, leaders indicate that warm clothing is now being distributed for the winter season.

What type of survival support is being distributed?

32 out of 40 respondents reported that their members had received survival support of some kind, and responses can be categorised into:

- **cash support** (amounts not specified) – 16 mentions
- **food support** (e.g. rice, potato, lentil, oil, onion, salt, flour, sugar, powdered milk, vermicelli) – 28 mentions
- Hygiene and **PPE support** (e.g. soap, masks, sanitiser) – 5 mentions



On average, what is the quantity of support received by your members?

For responses relating to cash support it is not clear if the figures given are for individual membership or for total membership. However, where individual amounts are specified they range from between 300 BDT to 2,500 BDT – although it is not clear what period of time this sum is intended to cover.

For responses relating to food support, again it is not clear if amounts given are for individuals, households, or total membership. Some answers give total weights, and some specify weights for different foodstuffs. The range of food weight most often cited was between 1-10kg, and between 5-10kg. Again, it is not clear what period of time this food is intended to cover or for how many people.

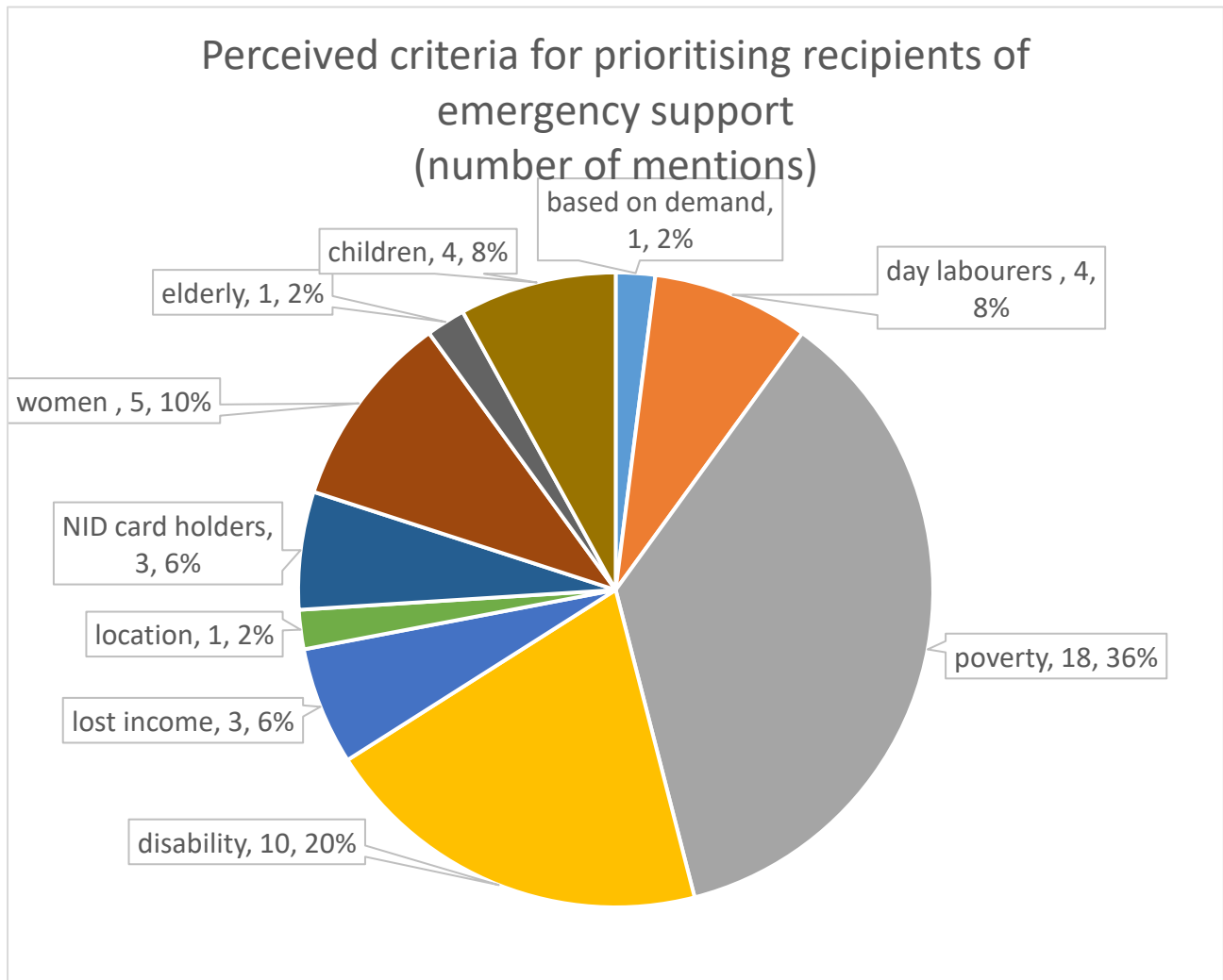
How were recipients of survival support selected?

Answers to this question combined information on the perceived criteria used to make decisions about who should receive survival support, as well as information on who decisions are taken by:

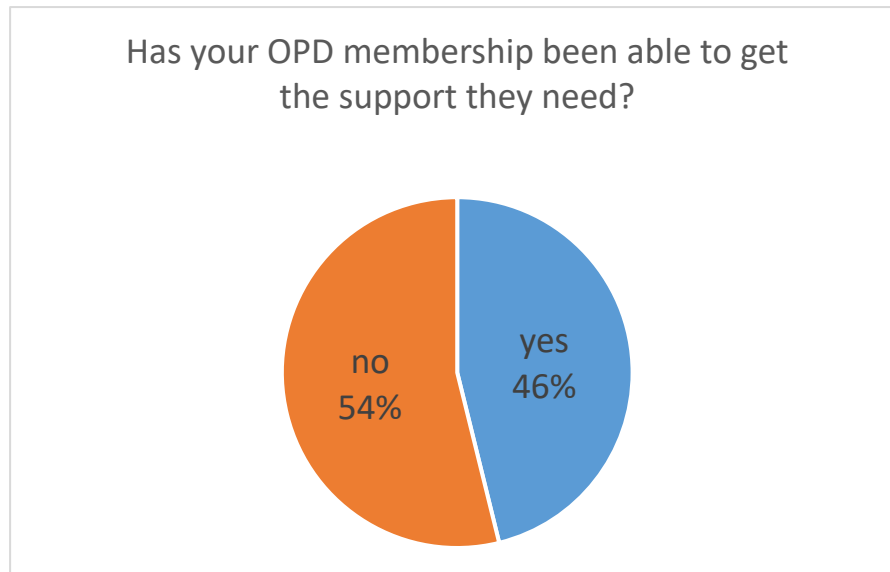
- 5 respondents said that selections were made by OPDs

- 3 respondents said that selections were made based on information held by local government institutions

The most frequently mentioned criterion for selection was poverty (36% of all mentions), followed by disability (20% of all mentions), with many of these specifying 'extreme' forms of disability. OPD leaders during validation of this report prioritising persons with 'extreme' forms of disabilities, then women, followed by those who have lost their means of earning.



Has your OPD membership been able to get the support they need?



Upon validation, some OPDs disagreed with the finding that most have not been able to get the support they need. Some leaders indicate that 95% of their membership have been able to get the support they need.

If your OPD membership has not been able to get the support they need, why is that?

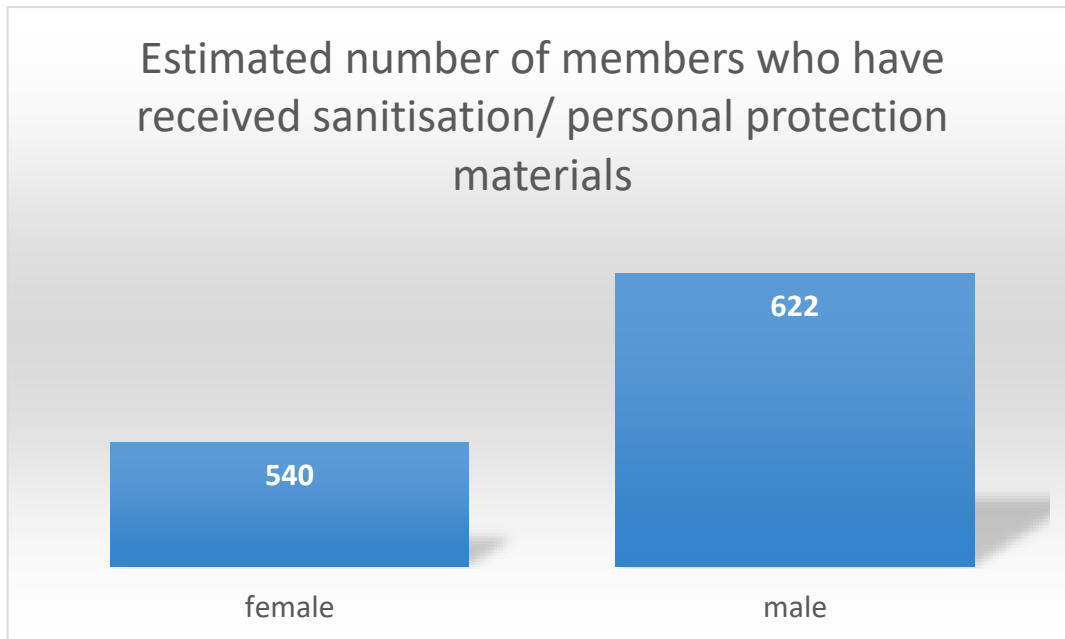
Of the 17 responses given, 5 respondents said that there had been no distributions, while 10 referred to the limited amount of support provided which was not enough to meet persons with disabilities’ need. 4 described problems with management, while 2 reported that, while relief distributions had been made, persons with disabilities were not included.

- *Considering to their need it is not enough. Because these are not long term solution rather these are support for few days.*
- *It’s very difficult to manage chairman & Members*
- *Only once has the relief assistance been given. And the disabled beneficiaries are not given relief.*

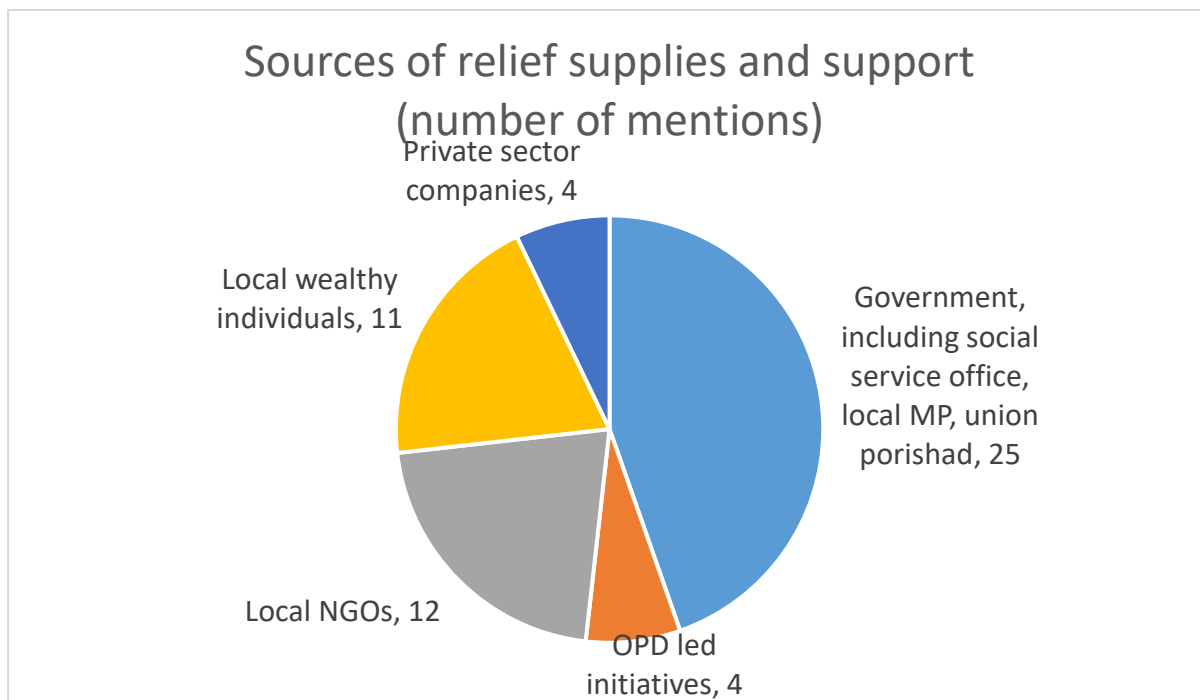
Upon validation, some leaders indicate that access barriers are due to inaccessible communication, need to provide updated lists and lack of representation on relief distribution committees.

How many members have received sanitization/personal protection materials?

Some OPD respondents were able to give exact numbers of members who had received sanitisation or personal protection materials, while some reported estimated numbers. 9 OPDs replied that they were ‘not sure’, and this has been logged as ‘0’.



What are the sources of the supplies and support being distributed locally?



Sources of supplies vary by area, with some mentioning limited support from social welfare office, but more support from the DC office, mayor’s office and from parliament members.

How is ADD helping you to carry out this work [on access to survival support]?

It appears they may have been some confusion over the question as some answers indicate the respondent is talking about what they want ADD to do rather than what ADD is currently doing (e.g. ‘more financial and medical support’). However, 16 described the advice or ongoing accompaniment

which ADD provides, and many (12) reported that they value the information which ADD provides (*Wherever help is available, ADD staff help with the news*), and the role ADD plays in brokering links with providers and other governmental and non-governmental actors (10). Some (6) mentioned the advocacy role which ADD plays in promoting awareness of the needs and rights of PWD among powerholders at different levels (2 specified national level). Some (7) described financial/cash support, but it is not clear if this refers to ADD funding for OPD costs or ADD's support in getting access to cash relief for OPD members. Similarly, some (3) mentioned 'medical' support, but it seems likely that this refers to ADD's support in getting access to medical support from local providers. 1 mentioned ADD's support in report writing, and 1 said that they had received no support at all.

- *ADD staffs also give us different advices for making linkage with [local government], Non-government sources or local elite or social activists for arranging the support. ADD staffs also communicate directly with district social officer, ward commissioner, local NGOs or others to arrange support for persons with disabilities. ADD also mention us the importance of inter-DPOs relationship during different situation of disability movement especially during a crisis moment.*
- *ADD is always beside us while carrying our work for accumulating the support. They are encouraging us for meeting with different support providers. They also communicate with LGI representatives, businessmen, elite persons, other NGOs to provide support to our members and other persons with disabilities.*

Upon validation, some OPD leaders report that ADD Bangladesh helped, but also that other larger OPD partners did not help further, because they are not aware of the local level.³

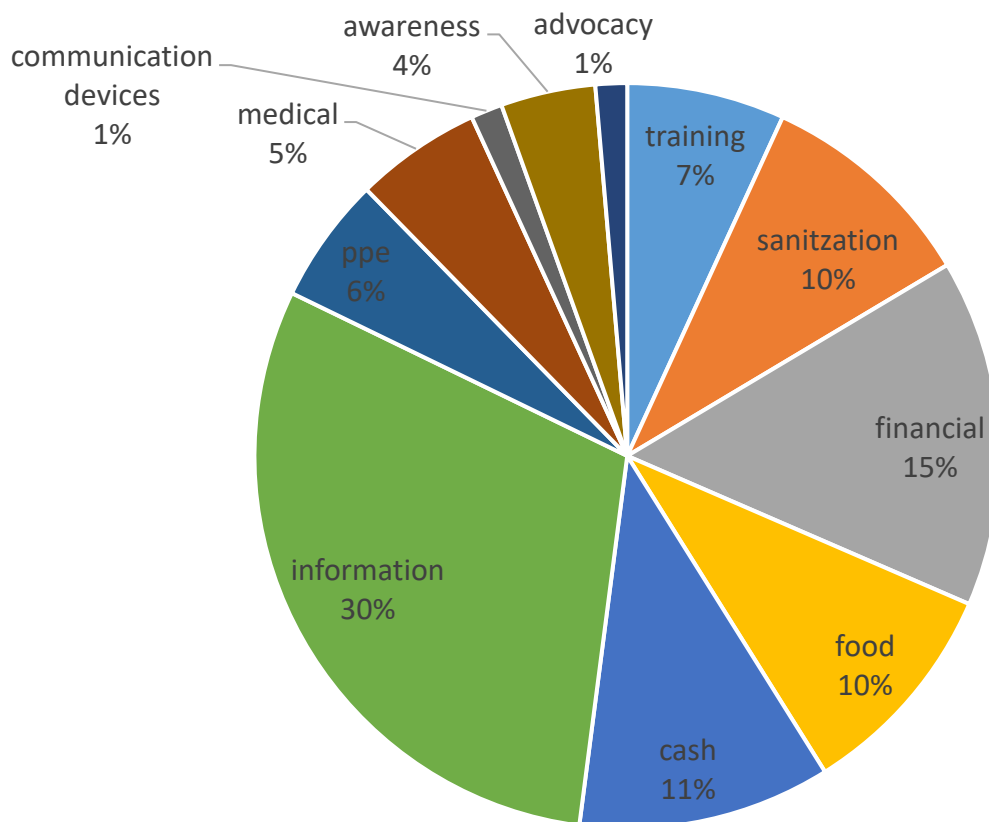
What other support do you need (from ADD, government or others) to carry out this work?

The responses include a mix of what members need and what OPDs need to carry out their work, and the answers also imply that respondents were thinking about general support rather than specific support for their work on accessing sanitization and PPE. It is not clear from the responses what OPDs are expecting from which different actors (ADD/others), and some answers indicate that not all OPDs are aware of the limits of the scope of support which ADD can provide.

The different types of support OPDs mentioned that they need have been categorised and the chart below indicates the priority given to different types of support. It is assumed that 'financial' refers to funding needed for OPD running and activity costs, while 'cash' refers to cash relief for persons with disabilities.

³ ADD International conducted the interview, which may have influenced responses to this question.

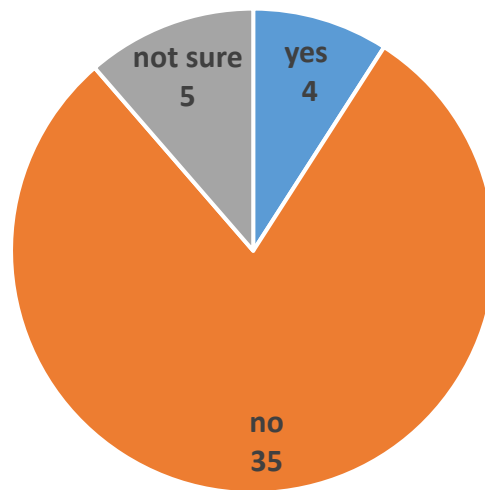
Support OPDs need to carry out their work accessing PPE/sanitization



Upon validation of this report in December 2020, some OPD leaders say that support on getting medical treatment should get more concern. People avoid Covid tests due to the hassle and thus need more support to make the test.

Are your members at greater risk of experiencing gender-based violence due to Covid-19?

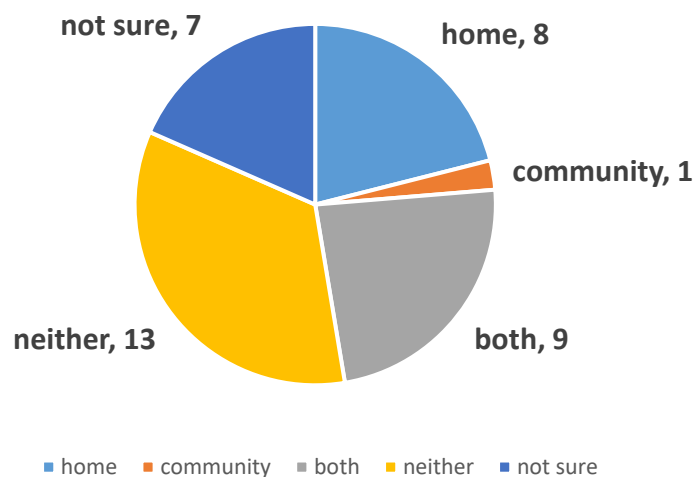
Are your members at greater risk of gender based violence due to COVID-19?



Upon validation of this report in December 2020, OPD leaders indicate that risk of gender based violence is seen less at the community level, but more at household level. They say that risk of violence is greater for those with less food or no income.

During Covid-19, are your members at greater risk of violence at home, in the community, both or neither?

During COVID-19 are your members at greater risk of violence at home or in the community?



What additional risks of violence, if any, are your members facing during Covid-19?

Most respondents did not engage with this question, with just 1 replying 'yes' (we can assume this means that there is an additional risk of violence) and 1 'no'. Just one full answer was given, and implied that trying to earn raises the risk of violence (although the translation may be unreliable).

What action can be taken (and who by) to reduce the risk of gender-based violence among your membership during Covid-19?

Only 10 respondents answered this question, with 8 responding simply 'local government' or 'police', implying that responsibility for reducing risk of GBV is with these bodies. 2 responded that OPDs have a role in building awareness of GBV among members and providing counselling. Some OPD leaders indicate that there is a need to arrange for earning opportunities in order to reduce risk of violence.

What action can be taken (and who by) to support survivors of gender-based violence among your membership during Covid-19?

Just 7 responses simply stated 'local police/ administration/ government', implying that these DPOs would refer survivors of GBV to local service providers.

Are you aware of existing support services for gender-based violence?

All 39 OPDs responded that they were aware of existing support services for gender-based violence.

If yes, are existing support services accessible to your members?

All 39 OPDs confirmed that existing services were accessible to their members.

If they are not accessible, in what ways are they not accessible?

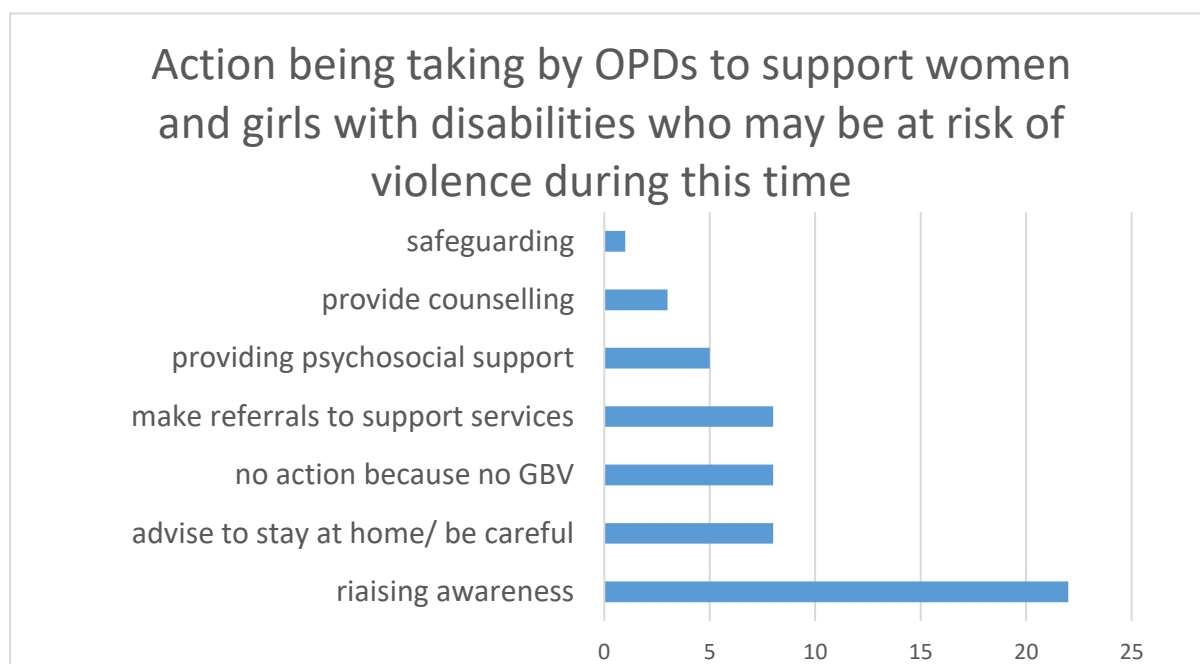
Not applicable.

What actions is your organisation taking to support women and girls with disabilities who may be at risk of violence during this time?

22 respondents described carrying out awareness raising with members, their families, and with service providers in the community. 8 said that they have told members that they will help them to address any issues of violence by giving support at family level or referring to local authorities or service providers. A few said they would provide psychosocial support (5) or counselling (3), while 6 said that they had advised their members to stay at home or to 'stay careful'.

- *We are very cautious on this issue. When we meet with our members while providing assistance we ask them about their situation and ask them if any gender-based violence is happened to them or not. Sometimes we meet with the guardians of our members. We assured them if any gender-based violence will take place, we inform the police in writing, local elite person or member of local government etc.*

8 respondents stated clearly that they did not think any of their members were experiencing violence, and there was an implication that concern about this issue is coming from ADD rather than from within the OPDs; *'No issue happens in our place. ADD is giving us advice to communicate with our OPD members and the family more regarding this issue.'* However, one reported that they have appointed someone to lead on safeguarding: *'We have selected safeguard focal person who can take handle the violence during this time'*



Is your organisation receiving official and up to date Covid-19 health/prevention messages?

All 39 OPDs responded that they were receiving official and up to date COVID-19 health/prevention messages.

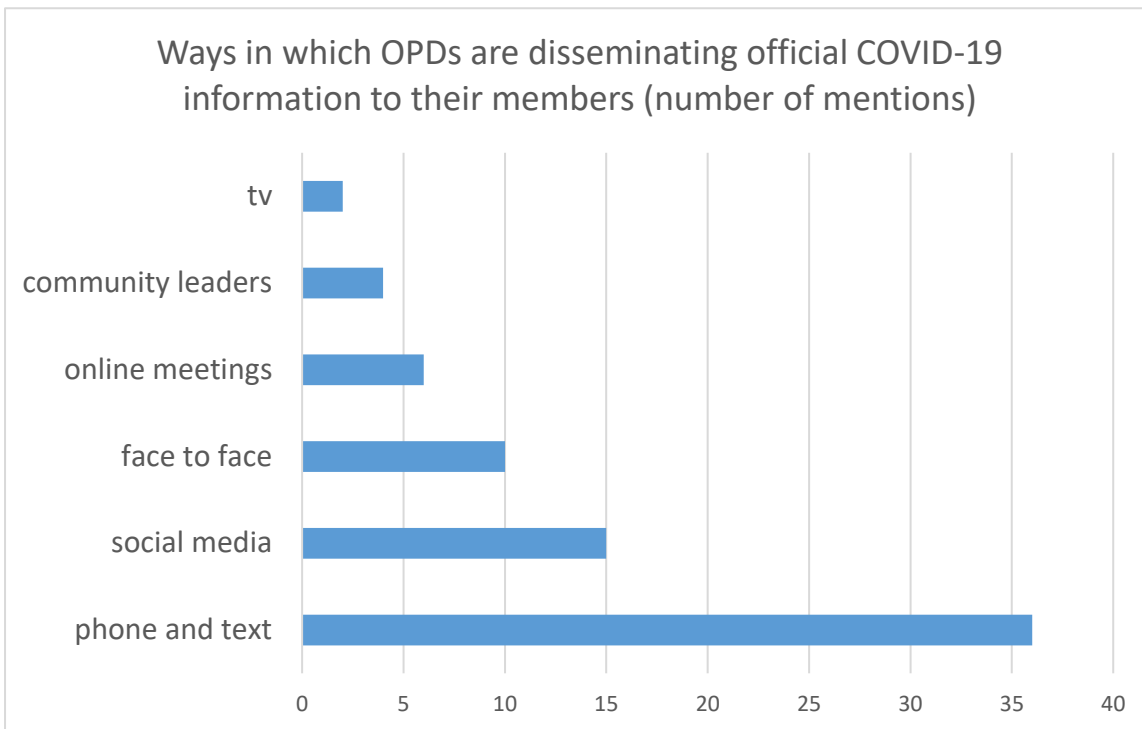
Is this information accessible to all your members?

Of the 39 OPDs, 34 responded that information was accessible to their members, while 2 reported that it was not, and 3 said that they were not sure.

If not, please give examples.

The four answers given all relate to lack of smart phones or other ways of receiving health/prevention messages.

Is your organisation disseminating official information? In what ways?



Is your organisation reaching the most excluded with this information? In what ways?

Responses to this question were similar to the previous question, with most reporting using phone and social media. However, some mentioned the importance of engaging with the family of the most excluded persons with disabilities: *‘trying to reach them by phone, if not possible we inform them via family and friends. Sometimes we meet them in person.’*

One respondent described how lack of transport makes it difficult to reach the most excluded: *‘We are trying but it is not happening. Our transportation system is not good.’*

9 responded that ‘no’ – they are not reaching the most excluded.

Upon validation in December 2020, some OPD leaders report that most messages reach everyone, but it is difficult to reach those with more profound disabilities, mostly because they do not use mobile phones. Women also face barriers to information access, as most do not have access to mobile phones. Efforts are made to reach excluded groups through guardians or other family members.

How many persons with disabilities have received the information you have disseminated?

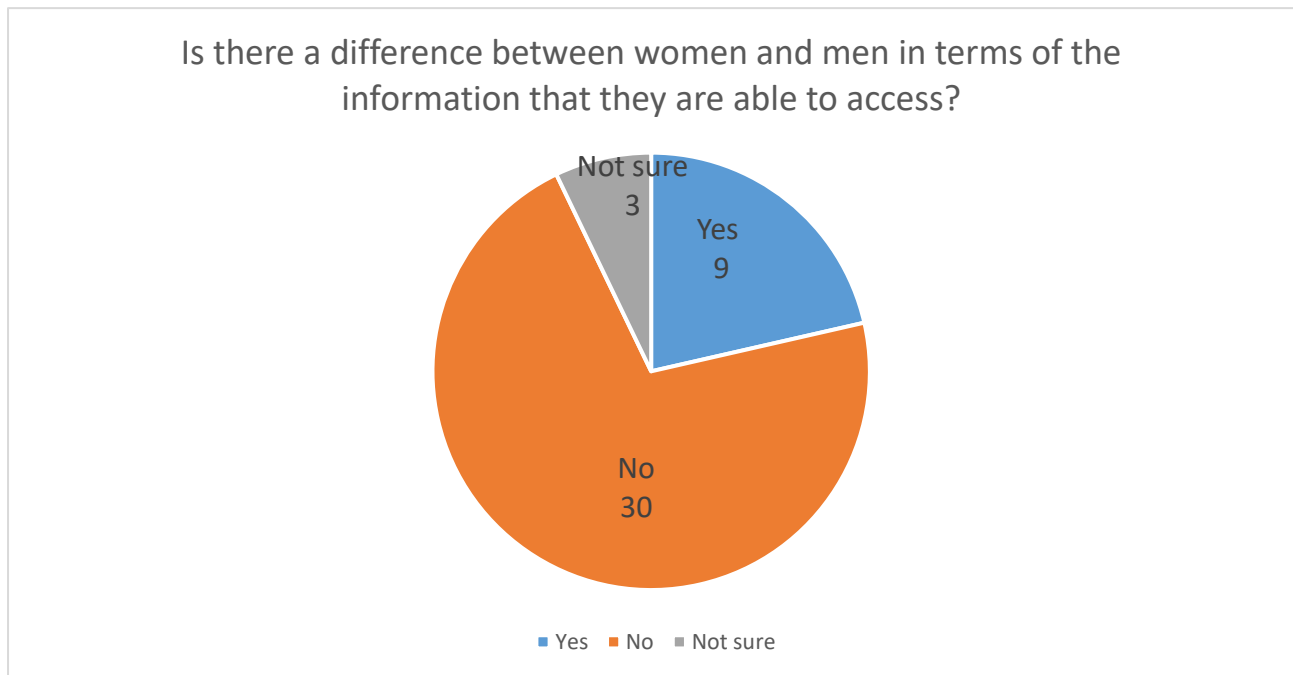
28 OPDs answered this question, 23 of which gave estimates of numbers of persons with disabilities reached.

A total of 6085 are estimated to have received the information disseminated.

Of this total, 5421 were estimated, and 664 non-estimated.

This equates to an estimated average of 217 persons with disabilities per OPD reached with the information.

Is there a difference between women and men in terms of the information that they are able to access?



If yes, why might that be?

The only answer given here is 'My contact with women is low'.

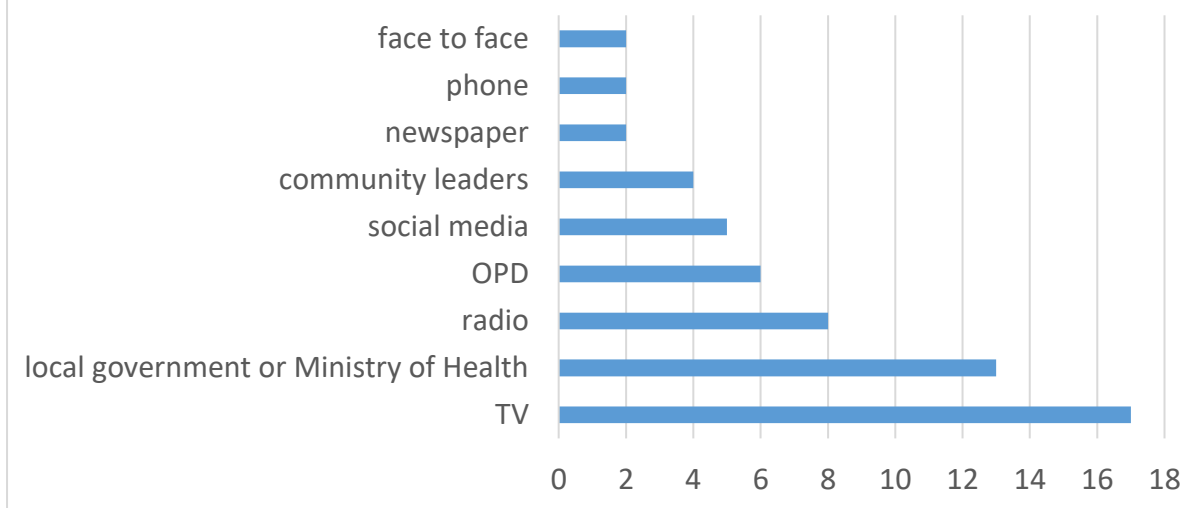
Is your organisation engaging with local providers to try and make public information more accessible to persons with disabilities?

34 responded positively, and 2 said that ADD was doing this work.

- *We try to communicate local providers to try and make public information more accessible to persons with disabilities. Like we meet with union member last week and tell him to make public information more accessible to persons with disabilities*
- *Yes, We are engaging with local providers. What are doing we talk to them over mobile phone and influence them for providing these information. Sometimes we meet with them in person too.*

What sources of information are persons with disabilities mostly using to get life-saving information?

Sources of information used by persons with disabilities to get life-saving information (number of mentions)



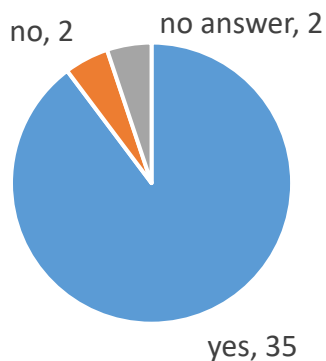
Are all your members able to act on the information they receive to protect themselves from Covid-19?

35 responded 'yes', 2 did not answer. However, it is not clear if the question was well understood, as several of the answers refer to ways of sharing information rather than acting on it. Others were clear that behaviour had changed:

- *Yes they do. They always use mask while going out and keeping social distance. Wash hand with soap frequently.*
- *Yes, members are aware on protection issue and maintaining procedure as well*

2 said 'no': *'not, because of most vulnerable and mental disability.'*

Are all OPD member able to act on the information they receive to protect themselves from COVID-19?



Upon validation, OPD leaders report that those with more profound or intellectual disabilities face difficulties in acting on the information they receive.

How is ADD helping you to carry out this work?

In responding to this question, OPD leaders referred to general support which ADD is providing to OPDs, rather than specific support on OPDs engaging with providers to make information more accessible to persons with disabilities – just 2 of the answers mention this aspect of work specifically: *'to make leaflet/sticker & need promotion'*. At least 4 of the answers imply they are talking about what support they want in the future e.g. *'more financial support'*.

- *ADD is providing us information regarding COVID-19. ADD staffs aware us against COVID-19. They give emphasis on following social diastase norms and hand washing norms. ADD also let us inform from where we can able to accumulate our survival packs or sanitization packs. They also communicate with the authority to prove information to all hard to reach persons with disabilities.*

Upon validation, OPD leaders request increased support in getting medical treatment. They also request support with sending government circulars through facebook and email, which would be helpful as a reference in contacting other types of providers.

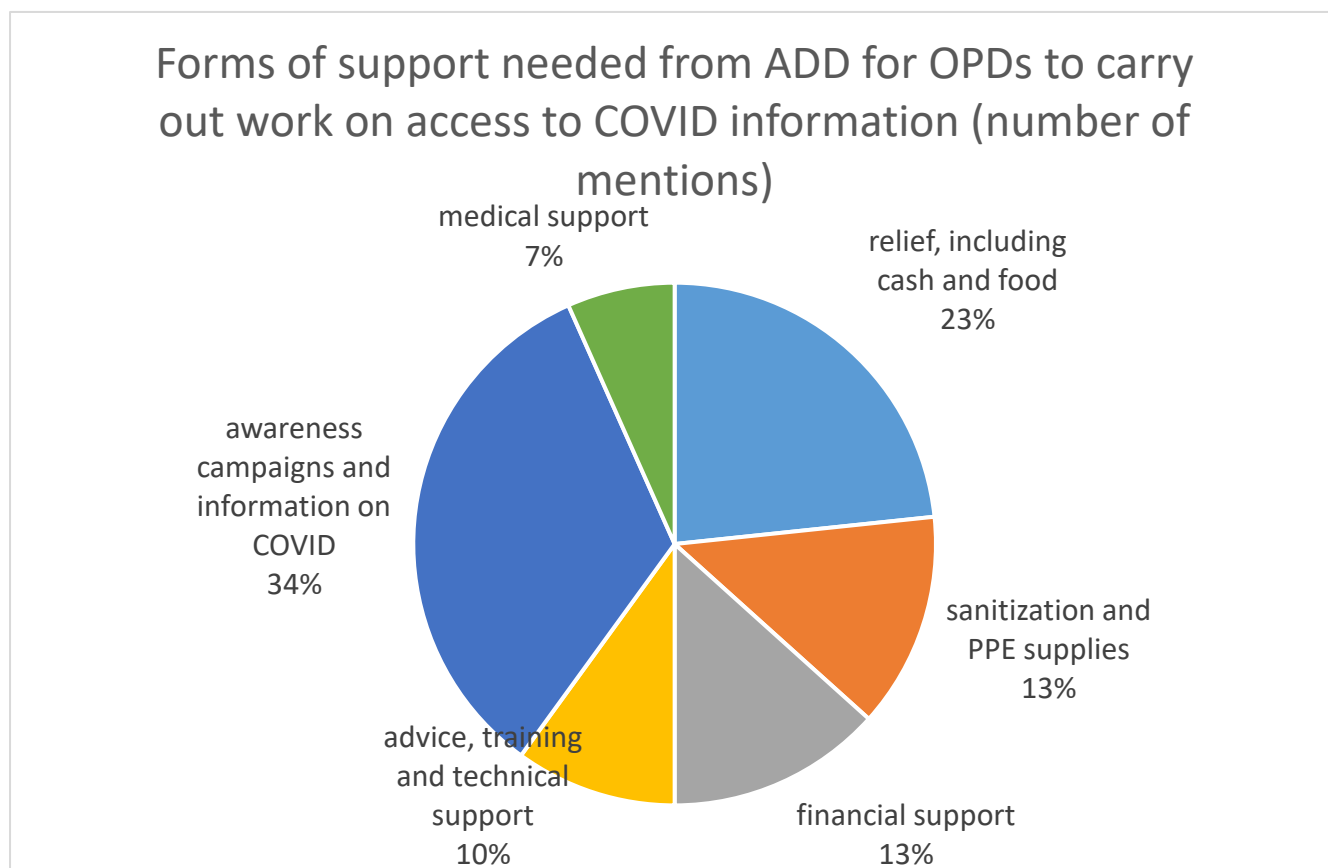
What other support do you need (from ADD, government or others) to carry out this work?

As with previous questions, responses here tend to focus on general support needed rather than specific support for DPOs work on dissemination of information in accessible formats.

- *We want more awareness campaign from government. Also want more support from ADD.*
- *Government provided information to the persons with disability should be in accessible to all. Government need to arrange more awareness campaign and ADD can be part of it. They can let*

other aware that in this situation persons with extreme disability need special care during this situation.

A number of forms of support needed were mentioned, as reflected in the chart below.



REFLECTION

There is evidence that, as a response to Covid-19, OPDs are taking action—but they are also requesting support to do their work. OPDs are receiving official and up to date COVID-19 health/prevention messages and disseminating that information broadly amongst their membership. OPDs are taking action to reach the most excluded with this information, but barriers still exist. OPDs are also taking on a counselling role, and also a referral role, linking members to medical support and survivors of violence to service providers.

OPDs are asking for representation on relief committees, and they request that others place more focus on supporting members to get medical treatment during this period of crisis. OPDs request multiple types of support during the pandemic: relief (ie cash and food), information, financial support, technical support, sanitization and PPE supplies.

There is evidence that earnings loss is profound and widespread, and that violence and earnings seem to be linked. OPDs report that the risk of violence is greater for those with less food and no income, and that earning opportunities could reduce violence.

ACKNOWLEDGEMENTS

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