



Bakul, a disability rights leader, Bangladesh.

COVID-19: DOUBLE JEOPARDY FOR PERSONS WITH DISABILITIES.

EVIDENCE ON THE IMPACT OF COVID-19 ON PERSONS WITH DISABILITIES IN BANGLADESH.

ADD International is an international disability rights organisation, with its headquarters in the UK, and country programmes in 5 countries in Asia and Africa (Bangladesh, Cambodia, Tanzania, Uganda and Sudan). We fight for the independence, equality and opportunity for persons with disabilities living in poverty. The information for this report was gathered in June 2020.

Acknowledgements: We would like to thank the ADD Bangladesh Country Programme, their field team and the members of Disabled People's Organisations (DPOs) who gathered and contributed the evidence for this report.

SUMMARY

This report¹ presents the findings from telephone interviews with 91 representatives from 15 Disabled People's Organisation (DPO) partners in Bangladesh, to ask about the impact of the Covid-19 pandemic on persons with disabilities in Bangladesh.

The report finds that, in the Covid-19 pandemic, some persons with disabilities experience double jeopardy—not only are persons with disabilities disproportionately impacted by the pandemic, but they are also disproportionately excluded from protection and survival support.

Persons with disabilities report being disproportionately excluded from Covid-19 support. 63% of respondents report not receiving the same protection and survival support as others. Two-thirds of those who described their personal experiences reported supply shortage or diversion of essential food and medical supplies as reasons for why they had been excluded.

Relief that has been provided has not met need. Many respondents (84%) report that survival support does not meet their basic needs. Support received has mostly been food instead of cash. Some (17%) report difficulty in following Covid-19 advice, mostly because they cannot afford protection materials.

Persons with multiple disabilities are being left further behind. Respondents with multiple functional difficulties experience more exclusion than respondents with one functional difficulty. This finding of disproportionate exclusion is statistically significant² and consistent with qualitative responses, which show that most of those that did report challenges in following received advice were persons with multiple functional difficulties. This strongly suggests that **persons with multiple functional difficulties experience more barriers**. Persons with multiple functional difficulties who were excluded tended to report difficulties in communicating, remembering, self-care and walking.

The economic impact of the pandemic is acute for persons with disabilities. On average, respondents report losing 65% of their income since the Covid-19 crisis began³, which in absolute terms, after adjusting for purchase power parity, is the equivalent of moving from £167 to £58 in monthly earnings as presented in Figure 1.

Some respondents report that they are skipping meals and going hungry. Anecdotal reports reveal that families are reverting to one main meal every two days, or two main meals every three days. Many are borrowing and relying on family support to meet their daily needs to survive, and some of those who already depended on family support have had that support reduced or withdrawn. On balance, future plans reflect a sense of precarity due to uncertainty, ranging from feelings of hope with specific plans to powerlessness with no plans.

Government can do more. Many respondents said **government should prioritise persons with disabilities and provide more relief**. Many voiced **concerns about how relief was being distributed or stolen**, and that it is not reaching those most in need. The majority of respondents said that NGOs and wealthy people should play a role in support efforts.

¹ Nilima Ahmed, Andrew Christensen, Emma Cain and Ann Garbett, July 2020.

² This means the observed difference is not likely due to random chance. The p-value is 0.0005 with a Chi-squared test, which is more robust than the conventional threshold for significance ($p < 0.05$). This result is consistent across multiple statistical tests (Fisher's exact test and g-test). Command file available upon request.

³ ADD Community Action Evidence Data June 2020.

Disabled People's Organisations continue to play a significant role. Respondents mentioned DPOs the most when they were asked where they mostly get their Covid-19 information. The majority of respondents spoke about how **their DPOs and Self-Help Groups have helped them to access support** (usually by submitting a list of excluded persons with disabilities to relief providers, or by referring members to providers), has **provided them with the information** they need, or has **carried out awareness raising** in the community.

To build back, **consider providing business loans.** When asked what they would need to re-establish their livelihoods, most frequently mentioned among respondents was the need for a loan to start a new business or re-establish an existing business. Many emphasised that loans need to be on favourable terms e.g. low/no interest.

METHOD

Sampling

Sampling was purposive and conducted in two stages. In the first stage, we selected fifteen DPO partners from among 50 DPO partners to ensure geographic diversity, which covered eight districts in the north, south, east and west of the country. Taken together, the selected DPOs have a total of 2,264 members. From that membership, in the second stage, we drew a 4% sample (n=91) for participation in the survey. We drew the second stage sample purposively to ensure gender balance, a diversity of impairment types, inclusion of remote households and an even distribution across the 15 DPOs.

Collection

ADD staff conducted telephone interviews using [ADD's Covid-19 Community Action Evidence Tool](#), a structured questionnaire with a mix of open-field response, multiple choice and closed questions. The data was collected between June 9 – 29, 2020.

Leaving No One Behind in Analysis

We followed a mixed qualitative and quantitative protocol for analysis that disaggregates by gender and type and magnitude of functional difficulty. Averages can conceal inequities, so we used direct quotes from those in the minority wherever possible. We conducted thematic analysis of qualitative responses to open queries, and we conducted descriptive statistical analysis of closed questions.

We then conducted correlational statistical analysis to test for statistically significant differences in the type and level of exclusions (from protection and survival support and access to information) experienced between women and men and across people with different and multiple functional difficulties (as measured by the Washington Group Enhanced Set of Questions, which include questions about signs of anxiety and depression).

Statistically significant differences in exclusion types that met conventional levels of confidence are reported in this document, other differences that were not statistically significant (ie, between different functional difficulties) are reported in an R programme command file that is available upon request. For purposes of this analysis, a respondent was considered as being excluded if they reported not receiving the same as others or if they reported that there was distribution of support in their community and that they did not receive any support.

SAMPLE DESCRIPTION

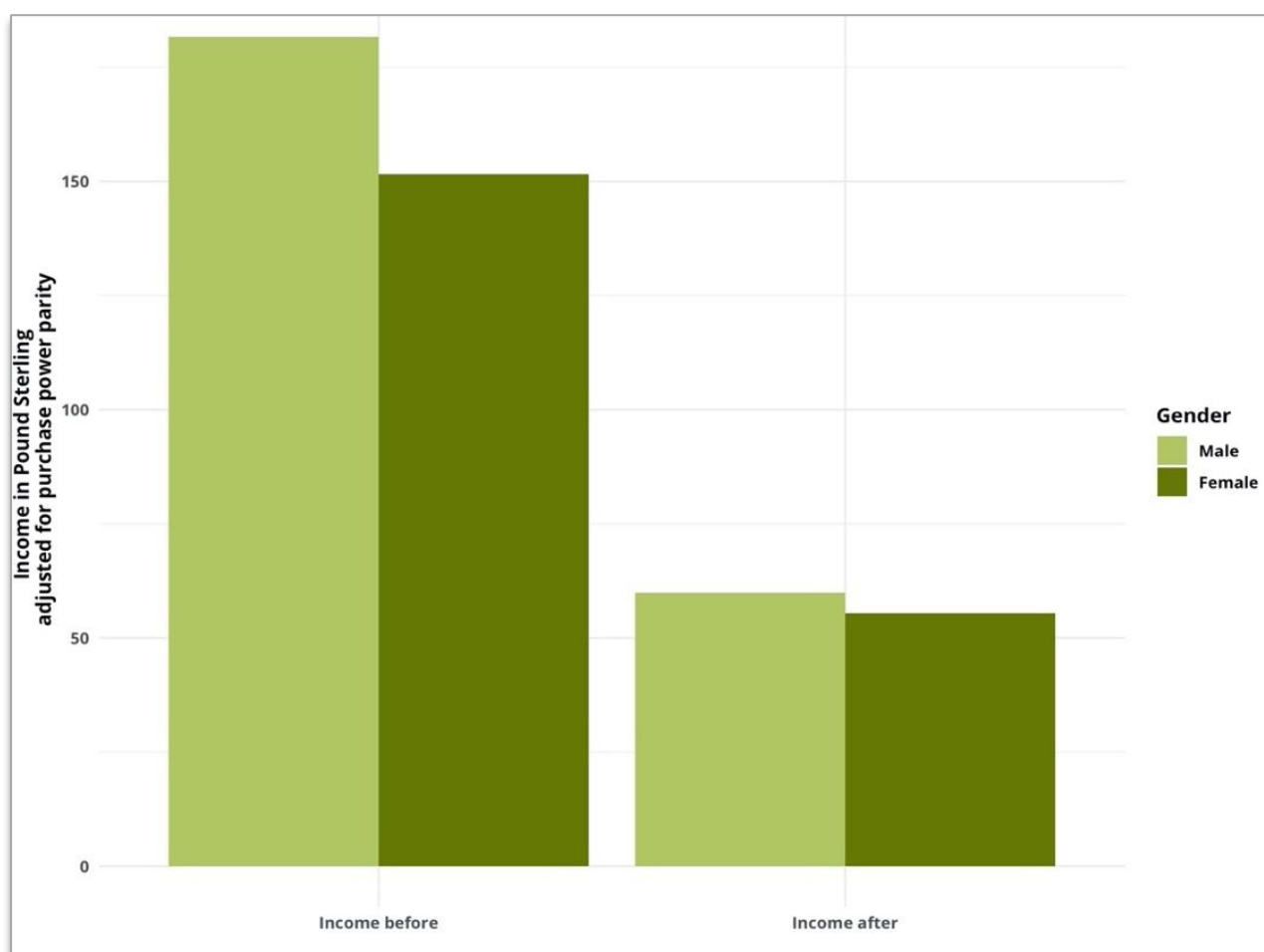
There were 91 respondents in the sample. The sample was 51% women and included people who experience a variety of functional difficulty types and magnitudes.⁴ One in four respondents report experiencing multiple functional difficulties. Ages ranged from 10 to 68 with a median age of 30. All respondents were DPO members, but most did not meet the conventional Washington Group threshold for disability. Fourteen of 91 respondents were speaking on behalf of someone else.

FINDINGS

LIVELIHOOD AND SURVIVAL

The economic impact of the pandemic is acute for persons with disabilities. On average, respondents report losing 65% of their income since the Covid-19 crisis began⁵, which in absolute terms, after adjusting for purchase power parity, is the equivalent of moving from £167 to £58 in monthly earnings as presented in the Figure 1. Some respondents report that they are skipping meals and going hungry.

Figure 1. Average Monthly Income Before and After Covid-19 among Respondents



⁴ As measured with the Washington Group Enhanced Set of Questions. Full results in annexes.

⁵ ADD Community Action Evidence Data June 2020.

In the sample, people with signs of depression and anxiety were more likely to report having work stopped and no income, and people with difficulty hearing were more likely to report reduced income as a result of the crisis. Women in the sample report lower earnings before Covid-19 than do men, and women and men report similar earnings after Covid-19 (Figure 2). When asked how the Covid-19 crisis has affected their ability to earn an income, more women (6) than men (1) reported having lost their job.

For many of those interviewed, the loss of earnings has been sudden and total:

I used to work as a house maid, but due to Covid-19 I cannot do that.

I used to buy used papers, books etc. from different houses and sell those to the market. But due to Covid-19, I cannot do it at all. So, my income abruptly went down from Taka 7,000 to 0.

Having to stay at home has reduced ability of individuals to work, and also reduced the earning potential for those who have continued to work:

I have a grocery store. Sales in stores have declined due to the virus. As a result, monthly income has decreased.

My brother can't drive a rickshaw because of the virus. So the earnings have decreased.

Market disruption has made it difficult for people to get the materials they need for their small businesses, or to sell the items they continue to produce:

Stop bag making business, not getting raw materials from market

I cultivate agricultural land. Planted vegetables were earned by selling in the market. But because of Covid 19, vegetables are not being sold properly in the market. So the earnings have decreased.

For those in employment, the downturn in business is leading to redundancies:

I used to work in a private company. But I got fired because of the virus. Now the road to income is closed.

For those with their own businesses, the crisis has not just affected their earnings, but is also leading to a loss of the capital they need to continue to produce and trade.

Seasonal fruit business, but in this time business has sometime closed or irregular so lost his capital.

When describing how income has been affected, many reported on the income of a near relative, implying that they are economically dependent on them - where that relative's income has reduced or stopped, it has impacted on the whole household. Some reported that the support they had been receiving has been withdrawn as a result of reduced incomes of caregivers.

I used to live with the help of others, but now I can't go to anyone, I don't get help.

In some cases, while costs of running businesses have increased, earnings have reduced:

Now selling cow milk 50 BDT. but it was 70 BDT before Covid-19. Vehicle allowance increased, not selling egg, chicken etc.

Rather than reporting on income, some focused on how their food intake has reduced since the pandemic began:

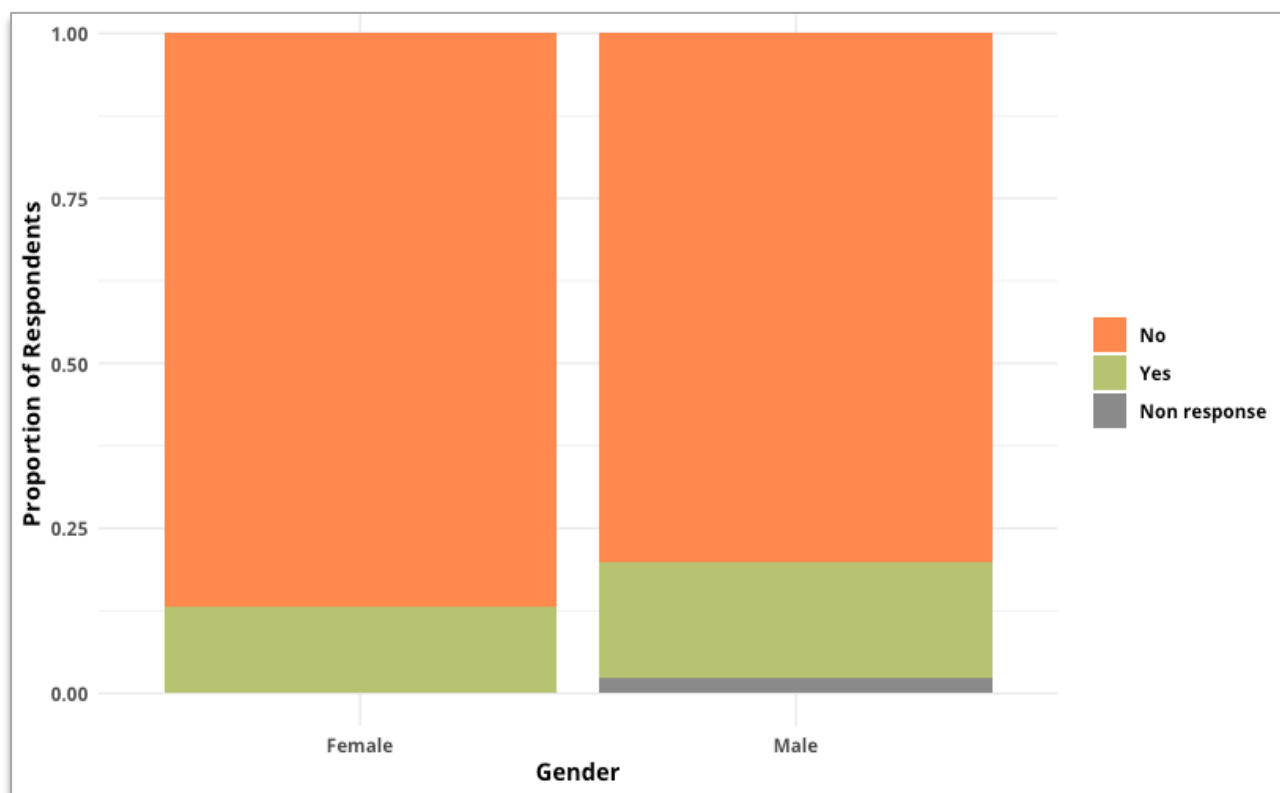
Sometimes I have not eaten.

SURVIVAL

DOES THE SUPPORT YOU HAVE RECEIVED MEET YOUR SURVIVAL NEEDS AT PRESENT?

Relief has not met need. A large majority of respondents (84%) report that survival support does not meet their needs. In the sample, more women have unmet needs than men (Figure 2), but we are unable to detect a statistically significant gender difference, but this is likely because the sample size is too small. Support received has mostly been food rather than cash. Some (17%) report difficulty in following Covid-19 advice, mostly because they cannot afford protection materials.

Figure 2. Does the support you have received meet your survival needs at present?



HOW ARE YOU NOW MEETING YOUR DAILY NEEDS OF FOOD, HOUSING COSTS AND OTHER SUPPORT YOU MAY NEED TO SURVIVE?

Many of those interviewed are borrowing and relying on family support to meet their daily needs to survive, as depicted in the word cloud, in which word size reflects frequency of mentions. Borrowing sources are varied and include informal loans from family and other community members, as well as business loans from government and NGOs. Some have small savings and food stocks which they are using, but they are

worried that these are running out. Many report a mix of sources for meeting their needs, such as disability allowance plus family support:

I have meeting my family purpose lost my small business capital, getting loan in the meantime have lot of support Gov't 2500/- and ADD 2000.- our family need meeting.

I had to cut down some of meals. Also the standard of meals also goes down. I am survive with small earnings that I have by selling milk of my cows. The assistance that I receive thrice & disability allowance somewhat meeting my needs also.

Where individuals have a disability allowance or have received relief support, this support has made a difference to survival where other sources of income have dwindled.

We had to cut off some of our meals. Our food standard also goes down. My disability allowances and the received relief materials helping a bit to survive.

Relief support plays an important role for many (15), but even where this is available, there is a sense that this is temporary and cannot be relied on for long, so other strategies for survival are also pursued.

I am in very difficult situation to meeting my daily food, housing costs. I am getting rice @Taka 10 per kg which is somewhat helping me to meet up needs of food. The received survival assistance from different source helping me for few days to meetup my needs for food. I am also taking loans from friends and family to bear my family expenses.

A small number (2) report having resorted to begging or asking others for help as their only source of support to meet their survival needs

I have to take someone else help everyday for food.

Interviewees who are engaged in agricultural production are able to eat regularly. Some are continuing to get an income through work, although this is often reduced, as reported in the Livelihood section above. Some report simply that they have reduced their food intake, but it is not clear how they are meeting the cost of even limited food.

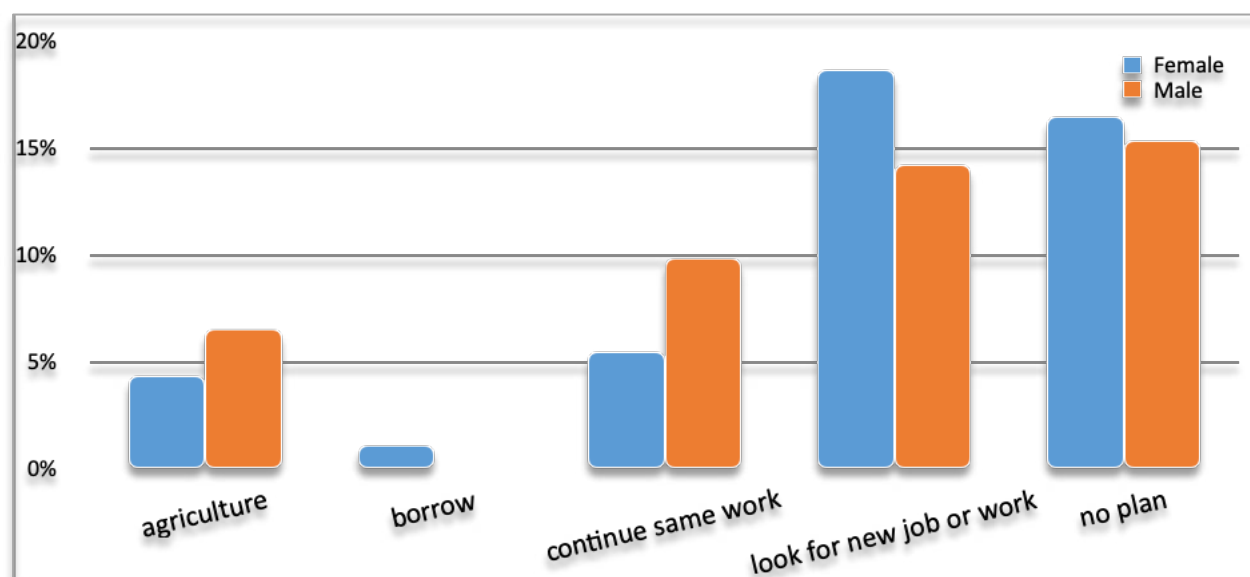
WHAT IS YOUR FUTURE PLAN IF THE SITUATION CONTINUES?

Future plans vary widely, and reflect a sense of **precarity due to uncertainty, ranging from feelings of hope with specific plans to feelings of anxiety and powerlessness with no plans**. Most respondents either plan to look for new employment or other income generating activities, or have no plan. In the sample, more



women than men plan to look for more work, while more men than women plan to increase or start agricultural activities, or continue with their current work. 16% of women interviewed report no plan.

Figure 3. Future plans among respondents



Many were unspecific about what kind of work might be available and simply replied hopefully that they would find a new job, but others have identified specific plans for new income generating activities. Some recognised a need to explore new ideas, or try new locations, or to consider any options available even if this represents a risk in the context of Covid-19:

Want to go village and doing there small business.

Thinking & trying to do another business like seasonal business.

Will keep looking for alternative income source. However still hoping that things will get better soon.

Go to abroad to earn money.

Her husband will work as laborer where will get job with life risk, if this situation will continues.

Those hoping to continue the same work are holding on and hoping for things to improve in due course but feel that they might need some support to get their businesses back up and running as before (or better) or explore other employment options too.

If I get a loan from social service or any other organization, I will expand my business.

Hope I get some order for dresses for cutting and stitching,.

If I get financial support, I will be able to resume business.

Hope I will to get back my work if the prevailing situation gets better. I am also putting my heart and soul for a job in any boutique house.

Among some respondents there was a sense that agricultural activities represent a more reliable and well-known option when employment and business options are uncertain, and some expressed an intention to start or increase agricultural activities:

Cultivation in others land.

Increase my field work.

I want to keep animals besides agriculture work.

Planning to [get] extra income through vegetable cultivation, goat rearing.

The answers of those who said that they had no plan reflect a sense of powerlessness and great anxiety for the future:

With great difficulty, we [will] have to spend our days sometimes without food.

We [will] have to live with great difficulty.

No Future plan, God knows

Future plans vary widely, and reflect a sense of precarity due to uncertainty, ranging from feelings of hope with specific plans to powerlessness with no plans.

IF YOU HAVE LOST YOUR LIVELIHOOD AS A RESULT OF THE PANDEMIC, WHAT WOULD YOU NEED TO RE-ESTABLISH IT ONCE THE PANDEMIC IS OVER?

Only 31 respondents gave an answer to this question, which could suggest that many are unsure how to go forward after the pandemic or are simply focusing on immediate survival for now. Most frequently mentioned was the need for a **business loan** (mentioned 13 times) to start a new business or re-establish existing businesses, with a further two saying they intended to start a new business (but not mentioning the need for a loan).

need cash support from any sources for re- establishment,

If I get capital for small business, I will create a way to earn.

To re-establish any small business or to start afresh my existing business I will be needed some startup capital when the pandemic will over.

But many voiced concerns about terms and conditions, and would like interest free loans:

gov't financial support and NGO loan without interest for survive livelihood.

The need for **new employment opportunities** was mentioned 12 times, and this category of answers also includes those who simply stated they want a chance to do 'daily work'

It will be very difficult to return to normal life after this epidemic. It will be easier to get re-established if we get Employment.

I would need some work as house maid/helper in my area.

Some still hope to **get their old jobs back**, and 2 said that they would like support in negotiating with their former employers:

Once the pandemic is over, need advocacy assistance to re-establish my job in my past working place.

Some said they could benefit with **communications support** to promote their businesses to get them back up and running:

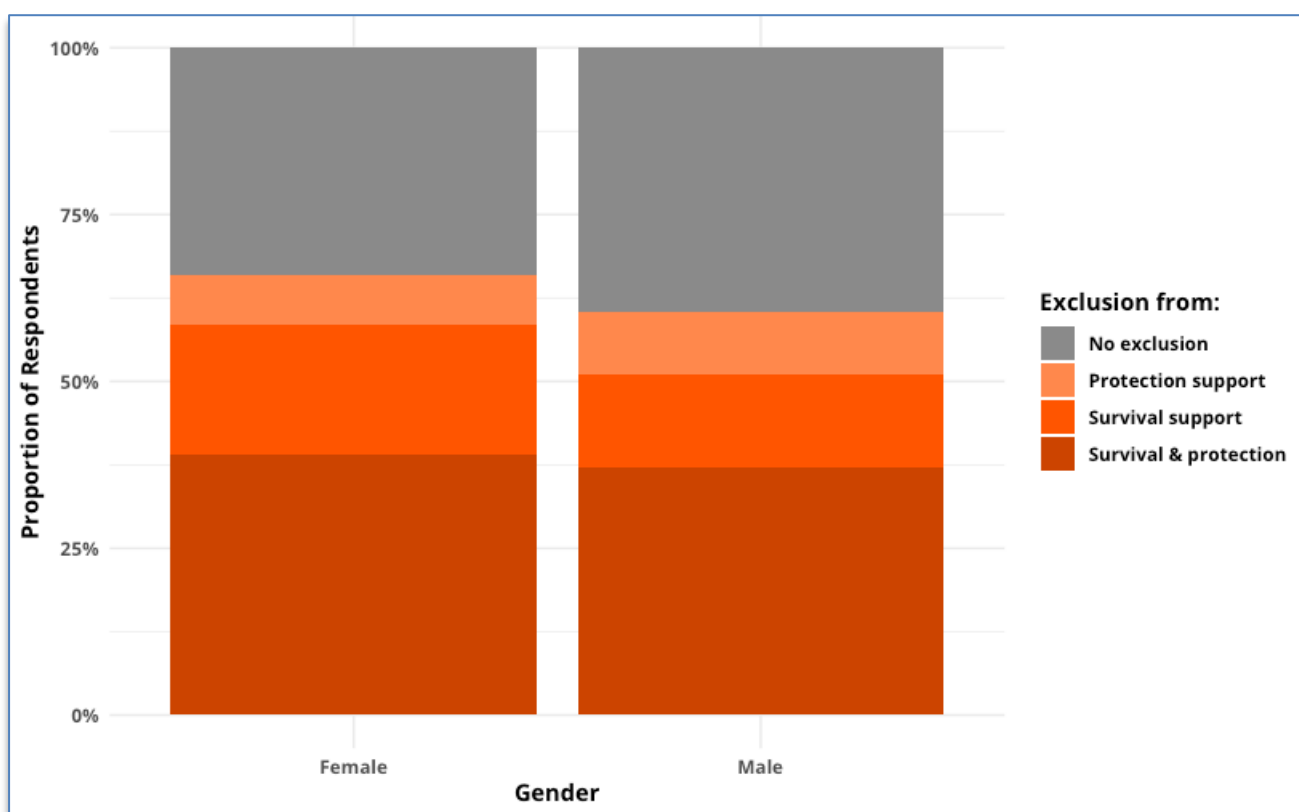
If I need to re-establish my small trade after the pandemic is over, I would need to inform my old clients & others about my skills for dressmaking in order to get orders. So, in short, I would need some promotional support.

Just one said that they would like to continue their **education**, but it is not clear if any or what support would be needed to achieve this.

EXCLUSION FROM SUPPORT

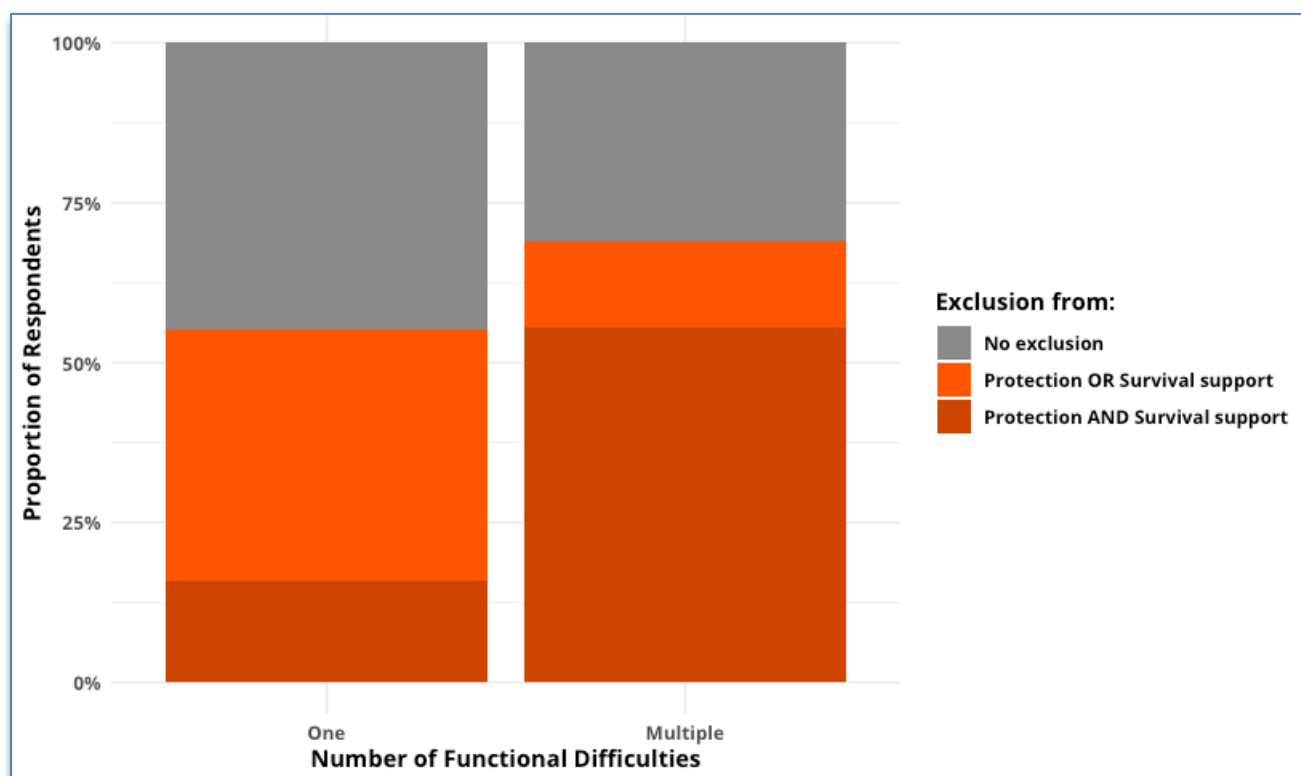
Persons with disabilities are being disproportionately excluded from Covid-19 support. When asked about protection and survival support, 63% of respondents report not receiving the same as others. As figured below (4), a larger proportion of women in the sample reported being excluded than men. Women in the sample were also more likely to report being excluded from survival support (ie food and cash relief). These observed gender differences are not statistically significant, but that may be due to a small sample size.

Figure 4. Experience of Exclusion from Covid-19 Support among Respondents, by Gender



Persons with multiple disabilities are more excluded from Covid-19 support. Respondents with more than one functional difficulty experience more exclusion from survival and protection support than respondents with one functional difficulty, as figured below (figure 5). This difference is statistically significant, which suggests that this difference may also exist in broader DPO membership. Persons with multiple functional difficulties who were excluded tended to report difficulties in communicating, remembering, walking and self-care. All respondents with difficulties related to anxiety or depression experienced exclusion from support.

Figure 5. Experience of Exclusion from Covid-19 Support among Respondents, by Functional Difficulty



Of those that reported that they had not received the same as others, 17 described what had happened. Five **respondents reported they were disqualified because they already receive disability allowance**, while others reported supply shortage (6) or diversion (5) or were unclear as to why they had been excluded (5). We have grouped their responses into 5 categories to identify key themes.

Five reported that they were told they were not eligible for relief supplies because they were already in receipt of a **disability allowance**

I have received disability all owns [allowance], so [Union Parishad] members has said I have no entitle of others facilities from UP

Five described concerns that relief **supplies had been diverted** or not properly distributed, in some cases allocated to relatives of those controlling the distribution, or simply stolen

the rice allotted from the government was stolen, so no help was found

Chairman & Members Relative person have got the Relief

[Government] support is available but Union Parishad have no properly distribute the support.

Two described problems with **physical access** to the distribution points.

I could not contact with Union Parishad and others service provider for the reason I can't easily move [because of visual impairment]

Six reported a general **shortage of relief supplies**, so that it was not possible to distribute them evenly.

The amount is low, so even distribution is not possible.

Five were **unclear why they had been excluded**, deemed unentitled, or assumed their needs were not great.

*Sometimes we don't get all the benefits, we are neglected
Not enlisted to provide same as others
[Union Parishad] have means I am not eligible for received service. but I am a needy person. I need to support.*

HAS THERE BEEN ANY LOCAL DISTRIBUTION OF FOOD, WATER, BASIC SUPPLIES OR CASH SUPPORT IN YOUR COMMUNITY? PLEASE DESCRIBE ANY SUPPLIES OR OTHER SURVIVAL SUPPORT YOU HAVE RECEIVED.

Most (85%) report that there has been local distribution of support, but most also report (63%) that they do not review the same as others. Most support received has been food (78%), and some has been cash (22%). Most have received survival support once or twice.

WHAT ELSE CAN GOVERNMENT DO?

The need for the government to continue to provide **more relief** was mentioned 21 times, with some people mentioning **food aid** and others not specifying what kind of relief. Eight people said that relief should be given in the form of **cash** (mentioned 8 times) and one person mentioned the importance of **'permanent'** rather than sporadic relief support.

Respondents voiced concern that greater **control** (mentioned 23 times) is needed by the authorities over how relief is distributed so that it is not diverted and reaches those most in need. Respondents felt that greater attention should be paid to **prioritising persons with disabilities** in government support programmes (mentioned 31 times), including ensuring that those receiving disability allowances are not excluded from relief support programmes.

Some respondents also mentioned that greater attention needs to be given to supporting **hygiene needs** (mentioned 17 times), supporting persons with disabilities to access **medical attention** (mentioned 3 times), **job creation** (mentioned 1 times), and **rehabilitation** (mentioned 1 times), although further details were not given as to what kind of job creation or rehabilitation services were envisaged.

The government will take measures to prevent corruption, ensure that the poorest people get support and take steps to increase allocations.

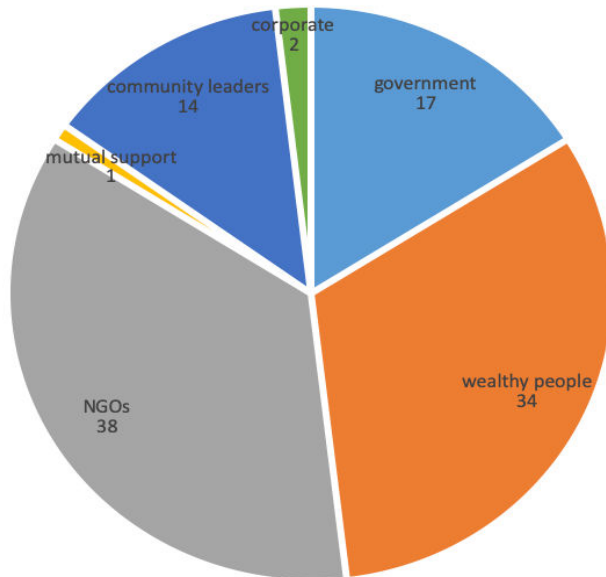
Increase allocations and arrange for monitoring of relief distribution activities at the local level. Also to provide other benefits to the persons receiving disability allowance.

Ration cards and rehabilitation measures need to be taken for the helpless disabled people.

WHO ELSE SHOULD SUPPORT AND WHAT CAN THEY DO?

When asked who else should provide support besides government, many respondents continued to say that **government** had a leading role (mentioned 17 times), as figured below (6). Most said this should be working together with other actors, principally civil society, but 2 said the responsibility was entirely for government to meet.

Figure 6. Sectors that should provide support, by number of mentions



The majority of responses referred to **NGOs** (38 mentions) and **wealthy people** in the community (34 mentions), while 14 mentioned the importance of the role of community leaders.

Non-governmental organizations should also stand by the extremely poor people in this epidemic. They can provide food, money and medical support.

Apart from one or two NGOs, no NGO has come forward in collaboration. But at this time the role of NGOs should be increased.

The rich people of the society need to have cooperation.

Union Porishad and local elite find out of vulnerable and more needy person. Then provide service

Just 2 mentioned the role of the **corporate sector**, while one said there was a need for people to help one another through **mutual support**. Responses focused less on what these actors could do but mentioned identifying the most vulnerable and providing survival supplies, loans and other income generating inputs.

HOW HAS YOUR ORGANISATION OF PERSONS WITH DISABILITIES OR SELF-HELP GROUP BEEN HELPFUL TO YOU DURING THIS TIME?

The majority of respondents spoke about how their DPO/SHG has helped them to **access support** (usually by submitting a list of excluded persons with disabilities to relief providers, or by referring members to providers), has provided them with the **information** they need, or has carried out **awareness raising** in the community.

During the Covid 19 epidemic, the DPO provided me with information about the virus, various information on health care rules and regulations, and assisted in receiving relief assistance. Informs about various circulars of the government.

My DPO is helping me a lot. They are arranging assistance for us. Also they are disseminating the information of Covid-19 to us & to the community,

My DPO arranges different assistance from Government and NGOs. My leaders always ask about my whereabouts, whenever we meet to receive the assistance. They give me different important pieces of

advice about Covid-19 by sign language. Actually my DPO always beside me to give me strength & courage

Some report that, despite the DPO efforts, support is not always available:

DPO have submit list to U[nion] P[arishad] and Upzilla for emergency support received but many other DPO member has no support from UP.

Some are aware of the **advocacy** which the DPOs are doing on their behalf to build service providers' awareness and understanding of the challenges faced by excluded persons with disabilities.

To further increase the communication of DPOs in different sectors

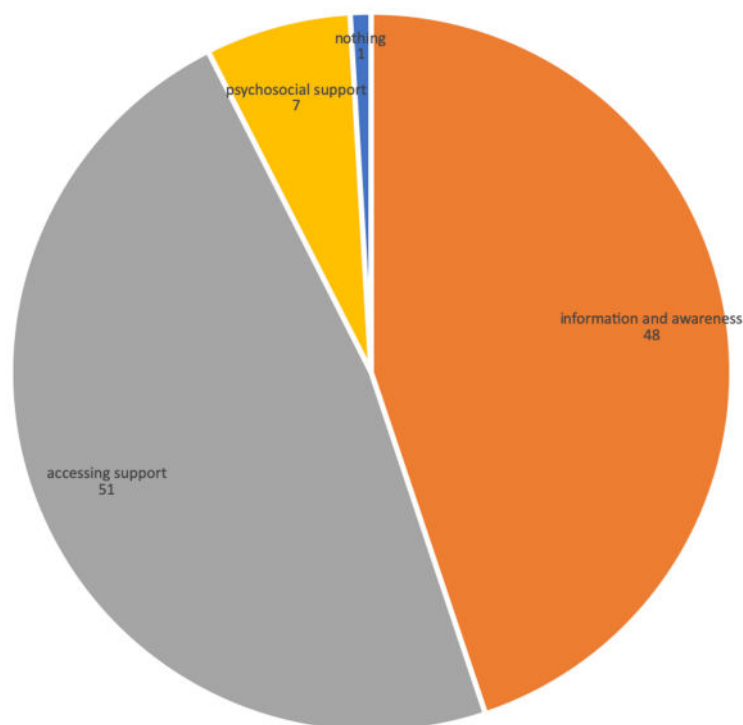
Still, our leaders are working hard to get more support from the different support providers.

Six respondents also talked about the **psychosocial support** they derive either directly, or through being a member of an organisation they know is promoting and defending their interests.

My DPO arranges different assistance from Government and NGOs. My leaders always ask about my whereabouts, whenever we meet to receive the assistance. They give me different important pieces of advice about Covid-19 by sign language. Actually, my DPO always beside me to give me strength & courage. My DPO helping me to get assistance. My DPO leaders always ask for my & my family's wellbeing.
Mental support

One respondent felt that they had received '**nothing**' from their DPO.

Figure 7. Ways in which DPOs/SHGs have been helpful, by number of mentions



ACCESS TO INFORMATION

Broadly speaking, respondents report receiving recent information, most frequently mentioning information from DPOs. They feel this information is reliable, and they largely feel they are receiving the same information as others. Some respondents (17%) report barriers in following received Covid-19 advice, many of which were financial barriers to purchase soap and protection materials. There is also evidence that **persons with multiple functional difficulties experience more barriers than others** in following Covid-19 advice.

OVER THE LAST WEEK, HAVE YOU RECEIVED ANY INFORMATION ON PROTECTING YOURSELF FROM COVID-19?

Almost all (96%) received information on protecting themselves from Covid-19 in the past week.

HOW DID YOU MOSTLY GET THIS INFORMATION?

Respondents mentioned Disabled People's Organisations the most when they were asked where they mostly get their Covid-19 information. Other sources mentioned, in order of mentions, were television, social media and community leaders.

WHERE DID THE INFORMATION COME FROM ORIGINALLY?

Most (75%) report that the information they received originally came from government, though a portion of respondents (16%) were unsure as to where the information came from.

DO YOU FEEL THAT THE INFORMATION YOU GET IS RELIABLE?

Almost all (96%) report that they feel the information they get is reliable.

DO YOU FEEL THAT YOU ARE RECEIVING THE SAME INFORMATION AS OTHERS IN YOUR FAMILY/COMMUNITY?

Nearly nine in ten respondents (86%) feel that they receive the same information as others.

IF NOT, WHY IS THAT?

Of the five who said they do not receive the same information as others, one said they do not receive the same as others "because I have hearing problems," and another because of "fake news" and three others mentioned that not everyone is aware.

IS THERE ANYTHING THAT HAS MADE IT DIFFICULT TO FOLLOW THE ADVICE YOU HAVE RECEIVED?

Most (83%) report that there is nothing that has made it difficult to follow received advice--however, some did report barriers, many of which were financial barriers to purchase soap and protection materials. Most of those that did report barriers in following received advice were persons with multiple functional difficulties. This is consistent with the statistically significant finding of disproportionate exclusion among

persons with multiple functional difficulties and suggests **persons with multiple functional difficulties experience more barriers than others.**

Of those who reported barriers, most mentioned acquiring soap and using soap regularly. Repeated washing is a bothersome experience for some. One said, “It is very annoying and disgusting to wash my hands many times. Actually, all of my acts fully depend on my mood.” Family support play a role in maintaining safety. One respondent shared, “My wife helped me to wash my hands with soap frequently. I usually don't go outside. If I go occasionally, I wear mask. And wash my hand with soap after coming back home.”

ARE THERE HAND WASHING FACILITIES IN YOUR HOME THAT YOU CAN USE EASILY AND REGULARLY?

Almost all (93%) report that there are hand washing facilities in their home that they can use easily and regularly.

PROTECTION

Respondents reported receiving less protection support than survival support, some do not use supplies received, and almost all report that there are hand washing facilities in their home that they can use easily and regularly.

HAS THERE BEEN ANY LOCAL DISTRIBUTION OF PERSONAL PROTECTION SUPPLIES (IE SOAP, FACE MASKS, OR GLOVES) IN YOUR COMMUNITY?

Almost a third (31%) report that there has been no local distribution of protection supplies in their community.

DO YOU USE ANY OF THE SUPPLIES YOU RECEIVED?

One in four (27%) report that they do not use the supplies they have received.

SYMPTOM AND INFECTION PREVALENCE AND MEDICAL SUPPORT

None report Covid-19 symptoms, infection or death in their household, but some face barriers in accessing medical support.

HAVE YOU HAD COVID-19 SYMPTOMS? HAVE YOU TRIED TO GET TESTED OR GET MEDICAL SUPPORT? WERE YOU ABLE TO GET THE SUPPORT YOU NEEDED?

None reported having Covid-19 symptoms. Two tried getting tested or getting medical support, but 10% report facing difficulty in getting the medical support they needed.

WHAT DIFFICULTIES DID YOU FACE IN GETTING MEDICAL SUPPORT?

Seven described the difficulties they face in getting medical support. Three mentioned mobility barriers. *There are no transportation arrangements for persons with disabilities, no special arrangements for us.*

Another mentioned system barriers.

There is no suitable medical system for us.

HAS ANYONE IN YOUR HOUSEHOLD BECOME INFECTED OR DIED OF COVID-19?

None reported anyone in their household becoming infected or having died of Covid-19.

DISCUSSION

The report finds that, in the Covid-19 pandemic, some persons with disabilities experience double jeopardy—not only are persons with disabilities disproportionately impacted by the pandemic, but they are also disproportionately excluded from protection and survival support.

Government can do more. Many respondents said **government should prioritise persons with disabilities and provide more relief**. Many voiced **concern about how relief was being distributed or stolen**, and that it is not reaching those most in need. The majority of respondents said that NGOs and wealthy people should play a role in support efforts.

Disabled People's Organisations continue to play a significant role. Respondents mentioned DPOs the most when they were asked where they mostly get their Covid-19 information. The majority of respondents spoke about how **their DPOs and Self-Help Groups have helped them to access support** (usually by submitting a list of excluded persons with disabilities to relief providers, or by referring members to providers), has **provided them with the information** they need, or has **carried out awareness raising** in the community.

To build back, **consider providing business loans**. When asked what they would need to re-establish their livelihoods, most frequently mentioned among respondents was the need for a loan to start a new business or re-establish an existing business. Many emphasised that loans need to be on favourable terms e.g. low/no interest.

ANNEX A: SAMPLE DESCRIPTION

Figure A depicts the number of instances each functional difficulty type is present in respondents' answers to the Washington Group Enhanced Short-Set, which includes questions about signs of anxiety and depression. This figure depicts that there are certain types of functional difficulties that are more common in the sample such as see, walk, remember, communicate.

Figure A. Functional Difficulties among Respondents, by type and instance (n=91)

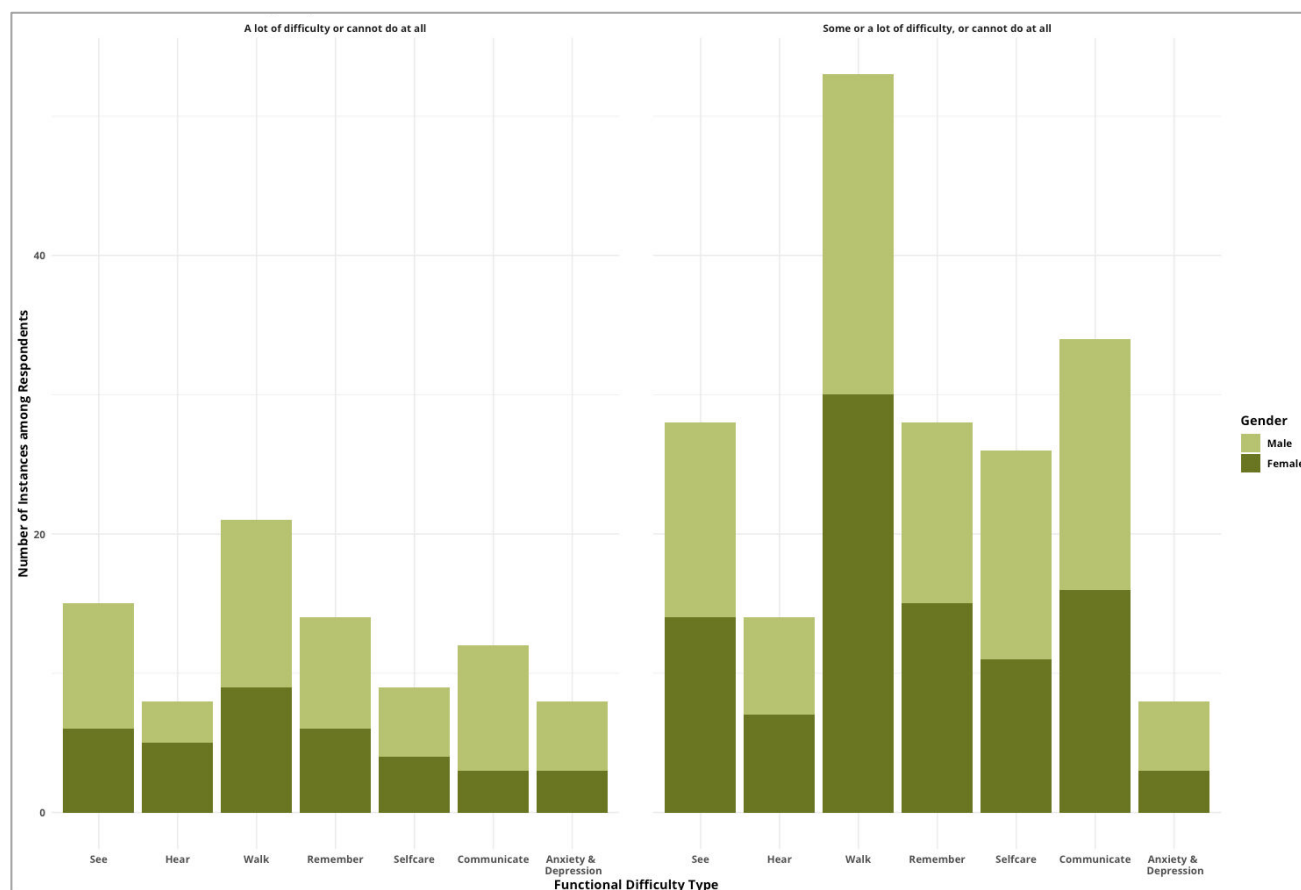


Figure A also shows the designations depending on two different ways to define functional difficulty. The left-hand side is for the conventional Washington Group threshold that considers functional difficulties to be present only when a respondent answered they have "a lot of difficulty" or "cannot do at all", while the definition depicted on the right designated a functional difficulty when the respondent answered "some difficulty" as well as "a lot" or "cannot do at all". Using Washington Group conventional thresholds would underestimate the prevalence of disabilities in this sample. Note that Figure A is not depicting the number of respondents with each functional difficulty type (because a large portion of respondents have functional difficulties of multiple types simultaneously) but instead the number of instances of each functional difficulty type among respondents.

Whereas Figure A indicates the prevalence of each type of functional difficulty in the sample, Figure B below describes the sample profile. It divides the respondents into whether they experience no functional difficulties, one functional difficulty or multiple functional difficulties--as per the two thresholds noted previously.

Figure B. Prevalence of functional difficulties: none, one or multiple

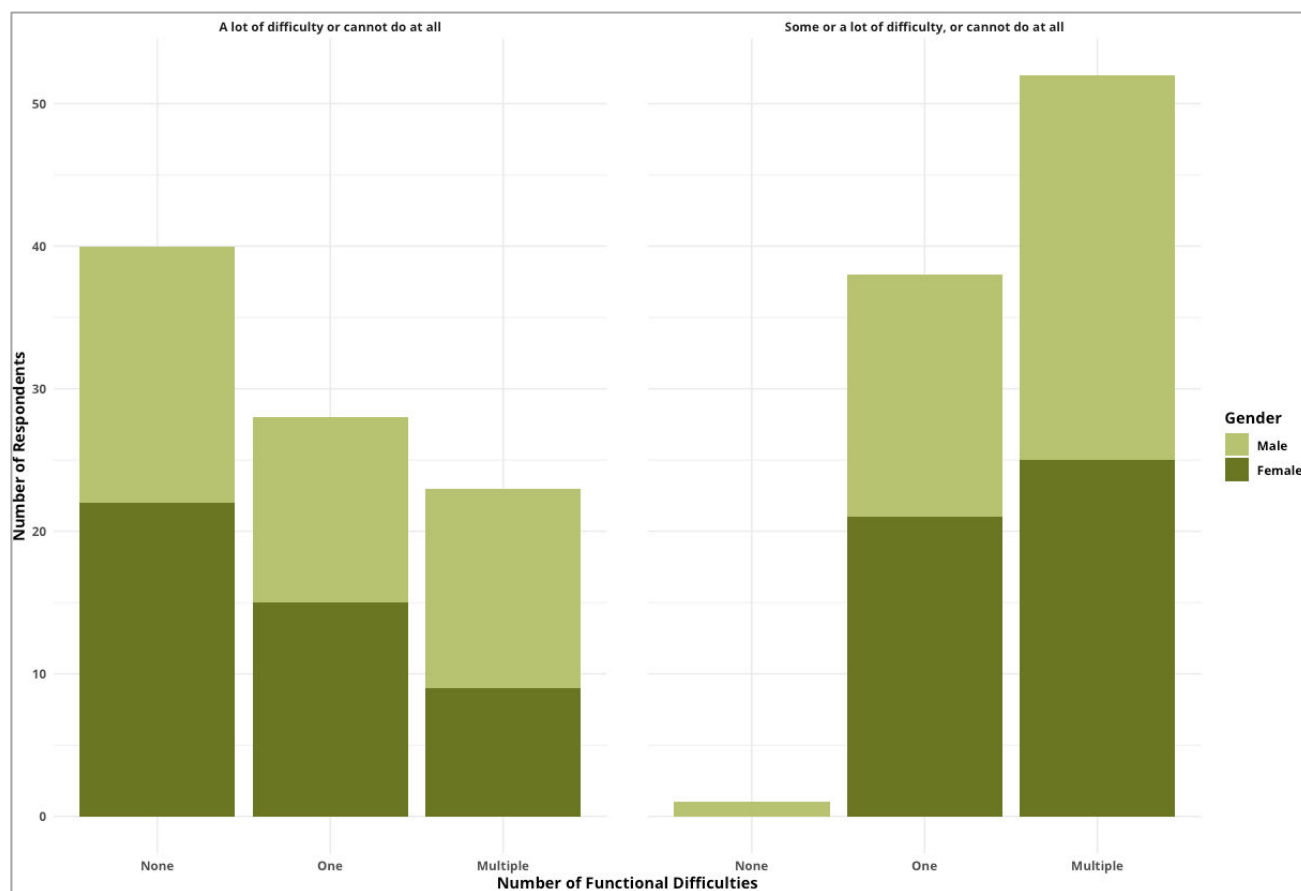


Figure B is particularly important to the key finding that shows that while there is no detectable difference in exclusion by functional difficulty type (that is, no functional difficulty is more likely to experience exclusion than another), respondents with multiple functional difficulties are more likely to report they experience exclusion from both protective and survival benefits while respondents with one functional difficulty are more likely to experience exclusion in only one respect—either survival or protection benefits.