

Policy Briefing

Taking a Disability-Inclusive Approach to Pandemic Responses

The Covid-19 pandemic has affected communities globally, yet the impact has not been equal. People with disabilities were already often living with severe disadvantage and marginalisation and, as predicted by many disability-focused agencies, Covid-19 has exacerbated these inequalities. Emerging evidence from Inclusive Futures, a UK Foreign, Commonwealth & Development Office (FCDO)-funded programme, highlights the catastrophic emotional and material impacts on people with disabilities in Nepal and Bangladesh. To respond to and plan for future crises, decision makers should consult inclusively with both organisations of people with disabilities (OPDs) and people with disabilities themselves.

Key messages

- The needs and experiences of people with disabilities have largely been ignored during the Covid-19 pandemic, despite Article 11 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) stating that governments must ensure the protection and safety of persons with disabilities.
- Evidence shows that feelings of destabilisation, disorientation, and uncertainty are linked to loss of income; poverty; food insecurity; lack of access to information, health care, education, livelihoods and support; increased gender- and impairment-related conflict; as well as exacerbated discrimination.
- Governments and agencies need to develop disability-inclusive policies and actions to be implemented during emergencies, and it is important that people with disabilities are consulted.
- Using qualitative research can ensure that the priorities of people with disabilities are foregrounded and that their recommendations for improved disability-inclusive mitigation and support are gathered.

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Increased risks for people with disabilities

Evidence from high-income countries suggests that people with disabilities are often at much higher risk of infection, severe illness, and death from Covid-19. This is sometimes because they have underlying health conditions, but for some (for example, those with intellectual impairments), communication difficulties mean that they may have trouble expressing their symptoms clearly and their illness is not recognised by carers. They also may not be able to understand advice about how to minimise the risk of the disease. Additionally, people with disabilities already often have poor access to disability-inclusive and responsive health care due to attitudinal, structural or physical barriers.

In low-income settings these higher risks are likely to be similar or increased, where access to information and health care may not be sufficiently adapted to the needs of people with diverse impairments. Poverty, living remotely, reduced community support, and ongoing stigma and discrimination are likely to be important factors. These are

relevant in both Nepal and Bangladesh.

Planners, policymakers, and service providers need to be proactively disability-inclusive in their responses. They should work inclusively to ensure that the needs of people with different impairments – for example, physical, visual, hearing and communication, intellectual and psychosocial difficulties, or combinations of these – are considered. These can occur at different severities, but all need attention; additionally, girls and women with disabilities are often more disadvantaged than boys and men with disabilities. This approach needs to be part of mainstream planning as people with disabilities are part of the general population and have the right to access the same provisions as everyone else.

In the research, two clear themes emerged around **emotional** and **material** impacts, and these clearly interact with each other in the Nepali and Bangladeshi data.

Accounting for the emotional impact

Understanding the emotional impact of Covid-19 on people with disabilities is vital for developing future disability-inclusive

An inclusive and participant-focused research design

Working with local researchers and existing international non-governmental organisations (INGOs) and OPD partners, the IDS research team recruited 15 people in Nepal and 20 in Bangladesh to be interviewed remotely, using a narrative approach, about their experiences of the pandemic and to share their recommendations for future action during crises.

Participants were selected from impairment groups who are often more marginalised, such as those with intellectual, multiple, or complex impairments, and included some parents. The sample was gender-balanced and both urban and rural dwellers were included. Each person was interviewed twice with a two-month interval to gain a sense of change in experience and circumstances as the pandemic situation evolved. Accessibility and inclusive support were discussed in advance and appropriate provision made, for example, sign language or tactile interpreters and accompaniment by a relative/assistant if required. Costs of connecting online or by telephone were also covered.

All the local interviewers had previous experience of working in the disability field and one in each country had a disability themselves. The IDS team trained them in qualitative participatory-inclusive methods and supported the process. A joint online participatory analysis enabled the wider team to identify emerging themes and recommendations from across Nepal and Bangladesh. Finally, a joint online validation meeting was held with some interviewees and other key stakeholders from both countries.

responses. The emotional impacts that are often intangible, unacknowledged, and for an already excluded group can exacerbate feelings of marginalisation.

Within themes such as ‘destabilisation, disorientation, and uncertainty’ were feelings of loss, shock, fear of both the virus and starvation, discrimination, and increased conflict and possible violence (within the home and outside). A woman with intellectual impairment in Bangladesh commented: ‘everyone at the time [of the pandemic] was terrified.’ Another woman from Bangladesh who is deaf-blind stated: ‘it was really shocking news for my family.’ A woman with intellectual impairments from Nepal said: ‘because of Covid-19, everything is mess.’

Material impacts of lockdown

The emotional impacts cannot be considered in isolation. The pandemic has also impacted many lives in material ways, which could undo decades of slow but steady progress for disability-inclusive development. The material impacts include the sudden loss of education or a job, or likelihood of failed business, and inaccessibility of information and services (for example, health services such as availability of drugs and counselling, perinatal and sexual reproductive health care, and education at all levels). Access to these services was hard to gain in ordinary times and the risk that they might not resume was felt to be high.

A man from Bangladesh with multiple disabilities said: ‘Many people with disabilities did not get the support due to the lack of support from government and also because of corruption.’

How material impacts take an emotional toll

The material impacts were often coupled with household conflict, and sometimes fear of increased gender-based violence at home or in the streets. Both the usual social protection or Covid-19-specific support were often inaccessible – because of not being able to travel or inaccessible systems

– and relief efforts were felt to be exclusionary, discriminatory, or insufficient, although support provided by INGOs was appreciated.

Often a material impact such as sudden loss of work and resulting poverty precipitated extreme anxiety, fear, and uncertainty. This intersection between material and emotional impacts can be seen, as a man from Bangladesh with multiple impairments reflected: ‘I was totally mentally broken in that time as all the financial source of our family was stopped.’

The implementation gap

Although awareness about disability and the rights of people with disabilities, and laws and policies to enable these, have all increased in the last decade or so in both countries and globally, there is still an ‘implementation gap’. People with disabilities feel that they are in a disadvantaged and precarious state even in ‘normal’ times. The onset of any kind of emergency risks catapulting them into potentially catastrophic economic and psychosocial crises. This is a large but marginalised group of people who are often forgotten in humanitarian and disaster planning and mitigation.



Governments must ensure that their responses, policies, and interventions in times of crises are disability-inclusive to address and avoid exacerbating pre-existing disadvantage and discrimination, and to provide equal opportunities for all.

Policy recommendations

Governments must ensure that their responses, policies, and interventions in times of crises are disability-inclusive to address and avoid exacerbating pre-existing disadvantage and discrimination, and to provide equal opportunities for all. Governments, international organisations, and NGOs must therefore consider the following aspects in programming:

1. OPDs must be consulted at national and local levels on how to provide disability-inclusive information, services and support, in UNCRPD-compliant ways. Disability-focused NGOs can also provide advice and support.
2. Health services must ensure that they are disability-inclusive and accessible. Specific attention must be paid to provide accessible services for women with disabilities, who are often particularly disadvantaged (for example, in access to sexual and reproductive health services).
3. Alternative educational arrangements made during crises (for example, online learning) should consider the accessibility needs of students (children and adults) with disabilities and be inclusive of those with the whole range of impairment types and severities.
4. Action is needed to ensure that people with particularly marginalised and stigmatised impairments and living remotely are not excluded from information, services, and support in communities, as they already experience more severe discrimination.
5. Financial and other relief should be provided to people with disabilities and to parents and carers of children with disabilities on the same basis as the rest of the population and in addition to any ongoing disability-related social protection schemes.
6. Emergency relief needs – food, sanitation and hygiene products, cash etc. – must be assessed in inclusive, equitable and transparent ways, considering the needs of families with a disabled member, and delivered to homes when people cannot easily travel to central distribution points.
7. Continuing financial insecurity must be mitigated with long-term interventions encouraging new income-generating initiatives, diversification, business start-ups, and self-reliance. Skills development and training in employability, entrepreneurship, and business development should include online options and support to acquire digital skills. ■

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Further reading

Rohwerder, B. et al. (2021, forthcoming) *'Because of COVID, Everything is a Mess': How Have People with Disabilities Experienced the Pandemic in Nepal and Bangladesh?*, Brighton: IDS

COVID-19 DRM (2020) ***Disability Rights During the Pandemic***, COVID-19 Disability Rights Monitor

Meaney-Davis, J.; Lee, H. and Corby, N. (2020) ***The Impacts of COVID-19 on People with Disabilities: A Rapid Review***, Disability Inclusion Helpdesk Query 35, London: Disability Inclusion Helpdesk

WHO (2020) ***Disability Considerations During the COVID-19 Outbreak***, World Health Organization

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