



Innovation to Inclusion

Impact of COVID-19 on the lives of people with disabilities

Insight and stories from
Bangladesh and Kenya



Introduction

As we enter the decade of delivery for the Sustainable Development Goals (SDGs), the COVID-19 pandemic has threatened to set back progress, particularly for the most marginalised groups, including people with disabilities.

National and global responses to this pandemic – and planning for future crises – must be fully inclusive and underpinned by the frameworks of the UN Convention on the Rights of Persons with Disabilities (CRPD) and SDGs, and the commitment to ‘leave no one behind’.

In April and May 2020, the Innovation to Inclusion (i2i) programme supported disabled persons’ organisations (DPOs) to complete a qualitative survey of 312 people with disabilities (including 147 women) in Bangladesh and Kenya to understand the impact of COVID-19 and measures to prevent its spread.


The survey – a descriptive survey with a representative sample of people with physical, intellectual and multiple disabilities, visual and hearing impairments and mental health issues in the Nairobi, Mombasa and Kisumu areas of Kenya and in the Dhaka, Sylhet and Chattogram districts of Bangladesh – has been part of wider efforts by DPOs in the two countries to test and embed data driven advocacy processes towards realising CRPD, an initiative promoted by i2i.

We have captured the lived experiences of how the pandemic has changed lives, in terms of social protection, employment, economic impact, government support and in other ways. These are issues important to real people. And while the responses provide information for policy debates, higher-level narratives and datasets, the survey was designed to empower people with disabilities to engage with political processes that might otherwise seem very distant from their everyday lives.

In April 2020, the Office of the United Nations High Commissioner for Human Rights (OHCHR) said: ‘While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.’

People with disabilities were already among the most marginalised in most communities – more likely to live in poverty, experiencing higher rates of violence, neglect and abuse – while healthcare, education and employment are often inaccessible.

People with disabilities have faced specific challenges due to COVID-19 response measures. Lockdowns create significant disruption and additional risks to their autonomy, health and lives. Many, who rely on formal support by assistants or service providers or informal support by relatives/friends, have lost this due to movement restrictions and physical distancing measures. In some cases, this has left them without food, medicine and medical facilities, and unable to bathe, cook or eat.



Innovation to Inclusion (i2i) aims to improve access to employment in the private sector for people with disabilities. It is a three-year programme based in Bangladesh and Kenya, funded by the UK Department for International Development (DFID) and being implemented by a consortium led by pan-disability charity Leonard Cheshire.

Key findings

Conceived and conducted by our partner DPOs, this survey gathered responses and personal stories from DPO members through in-depth telephone interviews. Our rationale was that people with disabilities living through the pandemic will have first-hand experience of how it has affected their daily lives. Working through DPOs also ensured we were able to reach people quickly, and capture experiences early in the pandemic, when effects were starkest.

Here are some of the headlines:

The vast majority of people with disabilities have been affected by COVID-19

Kenya



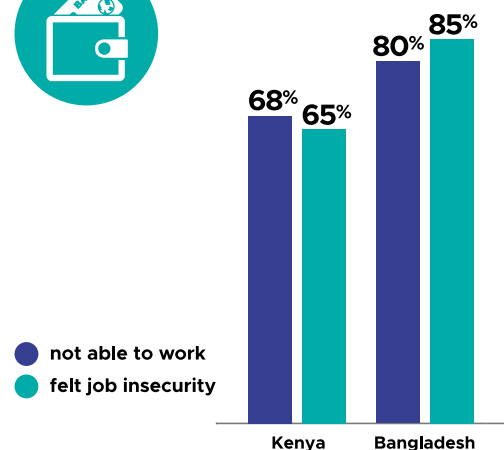
Bangladesh



In Kenya, **more than 92% of respondents** said their daily lives had been affected, pinpointing factors such as limited transport, restricted movement, a lack of available necessities, lack of contact with others at school, church and social functions, reduced income and the loss of their job or income. In Bangladesh, **100%** said their lives had been changed by the pandemic.

Employment and job insecurity

Many respondents surveyed in both Kenya and Bangladesh have faced employment and job insecurity. They were most concerned about their finances, due to a lack of access to government benefits and the impact of unemployment. In Kenya, **68%** of persons with disabilities reported not being able to work, while **65%** felt insecurity in their current jobs. In Bangladesh, **80%** reported not being able to work and **more than 85%** felt insecurity in their current job.



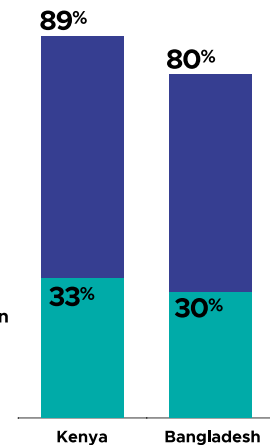
Access to general public information

Access to general public information on COVID-19 among people with disabilities we surveyed was high (**89%** in Kenya, **80%** in Bangladesh), mainly through television.

But access to information specifically on government support for employees was low. Only **33%** of respondents in Kenya and **30%** in Bangladesh said they could access this information.



- access to general public information on COVID-19
- access to information specifically of government support for employees

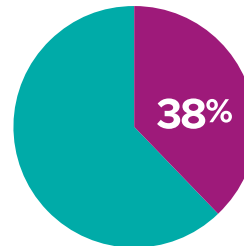


No access to all personal protective clothing (PPE)

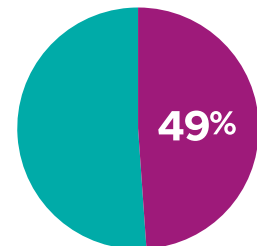
Over a third of people with disabilities surveyed in Kenya (**38%**) and half in Bangladesh (**49%**) reported not having access to all the necessary personal protective equipment (PPE) for themselves, their families or support workers.



Kenya



Bangladesh

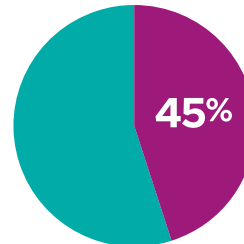


Reported disruptions to vital support

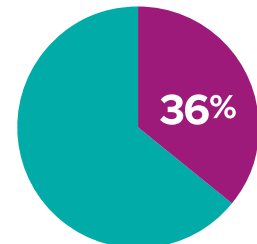
Many people with disabilities we surveyed in both Bangladesh (**36%**) and Kenya (**45%**) reported disruptions to vital support required to live safely and independently.



Kenya



Bangladesh



Almost half (**45%**) of respondents reported they were not continuing to receive the support required to live safely and independently.

Assistive technology and working opportunities

About 10% of respondents in both Kenya and Bangladesh were most concerned about lack of access to assistive technology and flexible working opportunities provided by employers.

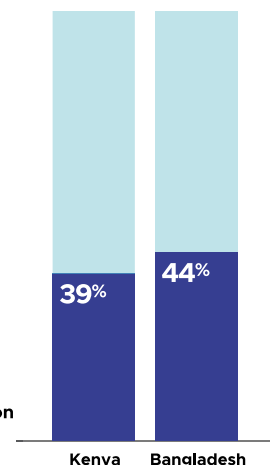


Disability discrimination

39% of those we surveyed in Kenya and **44%** in Bangladesh reported experiencing disability discrimination, including exclusion from vital services.



- reported experience of disability discrimination



Recommendations

COVID-19 has disproportionately impacted many persons with disabilities. Support and political commitment are required to ensure they can access essential services, including health and social protection, and medical facilities through this crisis.

From this survey, it is very clear that persons with disabilities are experiencing higher exclusion from COVID-19 responses. Governments need to immediately adapt appropriate measures to support people with disabilities, who are at higher risk of being affected by COVID-19, to sustain and protect their living standards.

People with disabilities and their families need targeted support around their income or loss of employment or business. Governments should ensure benefits are accessible to persons with disabilities, in some cases providing direct support for the relaunch of their businesses.

There is a need for fully accessible communications to reach persons with disabilities with messages about COVID-19, particularly around employment.

Measures to control the spread of the virus should be adapted for people and contexts where ongoing support is needed for those with disabilities to live safely and independently.

Salma, Bangladesh: 'I am very worried about my job security. The dress factory where I work as a sewing machine operator is fully closed. If I lose my job, I will be treated as a burden of my family.'

Maurice, Kenya:
'Information should reach persons with disabilities directly in a way and language they can understand.'

Esther, Kenya: 'We were dismissed on the basis that we shall spread the virus faster than those without disabilities. The reason was that we use our hands to support ourselves. We are also not able to reach the taps when washing hands.'

Encourage flexible work arrangements for persons with disabilities, including the provision of assistive devices and other technology to enable home working.

People with disabilities and DPOs should be included in decision-making, planning, implementation and monitoring of national COVID-19 responses, and these responses should be informed by high-quality disaggregated data which should be made available to policy makers and humanitarian responders.

Shamima, Bangladesh: 'Now I am working from home. But I am not getting the flexible working hours from my employee to perform my office tasks. Also, I am not getting any facilities from my office to do my job like internet.'

Karimi, Kenya: 'I feel people with disabilities have been left out and our needs not prioritised in the COVID-19 response. No county government official has reached to us to find out how we are coping and how they can support us.'

A disability inclusive COVID-19 response will better serve everyone, by providing more inclusive, accessible, sustainable and agile systems that can respond to complex situations and reaching those that are most in need.

We hope these findings and five recommendations will be used by governments, development organisations and civil society to ensure the rights and requirements of people with disabilities are fully considered in ongoing work and measures to tackle COVID-19. We will further analyse the findings to develop a toolkit for DPOs to use in advocating to address long-term economic impact of COVID-19 and preparedness for any future pandemics.

Want to find out more?

For more information about i2i's work with DPOs on data driven advocacy or to receive a copy of the full survey findings from Bangladesh and Kenya contact us on chris.mcwilliams@leonardcheshire.org

i2i would like to sincerely thank all of our partner DPOs in Bangladesh and Kenya who conducted the data collection for this survey.

Bangladesh: Access Bangladesh Foundation (ABF); Centre for Disability in Development (CDD); Centre for Services and Information on Disability (CSID); Alliance of Urban DPOs Chittagong (AUDC); Bangladesh Disabled Development Trust (BDDT); Bangladesh Society for the Change and Advocacy Nexus (B-SCAN); Disabled Child Foundation (DCF); Disabled Development and Research Center (DDRC); Human Rights Disability and Development Foundation (HRDDF); National Council of Disabled Women (NCDW); National Grassroots Disabilities Organization (NGDO); Shamaj Vitik Protivondi-O-Shishu Shurakka Shangstha; Women with Disabilities Development Foundation (WDDF).

Kenya: Albinism Society of Kenya; Coast Cerebral Palsy Foundation; Community United for the Advocacy of the Child (Comutac); Cerebral Palsy Society of Kenya (CPSK); Deaf Empowerment Kenya; Ecumenical Disability Advocates Network (EDAN); Embrace Inclusion; KADNETT; Kenya Disables Information Advisory Centre (Kediac); Kenya Paraplegic Organisation (Kpo); Kenya Union of the Blind; Seme Forum for Persons With Disability; Short Stature Society of Kenya (SHAK); South Nyanza Association of the Deaf; Special Olympics Kenya; Stitching Why Not?; Tinada Youth Organisation; United Disabled Persons Of Kenya (UDPK); USP Kenya; Vision of the Blind; West Kenya Deaf Development Group; Women Challenged to Challenge; Youth on the Move.

