

**An in-depth country-focused qualitative research study on the experience of persons with disabilities during and after the pandemic in Bangladesh[[1]](#footnote-1)**

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Table of Contents

[ACKNOWLEDGEMENTS ii](#_Toc72087603)

[EXECUTIVE SUMMARY iv](#_Toc72087604)

[INTRODUCTION 1](#_Toc72087605)

[METHODOLOGY 1](#_Toc72087606)

[MAIN FINDINGS 2](#_Toc72087607)

[THEMATIC DIALOGUES ON COVID-19](#_Toc72087608) 4

[1. CHANGES IN DAILY LIFE DUE TO COVID-19 4](#_Toc72087609)

[1.1 Daily life 4](#_Toc72087610)

[1.2 Wellbeing 4](#_Toc72087611)

[1.3 Access to Food & Water 5](#_Toc72087613)

[1.4 Personal Protective Equipment 6](#_Toc72087614)

[2. LIVING CONDITIONS DURING COVID-19 6](#_Toc72087615)

[2.1 Household Duties 6](#_Toc72087616)

[2.2 Extended Families 7](#_Toc72087617)

[2.3 Personal Assistants 7](#_Toc72087618)

[2.4 Institutions 8](#_Toc72087620)

[2.5 Living Independently 8](#_Toc72087621)

[3. ACCESS TO HEALTHCARE DURING COVID-19 8](#_Toc72087622)

[3.1 Access to Medical Services 8](#_Toc72087623)

[3.2 Access to information 9](#_Toc72087624)

[3.3 Access to Medicine 10](#_Toc72087627)

[4. CHANGES IN SOCIAL PROTECTION DURING COVID-19 10](#_Toc72087628)

[5. THE EFFECTS OF COVID-19 ON THE EMPLOYMENT OF PERSONS WITH DISABILITIES 11](#_Toc72087631)

[6. CHANGES IN CRIME AND VIOLENCE DURING COVID-19 12](#_Toc72087632)

[7. COVID-19 DISAGGREGATED DATA BY DISABILITY 12](#_Toc72087633)

[8. ADVOCACY 13](#_Toc72087634)

[9. RECOMMENDATIONS 13](#_Toc72087635)

[10. CONCLUSION 15](#_Toc72087636)

[ANNEX I 16](#_Toc72087637)

## **EXECUTIVE SUMMARY**

This is a qualitative research study that was carried out via the Stakeholder Group of Persons with Disabilities from March to April 2021 to enhance the additional and new experiences of persons with disabilities in the COVID-19 situation in Bangladesh. The research was carried out through semi-structured, in-depth interviews with individual persons with disabilities in open-ended queries and document analysis.

This research project was carried out remotely and included qualitative research, specifically with key informant interviews, and document analysis. Twenty-four persons with disabilities were interviewed and the selection process for key informants included consideration to ensure gender balance (12 women with disabilities and 12 men with disabilities), good representation of age, disability type and geographical representation of Bangladesh. The findings show that existing barriers have increased, and new challenges have emerged from society in response to the COVID-19 pandemic. The significant findings are as follows.

* Health facilities were/are not prepared for persons with disabilities, especially for persons with disabilities who have high support needs. The government has not set any indicators to detect COVID-19-affected persons with disabilities or given them priority access to vaccines.
* The unemployment situation of persons with disabilities did not receive any specific consideration, or cash support from the government. Also, employment opportunities for new job seekers have become scarce, and entrepreneurs with disabilities did not get enough support from the government in the financial stimulus packages.
* Lack of information and accessibility regarding COVID-19 in health care, employment, social protection, and education has hindered the recognition and realization of the 2030 Agenda for Sustainable Development’s principle of “leave no one behind” and has exacerbated the negative consequences of the pandemic for many persons with disabilities.
* The limitation of the social protection mechanism during emergency crisis was highlighted. These mechanisms usually provide disability allowances, but only nominally and quarterly or half-yearly. In this crisis, these allowances were not provided on an emergency basis.

The summary recommendations that emerged from the interview respondents include the following:

* Bangladesh has ratified the CRPD and is obligated by Article 4 (3) and guided by CRPD General Comment no 7, on how to have an effective strategy to engage organisations of persons with disabilities (OPDs) in government planning, implementation, monitoring and evaluation of COVID-19 response and within that ensure there is a separate indicator for persons with disabilities in data collection.
* Accessible information is critical in times of crisis and the Bangladesh government and other actors such as Civil Society Organisations, NGOs and OPDs must take a more effective role in disseminating accessible information regarding government steps for COVID-19 response.
* The government of Bangladesh should establish a specific mechanism to resolve healthcare, employment, entrepreneurial, accessibility and social protection barriers for persons with disabilities.
* The government of Bangladesh should review and revise its social protection policies together with persons with disabilities and their representative organisations to ensure inclusion in future emergencies.

There were limitations in this research due to lack of resources and barriers due to the pandemic, interviews could not take place in person, but instead over the phone and with other digital platforms.

The research findings can be used by local OPDs, bilateral donors, UN agencies and international NGOs to promote the rights of persons with disabilities. Additionally, this research can provide new findings to support evidence-based advocacy with the government and be shared with OPDs in other countries as well as contribute to realizing the 2030 Agenda and its Sustainable Development Goals.

**INTRODUCTION**

The world faced a global outbreak of the COVID-19 in 2020. The rapid spread of COVID-19 resulted in a significant slowdown of economic activities as lockdowns and social distancing measures were introduced and followed in most countries around the world to control the spread of the virus. As a result of closures, people all over the world struggled to maintain financial, social, and educational issues, and well-being. Closing businesses led to job and earning losses from which poverty increased and life has been hampered in every aspect. Moreover, the 2030 Agenda for Sustainable Development has been challenged by the pandemic and, with this, the development of persons with disabilities is lagging.

The COVID-19 pandemic has created significant disruption to the lives of persons with disabilities. This disruption is universal and non-discriminatory by nature, meaning that it impacts all countries regardless of their status of being high, middle, or low income. Persons with disabilities regardless of where they live are facing common discrimination. Recent campaigns by the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC) have highlighted how accessing life-saving healthcare interventions, public health promotion information and personal support services to be able to survive during lockdowns are among some of the critical issues impacting the lives of persons with disabilities worldwide. These factors, and others that have yet to be identified, require global and national level influencing so that the global commitments of the 2030 Agenda are strengthened for the remaining 10 years of their existence.

To help shape these recommendations, the Stakeholder Group of Persons with Disabilities aimed to gather additional and new information on the impact that the COVID-19 pandemic has had on persons with disabilities in Bangladesh to complement other studies. The project’s main aim was to collect national-level data and stories to help frame policy and programme responses post COVID. The findings from the country-level work in Bangladesh are framed within future policy and programming under the 2030 Agenda, particularly in the areas of health, social protection, employment, livelihood, and accessibility.

## **METHODOLOGY**

Qualitative research was used for this research beginning with primary sources by collecting and analyzing data. To collect data, the research took place from the second week of March to the second week of April 2021 in Bangladesh with semi-structured in-depth interviews with individual persons with disabilities in open-ended queries and document analysis. Due to COVID-19 lockdown measures and social distancing, all interviews were conducted by mobile phone. For deaf and hard of hearing people, Google Meet was used with the support of a Bangla Sign Language interpreter and writing to collect experiences. The interview questions focused on themes linked to COVID-19, including changes in daily life, living conditions, health care, safety concerns, unemployment issues, increasing violence and crime and lack of disability data.

After gathering the required data around thematic units linked to the pandemic, the findings were analyzed, combined, and disaggregated. However, a few of the respondents did not answer all the questions.

All names and identifying characteristics of research respondents have been changed due to privacy and security.

Twenty-four interviews were carried out with persons with disabilities, ages ranged from 22 to 55 years old, and interviewees represented several different disability groups. The interviews consisted of 12 women with disabilities and 12 men with disabilities. Respondents were selected from eight divisions from Dhaka, Chattogram, Sylhet, Barisal, Rajshahi, Mymensing, Khulna and Rangpur. Among those divisions, 12 live in cities, 11 live in villages, and three in peri-urban areas.

Interviewees comprised six OPD leaders, five students, four employed in other professions, two entrepreneurs, four unemployed and three who had no professions.

The study had limitations, including resources and the inability to have interviews in-person due to the pandemic-related measures.

## **MAIN FINDINGS**

Before the pandemic, collaboration between civil society organisations (CSOs), organisations of persons with disabilities (OPDs) and the government were progressing. The realisation of the UN Convention on the Rights of Persons with Disabilities (CRPD) was reflected through the implementation of the Sustainable Development Goals (SDG). But all the above-mentioned progress was discontinued during the pandemic. Consequently, the disability rights agenda has lagged in terms of access to health care, employment, and economic recovery. In most cases, during the pandemic, government high officials were not willing to meet in person, and additionally, reluctant to respond over the phone to advocacy issues related to disability rights. Consequently, this created a gap between OPD leaders and policymakers.

In the crisis response, the government has left out persons with disabilities from food and cash support because of their enrollment in regular social protection programmes. As a result, they have been deprived of emergency support indicating a gap between social protection mechanisms and emergency support policies. The local government representatives, particularly the political leaders, have ignored advocacy from individual persons with disabilities and OPDs creating distress among many persons with disabilities.

In this situation, OPDs came forward to support persons with disabilities with food and cash. Communities, community-based organisations, CSOs and corporate entities came forward to support persons with disabilities through OPDs. So, it is a good trend that has strengthened the relationship between OPDs and other organisations. As a result, collaboration among OPDs has significantly improved, which could benefit the disability movement.

Employment and livelihood have been hampered due to the impacts of COVID-19. Many people have lost their jobs which increases overall competition in the job market. So, it will be difficult for persons with disabilities, especially persons with significant disabilities to get new employment, especially in the private sector.

Educational institutions have been closed creating a backlog and delays resulting in more time to finish studies. Moreover, the digital divide is especially evident in education in the case of persons with disabilities. The unavailability of smartphones, computers, the financial capacity to buy mobile data to use the internet as well as low network coverage of mobile phone operators and the lack of broadband connection or low bandwidth in rural and remote areas are escalating the digital divide.

The lack of new jobs circulating, a prolonged educational life and the discontinuation of entrepreneurship have led many persons with disabilities into a depression and with increased anxiety. In the long run, it will hamper overall education attainment and job competencies.

In most cases, the respondents felt that they would be at risk in getting proper treatment if they contracted COVID-19. Moreover, they were concerned about their family members getting vaccines because of their dependency on them in their daily life, especially persons with significant disabilities. The lack of proper transportation and accessibility also hindered the opportunity to take advantage of treatment facilities.

Data regarding the status of persons with disabilities was not available anywhere. The government regularly publishes data on mortality rates due to COVID-19, but there is no such information available on persons with disabilities. There is no information on how many persons with disabilities have already been vaccinated, vaccine rollout for the population is currently 3%.[[2]](#footnote-2) The socio-economic impact on persons with disabilities has not been found in government or major CSO impact studies on COVID-19. But some OPD, CSO and international NGO initiatives have done small scale studies that reflect the marginalisation of persons with disabilities during and after the COVID-19 pandemic.[[3]](#footnote-3)

Hence, there is the risk of not achieving the leave no one behind principle, the data revolution of the 2030 Agenda, and the CRPD commitment to inclusive development and emergency response. We urge international development agencies and UN bodies to put more pressure on the government to provide data on the progress and measures taken to combat the pandemic for persons with disabilities.

## **THEMATIC DIALOGUES ON COVID-19**

A specific set of questions were used for the following thematic discussions with persons with disabilities to learn about their experiences in the pandemic. The questions are in ANNEX-1.

## **1. CHANGES IN DAILY LIFE DUE TO COVID-19**

### **1.1 Daily life**

Most of the respondents indicated that their daily life had been hampered in different ways, food supply was hindered due to lack of income or job cuts. Many families became dependent on their relatives' financial support, and, for that reason, consumption of nourishing food was reduced. Food supports were provided from different sources but most of the time that support was not targeted to reach persons with disabilities. For example, wheelchair users or persons with significant disabilities could not reach food support because of the lack of proper and accessible transport. There were also discriminatory announcements from Social Welfare Services that persons with disabilities receiving disability allowance (750 taka per month, approximately 9 USD) could not receive emergency food support.

Seventy-five per cent of the respondents indicated that negative attitudes toward persons with disabilities had increased in different aspects. For example, depriving persons with disabilities from government emergency support, and in a few families, not providing personal protective equipment or discontinuing regular medical therapies for family members with disabilities.

## **1.2 Wellbeing**

The public health measures, lockdown, and social distancing, reduced outside activities and hampered daily activities. This situation has increased loneliness, inactivity and contributed to decreased physical and mental wellbeing of many persons with disabilities.

Since many blind and partially sighted persons rely on a person as a guide, it became hard to go outside for work or other reasons and maintain social distance and without fear of getting the virus. In addition, the face mask made communication more challenging.

Eighty-three per cent of the respondents said the lockdown measure has had a huge negative impact on their mental wellbeing. Staying in the house for a long time, sudden job loss or unemployment, lack of proper food, fear of getting COVID-19, the unavailability of required treatment, closing of educational institutions for over a year, and no possibility of getting new jobs were the main reasons for depression and increased anxiety among the respondents.

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## **1.3 Access to Food and Water**

During the lockdown, 67% of the respondents said that they had difficulty obtaining food and water. The main reasons were due to economic insecurity because of unemployment or the sudden shutdown of small businesses, which are linked to daily income. Many of the respondents indicated they had been forced to discard fish or meat from their diet as they could not afford them. Some of them ate only dry foods like chira, muri and biscuits as those were available in the home. Due to the lockdown, many people were unable to go to the market and the government did not provide any food support at that time. In such circumstances, some respondents had to ask or rely on the support of their close relatives to get their daily food.

Middle-income families had another dilemma. They were not able to ask for food support, yet at the same time, did not have money to stock food. Even city dwellers could not easily access food, and thus most had to depend on dry foods.

In Bangladesh, except for the saline area of the southern part and hilly areas of the southeast part, there is usually not much of a problem with the water supply. People get water through the government water supply and their own tube wells. But the problem is that sometimes in some places dirty water comes from this supply, or not enough water is supplied. Out of 24 respondents, 67% said they had problems getting water and food supplies. Most of the respondents got water through the tube well. Water Supply and Sewerage Authority (WASA) and Municipality also supplied water. However, in few cases respondents had to purchase water for daily activities as the supplied water was not safe to drink or sufficient. One respondent said that they got dirty water from the supply. They had no other option but to use that water by boiling and filtering it.

***“The water we get here is very dirty, we got more dirty water during the COVID-19 period. We are boiling and filtering to drink but I do not know how safe it is. I hardly got safe drinking water that is supplied in our area. Even sometimes the water that is sold in jars also is dirty. I think that due to COVID-19 this problem has scaled up.”***

In some places, it was hard to fetch water from tube wells in lockdown situations because police were guarding the tube wells and for some respondent’s, the distance was a problem. In that case, maintaining hygiene was not possible in the proper manner because of the cost to buy hygiene products, especially for persons with significant disabilities.   
  
In villages, people have to depend on pond water which is not very safe. In some cases, tube wells were far away for persons with disabilities. The supply of ground level water was not enough in some places and in these cases an electricity supported motor was needed to acquire the water. But in rural areas, electricity supply cuts interfere with the continuous flow of water. For that reason, it seemed that some families needed to cook food for a few days at a time and keep the food in the refrigerator. But again, power cuts or insufficient electricity supply increased the chance of food rotting and subsequently risking health.

## **1.4 Personal Protective Equipment**

Personal protective equipment (PPE) was not provided by the government or the private sector for persons with disabilities. Personal protective equipment was not accessible due to the high cost and lack of availability. In a few cases, one face mask was delivered per family by the Health Department authority in Cumilla and one participant received PPE from the Health Department of Gazipur. Another participant received a special dress to protect himself when he was working with the Upazila Nirbahi Officer - UNO (sub-district executive officer) as a volunteer. However, other than these three out of 24 respondents, no one received any PPE. Other respondents collected protective materials (only masks and sanitiser) on their own initiative and with their own money. A few persons with disabilities got masks from government agencies or others.   
No one indicated any difficulty wearing protective materials. However, in Bangladesh due to the warm weather, some of respondents found it challenging and hard to wear a mask for a long period.

## **2. LIVING CONDITIONS DURING COVID-19**

## **2.1 Household Duties**

Many respondents lost their jobs due to the pandemic and became dependent on family members or other relatives. Since educational institutions have been closed for over a year, parents or other family members needed to provide extra care to the children at home to continue their studies. There were online classes but access to these classes outside of Dhaka was less likely due to poor internet connections. A sister of two girls with intellectual disabilities said that it was very difficult for her sisters to stay home being excluded from their regular activities, especially cultural events they used to take part in and enjoyed. So, it became her extended duty to keep them busy and at the same time help them with their studies.

In most cases, male partners did not help with household duties, but due to spending extra time at home, they did take on some responsibilities. Youth with disabilities have shopped, cleaned the home, assisted their younger siblings with school and more. One of the respondents indicated that they have to do small scale household technician’s works and other work, such as changing electrical equipment or fixing water taps, which were left broken for a long time. Another respondent said that she had become responsible for her nephew’s education because her sister lost her job and could not pay her son’s tuition.

Both positive and negative impacts developed between family members from staying at home for a long time during the lockdown. Some said the relationship between the husband and wife got closer because they had more time together and others said that being home for a longer period increased clashes.

## **2.2 Extended Families**

Due to lack of daily work and financial constraints, some people started to live with their families in limited living spaces. For instance, three people shared one small bed. In addition, children required more time than usual since they were home all the time. In the case of having a newborn baby in a family, there was extra responsibility, attention and care needed.

Many people were struggling at home due to lack of income and having unemployed members of the family. In many families because of job cuts or no work, some members had to return home to villages from cities. So, the limited space or options of a home such as room, bed, kitchen, and toilet, which were used by two or three members, now had to be shared with double the number of people.

One of the respondents shared that his son returned home because his educational institution closed due to the lockdown. But he did not have an extra bed for him, since there were only two beds in the room, one for his wife and him and the other for their grown daughter. There was no space to put another bed inside the room, so a bed was placed outside the room for his son.

## **2.3 Personal Assistants**

In Bangladesh, personal assistant care for persons with disabilities is not provided by any government institution. It is arranged by the individual person or their family. So, the COVID situation is no different. Lack of personal assistant support created barriers for many persons with significant disabilities to attend regular medical checkups. Additionally, deaf and hard of hearing people have been significantly left out from receiving important information regarding COVID-19 because it is not provided in Bangla Sign Language. Before the pandemic, an interpreter could accompany a deaf person, but now it is very hard to find available sign language interpreters.

Out of 24 respondent, 54% persons with disabilities said that there were barriers in getting personal assistants after the COVID-19 pandemic, 29% persons said it did not affect them and for 17% of persons, it was not applicable because they did not need any personal assistance or have close relatives who provide support.

## **2.4 Institutions**

Persons with disabilities living in institutions do not have a good connection with persons with disabilities living outside of institutions. In Bangladesh, institutions refer to the college or university hostel, working men or women hostel, special school hostels, and so forth. Most of the people living in institutions had to leave and return to their villages because there was no support or access to food during the lockdown. Most of students with disabilities who live in special schools run by the government are very poor. Since all educational institutions have been closed since the pandemic started, students had to return to their families. But now, find themselves living in a helpless condition because most of their families cannot provide food three times a day. In addition, persons with disabilities living in institutions were afraid to accept support from unknown people for fear of contracting COVID-19.

Fifty-four per cent of the respondents did not know about the situation of persons with disabilities who were living in institutions, 42% said they have some information and 4% had no idea.

## **2.5 Living Independently**

Most respondents, 96%, showed frustration at not being able to go out freely for a longer period. Blind and partially sighted people in particular feared assistance and being touched and getting COVID-19. These situations caused isolation from friends and increased loneliness. Some respondents with significant disabilities lost or had to let go of their personal assistants due to COVID-19 infection risks, which reduced their independence enormously. Some respondents due to job cuts became dependent on family members or others for support due to lack of income.

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## **3. ACCESS TO HEALTH CARE DURING COVID-19**

**3.1 Access to Medical Services**

No services were provided for persons with disabilities as a priority group. If a person with a disability needed to take a COVID-19 test, no priority access was available and persons with disabilities needed to wait in the queue where COVID-19 tests were provided. In some cases, by request, persons providing the services, can give priority, but it is not guaranteed. Some persons with disabilities had to reduce their medical requirements for lack of available facilities, due to living in a village, lack of accessible transport and lack of personal assistant support.   
  
No measures existed in hospitals to fulfil requirements of persons with disabilities if infected with COVID-19. There was no information on how to support a patient with a disability that varies from person to person or in an emergency case.   
Eighty-three per cent of respondents were afraid that if they were infected and needed to stay at the hospital, they would not receive the same lifesaving procedures provided to the general public. Hospitals did not allow personal assistants to stay with patients with disabilities. As a result, one participant with a spinal cord injury could not go to the doctor for over a year since the start of the pandemic. She needed treatment for her pressure sores, fresh blood replacement for lack of hemoglobin and more. These treatments were not available in the village where she was residing, so her health has declined, and she is in a precarious situation. Another respondent with multiple disabilities said he used to get medical check-ups every month, but due to the COVID-19 crisis, he has only been able to go twice a year.

Another participant, who needed a checkup twice a month and was supposed to have surgery, had to wait for two months. If the surgery could have been done on time, he would have recovered 90 per cent from the illness but since the surgery was delayed, he only has recovered 75 per cent.  
A woman with a significant disability said her medical checkups had been severely hampered during this situation. She had a hip injury that needs to be operated on immediately but due to the pandemic, she could not and is now unable to get out of bed. Due to lack of appropriate transport and accessibility, she could not go to her checkups. Additionally, doctors are busy with only COVID-19 patients so other diseases are not prioritised. Some respondents shared that some hospitals would not treat a patient unless the patient has a negative COVID-19 test, creating another barrier for persons with disabilities to access treatment.

## **3.2 Access to information**

Persons with disabilities overall lacked awareness about COVID-19 with 71% of respondents indicating that they were not receiving information properly. Persons with disabilities active on social media were a bit ahead in receiving information. However, due to poor internet connections, and those living outside of Dhaka, many did not receive information properly. Also, interviewees were not aware of information on websites.

Deaf people were the most affected by this situation since there was no sign language interpretation services in healthcare facilities or to acquire COVID-19-related information. If a sign language interpreter accompanies a deaf person to a medical setting, there is access to information, but without this, doctors are not willing to accommodate and write down information and instructions. Consequently, many deaf people do not know vital information such as where to go if they contracted COVID-19. In turn, TV and social media have been the most useful tool in sharing information in an accessible way.

Blind and partially sighted persons also faced accessibility barriers in accessing information. Twenty-one per cent were able to access relevant information provided on websites and for 8% this was not accessible.

Some OPDs and NGOs provided information through Bangla Sign Language (BaSL) on websites. During the first phase of the pandemic, the government did not provide any BaSL interpretation in their regular COVID-19 bulletins. After successful advocacy efforts led by OPDs, BaSL interpretation was put in place. Moreover, the lack of BCC and IEC materials and their proper dissemination have hindered the large font documentation from the government and NGOs.

## **3.3 Access to Medicine**

No emergency medicines are provided or available for persons with disabilities to collect or be distributed to if required. Fifty-four per cent of respondents with disabilities collected their regular medicine from pharmacies in their neighborhoods and most got treatment through family doctors. There were no government medical services for persons with disabilities and 33% of respondents said that they could avail themselves the government and private medical services and to 13% it was not needed.

## **4. CHANGES IN SOCIAL PROTECTION DURING COVID-19**

Persons with disabilities receive a disability allowance stipend[[4]](#footnote-4) through the Social Protection Services of Safety Net Policy of the Government in Bangladesh. However, during the pandemic, there was no measure taken to provide emergency support to persons with disabilities. Fifty-four per cent of respondents said that they received no support from the government under social protection.

Still, 33% of respondents think that the process got better from before because the government has taken the initiative to send the allowance through mobile phones, so the challenge of collecting those amounts from the banks will be reduced. Thirteen per cent had no idea about the situation.

Moreover, the government announced that beneficiaries of any other government's regular social protection scheme would not receive emergency food or cash support. So, in this case, most persons with disabilities were left out of the COVID-19 emergency support.

Some initiatives were taken by Neuro-Developmental Persons with Disability Protection, a trust to provide food which was already inadequate prior to the increased demand. Furthermore, the National Disability Development Foundation allocated a 10-million-taka budget which is less than 7 cents for each registered person with a disability throughout the country for food support. The National Disability Development Foundation also distributed 1 million seed money for persons with disabilities from Dhaka through the local OPDs.

As mentioned earlier, no one received the government emergency cash support, but 21% of respondents received cash support from OPDs and NGOs. From the local government, 67% of respondents did not receive any support and 33% said that they received food support.

## **5. THE EFFECTS OF COVID-19 ON THE EMPLOYMENT OF PERSONS WITH DISABILITIES**

In most of the cases, income and support given by authorities for persons with disabilities has decreased, greatly affecting people’s daily lives with 96% of respondents expressing that this has significantly hampered their employment or livelihood.Unemployed persons with disabilities expressed frustration due to few new jobs and no new recruitment processes available.

Entrepreneurs with disabilities did not get enough support from the government’s financial stimulus packages. In most cases, they did not get the relevant information and believed that they would not get the fund because of their disability.

One woman entrepreneur with a disability shared that her business closed because of the first phase of the COVID-19 lockdown which made her default in a microcredit scheme. She was not able to recover this with a new loan or rebate. She used to participate in different fairs to sell her products every year but during the pandemic, those fairs were cancelled, and she could not sell her products to pay portions of the loan. Consequently, she has been living in a challenging state trying to survive with dignity.

Two women with disabilities said that they were fired from their jobs without prior notice or written reasons.

Additional barriers include women with disabilities living in working women hostels having problems using technology like smartphones or laptops. These devices are not allowed to be used at the hostel. This creates a significant barrier for those who lost jobs and need to find another job or participate in a training online.

Out of 24 respondents, only 17% had the opportunity to work remotely and in turn faced barriers, 4% had no obstacles and for 79% there was no option to work from home.

## **6. CHANGES IN CRIME AND VIOLENCE DURING COVID-19**

One of the respondents shared that as a student he used some of his tuition to contribute to his family’s expenses. But due to the closure of educational institutes, he lost his earnings. As some of his family members also lost their jobs and with little money to survive, he fears that if the situation gets worse, then his brothers might throw him out of the house as he would be considered a burden. At times, his family members beat him for minor reasons, but he cannot say or do anything because of the fear of losing the support and shelter that he needs to complete his graduation.

Three respondents shared that an old enemy became more violent during COVID-19. Mostly these are family enemies linked to family properties. Thus, they are feeling more insecure in this position. Overall, 58% of respondents said that they are worried that crime or violence might happen to them.

## **7. COVID-19 DISAGGREGATED DATA BY DISABILITY**

The government is disaggregating COVID-19 data by gender daily. Details are shared on [the Bangladesh COVID-19 Dashboard website](http://dashboard.dghs.gov.bd/webportal/pages/covid19.php) and in press briefings. Unfortunately, data has not been disaggregated by disability. Ninety-two per cent of respondents said they found no COVID-19 related data on persons with disabilities from the government or non-governmental sources.

Persons with disabilities were not even included in the disaggregated data provided by the government for cash or food benefits. Moreover, the socio-economic and health impacts from COVID-19 on persons with disabilities are missing in most of the civil society studies. Some disability-based organisations and a few mainstream organisations have considered including the status of persons with disabilities.

The government is providing vaccines to people 40 years old and above. This service is delivered through an [app](https://surokkha.gov.bd/). Most of the respondents knew about the app and some had used it. Yet there are barriers with it, such as the app is inaccessible for blind and partially sighted people. Also, 96% of respondents indicated that the government did not provide information or plans on how persons with disabilities could access the vaccine. Furthermore, there is no disability indicator to collect data of vaccinated persons with disabilities.

To understand the accurate scenario of persons with disabilities in the pandemic, some surveys were carried out by OPDs, NGOs and international NGOs in Bangladesh. One of the surveys took place in April and May 2020 via the program Innovation to Inclusion (i2i) that supported OPDs in Bangladesh and Kenya to understand the [Impact of COVID-19 on the lives of people with disabilities](https://www.edf-feph.org/content/uploads/2020/12/i2i-covid19-survey-accessible.pdf). The BRIDGE Foundation conducted an [online survey with 73 persons with disabilities on COVID-19 preparedness](https://www.theindependentbd.com/post/246047). The leading international NGO BRAC conducted a survey titled ["Brac’s skills development program"](https://www.dhakatribune.com/opinion/op-ed/2020/05/16/the-ones-overlooked) with 65 respondents to assess how COVID-19 impacts persons with disabilities. The survey found that persons with disabilities need the most help during a crisis, whether in the form of cash or food assistance or access to medical services.

## **8. ADVOCACY**

Due to lack of funding and human resource shortages, most OPDs have carried out fewer activities due to the pandemic, and as a result, this has impacted advocacy efforts to combat COVID-19. The government is also less interested in meeting with OPD representatives. National level consultations have been organised by some OPDs and CSOs in which grassroot OPDs did not get the opportunity to participate or provide input. Only 17% of the respondents said that they were involved with advocacy efforts toward the government; most being OPD representatives.

## **9. RECOMMENDATIONS**

* Priority should be given to persons with disabilities, their personal assistants, and family members to get the COVID-19 vaccine.
* COVID-19 tests should be free and accessible for all persons with disabilities and free home service should be available for persons with significant disabilities.
* The government should change the discriminatory practice of excluding persons with disabilities from their COVID-19 cash support who are receiving regular cash or kind support from any other government social protection program. The distribution of cash support needs to be swifter in delivery and the amount should be increased.
* Review and revise the social protection policy to be more inclusive for a future emergency.
* Food support and other benefits need to be delivered to the homes of persons with disabilities, particularly those with significant disabilities.
* COVID-19 information needs to reach all persons with disabilities, especially blind, partially sighted, deaf, and hard of hearing individuals. The media needs to disseminate information to all persons with disabilities and their families.
* The [government has a guideline regarding health facilities for persons with disabilities](https://dghs.gov.bd/images/docs/Notice/31_03_2020_Disability%20considerations%20during%20the%20COVID-19%20outbreak_HM_formatted.docx.pdf) but due to no promotion of those guidelines, most persons with disabilities do not know about it. It needs appropriate monitoring and implementation of the instructions so that persons with disabilities can access the proper facilities.
* To overcome the conditions of stress, anxiety and depression, an online counseling system can help persons with disabilities.
* Create a mechanism to resolve healthcare, employment, entrepreneurial, accessibility and social protection problems for persons with disabilities.
* Increase accessibility, especially for independent living, healthcare services, transport, and public places. Also, there is a need to arrange special emergency transport services for persons with significant disabilities.
* Online education facilities must reach all persons with disabilities and a budget for reasonable accommodation should be allocated to persons with disabilities to purchase smartphones and personal computers.
* International NGOs, bilateral donors, and UN agencies should have an effective role to engage OPDs in government planning, implementation, monitoring and evaluation of COVID-19 response and create a separate indicator for persons with disabilities in data collection.
* All data regarding the socio-economic impact of COVID-19 must be disaggregated by disability.
* Civil society organisations, NGOs and OPDs have to take a more effective role to disseminate information regarding government steps for COVID-19 response in an accessible and comprehensive way.
* Besides the inclusive plan of each ministry and department, a comprehensive plan needs to be taken for persons with disabilities to support them in the pandemic, especially in the healthcare, employment, social protection, and education sector.

## **10. CONCLUSION**

Persons with disabilities are the furthest behind in many areas of the pandemic response. This situation is exacerbated in consequences from any human-created catastrophe or natural calamity. COVID-19 is so widespread, and our global interdependency has reached an unprecedented level. Hence, lockdown and maintaining social distancing create a vacuum that make life difficult for persons with disabilities. As a nation in the Global South, the Bangladesh government has taken necessary steps to combat the COVID-19 pandemic. But due to the systematic loopholes in transparency, accountability and proper monitoring systems, actions have not reached the marginalised and underrepresented people, including persons with disabilities. International organisations, bilateral organisations and UN bodies also have a role to play to realise the Sustainable Development Goals as well as CRPD articles. Local OPDs will be leading the way to promote the rights of persons with disabilities.

# ANNEX I

Interview questions

**Life**

* Is your life threatened by the pandemic, or has it created an increased risk to your health and disability? If yes, please explain.
* Have you experienced any increased negative attitudes/or discrimination towards you in your community or elsewhere during the pandemic?
* How has your mental well-being been affected by the pandemic?
* Due to the pandemic, did you have difficulty accessing food or clean water? Or has the pandemic increased this difficulty?
* If you do not have access to clean water, how do you wash your hands?
* Do you (or did you) have difficulty obtaining personal protective equipment (PPE), such as a mask, gloves, or gown? And did you have difficulty wearing or putting the PPE on? If yes, please explain.

**Safety**

* Are you feeling more vulnerable or at risk to crime? If yes, explain why?
* We would like to ask some personal questions about your safety in your home, is it okay to ask this? If yes: Are you experiencing any new kinds of violence due to the change in daily-life activities? If yes, where? (e.g., at home, on the street).

**Living conditions**

* How have family member roles in your household changed due to the pandemic? Are there new or additional responsibilities, e.g., parents being teachers to their children?
* How has a shared living space with extended family members affected you and your household?
* Has the pandemic made it more difficult to live independently? If so, how
* Has the pandemic impacted vital services such as personal assistants?
* Are you aware of what is happening to persons with disabilities who are in institutions?
* Are you aware of how the pandemic has affected internally displaced persons with disabilities and refugees with disabilities?

**Healthcare**

* Are you concerned that if you contract COVID-19 that you will not receive life-saving procedures, or not receive equally to others?
* Are you aware of any policies where you live that would affect you in receiving treatment equally to others?
* In healthcare settings, are you able to fully access information, e.g., via language interpreters? If not, please describe the situation.
* Can a personal assistant or sign language interpreter accompany you in healthcare settings? If not, please describe the situation.
* Are you able to access hospitals to receive non-elective surgeries or treatment or even life-saving procedures during the COVID-19?
* If you require medication or other medical supplies, how do you get these items during shelter-in-place situations?
* Has your access to regular medical treatments and regular follow-ups been impacted during the pandemic?

**Social protection**

* Have social protection measures changed in your country, such as previous policies getting worse or going backward?
* Are social protection benefits being provided? How?
* Have you received any cash benefits related to COVID-19?
* Have any new measures been put in place to ensure your safety?
* Is your local government providing you with any support during the pandemic (e.g., delivering groceries or medication)?

**Employment**

* How has the pandemic affected your employment/livelihood opportunities?
* If you are working remotely, have you encountered accessibility barriers? If yes, please explain.

**Emergency plans**

* Have you been able to access your national and/or local COVID-19 emergency plans? Have you been targeted for outreach to share this information?
* Are the emergency plan websites, official government announcements and documents accessible? If not, please explain.

**Data**

* Please share any resources on national-level data and COVID-19, related to persons with disabilities and/or general information.

**Advocacy**

* Are you part of any advocacy efforts to influence decision-makers to include persons with disabilities in responses such as access to information, access to social protection, and/or access to vaccines?

**Vaccines**

* Has your government shared any information/plans on how persons with disabilities may access the vaccine in your country?
* Have you encountered barriers in accessing required information on the vaccine and/or receiving the vaccine? If yes, please explain.

Please provide any other information that you’d like to add.

**Closing**

Thank you very much for your time. Please let me know if you have any questions. If you would like, we can share the answers after we’ve written them so you can add and/or correct anything that we’ve written. In addition, if you have any information that you’d like to add later, please contact me.

1. This research study notes that the pandemic is still on-going as this report is being published. This research was carried out and written by Salma Mahbub and Muhammad Iftekhar Mahmud. [↑](#footnote-ref-1)
2. At the time of publishing this report, the [vaccination rate in Bangladesh is 3.1%](https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/bangladesh/) {accessed May 28, 2021} [↑](#footnote-ref-2)
3. See Inclusive Futures Initiative which includes country level reports on the impact of COVID-19 <https://inclusivefutures.org> {accessed June 18, 2021} [↑](#footnote-ref-3)
4. The disability allowance distribution process was the same to collect the instalment of quarterly or half-yearly instalment from different banks which did not make any attempt to ensure distribution maintaining social distance and in some districts, the allowances were not distributed at all. The process of distribution of these allowances through mobile by the G2P (government to person) system has been under process for over two years. No initiative was taken so that in this crisis, persons with disabilities could receive the allowance faster than before. Bringing all registered persons with disabilities under coverage, made the distribution of allowance even slower. So, they had to wait for 3 to 9 or more months to get the cash in hand. [↑](#footnote-ref-4)