

Engaging with organisations of persons with disabilities in humanitarian response

Reflection from CBM Global's Covid-19 response
in Bangladesh, Indonesia, and Nepal



Table of contents

Setting the scene	3
Responding to the impact of Covid-19	4
Overview of the Covid-19 response	5
Country-specific achievements	6
Working towards equal partnership with OPDs	9
A partnership that changed perceptions	9
New capacities and practices developed	10
Reflection on lessons learned	11
Strengthen organisational capacity and emergency preparedness	11
Invest in accessible technologies and support services	11
Promote disability inclusive community engagement	11
Recommendations	12

Setting the scene

.....

CBM Global Disability Inclusion (CBM Global) has been supporting the inclusion of persons with disabilities in humanitarian action for over 10 years. Our engagement with, and support to persons with disabilities and their representative organisations to work with humanitarian actors is a fundamental [cross-cutting approach of all our work](#) to promote and implement inclusive preparedness, relief and recovery operations.

CBM Global is further piloting innovative initiatives in collaboration with IOM and the Disability Reference Group (DRG)¹ at the global level, where organisations of persons with disabilities (OPDs) and other disability representative groups (depending on the context, these groups may be peer support groups, disability committees set up in camp settings or similar) are supported to engage in humanitarian action. The evidence generated through these initiatives will not only support CBM Global to further strengthen its partnership approaches with OPDs but will also generate knowledge for humanitarian actors at large.

This brief, which captures some of the outcomes from CBM Global's early response to the Covid-19 crisis in 2020-2021, is a contribution to the practical implementation of the Inter-Agency Standing Committee (IASC) Guidelines on inclusion of persons with disabilities in humanitarian action. It is framed around two of the Guidelines' 'Must do' actions: 1) Participation, and 2) Empowerment and Capacity building². We hope that this brief can stimulate further action and sharing of experiences to enrich the understanding of approaches to support localised, disability inclusive humanitarian responses.



Covid-19 prevention measures during in-kind distribution in Helambu, Nepal. © CBM Nepal

¹ [Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action | International Disability Alliance](#)

² IASC Guidelines, [Inclusion of Persons with disabilities In Humanitarian Action](#) , 2019, pp. 69-70.

Responding to the impact of Covid-19

The Covid-19 pandemic continues to impact people's lives and increase socio-economic inequalities globally with the risk of jeopardising livelihoods for years to come. Persons with disabilities are among the groups most affected by any crisis regardless of where they live³. While efforts were made by humanitarian agencies to include persons with disabilities in Covid-19 responses, recent research⁴, including that carried out by the Stakeholder Group of Persons with Disabilities in collaboration with CBM Global, in Nigeria, Bangladesh and Bolivia⁵ has indicated that gaps remain between the guidelines and the policies put in place to ensure that persons with disabilities were not left behind, and their practical implementation in most countries.

A coordinated and disability inclusive Covid-19 response

Following the onset of the pandemic, CBM Global set-up a specific task force to coordinate the response to Covid-19 across our programme countries. Aligned with our partnership approach, the engagement with, and support to OPDs, were key components of the responses to the pandemic in Bangladesh, Indonesia, and Nepal. While the types of interventions were adapted to each specific country context and partner, they shared similar programmatic elements, including:



Provision of basic needs assistance (cash distribution and in-kind distribution of food and non-food items) to most-at-risk households.



Providing inclusive health and mental health services.



Advocacy and influencing of key stakeholders for disability inclusive response and recovery.

In each country, the set-up of the partnerships differed. In Nepal, CBM Global supported a consortia model partnership with two national NGOs and one OPD, implementing different components with the aim to enhance the response. In Bangladesh and Indonesia, two national NGO partners led the response in collaboration with OPDs. Thus the role of OPDs varied across the three responses, ranging from providing technical advice on key issues, such as accessibility and reasonable accommodation, to leading advocacy components.

³ United Nations, "Global Humanitarian Response Plan COVID-19 (April – December 2020)", May 2020 Update. The [Global Humanitarian Response Plan on COVID-19](#) has identified persons with disabilities as one of the most affected population groups in the 63 countries covered by the plan.

⁴ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00625-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00625-5/fulltext)

⁵ <https://cbm-global.org/news/experiences-of-persons-with-disabilities-covid-19/>

Overview of the Covid-19 response

Bangladesh – Collective efforts on inclusive Covid-19 humanitarian action

Implementing partner: Center for Disability in Development (CDD).

- Provision of inclusive community mental health and psychosocial support and distribution of cash to most-at-risk households.
- CDD supported the National Council of Disabled Women and other OPDs to influence the Covid-19 response of the government and other stakeholders at national and local levels and supported identification and referral of persons with disabilities to relevant health and social support services.

Indonesia – Inclusive response to Covid-19 in Yogyakarta

Implementing partner: Yakkum Emergency Unit (YEU) in collaboration with the OPD SIGAB.

- YEU provided health care services, including psychosocial support and psychological first aid targeting most-at-risk groups, including persons with disabilities, and distributed cash support to cover basic needs of most-at-risk households.
- SIGAB produced accessible Covid-19 prevention information to ensure persons with disabilities access to prevention measures. They also influenced government and other organisations to address needs of persons with disabilities by disseminating policy briefs and guidance.

Nepal – Collective action for inclusive Covid-19 response initiatives

Implemented by a consortium of partners: National Federation of Disabled People Nepal (NFDN), Center for Mental health and Counseling Nepal (CMC), and Support Activities for Poor Producers Nepal (SAPPROS).

- Disability inclusion in Covid-19 response – NFDN produced and disseminated accessible information on Covid-19 (ensuring sign language, audio material, videos etc.). They also influenced local and national authorities.
- CMC provided inclusive mental health and psychosocial support to the affected population, involving persons with disabilities as peer responders.
- SAPPROS distributed in-kind assistance of food and non-food items to most-at-risk households.

Country-specific achievements

Bangladesh: Psychosocial support through 'peer responders' model

This approach entailed the provision of door-to-door psychosocial support to communities affected by the pandemic. The engagement of peer responders who themselves had disabilities was essential, both in terms of communicating with the communities and the identification of persons with disabilities needing psychosocial support.

While there are important challenges overall for people to get mental health and psychosocial support at the community level in Bangladesh, this experience has shown that by training volunteers from community organisations on psychosocial first aid, peer responders can be an effective way of confronting social stigma around mental health and disability.

The project also established so-called Age and Disability Focal Points in the project locations, identifying needs of persons with disabilities and referring them to social protection schemes and Covid-19 response activities provided by various government services and organisations. OPD partners managed the Age and Disability Focal Points and supervised a team of volunteer social mobilisers that mapped available services and identified, analysed, and prioritised community needs to match their referral. The information gathered about risks and barriers faced by persons with disabilities was shared with humanitarian actors to improve overall Covid-19 responses.

The combination of door-to-door visits by the peer responders and activities to enable disability inclusion across the response through the Age and Disability Focal Points, contributed to reach more persons with disabilities than otherwise might have happened.



One peer responder from a local OPD meeting with a person outside his house ©CBM & CDD

“This was a new experience, creating great value for us. By piloting and adapting CBM Global’s guidance on inclusive targeting we now have also realised that focusing only on disability inclusion is not enough, that there are other at-risk groups in the communities we need to work with closely to ensure that we’re truly inclusive and leave no one behind.”

Nasima Akter – President, National Council of Disabled Women, Bangladesh

Indonesia: Scaling up disability inclusion advocacy

In Indonesia, the OPD partner (SIGAB) conducted research on the impact of Covid-19 on its members. Together with other data from the project's needs assessment and inclusive targeting, they put together evidence to influence broader Covid-19 response programmes, including the recovery social protection schemes at the national level to consider the needs of persons with disabilities.

With the support of YEU, SIGAB and other OPDs started engaging in the Disaster Risk Reduction (DRR) Forum in Yogyakarta to influence broader government and non-governmental actors to include disability and older age considerations in the Covid-19 response. Their joint efforts have resulted in the issuing of the second edition of the 'Resilient Village' guidance, which is a reference for community Covid-19 responders to ensure inclusion of high risk groups and provides information on how to coordinate with the governmental Covid-19 task force and units. One chapter focuses on ensuring persons with disabilities are considered in prevention and control of Covid-19.

.....

“We now have a much better understanding of disability inclusion not only theoretically but practically, and we make sure that ‘Nothing about us, without us’ is not only a jargon but becomes a reality.”

Dr. Sari Mutia Timur – Director, Yakkum Emergency Unit, Indonesia

.....



One enumerator collects information from a household in the Sidoarum village, in Sleman district for the cash assistance support. © Yusnita Sofi D.

Nepal: including persons with disabilities in community response coordination

The Nepal Disability Rights Act 2074 (2017) says that Disability Coordination Committees should be established at municipal level, but none of the municipalities included in this project had yet set them up. The consortium partners therefore agreed to form inclusive committees to support the selection of households to receive in-kind assistance. This required dialogues with the local authorities who were initially not convinced to establish such committees, but once implemented it has been considered a good practice. Together with the convener role played by NFDN members at the municipal level, local disaster committees in the areas targeted by the project have now started inviting persons with disabilities to become involved.

The National Federation of Disabled Nepal (NFDN) furthermore supported the formation of a Disability Coordination Committee in one of the municipalities of the Sindupalchowk district. The Disability Coordination Committee, which is still active, ensures that the concerns of persons with disabilities are considered at the local level, including in emergency preparedness and response. Building on this experience, NFDN has added this to its advocacy priorities towards the government, to reinforce these committees across the country.

“This was a good opportunity for NFDN to get hands-on experience in implementing inclusive humanitarian response. While we felt confident in the ‘what’ part mainly related to the advocacy, the ‘how to’ was quite tricky and at the same time, exciting to learn. We also acknowledged that alone we would not be able to achieve the results on such a scale. This engagement has also helped us realise the importance of preparedness and investing in capacity building, especially at the local level.”

Bimal Paudel – National Project Coordinator, National Federation of the Disabled Nepal



In-kind distribution in Helambu municipality, Nepal ©CBM

Working towards equal partnership

The deliberate efforts to engage and partner with OPDs throughout the Covid-19 response had mutually reinforcing outcomes. Organisations of persons with disabilities were able to access more opportunities to exercise their influence, which were built on by humanitarian partners who in turn carried out more inclusive advocacy in their sphere of influence.

A partnership that changed perceptions

- The engagement of OPDs in different cluster coordination increased awareness on disability inclusion among the humanitarian actors. This was shown through organisations reaching out for reference materials, tools, and practical guidance on disability.
- By working together in the response, longer term partnerships between humanitarian organisations and OPDs are developing. For example, YEU in Indonesia, together with other civil society actors in Indonesia, is developing a training module on humanitarian processes and specifics in programming and will organise a series of training workshops to support OPDs to effectively engage cluster leads.
- Introducing a cross-cutting component of influencing and advocacy on disability inclusion that targeted both partners and government actors led to better understanding of the barriers that persons with disabilities faced in this complex emergency. This can improve future humanitarian responses.

“OPD engagement in the cluster system can change minds. It can change approaches and policies, even when done online, as OPDs bring direct voices and experiences. And although the evidence is anecdotal, it is still a good start.”

Adva Rodogovsky – Senior Humanitarian Programme Officer, CBM Global

New capacities and practices developed

- Working in partnership with OPDs had an impact on the services delivered by the humanitarian partners. For example, technical advice on reducing barriers and providing reasonable accommodation, as well as influencing eligibility criteria to the cash distribution and in-kind assistance, resulted in recruiting volunteers to support home delivery, set-up fast-track lanes for older people and persons with disabilities, and influenced local authorities to conduct a more inclusive need assessment and targeting process.
- Forming a partnership inclusive of OPDs created opportunities for cross-exchange and learning, contributing to building knowledge and organisational capacity among both humanitarian and OPD partners. This has led to initiatives that extend beyond the project, which will have a positive impact on the preparedness of humanitarian and OPD partners to deliver an inclusive response to the next crisis. For example, in Nepal, CMC and NFDN have established a partnership for strengthening the inclusion of persons with disabilities in community mental health initiatives beyond the project.
- Engaging with OPDs in real-time evaluation contributed to making timely adjustments to the response to better address the specific requirements of at-risk communities. This was the case in Bangladesh, where the evaluation revealed that some groups did not access mental health support because of transportation costs and other barriers; this has resulted in setting up mental health clinical camps closer to communities.
- OPDs gained practical experience on the specifics of humanitarian response because of directly engaging in the implementation of various response components. This led to the realisation that OPDs have a role to play not only in advocacy, but also as strategic partners and advisors for the implementation of inclusive humanitarian action. It also increased the confidence of local level OPDs to advocate and interact with local government institutions.

.....

“For us, although this was a response to Covid-19, it was more about coming up with good practices that could be replicated and scaled up. One of my most favourite examples was the Age and Disability Focal Points model and the added value it brought through accessing other resources beyond the project. We’ve already started applying some of the tools from this response in other areas of our work. So, we learn, apply, re-evaluate, and then again, we learn more, apply, and refine further our approaches.”

Nazmul Bari – Director, Centre for Disability in Development (CDD), Bangladesh

.....

Reflection on lessons learned



Strengthen organisational capacity and emergency preparedness

One of the key lessons was the need for strengthening emergency preparedness capacities which are inclusive of persons with disabilities.

At the time of the response, the CBM Global country offices were developing robust emergency preparedness procedures. The responses were implemented with existing partners whose systems and experiences were geared towards longer term development and disaster risk reduction. The need to quickly adapt systems and processes, as well as prepare and recruit staff in a difficult context because of the Covid-19 pandemic, proved challenging for both CBM Global and partners.

OPDs discovered that the rapid emergency response mechanisms were challenging to engage with, and they felt at times there was not enough support to meaningfully participate across the projects' activities. They also felt they had underestimated the resources required to engage in the project, particularly at community level. As a result, they recognised the need to build up their internal capacity, and particularly the capacity of their members and other OPDs at local community level, to be better prepared to respond to future emergencies.

The NGO partners across the three countries reported that collaborating with OPDs in the response highlighted several gaps in their internal processes and strategies and the need to strengthen preparedness work in collaboration with persons with disabilities.

Invest in accessible technologies and support services

Combined with the movement restrictions and physical distancing rapidly imposed by the pandemic prevention measures, innovative actions to influence the inclusion of persons with disabilities in the Covid-19 response had to be set-up. Replacing planned community meetings, face-to-face training and peer support with online communication and training platforms and moving advocacy and influencing largely online over social media platforms was a steep learning curve for all partners.

OPDs at municipality level were not accustomed to the use of some of the technology and online platforms used for training, meeting, and advocacy. Despite having made provision in the project budgets for reasonable accommodation and accessibility, there were unexpected difficulties in managing for instance local sign language interpretation (for instance, in Nepal) or ensuring access to smartphones or computers for persons with disabilities to enable them to effectively join training and meetings.

Promote disability inclusive community engagement

Managing community expectations and applying principles of targeting those most in need has been a challenge in the Covid-19 pandemic as many people suddenly lost their jobs and other means of livelihood resulting in rapidly depleted savings. This meant that even existing social protection mechanisms or welfare support were not sufficient to cover the increased number of people needing economic and social support. Moreover, many persons with disabilities are not well covered by existing social protection schemes.

In all three countries the engagement with OPDs and persons with disabilities, when identifying needs and targeting criteria for cash and in-kind assistance, made the process more inclusive. The set-up of an Age and Disability Focal Points in the community by OPDs in Bangladesh contributed to the collection of information and data on persons with disabilities and older persons throughout the project and served as a link between people and the services they required. Organisations of persons with disabilities are also easily accepted and trusted by persons with disabilities and their families, and this can facilitate take-up of services in situations where stigma associated with disability is high.

Recommendations



Experience from CBM Global's Covid-19 response in Bangladesh, Indonesia and Nepal provides further evidence that partnerships with OPDs can improve the effectiveness and accountability of humanitarian responses.

1. **Humanitarian and development agencies and organisations should invest in strategic partnerships with OPDs** to support their resilience to crises and readiness to respond/engage in response. Emphasis should be placed on:
 - a. Organisations of persons with disabilities Capacity building of OPDs, including at community level, with the option of long-term flexible funding and support to strengthen organisational and institutional capacities. Increasing direct funding to OPDs will require humanitarian organisations and donors to revise current partnership assessment and eligibility criteria to support OPDs that might not fulfil traditional criteria for funding.
 - b. Providing the resources required to ensure accessibility and provision of reasonable accommodation, including during an emergency response (e.g. making information accessible, ensuring costs for adapted transportation, costs for translation and sign language interpretation and assistive technology etc.).
 - c. Pre-identifying support services, including sign language interpreters or Braille printers, as well as producers of assistive devices and organisations and centres that can provide rehabilitation services, or finding engineers and architects with accessibility expertise, can all be done as part of preparedness work with OPDs.
 - d. Supporting OPDs and other civil society organisations to engage in local emergency preparedness coordination mechanisms and DRR forums to gain recognition and increase their sphere of influence in local government preparedness mechanisms.
2. **Humanitarian actors should approach their engagement with OPDs in a nuanced way**, considering that in humanitarian crises, OPDs might not have experience of working within the humanitarian system and are also affected by the crisis. The roles and functions which OPDs might want to take on will depend on their pre-crisis capacities, their mandate and their own agenda, and the resources they would need to engage rapidly in a humanitarian response. For example, OPDs can:
 - a. Be well placed, if properly resourced, to act as focal points in their communities, providing support with relaying information and referral of persons with disabilities to emergency services, through a peer support model or an Age and Disability Focal Points model.

- b. Provide support in identifying persons with disabilities and participate in needs assessments, design of the intervention and in monitoring of response.
 - c. Play a role in quality assurance and accountability, including setting up inclusive feedback and reporting mechanisms at community level, monitoring disability inclusion and supporting documentation of learning and good practice.
3. Future Covid-19 recovery programmes as well as investment in emergency preparedness should consider the **challenges and opportunities that new technologies bring**, ensuring that these consider accessibility and equal access also for persons with different types of disabilities.
4. **Work with persons with disabilities and OPDs where feasible when defining eligibility and targeting criteria** for cash distribution or in-kind distribution of non-food items. OPDs will provide information on how the crisis has affected them and specific risks they confront, as well as barriers preventing them from accessing humanitarian programmes and information on additional costs that households with family members will incur.
5. **Ensuring effective engagement and communication with the affected communities**, including persons with disabilities, not only ensures respect for their capacities and dignity, but also makes programmes more effective. Addressing communication and information barriers is fundamental to ensuring persons with disabilities can contribute to needs assessments and planning as well as safely report abuse or other mistreatment, fraud, or misbehaviour.⁶
-

CBM Global is grateful to all our partners in Bangladesh, Indonesia and Nepal for their reflections and contributions, which are the basis for this learning brief. We appreciate your sincere work and look forward to continue collaborating and learning together.

The brief was written by Nino Gvetadze (consultant), together with Charlotte Axelsson and Tushar Wali CBM Global. Thanks also to Christian Modino-Hok, Tom Palmer and Emma Pettey from CBM Global for their peer reviews and contributions. A special thanks to CBM Global Country Offices in Bangladesh, Indonesia and Nepal for supporting the consultant and contributing with reflections on the Covid-19 response.

Final thanks to Peter Ramsey for the design of the brief.

For more information:

CBM Global Disability Inclusion
hello@cbm-global.org
www.cbm-global.org
Dr Werner-Freyberg Str 7
69514 Laudenbach
Germany

⁶The International Rescue Committee has developed a set of practical resources on inclusive client responsiveness that can provide support <https://www.rescue.org/sites/default/files/document/6047/ircrtoolbox-screen.pdf>